Hare Turns King’s Evidence, Burke to Hang

by Samuel Ostrin, M.D.

“But except that he murdered, Burke is a sensible, and what might be called a respectable man; not at all ferocious in his general manner, sober, correct in all his other habits,” asserted Henry Cockburn in defense of his client. The trial convened at ten AM, Wednesday, December 24th, Christmas Eve, 1828. (fig. 1) The crux was one of supply and demand, where demand dwarfed. The Surrey commodity was corpses. Fresh cadavers for anatomical dissection.

‘Body snatchers,’ ‘Grave robbers’ and ‘Resurrectionists’ supplied English, Scotch, and Irish surgeons and anatomists since Shakespearean times. What made the pair of Irish Williams, Burke and Hare, enterprise unique, was that they were purveyors of the ‘uninterred.’ Too lazy to dig, they opted for the newly departed. It started innocently enough, on November 29th, 1827, lasting one year, ending on Halloween, 1828.

Burke, worked on the Union Canal connecting Glasgow and Edinburgh, Scotland. On its completion, he moved into an Irish boarding house, Log’s Lodgings, at Tanner’s Close, in West Port Edinburgh. He met another former canal worker, William Hare, who shared the bed of the widowed landlady, Margaret Laird. A third boarder, an old pensioner named Donald Desmond, died of dropy several days before his pension arrived, with his rent of four pounds outstanding. After the pauper’s coffin was nailed shut, Desmond settled his debt. Hare broke it open, Burke removed the body, and Hare weighted the coffin with tanner’s bark. That night, Burke and Hare visited the College, and were directed to the eminent Dr. Robert Knox’s at No. 10, Surgeon’s Square. The body fetched a price of seven pounds 10 shillings. This was the first of sixteen transactions. (fig. 2) The first fifteen went well. Well enough for Burke to have his common law wife, Helen McDougall, come to Edinburgh and make a fourth.

The lodging house was a natural refuge for those, whom sleeping fully clothed on filthy straw, two or three to a bed was the norm. The second victim was a fellow lodger, named Joseph, already infirm and alcoholic. He proved the ideal candidate. Receptive to Burke and Hare’s invitation of drink, the inebriated ‘score’ was easily subdued and suffocated. His body went for 10 pounds. A sickly, jaundiced English lodger was their third. Inebriation and suffocation became the accepted modus operandi.

Unlike the orb-weaving spider, they could not rely on victims blundering into their web. Burke and Hare began actively recruiting likely candidates. Their first ‘guest’ was the elderly salt-peddler, Abigail Simpson of Gilmerton, who visited Edinburgh monthly. She was easily dispatched. Now an established source, Dr. Knox’s assistants arranged for pick up. Their fourth score had one drawback. Her daughter came to Edinburgh looking for her. The murder of the next old lady evoked a cursory inquiry.

A pair of young prostitutes, Mary Paterson and Janet Brown were their next targets. They were enticed into the lair, but Janet fell afoul of Helen McDougall who chased her away from Burke, while Hare was dispatching Mary. Margaret Haldane, an ex-lodger and elderly Grassmarket beggar, and Effie, a cinder-gatherer, were soon to follow.

Success emboldened their enterprise. Burke interceded on behalf of an old, drunken woman. Constable Andrew Williamson wanted to take her to jail. Burke offered to take her home. He did. His home, then to visit the good Dr. Knox. She was followed by an old Irish woman with her deaf-mute grandson. This was their first ‘double header.’ They were packed into a pickled-herring barrel and carted off to...
RALPH M. WATERS, MD, and Professionalism in Anesthesiology
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This conference will celebrate the arrival of Ralph M. Waters, MD, in Madison, Wisconsin, in 1927, and
emphasize his legacy in anesthesia practice and professionalism. Abstracts are invited on any aspect of his
career and legacy and also on any aspect of anesthesia history related to the three broad areas of profes-
sionalism to which Dr. Waters contributed: 1) education; 2) research; and 3) creation of specialty societies
designed to promote improvements in the clinical and ethical standards of practice in anesthesia.

CALL FOR ABSTRACTS Abstract Deadline: February 1, 2002

Abstracts for twenty-minute papers are invited on historical aspects of anesthesia as described above, abstracts on medical humanities and/or ethical
topics that relate to the history of these broad areas are also invited.

Abstracts should be no longer than one 8.5” x 11” sheet of paper. If possible,
abstracts should include the research problem, source used, methodological
approach and may contain no more than ten references.

Abstracts may be submitted by mail, fax or electronic mail (on plain text
format). Disk submission in DOS-compatible form is also permitted.
Abstracts submitted in electronic format may be made available to registrants
in advance of the meeting and at various internet sites at request by
the Organizing Committee. All accepted abstracts will be included in the
abstract book distributed to meeting registrants.

Individualls who wish to organize a paper session around a theme should
contact Dr. Mark Schreuder at the address below as soon as possible.

Conference Information/Abstract Submission Contact:

Mark L. Schreuder, MD
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http://www.anes.wisc.edu/meetings/waters2002.htm
Odd Days – Even Days: To Curarize or not to Curarize!

To the Editor:

How Doug Bacon’s excellent paper1 on Henry K. Beecher and curare really brought with it a sharp sense of déjà vu! Picture this – it is not quite eight years after the 1954 publication of Beecher and Todd’s paper2 and having finished a residency and fellowship where muscle relaxants were used, I joined the anesthesiology faculty at a Midwestern medical school working at the county teaching hospital. Although my major effort was to be dedicated to neurosurgical anesthesia, while on call I would do other surgical cases.

One evening, very shortly after my arrival, I was preparing to anesthetize a very sick 65-year-old patient, PS4E, with a bowel obstruction secondary to a probable neoplasm. Just prior to commencing the induction, I asked the nurse-anesthetist I was supervising which muscle relaxant she preferred – d-tubocurare or metocurine. She quickly informed me that no muscle relaxant could be used since it was an “even” day. Nonplussed, I asked for an explanation. She informed me that a study had been going on concerning muscle relaxants for a number of years and no relaxant could be used on “even” numeric days, while one could use a relaxant on the “odd” days. Since this was an emergent case, the surgeon had finished his scrub and the patient was then induced with thiopental and ether-oxygen delivered via a glass vaporizer interposed in the semi-closed circuit using assisted ventilation. With the patient in Stage III, Plane I, an endotracheal tube was inserted and the incision made about 15 minutes later with the patient now in Stage III, Plane III, having a relatively relaxed abdomen. A colon resection was carried out and a diverting colostomy was carried out since there were multiple metastases in most of the organs in the GI tract.

This case was extremely difficult to manage interoperatively because of numerous bouts of hypotension, arrhythmias and a decreased urinary excretion. A stormy postoperative course ensued, with the patient succumbing a few days after surgery. It turned out that the Professor and Chief of Surgery at this hospital had come from the MGH about four years prior to my appearance, knew Henry Beecher and decided to continue with this type of a study. I knew the Beecher and Todd study very well, having had an opportunity to read it and discuss the critique at length during many conferences in my residency and fellowship.

