

SUMMARY OF PROCEEDINGS OF HOUSE OF DELEGATES OF
THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS, INC.

STATLER HOTEL
Washington, D. C.

November 6 and 7, 1951

PROCEEDINGS

FIRST SESSION

9:00 a.m.—November 6, 1951

CALL TO ORDER

The first session of the House of Delegates of the American Society of Anesthesiologists, Inc., was called to order at 9:28 a.m., November 6, 1951, in the Presidential Ballroom of the Statler Hotel, Washington, D. C., by Urban H. Eversole, M.D., Boston, Massachusetts, President of the Society.

ANNOUNCEMENT OF QUORUM PRESENT

At the request of the President, Doctor R. M. S. Barrett, Chairman of the Committee on Credentials, announced that a quorum was present for the transaction of business.

READING OF MINUTES OF LAST MEETING

Doctor Remlinger, Secretary, moved that the reading of the Minutes be dispensed with and that they be approved as previously written and distributed. The motion was duly seconded and upon vote carried.

REFERENCE COMMITTEE REPORTS

Doctor Eversole announced that as in previous years, in order to expedite the business of the House of Delegates, reference committees had been appointed on Standing Committee reports and on Special Committee reports, as well as New Business.

REPORT OF REFERENCE COMMITTEE ON
STANDING COMMITTEE REPORTS

Doctor Eversole then called for the report of the Reference Committee on Standing Committee Reports, which was composed

of Doctors Meyer Saklad, Chairman, Milton C. Peterson, and Perry P. Volpitt. Doctor Saklad announced that Doctor Peterson would present the Reference Committee's report on the report of the Committee on Constitution, By-laws and Rules.

Report of Committee on Constitution,
By-laws and Rules

Doctor Peterson first reported that the proposed amendment to Article XI, Section 4 of the Constitution of the A.S.A. as it appears in the report of the Committee on Constitution, By-laws and Rules had been amended by the Reference Committee to read as follows:

"Section 4. The House of Delegates shall select a panel of A.S.A. members who are Diplomates of the American Board of Anesthesiology, Inc. from which the representative or representatives of the American Society of Anesthesiologists, Inc., on the American Board of Anesthesiology, Inc., shall be selected in the following manner:

The House of Delegates at each Annual Meeting shall select a panel of four such members of this Society. If a vacancy is anticipated before the next Annual Meeting said panel shall be increased by two for each such anticipated vacancy. Each member selected for such panel shall be elected by majority vote in the manner provided for the election of officers in Section 13, Chapter I of these By-laws.

The panel so selected shall be forwarded to the Secretary of the American Board of Anesthesiology, Inc., by the Secretary of this Society in order that any vacancies among representatives of this Society on said Board occurring before the next Annual Meeting of this Society will be filled from such panel.

Upon completion of the reading of the foregoing proposed amendment to the Con-

stitution of the Society, Doctor Eversole stated that this constituted the first reading of that proposed amendment and that no further action could be taken upon it until the next annual session of the House of Delegates.

Doctor Peterson then read the Reference Committee's amendment to the suggested amendment to Article XI, Section 2 of the Constitution of the Society set forth in the report of the Committee on Constitution, By-laws and Rules as follows:

"The terms of office of the directors and alternate directors shall be for three years each after the first election after the adoption of this Constitution and shall commence at the close of the annual session of their election. The annual election to fill expired terms of directors and alternate directors shall be held prior to the Second Session of the House of Delegates. All directors and their alternates shall be elected by a majority vote of the delegates from the director district each director is to represent, or by whatever method the Component Societies within each director district may agree upon. The alternate director in the event of death, resignation, removal or other vacancy of any director shall become a successor to that director and shall serve until the vacancy is filled at the next annual session. No director or his alternate shall be eligible to serve for more than two consecutive terms except that the alternate may be elected to director following or during his period as alternate. One-third of the directors and alternates shall be elected each year to fill the expiring terms of directors and alternates. The term of office of each alternate shall be concurrent with that of the director for whom he is an alternate."

Upon completion of the reading of this proposed amendment, Doctor Eversole announced that a copy of the proposed amendment had been mailed by the Executive Secretary to the Secretary of each Component Society more than two months prior to this date with advice that it would be considered at this meeting of the House of Delegates. Doctor Eversole then re-referred this amendment to the Reference Committee on Reports of Standing Committees and announced that it would come up for vote by the House of Delegates the following day.

Doctor Peterson then read the amendment to Section 15 of Chapter V of the By-laws as it appears in the report of the Committee on Constitution, By-laws and Rules.

