

◆ EDITORIAL VIEWS

Anesthesiology
1998; 88:1-2
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A New Masthead

ANESTHESIOLOGY first appeared in 1940. Since then, there have been few substantive changes to the Masthead, other than the continuously changing cast of editors, addresses, and so on. However, the Masthead of this month's issue is very different, not just in terms of style but in terms of content. Specifically, readers will note the appearance of two new logos at the top of the page. These recognize the affiliations between ANESTHESIOLOGY and The Society for Obstetric Anesthesia and Perinatology (SOAP) and the American Society of Critical Care Anesthesiologists (ASCCA). Affiliations between subspecialty groups and journals is not new in our specialty, but this represents the first time that ANESTHESIOLOGY has elected to establish such arrangements. Why have we done so? The answer is simple. The subspecialties of obstetrical anesthesia and critical care medicine are at the core of our profession. They have a long and proud history and are responsible for some of the greatest contributions made by our specialty to medicine as a whole. We would like to encourage the performance of high-quality clinical and laboratory research in obstetrical anesthesia and critical care, and we would like the opportunity to publish the results of such work. ANESTHESIOLOGY is in the business of publishing the best investigative and educational articles our profession has to offer. We believe that these affiliations will help meet this goal. I am personally very happy about these relationships and look forward to a productive future.

I have invited the Presidents of the two societies to provide some brief comments.

Michael M. Todd, M.D.
Editor-in-Chief
ANESTHESIOLOGY

Society for Obstetric Anesthesia and Perinatology (SOAP)

The Society for Obstetric Anesthesia and Perinatology (SOAP) was founded in 1969 by a small group of anesthesiologists who recognized the need for a forum in

which problems unique to the peripartum period could be discussed and in which research-in-progress could be presented. Over the ensuing years, SOAP, the obstetric anesthesia subspecialty organization of the ASA, has grown to more than 1,200 members.

The Society plays an important role in research and education in obstetric anesthesia. SOAP's annual meeting regularly attracts 500 anesthesiologists whose clinical practice ranges from infrequent labor room involvement to full-time obstetric anesthesia. SOAP's quarterly newsletter is an important educational tool and with its WebSite (www.soap.org) reaches obstetric anesthesiologists worldwide.

A prominent part of SOAP's international mission is the Travel Scholar program. Every year, SOAP, in collaboration with industry, sponsors a few anesthesiologists from countries wherein obstetric anesthesia is developing. These physicians travel to the United States to spend 2 weeks visiting a well-known medical center and subsequently attend the SOAP annual meeting. It is hoped that this exposure to first-world obstetric anesthesia and the anesthesiologists who practice it will enhance the development of modern, safe techniques of obstetric anesthesia in the scholars' countries.

The SOAP Board of Directors evaluated many factors over a considerable period before determining that an association with ANESTHESIOLOGY would best serve the Society and its members. A selection of abstracts from each SOAP meeting will be published in ANESTHESIOLOGY, thereby vastly improving access to the high-quality obstetric anesthesia research presented annually to SOAP members. Information on the Society's activities, previously only available to SOAP members, will now reach more than 40,000 ANESTHESIOLOGY subscribers worldwide, thus enhancing SOAP's ability to sponsor its educational and research endeavors.

Gerard M. Bassell, M.D.
President
Society for Obstetric Anesthesia and Perinatology

American Society of Critical Care Anesthesiologists (ASCCA)

The American Society of Critical Care Anesthesiologists (ASCCA) was founded in 1986 to promote educa-

Accepted for publication October 30, 1997.

Key words: Affiliation; anesthesiology; critical care; educational; obstetrics.

tional, investigative, and service needs of anesthesiology intensivists. Over the ensuing 12 yr, ASCCA has continued to grow and expand its educational activities, including an annual meeting, biannual refresher course, resident education manual¹ (currently undergoing revision for a second edition), review textbook,² electronic communication program (<http://gasnet.med.yale.edu/ascca/>), and fellowship directory to supplement the American Medical Association "green" book.³ Recently, ASCCA has developed an evolving relationship with the Foundation for Anesthesia Education and Research to sponsor research awards and promote acquisition of new knowledge in critical care. ASCCA members include academic and private practice subspecialists and generalists with evolving acute and critical care, perioperative medicine, and "hospitalist" practices.

The formal affiliation of ASCCA with ANESTHESIOLOGY is the culmination of the efforts of many individuals, particularly, Dr. Michael Todd, editor-in-chief of ANESTHESIOLOGY, Mr. Gary Hoormann, executive secretary of ASCCA, and Mr. Craig Percy of Lippincott-Raven, publishers of the Journal. The relationship between ASCCA and ANESTHESIOLOGY will be a mutually beneficial liaison, allowing AS-

CCA access to superb editorial evaluation and the broadest readership of any journal in our parent specialty. The ASCCA anticipates a productive editorial interaction with the journal board, advocates submission of high-quality scientific and clinical critical care manuscripts to the journal, and continues to promote excellence in critical care within the ASA and the greater medical community.

Michael J. Murray, M.D., Ph.D.

President

American Society of Critical Care Anesthesiologists

Douglas B. Coursin, M.D.

Immediate Past-President

American Society of Critical Care Anesthesiologists

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2. Durbin CG: Anesthesia Resident's Guide to Learning in the Intensive Care Unit. Park Ridge, IL, American Society of Critical Care Anesthesiologists, 1995, pp 1-246
3. Anonymous. The Graduate Medical Education Directory. Chicago, American Medical Association, 1997-98, pp 405-8

Anesthesiology
1998; 88:2-5

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Lippincott-Raven Publishers

β -adrenergic-Blocking Drugs

Incredibly Useful, Incredibly Underutilized

β -ADRENOCEPTOR antagonists are composed of a large number of drugs that possess a host of pharmacologic properties, some of which are attributable to activity at

the β receptor, whereas others are not. These features include cardioselectivity for β_1 -adrenergic receptors, intrinsic sympathomimetic activity (partial agonist-type properties), membrane-stabilizing effects, pharmacokinetic advantages (e.g, inability to cross the blood-brain barrier or ability to be rapidly metabolized), or inclusion of additional properties (e.g., α -adrenergic receptor antagonism or vasodilator actions) that make each agent of particular advantage for a patient. These drugs were initially developed for the management of cardiac arrhythmias, hypertension, and angina pectoris. Other significant potential benefits of β blockers are now recognized and include protection against reinfarction and reduction of long-term mortality after myocardial infarction.

In this issue of ANESTHESIOLOGY, Wallace *et al.*¹ have

This Editorial View accompanies the following article: Wallace A, Layug B, Tateo I, Li J, Hollenberg M, Browner W, Miller D, Mangano DT, for the McSPI Research Group: Prophylactic atenolol reduces postoperative myocardial ischemia. ANESTHESIOLOGY 1998; 88:7-17.

Supported in part by US PHS grant HL 54280.

Accepted for publication September 15, 1997.

Key words: Beta-blocking agents; coronary artery disease; perioperative ischemia.