

Anaesthesiology

Proceedings of the 7th World Congress
of Anaesthesiologists
Hamburg, September 14–21, 1980

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7th World Congress of Anaesthesiologists

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Speech by Prof. E. Rügheimer, President of the VII World Congress of Anaesthesiology, at the Opening Ceremony

Mr. Mayor, Honoured Guests, Dear Colleagues,

When Henry Dunant founded the Red Cross in 1863, he also created a symbol which gives us doctors the privilege of considering only the human being, without regard for his class, race or nationality. Please understand that it is with this in mind that we have done without all national emblems at the opening of this Congress and that I am not mentioning the countries you come from by name. We have not come to Hamburg as members of large, small, rich or poor nations, but as doctors, whose mutual interest is the human being who is sick, recovering or to be cured. Every one of you is the best of doctors in his patient's eyes. That is really all that counts. That is also enough to welcome you all warmly to Hamburg.

Dear colleagues, your presence here and that of so many distinguished guests assures me that this is the moment we have been working for over the past few years. The 7th World Congress of Anaesthesiology can now begin.

This is a marvellous moment that forms a bridge between the efforts and excitements of the preparatory period and those of the coming days. For my part, I admit to a fair amount of nervousness and uneasiness. You know the reason: when you invite a friend, you ask anxiously: did you receive my letter, did you have a good flight, do you like your accommodation? The organizer of a World Congress would have to ask this question of 5000 good friends and what worries me is that he cannot do so. We have, of course, had to make use of the help of professional organizations, for whom the word guest is a technical term. Their computer cannot make the distinction between routine and a sincere, personal invitation. Therefore, whatever your problem might be, let us know. We want only that you should feel at home with us.

A look at our scientific programme makes me much more confident. We have been fortunate enough to gain the world's best brains in the field as lecturers. We have also been able to draw up a programme which presents Anaesthesiology in the light of its own problems and, thanks to the representatives of other specialist fields, above all theoretical ones, one which offers solid yardsticks by which we can sharpen our knowledge and self-understanding. On behalf of the scientific committee, I would like to thank you very warmly for this.

At this fruitful moment between the preparatory stages and the beginning of the Congress, there is a further aspect of the Congress which pleases me. Now at last - and here I speak for my German colleagues and myself - now at last we have the opportunity to reciprocate some of the hospitality with which you, my colleagues from abroad, have welcomed us over 30 years and 6 World Congresses. We want nothing more, dear guests, than that you should feel as welcome and well looked after as we have always been in your home countries. Allow us this opportunity to prove our gratitude.

Dear Colleagues, according to the Charter of the World Federation of Societies of Anaesthesiologists, the site of a World Congress must guarantee the freedom of expression. This clause is met as far as the Free and Hanseatic City of Hamburg and the Federal Republic of Germany are concerned..

The extent of freedom of opinion which we enjoy in the Federal Republic will at once become apparent to you when you walk through the hall of the Congress Centre to the newspaper stand or speak with the people in the street. We have never been freer than we are today and we know what that means because a few decades ago we were less free than ever before.

These years of bondage caused medicine in this country to decline. I need not list the names of those who had once made it blossom. It required great efforts and, above all, dear guests, your help to restore real vitality to German medicine after this *vita minima*. For this the people of this country owe you their gratitude. They take their obligation to preserve their regained freedom seriously. The task of seeking and defending freedom is a moral requirement of the individual. Politically it is of vital use to the Body Politic. Professor Carl Friedrich von Weizsäcker, the German researcher into the study of peace, expresses it thus: 'Freedom as a moral possession is not the freedom which I claim for myself, but that which I guarantee my fellow human beings'. The freedom of the citizens of a state therefore also survives from the reasonable restriction of the freedom of the individual.

More than ever before, the question of where the limits of freedom should lie is being discussed freely throughout the world. But this search for limits, and especially for the limits of research, is assuming frightening proportions.

Why should freedom of research all over the world be increasingly subjected to control, and perhaps even limited? We are told that this is because the researchers have discovered things which could be fearfully misused. And in order to avoid misuse, it is held that care should be taken that such things never be discovered in the first place. In all research the consequences should be taken into consideration from the outset. Ladies and Gentlemen, you know that such demands are unrealistic, if research and science are not to be closed down altogether. However, we cannot sweep these thoughts away with a mere brush of the hand. Behind this questioning about limits stands a requirement of our fellow human beings, which can sometimes outweigh the need for freedom. This is the need for security. Limits not only restrict, but can also provide safety and security.