To say that I was shocked was indeed a mild way of describing my feelings, since I assumed that muscle relaxants were now being used universally. I discussed this problem with the Chief of Anesthesia who advised me to be very cautious in challenging the Professor, since Anesthesia was a Division of the Department of Surgery. Nevertheless, I asked for and made an appointment to meet with the Professor. Over a period of an hour, we discussed Beecher and Todd’s findings and I opined that the study was skewed and that the responses to surgery and anesthesia were not adequately evaluated. When it came to ascertaining what the cumulative data of his protocol showed, including the comparative mortality statistics, the Professor refused to enlighten me by saying it was too early (after 4 years?) to look at the information being collected. The Professor ended the discussion by hoping that I would help out by participating in the study. I countered by noting that I thought the Beecher and Todd paper had many errors in its design and since no other data was presently available to justify the withholding of a muscle relaxant, I would in all good conscience use curare if I thought it would be in the patient’s best interest.

About a week later, on one of the “even” days, the Professor and I did a trauma case together which involved a ruptured viscus. I used a d-tubocurare and am sure that he knew I used a relaxant since the patient was first intubated with succinylcholine and the abdomen quite flaccid when he entered the operating room after a rapid scrub. Unfortunately, it appears that all the years of data collection was to no avail, since no paper was ever published. Mea mihi conscientia pluris est quam omnium sermo (Cicero)!

– Maurice S. Albin, M.D., M.Sc.(Anes)
Birmingham, Alabama

References

Surgeon’s Square.

As with many a partnership, cracks started to appear in the veneer. Mrs. Hare suggested that Burke eliminate wife Helen from the equation. When Burke and Helen were out of town, Hare did a ‘solo.’ Burke moved out of the lodge and into a nearby slum apartment. The two centers of operation came to be known as Burke’s squalid den and Hare’s evil lair. Burke’s first customer was the widow Mrs. Ostler. She did the wash for Burke’s landlord. After finishing the laundry, she became drunk, drowsy, dead and delivered.

Mary Haldane, the daughter of the previous victim, Margaret, could not reconcile the disappearance of her mother. Her search brought her to Burke’s digs. Mary not only shared her mother’s penchant for alcohol, but Burke saw to it that they shared the same fate. Their next visitor was a young cousin of Helen’s former spouse. Anne McDougal came for a visit. She never returned. Burke was remiss to kill kin, however distant. He held her down while Hare suffocated her.

The next murder victim was ill chosen. “Daft Jamie” Wilson was the harmless, well-known village idiot. (fig. 3) Even though his mother had thrown him out, he held a strong attachment to her. In October, he was wandering the streets looking for her. Margaret Hare told him she was at Log’s Lodge. Once there, Burke and Hare plied him alcohol. He fell asleep, out of boredom rather than drunkenness. When they set on him he was full of fury. He was subdued only with great difficulty. In the fray, Burke was bitten in the leg. Whereas the other victims were taken as people no one would miss, “Daft Jamie” was well known. His clothes and possessions were easily recognizable. Burke and Hare had pushed their luck. Too many of their victims were being sought.

Maggery Docherty was anxious to see her son Michael. He had moved to the city. She met Burke in the pub. When he heard her name, he introduced himself as possible family, since his mother’s name was Docherty. He convinced her to accompany him home. They eventually ended up at Log’s Lodging. Like the finale of an Italian opera buffo, a series of arguments between the players broke out, involving the upstairs neighbors, with screams of “Murder” and “Police.” The police never came. The drinking continued. When the fighting and drinking were over, an exhausted Margaret Docherty collapsed into the straw. Margaret and Helen got into bed above her. When Burke and Hare went about their business, the two ladies slipped out into the passage until it was over. Burke wasted no time in informing Dr. Knox’s porter that he had a delivery. After inspecting the goods, the porter instructed him to deliver the body in the morning. Not wanting for gall, Burke invited family and neighbors over for breakfast to finish off the booze from the night before. Her body was found by the Grays, resident family of Helen’s first husband. They tried to buy their silence. No deal. The defense was frustrated by the Hares’ immu-

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Figure 3. Daft Jamie, Burke and Hare’s most pathetic victim.

Figure 4. Dr. Robert Knox

The final score card read: William Burke convicted of the murders of Margaret Paterson, James Wilson and Maggery Docherty. Sentenced to hang. (fig. 6) Helen McDougal, charges unproved, released. William Hare, charges unproved, released. Margaret Laird, charges unproved, released.
History is not without its irony. The names of other paragons of surgery and anatomy (and body-snatchers), such as John Hunter and Sir Astley Cooper remain unsullied. The erudite and iconoclastic Dr. Robert Knox was branded a co-conspirator. Popular consensus was to hang him with Burke. “There had been blamable blindness and laxity on the part of Dr. Knox in his transactions with these villains, and as for the mobocracy of the town, they looked upon him as ‘art and Part’ with the active criminals, as he was their patron and encourager.” He retained the support of his students, but suffered the scorn of his colleges. He eventually opted for general practice, later abandoning medicine for anthropology.

William Hare was sneaked out of Scotland to England. He was recognized by workmen who threw him into a vat of lime, leaving him blind. He lived for forty years as a sightless beggar.

Mrs. Hare was in Glasgow, awaiting a vessel to Belfast when sighted. Only police intervention saved her from mob justice. She was placed on a steamer for Belfast. After her safe arrival, she disappeared.

Helen McDougal was gutsy enough to return to Edinburgh, where she was mobbed and beaten. She escaped to Australia where she lived out the rest of her life.

William Burke was hung on January 28th, 1829, before a jubilant crowd of anywhere between 20,000 and 35,000. Swinging from a short rope, he died slowly and painfully of strangulation (‘proper’ hanging fractures the upper cervical spine, with instantaneous death from respiratory arrest). As part of his sentence, his body was taken to the anatomical theater for public dissection. It is proportioned that he had a malignant testicular tumor inexorably fatal. His skeleton reposes in the Anatomical Museum of the University of Edinburgh. Most ironic is his immortalization in the English language as a verb: “Burk” to murder by suffocation, or to murder so as to produce few marks of violence, for the purpose of optioning a body to be sold for dissection.

References
Dr. Barbara Duncum (1910-2001)
by Dr. David Zuck
Past President, History of Anesthesia Society

Barbara Mary Pycraft was born on 22 February 1910. Her father, William Pycraft, was an ornithologist on the staff of the Natural History Museum, South Kensington, and the author of several books. After reading history at London University she was appointed research assistant at the Wellcome Medical History Museum, still in Wigmore Street, in the spring of 1931. Her first work involved the classifying of items of folk lore, amulets and suchlike, after which she worked on the history of cinchona, for which she had to learn a modicum of Spanish, and from this she passed to descriptions of native medical procedures. In the course of this work she became experienced in researching aspects of the history of medicine, and in 1936 she was charged with organizing and running a journal-abstracting service covering the main fields of interest to the Museum.

In 1937, wishing for a change of direction, she took a post in Oxford with an agricultural research organisation. Shortly afterwards she was asked to produce a brief history of anaesthesia for inclusion in a textbook being written by Professor Robert Macintosh, director of the newly established Nuffield Department of Aesthetics, Oxford. This was so satisfactory that she was offered the appointment, much more suitable to her training and talents, of historical researcher to the Department, with the suggestion that her researches should form the basis of a D. Phil. thesis. The outbreak of war in September 1939 put an unexpected administrative load on her, so her research in the Bodleian and the Radcliffe Science Library had to be done in the evenings. Presumably her weekends were free for more sociable activities, because on 9 September 1940 she married Philip Duncum, a journalist on the Oxford Mail and Times.