"The President shall order publication in the News Letter of a list of the directors

present and absent at any meeting of Board of Directors and he shall inform the officers of each component society in a triet of the absence of that director who failed to attend a called meeting of the Board of Directors."

Upon completion of this reading Doctor Eversole re-referred this proposed amendment to the Reference Committee on Standing Committee Reports.

Doctor Peterson then read the proposed amendment to Article XIV, Section 1 of the Constitution of the American Society of Anesthesiologists as it appears in the report of the Committee on Constitution, By-laws and Rules.

"The House of Delegates or the Board of Directors may, by a two-thirds vote of the members present at a meeting thereof, order a general referendum on any question pending before those bodies. The question shall then be submitted to the voting members of the Society who may vote by mail, and if members voting shall comprise a majority of all members of this Society, a majority vote of the members voting shall determine the question. *The voting shall be considered completed at the end of sixty days from the day the question of referendum is mailed.*

Upon completion of the reading of the proposed amendment, Doctor Eversole announced that this comprised the first reading of the amendment and that no action could be taken thereon until the meeting of the House of Delegates in 1952.

Doctor Peterson then read the proposed amendment to Section 5 of Chapter X of the By-laws of the Society as it appears in the report of the Committee on Constitution, By-laws and Rules.

"The Executive Committee of the Board of Directors shall be composed of the President, the President-elect, the Immediate Past-President, the *First Vice President*, the Secretary and the Treasurer. This Committee shall meet at the call of the President, and shall have authority to act in the interim between meetings of the Board of Directors upon matters which would ordinarily require approval by the Board of Directors and which have not been delegated elsewhere by the Constitution and By-laws."

Upon completion of the reading of the proposed amendment Doctor Eversole re-referred it to the Reference Committee on Standing Committee Reports and announced it would be voted upon the following day.

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Following completion of the foregoing, Doctor Peterson moved the adoption of the report of the Committee on Constitution, By-laws and Rules as amended. The motion was duly seconded and upon vote carried.

Doctor Meyer Saklad, Chairman of the Reference Committee on Standing Committee Reports, then continued with the report of that Committee.

Report of Committee on Credentials

"In preparation for the meeting of the House of Delegates of the American Society of Anesthesiologists to be held in Washington, D. C., November 5-8, 1951, a membership count of the component societies was taken at the office of the Executive Secretary. The secretary of each component society was advised concerning its official membership count and representation allowed as provided by the Constitution and By-laws of the Society. The credentials form for delegates and alternates in proper number was supplied to the component society secretaries with instructions and admonitions for prompt execution. The committee holds itself in readiness to serve in its official capacity at the meeting in Washington.

Respectfully submitted,
 Committee on Credentials
 (S) William Kreul, M.D.
 William Kreul, M.D., *Chairman*
 Donald Stubbs, M.D.
 R. M. S. Barrett, M.D.
 J. E. Remlinger, Jr., M.D."

Doctor Saklad moved that the report of the Committee on Credentials as submitted, be accepted. The motion was duly seconded by Doctor Wright and upon vote carried.

Report of the Committee on Economics, Public Policy and Public Relations

"As General Chairman of the Committee on Public Policy, Public Relations and Economics, I first want to express my sincere appreciation to the other members of the Committee and Officers of the Society for their excellent cooperation throughout the year.

A major activity has been the preparation of the booklet, 'The Anesthesiologist and the Hospital,' with the able assistance of Mr. David Buschman. This booklet which has been reproduced for action at this meeting by the Delegates and Board of Directors has undergone no less than six revisions since its birth in the late spring of 1951 by a special committee working within the Committee on Public Policy and Public Relations. Since its original preparation many helpful sugges-

tions have been received from Anesthesiologists around the country and these suggestions have all been incorporated in the text.

The purpose of this booklet is to tell the modern story of anesthesia to Hospital Trustees and Administrators in a clear and forthright manner. The second portion of the booklet 'Questions and Answers' is to be continually enlarged for the purpose of educating our own members in the problems confronting Anesthesiologists. The first addition of addendum of questions suitable for loose-leaf notebook filing is ready for early distribution and an attempt will be made to answer questions about current problems puzzling Anesthesiologists in a question and answer presentation.

Other actions have included releases through the medium of inserts in the *News Letter* of informative material such as the Medical Insurance article which appeared in the *Wall Street Journal* and reprints of other pertinent material.

The latest venture of the Sub-Committee on Public Policy and Public Relations is the preparation of a news release entitled 'Report' prepared by Mr. David Buschman on subjects of vital interest. The first number of this series was distributed in the October *News Letter*.

Much correspondence has passed through this office. Some of it was of a nature that could be answered directly. Much of it was handled with the assistance and close cooperation of the Chairman and members of the Sub-Committee on Public Policy and Public Relations.

