EDITORIAL

A SURGEON COMMENTS ON THE SPECIALTY OF ANESTHESIOLOGY

Ansethesiology has been rapidly undergoing a radical change. This is true not only in the agents available for anesthetization, and the apparatus used for their administration, but also in the training provided for those who wish to make anesthesiology their life work. The nurse-ranesthetist has, for a number of years, filled a very important need on the rose to power during a period when surgeons realized that the young physician was acting as an anesthetist solely as a means to gain a livelihood. He had had little or no training in this field of work and he had less inclination to obtain it.

If Harvey Cushing's dictum that the surgical specialties are "justi- icd solely by their promise of productivity" is correct, anesthesiology until recently could lay no claim to a birthright. It can, I believe, be said without too great fear of contradiction that many of the physicians who originally went into this field as a life's work were unprepared for it. They did something to advance the art of anesthesia but too few did anything to advance the science of this very important field.

This was due in large part to the fact that they, in common with many practitioners of medicine and surgery, lacked fundamental training in the basic medical sciences. They knew little or nothing of the modern developments in the physiology of respiration and circulation of the problems of gaseous exchange in the tissues, of the relation of visceral function to anesthetization, and many other physiological facts essential to the interpretation and development of their field. These men were, as far as the surgeons were concerned, often merely supertechnicians. They were not anesthesiologists. They gave no promises of productivity in the fundamental aspects of their field.

Cushing had also stated that when a branch of medicine gave no promise of productivity it "should come back to the mother tree for further suckling." The development of many of the important training schools for anesthesiologists began when some surgeons realized that anesthesia should be a very important part of surgical therapeusis. These men who were adequately trained demonstrated that they had something worth while to offer. For one, I should not wish to return to the days when only a nurse anesthetist was responsible for this very important work. Here and there men, trained in the basic medical sciences, were induced to enter this field. They have begun training schools for young men who wish to become proficient in the art and science of anesthesia. One of the most encouraging signs of the be-

EDITORIAL 208

ginning maturity of this field of medicine is the type of papers which are appearing. While the importance of technical advances in a young field is not to be minimized, it is the fundamental contributions which lead to a better understanding of the physiology of anesthesia that will mark the real maturity of anesthesiologists.

Complete maturity will be accomplished if, in the training of young men, a part of the time is spent in advanced training in physiology and pharmacology. It is not enough that they shall be trained expertly in the technical methods of anesthetization. The recent report on the training of various surgical specialists places particular emphasis on the necessity for an adequate background in the basic sciences. It is just as important that the young physician who wishes to enter this

the necessity for an adequate background in the basic sciences. It is just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important that the young physician who wishes to enter this just as important to resident receives additional training in pathology, and physiology.

It is Revolv, M.D.

The Council on Scientific Assembly of the American Medical Association Association of the Scientific Assembly of the Association to be called the Section on Anesthesiology. The appointments are as follows: Dr. Ralph M. Waters, Madison, Wisconsin, Chairman; Dr. T. J. Collier, Atlanta, Georgia, Vice Chairman, and Dr. John S. Lundy, Rochester, Minnesota, Secretary. Dr. John H. Evans, Buffalo, New York and Dr. Henry S. Ruth, Philadelphia, Pennsylvania, together with Dr. Waters as Chairman, were appointed to serve as members of the Executive Committee. Dr. Ruth was appointed to serve as a member of the House of Delegates of the Association representing the Section on Anesthesiology at the annual session to be held in Cleveland in 1941. The Statler Hotel in Cleveland will be the Section Headquarters for anesthesiology should obtain information from the Committee on Fellowship of the American Society of Anesthetists, Inc. E. H. Eliasberg, M.D., Secretary, 275 Central Park West, New York City.

If the practice of physician-anesthetists is limited exclusively to the specialty, they may be eligible for certification by the American Board of Anesthesiology, Inc., Paul M. Wood, M

applicants read the statement of the American Board of Anesthesiology, Inc., in the Journal of the American Medical Association, which statement is appearing in alternating current issues.