



BULLETIN OF *ANESTHESIA HISTORY*



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Doris K. Cope, MD: Polymath

ISHA 2013

History Matters!



'The Anaesthetist', by Harold Cazneaux 1933

*8th International Symposium
on the History of Anaesthesia,
22–25 January 2013,
University of Sydney,
Australia*

*Satellite meeting,
Melbourne, January 29-30
Geoffrey Kaye Museum
of Anaesthetic History,
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College of Anaesthetists*



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Letter to the Editor

Sir:

I was fascinated by the October 2011 issue of the *Bulletin* in light of the fact that there were two papers looking at the question of scientific recognition insofar as the discovery of the first use of general anesthesia in Japan¹ and the employment of chloroform inhalational anesthesia before 1847², the year that James Young Simpson published his paper on chloroform analgesia in obstetrics.³ To these two papers in the *Bulletin*, I must make a note of an article by Walter Channing published in 1852⁴ which I discovered in a booklet of old dismembered medical journals parked under a basket in a New Orleans bookstore that I visited in the 1990s and which I reported in the *Bulletin of Anesthesia History* in 1995.⁵ In this Channing case report paper, he described a difficult delivery in a woman who had *self-administered* sulfuric ether during her many deliveries, the first occurring *19 years* before the publication of the Channing paper⁴, which would signify that sulfuric ether was used by her as a self-administered inhalation analgesic in *1833!* This patient who I named Mrs. "Jane Doe" was given the sulfuric ether by her husband, Mr. "John Doe," a chemist, out of desperation to provide some kind of pain relief for her first labor and was used for subsequent deliveries. Channing, with great honesty, states:

Here then, is the first recorded case of the breathing of sulfuric ether for lessening, or abolishing pain in labor. It is not the first case in which ether was purposely employed to remove suffering-pain as a mere symptom. It was not used by a medical man, nor because this woman's husband knew anything of its medicinal uses. It was at hand, had special properties. It was simply tried, and perhaps because of its peculiar and positive physical properties alone. Its effects were marked. The patient was at once relieved, and as she stated to me with great distinctness, 'the effects were precisely the same as she as experienced from it by my own ministrations in subsequent labors'.

The fields of science are strewn with the questions relating to the priority of scientific discovery and the history of anesthetics proves no exception. One has only to witness the strife involving the conflicting claims of Horace Wells, Charles Jackson, William Morton, Crawford Long and David Waldie, to name but a few.⁶

Perhaps the last word should go to Francis Darwin, the botanist and son of Charles Darwin, who stated: "But in science the credit goes to the man who convinces the world, not to whom the idea first occurs. Not the man who finds a grain of new and precious quality but to him who sows it, reaps it, grinds it and feeds the world on it."⁷

Can we agree with Darwin?

Maurice S. Albin, MD, MSc(Anes.)
Professor, Department of Anesthesiology
University of Alabama at Birmingham

1. Ikeda S. Who was the first to administer general anesthesia in Japan? *Bull Anesth Hist* 2011;29(4):49, 52.

2. Defalque RJ, Wright AJ. Was chloroform anesthesia tried before 1847? *Bull Anesth Hist* 2011;29(4):55.

3. Simpson JY. Once new anesthetic agents more efficient than sulfuric ether. *Lancet* 1847;2:549-550.

4. Channing W. Notes of difficult labors in the second of which etherization by sulfuric ether was successfully employed nineteen years ago. *Boston Med Surg J* 1852;46:113-115.

5. Albin MS. Who was the "first"? *Bull Anesth Hist* 1995;13(4):1, 15.

6. Keys TE. The history of surgical anesthesia. New York: Robert E Kreiger Publishing Company, 1978, pp193.

7. Darwin F. First Galton Lecture. *Eugenics Review* 1914;6:9.

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1. Monographs: Old citations to historical monographs (including books, audiovisuals, serials, book chapters, and meeting papers) are now in LOCATORplus (locatorplus.gov), NLM's web-based online public access catalog, where they may be searched separately from now on, along with newly created citations.

2. Journal Articles: Old citations to journals have been moved to PubMed (www.ncbi.nlm.nih.gov/PubMed), NLM's web-based retrieval system, where they may be searched separately along with newly created citations.

3. Integrated History Searches: NLM has online citations to both types of historical literature – journal articles as well as monographs – again accessible through a single search location, The Gateway (gateway.nlm.nih.gov).

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Doris K. Cope, MD

Compiled by David B. Waisel, MD

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We honor Doris K. Cope, MD, Editor Emeritus of the *Bulletin of Anesthesia History*, so that friends may rejoice and reminisce, future friends may seek her out, and all may learn from her. More importantly, we publicly honor Doris because stories become touchstones. Powerful narratives force us to be mindful of who we are and who we want to be.

Accordingly, in November 2011, I asked a few of Doris' friends for thoughts and anecdotes about Doris. What follows are the lightly edited responses.

Historians will rightly decry this approach, declaring that well-written history demands unbiased sourcing and a thorough, honest, dispassionate reporting of events, blemishes and faults. To be sure, I don't think Doris has many faults to report, and I suspect that any faults are of the jaywalking variety. Nevertheless, this is not an academic history article. This is the article I give to my children and say, "This is who I want you to be." This is the article I post on my wall to remind me to be the person I want to be.

Introducing Doris K. Cope, MD

Douglas R. Bacon, MD, MA, is Professor of Anesthesiology and Chair of the Department of Anesthesiology at the Wayne State University of Medicine. He is Editor of the American Society of Anesthesiology Newsletter, an editor of the Bulletin, a former trustee of the Wood Library-Museum of Anesthesiology (WLM), and Past President of the Anesthesia History Association (AHA).

This issue of the *Bulletin* is dedicated to one of the most outstanding individuals I have met during my travels in anesthesia history. Doris is a woman of many hats: academic administrator, pain physician, teacher, clinician, scientist, historian, editor, mother, churchwoman, colleague, and most importantly friend. Over the years I have known Doris I have watched her face

**Readers may wonder about the use of "Doris" instead of "Dr. Cope." I use "Doris" because Doris' warmth and unpretentiousness invite first-name intimacy.*

both professional and personal challenges with dignity, grace and honesty that often those who caused the crisis did not deserve. And, through it all, she remained an upbeat, charming, witty person whose company is always enjoyable, sought after, and anticipated with great relish.

While many of the readers of this journal are familiar with Doris' historical writings, fewer may be aware that her basic science research was funded by the National Institute of Health (NIH). I stumbled across an



Douglas R. Bacon, MD, and Doris K. Cope, MD

article one day when looking for something on pulmonary artery wedge pressure and was astonished to see Doris as the first author.¹⁻⁸ After all, I had known her only as the expert on James Tayloe Gwathmey.⁹ Her article, "Pulmonary Capillary Pressure: A Review"⁷ published in *Critical Care Medicine*, was the definitive treatment of pulmonary capillary pressure and is as relevant today as it was when it was published. Doris also studied the effects of volatile agents on ischemic myocardium, doing some of the earliest work in this area.¹⁰ Her current work in pain continues her basic science interests—the paper entitled "A New Animal Model of Trigeminal Neuralgia Produced By Administration of Cobra Venom To the Infra-orbital Nerve in the Rat"¹¹ is an interesting collaboration

between the University of Pittsburgh and Central South University Xiangya Hospital, Changsha, China.

Yet the best times I have shared have been sitting next to Doris in many committee meetings. She always has an insightful comment or a droll comeback to those who try to disagree with her. A tradition for Doris and me is to share breakfast on the Friday morning of the WLM Board of Trustee meetings. More often than not, the good conversation between two established friends ran over and

we were late to the business meeting. Doris supported me through the rough times during my divorce and has been a constant source of inspiration. My thinking has always been, well if Doris did it, so perhaps I can as well.

