

## The Foundation of LASRA

LASRA, the Latin American Society of Regional Anesthesia, was founded on March 6, 1993 in São Paulo, Brazil. During the successful 1st Pan American Symposium on Regional Anesthesia a consensus was formed for the initiation of this novel Society. It follows the objectives of its congeners and predecessors, the American, the European and the Asian and Oceanic Societies of Regional Anesthesia. Their purposes are similar and consist in furthering interest in the clinical practice of regional anesthesia based on research and teaching. This triad of research, teaching and clinical practice was first enunciated by Ralph Waters as the foundation of an Academic Department of Anesthesia in Madison, Wisconsin, USA. It has proven to be an effective combination applicable at local, national and international levels of cooperative efforts.

It is interesting to delve on the reasons for LASRA being the last Society encompassing large geographical areas and not the first such Society founded. Regional anesthesia has been widely practiced in Latin America for a number of decades to a much wider extent than in other countries. In fact, the origins of local anesthesia are to be found in Peru from where coca leaves were introduced in Europe in the XIX Century. Pharmacological and chemical research in several European countries lead to the isolation of cocaine, a drug which found its clinical application in the hands of Karl Koller in Vienna in 1884. The immediate sudden spread of local anesthesia in Europe and the United States was soon followed by its use in Latin America. However, for reasons of simplicity as well as for the lack of reasonably good and safe general anesthesia in Latin American countries at the time, local anesthesia had an unexpected surge of followers among surgeons faced with the need for painless operations. The name of the Argentinian surgeon Gutierrez is forever linked to the universal use of extradural anesthesia as one of its pioneers, having introduced a simple clinical test for the localization of the extradural space.

Why then was LASRA the last Society instead of possibly having been the first? An obvious answer lies in the fact that the stages of social and economic development have lagged in Latin America in comparison to the so-called 1st World Countries and it is unrealistic to witness an isolated progress outside of the general context. Besides, the area is considerably large and communications until recently have been less than desirable. But all this is past history and now LASRA must prove its need, must show its vitality and, indeed, must justify its existence.

During my professional life-time I had the privilege to witness the growth of the Modern Era of Regional Anesthesia and to have known all of its clinical and most of its research developers throughout the world. The World Federation of Societies of Anaesthesiologists founded in 1955 was the first truly International Organization uniting all anesthesiologists through membership in their National Societies. Its growth was encouraging, to say the least. Over the years the simply phenomenal development of anesthesiology in so many different fields of interest and practice led to the realization that smaller National Societies dedicated to specific subjects were needed to congregate individuals with similar interests. These Societies were formed and their success naturally led to their grouping in Supra-National Organizations. Several such Societies, other than Regional Anesthesia, encompassing different sub-specialties have been started and they all seem to be doing well without any interference with existing National and International Societies. On the contrary, there has been a decided cooperation and requested speakers at meetings are members of more than one Society. By the same token many anesthesiologists belong to more than one Society since their individual interests are also widespread.

Well then, we now have LASRA and it is proper to wish it well. Judging from the success of the 1st Pan American

Symposium of Regional Anesthesia it should grow strong and effectively fulfil its objectives. The 2nd Pan American Symposium is already scheduled to be held in Chile in 1995.

Perhaps some distinct features of LASRA should be singled out. First, it requires that prospective members must belong to a National Society of Anesthesiology which, in turn, must be a member Society of the World Federation of Societies of Anaesthesiologists. Second, in order to overcome the natural language problem specially in its International contacts, English has been chosen as the language to be used in the Newsletter and International correspondence. English has become the scientific Esperanto serving the scientific community as well as Latin served Philosophy and Science centuries ago as its Lingua Franca. Third, LASRA does not encourage and will not recognize as participants National Societies of Regional Anesthesia in Latin America; its membership will be recruited mainly among individual anesthesiologists and other interested professionals. Fourth, the Board of Directors will rotate among Latin American countries organizing subsequent Symposia. Its main activity is scientific and its future will rest in the success of forthcoming Meetings. With these specifications LASRA intends to work in parallel with National Societies of Anesthesiology to the overall betterment of clinical care.

A new baby was born after a good gestational period. To grow strong and healthy it will need motherly care and good nutrition as all babies deserve. This means solid work for the Board of Directors and a supportive, active membership.

I wish it a long and fruitful life. Patients in Latin America will certainly be its beneficiary.

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