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BULLETIN OF ANESTHESIA HISTORY



VOLUME 21, NUMBER 1

JANUARY, 2003

A New Academic Venture in Studying the History of Anesthesia

by Maurice S. Albin, M.D., M.Sc. (Anes)
Professor

Section on the History of Anesthesiology
Department of Anesthesiology

University of Alabama School of Medicine at Birmingham

In reality, all the ingredients were present – a well-funded dedicated library stocked with the pertinent material related to anesthesiology and directed by a professional librarian and a well known historian in the area of anesthesiology as well as one with great communication skills and knowledge of computer-internet technology; a Departmental appreciation led by a Chairman who himself had been a History major in college and who possessed a high interest in the history of our specialty; a departmental culture of accepting the importance of anesthesia history in its educational programs; the presence of a Faculty that have made substantial contributions to the history of anesthesiology over the years; and the existence of an excellent Historical Library in the nearby university community.

With all these factors in place, a proposal to approve the establishment of a Section on the History of Anesthesiology was submitted to the Committee on Education of the Division of Education, Department of Anesthesiology in May 2002, by A. J. Wright, M.L.S., Associate Professor, Maurice S. Albin, M.D., M.Sc. (Anes), Professor and Mark Mandabach, M.D., Assistant Professor. It was proposed that the mission of Section on the History of Anesthesiology (HOA) would be to:

1. Acquaint medical students, anesthesiology residents, fellows and faculty at the University of Alabama – Birmingham as well as anesthesiologists practicing in the city and state, with the historical past, and the contributions of anesthesiology to the

legacy of modern medicine.

2. Encourage and actively perform research in the HOA by utilizing the academic environment associated with the University of Alabama. This could be carried out by participating in joint meetings with the staff of the Reynolds Historical Library where talks and exhibits on the HOA can be given and made accessible to the public; by developing a six month program on a PG 4 level run jointly by the Faculty of the HOA and the Faculty at the Reynolds Historical Library; by studying the possibility of development of a one year Fellowship in the HOA that would lead to a M.S. degree in Anesthesiology with a major in the HOA; and formalize a relationship between the Department of Anesthesiology, University of Alabama, Birmingham (UAB) and the WLM.
3. Familiarize the academic establishments, medical community and lay public with the progression of events that led to the establishment and the broadening of modern anesthetic practices.
4. Develop the Departmental Library as a source of materials concerning HOA in the various subspecialty areas.
5. Secure funding for the HOA projects noted above.



Fig. 1. David H. Chestnut, Chair, Dept. of Anesthesiology, University of Alabama at Birmingham.

6. Develop an organizational structure.
7. Enumerate the existing academic and community resources such as libraries, national and regional funding sources and historical collections.

In June 2002, the establishment of a Section on the History of Anesthesia was approved by the Committee on Education and officially endorsed by the Chair, David Chestnut, M.D. (Figure 1).

Continued on page 4

AHA 2002 Little Prize Winners

by A.J. Wright, M.L.S.

Associate Professor of Anesthesiology

Director, Section on the History of Anesthesia

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 dinner meeting in Orlando, Florida, on October 14, 2002, the Little Prize Nominating Committee, chaired by Mark G. Mandabach, M.D., announced the following winner and honorable mentions. A listing of all winners since 1998 can be found at <http://www.anes.uab.edu/aneshist/littleprize.htm>.

2002 Winner

*Waisel DB. The role of World War II and the European theater of operations in the development of anesthesiology as a physician specialty in the U.S.A. *Anesthesiology* 94:907-914, 2001.

2002 Honorable Mentions

*Batt RE, Bacon DR. Clarence J. Durshordwe, the International Anesthesia Research Society, and the World Federation of Societies of Anesthesiologists: the last true disciple of Francis Hoeffler McMechan. *Anesth Analg* 92:1349-1354, 2001.

*Frolich MA, Caton D. Pioneers in epidural needle design. *Anesth Analg* 93:215-220, 2001.

*Patterson R. Charles Thomas Jackson, MD, Vesuvius, and the idea of surgical anesthesia. *J Med Biog* 9:220-225, 2001.



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The Board of Trustees of the Wood Library-Museum invites applications from anesthesiologists, residents in anesthesiology, physicians in other disciplines, historians and other individuals with a developed interest in library and museum research in anesthesiology.

For further information, contact: Librarian, Wood Library-Museum of Anesthesiology, or call (847) 825-5586. Visit our Web site at www.ASAhq.org/wlm/fellowship.html.

Complete proposals must be received before January 31, 2003, for consideration.

The Wood Library-Museum serves the membership of ASA and the anesthesiology community.

Wood Library-Museum
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520 N. Northwest Highway
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Announcement of the Year 2004 Laureate of the History of Anesthesia

Nicholas M. Greene, M.D., Honorary Chairman
Doris K. Cope, M.D., Chairman

Nominations are invited for the person to be named the third Wood Library-Museum Laureate of the History of Anesthesia in the year 2004.

This Wood Library-Museum Program, established in 1994, has as its purpose creation of increased recognition of the richness and importance of the history of our specialty by recognition of the work of scholars who have made singular contributions to the field. The honor is awarded every four years by the WLM Laureate Committee to an individual who has a demonstrable record of contributing over the years outstanding, original materials related to the history of our specialty as reflected by articles published in peer-reviewed journals, and/or in monographs. The first Laureate, Dr. Gwenifer Wilson of Sydney, Australia was honored in 1996. The second Co-Laureates were Norman A. Bergman, M.D, F.R.C.A., and Thomas B. Boulton, M.D., Ch.B., F.R.C.A.

The Laureate Program is international. Nominations for the award are sought by physicians, not just anesthesiologists, as well as medical historians regardless of where they live.

Additional information regarding the Laureate Program may be obtained by contacting the WLM Laureate Committee at the Wood Library-Museum, 520 N. Northwest Highway, Park Ridge, Illinois 60068-2573.

The name of the individual selected by the Laureate Committee to be the year 2004 Laureate will be announced in October, 2003 in order to assure that the honoree will be free of other commitments in October, 2004, during the annual meeting of the American Society of Anesthesiologists in San Francisco, CA. At this time the honoree will be given a suitably inscribed medal, an appropriate certificate for framing, and an honorarium of \$3,000. The proceedings do not include a lecture by the newly inducted Laureate, though a 3-4 minute acceptance speech would be in order. The honoree and spouse will be provided a round-trip tourist class airfare from their home. A \$175 per diem for 3 days in San Francisco will be provided.

Though the post of Laureate is not associated with prescribed duties, it carries with it the WLM Trustees' expectation that the Laureate will remain active in publication of historical materials and will continue to contribute to the education of anesthesiologists and others through lectures and participation in appropriate panels and seminars.