Her historical interests are unique, and because of that she has made a valuable contribution to the literature. I would never have thought that the newspapers of turn of the twentieth century

New Orleans could be filled with such fascinating items about anesthesiology! Her understanding of Creole culture made these papers all the more interesting. As she steps down as editor of the *Bulletin*, Doris has left another lasting contribution. The journal now is peer reviewed and is indexed



Margot Westhorpe, Rod Westhorpe, MB, BS, Doris K. Cope, MD, and Douglas R. Bacon, MD, October 2007

in PubMed. She has balanced the needs of both the WLM and the AHA and clearly moved the publication forward.

As my daughter Anna grows up, I hope that Doris and she get to know each other, for I can think of few role models better than my dear friend. She has raised five sons, and each has become a true gentleman. Doris is a grand lady, charming person, and a friend I hope I will keep for many more years to come.¹²

Selma H. Calmes, MD, co-founded the AHA with Roderick K. Calverly, MD. She was the first editor of the AHA Newsletter, the forerunner of the Bulletin. Her 1965 Baylor College of Medicine graduation class had three women in a class of 84, and for her first year she was the only woman resident in the Hospital of the University of Pennsylvania. She is rightly honored in the NIH "Changing the Face of Medicine."

Doris and I first met about 1990, the year she won a WLM fellowship. I can't remember exactly where or how we first met but, of course, I do remember Doris. There were few women anesthesiologists around then, and she was different and intriguing. First, she had a NIH grant, most unusual for an anesthesiologist, especially a young woman. And, she was a member of the Association of University Anesthesiologists (AUA), the elite nearly all-male organization of academicians. No one else I knew belonged. Her AUA membership was most likely because of her work in basic physiology, which focused on measurement of pulmonary capillary pressure. This laboratory work was useful for her clinical work in critical care, as Chief of Anesthesia at the Veterans' Administration Hospital in Biloxi, Mississippi, and as a faculty member in the Department of Anesthesiology at the University of South Alabama in Mobile, Alabama.

She was different from most other women anesthesiologists in another way. At the time, women MDs had to hide their feminine characteristics, to try to be better accepted, especially at ASA functions. Doris, however, maintained many characteristics of a Southern belle: a slight Southern accent, very feminine attire featuring ruffles, pastel colors and soft fabrics (because there were so few women about in anesthesia we tended to dress most conservatively to deflect rude comments on body-parts and to try to be taken seriously) and graceful manners. Doris' family of four (later five) strapping boys was often a topic of her conversation and sometimes they accompanied her on trips, especially overseas ones. We were all impressed with the boys' good manners, their ability to carry on conversations with

adults, their academic achievement, and how they never seemed to stop growing, to very large size. They are always featured on her Christmas cards.

Her 1990 WLM fellowship resulted in a fine paper on James Tayloe Gwathmey, who had been little studied then, and so she proved she was also a good historical scholar.⁹ Her next historical paper, "Anesthesia in Ante Bellum New Orleans,"¹³ I consider



The AHA Newsletter editors, C. Ronald Stephen, MD, Doris K. Cope, MD, and Selma H. Calmes, MD, with the published collected newsletters.

to be nearly perfect. In only two pages, she set the scene (what Ante Bellum New Orleans was like), introduced the players (the French and American physicians), told what happened (how the news of anesthesia came and the circumstances of the first uses), and then what happened as a result of the event. That paper is a useful teaching example for those learning how to do historical writing.

Doris was soon a part of the AHA, volunteering for many jobs. In 1994, she became a Council member and Associate Editor of the *AHA Newsletter*, supporting then-Editor C. Ron Stephen. She became Editor when he retired in 1995. From 2002-2006, she was AHA President. She also became a WLM Board member in 1996 and has made many contributions to that organization, especially managing the WLM Fellowship program. Among her numerous contributions was the idea for the Friends of the Wood Library and its annual tea/fundraiser, to support the WLM. WLM Board meetings are held at ASA headquarters, and this gave Doris an opportunity.

During breaks from the meetings, Doris and I (and eventually numerous others) would walk over to the nearby Talbot's outlet, to replenish our wardrobes. Many great deals were made, and Doris added to an already extensive wardrobe.

The most memorable times with Doris came at meetings.

At one point, Doris was being romantically pursued by a commercial airline pilot.

Since I was married to one, Doris consulted me on various issues, such as, "Are all pilots like this? (The answer is "Yes," by the way.) During this time, she was at her most attractive, often wearing a hat to social events, a daring and innovative thing to do among all us Yankees. A hat seemed just right on her, a final touch of class and femininity.

For the International Symposium on the History of Anaesthesia in Hamburg, Germany, in 1997, Doris brought two of her boys to Germany ahead of the meeting, and they first drove through Southern



Selma H. Calmes, MD, and Doris K. Cope, MD

Doris... *Continued from Page 5*

Germany, in the area where many classic fairy tales were set. They also wanted to find Auschwitz, but had a great deal of trouble because there were no signs. My husband and I had also come to Germany early and also tried to visit a concentration camp. Our travel had been complicated so we settled on Neuengamme,[†] just south of Hamburg, thinking it would be easy to reach. We also had a great deal of trouble finding the camp (there were no signs) and ended up walking nearly a mile after train and bus rides. When we checked into our small hotel, we ran into Doris in the lobby and compared notes on our trips so far. We got into a conversation about our difficulties finding the camps and concluded the Germans didn't want the camps to be found, understandably. Our conversation was overheard by Germans sitting in the nearby bar, which opened onto the lobby. Their looks made very clear this was a topic not to be discussed, and we moved on to other topics. And so we shared learning the then-current view of this part of German history.



Doris K. Cope, MD, in Cambridge, 2005

The International Symposium on the History of Anaesthesia meeting of 2001, in Santiago de Compostela, Spain, was sched-

[†]*Neuengamme, not as well-known as other concentration camps, was equally terrible, with a crematorium, forced labor (making bricks and pistols) and completely inadequate rations and health care. More than half of the 100,000 prisoners died due to the conditions. Scholars distinguish the concentration camps from the extermination camps designed for systematic mass-murder.*



Selma H. Calmes, MD, Clyde Jones, MD, and Doris K. Cope, MD, October 2004

uled shortly after the September 11th events, and all air travel was shut down. There was extensive e-mail discussion among those of us who planned to attend about whether to go, once planes were flying. Finally, many of us decided to go, but the time overseas was stressful because further attacks were thought to be possible. Somehow, Doris got quoted in the local Santiago newspaper on Americans' possible fear of travel to Europe now. She proudly stated that her father came ashore on D-Day (he was in the infantry), and she wasn't going to let the terrorists win by keeping her from traveling. That was a vivid example of the American spirit! The central square in beautiful Santiago has a web cam, and Doris also arranged for us to be in front of it at a certain date and time so the University of Pittsburgh staff could see us.

The 2008 spring AHA meeting was at the University of Pittsburgh, where she had become Chief of the Division of Pain Manage-



Selma H. Calmes, MD, and Doris K. Cope, MD, October 2007

ment in 1997. Doris and her vivacious and hard-working secretary Debbie Bloomberg put on a wonderful meeting. The meeting site was Pittsburgh's private women's club, the Twentieth Century Club, founded by the wives the city's elite industrialists in 1894. (Doris belonged to the club, of course.) The building had a wonderful old-world elegant feel and great style, and the walk over from the hotel, along a row of leafy large trees, was an enjoyable start to each day. A special event was dinner at Doris' house, once we found it (the directions were daunting). She tackled dinner for about 30-40 people by herself! An experienced entertainer, I would never dream of cooking and serving such a group all by myself! Somehow, Doris pulled it off, and everyone had a great time. I'm not sure who ended up washing the dishes for that one. I hope it wasn't Doris.

