

## EDITORIAL

### ORGANIZATION AND ANESTHESIOLOGY \*

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Interest, enthusiasm and energy are precious qualities. In a given person they go far to determine individual accomplishment. A combined effort of individuals with similar interest and enthusiasm constitutes an "organization." By pooling their resources of natural and acquired ability, the members of an organization can conserve the total energy of the group and apply it at the time and place where it will do the most good for each individual in the group. A realization of these facts is always slow of appreciation. Anesthesia is celebrating its one hundredth anniversary.

Organizations of anesthetists were lacking, however, during the first sixty years. Like the strategic retreat of the Father of our Country which ended in triumph on the banks of the Delaware River on Christmas morning, 1776, organized anesthesia in America began in Brooklyn.

It may have been forty years ago this very hour when three anesthetists, who I hope are with us tonight—Erdmann, Schirmer and Tong—met in Brooklyn with others who have long since left us, to organize the Long Island Society. The name was changed in 1911 to the New York Society of Anesthetists. Possibly other local organizations were started in the early part of the century but the first national association was initiated in 1912.

It was at the meeting of the American Medical Association in Minneapolis in 1912 that James Gwathmey requested the establishment of a Section on Anesthesia. Since the request was not granted he, with the help of Frank McMechan and others, organized the American Association of Anesthetists. It held its first scientific meeting in 1913. Dr. Gwathmey was the first president and served as secretary until the spring of 1918 when he resigned because of an overseas assignment in the Army and McMechan assumed the duties of secretary of the American Association in his place.

The need for a special journal was appreciated by these early organizers and McMechan became editor of the *Anesthesia Quarterly Supplement* of the *American Journal of Surgery*. Its first number was published in October, 1914. It was continued until 1926 in which year

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the Supplement was discontinued and the name American Association of Anesthetists was changed to The Associated Anesthetists of the United States and Canada.

The reason for the discontinuance of the Quarterly Supplement in the American Journal of Surgery was because McMechan, the Editor and Secretary, had been busy organizing other societies and publications. Among these was the International Anesthesia Research Society which held its first "Congress" in 1922 and began publication of *Current Researches in Anesthesia and Analgesia* in 1923.

This journal is still published, under the Editorship of Howard Dittrick. Other publications edited by McMechan were two Yearbooks of *Anesthesia and Analgesia* 1915-16 and 1917-18, a Monograph on *Obstetrical Analgesia* and a certain "Bulletin." The interest, enthusiasm and energy devoted to the cause of anesthesia before 1930 was largely that of one exceptionally capable anesthetist, Frank McMechan. He was truly an apostle of anesthesia throughout the world.

Until 1930 we who are now considered "older anesthetists" were content to delegate all the labor of organization and the conduct of organized effort to one man. The need for a Section on Anesthesia in the American Medical Association, for a National Board of Certification, for a modernized Journal of Anesthesiology and other advances was evident to those within and outside the specialty.

Obviously, effort was required which could not be met by older methods. In casting about for a vehicle, the old New York Society of Anesthetists was utilized and expanded to become national in scope. The result to date is the organization sitting in its tenth official annual session here tonight on the 40th anniversary of organized anesthesia in America. Certain of the original objects sought have been accomplished. The American Society of Anesthesiologists, Inc., is national in scope. It has many members in Canada and other countries also and they are most welcome.

There is a Section on Anesthesiology in the American Medical Association. There is a Journal, *ANESTHESIOLOGY*, which is the property of the Society. And there is an American Board of Anesthesiology, Inc. To brag of the society's accomplishments is not my present object.

I began by saying that an organization is a group of persons with similar interests and enthusiasm who combine their individual resources to conserve the total energy of the group and apply it when and where it is most effective. As an older anesthetist who had helped to make the mistakes of our earlier organizations, I confess to some fears during the early days of the decade of this organization that the mistake of laziness—of saddling one man with all the work—might be repeated by the members of the new society.

Through the tremendous interest and enthusiasm and energy of Dr. Paul Wood the Society was launched upon its career with a minimum

of difficulties. Through his unusual foresightedness and unselfishness, our constitution and by-laws provide the machinery whereby every member may do his part and help to carry the load.

Through his altruistic and warmhearted friendship for the Society and for every member of it, he has helped us to become a true Organization. Doubtless there were times, and still are, when it would have been easier and more satisfying to do the thing himself than to advise one of us how to do it. But for the long future, I believe the Society will benefit in standing on its own feet.

As it is, no member can sit back and say, "Oh, let the secretary do it," or the president or the chairman of this or that committee. The Society's business is our business. We elect a Board of Directors to direct it. We elect officers to carry out the policies determined by the Board of Directors. All these servants of ours are changed at frequent intervals unless we see fit to reelect them.

Some of you may say, "What have I to do with it? A letter from me to the Board will accomplish nothing." If the Directors could meet in a room where all members could listen to their deliberations, as I have done, I am sure every one would agree with me that they are a serious group of people earnestly trying to decide what is best for our Society. If you have suggestions which seem wise to you, it is your duty to submit them to the Board through the President or Secretary.

Your communications will be courteously received and thoughtfully considered. Their decisions will be made with a hope of bringing the greatest good to the greatest number. The execution of the intent of the Board will depend upon the availability of money and of members willing to function in an executive capacity.

Our Society needs more funds to function in this world of turmoil. Suggestions have already been made which will, I hope, permit us to furnish them. Directors and officers who give their time and effort ought at least be reimbursed for their monetary expenses. Capable full-time servants of the Society must be employed to accomplish routine business and special efforts. But let no member feel that his financial contribution, the mere payment of dues, however large, fulfills his obligation to the Society.

Because of travel restrictions, in recent times national meetings have been prohibited. In lieu of these, regional meetings of members of the organization have been held. I believe these were originally thought of as a substitute for national meetings. It has been my privilege to attend several of them in addition to the one being held here this week.

I am convinced that they should be continued in the future as a supplement to the national gathering. A temporary local chairman has gathered together a committee and organized a meeting of those in a region roundabout covering an area convenient regarding travel accommodations.

These local meetings have been planned under the general supervision of a coordinator of meetings in order that dates and regions might not overlap. The brief trial of this plan seems to me to have been so beneficial that I hope it may be continued when travel restrictions are abolished.

Whether such regional groups should complete formal organization or remain informal temporary gatherings of the National Society membership is probably immaterial. The important point seems to me to be that no local or regional effort should be allowed to detract one iota of the loyalty and effort of each member from the national society.

In unity there is strength. If anesthesiology is to meet the challenge of the time, the abilities and the energies of every member of our Society must be welded into a combined will to bring to all the American public the best of service in anesthesiology with maximum justice to the individual anesthesiologists who render that service.

With that statement I terminate my service to you as president of this Society.

It gives me pleasure at this time to turn over the gavel of the Society to the new president, Dr. John Lundy, who, I am sure, will do a lot better job than I have done. I wish him well.

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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. 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.
2. If a major coronary occlusion took place while you were administering general anesthesia, what physical signs would you expect to observe and what occurrences other than coronary occlusion might cause similar signs?
3. A patient in excellent condition, but unconscious, was left alone in his room after his return from the operating room. Fifteen minutes later he was found dead. At postmortem examination what regions would you wish the pathologist to examine most carefully and what findings are the more likely?
4. What are the advantages and disadvantages of alcohol used for therapeutic nerve blocking?
5. What is meant by "massive collapse of a lung" or "atelectasis"? Give the signs and symptoms and treatment both during operation and in the postoperative period.
6. What tissue damage may be produced by chloroform and how may it be minimized?