Wanted: Inspired William James Scholar

The Center for Cognitive Liberty & Ethics seeks William James scholar and anesthesia experts with an interest in James' nitrous oxide experiments. For additional information please see http://www.cognitiveliberty.org/proj_willjames.html.

For more specific information after reading the above, please e-mail me at info@cognitiveliberty.org.

Please forward this message to potentially interested colleagues.

Sincerely,
Andrea Parker
Center for Cognitive Liberty & Ethics (CCLE)
<http://www.cognitiveliberty.org>

Venture. . . *Continued from page 1*

The organization of the Section on the HOA consists of a Director, A.J. Wright, M.L.S., Associate Professor, assisted by two faculty, Maurice S. Albin, M.D., M.Sc. (Anes), Professor, and Mark Mandabach, M.D., Assistant Professor. Since the inception of the Section in June 2002, the Section has accomplished the following:

- Expanded its Anesthesia website, <http://www.anes.uab.edu/hoasection.htm>.
- Developed a Primer on the History of Anesthesia containing primary sources related to the history of anesthesia including H.J. Bigelow, H. Wells, C. Long, K. Koller and J.S. Lundy. The Primer is basically oriented to the anesthesiology Resident and we have given a copy of this to all our new CA1 Residents.
- Interviewed the Residents who have indicated an interest in the HOA. One is preparing an abstract on the opposition to the use of anesthetics by physicians during the era of the Mexican-American War.
- Presented posters on HOA at the 2002 meeting of the ASA.
- Starting an English translation of a seminal book on Venous Air Embolism written by the French surgeon, Jean Amussat in 1839.
- Organized a series of Grand Rounds Lectures for the 2002-2003 academic year. These included the following topics and speakers:

How Women Influenced Obstetric Anesthesia

Donald Caton, M.D.

Professor

Departments of Anesthesiology and Obstetrics and Gynecology

University of Florida College of Medicine

Who Said Childbirth Is Natural?

Donald Caton, M.D.

Professor

Departments of Anesthesiology and Obstetrics and Gynecology

University of Florida College of Medicine

Herbal Medicine in America: Not So New After All

Michael Flannery, M.L.S.

Associate Director for Historical Collections

University of Alabama at Birmingham

Important Contributions to the History of Neuroanesthesia in the 19th and 20th



Fig. 2. The Section on the History of Anesthesia members (from left to right): Mark Mandabach, M.D., Assistant Professor; Director, A.J. Wright, M.L.S., Associate Professor; and Maurice S. Albin, M.D., M.Sc. (Anes), Professor.

Centuries

Maurice S. Albin, M.D.

Professor

Department of Anesthesiology

University of Alabama at Birmingham

Doctor's Day and Anesthesia, the Legacy of Dr. Crawford W. Long

William D. Hammonds, M.D.

Professor of Anesthesia

The University of Iowa Hospitals and Clinics

It Ain't Necessarily So: Historical Myths in Anesthesia

Ray J. Defalque, M.D.

Professor [ret.]

Department of Anesthesiology

University of Alabama at Birmingham

Famous Writers and Anesthetic Agents

A.J. Wright, M.L.S.

Associate Professor

Department of Anesthesiology

University of Alabama at Birmingham

- Presented Historical Displays in our Library area on:

Quistorp and 'Anaesthesia' in 1718

poster presentation by

A.J. Wright, M.L.S and Ray J. Defalque, M.D.

The Chloroform Plot to Hijack the Monitor!

poster presentation by

Maurice Albin, M.D.

Gardner Quincy Colton's Visit to Mobile, Alabama, in 1848

poster presentation by

A.J. Wright, M.L.S.

Mere Amateurs: Early Interest in Physician

Anesthesia in the U.S.

poster presentation by

A.J. Wright, M.L.S.

Opium Eaters and Morphinites – Narcotic Addiction and the Civil War: Did It All Start There?

poster presentation by

Maurice Albin, M.D.

The Society of Dutch Chemists and its Contribution to Anesthesia

poster presentation by

Ray J. Defalque, M.D. and A.J. Wright, M.L.S.

Historical Role of N2O as a Marker of Brain Function

poster presentation by

Maurice Albin, M.D.

History of Epidural Anesthesia: Pages, Dogliotti, Gutterrez, and Ruiz

poster presentation by

Mark A. Mandabach, M.D.

Preston Sturges and The Great Moment

poster presentation by

A.J. Wright, M.L.S.

- Preparing to celebrate Doctor's Day, 2003.

Together with the staff of the Reynolds Historical Library, we are planning a program on the genesis of Doctor's Day. This program will take place on Friday, March 28, 2003 at the Reynolds Historical Library and the adjacent Alabama Museum of the Health Sciences. It will feature a speaker, William Hammonds, M.D., Professor, Department of Anesthesiology, University of

Iowa College of Medicine, who will lecture on "Doctor's Day and Anesthesia; the legacy of Dr. Crawford W. Long." After the lecture, a large exhibit consisting of more than 55 panels concerning the History of Anesthesia will be open to the public at the Alabama Health Museum. The exhibit will cover the development of anesthesia through the ages will be furnished by the WLM and the Crawford Long Museum in Jefferson, Georgia.

We are fortunate in having two former faculty members living in the Birmingham area who have made important contributions to the literature of anesthesia history and who continue to help us in our historical pursuits. They are Ray J. Defalque, M.D., and Antonio Aldrete, M.D.

At this time, we are planning to organize an advisory council to assist us in the development of our advanced degree in the history of anesthesiology and to forge closer links with the academic community at the University of Alabama in both Birmingham and Tuscaloosa. We are also planning to develop a second Primer on the History of Anesthesia oriented to the pain control area. This will be carried out by Mark Mandabach, M.D.

It has been exhilarating to work and develop the Section on the History and it

is hoped that similar units can be developed in other academic centers. For further inquiries, please contact:

A.J. Wright, M.L.S.
Associate Professor of Anesthesiology
Director, Section on the History of Anesthesiology
University of Alabama at Birmingham
619 19th St. South, JT965
Birmingham, AL 35249-6810
Tel: (204) 975-0158
Fax: (205) 975 - 5963
Email: AJ.Wright@uab.edu

Anesthesia History Association Eighth Annual Resident Essay Contest 2003

The Anesthesia History Association (AHA) sponsors an annual Resident Essay Contest with the prize presented at the ASA Annual Meeting.