Doris was accompanied by only one son for the 6th International Symposium on the History of Anaesthesia in Cambridge, England in 2005; the older boys had moved on. My husband and I kept running into the two of them as we enjoyed Cambridge's sights and many musical events. Note Doris' little beret in the picture. Hats obviously continued to be part of her style.

A few random thoughts: When hurricane Katrina blew away Doris' beloved house on the beach in Pascagoula in 2005, it was clear she'd suffered a huge personal loss, as well as an economic one. She really loved that very Southern house; sadly it was not replaced. And long-time AHA member Clyde Jones of San Diego would always search out Doris and me at AHA dinner meetings to give him a kiss. This has been recorded often and a picture appears here as a memory of Doris, for Clyde.

As the founding editor of the *Bulletin*, I say "Congratulations" "Well done" and "Hats off to Doris."¹⁴

M. Christine Stock, MD, graduated from medical school in 1981 and is currently the James E. Eckenhoff Professor of Anesthesiology and Chair of the Department of Anesthesiology, Northwestern University Feinberg School of Medicine.

Doris Cope is a woman God put on this earth to heal and comfort those fortunate enough to enter her path and to raise children. Clearly, she executed healing and comforting her patients through her work as a Pain Medicine physician. However, she provides the same comfort and healing in her personal life and to her friends. Doris and I met in October 1984, but our friendship was solidified at the May 1988 AUA Annual Meeting where we traded seats at the AUA banquet (after a visit to the Ladies' Room) so



M. Christine Stock, MD, and Doris K. Cope, MD

that Doris could escape the Moroccan man's hand that kept slipping down the back of her gown. Because I was 27 weeks pregnant, we figured I would be less of a target. We have been laughing, talking, commiserating and (rarely) crying together ever since.

I admire Doris' fortitude as a mother, which comes in part for the respect and love she had for her own mother—whom I never met, but felt I knew from Doris' enduring tales. Doris raised five boys, who have become delightful, good men—a testament to her never-ending work as a mother, but also to the healing and comfort she brought these boys and young men when they needed her counsel. The youngest of Doris' sons, Ben, is 21 and several weeks older than my son. We raised our boys (and my girls!) comparing notes, sometimes amused by their antics, sometimes worried. I highly valued Doris' perspective as an "experienced" mother of two mature adult men (actual tax paying citizens!). On a legacy note, when Stuart [Stock's husband] and I were stuck on names for our third child, a girl, Doris was the person who suggested that we name her "Meredith." Meredith has always been eternally grateful for Doris' suggestion as she disliked the names we otherwise may have chosen.¹⁵

As a friend, Doris has been a kindred spirit and confidant. She provides excellent counsel and is a trusted advisor—both in personal and professional matters. Doris gave me excellent advice during two important turning points in my career. The first time, her observation was that walking through one door will probably close another—but sometimes our lives do not play out as we planned/thought they might (which surprisingly was a bit of a revelation). Her advice was to "take opportunities as they are presented." These words have come back to me on many, many occasions.

At another juncture in my career, Doris' advice confirmed what I already knew to be true—but really needed to hear from my trusted friend: "Your career is important; it's

how you feed your family and from where you derive personal professional fulfillment. In the end, you should do what is best for your family." Doris lives by these words.

Doris touches our lives in rich and varied ways, but always with the common thread consistent with her strong and enduring Faith. Her patients, her family, and her friends benefit from Doris' kind and loving ways. She heals and comforts us always.¹⁵ *Du schaust den Weg vorwärts.*⁵

Mississippi Doris

Gina Bardwell is a long-time friend of Doris' from Mississippi. They met at St. John's Episcopal Church in Pascagoula, MS. They became close friends around 1992.

After careful (and joyful) consideration of all the many stories and adventures Doris and I have shared, I'd like to talk about what Doris and I call "Living a Mississippi Press Life."

To begin, the "Mississippi Press" is what most locals call our hometown newspaper. I'm old enough to remember that it was once called the *Chronicle Star*; some of us still call it the *Chronicle*. Pascagoula is a very small town and it follows that our newspaper doesn't run to too many pages. And since it's a small town there is very little that enters into the paper that we don't already know about. By that I mean that news (of every type, verifiable and not so much) travels quickly, often faster than the printed word.

At this particular time in our lives, we were both doing our level best to stave off divorce, even though we were both separated from our respective husbands. It had become our custom to have supper together a couple of nights a week at Doris' house. Doris would be there with her three sons and I'd be there with my two daughters. Our meals were simple but home cooked, and we ate at the dining table set correctly with tablecloth, napkins, etc. We read a short devotional before we ate and eventually all five children came to look forward to the evening (though they would never have admitted it). Occasionally Doris would host a "Murder Mystery Dinner," also at her home, after which we gathered around her piano and sang songs. We played board games with people in our church. We went to afternoon movies. We read inspirational books. We prayed. We lit candles dedicated to "hopeless causes."

At some point during all these events we decided that we were leading the kind of lives we had always wanted, and we were doing it quite well with what we had at hand. Neither of us had that picture perfect

family that we were raised looking for, but we realized that those were just pictures and not real at all. Our families, consisting of a mother and her children in both cases, were real and we were all happy, functioning, and thriving individuals. We came to understand that we wanted to live a life that probably wouldn't even be considered print-worthy in the *Mississippi Press*. We were doing that. We went to work each day, we went to church, our children went to school, and somewhere along the line, both of us got divorced and it hardly caused a ripple in our lives. The "Mississippi Press Life" means for us a life well-lived, in consideration of and respect for ourselves and others, and folks do not have any opportunity to see our names in print. I am grateful to Doris for so many things; this lifestyle is merely one of them.

I must relate a little something about "hopeless causes." Doris got a wonderful job in Pittsburgh and had to leave Pascagoula. One of our dear friends hosted a going-away party for Doris, only for us girls. We were each supposed to bring one item that had special meaning in our friendships with Doris. I brought one of those "hopeless causes" candles that we had lit so many of. Each of us presented our item and spoke of its significance and then Doris spoke last. She addressed each of us and the items we had brought. When she got to me she said that she dedicated that last "hopeless cause" candle to me in the hopes that I would get a date for New Year's Eve (at that time, my single biggest goal).¹⁶

Leader Doris

William Hammonds, MD, MPH, is a pain management specialist and has been a mainstay in promoting the study of anesthesia history. He is President of the AHA and a former president of the WLM.

About 15 years ago due to death and attrition among the Trustees, the WLM elected three new Trustees in the same year. The three elected were Doris, Doug Bacon, and me. The Board of Trustees was dominated by a crusty group of old men who were revered, set in their ways, and to a great extent devoid of new ideas. Doris took the Board of Trustees by storm. Stalwarts of the organization like Ray Fink and Frank Mckecknie were so enamored by her that they became allies in instituting many of her new ideas. Doris' terms on the Board of Trustees was marked by original thinking and innovative ideas. She took over the fellowship program and gave it new life. She introduced the Friends

⁵*You show the way forward.*

Doris... *Continued from Page 7*

of the Wood Library-Museum and Friends for Life programs and turned those ideas into successful fundraisers for the WLM. She invented the concept of the “Friends Tea” and made it so successful that many other organizations in the ASA are now copying Doris’ idea. Doug Bacon and I went on to be officers in the WLM, but nothing we did rivaled the innovative genius that Doris brought to the organization. Doris has made more significant changes in the WLM than any other single person and I salute her for her contributions.¹⁷

Kathryn E. McGoldrick, MD, FABA, is Professor and Chair of the Department of Anesthesiology at New York Medical College. Among many other honors and awards, she has served as president of the Board of Trustees of the WLM.

