

EDITORIAL

PRESIDENTIAL ADDRESS •

RALPH M. WATERS, M.D.

Madison, Wis.

A CAREFUL rereading of our constitution informs me that our President has a multiplicity of duties. For the faithful performance of them he is accountable to the membership, to the legal authorities of the State of New York in which we are incorporated, and primarily to the Board of Directors of our Society. This is as it should be. It is a healthy sign that a much more active functioning of our Board of Directors has been developing. Dr. Peterson's suggestions regarding the conduct of the Board's business have, I believe, been a distinct contribution. Since detailed reports of the business of the Board are mimeographed and sent to all members of the Board, it is easy for each one to know all the details of the Board's business and to take part by mail when distance prevents his attendance at Board meetings. Thus we are justified in the action just taken of increasing the number and the geographical distribution of members of the Board of Directors.

The addition of a president-elect to our list of officers has opened the way to a continuity of policy impossible previously. This arrangement together with my resignation of the post a year ago has permitted me to worry about my coming duties for twenty-four instead of twelve months. Dr. Lundy and I will confer regarding a dovetailing of Society plans for 1945 and 1946. I wish him a pleasant year of worrying and I am sure he will produce a profitable one of planning for 1946.

The development of the American Society has been in a sense a gradual expansion of the old New York Society of Anesthetists. This was natural since a majority of anesthetists in North America used to live in or near New York. As years go by, this has become less and less true. Perhaps we have tended to cling too long to some of the habits of a local Society. However that may be, our Board of Directors has decided to try a broadening policy. They have approved two meetings of the Society far from New York during the past year. These were conducted as "regional meetings" of the Society and publicized as such. It is hoped by the Board that this policy may be continued and extended in 1945. The suggestion has been made that these "regional" meetings had better be emphasized and publicized as meetings of The American Society of Anesthetists held in several

* Part of the address of the incoming President, before The American Society of Anesthetists, Inc., Dec. 14, 1944, New York, N. Y.

regions during the year rather than as regional meetings. Thus, if members in Wisconsin find it more convenient to be away (or perhaps more attractive to travel) at the time of a meeting in New Orleans or Seattle than at the time of one in Chicago or New York we may plan to do so. In line with such a policy, it may be possible to determine and publish early in the year the dates and places for the several meetings of the Society throughout the year. As to the programs of these meetings, the following suggestion has come from several sources which ought perhaps to be recorded for consideration by committees on arrangements. Certain younger members complain of difficulty in gaining the ear of older anesthetists in these meetings; for example, with officers of the Society, teachers, and others. They find the task of running them down in hotel lobbies both arduous and unsuccessful. They imply that the geriatric discussions of the oldsters among themselves make them inaccessible. Their suggestion is that there might be arranged one informal session at each meeting when the whole society enjoyed perhaps a bottle of beer at smallish tables but in a large room where all were together. The usefulness of such a gathering (perhaps following an evening session) would depend upon a studied avoidance of reunions of old friends and acquaintances, leaving the opportunity for the development of new associations. Such an evening need not interfere with reunions of old friends at other times during the meeting. I pass the suggestion on for the consideration of program committees.

For a long time, members of the Society of my own age-group have discussed in private the need that the Society has for its direction to be taken over by new blood. Younger members have remarked about the desirability of such a change. Recognition of this need is easier than the graceful accomplishment of it. One of our younger members reminded me not long ago of a remark of W. J. Mayo before his death. It went something like this. "Young men going up the ladder are too often hindered rather than helped by the older men coming down." There is, I believe, truth in the statement but I have a feeling that the circumstance is due rather to lack of mutual understanding than to intent on the part of the older men. I am confident that I speak for all the older members of the A.S.A. when I say that it is our earnest desire that within the next three or four years the affairs of the Society may be directed entirely by a younger generation than ours.

This means that many of you will be asked to assume duties as officers and members of committees, even as committee chairmen, the nature of which will be unknown to you. Until our colleagues in military service are returned to us, those of you who are in civil life may have to double up in your work for the organization, as you have had to work longer hours and harder in the practice of medicine. You may have to undertake these new jobs before you feel confident. By doing, you will learn. As our members change their uniforms for clothing without brass buttons and gold braid, they will relieve us of

this extra load. We must realize our obligation to see that they have restored to them their rightful place in the conduct of the affairs of the Society as well as that they be helped professionally in every way possible to regain the place in civil practice which they would have occupied had they not made the sacrifice of military service. In suggesting individuals to serve on the various committees during 1945, I have tried not to impose on those in military service. Doubtless I have failed thus to utilize the services of some medical officers who are not likely to go overseas. I have no means of knowing who is likely to be kept at home.

The greatest handicap of the president of such an organization as this, it seems to me, is the impossibility of his knowing personally so many of the members who probably have ability and willingness to serve the Society. I think I speak again for all the officers and future officers when I urge all of you, new members as well as old, not to hide your light under a bushel. The Board of Directors and the officers will be only too happy to have communications either direct, or through the columns of our journal, *ANESTHESIOLOGY*, or through the News Letter, which may contribute to the welfare of our Society and its members, present and future. I speak to all our younger members when I say this is your Society for the future. By the personal interest and effort of each one of you, and in this way only, will it succeed in its aims. If we who are coming down the ladder in Society activities get in your way, we hope you will not hesitate to make us realize that fact. We freely admit that three score years of activity are enough. Your help may be needed to show us how to come down the ladder gracefully, graciously and usefully.

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 *Pathology*:

1. Describe briefly the clinical course and pathologic changes associated with cerebral anoxemia.
2. At autopsy what are the pathological findings when death follows bronchial pneumonia as contrasted to the pathological changes when massive atelectasis is the cause of death?
3. A young adult female belonging to the Rh negative classification needs repeated blood transfusions. Give an explanation why it would be advisable to give Rh negative blood to this patient.
4. Describe the pathological changes after death caused by ingestion of barbituric acid derivatives.
5. Discuss the chief considerations from an anesthetist's point of view in dealing with a patient with acute intestinal obstruction.
6. What difficulties are usually encountered during inhalation anesthesia for a patient suffering from pulmonary fibrosis?