Three typed copies of a 1000-3000 word essay written in English and related to the history of anesthesia, pain medicine or critical care should be submitted to:

William D. Hammonds, M.D., M.P.H.
Professor of Anesthesia
Director of Pain Outcomes Research
Department of Anesthesia
University of Iowa
200 Hawkins Drive, 6JCP
Iowa City, IA 53342-1079
U.S.A.
william-hammonds@uiowa.edu

The entrant must have written the essay either during his/her residency or within one year of completion of residency. Residents in any nation are eligible, but the essay **MUST** be submitted in English.

This award, which has a \$500.00 honorarium, will be presented at the AHA's annual dinner meeting to be held in October, 2003, in San Francisco, California. This dinner is always held during the annual meeting of the American Society of Anesthesiologists.

All entries must be received on or before August 23, 2003.

A Giant Falls: E.M. Papper, M.D. 1915-2002*

by Robert M. Epstein, M.D.
University of Virginia
Charlottesville, Virginia

Emanuel M. "Manny" Papper, M.D., Ph.D., former Chair of Anesthesiology at Columbia University, New York, New York, Dean and Vice-President at the School of Medicine at the University of Miami, Past President of ASA (1968) and the single surviving founder of AUA (founded in Philadelphia in 1953), died suddenly of a stroke on December 3, 2002, at age 87. He was my teacher, my inspiration for remaining in academic anesthesiology and a dear friend.

Progress and prestige in our specialty are built on the shoulders of our predecessors such as Dr. Papper, Robert D. Dripps, Jr., M.D., Henry K. Beecher, M.D., and many others, including (but certainly not limited to) Stuart Cullen, M.D., James E. Eckenhoff, M.D., Austin Lamont, M.D., LeRoy Vandam, M.D., Ralph M. Waters, M.D., and Emery A. Rovenstine, M.D. At a time like this, it is good for us to remember and preserve some sense of history for residents, junior faculty and others who may not have had the opportunity to reflect on our heritage.

Manny was one of the true greats in our specialty. He served in World War II in the European Theater as a theater consultant in his late 20s and was Chief of Anesthesia at Walter Reed Army Hospital in Washington, D.C., at 30. At Columbia, he was recruited to be chief of service at 34 and was chair of only the fourth department of anesthesiology in the world at age 37. His department grew to a position of shared eminence with the University of Pennsylvania, and it became the father to numerous chairs and chiefs, including Richard J. Kitz, M.D., at Harvard Medical School and Massachusetts General Hospital, Ronald L. Katz, M.D., at the University of California-Los Angeles, Shih-hsun Ngai, M.D. (1920-1999) at Columbia, Duncan Holaday, M.D., at the University of Chicago, myself at the University of Virginia and a few dozen more.

Author of around 400 papers, holder of honorary doctorates from Columbia, Turin (Italy) and Uppsala (Sweden), he also earned a Ph.D. in English literature,

*Reprinted by permission of the Association of University Anesthesiologists.



E.M. Papper, M.D., Ph.D., as ASA President in 1968.

which he obtained after stepping down from his Dean/Vice-President position at the University of Miami at age 65.

He was an active member of the summer seminars in philosophy at the Aspen Institutes, reflecting lifelong interest in that discipline. Indeed, only the Depression of the 1930s, which created an absence of opportunity for academic employment in philosophy, gave us the privilege of having him in the ranks of medicine.

Dr. Papper and Dr. Dripps, anesthesiology chair at Pennsylvania, collaborated to make anesthesia research a priority at the National Institutes of Health (NIH) at a time when our specialty was lagging in research funding and scientific focus. Both were founding members of AUA, and both of their departments contributed greatly to creating a scientific base for anesthesia research. Dr. Papper served as the "Principal Consultant" to the National Institute of General Medical Sciences at the National Institutes of Health (NIH) during a year-long sabbatical that led to the development of anesthesiology as an independent discipline recognized for NIH funding. These efforts included establishment of training grants for fellowships that allowed young anesthesiologists opportunities to learn science (and to support the faculties that taught them).

Dr. Papper was a member of President Lyndon B. Johnson's Commission on

Heart Disease, Cancer and Stroke, which committed the nation to a continuing research effort that significantly reduced the mortality rates from these largest killers of Americans.

At Columbia, he established a pattern of "farming out" finishing residents (such as Dr. Kitz, Dr. Katz, Allen I. Hyman, M.D., and myself to the basic sciences for further training. A similar pattern used at the University of Virginia led to the primary development of research scientists such as Roger Johns, M.D., and Marcel Durieux, M.D., among others, and to the continued scientific advancement (through early collaborations) of David E. Longnecker, M.D., University of Pennsylvania, Edward D. Miller, M.D., Johns Hopkins, Thomas J. Gal, M.D., University of Virginia, and Carl Lynch, M.D., University of Virginia.

He could "work a room" better than any other person I've ever known!

I was on a panel last year with Manny, remarkably then aged 86, at the New York State Society of Anesthesiologists Postgraduate Assembly and had the pleasure of hearing his lucid remarks at the recent celebration of the 50th anniversary of Columbia's department of anesthesiology. All of us had looked forward to Dr. Papper's reflections at the 50th anniversary of the founding of AUA to be celebrated at the Annual Meeting next May. We shall profoundly miss his presence there and everywhere.

Sic transit gloria mundi.

MedNuggets

by Fred J. Spielman, M.D.

Professor

Department of Anesthesiology, University of North Carolina

The average layman has little detailed knowledge of anesthesia or anesthetic agents, but their view, however, should be considered.

—George M. Rosenheimer
Current Researches in Anesthesia and Analgesia 19:53, 1940

In the presence of any of these conditions, therefore, old age, obesity, and diabetes, chief consideration must be given to the internal respiration which means that inhalation anesthesia, if employed at all, must not pass beyond the stage of analgesia.

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

In the earliest days of anesthesia the art of administering ether, chloroform and nitrous oxide was considered knowledge that was a mysterious property of the possessor and, of course, teaching was nonexistent.

—E.A. Rovenstine
The Journal of the American Medical Association 134:1279, 1947

In dealing with major operations, the successful application of regional anesthesia demands patience, time, and skill, a skill that can be acquired only through practice on the human skeleton and cadaver.

—Gaston Labat
Surgery Gynecology and Obstetrics 34:398, 1922

The question of physician or nurse anesthetist is one made to order for endless debate. Probably in the long run and throughout the country the suggestion that a physician be in complete charge of the department of anesthesia of a hospital, even though trained nurses are capable of carrying out the actual work is a sane one.

—Thurston Scott Welton
The American Journal of Surgery 19:149, 1933

If we wish to enjoy the esteem and confidence which we consider our due as medical specialists, it is our responsibility to convince the public of the meaning

and worth of the anesthesiologists.

