Iconography, Shields around the Candle:
Symbolism of an Institutional Seal

by Patrick Sim, Librarian
Wood Library-Museum of Anesthesiology

Iconography, its Symbolism and Purposes

Iconography very often is rich in symbolism expressed on official seals of organizations and institutions. Organizations use it to express their professional and public images and elaborate their mission through such symbolism. It is also a vehicle to display professional identity, promote community spirit and enhance professionalism. The symbolism in iconography is often expressed in four basic types, of contemporary, Greco-Roman mythological, conventional and historical nature. Institutional seals may embrace similar purposes expressed in terms of institutional history and mission.

Symbolism of American Anesthesiology

For American anesthesiology, Dr. Paul Meyer Wood [Figure 1] admirably crafted the seal of the American Society of Anesthesiologists (ASA) in April 1932. Its symbolism encompasses the skilled anesthesiologist’s care of a precariously vulnerable patient with his training, knowledge and dedication to safeguard and deliver his patient to health through perilous and yet confident endeavors. As the official seal of a professional organization, Dr. Wood chose a perfect circle to embrace all of the symbolic qualities described in the seal. His message was to denote unity of a closed professional group represented by the ASA. He further proposed to add colors to the seal to emphasize the rich symbolism of a professional medical organization. The color version of the official seal, however, was not adopted until 2003. As an anesthesiologist, Dr. Wood’s knowledge, interest and close association with organized anesthesia were reasons enough for his endeavor to design the official seal of the ASA. Perhaps his upbringing from a family of learning also was a factor leading to his interest in iconographic designs. His mother was a professor of religious art, and his father a public school superintendent. Family tradition of learning, and his intimate involvement in the founding years of a fledgling medical specialty inspired this lasting symbolism representing organized American anesthesia. The essence of the symbols is contemporary, conventional and historical.

Seal of the Wood Library-Museum, Symbol of History and Mission

The same family tradition and a keen sense of history through dedicated participation in the founding era of organized anesthesia inspired Dr. Wood to design the official seal of his beloved library-museum. [Figure 2] However, no documents from the archives of the Wood Library-Museum of Anesthesiology (WLM) have surfaced to explain its symbolism. What was factual is that it was introduced after 1950, possibly between the founding of the New York State Society of Anesthesiologists (NYSAS), and the incorporation of the WLM. On a fortuitous occasion, the author visited with the late Vincent J. Collins, M.D. on December 15, 1988, and extracted a patient and detailed recollection of Dr. Collins on early WLM matters. The focus of this visit was the WLM seal, which surprisingly also elicited interesting historical information on organized anesthesia in America.

As the founding Secretary of the WLM Board, Dr. Collins was involved in the incorporation of the Wood Library-Museum in New York in 1951. He recalled that to apply for incorporation as an educational and professional organization in the state of New York, it required sponsorship of supporting organizations. The WLM seal comprised of two perfect circles, with the name of the institution between them, including the state and the year of its incorporation. The WLM was incorporated in 1951 in the state of New York, which status continued for two decades. In 1971, its corporate charter was dissolved, as it was affiliated to its parent organization, the ASA. Yet, it continued its mission as stated in its original corporate charter to collect, preserve and make available to the public, all literature and equipment of anesthesiology. By 1987, it was reincorporated in the state of Illinois. This historical evolution of the WLM was subtly reflected in the change of corporate dates and place on
Anesthesia History
Summer Meeting
Mayo Clinic, Rochester, MN
June 22-24, 2006
Call for Papers

This three day meeting at the Mayo Clinic in Rochester, Minnesota, will present both the leading edge of research in the history of anesthesiology combined with an overview of the history of the Mayo Clinic, stressing the Clinic’s role in the history of medicine in the United States. A method of using this scholarship to teach professionalism will be a centerpiece of the conference.

CALL FOR PAPERS: The course invites papers on the historical aspects of anesthesiology, critical care medicine, and pain management. Papers are invited from anesthesiologists, residents, nurse anesthetists, student nurses, and all other areas of study which relate to this increasingly important area of medicine.

DEADLINE: April 15, 2006
For more details, please visit our website at www.mayo.edu/cme/anesthesiology.html or call the CME registration office at 1-800-323-2688.

