ABSTRACTS

Editorial Comment: **A fixed style of presentation for this department of ANESTHESIOLOGY has purposely not been defined. It is the wish of the Editorial Board to provide our readers with the type of abstract they desire. Correspondence is invited offering suggestions in regard to the length of abstracts, character of them, and source of them. The Board will appreciate the cooperation of the membership of the Society in submitting abstracts of outstanding articles to be considered for publication.**

ANDROS, G. J., AND MILLER, R. L.: *The Effect of Ephedrine Upon Uterine Motility During Labor Under Spinal Anesthesia. A Preliminary Report.* Univ. Michigan M. Bull. **17**: 10–17 (Jan.) 1951.

"Various effects upon the parturient human uterus have been attributed to ephedrine. . . . This study was undertaken in an attempt to resolve the conflicting opinions. . . . Possible responses of the parturient uterus to ephedrine also become of interest because of certain similarities of this drug to epinephrine. . . . Twelve normal obstetrical patients, at term and in various phases of active first-stage labor, were used as subjects. . . . Using our own modification of Fenning's external hysterograph as pickup and recorder, we have found the principal effect of parenteral ephedrine in therapeutic dosage upon the fundal contractions of the uterus during labor under spinal anesthesia to be a relatively transient phenomenon of incomplete relaxation. . . . On the basis of text description and analysis of various tracings reproduced in publication, it would appear to us that "Cleland's statement, to the effect that ephedrine in doses greater than 25 mg. (precise route of administration not given) depresses the tone of the uterus in labor under regional anesthesia over a significant period of time, is not substantiated. . . .

"It has been mentioned that the results . . . point toward a tendency for intravenously administered ephedrine to cause, over a significant period of time, a decrease in the intensity (height) and duration of fundal uterine contractions. Since these data are not suited to statistical analysis, it is not possible to evaluate the significance of these findings in view of the apparent concomitant and somewhat comparable increase in frequency of contractions. Measurement of total 'area' under all contraction tracings over identical periods of time before and after drug administration would be one method of determining the significance of the changes in relation to their effect on the labor. In addition to the possibility that ephedrine has caused the decreases, the changes being discussed may be the result of the ephedrine rendering the uterus more irritable, which in turn might result in more frequent contractions. Either situation conforms to a condition we have observed frequently in advancing labor: increase in frequency of contractions very often is accompanied by decrease in their intensity and duration."

A. A.

BARRETT, R. M. S.: *Anesthesiology—Its Economics.* J. Indiana M. A. **44**: 17–20 (Jan.) 1951.

"At no time in the short history of the specialty of anesthesiology has a more serious threat been made to its existence than the statement of policy on 'Physician Hospital Relations and Hospital Service Plans' by the American Hospital Association in March of this year. Its Board of Trustees approved a new resolution based on the

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idea of 'services' being essential to the public, the physician and the hospital. These 'ancillary services' were anesthesiologic, pathologic, psychiatric and radiologic; and were to be included in prepayment hospital service plan subscriber certificates. With this resolution the four specialties were placed in the same category with the operating room superintendent, the dietitian and the elevator boy; and, with heat, light and overhead in general OUR services would be offered to the public for a fee set by the hospitals, and the practice of medicine would be impersonalized, by delegating its control to a lay institution.

"This resolution had been approved this year after the Hess committee's recommendations were rescinded last December, because some parts were considered illegal, and contrary to the responsibilities and prerogatives of hospital administration and management. It was the fear of the American Hospital Association that the hospitals' economic status would be impaired by the loss of certain controls and responsibilities which they considered to be traditionally theirs; namely, the control of the four specialties mentioned previously. We in anesthesiology feel that an attempt should be made to stop and reverse, if possible, the alarming trend toward the sale of physicians' services, particularly ours. . . . Instead of exploiting one trained anesthesiologist, plus any number of nurses, the hospitals should attempt to attract to their staffs additional qualified men, having the patient's benefits in mind. . . .

"But there are too few doctors in our specialty. . . . Prior to World War II there were few teaching centers in the field of anesthesiology. The attitude and character of most men in medicine giving anesthetics would not permit improvement of care to the patient. Theirs was a commercial activity, not indulging in teaching and study, not trying to give the knowledge available from the basic sciences to their anesthetic problems, but just trying to increase their incomes, in their spare time. From this generally existent set of circumstances there arose a determination on the part of medical staffs of hospitals, and pioneered by Dr. G. W. Crile in 1907, to have nurse technicians available for anesthesia. So various training centers were set up, nurses were graduated and assigned and sent to hospitals throughout the country; and they provided a rich income to their particular hospitals. So now the medical student in his clinical years is accustomed to a surgeon saying, while waving his hand, 'Nurse, give him some ether.' Would you be impressed with the prestige, authority, and perhaps the income of this subordinate individual pouring ether? The nurses in anesthesia have done a good job, but they have discouraged and prevented many medical men from following that phase of the practice of medicine by their very presence. The surgeon directs them in their professional responsibilities, and the hospital employs and exploits them, so the American Hospital Association feels that this lucrative department, which has been in existence for the past forty-three years, should not be invaded by trained men who would practice medicine on a private fee basis. This is the background of what the American Hospital Association considers traditional control. . . .

"The help of all men in medicine is necessary to combat the present trend of the sale of physicians' services. . . . We feel that the withdrawal of approval of hospitals by the A.M.A. will not accomplish this. Bad practices in localities started this trend, and the local communities are the places to start correcting these bad practices."

A. A.

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