—Editorial
Anesthesiology 10:634, 1949

While it may sound ludicrous, it is nevertheless an undeniable fact that we so often see physicians, surgeons, and operators who try to convince some of their patients that "really, anyone can give the anaesthetic," but when they, or any of their family need anaesthetizing, they are most particular as to who gives that anaesthetic.

—John J. Buettner
New York State Journal of Medicine 22:52, 1922

Inasmuch as the surgeon is legally responsible for the patient on whom he operates, he should have the final decision as to the anesthesia he is to work with, but he should have all the data pertinent to the patient's condition available for consultation with the anesthetist, and should give the anesthetist every consideration in deciding on the type and mode of anesthesia in a critically ill patient.

—Allen O. Whipple
Surgery 25:169, 1949

This anesthesia (obstetric) should be given only in a hospital where ample facilities for resuscitation and stimulation of the patient or the baby are at hand.

—Frederick L. LaBrecque
New England Journal of Medicine 219:954, 1938

Now, in order to justify the long period of training, anesthesiologists feel they must do something the nurse can't do. All sorts of things, like novocaine, pontocaine, pentothal and curare, are injected into the vein while the patient breathes cyclopropane, nitrous oxide, ether, and so on. When an emergency arises nobody knows what to do, and, of course, there is trouble.

—John P. West
Annals of Surgery 140:623, 1954

One can imagine no place where co-operation is more to be desired than in the operating room. Sound policy dictates the rule that "the surgeon is always right." His is the responsibility, the greatest nervous strain and physical tension, and his orders and wishes must be law.

—A.L. Galbraith
Bulletin of the American College of Surgeons 14:34, 1930

When we note the inadequate courses in most medical schools, the practice of having anesthesia in the operating room demonstrated by nurses, and the indifference of medical college heads to this essential branch of medicine, it is no wonder that the students themselves are disinterested, to say the least, in our work.

—W.V. Chalmers-Francis
Current Researches in Anesthesia and Analgesia 15:310, 1936

One of the signs which distinguish the great surgeon in the operating room from his colleagues of smaller caliber is this—he knows when he has done enough, and stops.

—W. B. Howell
Canadian Medical Association Journal 19:649, 1928

It is so well known that anaesthetists, at any rate up till recently, have been the very incarnation of modesty, invariably deferring to the wishes of the surgeon, except in cases of extreme urgency and importance, that it is unnecessary to call attention to the matter. Nevertheless it is possible to wonder if this characteristic is not carried to extremes.

—Editorial
British Journal of Anaesthesia 24:165, 1952

A surgical operation is a necessary evil, submitted to for the advantage of a greater good which is expected to result from it; and if the ether added at all to the danger of the operation, or diminished in any way the full advantages to be derived from the operation, it would be the surgeon's duty to recommend his patient to submit to the pain, excruciating as it often would be to him, and distressing to those who have to witness it.

—John Snow
On the Inhalation of the Vapour of Ether, p.54, 1847

Report on the Lewis H. Wright Memorial Lecture Sponsored by the Wood Library-Museum of Anesthesiology at the ASA Annual Meeting

by Kathryn E. McGoldrick, M.D.

President, Board of Trustees

Wood Library-Museum of Anesthesiology

Winston Churchill once remarked, "A nation that forgets its past has no future." The same admonition might apply to any profession or specialty. Therefore, every year the Wood Library-Museum of Anesthesiology honors Lewis H. Wright, M.D., a distinguished pioneer in American anesthesiology who devoted himself tirelessly to the development and recognition of anesthesiology as a clinical science and medical specialty. As the man who recognized in 1940 the potential value of curare in anesthesiology, Lewis Wright arranged for the clinical trials of this remarkable drug that revolutionized our practice. Lewis Wright was also a founder of the World Federation of Societies of Anaesthesiologists in 1955, working in close collaboration with Dr. Harold Griffith, and that same year Dr. Wright was awarded the Distinguished Service Award of the American Society of Anesthesiologists. This special Lectureship serves to remind us annually of Lewis H. Wright's honored place in the specialty of anesthesiology.

The 2002 distinguished Wright Memorial Lecturer was Dr. David J. Wilkinson, Consultant Anaesthetist at St. Bartholomew's Hospital in London (Figure 1). A graduate of St. Bartholomew's Hospital Medical School, Dr. Wilkinson has spent most of his illustrious professional life at Bart's. He is a fellow of the Royal College of Anaesthetists, and has served at Bart's in an impressive array of positions, including Medical Director of the Day Surgery Centre (1986-96) and chair of the Department of Anaesthesia (1997-00). Additionally, Dr. Wilkinson is a member of the Executive Committee of the World Federation of Societies of Anaesthesiologists and is Honorary Treasurer of the Association of Anaesthetists of Great Britain and Ireland. Moreover, his exceptional leadership skills were rec-

ognized by his election as President of the Confederation of European National Societies of Anaesthesiologists (2002-04).

An eminent medical historian, Dr. Wilkinson served from 1982-95 as Curator of the Charles King Collection of Historical Anaesthetic Apparatus of the Association of Anaesthetists of Great Britain and Ireland, and he was Honorary Archivist of the Association of Anaesthetists of Great Britain and Ireland from 1994-01. His extensive bibliography includes scholarly manuscripts on such important topics as the historical development of resuscitation in the United Kingdom as well as the history of such pivotal advances as tracheal intubation, inhaled anesthetic agents, anesthetic equipment, and trauma anaesthesia.

Combining a polished style with formidable substance, Dr. Wilkinson delivered a stimulating and thoughtful lecture titled "Barts, Books, the Blues and Beyond: The Story of Christopher Langton Hewer." (Figure 2) He glided eruditely and seemingly effortlessly across several intellectual disciplines to provide crisp, new insights for his audience. David Wilkinson was masterful in capturing the accomplishments, as well as the soul, of Dr. Hewer.

Appointed to the staff of St. Bartholomew's at age 24 as "Administra-



Fig. 1. Dr. David J. Wilkinson

tor of Anaesthetics," Christopher Langton Hewer (1896-1986) collaborated with H.E.G. Boyle, M.D., with whom he co-authored the text **Practical Anaesthetics**. Hewer was devoted to patient safety issues and purportedly included among his patients such luminaries as Winston Churchill, George Bernard Shaw, and various members of the royal family. Indeed, he once saved the life of the Princess Royal who was on the verge of exsanguinating in her hospital room following thyroid surgery! (Fortunately for the Princess,



Figure 2. Dr. David J. Wilkinson lectures on "Barts, Books, the Blues, and Beyond: Story of Christopher Langton Hewer."

Hewer had extensive experience anesthetizing extremely challenging patients with toxic goiter). Dr. Hewer also wrote what was probably the first monograph on Pediatric Anaesthesia, and he was also an ingenious inventor. He devised a cardiac puncture needle to insert under the rib in the event of cardiac arrest, developed an expiratory valve, and designed a "no slip" operating room mattress to obviate shoulder rests and their attendant propensity to produce brachial plexus injury.