Anesthesia History Association
Eleventh Annual Resident Essay Contest

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 1,000-3,000 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 and Director of Pain Outcomes Research
Department of Anesthesia
University of Iowa
200 Hawkins Drive, 6J CP
Iowa City, IA 52242-1079
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 on October 16, 2006, in Chicago. This dinner is always held during the annual meeting of the American Society of Anesthesiologists. The second-place winner receives $200.00 and the third-place winner receives $100.00. The papers will be considered for publication in the Bulletin of Anesthesia History.

All entries must be received on or before September 1, 2006.

AHA 2005 Resident Essay Award Winners

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 25, 2005, in Atlanta, GA, during the ASA, the following winners of the 2005 contest will be announced by William D. Hammonds, M.D., M.P.H., Chair of the Resident Essay Contest Committee:

First Place
Christian González, M.D.
Anesthesiology Resident, Baylor College of Medicine

“Many men, three wars, and one question: Foundations for the Modern Understanding of Pain”

Second Place
Isabel C. Legarda, M.D.
Clinical Fellow in Anaesthesia, Brigham and Women’s Hospital

“Revival: on eighteenth century origins of the modern code and the pioneering work of Charles Kite and James Elam”

Third Place
Lori D. Conklin, M.D.
Anesthesiology Resident, Baylor College of Medicine

“James Young Simpson: The Voice of Reason for the Rights of Women in Labor 158 Years Later”
Joseph H. Marcy, M.D.

by Barbara R. Random

Department of Anesthesiology
Children's Hospital of Pittsburgh

Dr. Joseph H. Marcy died May 31, 2005. Dr. Marcy received his anesthesiology education and training at the University of Pennsylvania under the tutelage of Dr. Robert Dripps. His education in pediatric anesthesiology was with Dr. Margo Deming, the first Chief of Anesthesiology at the Children's Hospital of Philadelphia. Thus, he is a direct academic descendant of Dr. Ralph Waters and is a member of the so-called Waters' Tree. Many graduates of the training program he attended at the University of Pennsylvania initiated Departments of Anesthesiology in medical centers around the United States.

But Joe Marcy was not only a leader in the field of Anesthesiology. He was also a gentleman and a scholar. He maintained command of several languages other than English. He did not travel widely while he was Chief of Anesthesiology at Children's Hospital, but he frequently conversed with his trainees and junior colleagues in their primary language. He continued to study foreign and ancient languages even after he retired from Anesthesiology.

Dr. Marcy took a road less traveled when he focused on improving anesthesia practices for infants and children. He became the first Chief of Pediatric Anesthesiology at Children's Hospital in Pittsburgh, a role he held from 1955 to 1977, and as such the first physician anesthesiologist at the University of Pittsburgh Medical Center. In this important sense, he is the founder of our department. When Dr. Marcy came to Children's Hospital, Anesthesiology was a young clinical discipline. Under his care pediatric anesthesia in Pittsburgh matured. After Dr. Marcy had established the routines of tracheal intubation, monitoring of vital signs and fluid administration, his surgical colleagues, Dr. William Kieswetter, wrote, "There are no longer deaths occurring during pyloromyotomy." As a direct result of these innovations, today it is very, very rare that a healthy infant dies as a result of anesthesia. The Robert M. Smith Award of the American Academy of Pediatrics acknowledged the importance of Dr. Marcy’s contributions in 1992. Since 1986 this medal has been awarded to only 16 individuals, all of whom have made outstanding contributions to the field of Pediatric Anesthesiology and Pain Management. We were fortunate that Dr. Marcy served the Department of Anesthesiology and Children's Hospital as Professor of Anesthesiology from 1969 to 1984 when he retired.

The Department of Anesthesiology at Children's Hospital wants to honor the pioneering work of Dr. Marcy with a yearly award to our best clinical pediatric anesthesiology fellow. We will speak of Dr. Marcy's accomplishments, note the significance of the sort of sophisticated clinical anesthesia practice he pioneered and introduced to the success of surgery and present a $500.00 prize to the fellow whose work and plans best exemplify dedication to the expert clinical practice of pediatric anesthesia. This award will be presented at the Graduation Ceremony of the Department of Anesthesiology at UPMC and announced within Children's Hospital.

BULLETIN OF ANESTHESIA HISTORY

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its seal. Enclosed in the inner circle of the seal are four shields supporting a lit candle, which was central to the seal. Dr. Collins explained that the lit candle symbolizes an institution of learning as it was sponsored and supported by four organizations represented by the surrounding shields. On each of the shields were the initials of an anesthesia organization and its founding date. It is believed that Dr. Wood designed the WLM Seal in the same tradition as that of the seal of the American Board of Anesthesiology. In chronological order of their founding, the four supporting organizations in the incorporation of the WLM were the New York Society of Anesthetists (NYSA, 1929), the American Society of Regional Anesthesia (ASRA, 1932), the American Society of Anesthesiologists (ASA, 1936) and the New York State Society of Anesthesiologists (NYSSA, 1950). The WLM received its provisional charter in July 1951, and its permanent charter in February 1952.