It has been a pleasure to work with the members of the Committee and it has been a privilege to serve under Doctor Eversole who has been untiring in his efforts to assist these Committees in every way.

Respectfully,

(S) B. B. Sankey
 B. B. Sankey, M.D., *General Chairman*
 Committee on Public Policy, Public Relations and Economics"

Doctor Saklad then recommended for his Committee that inasmuch as the report of the Committee on Economics, Public Policy and Public Relations dealt largely with the booklet on "The Anesthesiologist and the Hospital" and that inasmuch as the new draft of that booklet had not been presented to the Committee, that action on this report be deferred at this time.

Doctor Eversole then stated that the Chairman of the Committee on Economics, Public Policy and Public Relations had a supplemental report which he wished present, and called upon Doctor B. B. Sankey, Chairman of that Committee.

- VI. Movie films which are the property of the Library are available, as in the past, to the members of the American Society of Anesthesiologists.
- VII. Many members during the past year have availed themselves of the opportunity to use the facilities of the Library.
- VIII. Members of the American Society of Anesthesiologists may send their Journals to the Library for binding. This is being done on a non-profit basis.
- IX. At the Post-Graduate Assembly of the New York State Society of Anesthesiologists in 1950 the Library presented a portion of its collection of rare books at the Scientific Exhibit. The attendance and comments were gratifying.

Respectfully submitted,

(S) Jack Milowsky, M. D.
Jack Milowsky, M.D., *Chairman*
Library Committee"

The Reference Committee commented on the fact that although the report of the Sub-Committee on Library, in Section 3, notes the desirability and necessity of employing a full or part-time librarian, no request for financial aid is made. Items 3, 4, 5 and 6 in the report discuss books, reprints, rare books and moving picture films in the library. It is the feeling of the Reference Committee that information as to the contents of the library in these various categories should be made available to the members of the Society. The Reference Committee, therefore, moved that the report of the Sub-Committee on Library be returned to that Committee for the information requested. The motion was duly seconded and upon vote carried.

Report of Sub-Committee on Museum

"In the past year the Wood-Library-Museum has given direct assistance for five exhibits. This has been in the form of displays in three of the exhibits and advice in two other occasions.

We should like to suggest that anyone requesting or sending material to the Museum forward a statement of paid insurance coverage and transportation charges before the material is sent.

The Museum has had visitors from all over the United States, Australia and England in this past year.

At the present time we are compiling albums of photographs of all past and present members of the A.S.A. An international directory of anesthesiologists is also being

established with short pertinent biographic data for each individual listed.

Respectfully submitted,

(S) Robert G. Hicks
Robert G. Hicks, M.D.,
Chairman, Committee on Museum

Doctor Saklad moved that the report of the Sub-Committee on Museum be accepted as submitted. The motion was duly seconded and upon vote carried.

Doctor Eversole then re-referred the report of the Committee on Library, Museum and History and the Sub-Committee on Library and History to the Reference Committee on Standing Committee Reports.

Report of Sub-Committee on Medical Schools

"The 1951 annual report of the Sub-Committee on Medical Schools is an assessment of the present status of instruction in anesthesiology in the medical schools of the country. Previous attempts to gain information from deans of medical schools and professors of surgery regarding such instruction met with rebuff and criticism from some individuals queried. It was, therefore, deemed wise to prepare a letter of inquiry regarding the teaching of anesthesiology to be forwarded to the person in charge of anesthesiology at each medical school. A copy of that letter is appended to this report.

A list of anesthesiologists in charge of anesthesiology at the various medical schools was needed, but no such list was available at the American Society of Anesthesiologists or the American Medical Association headquarters. To prepare such a list it was necessary to send a letter of inquiry to the dean of each medical school where the person in charge of anesthesiology was unknown. Thirty-seven such letters were written and answers were received from all. From these replies a list of anesthesiologists in charge of teaching anesthesiology has been prepared. A copy of that list is appended to this report.

Questionnaires were mailed to the chief anesthesiologists of each medical school. Many replies arrived promptly expressing interest in the survey. The frequent request was made that the information obtained in the survey be made available to all those teaching anesthesiology. It was necessary to send second and third letters to many departments in order to obtain a reply. At the writing of this report, no information had been received from four schools: Buffalo, Howard, Vermont, and St. Louis. Three letters, and in several instances four, have been sent to the person designated as chief of anesthesia of those institutions.

