

sulfonamide drugs. Another report indicates the possibility that the local application of them to wounds may be ineffective in checking infections if procaine or chemically related local anesthetics have been just previously applied to the area. There is no argument that the counter-acting disadvantages which are the rule in progress fall far short of adding up to the results from progress but these disadvantages, however minor, must be recognized early and corrected to make progress complete.

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“You never see two alike any one time and you never see one alike twice.” So goes the humorist’s thrust at contrary woman. The same quotation applied to the surgical patient serves not to evoke the laugh coveted by the comedian but to establish a wholesome if not too scientific implication in the creed of the anesthetist.

If humans were built to a stock pattern like motors so that they responded to physical agents in the fashion that engines do to fuel, administering anesthesia would be a simple and uninteresting business. Then it would be ostensible to proceed with this method, that drug or any given procedure for the contemplated surgical manipulation. The best available anesthetic procedure to assist the surgeon in performing cholecystectomy, pneumonectomy, nephrectomy, et cetera, could be described in confident detail.

It follows, however, that in the patient submitted to surgery, the disturbances in function of the organism, which are the chief concern of the anesthetist who must further disturb vital processes to obviate pain and produce operative conveniences, vary not only with the disease but with the individual. And it is the individual that is to be anesthetized, be he diabetic, anemic or toxic. The anesthetist who has an intimate, habitual, intuitive familiarity with the disturbances to be encountered, a familiarity won in the operating room, not in the library; and at the same time a scientific knowledge of these same disturbances; and, finally, possesses an effective way of applying these experiences and this knowledge, is equipped to practice successfully the art and science of anesthesiology. To be so equipped is an order of some magnitude, but not one without the liberal and expanding dimensions set up to guide other specialties in medical practice. The range of current progress and the scope of present knowledge in medicine provide those who practice it with more opportunities for furthering proficiency and increasing the effectiveness of their efforts than ever before experienced. If these opportunities are improved seriously the time may not be too distant when to speak of surgical patients the quotation above may cause less concern to more anesthetists.