EDITORIAL

THE SELECTIVE PROFESSIONAL SOCIETY DURING WORLD TURMOIL

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The problems which confront organized medicine in this time of war are of such magnitude and urgency that all else seems unimportant. Our all-absorbing determination to win through to complete victory over our enemies leaves practically no time to analyze the rush of events or to appraise their consequences beyond the war's end.

However, despite the press of world turmoil, it is of value for professional societies to recall and reaffirm their reasons for being. Medical societies in times past, whether composed of practitioners in a single field or made up of physicians in many types of practice, were organized for unity, for friendship and mutual assistance and for the exchange of the fruits of their labors and experiences. They could devote most of their efforts toward furthering education in the medical sciences, toward improving the facilities and circumstances of those attracted to the profession or the specialty and toward making known and useful in each field the advances in related fields. Finally, societies were formed to raise the standards of practice so that the final goal, the proper care of patients, might be realized completely. The allegiance to these obligations need not be abandoned. Indeed, their steadfast pursuit will bring material aid to the war effort. Nor should we relinquish the more recently acquired function of safeguarding our scientific standards and the integrity of our art.

Anesthetists in particular should not be dismayed by the added burden of war and its problems for this society has had its entire existence in times enlivened by pressing economic and social issues. It had its inception and was nurtured to its present estate during years crowded with vast and lofty planning, national depression and recession. During these years the economic, social and political aspects so encompassed the medical profession that at times the responsibilities of a society resembled those of a guild. Exhaustive although speculative criticism and even legal persuasion focused attention of the profession on an unsolicited role quite different from its time-honored heritage of maintaining standards and keeping the confidence of the public.


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Anesthesiology, by its present definition as a particular practice in medicine, is a new specialty. It was the inevitable result of the recent gains in the cumulation of knowledge and the contemporary rise in educational standards. Before the present desperate adventure in universal discord, the increasing time and intensity of professional training and apprenticeship, the stricter character and cultural requirements of the medical student suited the needs of selective professional organizations. It followed, naturally, that more severe educational requirements led to stronger internal organization, unity and discipline. The history of other crafts was repeating itself in medicine, namely, that as entrance requirements are increased, the protective walls around those admitted are expanded. This trend was not limited to medicine or to anesthesiology but merely reflected the times. It was obligatory self-protection. The inevitable adjustments required for the war effort should not impede internal organization. In fact, unity and sturdy organization are the first accomplishments in times of trial.

The comprehensive internal organization of selective professional societies raised many issues. First, the urge for better workmanship and improved ethical standards led to the classification of the membership precisely as the trades and other professions had already done. Such a function of the society was accepted with diffidence. Second, the machine age formula for civilization and the increase in specialization created the institutional structure for medical practice. The anesthetist is no solitary craftsman but a member of a unit. The control of the unit is important. It is becoming more institutional, more widely socialized, more nearly under governmental supervision than previously. If history is consulted it will be seen that the medical profession has progressed more adequately with self-regulation than from dictation by society as a whole or by government in times of peace or war. Self-regulation sets a premium on initiative, on imaginative and adventurous minds and the need for struggle. The organized specialized society has an obligation to protect professional independence from unsympathetic social forces which might obliterate scientific standards and imperil the integrity of medical art.

National or international conflict favors self-regulation by presenting organizations with the opportunity to meet the intensified and critical problems with dispatch and satisfaction.

The selective professional society is not in the favorable position for services to the public and communities enjoyed by the general medical societies of which we individually are a part. However, the general public interest will always be a primary interest of any medical organizations. The activities of any society must be in full view of the public; any media of information should be used in presenting policies and every effort should be made to perform public services. These services earn for the society a most important asset—confidence in and appreciation of the aims and purposes of the organization.
The selective professional society during this adventure with destruction, will curtail all activities not essential for the march to victory. Its purpose and aims promulgated before the world conflict of arms can and should be preserved and fostered. The protection and broadening of its scientific advances, the integrity of its art, and its public services should be an integral part of its work for victory. The need for increased self-regulation and added constructive effort cannot be underestimated if we are to meet adequately the problems imposed by the present world turmoil and to provide for the needs of civilization after "unconditional surrender."

For the information of anesthesiologists who are contemplating application for certification by the American Board of Anesthesiology, Inc., or who are training physicians for the specialty, the following questions have been employed for Part I (written) examination in the past in *Physics and Chemistry*:

1. What is the approximate boiling point of ethyl ether? Discuss the significance of this knowledge in devising means for the administration of the agent.
2. What is the chemical formula for tribromethanol? What is the maximum solubility of tribromethanol in water? In amylene hydrate? What is "Avertin?"
3. How can sodium peroxide (Na₂O₂) be used for purposes of inhalation therapy?
4. For what purposes is a helium-oxygen atmosphere administered under a slight positive pressure? In what conditions might one expect benefit from such a therapeutic procedure and why?
5. Describe the sequence of events which you would expect if the following gases are injected intravenously at the rate of ten cubic centimeters of gas per minute: a. oxygen; b. carbon dioxide; c. nitrous oxide; d. nitrogen; e. helium.
6. As a conservation measure, it is suggested that oxygen cylinders be filled with the gas under 3000 pounds pressure per square inch instead of 2000 pounds. Discuss the significance of such a change. What modifications, if any, would you consider necessary in the technical aspects of anesthesia and inhalation therapy?