Barbara obtained her D. Phil. in 1945, and immediately set about rewriting and augmenting her thesis to make it suitable for publication. She was offered employment with the Nuffield Foundation, so the Duncums moved to London, where Philip continued his work in journalism, and Barbara researched in the major scientific libraries. The book, The Development of Inhalation Anaesthesia, sponsored by the Wellcome Museum, was published by the Oxford University Press in 1947. It attained its status as the classic and authoritative history of inhalation anaesthesia, and as a classic in the history of medicine also, without advertising, and purely on its merits, since apparently no review copies were ever sent out. Its published price was £1-15-0, and by the early 1990s much-sought-after second-hand copies were costing more than fifty times as much. It was reprinted by the History of Anaesthesia Society in 1994, to her great pleasure, and received its first reviews.

At the Nuffield Foundation Dr. Duncum researched the history of hospital architecture for a book on hospital planning, wrote reports, speeches for the Director, and undertook general administrative duties. She retired in the late 1970s, but found herself in the limelight when, with the founding of the History of Anaesthesia Society, she was elected with acclaim as one of the first group of honorary members, a distinction that united her again with her erstwhile chief, now Sir Robert Macintosh. Latterly, travelling became a problem, but she regularly attended meetings in London, and contributed papers, her last being at the Nitrous Oxide Sesquicentennial Meeting in December 1994, when she spoke, with much new information, about the reintroduction of the gas in the 1860s.

She died on 16 October 2001, after a short illness, at the age of 91. She is survived by her husband of 61 years of married happiness, and her sister, Mrs. Margaret Frost. The History of Anaesthesia Society, the Nuffield Foundation, and the Wellcome Trust, were represented at her funeral, at Putney Vale Crematorium, on 2 November.

Hortense Koller Becker, 1902-2001
By Patrick P. Sim, Librarian
Wood Library-Museum of Anesthesiology

The Chicago Tribune reported Thursday, December 13, 2001, that Mrs. Hortense Koller Becker died at age 99 in Highland Park, Illinois, a north shore suburb of Chicago, about 12 miles east of Park Ridge. Mrs. Becker was the daughter of Carl Koller who introduced cocaine anesthesia for ophthalmic surgery. Dr. Koller was a junior associate of Sigmund Freud. His paper on cocaine local anesthetic was read in Heidelberg in 1884. Dr. Koller later immigrated to America and practiced in New York. The eminent Chauncey D. Leake was his patient when Leake was a child.


I only had the opportunity to speak with Mrs. Becker on the phone on a couple of occasions, as she took annual spring cruises.
Betty J. Bamforth, M.D. - A Tribute

By Douglas B. Coursin, M.D.
Professor of Anesthesiology and Internal Medicine
University of Wisconsin-Madison, Madison, WI

Betty played a major role in the lives of countless medical students, residents, and staff physicians. She was an effective teacher, special role model, and wise counselor. During skits for the graduating class of Anesthesiology residents in 1979, we affectionately referred to her as the mother of modern Anesthesia. She, along with other early giants in the field, such as Virginia Apgar and Gertie Marx was a trailblazer.

Betty had amazing hands. This is meant in a similar vein to the highest compliment that a champion football or basketball player can receive. You see those hands in the lovely drawing that hangs in the Anesthesiology Department that Todd Fredericks made of helping hands in Anesthesia. I remember watching her carefully, yet firmly lifting a chin to open an airway or using her fingers as a sightless laryngoscope to facilitate intubation in a congenitally marred child.

Betty was one of the last residents trained by Ralph Waters, MD, the earliest chairman of the Department of Anesthesiology at the University of Wisconsin-Madison, Madison, WI, and gained her friendship. I believe Dr. Fink’s Wright Lecture, and subsequently his paper, “Of Leaves and Needles,” paid tribute to Dr. Koller. The AHA has accorded Mrs. Becker honorary membership and was about to present a plaque to her at a San Francisco meeting of the ASA, but Mrs. Becker could not attend that meeting.

Mrs. Becker was married to James H. Becker in 1928. She had two surviving daughters, Kate Morrison and Jane Coleman. She is also survived by 7 grandchildren and 6 great-grandchildren. Services were held at 1 PM, Thursday, December 13, 2001, at the North Shore Congregation Israel, 1185 Sheridan Road, in Glencoe, Illinois.

We have gathered, dear friends, in late Autumn, a time of fulfillment and consumption. We are here to recall with gratitude a long and admirable life — a vigorous adventure filled with dedicated service and notable achievement. It was a life of passionate work and selfless giving; of sober reflection and spirited recreation. If it was not all that it might have been, still, this life — BETTY BAMFORTH’s life — was indeed exceptional for the blessings it produced and the legacy it created.

Those who knew BETTY best — her sister, her neighbors, her colleagues, friends and collaborators — have convened to say farewell to a unique and unrepeatable expression of the human spirit. For nearly eight decades this gifted teacher and healer made our re-splendent blue-green planet her home, and for much of that time life was good to her.

Betty Bamforth played a professional role that gave her great satisfaction and won her many accolades, she enjoyed the physical and mental challenge of competitive sailing, was blessed with good and faithful friends, and enjoyed an intimate relationship with the natural world.

This is a time to remember again the wise and decent soul who has graced our lives. This is an hour to be grateful for one who, throughout a long lifetime, constantly sought to increase her own and the world’s store of wisdom and compassion. This is a day to be reminded that when a woman of such stature enters our midst, life has given a great deal more than death can ever take away. These are the words of Rabindranath Tagore:

> On the day when death will knock at thy door, what wilt thou offer him?  
> Oh, I will set before my guest the full vessel of my life — I will never let him go with empty hands.  
> All the sweet vintage of all my autumn days and summer nights,  
> All the sweet gleanings of my busy life  
> Will I place before him at the close of my days,  
> When death will knock at my door.

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Dr. Betty J. Bamforth

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* A special thank you to Dr. Selma VanEyk for obtaining these three tributes for the Bulletin of Anesthesia History. These tributes are reprinted here with permission from the authors.

Continued on next page
Bamforth Memorial Service... Continued from page 7

turbulent water. And there is the observer himself, immersed in the scene, taking it all in with appreciation and understanding.

Bettys Bamforth loved life, the lives of her patients and protégés, but also the life of prairies, cranes and warblers; she cared about the health of lakes and rivers.

If the Hippocratic Oath was the principle that guided her medical practice, Aldo Leopold’s “Land Ethic” surely informed her broader worldview. The restored tallgrass prairie plantings on her own property and her years of service to the Arboretum bespeak her commitment to the environment in which the lives of human beings are embedded and upon which our own health depends.

Betty was, in the words of Mary Oliver, a “bride married to amazement, a bridgework taking the world into her arms.” She loved to be outdoors, piloting her e-scow under full sail, identifying migratory species, pursuing her own personal projects in restoration ecology. I would suggest that for Betty, the motivation to restore human health and to protect the environment issued from the same, deep wellspring of feeling and moral obligation. Hindus and Buddhists have a name for this impulse: they call it “ahimsa”. The Western physician and philosopher Albert Schweitzer described it as “reverence for life.”