Largely responsible for the introduction of trichloroethylene as an alternative to flammable ether and potentially hazardous chloroform during World War II, Christopher Langton Hewer is perhaps best known as the author and later editor of **Recent Advances in Anaesthesia and Analgesia**, the first edition of which appeared in 1932 and the 14th in 1982, before he retired as he approached his 90th year! Although he became profoundly deaf in his later years, Dr. Hewer remained vigorous physically and intellectually. Indeed, he thwarted an attempted burglary in his home at age 87 when he "decked" the would-be perpetrator. Christopher Langton Hewer died peacefully in his 90th year.

We have no doubt that Dr. David Wilkinson has ensured that Christopher Langton Hewer will not be consigned to the periphery of anesthesia history.



At the Wright Lecture (from left to right): Mrs. David Wilkinson, Dr. Donald Caton, Dr. Kathryn McGoldrick and Dr. David Wilkinson



Dr. David Wilkinson greets well-wisher in the audience. Dr. William Owens and Dr. Burdett Dunbar stand nearby.

Dr. David Wilkinson and Dr. George Bause.



Dr. Kathryn McGoldrick presents an appreciation scroll to Dr. David Wilkinson.



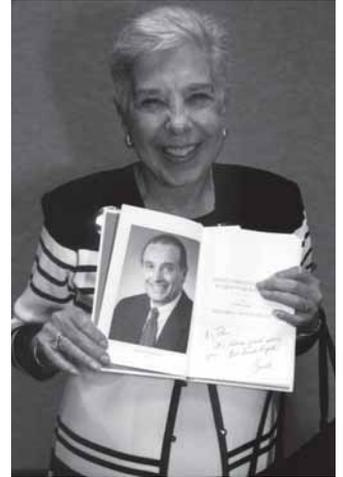
Photographs by Chad Evans Wyatt and Dr. Jonathan Berman.

The Wood Library-Museum Book Signing at the ASA Annual Meeting in Orlando. October 14, 2002



Dr. Kathryn McGoldrick and the authors: Dr. Daniel C. Moore, Dr. Bernard V. Wetchler, and Dr. Jay Jacoby (standing).

Mrs. Bernard Wetchler holds a copy of Careers VII signed by her husband.



Foreground: Dr. Jay Jacoby signs a copy of Careers VII for Dr. Michael Broennele; while, Dr. Charles Tandy peruses his copy of the book. Background: Dr. Neil Swissman greets Dr. Bernard Wetchler; nearby, Patrick Sim talks to Dr. Daniel Moore.



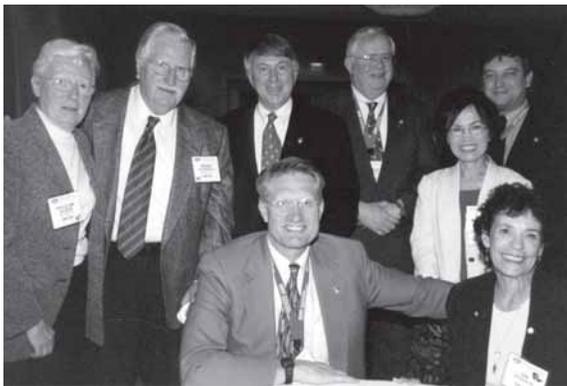
Dr. Bernard Wetchler autographs a copy of Careers VII for Dr. Segemasa Ikeda. Patrick Sim looks through a copy while Dr. Kathryn McGoldrick signs another.

Foreground: Dr. Mary Ellen Warner asks Dr. Daniel Moore to sign her copy of Careers VII. Background: Dr. Carlos Parsloe and Dr. Selma Calmes look through their copies, as Dr. Bernard Wetchler and Dr. Kathryn McGoldrick sign books.



AHA Annual Dinner Meeting at the ASA Annual Meeting in Orlando.

October 14, 2002



Photographs by Dr. Jonathan Berman.

Critical Care Medicine: Anesthesiology Steps Forward

by Fred J. Spielman, M.D.

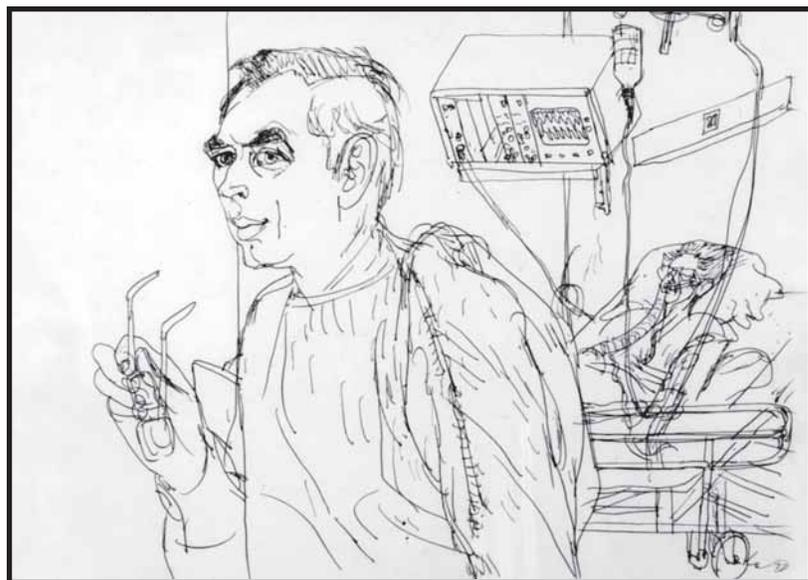
Professor

Department of Anesthesiology, University of North Carolina

The birth and evolution of the intensive care unit (ICU) and critical care medicine inevitably resulted from interwoven factors that emerged from the 1920s to the 1950s: success with post anesthesia recovery rooms, advances in medicine, a shortage of well-trained nurses, and war and epidemics.

In the 1920s patients remained in "special care units" – an extension of post surgical recovery rooms – until they were no longer critically ill. Dr. Walter Dandy (1886–1946) is credited with creating the first ICU in the United States. In 1923 he initiated a three-bed neurosurgical ICU at Johns Hopkins Hospital that was strictly for postoperative patients. During World War II shock trauma wards were established to resuscitate the severely wounded. On November 28, 1942 there was a fire at the Coconut Grove nightclub in Boston. As a result of the conflagration 492 people died. The Massachusetts General Hospital established a temporary multidisciplinary special care suite to deal with the large numbers of gravely burned patrons. Unfortunately, the concept ceased to exist after the crisis ended.

