What's Right with Anesthesiology

To the Editor:—It has become fashionable for anesthesiologists and others to decry the shortcomings of the specialty in public displays of breast beating and shedding of crocodile tears. Military experience has abundantly verified the therapeutic value of "griping" (a form of catharsis) about grievances, real or imagined, but *esprit de corps* restricted its application to private sessions with one's fellows. The civilian equivalent, the "Good and Welfare" portion of a lodge meeting, is likewise not intended for public consumption.

Every field of medical endeavor, including anesthesiology, affords its practitioners satisfactions derived from solid accomplishment, contribution and service. But all is not unvarying sweetness and light. There are, in all fields, the inevitable periods of monotony, of seemingly endless progressions of repetitious detail, of fatigue, frustration and dissatisfaction: even Motherhood has its moments of despair! These occurrences are normal; to focus on them to the exclusion of all else is not.

Such a thread of discontent weaves through much of the fabric of the otherwise well-intended Survey authorized by the American Society of Anesthesiologists. Arising from concern over the "critical shortage of personnel to administer anesthetics, to teach the science of anesthesia and to conduct research in this field" (Directive from Congress to the Public Health Service, 1961), its prime stated aim was to "strive, from the outset, to accomplish change or improvement in the conditions found" (Interim Report, Committee on Anesthesia Survey, March 22, 1964). In execution of this mission, the desirable features of anesthesiology as a specialty were either treated casually or ignored altogether, while the drawbacks and disadvantages received disproportionate emphasis. This is understandable: favorable aspects invite neither change nor disapproval; only undesirable elements must be closely scrutinized and ultimately rectified. Anesthesiologists, for whom the Survey was intended, could cope with its inherent bias and, secure in their own intrinsic worth, could either refute or profit from each of its bluntly stated rebukes.

Unfortunately, the resultant tart morsel, intended for private consumption only, was served up as an item of juicy gossip for the uncritical palate of the medical profession at large ("What's Wrong With Anesthesiology," Medical Economics, January 11, 1965). Not only was no useful function thus served, but the public image of anesthesiology was sorely tarnished in the process.

In this atmosphere, it is most refreshing to welcome the appearance in print of an article titled "The Status of Anesthesiology 1965. Be Neither Apologetic Nor Submissive," by Kenneth K. Keown, Professor of Anesthesiology at the University of Missouri (J.A.M.A. **195**: 761 (Feb. 28) 1966). Originally delivered as the Chairman's Address before the annual meeting of the A.M.A. Section on Anesthesiology, it contains an impressive documentation stressing positive values, with quiet pride in the current status and future potential of the specialty. Long overdue, Dr. Keown's forthright and factual presentation is recommended reading for anyone concerned with anesthesiology. Its closing words invite hearty concurrence: "I am very proud to be an anesthesiologist."

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Acid-Base Debate

To the Editor:—The great trans-Atlantic acid-base debate (Bunker, J. P.: ANESTHESIOLOGY **26**: 591, 1965) has its origin in the fact that the *in vivo* (whole body) CO_2 buffer curve of blood does not have the same slope as the *in vitro* (whole blood) CO_2 buffer curve. This fact was demonstrated quite clearly nearly 35 years ago by Shaw and Messer (Amer. J. Physiol. **100**: 122, 1932). It was largely ignored and then recently rediscovered by a number of investigators (Brown, E. B., Jr.: Fed. Proc. **22**: 517, 1963 and J. Appl.