

EDITORIALS

The Anesthesia Memorial Foundation

THE first six months of 1956 was devastating to the ranks of prominent American anesthesiologists; R. Charles Adams, Rolland Whitacre, Brian C. Sword, Robert B. Hammond, Henry S. Ruth, and Arthur E. Guedel succumbed. These men had all made significant contributions to their chosen specialty. Eulogies and flowers seemed so pitifully inadequate as a gesture of sympathy to their families or as a memorial for their outstanding work. The idea of a more fitting expression of sorrow and acknowledgement of respect that could be perpetuated to benefit coming generations of students of anesthesiology therefore struck a chord of acclaim. The Anesthesia Memorial Foundation was incorporated in September, 1956, for the purpose, "To loan or give money to deserving persons to assist them in becoming specialists in anesthesia or for research or study in the field of anesthesia or related fields. . . ."

Donations given in memory of deceased anesthesiologists were augmented by funds from private and industrial sources intrigued with the purposes of the Foundation. By 1959, sufficient gifts have been received to enable 17

residents needing financial aid to borrow a total of \$16,600.00. Yet these 17 are a small portion of those who have applied for loans. Until a greater reserve is accumulated by the Foundation, all requests cannot be granted.

The Anesthesia Memorial Foundation provides a channel to establish a tangible and lasting expression of affection and respect to departed colleagues. American anesthesiologists would do well to lend support to this worthy cause by making contributions (which are tax deductible) and by pointing out the Foundation's objectives to friends and industry.

In addition to its loan activities to anesthesiologists, the Foundation also acts as a screening committee for the American Society of Anesthesiologists to select annually for the Mead Johnson Awards three promising students who need help, have good records and a promising future, and who must be kept from terminating their training because of insufficient funds.

Information pertaining to the Foundation is outlined on advertising pages 62 and 63 of this issue of the JOURNAL.

Anesthesiologists—Today and Tomorrow

THE use of chemical agents to abolish pain, to induce muscular relaxation, and to protect body economy during surgical assault began a little more than a century ago. The emergence of a physician with specialized knowledge of these agents, restricting his practice to this art, occurred only about twenty years ago. More recently, the rapid advances made by all branches of medicine in World War II carried along the infant specialty of anesthesiology to its present state. This brief discussion reviews the evolution and present status of anesthesiology, and raises questions regarding its future.

There was a 600-year lag between the discovery of sulphurous ether by Lully in the thirteenth century and its clinical use in 1842 by Crawford Long. There was a seventy year lag between Joseph Priestley's discovery of

nitrous oxide in 1772 and demonstration of its anesthetic usefulness by Horace Wells in 1845, despite Sir Humphrey Davy's observations in 1800, "As nitrous oxide in its extensive operation appears capable of destroying physical pain, it may probably be used with advantage during surgical operations in which no great effusion of blood takes place."¹ It is interesting that dentists played a leading role in introducing these agents into clinical use. The term "anesthesia" is attributed to Oliver Wendell Holmes. In a letter to Morton he wrote, "Dr. Morton, I have given consideration to this agent which you have used in Boston and have selected for it a generic term, for I believe it will be on the tongue of every person who is to live anywhere on this planet. I have called it "anaesthesia"—want of feeling."

Anesthesia is one of the greatest contribu-