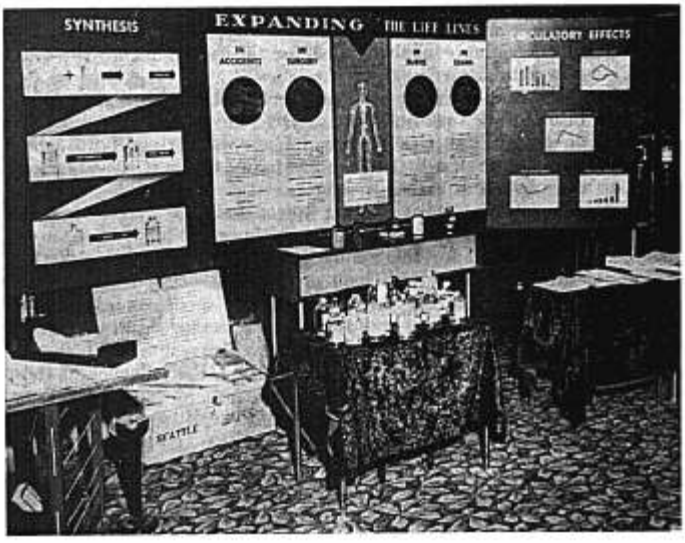
EDITORIAL

THE ANESTHESIOLOGIST AND CIVIL DEFENSE

At the meeting of the American Society of Anesthesiologists in Seattle from October 5 to 9, 1953, an effort was made to bring to the attention of the members facts about civil defense and some idea of the part the anesthesiologist might play in civil defense. An exhibit (see illustration) was on display from October 6 to 9.



The Dental Department of the U. S. Naval Medical Corps supplied a "facsimile arm," which was developed by Comdr. John W. Niiranen and demonstrated by Capt. R. F. Redden. This was done to call attention to the problems of venipuncture in civil defense. Stores of "plasma volume expanders" in a warehouse will not help the patient; it is of paramount importance to infuse the fluid into a vein. This requires venipuncture. It seems abundantly clear that the anesthesiologist might be extremely useful in teaching venipuncture or in teaching people to teach venipuncture.

A description of the characteristics of one of the "plasma volume expanders" was shown in the booth. Also exhibited were five bottles —the first containing crude dextran; the second, hydrolyzed dextran; the third, fractionated dextran; the fourth, powdered dextran and the fifth, 6 per cent solution of dextran (standard solution in isotonic solution of sodium chloride). In addition, a collection of bottles of polyvinyl pyrrolidone (P.V.P.), gelatin, gum acacia and modified human globulin was on display. These bottles told of the evolution of these materials over the years.

The American National Red Cross and Civil Defense provided a number of pamphlets and booklets dealing with the subject. The Civil Defense Department of the State of Washington loaned us one of a pair of boxes which contained materials to be used in first aid. Attention was called to the busy role of the anesthesiologist in the event of disaster. He, of course, will have to administer anesthetic agents, but also he will have the problem of resuscitation of persons when artificial respiration, with or without the administration of oxygen, becomes necessary. In preparation for such disasters, he will be expected to have trained other people, so that they in turn will be able to help in this effort. It was made clear that the members of the Society should maintain contact with their Civil Defense Director and offer their help in the several ways in which it may be needed.

The general principles to be followed in civil defense work were discussed at a panel on October 8, by the following individuals: V. A. Daniel E. Barbey, U. S. Navy (Ret.), Director of Civil Defense, State of Washington, Olympia, Washington; Dr. Melvin A. Casberg, Assistant Secretary of Defense (Health and Medical), Washington, D. C.; Prof. Gordon M. Shrum, Head of the Department of Physics, University of British Columbia, Vancouver, B. C.; Dr. Jesse Allen, Medical Director, American National Red Cross, Pacific Area, San Francisco, California; Brig. Gen. Frank L. Cole (MC), U. S. Army (Ret.), Chief, Medical and Health Services, State of California, Office of Civil Defense, San Francisco, California; Dr. J. A. Kahl, Co-ordinator of Medical and Health Service, State of Washington Civil Defense, Director, State Department of Health, Olympia, Washington; Dr. Quin B. deMarsh, President, Board of Trustees, King County Central Blood Bank, Seattle, Washington; R. A. J. R. Fulton (MC) U. S. N., District Medical Officer, Seattle, Washington; Dr. Joel W. Baker, Chairman, the Mason Clinic, Chief of Surgery, Virginia Mason Hospital, Seattle, Washington; Dr. Frederic C. Moll, Associate Professor of Pediatrics, University of Washington, School of Medicine, Seattle, Washington; Dr. Frank J. Leibly, Co-chairman, Civil Defense Committee, Washington State Medical Association, Seattle, Washington; Dr. William W. Stiles, Regional Medical Officer, Federal Civil Defense Administration, Berkeley Regional Office, Berkeley, California; and Dr. John S. Lundy, Section of Anesthesiology, Mayo Clinic, Rochester, Minnesota.

It was made clear by Admiral Barbey that "Civil defense is the organization, mobilization and direction of the civil populace to restore those facilities essential to civil life, and to preserve the maximum civilian support of the war effort." The responsibility is divided between the federal government, the states and the local governments, and their effort is coördinated and augmented by the Armed Forces and the Red Cross.

Dr. Casberg quoted President Eisenhower as follows: "Because the building of a completely impenetrable defense against attack is still not possible, *total defensive strength must include civil defense preparedness.*" There are some slight differences in the various states with regard to some of the details, but Dr. Allen stated, "The Red Cross will operate as usual in peacetime disasters with the assistance of Civil Defense. In wartime disasters, Red Cross will integrate itself into, and become a part of, Civil Defense. This is national policy and reiterated by the American Red Cross." Professor Shrum indicated that in the event of disaster there would be no border between Canada and the United States, and that everything that could be done to increase the effectiveness of the care of injured persons would be given freely from either side of the border without formalities. It was also made clear that in the event of disaster it must remain the function of the physician present to decide what treatment the patient will receive and how he will receive it. Individuals who are trained to assist are not to assume any such prerogatives. Dr. Casberg stated, "Civil defense plans must be made on the assumption that no help from the military personnel, equipment or supplies would be available for civilian wartime disaster relief." Therefore, it is clear that we in the specialty must offer our services and not wait to be asked for help.

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