No information from nine other medical schools has been included in this report since none of this group had anesthesiologists directing the anesthesia teaching program as of June, 1951. This group includes Cincinnati, Creighton, Jefferson, Johns Hopkins, Loyola, Meharry, Western Reserve, Woman's, and State University of New York at New York. Three of these schools have appointed anesthesiologists since June; these are Johns Hopkins, Western Reserve, and Woman's. The University of Washington has no organized department of anesthesiology, but it is included in this report since a group of anesthesiologists have formulated a lecture program which is given to sophomore medical students.

Eight schools of medicine (including one in Canada) offer two-year courses in medicine. Seven do not have anesthesiologists on their faculty, and at the other institution (Dartmouth) three anesthesiologists are members of the faculty and take an active part in instruction to students.

There are nine four- or five-year schools of medicine in Canada. All have anesthesiologists, but only three supplied information concerning their teaching program. This was considered inadequate representation, so none of the data from the Canadian schools are included in this report.

I. Organization of Departments of Anesthesia.

In the minds of some anesthesiologists, great importance is attached to the autonomy or lack of autonomy of a department of anesthesiology in a medical school. Others concern themselves little about such matters. The questionnaire plus supplemental letters indicated the departments were organized as listed in table I.

Some anesthesiologists have stated that for all intents and purposes their organization is autonomous, but for practical reasons it remains as a subdivision of surgery to the satisfaction of everyone.

The academic title held by the anesthesiologists in charge of teaching varies from school to school. Of fifty-nine schools answering, fifty-five have indicated the rank of the chief anesthesiologist as indicated in table II. No attempt has been made to subdivide these groups into precise academic titles, e.g., Professor of Anesthesiology, Professor of Surgery (Anesthesiology), Professor of Clinical Surgery, etc. The fact that a professor is the department head is not indicative that the department is autonomous.

The number of anesthesiologists on the faculty of the individual schools is variable. The size of the anesthesia staff was specified at thirty schools. Six have only one physician anesthetist, four have two physicians, fifteen have three to five anesthesiologists, and five have six or more. The largest number at one institution was nine. An interesting sidelight pertaining to the economics of anesthesiology was offered in this survey. At one

institution where the physicians teaching anesthesiology are practicing private anesthesiology and receive no funds from the Medical School, the following statement was made: 'This year I have been reluctant to accept all the senior class (for practical instruction) as I had two new anesthesia residents (to teach).'

II. Didactic Instruction

Freshman: Anesthesiologists assist in instruction to first year medical students at eight schools (13.8 per cent).^{*} At seven this instruction consists of lectures and demonstrations of the practical anatomy of spinal and regional anesthesia. Two schools offer a lecture and demonstration on the care of respiratory emergencies. One of these schools also has a two-hour orientation lecture demonstration on three basic forms of anesthesia: general, spinal, and regional.

Sophomore: Anesthesiologists participate in the instruction of sophomore medical students in 34 schools (57.5 per cent). All schools offering lectures in anesthesiology to freshman students also had lectures in the specialty the sophomore year. In 25 schools (42.5 per cent) the students have no contact with anesthesiologists during their first and second years.

The manner in which this teaching is accomplished is as follows:

Lectures in the pharmacology of anesthetic agents—16 schools (At nine schools, anesthesiologists lecture on this subject during the course in pharmacology)
 Assist Department of Pharmacology in the demonstration of anesthetic agents in animals 12 schools
 Clinical lectures in anesthesia 10 schools (In five of these schools, there are no other lectures offered in anesthesiology during the four years)
 Clinical demonstrations in anesthesia 6 schools

Junior: This is the principal teaching year for anesthesiology as indicated in table III. The number of lectures given during the principal year varies from two to twenty-two (figure I) with an average of 9.5. At six schools where ten or more lectures are given, these lectures are repeated three or four times to different trimesters or quarter groups. At two schools lectures in anesthesia are elective.

The subject matter for the lectures is of interest since it indicates an endeavor to teach anesthesiologic principles that are of importance to all doctors, not anesthesiologists alone. It was noticeable that a few teaching programs contained lectures primarily of interest to residents of anesthesia but of little practical importance to the embryonic general practitioner, internist, radiologist, etc. It is generally agreed that

* All percentages are on the basis of the 99 schools that have returned information regarding the teaching of anesthesiology.

physician anesthesia had much to offer besides the technical administration of anesthetics. If that be so, lectures to medical students should be of a general nature and of practical importance.

Table IV lists lecture subjects in order of the frequency of presentation in forty-three schools. With few exceptions all lectures are given by staff anesthesiologists and relatively few by residents in anesthesia. In many cases more than one hour was devoted to the subjects mentioned in table IV. This was particularly true of regional block and general anesthetics where two or three hours were common. Nine schools employ movies pertaining to anesthesiology to assist in teaching. Eight departments give an examination covering the course in anesthesia.

