THE EDUCATIONAL OBJECTIVES OF THE AMERICAN ASSOCIATION OF NURSE ANESTHETISTS

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"When man begins to weave, the gods provide the thread."

(Greek proverb)

This paper, like Caesar's Gaul, is divided into three parts—it's only link to fame. Briefly these are: First, Contributions of the Past; Second, Responsibilities of the Present; Third, The Challenge of the Future.

Before discussion of these divisions let us consider what is implied, when we write or utter, as we so often glibly do, the word "objective"—a word that never in its history has been put to such wide and varied usage—good and bad, in import. We all associate, and rightly, the word in relation to some antecedent thought concept, which matures into a definite plan or project. Such a plan to be significant and effective must have engrafted on it definite objectives, constructive in form and capable of release as incentives to useful activities. The plan may be a noble plan, an excellent plan, a useful plan, or fortunately a plan which combines elements of all these qualities. It may be a large plan, involving many persons, important in its influence and with far-reaching objectives; or it may be a simple plan, concerned with attainment of a single objective. It may be an unworthy plan—with definitely harmful objectives—but we are not concerned with such.

While the plan concept is basically subjective—a creation of mind—it must, as stated, to be effective have attached to it certain concrete objectives to be striven for and accomplished. Creation of a plan without objectives would be purposeless; objectives without a plan, futile. The type of organization formed to implement the purposes of the plan, and designed to secure its objectives, depends largely on the exercise of creative thought—subjective; and on the successful execution of practical activities—objective.

Ultimate realization of objectives is never completely fulfilled, else the urge for creation of still better forms of expression, more excellent service and finer objectives would not exist; and exist it does and must, if continued progress is to be made. Organizations, like persons, cannot stand still—it is either a forward or a backward process, either loss or gain. Because this is so, the successful person, or the progressive organization, subscribes to a way of life which embraces the resolution of pressing forward from the goal set, to one still higher—from service given to service still better. Thus through determined effort the fruits of labor gained are passed on in continuity from one generation to another. This then is the task—this the burden that must be assumed by the membership of an organization, devoted to making secure in perpetuity the work they represent and serve.

On this brief general premise, we postulate that the Association to which we belong rightly claims, by reason of the essential importance of the work it serves, objectives it is committed to accomplish; responsibility assumed for creating a still wider field of usefulness—its part in the task of perpetuating, in organization—
al form, the vital work of anesthesiology.

In evaluating gifts from the past, it is difficult to determine when and where the thought concept which prompted the creation of this plan of service originated; still more difficult to estimate justly the value of contributions made toward establishing the value and usefulness of the plan conceived; and equally hard to rate the efforts which went into materializing this nebulous plan into a force which later resulted in the organization of our present Association.

Consideration of these points leads us into the first division of the subject proper of this paper—the origin of nurse anesthetist service, and its function prior to organization. In discussing this I shall have to apologize in advance for the necessity of quoting myself, not because I would not rather have better, but because other written references extant to the period are not available. No attempt will be made to go deeply into this early history—that is a subject deserving of careful and special handling; and any references cited will be those that have to do with significant phases in the origin of nurse anesthetist service, and early attempts to give it objectivity as an entity in hospital service.

While we would all like to know with certainty the name of the first nurse anesthetist, so that we might give to her prior honor, we reluctantly admit there still remains a veil of mystery over this lady. However, it is an established fact that Alice MacGaw was the first nurse anesthetist to appear in authentic history, and Doctor Mayo the first surgeon to appoint a nurse anesthetist on his staff. Miss MacGaw was also the first nurse anesthetist to compile and have published an article reviewing her series of other anesthetics—drop ether method, for which the Mayo Clinic was at that time justly famous.

