

EDITORIAL

THE LEAVEN OF THE PROFESSION

ANESTHESIOLOGY, one of the youngest among the medical specialties, is gaining more and more at the professional level. Many thousands of hospitals throughout the United States are in need of adequately trained men in this branch of Applied Pharmacology, but only a few hundred certified anesthesiologists exist at the moment. In Madison, Philadelphia, Rochester, Montreal and Hartford—to mention but a few outstanding localities—elaborate curricula for the training of internes and residents in the speciality have been established. Great emphasis is being laid upon the skilled *services* which specialized personnel can render both in surgical and in medical care. The “know how” requisite to intricate procedures like regional block, artificially controlled respiration and spinal anesthesia demands prolonged and sometimes tedious training. Moreover, the pharmacological agents involved are frequently used under conditions in which the therapeutic index is only two to one, based on the average lethal dose. To render successful *service* under such circumstances is proof enough that specialized training is of the essence.

At this juncture, however, those who have the future of Anesthesiology close at heart will realize that no professional specialty can maintain itself on the basis of *service* alone. In the case of Surgery, for example, Harvey Cushing—one of the most skilled technicians of his day—once intimated that it might be well if amputation of the fingers were a requirement for an appointment to the Chair of Surgery in every progressive university. This remark annoyed quite a few of the contemporary super-technicians whom Cushing counted among his colleagues! Nevertheless, his remark contained a very important germ of truth; namely, that professions do not live by *service* alone, but rather by the words of wisdom which issue out of the mouths of those few demigods who in every generation lead and inspire the multitude of their professional associates.

It is true for Anesthesiology as for any other profession that *service* must be leavened with progressive thought. Every profession has its corps of hewers of wood and drawers of water. It must also have its sprinkling of investigators to guide and lead it on its path forward. Without vision, the profession dies. At the present moment the progress of Anesthesia is limited almost exclusively by a lack of knowledge of the basic action of drugs as applied to human organisms which are abnormal. Greater strides must be made in elucidating the pathological pharmacology of such drugs as curare. The relative impor-

tance of analgesia as contrasted with relaxation must be reviewed on the basis of careful physiological measurement made *at the bedside* with modern methods. Who is to do such essential studies of Applied Pharmacology?

Obviously, a considerable knowledge of pathological human physiology is involved. In this day and age there is a tendency for the routine anesthetist to "pass the buck" to the professor of physiology or the professor of pharmacology, in the vain hope that the answers can be learned from mice or monkeys. The respective professors named are usually only too eager to cooperate and interested in fostering the development of applied studies on man. They realize all too well, however, that such studies must be made by an applied pharmacologist, appointed by the Department of Anesthesiology. Such a man should be familiar with the everyday problems of the practicing Anesthesiologist. He should have basic training in the fundamental departments mentioned. He would do well perhaps to commence his work with experiments on animals performed under the aegis of the pre-clinical departments. Ultimately, however, the problem must be taken into the clinic and the definitive answers resolved there.

To this end, there must be trained a group of so-called "academic Anesthesiologists." These individuals must have the special training and sufficient leisure to advance the basic concepts of applied science. In their earlier years they must be supported by adequate fellowships. In their mature years they must receive adequate recognition in the form of staff appointments and university affiliation. They must not be run ragged with routine assignments, but must be protected from the irate surgeon who demands *service now* in the name of all humanity and the Trustees. At the present time the fellowships and funds available for this purpose are pitifully meager.

Part of the fault for this lack of opportunity lies in the diffidence of the routine Anesthesiologist. The conscientious and overworked anesthetist, while rendering invaluable service to the community, fails to appreciate that his ultimate professional status cannot be guaranteed by *service* alone. Without vision and research, the professions die. It behooves every practicing member of the profession to exert his influence both in his local medical group and in his society of specialists to see to it that opportunities exist for progress.

It must be appreciated that the future representatives of Anesthesiology, as in all professions, should be hand-picked, not merely for manual dexterity but also for general background and cerebration. This is particularly true of Anesthesiology, where there is danger of overemphasizing technics and gadgets. Too few Anesthesiologists appreciate the occasional invigorating whiffs of classical learning borne down to the States on the wings of the North Wind from Montreal. Their delicate savor and piquancy is not appreciated by a nose obtunded with the fumes of ether. If Anesthesiology is to hold its head high

among other specialties, its leaders must include men educated in the broadest sense. Boundary lines of political significance must not hinder the free flow of knowledge. Interchange of information among specialties must be fostered if patients are to receive the best care that the medical profession has to offer. Cooperative effort among the members of our respective specialties in research will make possible improvements in care over that which we have to offer today. The principles discussed above apply in amplifying the efficiency of our service to patients, which is the keynote of all our activities.

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