

EDITORIAL

An old Chinese proverb states, "A journey of a thousand miles begins with the first step." Many of the first steps—perhaps the first thousand miles of the journey of the American Society of Anesthetists—have been well taken. It should be remembered, however, that progress will be attained only step by step. One great fault of our past performance rests, perhaps, in the fact that our steps have been directed, if not actually taken, by too few individuals. Leaders are all important in the early history of an organization. One ever present difficulty rests in the fact that leaders grow old, and, as they age, they sometimes lose their enthusiasm because they become weary. Therefore, it is to be hoped that the members of the American Society of Anesthetists, Inc., should realize that the Society's future depends upon each one of its members, especially those who are young, full of enthusiasm and immune from "falling into ruts" and easily becoming fatigued.

To plan the details of the journey, an accurate map of the road is desirable. An effort has been attempted to secure such a map. Because of the confusion resulting from present day opinions of the probable future of medical practice, as expressed by various leaders of our profession and others, guidance has been sought from the science of sociology. A quotation from current writings (Sorokin) in this field will demonstrate what little aid may be secured from that quarter. It states: "Society, like an animal, is self-moving and self-perpetuating and operates according to three fundamental laws which are: 1. The law of imminent change (every social system changes as a consequence of peculiarities of its own structure and nature). 2. The law of limits (no explanatory law of change is universally true). 3. The law of limited possibilities of change (that is change is determined by the material structure of each particular system)."

The inexact nature of the "laws" of the "science" of sociology as expressed by this quotation is disappointing. It is possible to become totally confused by the varying opinions of our own prophets within the medical profession. The politicians and/or statesmen do not seem to agree as to the method whereby they would have us practice medicine. Obviously we cannot learn at present details of the road we as anesthetists will be required to travel in the future. No one knows at the present time whether we are to continue civilian practice as now constituted, become an homogenous aggregate of physicians under our own direction or that of a governmental agency, or whether we shall be mainly militarized.

Our plans, therefore, must be based upon present existing circumstances and subject to variation with changes as they overtake us.

Whatever changes occur, we must not permit the affairs of our Society to drift idly until we are certain of the direction of social trends. Certain generalizations which anesthesiology should contemplate may be recorded as likely to contribute to future service regardless of change in sociologic relationship. No society or association of individuals of similar endeavor is likely to attain a higher standard of accomplishment than that of a majority of its members. The future contribution of our organization will depend upon (1) the standard of moral and professional integrity maintained by each and every one of the individual members of this organization and (2) the effort and enthusiasm with which each contributes to the joint interests and responsibilities as constituted in the American Society of Anesthetists, Inc.

The admission of Anesthesiology as No. 13 in the list of recognized specialties implies acceptance by all other specialties. The recognition of a Section on Anesthesiology by the American Medical Association implies acceptance of us by the medical profession as a whole. At the same time, we must realize that neither of these accomplishments indicates that absolute success has been attained. It would be more appropriate if we appreciate that we have thereby taken on new and greater responsibilities—responsibilities which, if we are to complete our success, entail a vast amount of work for every anesthesiologist in this country.

The American Society of Anesthetists is, relatively, an old organization. It has endeavored for years to become recognized by the other specialties and by the American Medical Association. Through these accomplishments it is now faced with the problems of parenthood. Having sired the American Board of Anesthesiology, and, shortly thereafter, the official organ of the society, ANESTHESIOLOGY, and the Section on Anesthesiology of the American Medical Association, our national Society cannot, now that they have been established, leave these, its children, to care for themselves. They are our own responsibility. Economics, too, now enters the picture. While the American Society of Anesthetists is possessed of the machinery for monetary sustenance, its offspring are not. As yet your American Board collects in fees for certification insufficient funds to pay the expense of conducting its necessary business. ANESTHESIOLOGY derives its chief support from the Society. The Section has no financial existence. In the future, our members must accept whatever burden the economic welfare of our children may demand. A great industrialist once stated that in building one of our greatest manufacturing businesses he had had little worry concerning the source of money as long as he and his associates could maintain enthusiasm, generate new ideas and "deliver the goods." The same should be true of our Society.

To "deliver the goods" is never facile. First and foremost we must live up to our responsibility as individuals. The reputation of any group or organization is the sum of the reputations of its members.

Whatever each member does that is worthwhile and honorable as a physician, as an anesthesiologist, as a member of his hospital staff or his county society, and as a citizen of his town, enhances the reputation of this Society. It should be remembered also that when a member neglects his obligations, the odium is not his alone. The member's fellow anesthesiologists in his own locality suffer, the Section on Anesthesiology of the American Medical Association and the American Board of Anesthesiology also suffer, and finally our Society is affected.

Many duties should be apparent to each member of our organization. There has been evident a recent trend toward larger and, it is to be hoped, through increase in numbers, better committees. A member is not placed on a committee as a mark of honor. He is appointed because someone has expected him to apply himself efficiently to accomplish the object for which the committee was created. The war and the military mobilization of our profession has created new problems for our specialty both throughout the world and in this country. Additional problems will present themselves at the conclusion of the war. These will include problems of education, a possible continual variation in plans for postgraduate study, changes perhaps in undergraduate training, the hospitality of physicians visiting us from foreign lands, and, finally, problems of relocation of our fellow-anesthesiologists returning from military service. The economic relations of anesthesiologists with patients and hospitals should concern us to a greater extent than has been true in the past. After a successful period of training, young men and women within the specialty should not be permitted to begin practice under circumstances which have a great possibility of leading to disappointment and failure in the years to come.

All the above and many more problems loom large as responsibilities of the American Society of Anesthetists in the not too distant future. Established committees will, of necessity, be required to assume new duties and additional committees will be created. If a member is not appointed to a committee, that member still retains his membership in the Society, presumably with ideas as to the necessities for its welfare. Reflections regarding possible progress should not be concealed by silence. Thoughts should be made known to officers of the society. But of more importance than the committees and of more importance than membership for the future of the American Society of Anesthetists and the service of anesthesiology to the people of this country, is the sense of obligation inherent in every individual anesthesiologist in our land—obligation to the patients whom he serves, to the profession of which it is his privilege to be a member, to the community and the country in which he lives—an obligation to the honor and integrity of that one individual anesthetist, *himself*.