Should we not show understanding if the most perceptive of our fellow citizens and the journalists are sceptical about science progressing limitlessly, even if, by their questions and objections, they threaten to bring about a public crisis of confidence, particularly in the natural sciences and technology? Many of the publicly-expressed doubts may seem to us exaggerated, but, as doctors, we should have learnt how to diagnose symptoms correctly. A crisis of confidence in science can turn into demands for stronger control.

So what should we do? Indeed, what must we do? I believe we should make it clearer to the public than before that science can by its very nature only exist under the strictest possible control. Science has always meant being publicly accountable and only accepting the results of research when everyone can examine them. This can proceed through open dialogue, in publications, just as at Specialist Congresses. In this way the individual can always judge

self-critically whether or not he is on the right path, showing the public at the same time that it is of the essence of science that scientists contradict one another and want to refute each other's theories. If we adhere to this, and if a free press performs its task of communication seriously, then we must succeed in avoiding inappropriate controls and restrictions on research, and spare our fellow citizens of a crisis of confidence in research.

Honesty in presenting research must also reveal that science is the attempt to come closer to the truth in important questions by means of a tested procedure. It should become clear to our fellow citizens in the process that the results of such experiments are neither good nor bad. When it is a question of decisive scientific progress neither the researcher nor his contemporaries will be in a position to assess the full implications of a discovery, let alone all its possible uses. Usually it is the case that constructive and potentially harmful uses are combined in a new truth. It is here that the responsibility of a country's political institutions comes into consideration via perceptive communication through the press. The use of science, the transformation of the results of research into technical developments, must be accounted for politically. This is a dynamic process of exchange, in which all the forces within a state are involved, scientists included this time as responsible advisors. This does not make the responsibility of science lighter, but the fact that we stand up to public criticism and organise criticism of our own work ourselves, enables the state to guarantee the freedom of science.

Free, limitlessly free, as science must by its very nature be, we doctors nevertheless know better than others how limited our research and activity is in day-to-day life. Limits are imposed on us by the daily need and suffering of our patients. There is just one thing which, as doctors, we should never accept in addition to the limits imposed on us by the biological, psychological and social constitution of the sick, and that is the construction of yet further limits. One example may make this clear: Theodor Billroth, the most famous surgeon of the 19th, said in 1881: 'A surgeon who attempts cardiac suture deserves to lose the respect of his colleagues'. The history of medicine is rich in examples of doctors declaring such-and-such as the ultimate limit, while the passage of history shows how wrong it would have been to listen to these men of little faith. History shows that no contemporary has enough imagination to understand the power, achievement and limits of the human mind. I believe that we should have enough history behind us not to commit the same mistakes over and over again. The limits which apply to medical practice today will fall tomorrow. It is precisely this that suffering people throughout the world expect from us. This Congress should be a forum for us all to show the public that we have succeeded in making these limits more flexible in the realm of science and human relations.

Speech by Prof. Q.J. Gomez, President of the World Federation of Societies of Anesthesiologists

Once more we are gathered for a world congress of anesthesiology. This particular congress which has been organized by our colleagues from the Federal Republic of Germany actually marks the 25th or Silver Anniversary of our Federation. It is to be hoped that the deliberations that will take place during the next six days will give us the wisdom to determine the future of anesthesiology for the next 25 years.

Personally, I am happy that the president of the World Federation cannot be reelected. The presidency, while admittedly a great honor, demands much work and sacrifice from the person who occupies the position. It is a position that gives one the opportunity to view anesthesiology from the widest perspective; it gives one the opportunity to help advance the cause of anesthesiology in areas where the specialty has not yet reached the status it deserves; it gives one the opportunity to make good and lasting friends in every region of the world. For these opportunities I am grateful.

The second reason that I am happy that the president may not be reelected is because it now gives me the opportunity to say as frankly as possible, but with all sincerity, the things which I might be tempted not to say if I were a candidate for reelection.

In the four years since my election in Mexico City, I was able to pay official visits to 30 national societies belonging to the federation. This has enabled me to gain an insight into the problems of our specialty in the different regions and the minds of our colleagues in those areas. In Mexico, in 1976, I stated that our objective would be to make the federation a more relevant and cohesive organization than it had been in the past. I believe that this objective has been partially achieved, although the rank and file of many societies still do not know much about the World Federation to this day in spite of the tremendous efforts being made by the officers and representatives in certain areas. There is much interest in the federation and this interest would be increased ten-fold if communication could be improved. Poor communication is one of the drawbacks affecting the more efficient functioning of our federation. Communication is the only avenue by which the WFSA can become more cohesive and relevant to the general membership. I had hoped that we might be able to revive the newsletter that we once had some years ago. Many societies in the developing world would like to see a newsletter. I personally feel that we should have one and I hope the incoming administration will be able to find the means to resuscitate this publication. It would provide answers to the most frequently asked question: 'What do we benefit from our membership from the World Federation?'