There is no question that Betty Bamforth was first and foremost an attendant of human needs, an instrument of human healing. She devoted most of her energy to this cause, and this is where she made her most significant and enduring contributions. Yet as a child her first inclination was to be a “dog doctor” – a veterinarian. And to hear her neighbor Selma VanEyck talk about “Puddy Tat,” the stray cat she befriended and then adopted is to understand that Betty’s generous affections were hardly limited to members of her own species.

In this as in many other respects, Betty Bamforth was a great-hearted woman. She gave unstintingly of herself to her teaching and medical practice, exhibiting unusual interest in and concern for her mentees; handling patients with studious care and sensitivity. One of her former medical residents, also a member of First Unitarian Society, says she still is amazed at the level of confidence Betty placed in her, and the respectful way in which she offered instruction and guidance.

This is also how I remember this “Woman of Distinction.” Soft-spoken and unpretentious, Betty had a way of expressing ideas and stating opinions that made them palatable and that honored and dignified the listener.

Bettys commitment to life and good health extended beyond individuals to communities. She loved the city, Madison, where she had lived for fifty years and had become actively involved in its civic life. As much as possible she tried to patronize locally-owned businesses, believing these to be the foundation of a vibrant local economy and culture. Although Betty was typically a very frugal person, when the impulse to shop did arise, she spent her money where she thought it would matter most.

For most of her long and busy life, Betty Bamforth was a model of service and benefaction. Her passion for sailing drew Betty into leadership positions with the Lake Mendota Yacht Club where she became an avid promoter of water safety. The Madison Opera benefitted from her strong interest in classical music. Her open-mindedness and embrace of humanistic values led BETTY here, to the Unitarian Society, where she remained actively involved for almost 50 years.

Nor has Betty’s love for and commitment to these enterprises ended, for the endowments she created will continue to support the causes she believed in for generations to come.

But if Betty’s time among us was rich with professional activity, public recognition and satisfying service, it must also be conceded that she did not always feel rewarded by life. Although she had many, many friends and legions of admirers, she never developed the sort of close, intimate relationships that provide the most dependable form of security for a human being. Fortunately, for the last thirty years of her life Betty lived next door to a warm and welcoming family who made the absence of children, a life-partner or a human housemate much more bearable. A model of confidence and sound judgment for so many others, Betty needed good neighbors like the VanEycks to love and welcome her in all of her quirks – to be sympathetic witnesses to her sorrows as well as her joys, cherished friends whom she could trust to be present for her in times of greatest need. No matter what else we might do or accomplish, our lives are finally redeemed by such as these.

But now the time has come for passing on, passing through, passing beyond. For BETTY BAMFORTH, the last of the harvest has been gathered and her valiant struggle to catch and hold the breath of life has ended. We mourn the fact that she did not enjoy more years of life, more opportunities to read, write, marvel at the shift of seasons on her small patch of prairie, to enjoy the fruits of her long years of unspiring service. Yet we are grateful that BETTY was spared further pain and discomfort, that she need no longer endure the frustrations accompanying the loss of hearing and mobility. She bore her afflictions with patience and stoicism, and when it was time to let go, she was able to let go.

I would like to end these remarks with a selection from Wallace Stegner’s novel Crossing To Safety, whose opening scenes are set here in Madison and involve young faculty at the University of Wisconsin. Betty so loved this city, its scenery and its people that the choice seems fitting. I like to imagine that this particular passage reflects her own perspective on the human condition and the human prospect:

Death (one of Stegner’s character’s remarks) is as natural as being born, and even if we stop being the individuals we once were, there is an immortality of organic molecules that’s absolutely certain. Don’t you find that a wonderful comfort? I do. I think that we’ll become part of the grass and trees and animals, and we’ll stay right here where we loved it while we were alive. People will drink us with their morning milk and pour us as maple syrup over their breakfast pancakes. So I say we should be happy and grateful, and make the most of it. I’ve had a wonderful life, I’ve loved every minute.

Let us now be a community of silence, holding BETTY’s image lovingly in our minds and letting her indestructible spirit rest securely in our hearts. (SILENCE)

MEDITATION

Infinite mystery, source of love and compassion, the final parting of death brings sorrow to our hearts and weariness to our spirits. Though painful, our grief bespeaks the affection and esteem in which we held BETTY BAMFORTH.

Yet whatever relationships and enterprises death has broken in upon, we can feel assured that one who had endured so much anxiety and discomfort, that she need no longer endure the frustrations accompanying the loss of hearing and mobility, we can feel assured that one who had endured so much anxiety and discomfort in her final months and years has now gained release.

And whatever length of time we had known BETTY, we will always be grateful for her patience and understanding. Nothing can now detract from the joy and beauty you shared with BETTY. Noth-
ing can possibly affect the happiness and sense of accomplishment she herself knew. The past, with all its meanings, is sacred and secure; the gifts she gave cannot be altered by time or circumstance.

A woman's voice has been stilled, her service ended, but BETTY'S example ever motivates us to more intentional living and devoted service. All that came from deep within her heart is secure in the hearts of her admirers — those who have gathered here today and uncounted others, now scattered abroad, who were privileged to served under and with her.

Truly we are grateful for her living, and have come together in courage and faith to celebrate all that she was and all that she still is. Amen.

MUSICAL INTERLUDE

EULOGIES

MEDITATION

At this time let our thoughts of BETTY BAMFORTH be thoughts of tenderness and gratitude. Gratitude for all that was commendable in her through the many years; tenderness because of the loneliness and isolation she sometimes endured. Gratitude for all the skill and wisdom she imparted, the understanding and patience she exhibited; tenderness for the all-too-human frailties that were co-mingled with her brilliance. Gratitude for a life that was secure and free from want; tenderness because of the losses she suffered and the happiness she couldn't always achieve.

We would not be spared the consciousness of our own sorrow and loss. As our own grieving deepens, our understanding of and sympathy for one another will deepen also. May we win from our sorrow the wisdom of patience and sympathy, the courage to live faithfully, the confidence that even dark hours may hold precious meanings.

Ultimately, may we pass out of this valley with a more profound sense of the sacredness and ultimate value of a life well lived. Amen.

MUSICAL INTERLUDE

WORDS OF COMMITTAL

We have spoken words of parting and of praise for BETTY BAMFORTH, a very special and beloved healer, a friend of humanity and of the Natural, non-human world.

Let us seek, in love, to carry forward her memory in the lives we now lead, for our lives are her honor and his memorial.

May our grief issue in a larger sense of life's graciousness. BETTY would wish it to be so. So may it be.

And now, having commended this woman to the ages, we recognize with deep reverence a life fulfilled. Through the purifying process of fire, BETTY BAMFORTH'S physical form has been transmuted into the simpler elements of our universe: from star-dust she was formed, and to the stars she has returned.

We dedicate her ashes and her memory to every caring gesture and kind word associated with her. The torch she lit, we now carry forward, as also others will pass along ours.

BENEDICTION

We close with a poem entitled “Blessing” by Larry Giles, a well-known Madison physician who also died this Fall.

Now we have won a life of all good things
And pray that you be loved,
Taking in the goodness of the Creator of us all.
Everything is open.
Go home now, and leave your worries
And your tears
And your sadness.

Memorials should be sent to the Betty J. Bamforth Research Professorship in the Dept. of Anesthesiology, University of Wisconsin Medical School.