It was also a nurse anesthetist who was selected by another famous surgeon (Doctor Crile) and who, as far as I know or can learn (I write cautiously—looking to the East and West and the Islands of the Sea) was the first nurse anesthetist to develop a technique of gas-oxygen anesthesia for general surgical work, inclusive of the use of carbon dioxide-oxygen therapy. It was also the hospital of which Doctor Crile was then surgeon-in-chief, the Lakeside (now University Hospitals of Cleveland) that founded, (and here I am on firmer historical ground), the first school of anesthesia with this same nurse anesthetist in charge. This school, by reason of its organizational form; teaching faculty; adequate educational requirements for entrance; defined course of instruction, and awarding of a certificate upon satisfactory completion of the prescribed course, is set apart as a school of anesthesia, and differentiated from other and possibly earlier centers of instruction—none of which, so far as I can learn, were designated as, or fulfilled the distinct function of such a school per se.

This school, first known as the Lakeside Hospital School of Anesthesia, has from its inception held a high place as an organized center for teaching anesthesiology, contributing much to the education of nurse anesthetists, and furthering, through the work of its graduates, the progress and efficiency of anesthesia service throughout this country. From this first school of anesthesia have sprung other schools, doing equally excellent work, and contributing in corresponding degree to this form of hospital service. One of these—shall we say related schools—has in recent years
made notable contributions in teaching material, of which we are all proud.

The measure of success attending the development of nurse anesthetist service, at this time and in this place, was largely due to the help, encouragement and sound education given by Doctor Crile to the nurse anesthetist into whose hands he had entrusted this work. Another equally needed and important gift to the success of the school was the support extended and the interest taken in this pioneer effort by the Trustees and Superintendent of the hospital in which it originated. In the final analysis, nurse anesthetists have never had, in their early history, and continuing on to the present day, more staunch supporters or better friends—certainly none more deserving of the gratitude and appreciation of our group. I hope this contribution will be remembered and treasured, in the history of our Association.

The above circumstances, related because of their vital place in the history of our work, are synonymous with many more like situations. In point of fact, one of the outstanding features of this early period was the acknowledgment and belief (by those appointing them) of the ability of nurse anesthetists to carry on a work of such great importance; and the measuring up to this belief and trust by those so chosen. The tradition of loyalty and service thus established should, and we believe is and will always be the heart of our organization—a motivating force in its activities.

In 1909 or thereabouts, Florence Henderson, Miss MacGraw’s successor, was invited to give at a biennial convention of the American Nurses’ Association a paper on ether versus gas anesthesia, and I, as an exponent of gas-oxygen, was invited to discuss her paper. I regretfully record that while Miss Henderson and myself both regarded our papers, to put it modestly, well above the average, we were evidently quite alone in this opinion, and the appearance of two supposedly famous pioneers caused not a ripple on the surface of that convention, doubtless due to the fact, that in accomplishing pioneers, the American Nurses’ Association is no plus ultra and so although we thought we were good, we were apparently not good enough.

In 1914 a war service unit was formed from Lakeside Hospital for work in France. The unit, financed by Mr. Samuel Mather and Mr. H. M. Hanna of Cleveland, and in charge of Doctor Crile, left in December, 1914, for service in the American Ambulance Hospital, Neuilly, Paris, France. Attached to this unit were three anesthetists—the writer and two members of her staff. The assignment of this anesthesia unit was to introduce gas-oxygen in war surgery, from that base hospital. The fortunate result was that of being able to successfully accomplish this assignment both on this special unit, and later, on the French surgical division of the American Ambulance Hospital. Thus, nurse anesthetists were certainly among the first, if not the first, from this country in service during the war of 1914. Later, when America entered the war, this service was greatly multiplied and nurse anesthetists from all over the country were sent to France to serve in base hospitals as anesthetists—and a very excellent record they made.