Although I have had the pleasure of knowing Doris for almost two decades, I have no single anecdote or aperçu to capture her gloriously larger-than-life personality. Rather, I will simply say that I have an enormous amount of admiration and affection for Doris. I especially admire her boundless energy, her effervescence, her Homeric tenacity, her incisive wit, and her gracious warmth. One of the greatest privileges and joys of my life is having Doris as a friend and colleague.¹⁸

Dawn A. Marcus, MD, is Professor in the Department of Anesthesiology at the University of Pittsburgh Medical Center.

“They call me No-Dope Cope.” These were among the first words Doris said when she introduced herself to me as the new director of our pain program. These simple words spoke volumes about Doris—her style, personality, and character. When Doris joined our clinic family at the University of Pittsburgh, our tight-knit staff had been together for many years—working hard all week and playing hard on the weekends hiking, camping, and canoeing. Upon her arrival, we invited Doris to join us on a regular canoeing day trip. Although not an outdoorsy lady, Doris smiled through struggling to keep her canoe traveling forward downstream, going through gentle rapids, and getting stuck in shallow water. Throughout the day, she never complained or appeared frustrated. That trip won us over. Doris showed us she was a lady who’d hang tough and persevere come high or low water. And through the years, this is the Doris I’ve come to expect. Doris is one of those rare people who is reliable and always



Doris K. Cope, MD, at the 2008 Academy of Anesthesiology Annual Meeting.

true to her word. When Doris tells you about a new plan or program, you know it’s going to happen. And when I asked her to collaborate with me putting together a chronic pain atlas, I knew I’d only need to ask for something once, and it’d be done properly and promptly. Doris’ steadfast character and straightforward approach to medicine and life are rare gifts appreciated by her colleagues and her patients.¹⁹

Thomas G. Johans, MD, is a pain management specialist in St. Louis, Missouri.

As Treasurer of the Academy, I have had the privilege in serving over 20 of its past presidents in preparing and managing the annual scientific meeting. When the gavel was passed to Doris in 2008, I had a sense that a refreshing change was in the air for this rather somber and august group of anesthesiologists. At the long-held traditional Black Tie Dinner Dance, where decorum is not to be taken lightly, Doris surprised the group with a Mardi Gras theme including a New Orleans jazz band, parade and purple and gold beads!

Only Doris could have pulled this off; only Doris had the spark of exuberance and pizzazz to inject a sense of fun and excitement into this group; only Doris could present a brilliant chronic pain paper during the scientific session in the morning and then put on beads and a funny hat to dance the night away.²⁰

Mark Mandabach, MD, is Assistant Professor at the Department of Anesthesiology at the University of Alabama at Birmingham School

of Medicine. He serves as Secretary of the AHA and is a former recipient of the WLM’S Rod Calverly Fellowship.

As long as I can remember, Doris has been a prominent member of the AHA and the world-wide anesthesia history community. My professional development in the AHA came under her leadership, and I am so appreciative of her support and friendship over the years. She hosted the AHA Spring Meeting in Pittsburgh in 2008, and the dinner at her home and the meeting at her private club stand out in my memory as one of best times ever. I will miss her leadership at the *Bulletin*.²¹

Pittsburgh Doris

Pamela Meadowcroft, PhD, is the founder and President of Meadowcroft & Associates, a company dedicated to helping companies implement and evaluate growth and change.

Doris served as Co-Chair with me of the Planning and Evaluation Committee on the ARCS (Achievement Rewards for College Scientists) Foundation from 2008-2011. ARCS Pittsburgh is one of 16 nationwide chapters of dedicated women who provide financial awards for the “best and the brightest” among local universities’ science graduate students as a way of advancing science in America. Doris is one of 150 women in the Pittsburgh community who collectively raised or gave \$875,000 in eight years as awards for 61 students from Carnegie Mellon, the University of Pittsburgh, and Penn State University. One of the reasons I agreed to this leadership role for ARCS Pittsburgh was to work with Doris because of her reputation for getting things done and having fun while do so. Doris certainly did not need more to do given her professional and family responsibilities, but she proved, again, the old adage, “if you want to get something done, give it to the busiest person you know.” Over these few years, Doris also became a friend. We used our ARCS volunteer work as an excuse to meet at the Faculty Club and have wide ranging conversations: usually our work agenda was completed within ten minutes and the rest of the late afternoon/early evening time was spent on laughing, and at times, crying, about friends, family, and the state of the world.²²

Loren H. Roth, MD, is Associate Senior Vice Chancellor, Health Sciences, University of Pittsburgh and Professor of Psychiatry. Ellen A Roth, PhD, is President of Getting to the Point, Inc. The Roths are married. Loren Roth is the narrator.

I will never forget how Doris so immediately calmed my right leg pain with her unerring first attempt needle plunge through my surgery-hardened spine. She hit that one out of the ballpark.

She has the great manners and temperament of a displaced Southern beauty, not only in dress and smile but in her personal moments. Over the years we spent some time together in personal review of how it is and how it could be, none of this for public consumption or down-to-earth story telling. She is a tough cookie!!

When I care for our joint patient, I often think of Doris' availability to her patient and me at the worst moments, and her undoubted optimism that the end game most surely will justify the attempt.²³

Arthur S. Levine, MD, is Dean at the University of Pittsburgh School of Medicine.

Doris is a person of great personal strength, wisdom, sensitivity, and generosity. She truly gives the notion of "holistic medicine" great style and great substance. Doris is a "healer" is the fullest reach of that word, and she will be sorely missed by her patients and her colleagues.²⁴

Advisor Doris

Nashaat N. Rizk, MD, is Associate Professor in the Department of Anesthesiology at the University of Pittsburgh Medical Center.

Thirteen years ago, my phone rang for the tenth time. It is Doris again, trying to get me to come to Pittsburgh for a fellowship: I don't know how to say no to such a gentle soul. As the ringing continued, I drifted back to three years earlier and remembered my first true interaction with her as my program director. I just received a letter to inform me that I didn't pass a test. I was devastated and shocked—what would my department think of me? Who can I talk to? Who would understand and help me get over this failure? Since I had known Doris to be calm and welcoming, I went to her office on the 11th floor at the University of South Alabama Medical Center. "What's wrong?" she asked. "I failed," I answered. She took the letter from me and read it; then looked me in the eye and said, "Bump in the road."

^{††}*Executive Leadership in Academic Medicine is a one-year program of leadership training with extensive coaching, networking and mentoring opportunities aimed at expanding the national pool of qualified women candidates for leadership in academic medicine, dentistry and public health.*

That became a memorable sentence, and a reminder that life happens.

She had always opened her heart, arms, and home to all who interacted with her kind soul. She is tough when needed, but gentle when conflicts arose. One time, we had to place an epidural catheter in a dying patient, who was also anti-coagulated and could not tolerate any other treatment. This required guts and a big dose of the "do the next best thing" and "you may be right" spiel.

But when it came to managing a large group of learners, Doris had no problem trying to find the best education style and ways to diagnose problems. And only after that was achieved would she attempt to treat. She would incorporate her people skills, as well as those around her; all the while, she was lifting those who surround her (she used to tell me that "I am a doctor's doctor.")

When conflicts arise, Doris "rises above." I learned that while rotating as a CA-2 resident in the pediatric operating rooms. It was an early evening, and Doris was the attending on a complicated case. I watched her elegantly manage an interaction between Dan, a young enthusiastic surgeon (who had taken a liking to my work) and myself, which had heated up a little bit. After that, Doris and I became friends, not just colleagues or teacher and student, and we continued to be friends with surgeon. She would always advise to "rise above."²⁵

Janice Lage, MD, is Professor and Chair of the Department of Pathology and Laboratory Medicine, Medical University of South Carolina.