Before the establishment of ICUs, critically ill patients were cared for by private special-duty nurses. Even patients having cardiac surgery had these nurses in their rooms around the clock for the first few days. However, as surgery became more invasive and the patients less stable, such nurses were not sufficiently trained for the demanding techniques and knowledge that were required. In the 1950s pandemics of poliomyelitis covered the world, and produced the need for ventilatory support for those with bulbar involvement. Anesthesiologists became the experts in respiratory therapy and paved the way for the involvement of anesthesiology personnel in ICUs. The prosperity that followed World War II accelerated medical research and education at breakneck speed. Surgical procedures that previously were considered experimental were suddenly acceptable. In 1951 a cardiac surgical unit was started at Peter Bent Brigham Hospital in Boston. Most hospitals took a cautious approach to establishing an ICU. Hospital administrators were concerned about placing men and women



Black and white ink drawing by Henry Koerner (1977)

in the same room, lack of appropriate space and funds for construction, and the ability to find adequately trained nurses. Often the solution was to set up units in small, unused corners of the hospital, and have private-duty and experienced nurses work side by side with physicians.

In 1954 Cadmus published an article in *Hospitals*, "Special care for the critical case," in which he stated, "We still consider this unit somewhat experimental. We definitely feel, however, that this method of care is a progressive step in hospital practice destined to become a permanent fixture in the routine of many busy hospitals." The safety conferred by special care units was obvious immediately. A 1958 study performed at Toronto General Hospital showed that deaths due to airway obstruction occurred less frequently in patients cared for in the ICU compared with those treated in the ordinary wards of the hospital. By 1958 approximately 25 hospitals in the United States had established ICUs. Between 1962 and 1966, the number grew to at least 250, with another 250 concentrating only on coronary care. This represented about 20 percent of all hospitals in the United States with 100 or more beds.

Designing and building ICUs in the 1950s required a way of thinking that was

alien to physicians and hospital administrators of the time, who dwelled on concerns that we now think are obvious and amusing. Highly detailed architectural renderings and comments were published in journals such as *Anesthesiology* and the *Journal of the American Medical Association*. In the 1958 book, *Hospital Planning for the Anesthesiologist*, William Dornette suggested that plans for an ICU should include the following: "Each patient bed position is furnished with an oxygen outlet, suction inlet and trap bottle, and blood pressure manometer all mounted together about five feet above the floor. A conventional electrical outlet is also provided for each bed." In 1963 an article published in *Lancet* described one of the first coronary care units, a four-bed room with curtain partitions to separate the patients (both men and women!) admitted to the unit. In the event of a cardiac arrest, a patient was first wheeled into the nursing station to assure privacy.

The prominent role that anesthesiologists would assume in critical care medicine was predictable from the inception of the subspecialty. The experience, skill, and knowledge of anesthesiologists immediately qualified them to fill a vital role in intensive care medicine, especially in the areas

of mechanical ventilation and circulatory support. But some anesthesiologists advised caution. The prominent British anesthesiologist, William Mushin, stated, "A retreat from the field of anaesthesia by those trained as anaesthetists will be a serious loss to the community, because the development of the specialty will inevitably be slowed down. The anaesthetist himself will also lose heavily, since he will very quickly no longer be able to claim a range of knowledge and skill which is unique to him." This provincial view was not shared by all. Bjorn Ibsen wrote about his experience with the poliomyelitis epidemic in Copenhagen. "For the first time in Denmark the anesthesiologists' knowledge, technique, and equipment were used on a grand scale for other purposes than just for giving anesthesia, and for the first time they were appreciated by doctors other than surgeons."

The ICU has been accepted and confirmed as an excellent venue for education. Invasive monitoring, frequent laboratory studies, and close personal surveillance of patients provide both nurses and physicians with the unique opportunity to study complications of the immediate postoperative period. Anesthesiologists made an early contribution to education in critical care medicine. In 1961-1962, Dr. Peter Safar and colleagues instituted the first CCM physician training program. In the next decade, 62 fellows were trained (48 anesthesiologists, eight internists, three surgeons, three pediatricians). The first defined fellowships sponsored by anesthesiology departments in the United States were in critical care medicine. In 1985 certification of competence in this subspecialty was offered by the American Board of Anesthesiology. Peter Safer, a pioneer in critical care medicine, suggested that after completion of the fellowship the "intensivist" would be "a scientifically trained, highly motivated clinician who has the action-oriented attitude of the anesthesiologist and surgeon, the thoughtfulness of the internist and pediatrician, the inquisitive data-oriented mind of the scientist, and the diplomacy of a United Nations ambassador."

The black and white ink drawing (1977) that accompanies this essay shows Dr. Arnold Sladen at work in the ICU at the University of Pittsburgh. From 1974 to 1988 he was an integral and central force in the foundation of critical care medicine at the university as well as nationally and internationally. Dr. Sladen received his medical training at the University of London and continued his postgraduate studies at Albert Einstein College of Medicine and the Massachusetts General Hospital under the

mentorship of Dr. Henrick Bendixon. Dr. Sladen's research included investigations into the pathogenesis of shock lung and optimal ventilatory modes and steroid therapy for adult respiratory distress syndrome. The artist, Henry Koerner, depicted this critical care physician during a pensive moment, placing him in a prominent position. The artist emphasized the emerging specialty that would position anesthesiologists center stage in a new and challenging arena.

Henry Koerner (1915-1991) was born in Vienna to a family of amateur and professional artists. As a child he was attracted to mysterious, fantastic, and eerie themes, and he incorporated these interests into his paintings. In 1939, escaping the Nazis, Mr. Koerner came to America and worked as an illustrator in New York, and subsequently with artist Ben Shahn. The devastation of World War II molded his philosophy and painting. His art frequently portrayed the worst of human existence, but always with a sense of hope. Henry Koerner quickly rose to prominence, painting several Time magazine covers from 1955-67. He was a prolific artist, completing over 7000 works before he was struck and killed by a hit-and-run driver as he was bicycling with his wife in Vienna. His paintings are displayed at the National Portrait Gallery, Smithsonian American Art Museum, and the Whitney Museum of American Art.

The development of ICUs created the need for diverse healthcare providers to interact with each other and discuss common problems and goals for the future of critical care medicine. In 1969 the American Association of Critical-Care Nurses (AACN) was established. Within 10 years its membership grew to 40,000. With the goal of unifying critical care medicine, in 1970 thirty physicians—anesthesiologists, surgeons, internists, and pediatricians—met to discuss their vision for intensive care medicine. At this meeting the Society of Critical Care Medicine (SCCM) was forged. This all-inclusive association encouraged membership from diverse groups including nurses, scientists, physicians, and respiratory therapists. The constitution of the SCCM states that its purpose is, "To improve care for acute life-threatening illness and injuries and to promote the development of optimal facilities for this purpose." Few would dispute that the goals of the SCCM have been met. Critical care medicine has helped patients live rather than die. In 1986 the American Society of Critical Care Anesthesiologists was founded.