One of the supporting shields represented the American Society of Regional Anesthesia, (ASRA, 1932). In describing the incorporation of ASRA, Dr. Collins indicated that, contrary to common belief, it was not formally organized or incorporated in 1923 when Dr. Gaston Labat moved to the state of New York. Because of his contributions to regional anesthesia, a group of interested physicians, mostly neurosurgeons, and primarily Dr. H. M. Wertheim, proposed to form a professional society to honor Dr. Labat by naming it the Labat Society of Regional Anesthesia. They held a founding meeting, but the idea of the “Labat Society” was emphatically declined by Dr. Labat. He felt that a professional medical specialty society should not bear a personal name. Among the physicians in this group, there were only five anesthesiologists. They were Thomas Drysdale Buchanan, James Taylor Gwathmey, Malcolm T. Munkittrick, Paul J. Flagg and Lewis S. Booth. Incidentally, Dr. Collins recalled that it was Dr. Lewis Booth in 1925 who moved, and Dr. Munkittrick who seconded the endorsement of Dr. Wood to become a member of the New York Society of Anesthetists. ASRA had existed without formal incorporation until 1932 when application was made by Dr. Wood to the Board of Regents of the State of New York for incorporation with its own constitution and bylaws. Dr. Wood wrote both the ASRA constitution and bylaws, the WLM bylaws.

In December 1936, during the presidency of Dr. Harold C. Kelly, the New York Society of Anesthetists (NYSA) formally applied to the New York State Board of Regents for incorporation with a new set of constitution and bylaws to change its name to the American Society of Anesthetists. In the same year, the NYSA continued to exist with its own constitution and bylaws. In 1950, the NYSA instituted a change in nomenclature from the New York Society of Anesthetists to the New York State Society of Anesthesiologists (NYSSA) with the introduction of a resolution at the ASA House of Delegates. ASA component societies formed thereafter were based on this resolution.

Traditional Organizational Support to Keeper of Heritage

The Wood Library-Museum of Anesthesiology owes its creation and continued existence to the organizational support of the four entities appeared on its corporate seal. Dr. Wood willed his personal collection of books and equipment in anesthesiology to his Society in 1934 as he was recuperating from a serious illness. The appreciative Society appointed him permanent Librarian-Curator in 1935, and honored him by naming an institution that housed his collection in his name at its incorporation in the state of New York in 1951. Financial and physical support from the ASA never ceased despite the vicissitudes throughout its institutional history. It provided a permanent home to Dr. Wood’s collection in 1962 at the dedication of the first headquarters building of the Society in Park Ridge, Illinois, and expanded its commitment to the WLM at its new headquarters three decades later. Along with physical accommodation, ASA continued its support with generous annual grants to the WLM to help implement its programs, and build a strong endowment fund for the future. The New York State Society of Anesthesiologists (NYSSA) also maintains an inseparable tie with the WLM. In 1974, it endowed a permanent historical lecture at the ASA annual meeting to honor the memory of Lewis H. Wright, M.D., which becomes a major event at the ASA annual meetings. The American Society of Regional Anesthesia, which was revived in 1976 with a new charter, continues its traditional annual support to the WLM. Considering the goodwill generated from organizations that helped found the Wood Library-Museum, it is a reflection of a strong sense of preserving and promoting the rich history of the past among anesthesiologists which sustains a unique institution charged with the collecting and permanent preservation of a medical heritage which is considered America’s greatest contribution to Western medicine.

Dedication

The late M. T. Pepper Jenkins, M.D., observed a curious void of information on the symbolism of the official seal of the Wood Library-Museum. His encouragement to the author led to an inquiry addressed to the late David A. Davis, M.D., a noted anesthesia historian and former trustee. Dr. Davis suggested picking the memory of the late Vincent J. Collins, M.D., who was founding Secretary of the WLM. Dr. Collins’ invaluable recollection of historical events allowed the author to record this otherwise lost historical information on the Wood Library-Museum. This paper is dedicated to the memory of these three former WLM trustees. It is hoped that this seminal paper would elicit further factual information on the history of a unique institution entrusted with the safekeeping of the heritage and legacy of anesthesiology.

