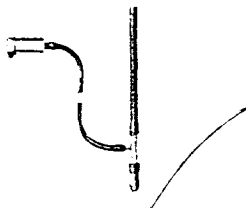


Symposium on Pediatric Anesthesia

ALTHOUGH THE LEAD ARTICLE in this Symposium Issue concerns the pediatric anesthetist from 1950 to 1975, the frontispiece illustrates a development in pediatric anesthesia equipment introduced in 1937 to meet the challenging problem of anesthesia for harelip and cleft palate surgery. Dr. Philip Ayre, honorary anaesthetist to Babies' Hospital, Newcastle-Upon-Tyne, developed his partial nonbreathing technique to reduce "dead space" and thereby avoid the hazard of "anoxaemia and excessive rebreathing." The success of this well-conceived innovation is reflected in its continued present-day use.



Ayre's T-piece.

Recent years have witnessed significant growth of the subspecialty of pediatric anesthesia. Improved understanding of the physiology of the infant and newborn, new knowledge regarding pediatric pharmacokinetics, recent developments in fluid and electrolyte therapy, development of the pediatric ICU, increased concern with the psychic trauma of the hospitalized child, and the organization of rapid, safe transportation of the sick infant from outlying areas to the regional medical center have all made important contributions. Accompanying this growth have been the establishment of training programs in pediatric anesthesia, the development of clinical and basic research activities, a rapidly expanding specialty literature, and, most important, a cadre of highly trained and motivated specialists in pediatric anesthesia.

The present Symposium on Pediatric Anesthesia attempts to highlight selected areas of interest, as well as to present current thinking in the field. To this end, the invited contributions of a number of basic scientists and clinicians, experts in physiology, pharmacology, anesthesia, pediatrics, and psychiatry, have been assembled. We are grateful to all our participants.

ELLIS N. COHEN, M.D.
Editor for the Issue