One of the items to be discussed by the house of delegates during this congress is the increase in dues. This makes it even more imperative that we answer the above-mentioned question to the

satisfaction of everyone.

The importance of the World Federation varies from region to region. In the highly developed countries the federation is not as important as it is to those of the developing countries where the World Federation is a vital link between the national societies and the governmental institutions that control medical practice. This link is enhanced by the fact that the World Federation of Societies of Anesthesiologists has official relations with the World Health Organization. Membership in the World Federation is a means by which many national societies are able to enhance their stature in international anesthesiology. If for nothing but this, the World Federation is needed by the great majority of our members. One member society has suggested that the WFSA issue official membership certificates to the member societies. I urge all members to communicate and endorse their suggestions directly to the officers and members of the executive committee.

As of now, one of the main objectives of our federation is education and training. I am happy to inform you that the education and training committee under the chairmanship of Dr. Jack Moyers has organized the visiting educational team program and the first project was recently completed. This project was the successful teaching tour of Dr. Ty and Penelope Smith. They lectured and gave demonstrations in Ecuador, Bolivia and Brazil. The response was most gratifying and similar projects will be organized soon. I urge all of you who are interested in teaching and training to attend Dr. Jack Moyers' panel during this congress.

One of the most striking impressions that I gained these past four years is that there seems to be a widening gap between the scientific advances being made in anesthesiology and the means to translate this knowledge into safe delivery of anesthesia to the individual patient. Morbidity and mortality statistics around the world indicate that ill-trained personnel are being given the responsibility of administering anesthesia in the operating theatres while the challenge presented by intensive care, pain clinics, disaster medicine and basic research have drawn the better minds away from the day-to-day administration of safe anesthesia. We must correct this imbalance before it is too late. Already suggestions have been made that anesthesiology be part of internal medicine, which means that anesthesiologists would become internists practicing anesthesiology. We have overlapped so many specialties especially internal medicine that anesthesiology no longer conforms to the existent ideas of what a specialty should be.

Fifty years ago we demanded that only doctors of medicine, properly trained, should administer anesthetics. Today, we find ourselves unable or unwilling to meet the challenge of non-medical personnel for the right to practice anesthesiology as a medical specialty. If we anesthesiologists do not solve this problem ourselves, someone else will solve it for us and the solution may not be in our favor.

The membership of our federation is unique in that it is a Federation of Societies and not of individuals and yet representation in the house of delegates is pro-rated according to the number of members whose annual dues are remitted in US dollars. As a result, representation in the house of delegates does not reflect the actual number of anesthesiologists in certain countries. The membership roster shows a total of 47,000 and yet we know that this figure would be closer to 80,000 if the means to remit their dues in toto were available to everyone. It has been suggested that in those countries where it is not possible at the

present time to pay for the total number of their membership, the balance be paid into a bank in the country concerned for the exclusive use of the World Federation. As a matter of fact this has been done in a few cases already. In view of the fact that the Visiting Exchange Teachers (VET) program has been established, perhaps we can now consider utilizing these funds specifically for this program. The question then remains that, should a country pay for half of its members in US dollars and deposit the other half in local currency to the account of the World Federation, should that member society now be entitled to the representation that more accurately reflects its total number? I feel that we should give this proposition serious thought because otherwise the membership of the World Federation may not grow at the rate we would like it to grow. I realize that this proposition will not be agreeable to everyone but I urge you all to think about it and discuss it and perhaps arrive at the most suitable solution to the question of membership.

Vital issues are on the agenda of the executive committee and the house of delegates. The corporate life of the federation must be renewed soon. Only by your interest and participation can the WFSA be strengthened in the future years.

On this, our Silver Anniversary, let us who are fortunate to be here remember those who are not here. Let us take back to them a better understanding of what WFSA stands for and is trying to do for them and for the specialty. Let the more advanced societies contribute a little more to the less advanced societies. Let us all communicate more with each other to promote anesthesiology and above all let us preserve the fraternity and friendship that we now enjoy.

I thank you.

"To improve the methods for anaesthesia and reanimation
in all men of the globe."
Statutes World Federation of Anaesthesiologists.