Somewhere between 1912 and 1920, possibly slightly before this date, but more or less coincidental with the increasing popularity of nurse anesthetist service, agitation against this
form of service was started and maintained with sporadic energy, by a group of medical and dental anesthetists. This topic is here introduced, not with any idea of enlarging upon or entering into critical discussion of this campaign, but to state two plain facts which have had a bearing on making more secure the legal status of nurse anesthetists. Briefly related, these two facts are, first: the passing in 1918 of Section 1286-2 by the Ohio legislature. This bill was framed to give a degree of legal security to the qualified nurse anesthetist administering anesthetic drugs under the direction and in the presence of a licensed physician. In spite of constant efforts on the part of opponents to nurse anesthetist service to annul it, the bill has continued in force to this day. The second fact was the winning of a favorable verdict in the suit brought against Saint Vincent Hospital, Los Angeles, California, and Miss Dagmar Nelson, nurse anesthetist, by a representative of a group of medical anesthetists. This suit, taken by the plaintiff after defeat in the lower court, to the Superior Court of California, was decided in favor of the defendant, and Miss Nelson is still pursuing her work as an anesthetist. In both these cases the surgeons, particularly Doctor Crile and Doctor Lower of Ohio; Doctor Hunt of California; other hospitals in both these states and throughout the country—most specifically the University Hospitals of Cleveland and the Saint Vincent Hospital in California—assumed the responsibility for defending the right of the qualified nurse anesthetist, under existing legal provision, to administer anesthetics.

Again was demonstrated in most practical fashion, the belief (by those most concerned) in the right of the qualified nurse anesthetist to pursue her profession and have legal security against interference with that right. Certainly if the services of nurse anesthetists had not been desired and satisfactory, no such support would have been extended. The process of clarifying this situation to a still greater degree, thereby making the professional status of the qualified nurse anesthetist more clearly defined and secure, is a duty which in large measure now belongs within the present function of the American Association of Nurse Anesthetists, as an important objective to be steadily worked for.

Somewhere between 1916 and 1919 a request was made to Doctor Crile for the preparation of a “Section on Gas-Oxygen” for publication in the “Oxford Surgery”; this in turn was assigned by Doctor Crile to this writer, and with the collaboration of Doctor Crile’s editor, Miss Rowland, and the artist on his staff, the late Mr. Brownlow, the article was prepared and accepted. While this article came under the critical flail of the then leading antagonist to nurse anesthetist service, favorable comment was passed upon it by the “London Lancet,” so it evidently possessed a degree of merit and value. Contributions were also made, as requested, to the work then so notably accomplished by Doctor Crile in the development of his epoch-making Anoei-Association theory, as applied to the science of surgery.

It must be remembered that at this time there did not exist for study and teaching use the wealth of excellent material now available on the subject of anesthesiology. Because of comparative meagerness of teaching material, it was necessary to compile, for the use of my students, a complete set of teaching notes, incorporating into such the current contributions to anesthesiology, thus cov-
ering in more explicit and comprehensive manner the study material necessary in making the teaching of this subject clearer to the student. This single early record of endeavor to forge a way of education for nurses interested in taking up this important service, could be multiplied all over the country in schools of anesthesia, under the supervision of nurse anesthetist instructors. We are here making no comparison on systems of teaching but stating simple facts of experience.

Also this topic is here introduced only to emphasize the fact that nurse anesthetist educators have always held, as a primary responsibility and as an important objective, the education of student anesthetists—also to refute in some small measure the propaganda—then existing and still used—that the nurse anesthetist was and is, so to speak, a rule of thumb technician.

