EDITORIAL

PHYSICIANS OR ANAESTHETISTS?

Opportunities for anaesthetists to attend scientific meetings devoted to their specialty have increased greatly since the end of the war. In addition to the meetings of local anaesthetic societies and the Anaesthetic sections of the Royal Society of Medicine and British Medical Association, there are the annual meetings of the Association of Anaesthetists and the excellent symposia organized by the English, and more recently the Irish, Faculties of Anaesthetists. No one can doubt the value of these in helping to keep abreast of recent advances in the specialty. Some may wonder whether or not this has been carried too far as there must be many anaesthetists who never attend a meeting devoted to another discipline of medicine or even a symposium contributed by a panel of speakers from different specialties including the basic sciences.

The abolition of sectional meetings at the recent meeting of the British Medical Association in Belfast is an innovation which is worthy of serious consideration. Attendance at these must have set a record for the annual meetings and they have shown the willingness of practitioners from different branches of medicine to exchange knowledge. Apart from the symposia and panel discussions, there were four plenary sessions and three entitled “What's New”. Any of the meetings in the latter two categories were of interest to all doctors. However, only two out of about fifty speakers were anaesthetists, with about a similar proportion of members of the specialty in the audiences.

This is no reflection on the organizers, but the reasons underlying the poor representation are worthy of investigation. It seems unlikely that specialists in anaesthesia, with the wide field of work which they must be prepared to cover these days, are not interested or have nothing to contribute.

On the occasions when joint meetings take place between societies of anaesthesia and local medical societies, which have been a feature of the Liverpool medical scene of the past three years, these have been signally successful.

It may be, indeed, that the reason is to be sought in the large number of specialist meetings which anaesthetists feel that they must attend so that, generally speaking, anaesthetists may feel that they have little time and energy remaining for what may seem of considerable interest but less essential. The fact is that even anaesthetic meetings hitherto so overwhelmingly well supported may be entering a phase of deflation. This is evident by the statistically significant fall-off in attendance at the Royal Society of Medicine Anaesthetic Section. Although there will always be a fair proportion of doctors who do not attend any meetings, the recent fall-off is more likely attributable to group fatigue amongst those who do.

One must hope that if the recommendations of the Platt Report, which recognized the under-staffing of our hospitals, are implemented, this decline in enthusiasm may be arrested. A further point demanding attention, and which undoubtedly affects attendances at meetings, is the present reluctance of the Inspector of Inland Revenue to accept the expenses involved as deductible items.