RETROSPECT ON THE SCIENTIFIC PROGRAMME

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Reports describing the preparation and management of a medical congress, are rather seldom apart from some critical remarks or short reviews (1-6).

It might be of interest and valuable for the further development of our congresses, to report here on our experience and to mention also some complications and obstacles which were encountered.

1. CONGRESS

1.1 Attendance and sessions

We were pleased to welcome 5,598 attendants from 69 countries of which 970 were accompanying persons. Every day, in addition, 700-900 admissions were registered. For the trade exhibition 900 entry tickets were handed out.

In the scientific programme a total of 1,394 presentations were delivered in 196 sessions during the 5 days of the congress.

22 main topics were discussed in 53 official sessions of 95 or 105 minutes each, with 358 presentations of invited speakers.

Table 1 shows the interesting distribution of the free paper sessions to each of the main topics.

The largest number of free paper sessions was scheduled in the main topic No. 15 Intravenous anaesthetic agents. Besides the 3 official sessions and one official session on Neuroleptanaesthesia 16 free paper sessions with 126 individual papers were presented and 21 posters were demonstrated. This was actually a small congress on intravenous anaesthesia within the World Congress.

In one lecture hall 40 films and 16 videotapes with big screen projection were shown.

In the entrance hall, first floor, 26 scientific exhibitions were demonstrated.

*Chairman, Scientific Committee

TABLE-1. Main topics, number of official and free paper sessions

Main topics	Official sessions	Free paper sessions	Free papers	Posters
<u>GENERAL</u>				
1 Pain	3	6	47	11
2 Safety and risk	3	5	43	10
3 Blood loss	3	7	61	7
7 Coronary heart disease	3	3	24	6
14 Technical advances	3	9	76	19
<u>METHODS</u>				
4 Neuromuscular blockade	3	6	56	8
8 Inhalation anaesthesia	3	7	55	8
15 Intravenous anaesthesia	2	15	118	21
16 Neuroleptanaesthesia	1	1	8	-
20 Regional anaesthesia	4	7	56	15
<u>SPECIALITIES</u>				
7.4 Anaesthesia open heart	1	5	40	-
9 Anaesthesia geriatrics	3	2	15	2
10 Orthopaedic surgery	1	1	9	4
12 Thoracic surgery	1	1	9	3
17 Obstetrical anaesthesia	2	3	28	4
18 Neurosurgical anaesthesia	2	5	40	8
21 Paediatric anaesthesia	2	3	25	7
22 Anaesthesia in urology	-	1	11	-
<u>INTENSIVE AND EMERGENCY CARE</u>				
5 Emergency care	3	3	25	6
6 Infections and septic shock	3	4	30	5
11 Special aspects of intensive medicine	2	8	60	21
13 Metabolism and parenteral nutrition	2	4	31	9
19 Shock lung - ARDS	3	6	50	7
23 Miscellaneous	-	5	37	-
<u>SPECIAL TOPICS</u>				
E 1 Malignant hyperthermia	-	1	7	14
E 2 Morphine antagonists	1	-	-	
E 3 Stress reactions	1	2	12	
E 4 Opiates, epidural and spinal	1	2	18	
E 5 Pulmonary circulation	1	1	6	
E 6 Advances in training	1	1	5	
E 7 Audiovisual teaching aids	1		5	
E 8 Acupuncture/electrostimulation	-	2	16	
E 9 Central control circulation	1	1	8	
E10 Anaesthesiology past & future	1	-	-	
E11 Perioperative fear	1	1	7	
E12 Controlled hypotension	-	1	6	
E13 Visiting educational teams	1	1	6	
E14 WFSA today & tomorrow	1		6	

1.2 Experiences with first try-outs

The following activities were scheduled for the first time at a world congress and the experiences might be of interest for the planning of future congresses.

1.2.1 Morning lectures

Each day was started with a lecture of an expert of another speciality on new achievements in their field which are important for us in our daily practice. In spite of the early hour, the attendance at these 5 lectures was high, indicating that this idea was well accepted.

1.2.2 Poster sessions

For the first time poster sessions were organized at a world congress; the possibility to select the most interesting ones and to discuss directly with the author, was appreciated.

Our original plan to appoint chairmen for conducted tours of the posters of each main topic with some organized discussion, was given up because the hall was not suitable for this purpose.

It may be suggested for future congresses to increase as much as possible the number of posters, to be able to accept more authors. This is especially important in a world congress, because many authors cannot attend unless their presentation is accepted.