In 2007, Doris and I, and a cozy group of 50 or so women from academic medical centers all over the United States, were drawn together for an executive leadership development program for women called Executive Leadership in Academic Medicine.^{††} Doris and I quickly found each other, being similar in nature and temperament. On occasion, the slowness of the process for any given exercise would get on my nerves, and I would start mumbling to Doris. Seeing my anxiety rise, Doris, forever the nurturer, decided to impart some words of advice. She told me something I've never since forgotten: "Just put it in neutral and let them push." The joy in recognizing the simplicity of the concept was immediate! Whenever I get frustrated, I stop and think of Doris' saying and the smiling face that accompanied it! Then I chill out.²⁶

In 2007, an interview of Doris was published in the Bulletin of the Allegheny County Medical Society. Here are some excerpts.²⁷

You are the mother of five sons. Forgive the question you probably have been asked many times: "How do you do it?"

Do what you love and hire the rest! I stayed at home one year with each child after he was born. I would finish a project, have a baby, find a new project, finish, have a baby. I always found a way to have a profession that I could put down and pick back up again. I was 30 years old when I started medical school. I have always taken my children with me when I travel. I don't have the advantage of baking cookies every afternoon, but my children have traveled abroad widely. My 16-year-old is the only one still at home. He's at the age where he says going to plays with me is "the worst part of his whole life!" One of my sons is a sophomore in college, another just graduated from Pitt, and two sons are grown and on their own. I finally got my girls, though: I have three granddaughters in Savannah, Georgia."

How does becoming involved in organized medicine benefit physicians?

Physicians are trained to provide care. Therefore, we tend not to be adversarial. We aren't lawyers. We tend not to fight. However, we need to be more politically savvy in order to protect the things that are important to us: patient care and the practice of medicine. Organized medicine gives us the opportunity to come together for the sake of the profession and our patients' welfare.

How important is it for you to focus on issues facing female physicians?

When I put on a white coat and treat a patient, to me, my gender is irrelevant, but a lot of women have experienced "the old boys' club." I personally haven't had a markedly negative experience as a female physician. People like me or not for me. I tend to diffuse tense situations with humor. At the Veterans Administration hospital in Biloxi, a Cajun cardiovascular surgeon would call all of the women "babe." I told him that I was "Dr. Babe" to him. The next day he called me "sport," so I guess I got a promotion! I am currently the first female president of the Academy of Anesthesiology, a very exclusive organization that has been in existence for over 75 years. I've accomplished a lot just by being easy to get along with.

Historian Doris

A.J. Wright, MLS, is Associate Professor and

Doris... Continued from Page 9

longtime Clinical Librarian in the Department of Anesthesiology Library, University of Alabama at Birmingham. He was instrumental in creating what is considered to be the first History Section within a Department of Anesthesiology. Mr. Wright served as an associate editor of the Bulletin with Doris.

I remember Doris from many AHA and ASA meetings, but one event in particular is vivid. In April 1997 the AHA spring meeting was held in Colonial Williamsburg, and Doris, my wife Dianne and children Jason and Rebecca had a delightful dinner at one of the historical park's authentic taverns. Well, it sure seemed pretty authentic to us. I don't remember much anesthesia history being discussed, however!

Doris has published a variety of both clinical and history materials over the years. Especially fascinating in the latter category have been articles on the role of James Tayloe Gwathmey in planting seeds of the developing specialty of anesthesiology and anesthesia in antebellum New Orleans. One of the two lectures she gave as a Visiting Professor in our department in 2004 was devoted to antebellum New Orleans. Doris has also published a series of history articles over the years in the *ASA Newsletter* on wide-ranging topics such as neonatal pain, monitoring, and the value of historical study. I will always appreciate working with her on the *Bulletin* over many years.²⁸

Bradley E. Smith, MD, served from 1969-1993 as Chair of the Department of Anesthesiology at Vanderbilt University School of Medicine. He currently is on the Board of Trustees of the WLM and is Vice-President of the AHA.

James Tayloe Gwathmey had more or less disappeared from the awareness and memory of almost all anesthesiologists until Doris' 1993 article brought him back up.⁹ Pittinger's 1988 book,²⁶ which I produced here at Vanderbilt, had only about 100-125 circulation—so while it was a useful scholarly contribution, I think her article was responsible for bringing his name back to the surface.²⁷

I suggested Gwathmey's name (he graduated medical school from Vanderbilt) for a named chair at Vanderbilt, and I think it "sold" more because of her article than because of our book.²⁹

Overseas Doris

Jianxiong An, MD, PhD, is Chair of the Department of Anesthesiology, Pain Medicine and

Critical Care Medicine at the Chinese Academy of Sciences First Hospital.

I met Doris at the end of 2002. I studied at her pain center for six months. I learned more than pain medicine during my stay with Doris. In particular, she taught me about education and social behaviors. Those definitely benefited me in the following days. For instance, she taught me that while friends come and go, enemies never go. Since meeting her, Doris has gone out of the way to support my academic career by



From right, Jianxiong An, MD, Doris K. Cope, MD, and colleagues, Beijing, China, September 2007

helping me with speaking, publishing and communicating in English with occasionally difficult editors.

Doris is always ready to help wherever and whenever anyone needs. One time on a plane heading to China, a little girl was crying and saying, "I am sick and need a surgery, take me home to the United States of America." Doris rushed over to her and laughed and played until the little girl was happy and calm.

As a successful physician, Doris was proud that she has five sons. During one trip, she said to me that she has three goals for her children: to be gentleman, to be professionals and taxpayers, and to work for social good. Since I returned to Beijing, Doris visited China every two years for academic exchange, and each time she brought a different son. She spoke at meetings, saw patients, and taught procedures at hospitals in different cities.

Doris is a pious Christian. She has supported students from all over world to study in the States. When I was in the States, I met several South American middle school students she was hosting. After I became the Chair of a famous university hospital in China, I asked Doris to help my colleague, Dr. Ting Fan, study at her department at the University of Pittsburgh. Dr. Fan was not

only accepted, but Doris also hosted her in her home for several months.³⁰

Graceful Doris

George S. Bause, MD, MPH, is Clinical Associate Professor at Case Western Reserve School of Medicine. His has been as the Honorary Curator of the Wood Library-Museum of Anesthesiology for 25 years.

In May 2008, the AHA held its annual meeting in Pittsburgh under Doris' watchful eye. With her usual thoroughness, Doris had provided me with all the details that I needed to safely courier my wife's AHA cake to the meeting. Ramona's centerpiece cake featured five completely edible items—a Morton Ether Inhaler perched atop four AHA-sponsored publications: 1) a white-colored issue of the *Bulletin*, 2) a red volume of the Third International Symposium on the History of Anaesthesia Proceedings, 3) a silver-gray copy of Ralph M. Water, M.D.: Mentor to a Profession, and 4) a green tome of the Anesthesia History Association Newsletters (1982-1995). Squealing with delight on spotting the cake, Doris exclaimed that the centerpiece "was absolutely an amazing work of art." As for me personally, I have always treasured how genuinely Doris expresses her enthusiasm.



Selma H. Calmes, MD, George Bause, MD, and Doris K. Cope, MD, October 2004

Her cordial greeting and keen editorial pen have assisted many of us in sharing her zest for learning and sharing and travel.³¹

Gerald Zeitlin, MD, FRCA, is a retired anesthesiologist with a longtime interest in teaching and researching the history of anesthesia. Most recently, he is author of Laughing and Crying About Anesthesia: A Memoir of Risk and Safety.

At a history meeting in Good Olde Eu-

rope at dinner one evening I sat next to the excellent Doris and two of her offspring. Sitting next to us sat an egotistical and well-known historian and anesthesiologist who shall remain nameless.