In 1921, bringing another wave of agitation against nurse anesthetists, it seemed wise that when opportunity was afforded to present to interested groups the case for nurse anesthetists, such should be embraced. With this in mind the writer accepted an invitation to give a paper on the topic of “Nurse Anesthetist Service” before the Cleveland division of The League of Nursing Education. In this paper I outlined the arguments advanced by the medical anesthetists against nurse anesthetist service, offering in rebuttal the reasons why this service was valuable and should be supported. While I thought I was a pretty fair advocate, and presented a good case, I was apparently not yet good enough for the American Nurses’ Association. The only result of this—if result it can be called—was a much later invitation from a group of nurse anesthetists, evidently influenced by a group within the American Nurses’ Association, to organize as a section in that association “Office Nurses and Nurse Anesthetists.” Knowledge of the possibility of this unfortunate development led to my paper on “The Nurse Anesthetist,” read before the biennial convention of the American Nurses’ Association in 1930. This paper did, I sincerely believe, help to make nurse anesthetists there present realize the importance of nurse anesthetist service as a separate division of hospital service—not a section of nursing or related in any sense (except that office nurses sometimes are called upon to administer anesthetics) to this division of nursing. Be that as it may, the resolution, evidently prepared to accomplish this sectional grouping, was not put to motion and the section was not formed. There is here no intention of judging in the least degree the decision made by the American Nurses’ Association in regard to the place accorded our smaller specialized group. Nurse anesthetists have always been and always will be keenly appreciative of the place and value of the magnificent organization to which they owe their basic training.

In my paper I emphasized the importance of the administration of anesthetics as a separate service; also logically presented and answered in rebuttal current propaganda against this form of service and definitely outlined responsibilities of the nurse anesthetist group relative to instituting protective measures. I stated that—“improvement of the present anesthetists themselves. If the work situation is in the hands of the nurse is to be properly safeguarded and hoped-for progress attained, it is necessary that remedies be applied to certain detrimental conditions now acknowledgedly existing. It would seem that the first step should be the awakening of deeper interest and the
development of constructive leadership. Following in logical order would be: self-organization, emphasis to be placed on the establishment of educational standards; postgraduate schools of anesthesia, established or to be established, required to conform to an accepted criterion of education; state registration, putting the right of the nurse anesthetist to practice her vocation beyond criticism; constant effort toward improving the quality of the work by means of study and research, thus affording still greater protection to the patient; dissemination of information gained through proper channels."

With the quoting of this pronouncement we reach the end of the first part of this theme. The purpose of inserting this quotation is to make clear to those unfamiliar, that before formal organization of the nurse anesthetist group took place, there existed in the minds of those of us deeply interested in furthering the service, a definite plan for its promotion, improvement, and perpetuation, on the only basis a work of such vital importance should be established, namely by the formation of an association concerned in and solely devoted to, its advancement.

We now enter into the second, better known, and more pertinent division of our theme; the accomplish of changing the nurse anesthetist group into an organized association pledged to promote, sustain, and improve the objects of the service—a burden which had to this time been carried by surgeons, hospitals and interested individual anesthetists and smaller groups of anesthetists devoted to this work.

On June 17th, 1931, synchronizing the event with the formal opening of a group of buildings which were from that date on to be known as "The University Hospitals of Cleveland," a meeting, called by this writer, was held in the class room of the anesthesia department of the new Lakeside division of this greater group, which resulted in the organization of what was then designated as "The National Association of Nurse Anesthetists" now the "American Association of Nurse Anesthetists." At this meeting were adopted, as the purpose for, and object of, this new association, educational objectives which place it in the category and give it status as an educational association attached, as a separate unit of specialized service, in the wider field of organized hospital service.

It is an aphorism to state, that in discussing the objectives of an association devoted to promoting a work requiring changing presentation of material, to meet its progress; that all its objectives are broadly educational in character, and might therefore come within the scope of this discussion. Assuredly this paper has not such ambitious aims, but is concerned solely with a pertinent review of such educational objectives as are delegated to the Committee on Education, in the By-laws, and impinging activities, which by reason of their relationship to the topic in hand cannot be separated from it—if the matter as a whole is to be intelligently presented.