In the past 4 decades intensive care medicine was born, traversed adolescence,

and matured. But today the need for intensive care medicine remains as paramount as it did when Meyer Saklad, an anesthesiologist at Rhode Island Hospital addressed the American College of Surgeons in 1959, stating, "Changing practices in surgery and anesthesia, coupled with an improved understanding of disturbed bodily processes, have resulted in a need for a type of medical care which strains every facility in a hospital. At no time in the patient's stay is this more apparent than in the early postoperative period of the seriously ill patients."

Suggested Reading

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Special Events for the AHA 2003 Spring Meeting

Drs. Elliott Miller and Gerald Zeitlin are coordinating the following tours:

Wednesday, April 30, 2003

9 - 11 AM

Ether Dome and Bullfinch Building

12:30 - 3 PM

Mt. Auburn Cemetery, Cambridge

Details can be found at
www.anes.uab.edu/aneshist/aha2003.htm.



History of Anaesthesia Society

ADVANCE NOTICE

Sixth International Symposium on the History of Anaesthesia Queens' College Cambridge 15th to 18th September 2005

Substantial Cash Prize
(To be confirmed as the John Bullough Prize)

For all persons in training on 31st December 2004, there will be the opportunity to compete for the Trainee Prize at the Sixth International Symposium on the History of Anaesthesia. Essays on any topic in the history of anaesthesia will be accepted. This includes, but is not limited to anaesthesia, analgesia, pain medicine, critical care medicine, veterinary medicine. The best five papers will be presented before an international panel at the meeting, and the prize awarded, following adjudication. Papers deemed of sufficient merit, but not the final five, will also be offered the opportunity to present during the Symposium.

All papers and presentations are to be in English which will be the language of the Symposium. All papers must be received by Dr. Adams by 11th January 2005

Further information from:

Dr. Neil Adams
Honorary Secretary, History of Anaesthesia Society
118 Appledown Drive
Bury St. Edmunds
Suffolk IP32 7HQ
United Kingdom

adams118@keme.co.uk

Dr. Douglas Bacon MD MA
Mayo Clinic Department of anesthesiology
200 First Street SW
Rochester
MN 55905
United States of America

bacon.douglas@mayo.edu

The Book Corner

by Peter McDermott, M.D., Ph.D.

Tarnished Idol: William T. G. Morton and the Introduction of Surgical Anesthesia. Richard J Wolfe, Norman Publishing, San Anselmo CA, 2001. ISBN: 0-930405-81-1 and

I Awaken to Glory: Essays Celebrating Horace Wells and the Sesquicentennial of His Discovery of Anesthesia Dec 11, 1844-Dec 11 1994, Ed by Richard J. Wolfe and Leonard F Menczer; Boston Medical Library, Boston and the Historical Museum of Medicine and Dentistry, Hartford 1994. ISBN: 0-88135-161-X.

To most anesthesiologists the name William T. G. Morton signifies a professional hero. On October 16, 1846, this self-trained Boston dentist, administered the first successful public anesthetic to Gilbert Abbott while John Collins Warren excised a cyst. News of Morton's accomplishment electrified physicians and the general public who saw anesthesia as a just product of medical science and the promise of greater benefits to come. Richard J. Wolfe, author of this biography, sees Morton in quite a different light.

Longtime Curator of Rare Books and Manuscripts at Harvard University's Countway Library of Medicine, Wolfe has compiled a meticulous record of Morton's life. What emerges is a portrait of a man motivated by fame and money, not by any altruistic desire to serve or contribute. Morton's itinerant life, as documented by letters, newspaper articles, and court records, consisted of a series of scrapes, scams, and schemes, all designed to promote his own career. Even before the appearance of this biography there were indications of this aspect of Morton's character. After the successful demonstration of ether anesthesia at the Massachusetts General Hospital, Morton tried unsuccessfully to withhold the composition of the ether until he could profit by it. Later, he was involved in an unseemly public squabble about his primacy in the discovery of anesthesia. It is notable the recently refurbished monument in Boston Common honors the discovery of anesthesia and not any of the individuals who claimed credit.

Wolfe, coeditor of an earlier book about Horace Wells, has quite a different interpretation of the life and work of this man, who Morton recognized as his chief com-

petitor. Like Morton, Wells recognized the potential to abolish pain. Using nitrous oxide rather than ether to achieve this goal, he failed in his public attempt to demonstrate this property – two years before Morton. The dozen or so authors of this book give a far more sympathetic interpretation of Wells and his contribution.

In these two volumes Wolfe has done a masterful job giving new life and detail to the story of the beginning of our specialty and profession. Wolfe's biography of Morton is extremely well done and will certainly rank as the definitive biography of this man. Though different in style and approach, the material on Wells is no less impressive. Both volumes place their subjects in the tumultuous time of nineteenth century American life, a period when both the theory and practice of medicine underwent extensive change. The books destroy many myths, but they also give an important perspective of individuals who make a great contribution despite personal ambiguities and shortcomings.

Bulletin of Anesthesia History (ISSN 1522-8649) is published four times a year as a joint effort of the Anesthesia History Association and the Wood-Library Museum of Anesthesiology. The *Bulletin* was published as *Anesthesia History Association Newsletter* through Vol. 13, No. 3, July 1995.

The *Bulletin*, formerly indexed in Histline, is now indexed in several databases maintained by the U.S. National Library of Medicine as follows:

1. Monographs: Old citations to historical monographs (including books, audiovisuals, serials, book chapters, and meeting papers) are now in LOCATORplus (<http://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 (<http://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 (<http://gateway.nlm.nih.gov>).

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Editorial, Reprint, and Circulation matters should be addressed to:

Editor
Bulletin of Anesthesia History
200 Delafield Avenue, Suite 2070
Pittsburgh, PA 15215 U.S.A.
Telephone (412) 784-5343
Fax (412) 784-5350
bloombergdj@anes.upmc.edu

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From the Literature

by A.J. Wright, M.L.S.

Associate Professor of Anesthesiology

Director, Section on the History of Anesthesia

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., Harvey Cushing or William Halsted]. I also include career profiles of living individuals. Non-English articles are so indicated. Columns for the past several years are available in the "Anesthesia History Files" at <http://www.anes.uab.edu/aneshist/aneshist.htm> as "Recent Articles on Anesthesia History." I urge readers to send me any citations, especially those not in English, that I may otherwise miss!—A.J. Wright ajwright@uab.edu

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Careers in Anesthesiology, Volume VII

Donald Caton, M.D.