Even though I am a naïf in these matters, it became quite clear to me that said anonymous anesthesiologist began to “make advances toward” the distinguished Doris in a verbal and attitudinal manner.

Doris handled this unwanted and offensive (adjective and noun, please) with dignity and resolve, colored by a delicate touch of scorn. Whether the cause was an overdose of Dutch Schnapps or a meteoric hormonal effusion or a mere attack of distasteful and immature opportunism, I do not know. What I do know is that Doris turned from a Queen to an Empress before my very own, usually rather cloudy, eyes.³²

David J. Wilkinson, MB, BS, FRCA, is a Fellow of the Royal College of Anaesthetists and former Chair of the Department of Anaesthesia at St. Bartholomew's Hospital in London. He was named the 2008 WLM's Laureate of the



David J. Wilkinson, MB, BS, and Doris K. Cope, MD, October 2007

History of Anesthesia, a quadrennial award. The last paragraph is the fitting conclusion to this celebration.

I have known Doris for about ten years now and that an acquaintance has now become a friendship is something for which I am profoundly grateful... It is always a delight to meet her; she is enthusiastic and serious, funny and sad, happy and engaging, wise and silly, mischievous and inquisitive; and always the very best of company.

As Chair of the Wood Library-Museum Laureate Committee in 2007 she had the unenviable job of not letting on who had won despite some gentle enquiries by me!!! As silent as Librarian [Patrick] Sim on this topic, she maintained a serious demeanor right up until the announcement at the Lewis Wright lecture in 2007 when the ‘Oscar-like’ envelope was opened and my name read out. As I reached the podium I



Mardi Gras at the Academy of Anesthesiology annual meeting, February 2008

was enveloped in a “Doris hug” (a never to be minimized experience) and congratulated on what has undoubtedly been the highlight of my anaesthesia career to date. Doris seemed to be as happy as I was!

My other most vivid memory of Doris at her most exuberant was in the following year 2008. Doris had been elected as President of the Academy of Anesthesiologists that year and their annual meeting was held in Desert Springs, California. At the Saturday night formal dinner, Doris decided to have a Mardi Gras theme. To see so many of the ‘good and great’ transformed into bead-wearing Cajun Folk was a sight never to be forgotten.

Doris is a truly wonderful person; the colleague one would have loved to have had, the sister one wished she could have been, but, for me, the friend I am delighted to have.”³³

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31. Personal communication to David B. Waisel from George A. Bause, MD. November 26, 2011.

32. Personal communication to David B. Waisel from Gerald Zeitlin, MD. November 17, 2011.

33. Personal communication to David B. Waisel from David J. Wilkinson, MB, BS. November 8, 2011.

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Doris... *Continued from Page 11***Doris K. Cope, MD, MS, Abridged Curriculum Vitae**

1972: Augusta College, BA (English Literature, Political Science/History, Secondary Education)

1977: Augusta College, MS (Clinical Psychology)

1982: Medical College of Georgia, MD

1982-83: Internship, Medical College of Georgia, Augusta, GA

1983-84: Research in pulmonary capillary pressure

1984-86: Residency in Anesthesiology, University of South Alabama, Mobile, AL

Board Certifications: Anesthesiology, Pain Management

1986-1992: Assistant Professor in Anesthesiology and Physiology, University of South Alabama Medical Center

1992-1997: Associate Professor in Anesthesiology and Physiology, University of South Alabama Medical Center

1997-1998: Visiting Professor of Clinical Anesthesiology and Critical Care, Program Director, Pain Fellowship, University of Pittsburgh School of Medicine

1997-2012: Chief, Division of Pain Medicine, University of Pittsburgh Medical Center

1999-2012: Professor Anesthesiology and Critical Care Medicine, Program Director, Pain Fellowship, University of Pittsburgh School of Medicine

Select Leadership Positions

1993-1995: Editor-in-Chief, Interchange American Society of Critical Care Anesthesiologists

1994-2011: Editor, Bulletin of Anesthesia History

1996-2005: Trustee, Wood Library-Museum of Anesthesiology

1996- : Chair and Founder, Friends of the Wood Library-Museum Committee

2000- : Chair, Wood Library-Museum Laureate Historian Laureate Award Committee

2001-2003: President, C. F. Reynolds Medical History Society

2002-2006: President, Anesthesia History Association

2004-2005: Chair, ASA Annual Meeting 100th Anniversary Gala Committee

2006-2007: President, Pittsburgh Pain Society

2007-2008: President, Academy of Anesthesiology

2007-2009: Member, Board of Directors, Allegheny County Medical Society

Grants

1987: Veterans Administration Eastern Regional Research Office Flexible Funding. Principal Investigator

1988: Grant from the Headquarters USAF, Surgeon General's Office. Co-Investigator

1989: Grant from the Facilitators of Applied Clinical Trials (proffer letters KEE 107, KEE 108). Co-Investigator

1990: G. D. Searle and Co. Protocol #NT5-89-02-006, A randomized doubleblind study comparing SC 42867 to acetaminophen and placebo in patients undergoing abdominal surgery or hysterectomy for postoperative pain. Principal Investigator

1992-1996: VA Cooperative Study Protocol #345. Epidural anesthesia vs. general anesthesia in general surgery patients. Executive Committee member, Principal Investigator

1992-1997: National Institutes of Health. Pulmonary Capillary Pressure in Dogs and Humans. Clinical Investigator Award Principal Investigator

1996-1997: Glaxo Wellcome. Ultiva™ 4001. Principal Investigator

1996-1997: Bayer AG Institute for Cardiovascular and Arteriosclerosis Research. Wuppertal, Germany. Experimental trials of BAY X 1005 and myocardial protection. Principal Investigator

2009-2010: NIDA CTN. Screening, Brief Intervention, and Referral to Addiction Treatment (SBIRT) in Pain Clinics. Pain Clinic Advisor

Joseph F. Artusio, Jr., MD: A Professional and Personal Perspective[★]

By Kathryn E. McGoldrick, MD
Professor and Chair
Department of Anesthesiology
New York Medical College
Valhalla, New York

The specialty of anesthesiology lost a graceful and accomplished leader when Joseph F. Artusio, Jr., MD, died on December 21, 2011, at the age of 94, surrounded by his loving family. Born in Jersey City, New Jersey in 1917, “Dr. A” received his bachelor’s degree in chemistry from St. Peter’s College in 1939 and was awarded his medical degree from Cornell University Medical College in 1943. Having embarked on an internship at Bellevue Hospital, he initially planned to pursue a career in internal medicine but World War II serendipitously redirected his professional interests. Joe was inducted into the Army in January 1944 and was told to report to the Army School of Anesthesiology at Lawson General Hospital in Atlanta. After a 3-month course of instruction, he remained in Atlanta for several months, teaching the next coterie of 90-day wonders. In September 1944, however, Joe was assigned in the European Theater of Operations to participate in the Italian campaign. It was in Italy that Dr. Artusio met Dr. Henry K. Beecher, who warned him of the dangers of administering sodium thiopental to volume-depleted patients. Much to his surprise, the once-reluctant anesthesiologist became mesmerized by his new specialty. Karma intervened again in Italy, this time on a personal level. Stationed near Venice, Lieutenant Artusio met a captivating nurse anesthetist who became his wife and the devoted mother



Joseph F. Artusio, Jr., MD. Photo courtesy of the Wood Library-Museum of Anesthesiology.

of their six children. Tragically, Mary Louise succumbed to rheumatoid arthritis in 1977; Joe never remarried.