While the six "objects" given in the constitution, or, articles of incorporation, could, as stated, be broadly considered educational, there are three which are specifically in this classification. For the sake of clarity I quote these three verbatim—

"1. To advance the Science and Art of Anesthesiology." The second objective definitely within the scope of this discussion reads, "2. To develop educational standards and technique in the administration of anesthetics;"
and the last object, "3. To promulgate an educational program with the object of disseminating through proper channels the importance of the proper administration of anesthetics." To complete the picture we supplement these given "objects" of organization with Section 15, Article XV of the By-laws, wherein the function and scope of the Educational Committee is defined, "This committee shall assist in the development of educational standards in accordance with plans approved by the Board of Trustees, and such other educational projects as may be authorized by the Board of Trustees." We have now arranged the ground for consideration of what is involved when we discuss, within the above scope, ways and means to accomplish the educational objectives attached to the three given objects and implied in the function of this committee.

Successful carrying through of a project of this magnitude obviously cannot be accomplished by one or even more committees, no matter how efficient and hard working, but requires the efforts of other groups. To make simpler the question of "who is responsible for what?" we will divide those involved into four groups: First, those qualified for the practice of anesthesia and actively engaged in it—namely, the membership. Second, indicated committees appointed by and responsible to the Board of Trustees, for creation, presentation and direction of sanctioned plans to accomplish the "objects" of the organization, and fulfill as indicated the function of the committee. Third, the Board of Trustees, responsible to the membership for such conduct of the affairs of the organization as will insure in continuity, the accomplishment of plans sanctioned by the Board, and released for action to the indicated committee.

Fourth, the student group—a group as yet not qualified for membership and therefore, in an organic sense, outside the association, with no responsibilities towards it—but for whom, because of their potential future value to the organization, the association assumes as an educational objective, plans to bring the education given students in schools of anesthesia up to such a minimum standard as will assure adequate education to all.

Apportioning definite parts of this educational program is comparatively easy; securing cooperation and inculcating responsibility for the accomplishment through groups, legitimately the agents for implementing it, is quite another and more difficult problem—the solution of which can only be achieved by stimulated thinking, coordinated planning and concerted action. With this in mind, we shall endeavor to connect the particular "object" of organization with the group responsible for implementing it into action.

It can be asserted without argument, that "object one" contains an objective common to all plans, and constantly affected, for better or worse, by the work of all members. To particularize this general statement is not pertinent to this paper. Everything we do is with the view of advancing the work of anesthesiology.

The second object, viz: "development of educational standards and techniques in the administration of anesthetics" belongs to and can only be implemented through the membership. Fulfillment of this obligation—a continuing process, is therefore, broadly stated, within the function of every clinic in charge of a nurse anesthetist, or having nurse anesthetists on the staff. The association, through indicated channels, being the
directive agency of, and clearing house for, knowledge gained and techniques of administration of anesthetics perfected in such clinics and released from them. Unless this viewpoint is accepted and this obligation is assumed by the membership, the educational committee of the association faces too difficult a problem. It is just as necessary to have an articulate membership as it is important to have educational committee work publicized. An organization is basically sound and truly successful—to the degree and extent that the majority membership is responsive to its needs and contributes to its program;—to bring this about is one of the important objectives attached to all educational plans.

In the sixth “object,” which has as its objective the publicizing and circulating of informative material through proper channels such as: presentation of papers at meetings; publicizing of programs of activities; publishing of current scientific data in the official “Bulletin” of the organization, or through other legitimate and available journals. In short, the objectives of this “object” is to make prominent the American Association of Nurse Anesthetists as an educational organization, and to place emphasis on the work contributed to the subject of anesthesiology by its members.

The Committee on Publications, serving all committees and membership alike, is the primary medium through which these objectives are emphasized. The quality of contributions made for publication will decide the place given the association’s official journal among other and similar publications. The great objective here is to constantly raise the level of such contributions to a continuing high level of excellence. The only way this can be done effectively is by the contributors exercising discriminating judgment in selection of a topic, and making careful study of and exact research in the subject chosen for presentation. To those of us watching with careful attention the development of this part of our program, the steady improvement in the articles published from the membership is certainly gratifying and encouraging. It can be counted as an index of success in efforts to accomplish in some measure, the ever-widening objective of arousing the intellectual curiosity of a membership on subjects pertinent for study and publication, thus opening up the field for more and better contributions to the “Bulletin.”