Tribute... Continued from page 7

the University of Wisconsin-Madison, the first academic department in the world. She embraced Dr. Waters’ triad of education, research, and clinical excellence. She trained over 250 residents and fellows while providing thousands of anesthetics, published various sentinel pieces of investigation and discourses on medical history, and presented the two most distinguished invited lectures in our specialty. She was an active Dean and mentor to countless students, including the entire class of 1992. She also provided a legacy to her various loves. These included an endowed chair for the Department of Anesthesiology, support for the International Crane Foundation, and funding for various missions of this lovely congregation and church.

Betty was an intelligent and insightful student of human nature. She was a fine sailor, eclectic gardener, amateur ornithologist, and superb investor. My one regret is that I did not hire Betty as my financial counselor. I sought her guidance on a fairly regular basis on such mundane things as career choices, academic endeavors and the like. I also routinely sought her clinical advice, which was often invaluable, but I never asked her how she did so well with money. For her passing and my lack of financial insights, we are all the poorer. Money, I can always make, replace a friend like Betty, I can't do. She was one of a kind.

We are pleased to hear from the University of Wisconsin Foundation that one of the Learning Centers in the forthcoming Healthstar education program will be dedicated to Betty’s memory. This will allow her legacy to live on in the day-to-day lives of students, her favorite group and one that she so powerfully supported and enhanced over her career.

As her dear friend Selma Vaneyck, directed me on my comments about Betty J. Bamforth, “For God sake’s Doug, follow Betty’s lead and wishes and be frugal in your comments.” I hope that my words have caught her essence without shortchanging her lasting impact.

Thank you.
Reflections from Laila and Masarah VanEyck on Dr. Bamforth

We moved into the house next door to Dr. Bamforth on Halloween night. Laila was in the second grade and Masarah had just turned four. Dressed in our Holloween outfits—(we both think we were Cinderella that year)—We march to her front door and said “Hi! We are your new neighbors!” Little did she know what we had in store for her over the next 28 years.

You may remember a line from a poem “The Mending Wall” by Robert Frost that said “good fences make good neighbors.” Well, that wasn’t true in our case. Laila vaguely remembers that a rusty, old fence once separated our front yards, but that soon disappeared. Very quickly our yards merged. We played hide and seek in her bushes, climbed her trees, and held impromptu plays on her back deck—and charged her admission to attend. Her back yard was a child’s delight—filled with wonderful places to hide. Masarah remembers in younger years gathering handfuls of her violets, with a child’s total disregard for any trillium hiding under the leaf cover in pursuit of the rarer, yellow violets scattered along the stone path which linked her back yard with ours.

It took many years before we appreciated the tranquility of her garden with her beautiful, rare wildflowers, birdbaths, and birdfeeders. We realize now that she didn’t much alter her own personal and even tone that she used with adults and talked to children with the same intelligent, individual plant. It seemed as if she magically appeared at our front door with each passing season, often carrying a hand-picked flower for us.

As the fence disappeared, Dr. Bamforth quickly became part of our family and shared in our activities from the mundane to the extraordinary. Often, she would end the day on our back porch or at the kitchen table, discussing a recent sailboat race, a particular trick in the neighborhood. With her, we celebrated birthdays, graduations, weddings and Rose Bowl victories. And every single holiday—she was there. Dr. Bamforth.

We will miss her at every holiday, celebration, and discussion on the back porch. Dr. Bamforth was always consistent. She loved being outside—sailing her boat, digging in her garden, watching birds through her binoculars (which always seemed to hang around her neck) and cheering on the Badgers! Back in the 1980s, when Laila was in college, and the Badger football team went through a long spell of horrendous losses, Dr. Bamforth was one of their most loyal fans. When scores became particularly discouraging, she would tell us stories about her trip to the Badgers FIRST Rose Bowl game. Laila fondly remembers going to football games with her and thought Dr. Bamforth had the best seats in the stadium—not because she was on the Athletic Board and sat on the 50 yard line under the Press Box, but because the seats were directly in front of the hot dog stand!

The morning Dr. Bamforth passed away, our parents and Masarah ran into Jake—her loyal friend, gardener and fellow wildlife enthusiast of many years—working in the yard of a neighbor. He took off his work gloves to chat for a while and we let the car idle, while discussing Dr. Bamforth’s own kind of wildness. Everyone who knew her well knew her as a haphazard collector—and Masarah, for one, has Betty for inspiring her own collections of bird nests, buck-eyes and other treasures (in various degrees of dis-integration) that she accumulated over the years. Jake smiled as he compared Betty’s ambitions for her garden to the other, more ordered and formal yards that he tends. Her lawn was more in the English tradition, you might say! Jake smiled and shook his head saying, “Betty didn’t care so much about the whole garden!” Then he cupped his hands, as if lifting a new seedling to plant and said, “but she sure did love each individual plant.”

We eventually graduated from school, moved away from Madison. Laila went to Washington D.C. and Masarah to Minneapolis and then Montreal. But, whenever we returned for a visit, we would first visit with our mom and dad—then, wander down the path between our yards to find Dr. Bamforth.

We will miss her at every holiday, celebration, and discussion on the back porch. But as the poet Kahlil Gibran once said “Sadness is but a wall between two gardens.” We were so fortunate that with Dr. Bamforth there was never a wall, a fence, or two distinct gardens. And that memory will always make us smile.
In America there exist professional anesthetists. This specialty is also being praised in Germany. I cannot think of anything more dull.

—August Bier, 1900

The introduction of the continuous principle into spinal anesthesia has made it possible to continue operations under spinal block for previously unheard of lengths of time. In a sense this has meant redevelopment of much of the technique of spinal anesthesia.

—William Grant Cooper II
Surgery 16:894, 1944

Each day brings a new class of cases to which it (endotracheal inhalation) is adapted, so that soon we will all be wondering how we got along without it.

—Chevalier Jackson
Surgery Gynecology and Obstetrics 17:507, 1913

Manual dexterity and operative skill alone, important though they are, no more make a good anesthetist than they do a good surgeon.

—A.R. Hunter
Anesthesiology 13:108, 1952

Since the earliest days in anaesthesia, respiration has provided helpful signs for those who conduct fellow human beings on journeys through unconsciousness.

—H.J.V. Morton
Anaesthesia 5:112, 1950

The careful recording and publication of results obtained with spinal anaesthesia in the hands of various operators will perhaps do more than any one thing in establishing the proper status of the method.

—Anton G. Rytina
Annals of Surgery 79:283, 1924

America is the birthplace of anaesthesia; to her belongs the honor and esteem of having made the first discoveries and the public proofs of its wonderful and far-reaching possibilities; world-wide acclaim was ours for bestowing upon suffering mankind this most beneficient and almost priceless boon whereby remedial surgical procedures could be performed without causing the patient pain.

—Floyd T. Romberger

There is little that the seasoned anesthetist fear more than the patient with a full stomach who begins to vomit during or as he emerges from anesthesia.

—John Adriani
American Surgeon 20:568, 1954

Are the attractions of anaesthesia sufficient to overcome the disadvantages of the scientific narrowness and lack of opportunity for distinction and income to hold a sufficient number of men in this field?

—J. Montgomery Baldy
Surgery Gynecology and Obstetrics 8:545, 1909

The greatest menace from spinal anesthesia is the lowered blood pressure and it should never be used in cases of hypertension and should be used in the case of an aged patient only when the blood pressure has previously been raised by blood transfusion.