It was quite disturbing that the originally offered space for up to 400 poster boxes was suddenly reduced to 36 at a rather late stage. By reducing the space for an individual box and daily changes a total of 197 posters could be demonstrated.

Many additional letters were necessary for the repeated information of the authors on the changes.

1.2.3 Workshops

16 workshops predominantly on new methods were very informative and well accepted. It was surprising that they were not overbooked as expected, so that free places had to be advertised during the congress.

1.2.4 Industry forum

The trial to offer four conference rooms every day to pharmaceutical and technical companies to organize sessions on their own was quite successful. It took some time until this new opportunity was taken by the industry, but finally not all applicants could be accepted. 33 companies organized sessions with 100 presentations. The possible objection that this could be used for unqualified propaganda was totally disproved.

1.2.5 Historical exhibition

With untiring efforts, J. WAWERSIK of Kiel accomplished an outstanding historical exhibition, where the development during a century of our history could be demonstrated with many unique and interesting appliances.

It is unlikely that all these treasures could be collected once again.

2. PREPARATION

2.1 Selection of topics and subcommittees

At first 12 main topics of actual interest were chosen and published in 1978 in the third announcement.

During 1978/79, for each main topic subcommittees were established which proposed chairmen and speakers to be invited. Later on they selected free papers to be accepted.

The general principle was adopted that each main topic was to be discussed during one day in one room in 4 sessions: in the morning (1) basic sciences, (2) clinical applications of the basic sciences and in the afternoon (3) clinical problems, which was followed by (4) a session with selected free papers on the main topic.

A smaller number of special topics was selected with only one session. It was wise to leave space for new topics coming up during the time of preparation: sessions on Opiates epidural and spinal and on the Psychology of perioperative anxiety could be added.

Additional special topics were established out of the submitted free papers on Malignant hyperthermia, Controlled hypotension as well as Electrostimulation anaesthesia and Acupuncture.

2.2 Circulars

Besides the first leaflet distributed at the end of the World Congress in Mexico, two circulars were sent to all societies and individuals, whose addresses were known at that time.

The Lufthansa who was appointed official carrier, assisted in the distribution of the circulars and the preliminary programme.

In table 2 the announcements are listed:

Table 2 Circulars and Programmes

No.		Edition	Size	Start of distribution
1	leaflet	6 000	A5 4 pages	April 1976
2	leaflet	25 000	A5 8 pages	Spring 1977
3	leporello leaflet main topics	4 000	A5 long 16 columns	Sept. 1978
4	preliminary programme	10 000 40 000	A4 45 pages German A5 50 pages English) Sept./Oct. 1978
5	abstracts	4 800	A4 590 pages) at congress
6	final programme	5 500	A4 200 pages)

2.3 Preliminary programme

In the preliminary programme, which is probably the most important for the decision to come to the congress, all official sessions were listed. A major effort was necessary to include also all chairmen and co-chairmen and to start handing out the programme at the XIII Central European Congress in Innsbruck, Sept. 1979.

Regretfully 22 national societies had not replied in time and we had not received a list of their members.

The unfortunate "late delivery" of 5,000 programmes, containing the forms for submitting papers, spoiled all deadlines for the processing of free papers, notifications of acceptance to the authors and the printing of the abstracts.

2.4 Abstracts and Final programme

We owe gratitude to Excerpta Publishing Co. and to Parke-Davis who financed the unexpected increase of the number of free papers and accepted the late comers.

The large size of the final programme had the advantage of showing on one page all 4 sessions of each main topic scheduled on one day. However, it was difficult to select particular free paper sessions and to find special pages - like films and workshops. This decreased the attendance of these sessions.

3. PROBLEMS

3.1 Financial problems

In a world congress all important areas of the wide scope of our specialty should be covered by the international leading experts of the world. These experts are more or less used that their expenses are covered. At smaller congresses with only a few experts, this can be done, but at a world congress with so many sessions and invited speakers, this is impossible.

We must be very grateful that so many renowned scientists and teachers followed our invitation inspite of thus bearing the high costs of travel etc. on their own.

Expenses could only be refunded to non-anaesthesiologists who otherwise could not have come. But the expenditure for the unusual great number of experts from other specialties exceeded tremendously our original budget.

3.2 Processing of free papers

The number of submitted free papers was much larger than expected and - irrespective of deadlines - they did not cease to arrive until the beginning of the congress.

The ensuing problems to select papers as well as to arrange sessions and to inform the authors about the acceptance of their papers, exceeded vastly our manpower and capacity.