After the war, Joe returned to Cornell and decided to pursue a career in anesthesiology, much to the chagrin of the then chief of surgery, who attempted to dissuade Joe from the specialty by dismissively describing it as “strictly an occupation for nurses.”¹ The benighted surgeon was unsuccessful and “Dr. A” began training at Cornell under Dr. Mary Ward, a young anesthesiologist educated by Dr. Virginia Apgar at Columbia Presbyterian. He completed his residency at The New York Hospital in 1947, having won the admiration of the distinguished surgeon, Dr. Frank Glenn. In 1948, Dr. Glenn was appointed the new Chair of Surgery. With Mary Louise Artusio as his able accomplice, Dr. Glenn convinced Joe to remain at Cornell, where he was named the Chief of the Division of Anesthesia in the Department of Surgery. In 1967, anesthesiology finally became a separate department, with “Dr. A” serving as Chair until 1989. His 41-year tenure is the longest for a chair of a major

academic department of anesthesiology in the United States.

When Joe assumed leadership of the Division of Anesthesia he was the only MD anesthesiologist (Dr. Mary Ward left because of illness) working with 36 nurse anesthetists. He was on call 24/7. Eager to establish an academic residency program in anesthesiology, Joe was convinced that he could not properly teach both physicians and nurses simultaneously, so he immediately disbanded Cornell’s school for nurse anesthetists and focused on developing a residency program.

A consummate professional, Joe Artusio was a superb clinician, an outstanding teacher, a gifted administrator, and a gentle but decisive leader with a strong sense of family, community, and institutional responsibility. He served his community as a nine-year member of the Board of the Pelham Schools and then in 1969 as Chairman of the Board of Education of the Pelham Schools. In 1967, he was named Pelham Man of the Year.

Having spent his entire professional career at Cornell, Dr. Artusio was devoted to the institution and his remarkable loyalty was acknowledged in kind. Joe served as President of the Medical Board of The New York Hospital from 1982 to 1984, the first anesthesiologist to do so. He was the 1985 recipient of the Maurice R. Greenberg Distinguished Service Award of the New York Hospital-Cornell Medical Center as well as the 1989 recipient of the Alumni Award of Distinction from Cornell University Medical College.

Although Dr. Artusio, with characteristic modesty, seldom mentioned his research accomplishments, he nonetheless made important contributions in this domain as well. In 1955, he became interested in anesthesia for the cardiac cripple. Before cardiopulmonary bypass was available, the operations performed were primarily mitral valvulotomy and aortic valvulotomy. Using diethyl ether without a muscle relaxant, he was the first to define the sequence of amnesia and analgesia with diethyl ether in patients having cardiac surgery. He delin-

*Acknowledgments

Parts of this manuscript are based on material previously published by the author, specifically from the following two references.

McGoldrick KE. Lewis H. Wright Memorial Lecture: “From symmetrical to asymmetrical: an historical perspective.” ASA Newsletter 1996;60(7):10-11.

McGoldrick KE. In memoriam: Joseph F. Artusio, Jr., M.D. (letter to the editor). ASA Newsletter 2012;76(2):66-67.

The American Society of Anesthesiologists has graciously granted permission to incorporate this material into the current memorial tribute.

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eated three distinct levels of the first stage of anesthesia: Level 1, amnesia; Level 2, amnesia and partial analgesia; and Level 3, complete amnesia and analgesia before the loss of consciousness. Of course, after the introduction of cardiopulmonary bypass, anesthetic management changed dramatically.

With Drs. Walter Riker, his Cornell classmate who eventually became Professor and Chair of Pharmacology, and Clarke Wescoe, he conducted the initial clinical trials of edrophonium. With Dr. Alan Van Poznak, who was intensely interested in developing a nonflammable, nonexplosive anesthetic as an alternative to cyclopropane and ether, he developed and tested methoxyflurane, the asymmetrical ether that was the parent molecule for many of the modern volatile agents such as enflurane, isoflurane, desflurane, and sevoflurane. Unfortunately, owing to biotransformation of methoxyflurane, inorganic fluoride affected the renal tubules, producing a high output renal failure when administered for more than 5 MAC (minimum alveolar concentration) hours. Nonetheless, methoxyflurane offered advantages over halothane, a nonflammable, nonexplosive straight-chain hydrocarbon developed by British researchers in the late 1950s, which produced cardiac irritability similar to cyclopropane.

Importantly, in 1964, Drs. Marjorie Topkins and Joseph Artusio brought coronary artery disease to the radar screen of anesthesiologists, surgeons, and referring physicians in a seminal paper documenting that anesthesia and surgery in patients who had previously sustained a myocardial infarction was associated with a manifold increase in the rate of postoperative myocardial infarction and death.² This sentinel observation subsequently was confirmed and refined numerous times and was a critical step in developing meaningful perioperative risk assessment.³ Moreover, during the 1980s, Drs. Artusio and Yao produced a major multiauthored text titled *Anesthesiology*, wherein the reader was presented with a clinical case followed by questions and answers dealing with preoperative evaluation, intraoperative management, and postoperative care. Now in its 7th edition, Yao & Artusio's *Anesthesiology: Problem-Oriented Patient Management* serves as a vital resource, especially for candidates preparing for the oral examination of the American Board of Anesthesiology (ABA).

In addition to publishing extensively, Dr. Artusio delivered several eponymous lectures, including the Crawford W. Long Memorial Lectureship, the Louis Orkin

Lecture, and the E.A. Rovenstine Lecture at the New York State Society of Anesthesiologists Postgraduate Assembly. In 1996, Dr. Artusio delivered the Lewis H. Wright Memorial Lecture titled "From Symmetrical to Asymmetrical: An Historical Perspective," at the American Society of Anesthesiologists (ASA) Annual Meeting in New Orleans. In addition, he became a Director of the American College of Anesthesiologists, an Associate Examiner of the ABA, and a member of both the Association of University Anesthesiologists and the Academy of Anesthesiology. Further, he served for 20 years as Secretary of the Anesthesia Foundation, one of the four foundations of the ASA, which is devoted to aiding anesthesiologists in training, or beyond, who require financial assistance.

As a medical student at Cornell, I had the good fortune to be taught by Joe Artusio. Perhaps what I cherished most about him was his abiding decency. He was an exemplary role model who inspired countless medical students to adopt his values, to emulate his demeanor, and to strive to preserve what is best in our profession. His immaculate white coat was seemingly wrinkle-resistant and, much more importantly, his word was his bond. He treasured the respect with which he was treated by his surgical colleagues, and he himself extended respect even to lowly medical students. He was not given to preaching, but I vividly recall the occasion on which he told me that it was critical for the Chairs of Surgery and of Anesthesiology to work collaboratively, not only for the welfare of the patient but to "set the right tone" for professional interactions at all levels of the two departments. Moreover, although we never specifically discussed the issue of gender, I have often reflected on the fact that Joe worked productively and respectfully with many accomplished women anesthesiologists, such as Drs. Ward, Apgar, and Topkins, early in his career. I think this positive experience "set the right tone" in the department—and indeed in the specialty—or the women who followed. Although research has demonstrated that behavioral patterns can be formally taught,⁴ it is important to acknowledge that imitation (or role-modeling) is also essential to the development of professionalism. No doubt, each of us can name one or more special individuals who were instrumental in influencing not only our careers but, more vitally, our professional values and behavior. Clearly, role models affect their students and colleagues in numerous and varied ways. Some touch a deep chord that resonates for a lifetime; some educate; and some lead us to explore new paths on our

personal and professional journey. Some do all three! Certainly, Dr. Joseph F. Artusio, Jr., personified this trifecta for three generations of physicians.

The eminent physicist, Richard Feynman, once remarked that "the great ideas... do not last unless they are passed purposely and clearly from generation to generation." I would submit that the same is true for values and behaviors. The recent spate of deaths of anesthesia leaders, including Drs. Leroy Vandam, Nicholas Greene, E.M. Papper, Raymond Fink, and Lucien Morris—to name but a few—from the "greatest generation" marks the end of an era. Let us ensure that it does not mark the end of an ethos. The vital social contract between and among physicians and the individuals and communities they serve must continue not only exist, but also thrive.