Incorporated into the “Bulletin” as a section thereof is the “Department of Education”—a medium through which the teaching program of the association is released. As an introductory article, already published, inclusively covered the function, scope and objectives of this department, we will not further particularize here except to state that the value of this section becomes increasingly evident with each issue, and its future holds promise of still greater usefulness.

That the purpose of creating in the minds of our members an increasing awareness of the potential value of the student body has met with some success, is shown by the interest taken in the subject of student education by state associations and individual members. We hope that every effort which has as its object creating a stronger bond of interest between student and graduate groups will be recognized as important in its implications, and encouraged and fostered wherever and whenever it appears.

This increased interest in the educational program is also evidenced in
more excellent papers presented at state and sectional meetings. Another important objective of such meetings is the interest created in our organization by surgeons and medical anesthetist specialists, who by contributing to such programs have added stimulus and benefit to the meetings.

It seems realistically evident to the writer that responsibility for the comfort and safety of the patient and satisfactoriness of the anesthesia does not vary in any degree because of the professional status of the anesthetist. This being ipso facto the situation, it would seem that encouragement given in making such service as excellent as possible, and by continuing efforts raise the quality of work done and keep it in progress with advancement of the subject, is the best way to approach this problem. And our only hope of obtaining a constructive solution to the problems inherent in it is by full cooperation with major medical groups also concerned. The Committee on Education acknowledges with appreciation all contributions made by the major medical groups to the educational program of this association.

We have now encompassed discussion of basic objectives which are essentially educational in nature and extent. We have also indicated by inferential interpretation that the constitutional duties of a committee on education involve responsibility to the Board of Trustees for the creation, presentation and direction of an educational program, and release into action of sanctioned plans inherent in such a program. We have also endeavored to relate how well these responsibilities have been met, and to what extent the educational program has progressed.

You are aware, from reading committee reports, that the program planned has not as yet been completely set in motion. Certain essential divisions, concerned with survey and accrediting of schools of anesthesia, examination and certification of qualified students, and official registration in the American Association of Nurse Anesthetists, under to be defined conditions, of member nurse anesthetists—are still in committee under final study. We are hopeful that within the year—optimistically, at the next annual meeting—presentation of this entire program will be made.

A few years ago I wrote a short editorial for the "Bulletin," in which, among other things, I tried to make clear the burden carried by the leaders of our organization; pointing out that the arduous work of carrying on the business of the association was superimposed on busy women actively engaged as practicing anesthetists. I again emphasize here that practically all of the project work of the organization is now carried on through volunteer committees. May I add that I do not believe there is an organization of the size and activity of the American Association of Nurse Anesthetists that has had the degree of devotion given to it by such comparatively small groups of national and state volunteer workers. This responsibility should be more equally divided, and more widely shared. All members of state and sectional associations should cooperate with their officers in the development of state and sectional groups. Attending state and sectional meetings should be considered as important to the success of the meeting as presenting a paper is to the program. Contributions asked for the advancement of state projects should be met by all members to the extent and ability of the individual. State associations and sectional groups should take their
share in helping with national projects. If such a program of interest be made the basis upon which all our work is planned, and the incentive of enthusiastic efforts towards progress, the American Association of Nurse Anesthetists has indeed a splendid future before it.

This brings us to the third and last part of this theme—"The Challenge of the Future." What is it? How shall we meet it?

The history of the past contains the challenge of the future. In historical content the work our organization represents dates back to antiquity. It has been said that "the desire to alleviate pain is as old as man." In this country it is nearly one hundred years (1842) since Crawford Long first administered ether, with the fortunate result of obtaining anesthesia. Nurse anesthetist service, allowing a margin for error, is at least thirty-five years old. The service was originated by surgeons of the highest standing and sponsored by hospitals of equal rating. It has always been in the hands of qualified nurse anesthetists, possessing intelligence and good judgment, and exercising both in relation to the needs of the work. Nurse anesthetist service has therefore come (aside from the formal date of organization) to full maturity, and any other interpretation of its status will tend to delay the accomplishment of its future educational aims.