—George Crile
Surgical Clinics of North America 16:1037, 1936

The modern-day utilization of new anesthetic agents, modern gas machines, improved technics and certain combinations of agents has given general anesthesia a flexibility and safety indicative of important progress in recent years.

—L.P. Zentgraf

In the opinion of many, continuous spinal anesthesia is the most significant advancement in anesthesia of the past decade.

—D.E. Hale
Anesthesiology 5:53, 1944

The science of anaesthesia has been characterized within recent years by a most remarkable spirit of progress and a notable dissatisfaction with methods hitherto in use. New ideas succeed one another with great rapidity, fresh methods are being brought forward, old methods are being revived.

—Francis E. Shipway
The British Journal of Surgery 1:96, 1913

It is an old problem, that of the relief of pain in obstetrics, and its solutions are still a subject of great controversy, which has been stimulated lately by the increasing demands of our women excited by the palpably specious assurances of some physicians and the active interests of drug houses.

—Wesley Bourne
British Journal of Anaesthesia 15:1, 1937

With the approval and cooperation of the Board of Trustees, a committee has been appointed to study accidents occurring in connection with the use and handling of anesthetics in the hope that information concerning the causes and prevention of such accidents may be secured and made available to the profession.

—Report of Officers
American Medical Association, 1929

We doubt that the abandonment of explosive anaesthetic agents is desirable or practicable, although this has been advocated by some anaesthetists.

—Editorial
Canadian Anaesthetists’ Society Journal 4:81, 1957

The anesthetist must not only be trained in the mechanics of anesthesia, but must also be prepared to advise the surgeon as to the patient’s condition at all times, and to anticipate complications in time to meet them.

—John Miller Wilson
Current Researches in Anesthesia and Analgesia 14:12, 1935
The Fifth International Symposium on the History of Anesthesia

By Doris K. Cope, M.D.
Professor, Anesthesiology and Critical Care Medicine
University of Pittsburgh
Pittsburgh, Pennsylvania

In Santiago de Compostela, Spain, September 19-23, 2001, the Fifth International Symposium on the History of Anesthesia (ISHA) was at the School of Medicine of Santiago. The first International Symposia was in Rotterdam in 1982, with subsequent symposia in London (1987), Atlanta (1992), and Hamburg (1997).

The Committee organizing this international scientific meeting and gala included:

Chairman: A. Franco

Organizing Committee
Co-Chairman: J. Cortés
Secretary: J.C. Diz
Treasurer: E. Blanco

Scientific Committee
Co-Chairman: J. Alvarez
Secretary: J. Rodriguez

National Museum of Anesthesia
Curator: V. Ginesta


The social program, directed by the most amiable Dr. Diz, was superlative. The attendees and their guests were invited to special events throughout the conference. Most memorable were the Welcome Reception at the Palacio de Fonseca, the ‘Botafumeiro’ Ceremony in the Cathedral, the Tour to Rias Altas, and the Closing Dinner at Hostal de los Reyes Católicos.

Continued on page 18
Dr. Doris Cope, Dr. Selma Calmes, Mr. Robert Woodhams, ??, Dr. Buddy Giesecke, Dr. Ted Smith, and Dr. Lucien Morris

Dr. Lucien Morris, Dr. David Lai, and Dr. Carlos Parsloe

Maureen Bacon, Roni Giesecke, Margaret Bacon, Dr. Jean Horton, and Dr. Doug Bacon

Dr. J.C. Diz and family

Dr. and Mrs. Donald Wallace and Dr. and Mrs. Donald Caton

Photographs courtesy of Dr. Adolph Giesecke and Dr. David Lai. ISHA banner photograph contributed by Dr. J.C. Diz.
Dr. Alistair McKenzie, Dr. Chris Prusinkiewicz, Dr. Roger Malthy, and Dr. Joseph Rupprecht

Roni Giesecke and Dr. John Severinghaus

Dr. L.J. McBride speaks on “Spinal Anaesthesia, early Australian Experience.”

Dr. Michael Goerig and Dr. Thomas Boulton

Dr. Alan Sessler, ???, Cecelia Caton, and ???

???, Dr. and Mrs. Adolph Giesecke, and ???
Book Reviews

New York, NY, 2001, 268 pages, $24.00

by Adolph H. Giesecke, M.D., Retired Jenkins Professor and Former Chairman
Anesthesiology and Pain Management, University of Texas Southwestern Medical
School, Dallas, Texas

I must confess that I cannot sleep well on long transoceanic flights. Yes, I have listened
carefully to all self-appointed experts on jet
lag and have tried all of their recommendations. I have tried melatonin, benzodiaze-
epines, too much alcohol, no alcohol at all, and a host of other things without success. I
have accepted my condition and determined to use the time wisely by reading good books.
This trip I chose Ether Day by Julie Fenster, a columnist for American Heritage and con-
tributor to the New York Times. I must say that I thoroughly enjoyed it.

Most anesthesiologists are familiar with the basic facts surrounding the first public
demonstration of ether anesthesia at the Massachusetts General Hospital on October
16, 1846. Most are not familiar with the wealth of carefully researched detail, which
Ms. Fenster presents about the people and the events relating to that most important
medical discovery of the nineteenth century. The result is a fascinating tale of three
unlikely heroes of disparate background drawn together by a bizarre combination
of coincidence, personality and technology leading to the birth of anesthesia, the
dawn of modern surgery, all together an epiphany of epic proportion celebrated
around the world. What should have been a joyous triumph quickly degenerated into
a trail of tears, jealousy, greed, chicanery, and outright fraud for Wells who had the
inspiration, Jackson who had the knowledge of agents and inhalers, and Morton who had
the courage to try the experiment before the surgical giants at Massachusetts General
Hospital in the amphitheater which is now called the ether dome.

Morton, who administered the ether on
that historic day, was probably the sleaziest
of the three. He was a dry goods salesman,
who ordered large quantities of goods on credit, sold them at a profit but never paid
his debts. When his creditors pressed too
hard he simply left town to repeat the scam
in the next place. Progressively, he moved
from Rochester NY, to Cincinnati, to St.
Louis, to New Orleans then to Boston, all the
while passing bad checks, making phantom
entries into employer’s accounts, and bor-
rowing money or goods with no intention of
repaying. His charm always won him an easy
place in the society of each new city. Using
his ill-gotten gains he studied dentistry
under Horace Wells (yes, the same Horace
Wells, whose public demonstration of ni-
trous oxide failed at Massachusetts General
Hospital in 1844). But wait, I am telling the
story which is so much better done by Ms.
Fenster. You must read the book to find out
how Morton became a medical student, how
he was inspired to use ether for anesthesia,
how he patented the discovery in an attempt
to build his fortune, why his attempt was not
successful, and how he lobbied congress for
a prize which was awarded but never funded.
The author provides us with equally detailed
descriptions of the personalities and activi-
ties of Charles T. Jackson and Horace Wells.

