

EDITORIAL

ANESTHETIC PRACTICES IN AUSTRIA

A medical mission composed of specialists in several fields of medicine and sponsored by the Unitarian Service Committee of Boston and the World Health Organization of the United Nations spent approximately six weeks in Austria during the summer of 1947. The mission visited the medical school in Vienna, Graz and Innsbruck, and in all of these institutions lectures, seminars and clinical demonstrations were given on the science and art of anesthesiology. These lectures on the extent of anesthesiologic functions in the United States and the demonstrations of modern anesthetic technics invoked uninhibited expressions of amazement and admiration. It was known prior to the departure of the mission that there was an incipient awareness or, at least, an honest curiosity about anesthesiology on the part of the medical profession in Austria because a specific request had been made by the Austrian planning committee for inclusion of a specialist in this field.

It was quiet apparent, however, after contact had been made with the medical faculties in these institutions that their concept of anesthesiology as a medical specialty was, at best, in an embryonal state. There was a tremendous temptation upon observing the state of development of anesthesiology in Austria to capitalize upon their inability to keep pace with the United States and submerge the observers in a welter of current technical tricks. Upon reflection, however, it was soon realized that such practices, although useful, would tend to enhance the technical aspects of the specialty in an area susceptible to the dramatic and before a group all too prone to disregard the basic science approach to the solution of medical problems. Accordingly, an attempt was made to point out that the development of anesthesiology in the United States was contingent upon the practical application of fundamental anatomic, physiologic, pharmacologic and biochemic information.

To date, medical students in the schools of Austria are not given instruction or experience in anesthesia. The administration of anesthesia is accomplished by the members of the surgical staff, most of whom are in their early years of training. To the credit of those responsible for anesthesia in Austria, it must be said that the administration of anesthesia has been not yet relegated to technicians. Anesthetic technics are selected empirically and are applied according to rather rigid routines learned from bitter experience or from literature accompanying new drugs and appliances.

Progress in the field of anesthesiology in Austria can be rapid and substantial. It is necessary only to promote the growth of an insight into the advantages to be gained for patient and surgeon by the scientific approach to anesthetic practices and to promote the interest of

young physicians in the specialty. These men and women then will be able to demonstrate the effectiveness of modern anesthetic practices and also will be able to impart to the medical students, of whom there are legion, an appreciation of the scope of the specialty. It was encouraging to note that the growing awareness of the need for improving the state of anesthesiology has been activated by the training of personnel in the United States and England. One physician has completed training in the United States and is returning to the Surgical Abteilung of Professor Finsterer in Vienna. Another physician has secured a fellowship from the World Health Organization and will receive anesthetic training in England this fall after which he will return to the 2nd Surgical Clinic of Professor Wolfgang Denk in the University of Vienna.

These men and the men who undoubtedly will follow them in the specialty in Austria need help. Some of the support should be in the nature of access to past and present literature in the field. Almost without exception, the periodicals and books in the libraries of these schools, particularly foreign material, ceased in 1938. This loss is acute and serious and the libraries should be brought up to date and kept there. The current economic controls in Austria make it virtually impossible for these medical schools or even the individual faculty members to subscribe to journals or to purchase foreign books.

Additional support to these pioneers in the expansion of anesthesiology in Austria should be in the nature of suitable equipment, gases and drugs. There is very little equipment and what equipment is available is obsolete. With the exception of oxygen, there are no anesthetic gases. Simple but much needed drugs such as morphine, scopolamine and the barbiturates are available in restricted amounts. There was an obvious tendency, not unknown in the United States, for the observers of the clinical demonstrations to ascribe the results obtained to the equipment. It would be well for those individuals, scientific or philanthropic groups, or concerns who contemplate supplying equipment, gases, drugs, etc. to make the delivery of that material contingent upon the availability of personnel capable of utilizing it in the proper fashion.

Perhaps the most important and lasting contribution that can be made to the advancement of anesthesiology in Austria is the granting of opportunities for men and women who become interested in the specialty to receive training. Institutions offering residencies and short courses in anesthesiology in the United States should feel obligated to permit Austrian physicians to enter those residencies or courses. The quality of basic medical training which these physicians will have received will not, except in special instances, enable them to be certified by the American Board of Anesthesiology but fundamental clinical instruction and the engendering of scientific attitudes will serve a useful function in a country in a receptive mood to the development of anesthesiology.