References

Quistorp and “Anaesthesia” in 1718*

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Introduction

On July 20, 1718, Johann Bernhard Quistorp (1692-1761) appeared in the great auditorium at the University of Rostock, in what is now eastern Germany, to submit to a public examination of his doctoral thesis, (Disputatio inauguralis medica) De Anaesthesia, or, “Anaesthesia, a state of insensitivity.” This document is dedicated to the university’s anatomy and botany professor and dean, Dr. George Detharding (1671-1747), who taught there for some 35 years.1 Detharding was a prolific author on medical and other topics; the U.S. National Library of Medicine owns several dozen of his works.

Written in the customary Latin, Quistorp’s dissertation was printed by J. Wepping, “Printers of the Court and University,” as the title page announces, in that same year. The full document was translated into English for the first time in 1999 by Ray J. Defalque. Original copies are rare. According to OCLC’s WorldCat database, which includes the holdings of most major and many minor libraries in the United States and some elsewhere, the only copy in the United States is held by the National Library of Medicine’s History of Medicine Division. That copy has been microfilmed and can be borrowed in that format via interlibrary loan. Our departmental library has a photocopy, as does the Wood Library-Museum of Anesthesiology.

Quistorp was born in Rostock in August 1692, the son of pharmacist Bernhard Balthasar Quistorp and Mary Elizabeth Kruck, the daughter of a prominent local merchant. Quistorp’s father provided him with a good education, first with private tutors and then at the Gymnasium at Gustrow. He entered the University of Rostock, which was founded in 1419 and is the oldest university in northern Europe. There Quistorp studied for five years under Detharding, completing a 75-page thesis on the effects of purgatives, Scrinutinum operationis medicamentorum, nominativum, purgantium..., which was printed in Rostock in 1713. Then he spent two years at the University of Leipzig medical school, where he studied therapy under Johann Bohn (1640-1718), pathology under Augustus Quirinus Rivinus (1652-1723), materia medica under Ermullern (who we have yet to identify), and surgery and anatomy under Johann Wilhelm Pauli (1658-1723). After Leipzig, Quistorp traveled to other cities such as Vienna, Prague, Munich, and Hamburg to meet and learn from the prominent physicians there. On July 19, 1718, he received the title of physician and defended his dissertation the following day. By this time Quistorp’s medical education and experience were extensive, and he established a practice in Rostock.

In 1742 Quistorp was named city physician by the town magistrates. On July 25 of the following year, he began a teaching career much delayed by his busy practice. His inaugural lecture was devoted to “De curatione corporis morali (on the moral cure of the body). Over the years Quistorp delivered several Easter, Christmas, funeral, and other public orations. At least one of his religious orations, Gloriosissimum resurrections Jesu Christi festum..., was printed in Rostock in 1751. One of his funeral speeches, in 1745, was entitled “Anaesthesia,” no doubt based on his 1718 dissertation. Other topics were also religious in nature; two praised Prince Carl Leopold, Archduke of Mecklenburg. In 1752 Quistorp published a discourse, De Acidorum indole et effectibus (on the nature and action of acids). Quistorp died on December 8, 1761. Nothing is yet known about Quistorp’s family, assuming he had one. There was a Johann Christian von Quistorp who published several titles in Rostock between 1778 and 1793. A Johann Jacob Quistorp [1717-1766] also published several items in that city in the 1750s.

The earliest appearances of the word “anaesthesia” in modern western literature prior to Quistorp and known to us are in Phillips, The New World of Words; or, Universal English Dictionary (6th. Ed., 1706), and Castelli’s Lexicon Medicum Graecum Latinum (1713), where it is defined as a “privation of the senses.” Yet the word with this and other definitions was used widely by ancient Greek and Latin authors, and was apparently coined between the 10th and 5th centuries BC. Among the authors who used the word to denote deprivation of the senses or insensitivity to pain are Linnaeus, Epicurus, Hippocrates, Hippon, and Demosthenes. Isocrates, Demosthenes and others also used the word to mean either stupidity or irresponsibility. Plato, who used the term 18 times, implied both meanings. In Timaeus, Plato used the word several times to indicate a condition where an impulse does not reach the brain.

