

CURRENT COMMENT

STUART C. CULLEN, M.D., *Editor*

PECKING ORDER

An Important Contribution to Academic Value Theory by Noil Struk

All a fellow has to do these days is to say that he is a nuclear physicist, and everybody will admit that he is far superior. We don't know over whom he is superior but we guess over everybody else, except, of course, the *theoretical* nuclear physicist who, as every theoretical nuclear physicist will admit, has a legitimate right to look down upon every other member of the faculty.

There is only one exception—the mathematician. The highly theoretical level of mathematics (or its utter impracticality) gives the mathematician an even higher status to look down upon every other faculty member. His ego is, *ipso facto*, a super ego.

Yet, skilled observers claim to have noticed that the ego of the mathematician tends to shrink in the dentist's chair, the dentist assumes supernormal dimensions and, thus, looks rightfully down upon the mathematician. In fact, it is the dentist who is in the highest position. However, the dental surgeon has similar, if not superior rights to look down upon the rest of the entire academic world, including the dentist.

The only person who tops them all is the surgeon, who would be at the relatively highest level with an opportunity to look *way* down upon everybody else, would it not be for the fact that others claim rightfully a higher position. The problem whether the surgeon looks down upon the anesthesiologist or the anesthesiologist down upon the surgeon has not yet been satisfactorily analyzed, is also totally irrelevant since both are looked upon from the high scientific level of the physiologist who in turn is topped by the biochemist.

Yes, the biochemist is on the top of the ladder; only the biophysicist has lately come to look down upon him from a higher viewpoint. Too bad, the biophysicist is so



stricted in his outlook so that the pure physicist is perfectly justified in looking down upon the biophysicist. The only difficulty with the pure physicist is that he is not a nuclear physicist.

A theoretical treatment of the described phenomenon has resulted in the formulation of a "structure of a faculty" as illustrated. The observant reader will notice that in the proposed model the faculty can be presented as a "closed system," in which everybody looks down upon everybody else.

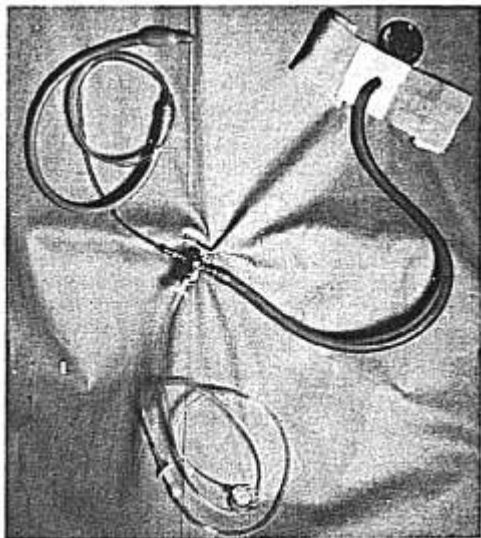
Having solved this important problem, we feel that from now on scientists could devote their effort to less important things, such as doing a reasonably good job, no matter where they are placed in the system. But, we admit that probably everybody will look down upon a scientist who devotes his effort to such an inferior task.

This comparatively anonymous contribution was sent to the Editor of ANESTHESIOLOGY after a discussion on the subject of "pecking order."

TECHNIQUES AND GADGETS

Three-way Stopcock

Drs. Donald R. Weis and Gene W. Mason of Tacoma, Washington, report on the use of a three-way stopcock in heart and blood pressure monitoring during anesthesia. In this day of cardiac monitoring during anesthesia many new devices have been developed. The caricature of the anesthesiologist as a many-armed octopus lost amongst a maze of tubes and wires is becoming only too true. In an attempt to simplify this problem they have utilized a three-way stopcock which enables the anesthesiologist to



Three-way stopcock with antibrachial stethoscope, esophageal stethoscope, and hearing-aid type earpiece attached.

switch from precordial or esophageal cardiac monitoring to the sphygmomanometer circuit by a simple one-handed movement.

Heretofore in taking the blood pressure while monitoring the heart by aural means, it has been necessary to remove the standard stethoscope earpiece or the hearing-aid type earpiece, which they prefer, to switch to the sphygmomanometer circuit. This is awk-