Senior: As indicated in table III, in eight schools the majority of didactic lectures are given in the senior year. The subject material of these lectures is included in table IV. Only six other schools include supplemental lectures in anesthesiology to senior medical students. The two most common lecture subjects for seniors are regional nerve blocks and obstetrical anesthesia and analgesia.

III. Clinical Instruction.

Required Clinical Courses: A reference to table V will indicate the status of clinical training in medical schools.

It is apparent from tables IV and V that in the majority of schools the anesthesiology lectures are given in the third year and the clinical training in the fourth year.

It is significant that 21 schools (29 per cent, including nine without departments) have no required clinical course in anesthesiology under the supervision of an anesthesiologist. Considering the number of students in the classes at these 21 schools, 27 per cent of the medical students graduated each year have not had required courses in clinical anesthesia. Thirteen of the schools concerned could supply the needed training since anesthesiologists are members of their faculties. Of these thirteen, eight do offer electives in anesthesia, but this does not take the place of required courses. Four of the schools not having required courses yet offering electives indicated that 17 per cent of the students took the elective.

The amount of time students spent on clinical anesthesia was quite variable as indicated by figure II.

It is not certain whether the days mentioned are calendar days or days in which the students were actually in the clinic. Seven and fourteen days probably represent calendar days or five or six, or ten or twelve working days. Where fraction of days or a certain number of hours per day on clinical anesthesia have been reported, a condensation has been made into days of clinical anesthesia of eight hours each.

The number of students assigned to clinical anesthesia at one time has varied from one to eight with two to four being most common. Only eleven replies specified the number of students on service at a time. In most departments the clinical teaching of medical students was accomplished by staff and senior residents. At most institutions an effort is made to have students administer an open drop anesthetic, a nitrous oxide-oxygen-ether sequence, intravenous pentothal and a spinal anesthetic. Only one mention was made of giving practical instruction in cyclopropane or endotracheal anesthesia. In the institutions where students were on the anesthesia service one week or less, each student administered an average of six anesthetics under supervision. Where students were on for two weeks, the average was thirteen. These figures are based on information from sixteen schools. At seven schools students observed only and were not given an opportunity to administer anesthetics themselves. At nineteen schools seminars, formal discussion periods, or case analysis periods are held during the periods on anesthesia. At several institutions there are schedules of subjects and assignments for these periods, while at others such hours are used for opportune discussions or to fill periods when the operating schedule is light.

The most commonly mentioned improvement to be made in teaching anesthesiology was in clinical instruction. Six replies mentioned either providing time for clinical instruction, increasing the time allotted for instruction, or providing an elective course in clinical anesthesia.

Elective Courses: Twenty-six schools (29 per cent) offer elective courses in clinical anesthesia. As mentioned previously, eight of these schools do not have required courses in clinical anesthesiology. Eighteen schools therefore, have required and elective courses in anesthesiology. One school had an elective for the sophomore, junior, and senior years, another for the junior and senior years. Twenty-one schools offered this elective in the senior year and two in the junior year.

Thirteen schools specified the number of students taking the elective. One reported having had an elective for three years without anyone availing themselves of the course. The others mentioned from one to twenty-five students taking the course and in one case fifty-three (a school without a required clinical course). Three schools had their course only in the summer and three more in the summer and during the academic year. The shortest elective was thirty-nine hours and the longest twelve weeks. Of the eighteen specified durations, four weeks was the most common. The usual type of training offered to those taking the elective could be considered comparable to that offered to a junior resident in anesthesia.

Summary of Data

The salient points brought out in this report are as follows:

1. As of the end of the academic year, 1950-1951, ten medical schools (13.9 per cent) had not appointed an anesthesiologist to direct a teaching program in the specialty. Three of this group have appointed anesthesiologists for the year 1951-1952.

2. Only one of the eight two-year schools of medicine have included an anesthesiologist on their faculty.

3. Eight schools (13.8 per cent) begin the teaching of anesthesiology in the freshman year with lecture-demonstrations during the anatomy course or during correlation and first aid courses.

4. Anesthesiologists participate in instruction to sophomore medical students in 34 schools (57.5 per cent). In 26 schools (42.5 per cent) students have no contact with anesthesiologists during the first two years.

5. Three schools with anesthesiologists on their faculties offer no lectures on anesthesia. At two other schools, the lectures are elective.

6. The average number of lectures given during the principle teaching year is ten.

7. The tendency in lecture subjects has been away from highly technical and specialized aspects of anesthesia and toward generalized facts of importance to a general practitioner as well as an anesthesiologist.