Galen, a Greek physician from Asia Minor born in 141 AD, used the word to describe “the dullness of those who think differently.” In his Ethics, Aristotle defines it as the opposite of “debauchery and prudence.” Dioscorides Pedanius, a first century AD military physician under the Roman emperors Claudius and Nero, used the word to describe a mixture of wine and mandrake root extract useful for insomnia, chronic pain, and “during cutting and cautery.” Dioscorides’ De Materia Medica, in which this description appeared, remained in use well into the Renaissance, as did the works of Galen. Their influence in medical practice over so many centuries may account for the survival of the rather obscure word “anaesthesia” and its association with a state of pain deprivation.

Between Quistorp and Oliver Wendell Holmes’ suggestion of the term to William Morton in a famous letter dated November 21, 1846, the word appears in several English-language dictionaries and some other medical works and generally is defined to mean a loss of the sense of touch. Holmes acknowledged this definition and his sources as “...more particularly (as used

Continued on page 6
Edinburgh Medical and Physical Dictionary has the longest definition yet found, which begins (after the Greek origin), "a loss of the sense of touch. It forms a genus of disease in the class locales, and order dysesthesiae of Cullen." Hooper's 1824 American edition uses that portion as its entire definition.

Quistorp defines anesthesia as "a spontaneous, deep, more or less persistent loss of sensation by the whole body, except by the organs supporting the pulse and respiration. The brain is plunged into a deep, strange, more or less pleasant trance." (Chapter 1, Definition 1) He notes that the term "has become accepted in the Greek and Latin medical literature." In Chapter 1 of his dissertation, Quistorp explores seven definitions and their corollaries important to his topic. Eleven relevant axioms of human physiology and their corollaries make up Chapter 2. Chapter 3 consists of four observations about individuals in a state of anesthesia. The final chapter offers 21 hypotheses, proofs and corollaries in which Quistorp explores such characteristics of the state as whether or not anesthesia is more common in women, educated people, or whether intense pain can cause anesthesia. Perhaps of interest to us moderns is Hypothesis 14, "Vapors (fumes) entering the brain may produce anesthesia."

According to Quistorp, anesthesia can exist in four degrees or types. The first, or "true anesthesia," seems to correspond to our concept of deep coma. The second degree is associated with religious ecstasy or some form of intense enthusiasm. A stupor or lethargy as in cachexia is the third type. Quistorp's final type would seem to be equivalent to fainting or syncope.

1. First degree ("true anesthesia") or CATALEPSY (DEEP COMA): It occurs suddenly, is complete, and generally permanent and resists any treatment. It may be congenital or acquired. It occurs spontaneously or after body damage but remains after the body returns to normal state. Pulse and respiratory function is intact and normal. The limbs are rigid, flexed in the "praying" or "suppliant" position (decorticaterigidity). (Translator's Note: Modern neurologists define catalepsy as a permanent abnormal body posture. The author seems to describe a state of deep coma, as after trauma, a stroke or infectious or toxic encephalopathy. Also called in the present literature "locked-in syndrome" or "coma vigilans" or "akinetic mutism." Deep coma may be a more exact translation.)

2. Second degree: ECTASY. This is the response of the mind to divine stimuli, the mind becomes entirely occupied by happy, divine sensations which block off all other sensory stimuli coming into the body. The mind is shut off but the body remains intact with normal pulse and respiration. The limbs are supple. There may be or not movements of the limbs and/or the tongue. Because there is a divine dimension to this state, it does not respond to drugs or other medical treatments. ENTHUSIASM is a mild form of ecstasy and not necessarily pathological. Monomania may be a true psychosis, or pathological, but also in common use a non-psychotic obsession with a subject. Quistorp may have included both concepts.

3. Third degree or CARUS. This is a stupor, which occurs gradually but generally becomes quite deep and is permanent till death (Translator's note: From the context, the author seems to describe our modern equivalent of "cachectic lethargy" or "cachectic inanition" or stupor. Responses to some stimuli still persist, at least initially, especially tactile stimuli).

4. Fourth degree: This is SYNCOPE or FAINTING. There is mild, transient loss of consciousness, but with spontaneous and rapid recovery. There is a short, transient respiratory arrest and the pulse disappears or becomes very weak. The face is pale, the body is flaccid.

True anesthesia (first degree or catalepsy) is a deficit of the mind/soul. It is congenital or acquired, generally occurs suddenly. It is most often permanent though spontaneous recovery of some sensations (responses to stimuli) occasionally occurs spontaneously; this improvement may be transient.

Anaesthesia, derived from the Greek word "lack/loss of sensation" is a spontaneous, deep, often permanent loss/lack of all sensory impulses to the mind/soul, while the body is untouched, with pulse and respiration remaining intact.