Ms. Fenster does not limit her story to
these three. Others who played important
but peripheral roles such as surgeons John
Collins Warren, and Henry Bigelow who are
described in slightly less detail. Crawford
Long receives some criticism in the book
for having made the discovery but kept it
to himself until congress announced a prize.
Nine years of suffering would have been
endured if mankind had waited on him to
announce his discovery. James Simpson is
also discussed not because he laid claim
to the prize, but rather because he discov-
ered the anesthetic effects of chloroform
to which Horace Wells became addicted.
His addiction ruined his highly successful
career in dentistry and turned him into a
bum who sprinkled prostitutes with acid
in his drunken stupor. This act landed him
in jail where he committed suicide. This act landed him
in jail where he committed suicide. Morton subsequently died of “brain fever” during
a heat wave in New York, and Jackson died
of a stroke. What a fantastic story this is
and what a wonderful job Ms. Fenster has
done telling it. I recommend this book for
all anesthesiologists, nurse anesthetists,
historians, and for all people with a curios-
ity about this discovery, which is arguably
the greatest medical discovery of all time.
Adolph H. Giesecke: Anesthesiology at the University of Texas Southwestern Medical Center at Dallas: The First Fifty Years. 2001, Department of Anesthesiology and Pain Management, UTSWMC. 137pp.*

R. Dennis Bastron, M.D.
Professor of Anesthesiology and Professor and Head, Humanities in Medicine
Texas AM University System HSC COM
Scott & White Memorial Hospital and Clinic

Thomas Carlyle pointed out that “history...is but the biography of great men,” and Dr. Giesecke's history of the first 50 years of anesthesiology at The University of Texas Southwestern Medical Center (UTSWMC) provides the reader with many insights—often humorous, sometimes touching—of the people most responsible for a world-class department in a world-class institution. In 137 pages Dr. Giesecke, a masterful story teller, weaves into the book bits of historical facts, anecdotes, and personal insights about UTSWMC and some of the people involved with the birth, adolescence, midlife crisis, and maturation of anesthesiology at that institution.

Appropriately, the story of the late M.T. “Pepper” Jenkins occupies nearly 60 percent of the book. We get a glimpse of Dr. Jenkins’ early years, his boyhood, his military service in WWII, how he met his life partner, and how he wound up in Dallas. We learn about his mentors and how he became an anesthesiologist rather than a surgeon. Doctor Jenkins’ fruitful relationship with the McDermotts, which benefited both the department and institution, is described. We get the story of the famous Bently, The McDermott Chair, and two defining events in Pepper’s eventful life—the use of Lactated Ringer’s solution in surgical patients and the assassination of President John Kennedy.

Intertwined with the story of Dr. Jenkins is the story of the development and growth of the UTSWMC and some of the people involved with the birth, adolescence, midlife crisis, and maturation of anesthesiology at that institution.

Finally, Dr. Giesecke gives his assessment of how Dr. Jenkins achieved national and international recognition for himself and the department. He attributes this to three things: Jenkins’ willingness and ability (because of support from the McDermotts) to bring physicians from abroad to teach and train in Dallas; his phenomenal memory for faces and names (of which many of us have been beneficiaries); and his knack for setting goals and persisting in achieving those goals.

In his later years Dr. Jenkins received, with his typical humility and humor, almost every award conceivable from organized anesthesia and medicine.

Dr. Giesecke, himself, has a few personal tales to tell about his early life (eg, how to Texas A&M’s loss he bucked the family tradition and attended the University of Texas), how he developed his life long interest in the care of trauma patients, his most interesting patient (it wasn’t Governor Connelly), and how he presided over tremendous expansion of the department.

Drs. Paul White, Ed Johnson, and Dennis Landers led the department after Dr. Giesecke stepped down. During those turbulent years for the specialty, the department was renamed, increased clinical research, instituted the anesthesia care team, and began the “Jenkins Society.”

This history was written for past, present, and future members of the department so they will know on whose shoulders they must stand to see the future. It is, however, a fascinating, well told story that would interest anyone who has been touched by Drs. Jenkins, Giesecke, Johnson, et. Al., as many, many anesthesiologists have. No one is better qualified or better able to tell this story than Buddy Giesecke.

This book won The Certificate of Excellence in Journalism from the Press Club of Dallas and is a finalist for the 43rd Annual Katie Award. The book is available by sending check or credit card information for $75 plus $5 shipping to Anesthesiology History Book, UT Southwestern Medical Center, Department of Anesthesiology, 5323 Harry Hines Blvd. Dallas, TX 75390-9068.

In this age of disclosure, I should point out that my admiration of and affection for Drs. Pepper Jenkins, Buddy Giesecke, and Ed Johnson (ERJ) is long standing.

Little Prizes for 2000 Announced by AHA
by A.J. Wright, M.L.S.
Department of Anesthesiology Library, University of Alabama at Birmingham

Each year the Anesthesia History Association awards the David M. Little Prize for the best work of anesthesia history published the previous year in English. The prize is named after Dr. David M. Little, longtime Chair of Anesthesia at Hartford Hospital in Connecticut. Dr. Little, who died in 1981, also wrote for many years the “Classical File” series of history columns for Survey of Anesthesiology.

At the Anesthesia History Association annual meeting in New Orleans on October 15, 2001, the Little Prize Nominating Committee, chaired by Mark G. Mandabach, M.D., announced the following winner and honorable mentions for 2000.

A listing of winners since 1998 can be found at www.anes.uab.edu/aneshist/littleprize.htm.

2000 Winner:

2000 Honorable Mentions:
2) McKenzie AG. Prelude to pancuronium
Continued on page 19
From the Literature

by A.J. Wright, M.L.S.
Department of Anesthesiology Library, University of Alabama at Birmingham

Note: In general, I have not examined articles that do not include a notation for the number of references, illustrations, etc. I do examine most books and book chapters. Books can be listed in this column more than once as new reviews appear. Older articles are included as I work through a large backlog of materials. Some listings are not directly related to anesthesia, pain or critical care but concern individuals important in the history of the specialty [i.e., Harley Cushing or William Halsted]. Non-English articles are so indicated. Columns for the past several years are available in the “Anesthesia History Files” at http://www.ames.uab.edu/anesthist/anesthist.htm as “Recent Articles on Anesthesia History.”

Books


Articles and Book Chapters


Ayoub CM. My life after Yale. Middle East J Anesth 16(1):103-105, 2001 [2 illus.; memoir of Yale graduate’s return to his home in Lebanon; previously published in Yale Anesthesiology Department newsletter]

Bacon DR. Why celebrate Ralph Milton Waters? ASA Newsletter 65(9):4-6, September 2001 [15 refs., 1 portrait]

Ball C, Westhorpe R. Intravenous anaesthesia: steroids. Anaesth Intens Care 29(5):453, October 2001 [7 refs., 1 illus.; Cover Note]

Basford JR. A historical perspective of the popular use of electric and magnetic therapy. Arch Phys Med Rehabil 82:1261-1269, 2001 [37 refs.; 6 illus.; includes discussion of mesmerism]


Boulton TB. Ralph Waters’ visit to Great Britain in 1936. ASA Newsletter 65(9):13-16, September 2001 [10 refs., 4 illus.]

Bowden ME. Tylenol: over 50 years from laboratory shelf to medicine cabinet. Chemical Heritage 19(2):8-9, 36-38, summer 2001 [3 “further reading” references, 5 illus.]

