

EDITORIAL

NEED FOR ANESTHETISTS AND TRAINING FOR ANESTHETISTS IN THE PROGRAM OF PREPAREDNESS

One of the outstanding needs in our program of preparedness should undoubtedly be forehandedness. One of the pressing requirements of this program of preparedness is that we do not fail to learn lessons from the past experiences of the World War in relation to medical progress, and one which undoubtedly exists, the problem of anesthesia.

At the time of the World War, relatively little progress, as compared with the present, existed in anesthesia. The situation today, however, is quite different and, while it may never be possible to apply to the large group who must be cared for some of the more highly refined anesthetic procedures as the result of this development, we must not fail to have them in mind. We must not look upon the problem of the surgical and anesthetic management of the present-day soldier in the same light that we viewed the situation in 1917.

Nearly everyone would be willing to admit that the type of anesthesia which lends itself in terms of ease of availability and safety to army groups is ether. Nevertheless, no one with the soldiers' interest at heart can fail to appreciate that there should be available for those in whom it is especially needed some of the refinements which have occurred in the period between the World War and the present emergency. It is for this reason, I believe, that those who are in authority in medical preparedness should have in mind the question of special training in anesthesia of at least a limited number of men who wish to receive it, and thus make it applicable where it may very conceivably play a considerable part in saving the lives of soldiers when they might well otherwise be lost. No one who has had the opportunity to do surgery with the modern refinements of advanced anesthesia and anesthetists available could fail to appreciate the soundness of this statement.

I am certain that there are no organizations in this country possessing trained anesthetists that would not be willing to accept a reasonable number of medical officers who are interested in anesthesia. These groups, I am sure, would do everything in their power to assist in giving them a greater knowledge of some of these newer refinements in the shortest possible period of time.

Even if these medical officers could remain under the influence of trained anesthetists but a relatively short time, for example a few months, they could be taught some of the simplest and most valuable procedures, such as the administration of intravenous pentothal, the safe use of spinal anesthesia, the value of postoperative suction bronchoscopy, and the latest accepted treatment of shock with intravenous fluids, transfusions, and pain relieving drugs.

I doubt if there is any single trained anesthetist or groups possessing trained anesthetists who would be unwilling to accept men of this type for training, the benefit of which, it is my feeling, would be incalculable.

FRANK H. LAHEY, M.D.