8. Thirteen schools have no required course in clinical anesthesia. Since nine other schools have no departments of anesthesia, there are 21 medical schools representing 27 per cent of medical students who are not receiving clinical training from anesthesiologists.

9. Twenty-six schools (44 per cent) offer electives in anesthesiology. Eighteen of these schools have required courses in clinical anesthesiology as well as elective courses.

Recommendations

I. An endeavor be made through the office of the President of the American Society of Anesthesiologists to contact the medical schools that do not have teaching programs in anesthesiology under the direction of a physician specialist. The advantages of assistance in teaching from our specialty should be pointed out and an offer be made to help in locating and appointing a competent anesthesiologist.

II. Directors of teaching programs in anesthesiology at medical schools be made aware of the value of lectures and demonstrations to all classes in the medical school. Such activities should not be confined to one year. Excellent spots to appear in courses other than anesthesiology are:

A. Freshman Year.

1. Lecture demonstration on regional blocks, spinal anesthesia, and the upper respiratory tract during the course in anatomy.

2. Lecture demonstrations in correlation courses, e.g., the handling of respiratory emergencies.

B. Sophomore Year.

1. Lectures and discussions on the clinical application of pharmacologic agents. Most pharmacologists are quite competent to teach the theoretical aspects of agents used in anesthesiology. The anesthesiologists should avoid offering to lecture on the subjects but should suggest rather one or two correlation lectures to tie up the theoretical and practical utilization of the anesthetic agents.

2. Lecture and demonstration during clinical pathology on mechanism and prevention of atelectasis and influence of anesthesia on this complication.

C. Junior and Senior Years.

1. Lecture with medical department on the treatment of barbiturate and opiate poisoning.

2. Lecture with medical or surgical department on the control of pain.

3. Symposium with radiologists, internists, and neurosurgeons on the control of intractable pain.

4. Lecture with pediatric department on anesthesia for pediatric surgery. Suggest methods of anesthesia to be used in office of pediatricians or general practitioners.

5. Lecture with obstetrics department on obstetrical anesthesia and analgesia and on infant resuscitation.

6. Symposium with internists, surgeons, physiologists, pharmacologists, etc. on current status of certain surgical and anesthesiological problems. This can be made into a most informative and important series of conferences during the senior year.

Before adopting any of the above suggestions, the anesthesiologist must first consider: (1) Is there time available? and (2) Has he had enough experience with the subject to make the hour profitable? It is better not to attempt to teach a subject if it cannot be done with authority and with profit to the student. Chairmen of other departments are rarely going to seek the services of someone not in their own department to give lectures. If the anesthesiologist wishes to cooperate with another department, he should initiate the attempt.

It is also well to suggest at this point that quantity of lectures is no substitute for quality or in the interest of the medical students in the subject material. It is better to give five well-prepared and practical lectures than to give twenty lectures on highly technical aspects of anesthesiology, which the student will not remember nor have much use to remember.

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fellows in anesthesia and in the number actually placed. There were 117 candidates in 1950 as compared to only 7 this year who requested the list of approved residencies prepared by our Committee. Four were actually placed and three joined the military services. While it is to be emphasized that many applicants were appointed without the aid or knowledge of the Committee, it is known that the total number of residents or fellows in anesthesia this year is alarmingly lower than in 1950. Scores of urgent letters, telegrams and phone calls have been received this year for residents from not only newly-appointed directors of anesthesia but particularly from those of old and well-established residencies. It is believed that the Korean conflict, the Doctor Draft Bill, medical school deficiencies in anesthesia, and the unwholesome relationship between the patient, anesthesiologist and the hospital administrators account largely for the decrease in the normal number of prospective anesthesiologists. [Editor's Note.—Table I and supplementary data not reproduced.]

C. Aid to Anesthesiologists in Obtaining a Location in Anesthesia

Table II shows that the monthly available locations in anesthesia ranged from 28 to 56. The number of locations actually filled was 67 as compared to 72 in 1950. These figures do not portray a true picture of anesthesia locations because many were filled with the aid of commercial agencies or by contacts unknown to the Committee. Table II also presents the monthly available applicants for locations in anesthesia as well as those actually placed. The former ranged from 36 to 88, being slightly more than half the number as compared to 1950. The number actually placed was 105 or about 70% of the figure last year. As expressed last year, the decrease in the number of locations filled or applicants placed may be due, in large measure, to the practice of our Committee in supporting the policies of the Hess Committee Report. The decrease is also known to be due to many an applicant compelled to make a change because of orders to report for active duty in the armed forces. [Editor's Note.—Table II not reproduced.]

The Committee has received considerable encouragement and satisfaction from letters of thanks sent by applicants successfully placed.