Burkle CM. The political career of Ralph M. Waters: ‘This is your society for the future.’ ASA Newsletter 65(9):19-20, September 2001 [5 refs., 1 table]


Byrick R. University of Toronto Department of Anesthesiology receives Distinguised Service Award. ASA Newsletter 65(10):4-6, September 2001 [portrait; award given annually by the American Society of Anesthesiologists]


Byrick R. University of Toronto Department of Anesthesiology celebrates its 50th anniversary. Can J Anesth 48:889, 2001


Erickson JC III. A focus on history. ASA Newsletter 19(2):8-9, 36-38, summer 2001 [3 “further reading” references, 5 illus.]

Farkas P. The evolution of anesthesiology. Anesthesiology 95:492-495, 2001 [10 refs., 4 illus.; award given annually by the American Society of Anesthesiologists]


Kampine JP. David Warthier: recipient of the 2001 Excellence in Research Award. Anesthesiol-


MacKenzie RA. Betty P. Stephenson, M.D., receives Distingushed Service Award. ASA Newsletter 65(9):28, September 2001 [1 portrait; award given annually by the American Society of Anesthesiologists]


Morris LE. Ralph M. Waters’ legacy: the establishment of academic anesthesia centers by the ‘aqualumni’. ASA Newsletter 65(9):21-24, September 2001 [1 illus.: the Waters’ Tree]

Continued on page 19
On Mesmerism*
by Margaret G. Pratila, M.D.
Editor, NYSSA Sphere

I have recently finished reading “Mesmerized: Powers of Mind in Victorian Britain” by Alison Winter. It is based on her doctoral thesis and has an almost overwhelming factual content. I had always thought of Mesmerism, Animal Magnetism, and Hypnotism or whatever other name the process was called, as being beyond the mainstream. On the contrary, it came to permeate the British, and I suspect American society of the Victorian era on many levels, and brought into conflict the itinerant practitioners and physicians.

It is a fascinating account of mesmerism and its relationship to the development of ether anesthesia, and has lessons from which we can benefit today.

In the mid 1840s, the physicians were torn between defeating or joining the mesmerists. Defeating them would be difficult because they offered patient’s relief from pain, a late application of the field of mesmerism. Joining them was just as difficult because the political climate, as applied to medicine, at the time was in flux. There were calls for radical reform in medical education, licensure and practice. The introduction of physical examination, percussion of the chest and the stethoscope required a change in habits and ideas of propriety. The proliferation of unlicensed practitioners was at odds with the trend towards the greater authority of both physicians and surgeons over the management of illness. One has to ask why ether anesthesia succeeded when mesmerism failed. Certainly there were many quoted cases of surgery such as amputations where the mesmerized patient did not feel pain. It was on the brink of acceptance by the medical community by 1846. Ether, on the other hand, had been used by lay persons for the “ether frolics” so frowned upon by medical school authorities. Morton’s first patient felt pain in a far more minor operation than an amputation. It was because “the effects produced by ether were the physician’s property: the anesthetic apparatus was his means of expropriating control over the patient’s body as well as over the patient’s “sensibility” that chemical anesthesia won out.

Unquestionably anesthesia with ether, in skilled hands, produced a more rapid onset of anesthesia, minutes instead of hours or days, but it could also kill, unlike the mesmeric state. It did not require a relationship between the producer of anesthesia and the patient. Most of all it complemented the social relationship surgeons wanted to establish with patients. Yet it was far from being the wonder drug it was made out to be in the medical press following its successful use by Morton.

Despite its inauspicious start, the field of anesthesiology has gone on to allow anesthetic techniques and surgical procedures that both Warren, at the Massachusetts General Hospital and the irascible editor of the Lancet, Wakley, who did so much to ensure the success of ether anesthesia, could not have even dreamed of. The road has not been smooth. Even today non-physicians try to practice the art and science of medicine without the required education. Even worse, some of our own colleagues who are employed by insurance companies try to tell us that our services are unnecessary, all in the name of cost savings. Yet we are almost 160 years into our journey and there is no turning back!

ISHA...Continued from page 12

This Symposium only gets better and better with each subsequent meeting and the guests as well as the cordial hosts will have lifelong memories of this special event. Proceedings are to be published of each lecture and will be soon available for purchase.
Anesthesia History Association
2001 Resident Essay Contest
Award Winners

By Dr. William D. Hammonds, M.D., M.P.H.

Eight essays were received for consideration in this year’s Resident Essay Contest. The winning essays are listed below. The success of this activity is due to the work of the judges and especially to individuals who encouraged residents to write and submit their work.

First Place

Second Place (tie)
Matthew D. Krasowski, M.D., Ph.D.: Contradicting a Unitary Theory of General Anesthetic Action: a History of Three Compounds from 1901 to 2001


Third Place

The winners received an honorarium of $500.00 and a certificate which will be awarded at that the AHA’s annual dinner meeting.

The award-winning residents are invited to present their essays in person at the annual spring meeting of the AHA and their work will be published in the Bulletin of Anesthesia History.
This Month in Anesthesia History*

1736 January 19: James Watt is born. Watt, of workable steam engine fame, developed a partnership in the mid-1780’s with Thomas Beddoes as Beddoes attempted to market his therapeutic applications of Priestley’s “factitious airs” or gases. Watt developed equipment for Beddoes’ use; some of this equipment was later used in Bristol during the nitrous oxide experiments of 1799 and 1800. Watt, his wife, and one of his sons, James Jr., participated along with numerous others in those experiments.

1779 January 18: Peter Mark Roget is born. After graduation from medical school in Edinburgh, Roget spent 1799 in Bristol working with Thomas Beddoes and Humphry Davy on their famous nitrous oxide research. Roget later wrote the Encyclopaedia Britannica entry on Beddoes and near the end of his life created the thesaurus for which he is so well known [the first edition was published in 1852]. Roget also invented the slide rule and the pocket chessboard and did research on vision physiology later used as the basis for motion pictures.

1813 January 21: James Marion Sims, an Alabama surgeon famous for his vesico-vaginal operation, is born. After Morton’s October 1846, public demonstration of ether anesthesia in Boston, Sims urged Georgia physician Crawford Long to publish an account of operations using ether that Long had performed in 1842. Long’s account finally appeared in the December, 1849, issue of the Southern Medical and Surgical Journal.

1815 January 21: Horace Wells is born in Hartford, Vermont.

1842 January: In Rochester, New York, physician William E. Clarke administers ether on a towel to a Miss Hobbie, who then had a tooth removed by dentist Elijah Pope.

1845 January: Horace Wells attempts to demonstrate anesthetic properties of nitrous oxide at Massachusetts General Hospital. The anesthetic was incomplete and the demonstration considered a failure.

1847 January 19: In Edinburgh, James Young Simpson first uses ether for relief of childbirth pain.

1847 January 28: John Snow begins to administer ether for major surgeries at St. George’s Hospital in London.


1862 January 10: Samuel Colt dies. In the 1830s, Colt, calling himself “Professor Coult” or “Doctor Coult,” toured the United States giving nitrous oxide demonstrations to raise money to put his revolver prototype into production. Colt was born on 10 July 1814.

1886 January 1: Edwin Bartlett dies in London of chloroform poisoning. In the spring, his wife Adelaide and her lover, Wesleyan minister Reverend George Dyson, are tried and found innocent of the crime. The crime and trial became a spectacular event in London.

*For the full calendar, go to www.anes.uab.edu

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