I have tried in this paper to emphasize the importance and value of work accomplished since organization.

We have said that the challenge of the future is contained in the past. This, literally interpreted, means that if the challenge is to be met, the programs of the past must be consolidated into the plans of the present; and the program of the present widened to include broader plans for the future; as the context of this paper indicates, an educational widening of organizational design—is our objective, and within that objective lies the answer to the challenge now being made to the nurse anesthetist group.

Realistically stated, the challenge is embodied in the progress made in anesthesiology. Within the last fifteen years this subject has made tremendous strides—First, in regard to an aroused interest in scientific research. Second, by the application of the results of this research to problems involved in the administration of anesthetics, results of which are evidenced in the increasing number of newer anesthetics (general and basal) released from scientific study to practical use. Third, the perfecting of techniques of administration of these newer anesthetic combinations. Fourth, the scientific development of apparatus constructed to provide safety and economy in the administration of anesthetics. Fifth, the increased use and better control of gas therapy in indicated medical and surgical cases.

Thus has the field of anesthesiology widened.

This development contains a challenge which the American Association of Nurse Anesthetists is striving to meet through its educational programs—which, as the text of this thesis intimates, is concerned with providing through indicated channels—first, such directive instruction to the practicing nurse anesthetist as will assist her in keeping in pace with progress. Second, stabilizing present systems of instruction now given in schools of anesthesia, and endeavoring to establish a minimum standard of education in such schools—so that the basic training given students will better prepare
them for service after graduation. The first step in this program was taken with the publication of the curriculum of the American Association of Nurse Anesthetists. As stated, the rest of the school program is under way. Third, establishing measures to protect qualified members by instituting within the American Association of Nurse Anesthetists some form of official registration which will carry with it a title to designate qualifications, and to distinguish between members so qualified — and non-members not so qualified.

While these statements broadly summarize the objects of our program, the real answer to the challenge lies in the hands of practicing anesthetists, most specifically in the hands of our members. Acquiring knowledge and using it to the best advantage, is and will always be an individual responsibility. No organization, no matter how efficient and progressive — no program, no matter how well balanced and inclusive, can act as a "Talisman" in giving knowledge without seeking and study — efficiency cannot be secured without effort. The challenge of the future can be met only by study and work. Every hospital clinic in this country contains, within itself, the implements for improvement in the subject practiced. Every one of us has ready at our hand the accumulation of knowledge gained through the years — a free gift to all who seek it. In the seeking and use of this knowledge lies the true answer to the challenge, and the future security and progress of nurse anesthetists depends in large measure on the manner in which each individual member, within her own sphere, meets this challenge. The American Association of Nurse Anesthetists can make secure the future of the membership only to the degree and extent that the members themselves realize that making Nurse Anesthetist service distinguished for high quality, is a gift that must be given to the organization by its membership.

The American Association of Nurse Anesthetists asks that gift from each and every one of its members.

Coronado Beach, Florida
April 11, 1941

ANESTHESIA IN NEUROSURGERY
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The relationship between the neurosurgeon and his anesthetist is a unique one. Perhaps no surgeon uses anesthesia so sparingly or so simply as does the neurosurgeon; yet, probably no surgeon is so dependent upon his anesthetist as he.

The explanation for this apparent paradox lies in the fact that in neurosurgery the anesthetist fulfills a dual rôle. Not only is she the conventional narcotist, but, in addition, if she be good, she is very much of a physiologist, — observing, interpreting and reporting to the surgeon physiologic phenomena taking place during the course of the

Read at the annual meeting of the New York State Association of Nurse Anesthetists, held in New York City, May 21-23, 1941

AUGUST 1941 173