

Symposium on Cardiology and Anesthesiology

Introduction

ABOUT a dozen years ago a certain Chief of a Medical Service insisted that his residents, when being consulted about preoperative patients, recommend spinal or general anesthesia and even the general anesthetic to be used. In an inevitable heated confrontation, the Chief of Medicine vigorously defended this practice with "How else will my residents learn?" How else indeed? In this same institution the intervening years have not only seen Medicine being offered as part of the residency in Anesthesiology, but Anesthesiology also offered as an elective rotation for residents in Medicine. The anecdote illustrates one of the more pleasant transitions in academic medicine over these dozen years, the decreasing isolation of specialties of medicine.

In its broadest sense, Cardiology is concerned with all aspects of circulation; Anes-

esthesiology shares this concern in anesthetized patients and indeed, in all acute circulatory problems whatever the cause. This defined community of interest has been exploited in this Symposium, which by design is a selection of topics and not a compendium. Also by design, portions which may be repetitious to cardiologists will be new to anesthesiologists; hopefully, an equal portion will be new to cardiologists. Surgery and Anesthesiology have become an integral part of the practice of Cardiology and have expanded its therapeutic powers. This issue is dedicated to increasing the therapeutic horizons of Anesthesiology by incorporating fundamental Cardiology as part of the practice of Anesthesiology.

ARTHUR S. KEATS, M.D.
Guest Editor



Drawing of the heart, in Vesalius, *Andrea S., Humani Corporis Fabrica*, Basil, 1543, p. 564. (From an original at the Countway Library in Boston.)