

EDITORIAL

THE LURE OF ANESTHESIOLOGY

THE physician is the servant of the public, particularly that portion of the public who are ill. The role of servant for the doctor of medicine is not without rewards and material emoluments. By merely being numbered in its ranks, it provides the connotation of respect—respect far removed from that claimed by other self-proclaimed public servants such as the politician, but more nearly akin to that of the clergy, won by sacrifice, devotion and deed.

Public acclaim, so ardently the desire of a large segment of the population, is not the goal of the physician; he achieves it and accepts it on the basis of service. Some members of the medical profession are in a position to appeal to the imagination of the public, to perform glamorously, and install themselves at the pinnacle of respectful admiration by the masses. This opportunity is given to the internist and the surgeon, to those in other special practices less often and to the anesthesiologist infrequently. In the scheme of medicine, anesthesia remains in the minds of most persons, a practice associated with surgery, condoned as necessary but not generally conducive to the latter's success.

Patients are indoctrinated but infrequently to regard the "purveyor of insensibility" as an integral part of the triumph of a surgical manipulation. If the anesthesiologist's identity is ever known to the patient, it is most often forgotten after he signs the check. Material rewards, except for a few, are not readily achieved by the men at the head of the operating table.

The lure of anesthesiology and the fascination to those in this field lie often in the variety of the work. The problems are almost endless; they arise from the physical status of the patient, the complexity and challenge of the operation, the special demands of individual surgeons, and the constant need to predict, to diagnose and to prescribe for the unconscious patient. The wide differences in reactions to the anesthetic drug or procedure provide a constant challenge to the anesthesiologist. Skill must be combined with scientific knowledge and with clinical experience since they are essential to success. If the diversified practices now included in the practice of anesthesiology—the control of pain not related to surgery, the management of patients in critical comatose states, the therapeutic adjustments for many other medical emergencies—are added, the day of the anesthesiologist is a challenging and a happy one.

Those who practice the specialty realize early that certain qualities, mental and physical, are desirable, indeed essential. Judgments must be formed rapidly, observation must be keen, and neither nervousness nor slow phlegmatic traits must be evident. Skillful use of the hands and well-developed special senses—sight, hearing, touch and smell—round out the attributes of the physician engaged in anesthesiology which lure him toward a gratifying experience in medical practice.

ANNUAL MEETING OF THE AMERICAN MEDICAL ASSOCIATION

CHICAGO, ILLINOIS

June 9-13, 1952

The Section on Anesthesiology of the American Medical Association will meet at 2 p.m. on Tuesday, Wednesday, and Thursday, June 10-12, in Room 7 on the Navy Pier in Chicago, during the Annual Meeting of the American Medical Association. The Thursday Session of the Section will be a joint meeting with the Section on Diseases of the Chest. Dr. John M. Lundy, Secretary, has announced the following program for the Section:

Tuesday, June 10

Evaluation of Trichlorethylene as an Anesthetic and Analgesic Agent.

William K. Nowill and C. Ronald Stephen, Durham, N. C., and Paul W. Searles, Buffalo, N. Y.

Studies on Resuscitation: An Experimental Evaluation of the Bloxson Air-Lox.

Virginia Appar, New York, and Joseph Kreiselman, Washington, D. C. Postoperative Pain Control.

Alfred H. Iason, Brooklyn, N. Y.

Continuous Procaine Blockade of the Paravertebral Sympathetic Ganglia: Observations on 100 Patients.

Albert M. Betcher, George Bean, and Daniel Casten, New York.

Sciatic and Femoral Nerve Block.

Daniel C. Moore, Seattle, Wash.

The Role of the Anesthesiologist in the Management of Intractable Pain.

John J. Bonica, Tacoma, Wash.

Wednesday, June 11

BUSINESS MEETING

ELECTION OF OFFICERS

REPORT OF DELEGATE

Cardiac Asystole.

Mary Lou Buckley, Kenneth K. Keown, and Henry S. Ruth, Philadelphia.

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