Kathryn E. McGoldrick, M.D.

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Ninety Percent of Life Is About Showing Up

Bernard V. Wetchler, M.D.

The Metamorphosis of Anesthesia

Jay Jacoby, M.D., Ph.D.

The Accidental Anesthesiologist

Daniel C. Moore, M.D.

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Careers in Anesthesiology, Volume VII

Park Ridge, IL. 2002/Hardcover/

ISBN 1-889595-09-8. \$45.

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Continued on page 19



Sixth International Symposium on the History of Anaesthesia

HISTORY OF ANAESTHESIA SOCIETY



The History of Anaesthesia Society is delighted to announce that, in conjunction with the Department of Anaesthesia of the West Suffolk Hospital, they will be hosting the Sixth International Symposium on the History of Anaesthesia in Cambridge from 15th to 18th September 2005. The meeting will give delegates the unique opportunity to be resident in Queens' College which is centrally placed facing onto the "Backs". The programme is currently being planned and any comments would be welcomed by the Honorary Secretary.

HISTORY OF ANAESTHESIA
SOCIETY

DR NEIL ADAMS

HONORARY SECRETARY

118 Appledown Drive
Bury St. Edmunds
Suffolk IP32 7HQ

Phone: 0044 (1284) 713330
Fax: 0044 (1284) 701993
Email: adams118@keme.co.uk



AHA 2002 Resident Essay Contest Winners

by *A.J. Wright, M.L.S.*

Associate Professor of Anesthesiology

Director, Section on the History of Anesthesia

University of Alabama at Birmingham

Each year the Anesthesia History Association conducts a resident essay contest, offering \$500 and publication in the Bulletin of Anesthesia History to the winning essay's author. Other entries may be published in the Bulletin as well.

At the AHA's annual dinner meeting, held October 14 in Orlando, Florida, during the ASA, the following winners of the 2002 contest were announced by William D. Hammonds, M.D., M.P.H., Chair of the Resident Essay Contest Committee:

First Place:

Radha Arunkumar, M.D., Memories of

Sir Robert Macintosh's Last Resident, The Department of Anesthesia, The University of Iowa, Iowa City, Iowa.

Second Place:

Terry A. Ellis II, M.D., Douglas R. Bacon, M.D., M.A., Lundy's Hat Trick, Mayo Clinic Department of Anesthesiology, Rochester, Minnesota.

Third Place:

Senthilkumar Sadhasivam, M.D., David Lai, M.D., Blue Skies Forever: The Enduring Legacy of Sir C.V. Raman and the Origins of the Ohmeda RASCAL, Department

of Anesthesia and Critical Care, Beth Israel Deaconess Medical Center, Harvard Medical School, Boston, Massachusetts.

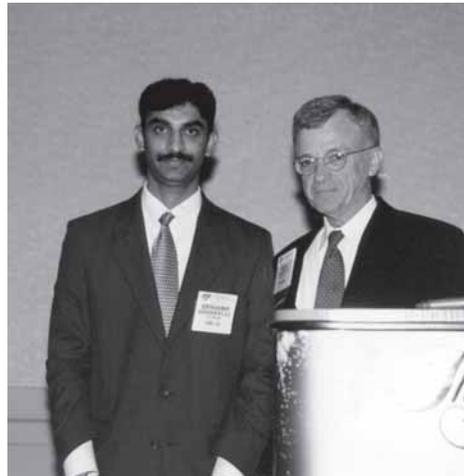
Congratulations to all the winners!

A list of all past winners/published entries can be found at <http://www.anes.uab.edu/aneshist/ahaessays.htm>

The deadline for the 2003 contest is August 23, 2003.



Dr. Radha Arunkumar, A.J. Wright, and Dr. William Hammonds.



Dr. Senthilkumar Sadhasivam and Dr. William Hammonds.



Dr. Terry Ellis and A.J. Wright.

Literature. . .Continued from page 17

Blakemore C, Jennett S, eds. *The Oxford Companion to the Body*. London: Oxford University Press, 2001, pp 27 [2 refs.]

Zuck D. Analgesia. In: Blakemore C, Jennett S, eds. *The Oxford Companion to the Body*. London: Oxford University Press, 2001, pp 29-30 [3 refs.]

Anesthesia History Association 2003 Call for Abstracts

The Anesthesia History Association's 10th annual Spring Meeting will be held April 30 and May 1, 2003, just prior to the annual meeting of the American Association for the History of Medicine. The venue will be the Westin Copley Place Hotel in Boston, Massachusetts.

Where:

Westin Copley Place Hotel
10 Huntington Avenue
Boston, MA 02116
617-262-9600
617-424-7483 [fax]

10th Annual Spring Meeting Information can be found at www.anes.uab.edu/aneshist/aha2003.htm [last updated December 16, 2002].

Abstract Submission Deadline: February 28, 2003

What: Abstracts for twenty-minute papers are invited on historical aspects of anesthesia, critical care medicine and pain management. Abstracts on medical humanities or ethical topics that relate to the

history of one or more of these broad areas are also invited.

RESIDENTS are especially encouraged to submit abstracts for the special resident session!! All abstracts accepted to this special resident session win for the authors a one-year membership in the AHA, which includes four issues of the *Bulletin of Anesthesia History*!! If you wish to enter your abstract in this session, please note such on your abstract submission.

Abstracts should be no longer than one 8 1/2" by 11" sheet of paper; text should be in 12-point font size. If possible, abstracts should indicate the research problem, sources used, methodological approach and may contain no more than ten references. Abstracts may be submitted by regular mail, fax, or electronic mail [in plain text format]. Disc submission in Word is also permitted.

Abstracts submitted in electronic format may be made available to registrants in advance of the meeting and on the AHA WWW site as decided by the Organizing Committee. ALL accepted abstracts will

be included in material distributed to meeting registrants.

Individuals who wish to organize a paper session around a theme should contact the committee as soon as possible.

More information about the AHA and past spring meeting programs can be found at www.anes.uab.edu/anesthesia_history_association.htm.

Send all abstracts, inquiries, etc., to:
A.J. Wright, MLS
Dept of Anesthesiology Library
School of Medicine
University of Alabama at Birmingham
619 19th Street South, JT965
Birmingham, AL 35249-6810
205-975-0158
205-975-5963 [fax]
ajwright@uab.edu

Special events such as guided tours of the Ether Dome and Mt. Auburn Cemetery are being planned for attendees and guests of this meeting.

Bulletin of Anesthesia History

Doris K. Cope, M.D., Editor
200 Delafield Avenue, Suite 2070
Pittsburgh, PA 15215