D. Instruction of General Practitioners Doing Part-Time Anesthesia

The plan to instruct general practitioners doing part-time anesthesia, initiated by Dr. Boyd Stewart several years ago, was carried out again. The list of 110 centers for such instruction was forwarded on request. While no actual count was kept this year, the heavy correspondence indicates that the attendance equalled, if not exceeded, the 1200 average maintained in the two previous years. The

support of the Academy of General Practice has continued to be active and wholehearted.

E. Refresher Courses for A.S.A. Members and Other Physicians

At the suggestion of Dr. John S. Lundy, two years ago, the Committee undertook the plan to conduct an annual course of instruction for A.S.A. members and other physicians, consisting of one hour lectures patterned after that of the Academy of Ophthalmology and Otolaryngology. The first one-day program of 48 one-hour sessions given by 32 guest lecturers was held in Houston, Texas, at the annual A.S.A. Convention last year. While there were some inconveniences and a few shortcomings, registration was heavy and the plan was regarded successful and desirable. Mr. John H. Hunt, without whose invaluable aid and personal interest the plan could not have been a success, has revealed that there was a net profit of \$1,000.00 in the initial adventure. This was turned over to Dr. Moses Krakow, Treasurer of the A.S.A.

Suggestions and criticism from members of the Committee as well as from those taking the course indicated, among other things, a greater demand than anticipated for another refresher course session and a request for a wider variety of subjects. At a meeting of the Committee last November, it was decided to prepare a list of proposed lectures and lecturers to cover a two-day session of 120 hour sessions. As in the past, guest lecturers were selected on the basis of their ability to teach, command of their subject, and their willingness to cooperate. Most of these were members of our Society; a few represented various basic medical sciences or clinical fields. Accordingly, there has been prepared for the Annual Convention of the A.S.A. to be held at the Statler Hotel in Washington, D. C. this year, the Second Annual Refresher Course, consisting of a two-day session, 60 hours per day, 10 sessions per hour, covering 64 subjects, presented by 63 lecturers. Sessions will be limited to 30 students and all will be presented, free of charge, with a complete set of 300-word resumes of all lectures given. Purchase of the mimeographed sets of notes for those not attending any lecture may be made at a nominal fee from Mr. John H. Hunt, Executive Secretary. Publicity for the 2nd session has again been accomplished with the aid of the *anesthesia News Letter*, *ANESTHESIOLOGY*, and letters to A.S.A. members. To date, there has been a heavy advance registration with good indications of a sell-out of all tickets at Convention time.

F. Liaison with Placement Committees of Component Societies of A.S.A.

The function of the Committee in aiding competent anesthesiologists obtain a location in anesthesia has become increasingly important since the end of World War I. When the House of Delegates of the A.S.A. adopted the principles of the Hess Committee

Report, our problems were multiplied. Last year, an effective and happy solution to many difficulties was provided by the suggestion of Dr. Rolland J. Whitacre to have all Component Societies of the A.S.A. appoint a local Placement Committee to work in conjunction with our Committee. In this way, it has become easier to make certain that the practice of anesthesia on a private fee basis, and other aspects of the Hess Committee Report, be carried out with the approval and support of anesthesiologists on a local level. Applicants now are either referred to the Local Placement Committee or our Committee contacts them for pertinent data to minimize or eliminate exploitation by various parties concerned. A mimeographed list of the local placement committees is available on request, a copy of which is attached to this report.

All problems have not been solved by the availability of Local Placement Committees. There is need for clarification of the application of the Hess Committee report despite certain interpretations given to our Committee. It was believed that the monthly revised list of available applicants should be made available only to institutions contemplating an anesthesia service on a private fee basis except veteran and purely charity hospitals. Further, it was thought appropriate to at least encourage such a healthy trend whenever possible, especially when new departments or groups in anesthesia were organized or re-organized. A problem arose recently which merits discussion by the Board of Directors to determine the degree of application of the Hess Committee Report in the private practice of anesthesia, in all old and newly formed departments and groups of anesthesiologists, and the mailing of lists of applicants for a location in anesthesia. Our Committee needs guidance to carry out its duties more effectively and to the satisfaction of all.

G. Miscellaneous Functions

Throughout the year, many requests were made of the Committee, which were neither arduous nor time-consuming. These were considered minor and concerned various matters as follows:

1. Plans for inaugurating a teaching program in anesthesia for residents.
2. Organization of an anesthesia service in a hospital to include considerations of modern anesthetic management, personnel, economics and administrative duties of the director.
3. Organization of an Inhalation of Fluid Therapy Service.
4. Outline of an approach to clinical research in anesthesia.
5. Opportunities in anesthesia requested by prospective residents from this country and abroad.
6. List of important texts, monographs and reprints in anesthesia.

