

EDITORIAL

RESISTANCE to change is one of the most fascinating and at the same time frustrating aspects of the practice of medicine in the field of anesthesiology. This resistance has, on occasion, incited practitioners of the specialty to invoke well intentioned but sometimes misdirected effort to protect advances made, to foil "sniping" by real and imaginary enemies, and to consolidate the "guild" by formal pronouncement or legal action.

There is little question about the merits of the service rendered to mankind by physicians practicing anesthesiology. There is, however, good reason to question the necessity for or the wisdom of employing coercion and legalistic measures as a substitute for recognition and endorsement. It would appear that in the long run such can be more securely achieved by the conclusive demonstration of fitness on the part of the anesthesiologists. Acceptance of anesthesiology as a mode of the practice of medicine can, of course, be obtained in an artificial way in the same manner as "the American way of life" can be insisted upon by the signing of affidavits. It will, however, be recognized by those who are sincerely interested in the long range, stable development of anesthesiology that the matter of its worthiness as a specialty cannot be arbitrarily resolved by legal action and that a very real possibility exists that such action ultimately may prove to impose serious limitations upon the specialty.

Restrictions originally intended to protect us from real or imaginary foes may have the undesirable effect of interfering with our ability to participate in and contribute to general medical progress. Under the best of circumstances they can offer but temporary refuge. In addition, they may be falsely interpreted by some as an end-point of success, which attitude in itself may seriously and effectively retard progress.

The following excerpt from the *New Yorker* for February 26, 1949, clearly delineates the hazards inherent within the establishment of explicit regulations to "protect" a type of society. "The pesky nature of democratic life is that it has no comfortable rigidity; it always hangs by a thread, never quite submits to consolidation, is always being challenged, is always being defended. The seeming insubstantiality of this thread is a matter of concern and worry to persons who naturally would prefer a more robust support for the beloved structure—the elasticity of democracy is its strength—like the web of a spider, which bends but holds. The desire to give the whole thing greater rigidity and a more conventional set of fastenings is almost overwhelming in these times when the strain is great, and it makes

professed lovers of liberty propose measures that show little real faith in liberty."

The men and women who have entered the practice of medicine in anesthesiology have done so because, unconsciously or deliberately, they enjoy the challenge and the freedom of thought associated with the development of new things. Free thinking, liberalism, initiative, and imagination survive and flourish best under the stimulation of ever-present resistance and challenge. Let them who would propose restrictions think well before selling their birthright.

A regular meeting of the New England Society of Anesthesiologists will be held in the Auditorium, Building "A," Boston University Medical School, Boston, on Tuesday, June 14, 1949, at 8:00 p.m. The speaker and subject of the scientific session will be:

"Disturbed Physiology of the Diabetic with Relation to Anesthesia," by Priscilla White, M.D.

A meeting of the Anesthesia Study Committee of the New England Society of Anesthesiologists will take place on Thursday, June 2, 1949, at 8:00 p.m., at the Boston University Medical School, 80 East Concord Street, Boston. Physicians and medical students are invited.