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A. H. “Buddy” Giesecke, Jr.: An Inspirer*

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“The mediocre teacher tells. The good teacher explains. The superior teacher demonstrates. The great teacher inspires.”

—*William Arthur Ward*

Dr. Adolph H. “Buddy” Giesecke, Jr., Professor Emeritus of Anesthesiology and Pain Management, University of Texas Southwestern Medical Center at Dallas, Texas, died on Christmas Eve, 2011.

Dr. Giesecke, whose remarkable career spanned more than five decades, is considered an icon in the field of anesthesiology. He has been recognized for his many accomplishments. He received numerous awards and honors, including the Distinguished Service Award from the Texas Society of Anesthesiologists and Lifetime Achievement Award from the International Trauma Anesthesia and Critical Care Society. He served on the Board of Governors of the American College of Anesthesiology and Board of Directors of the Committee on Accreditation of Emergency Medical Systems Programs. He served as president of the Dallas County Anesthesiology Society, the Texas Society of Anesthesiologists and the International Trauma Anesthesia and Critical Care Society. In addition, his role in the resuscitative efforts of President John F. Kennedy and Governor John Connally is well recognized.

Dr. Giesecke is renowned for his contributions to the fields of trauma and obstetric anesthesiology, as well as for his defining role in paramedic-based emergency medicine. He authored or co-authored over 100 peer-reviewed journal articles, editorials and abstracts, as well as numerous book chapters mostly concerning trauma anesthesia, obstetrical anesthesia, and the history of anesthesia.

Nevertheless, Dr. Giesecke’s legacy will

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be the hundreds of anesthesiologists whom he has trained or otherwise touched, who will carry on his traditions of compassionate patient care, education and service to medicine and the community at large. He had many endearing qualities. Most importantly, he was spiritual. The spiritual values by which he lived all his life were passed on to those he encountered. He was a loyal and self-sacrificing man. He had strict principles and he was faithful to them. He lived by and advised others to come to work early, stay late and work hard. He demanded excellence without compromise. He lived by that credo more than most are able to do.

Dr. Giesecke’s humility, combined with an open mind, made him approachable. He embraced diversity and was always happy to hear another point of view. These characteristics made it easy to communicate with him as a friend and colleague rather than a superior and powerful person. He was instrumental in shaping the careers of many, and his unique approach to mentoring inspired and energized others around him.

Dr. Giesecke was a real mentor, acting

selflessly behind the scenes while gently and consciously veering people towards a predetermined course. His deeds were performed without bringing attention to his personal contributions. He never looked for the limelight and he would often insist that his name not be included on a project, although he had contributed substantially to it. He believed that including his name would divert the attention from the person he wanted to promote.

Although he would never have considered himself an effective politician, he loved being involved in the process and always encouraged young residents and faculty to become involved in UT Southwestern and Parkland Committees, as well as local, state, and national professional associations. He was always his own “best critic” and once remarked that in a political setting he would raise his hand to make a point and then proceed to stand up and put his foot in his mouth. Nevertheless, there was always an important lesson made.

He had a poster in his office with a quote on politics by Raymond Moley—“Politics is not something to avoid, to abolish or destroy. It is a condition like the atmosphere we breathe. It is something to live with, influence if we wish and control if we can. We must master its ways or we shall be mastered by those who do.”

Edward “ERJ” Johnson, Professor Emeritus of Anesthesiology and Pain Management, University of Texas Southwestern Medical Center at Dallas, Texas, stated that “Buddy was many things to many people, but to me he was a brother, mentor, chief, role model and mainly an example of what it means to live your life while remaining “faithful” to the people and values you hold most dear. Buddy believed in being faithful—to his family, church, patients and profession.” One of the visiting professors at UT Southwestern commented, “Buddy epitomized for me a southern gentleman—

Continued on Page 16

Giesecke... *Continued from Page 15*

always polite and thoughtful.”

Dr. Giesecke, born April 19, 1932 in Oklahoma City, was inspired to study medicine by an uncle who was a medical officer in World War II. After attending Texas Military Institute in San Antonio in high school, he graduated from the University of Texas at Austin in 1953, married Veronica Elizabeth Morel in 1954, and earned his medical degree from UT Medical Branch at Galveston in 1957.

He served as a lieutenant in the U.S. Army Medical Research and Materiel Command from 1957 to 1958, as captain from 1958 to 1960, earning an Army Commendation Medal in 1960. He interned at William Beaumont Army Hospital in El Paso and went on to attend the School of Aviation Medicine at Randolph Air Force Base in San Antonio.

In 1960, Dr. Giesecke began his residency at Parkland Memorial Hospital, where he had an opportunity to pursue his interest in trauma medicine. After a fellowship in anesthesiology research at UT Southwestern, he joined the faculty in 1963, and quickly

achieved the rank of full professor in 1969. During his tenure at UT Southwestern, he served as Fulbright Lecturer and Gastprofessor at the Institut für Anästhesiologie at Johannes Gutenberg Universität in Mainz, Germany from 1970 to 1971.

He briefly left UT Southwestern in 1973 to become professor and chair of anesthesiology at the University of Texas Health Science Center at Houston, but returned in 1974 as vice-chair of Anesthesiology. He became the first holder of the M. T. “Pepper” Jenkins Professorship in 1978.

In 1981, he succeeded Dr. Jenkins as chairman of the department and chief of anesthesiology at Parkland. He stepped down as chairman in 1992, but continued to teach and mentor before retiring after 45 of service with UT Southwestern and becoming professor emeritus in 2005. The Department of Anesthesiology and Pain Management maintains the Giesecke Anesthesiology Library named for Dr. Giesecke in the Charles Cameron Sprague Clinical Science Building.

Dr. Giesecke was also active in civic and church affairs, including service as a patron

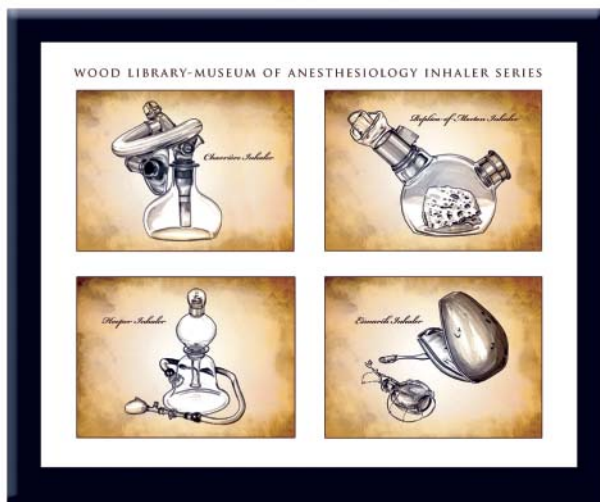
member of the Irving Symphony Association and a delegate to the annual convention for the Episcopal Dioceses of Dallas for several years. Buddy, as an only child, whose father died when Buddy was twelve, was keenly aware of the importance of family and always held his family in the utmost importance in his life. His wife, Roni, was his one true love and his devotion to her as she faced the challenges presented to her was awe-inspiring. His love for his four children and their families was apparent in the way Buddy planned and looked forward to the annual “Giesecke Family Reunion,” which was always held in an interesting location with some connection to Texas’ or the family’s past.

Dr. Giesecke was a great man, a friend, an educator, a mentor, a leader, and a healer. No words can do justice to his contributions. This is his legacy. We will miss him.

“We make a living by what we get, we make a life by what we give.”

—Winston Churchill

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