II. *Expenditures* [Editor's Note.—Not reproduced.]

III. Recommendations

A. It is recommended that the activities of the Committee be continued because of their invaluable aid to the members of the A.S.A.

B. It is requested that the budget of the Committee be \$1,500.00 for 1951-52.

C. It is recommended, as in the three previous annual reports, that the American Board of Anesthesiology take effective steps to re-evaluate the status of approved residencies to make certain that submitted and approved plans of instruction are actually being carried out. It is hoped that such a procedure will improve and maintain the standards of instruction of residents and fellows in anesthesia and decrease the available residencies from a post-war maximum to a peacetime number.

D. It is finally recommended that the Board of Directors clarify the applications of the Hess Committee report concerning the private practice of anesthesia in old and newly organized departments and groups of anesthesiologists and the mailing of lists of applicants looking for a location in anesthesia.

E. It is suggested that the net income resulting from the Annual Refresher Course be put in an educational fund, the chief use of which would be for the payment of part of the expenses of guest lecturers from countries abroad for the annual Refresher Course program.

Respectfully submitted,

(S) Stevens J. Martin
Stevens J. Martin, M.D., Chairman
Committee on Medical Schools and
Postgraduate Education

Members of Sub-Committee on Postgraduate Education:

John S. Lundy, M.D., Chairman
E. M. Papper, M.D.
Jean J. Merz, M.D.
Lucien E. Morris, M.D."

The Reference Committee felt again that the report of the Sub-Committee on Postgraduate Education was a very excellent report but made the following recommendations and suggestions with reference to the recommendations contained in the report.

Recommendation C—The American Board of Anesthesiology is now re-evaluating residencies.

Recommendation D—It was felt by the Reference Committee that this recommendation dealt with economics, had no place in the report, and should be stricken.

Recommendation E—The Reference Committee felt that the Board of Directors should make a recommendation in this con-

nection and its recommendation be followed.

Doctor Saklad then moved the approval of the report of the Sub-Committee on Postgraduate Education as amended by the recommendations of the Reference Committee. The motion was duly seconded and upon vote carried.

Report of Committee on Membership

"The business of the Membership Committee was carried on by mail during the past year. An attempt was made to have a meeting of the committee at the American Medical Association's meeting this year but this was not possible.

The following constituted the business as conducted by this committee for the year of 1951.

1. Dr. Hebbel E. Hoff of Baylor University Texas, was recommended to the Board of Directors of this Society for honorary membership in the A.S.A.
2. Since this committee felt that there were doctors receiving training in anesthesiology who were not members of this society and since they further felt that these men, if their qualifications were satisfactory, should be members of the A.S.A. for the mutual benefit of both themselves and the society, it suggested to the Executive Secretary and the officers of the society that a letter be sent to the directors of anesthesiology residencies. This letter was accompanied by a form on which was to be listed the names of trainees, their address, type of training and present status in the A.S.A.

(see Exhibit 1 and 2). When the form was received, letters to the physicians who were not members explaining the advantages of membership were sent (see Exhibit 3 and 4). Likewise, letters to the directors of anesthesiology departments, thanking them for their cooperation and asking their cooperation in urging non-members to submit applications were mailed (see Exhibit 5). [Editor's Note.—Exhibits not reproduced.]

It is recommended by this committee in view of the response to the above letters that the society instruct the Executive Secretary to send out these letters in February and July of each year.

It is further recommended that the approval of the actions of the committee for 1951 be granted.

Respectfully submitted,

(S) Daniel C. Moore
Daniel C. Moore, M.D., *Chairman*
Richard Foregger, M.D.
Vincent J. Collins, M.D.
Perry P. Volpitto, M.D.
Gordon C. Langsdorf, M. D.

In view of the fact that the action of the Board of Directors with reference to the Honorary membership proposed for Doctor Hebbel Hoff had not yet been presented, Doctor Saklad moved that action on the report of the Membership Committee be delayed. The motion was duly seconded and upon vote carried.

(To be continued)

(Continued from page 328)

Other Anesthesiologists participating in Section Programs include Doctors Daniel B. Kirby and Paluel J. Flagg of New York City, who will speak on "Curare and Local Anesthesia" before the Section of Ophthalmology.

Dr. H. M. Slater, Montreal, will discuss "Resuscitation in Infants and Children" before the Section on Pediatrics.

The Section on Surgery, General and Abdominal, will hear an address on "Spinal Anesthesia for Abdominal Surgery," by Dr. Charles F. Hobeilmann of Baltimore.