The word anesthesia has been used in...
the Latin medical literature but it also has other Latin equivalents: "emotio mortis" (death-like mental status) or "vigilans soror" (alive sleep). We would call it in German "state of insensitivity" or "dullness" although in German dullness is used to describe a stupid person.

It is also called stupor or deep sleep but in stupor tactile sensations and their responses to tactile stimuli are preserved.

The seat of all sensations is the mind/soul. Sensations are brought to it by the organs of the senses of the body; from the mind/soul, flow responses to stimuli as body reactions in the normal person. Thus mind/soul receives and produces (emits).

Anesthesia may be caused by body damage but later the body returns to normal while the anesthesia (i.e., disease of the mind/soul) persists.

If congenital, anesthesia is impossible to cure; if acquired, still difficult to cure but some physical remedies can be tried, though not effectively if anesthesia is very deep. If slight and transient, some remedies may be helpful, though not well proved: vesicants, compresses, emetics, inhalation spirits, rubbing skin dry or with alcohol or various other products.

In his work Quistorp cites a number of authorities for various statements. Sometimes he gives a name and publication; other citations are just the name of the authority. The authorities cited and their locations in the text are listed in the table below just as Quistorp has cited them. In addition to these authorities, Quistorp also cites various Greek and Roman authors such as Hippocrates, Pliny, Galen, and Seneca as well as St. Augustine and various Biblical passages. Further investigation of the sources listed in this table may offer clues as to just what happened to the concept of "anaesthesia" between the ancient Greeks and Romans and Quistorp's consolidation of current knowledge. (Table I)

The translator [RJD] has a number of comments about Quistorp's work:

1. The text is awkward. I've tried to do a literal translation so as to keep the author's meaning.

2. Quistorp uses the word ANIMA all the time; in Latin this means mind, soul, vital center, breath. In the text here, it seems to me that he uses it as soul, mind, and occasionally brain. Readers will have to use one of the three meanings according to the context.

3. He suggests that the word anaesthesia was already used by the Greeks and Romans. The word is not in common Latin dictionaries I used, but I did not check the big ones like Cassell. This Greek origin is quoted in Osler's papers in 1918 (see TE Keyes). Thus Quistorp would not be the first one to have used the word.

4. His use of the word ANAESTHESIA is complex. Here is my interpretation:

a) He starts with the literal Greek meaning: absence of sensations as caused by sensorv stimuli (light, sounds, pain, etc.). This is very much what we call general anesthesia in our practice.

Table I

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<td>Dr. D. C. J. Langis, Physiology, p. 126</td>
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<tr>
<td>Chapter 3, Observation 1</td>
<td>Brunon, Dict Med, &quot;etaxy&quot; chapter</td>
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<tr>
<td>Chapter 3, Observation 1</td>
<td>Thomas, Crenius, Animad Philos &amp; Hist 3:134</td>
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<tr>
<td>Chapter 3, Observation 1</td>
<td>Cardanus, Liius De Rebus Vatebale, Chapt. 4</td>
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<tr>
<td>Chapter 3, Observation 1</td>
<td>Asotyle, Leicoun</td>
</tr>
<tr>
<td>Chapter 3, Observation 1</td>
<td>J.F. Buddeus, inst Theol Mor Ding, 1:9:17</td>
</tr>
<tr>
<td>Chapter 3, Observation 2</td>
<td>Randel, Howto Cure Diseases 1:10</td>
</tr>
<tr>
<td>Chapter 3, Observation 3</td>
<td>Hanovin, Empre Med Lib 1:7</td>
</tr>
<tr>
<td>Chapter 3, Observation 3</td>
<td>Erasmas 4:4</td>
</tr>
<tr>
<td>Chapter 3, Observation 3</td>
<td>Ceram, Animad Philos Hist 3:141</td>
</tr>
<tr>
<td>Chapter 4, Hypothesis 1</td>
<td>Carpovic, Quest. On 15:65</td>
</tr>
<tr>
<td>Chapter 4, Hypothesis 1</td>
<td>Gull Fabricius, Surgical Observations</td>
</tr>
<tr>
<td>Chapter 4, Hypothesis 2</td>
<td>Doleus</td>
</tr>
<tr>
<td>Chapter 4, Hypothesis 2</td>
<td>J.P. Brunonis</td>
</tr>
<tr>
<td>Chapter 4, Hypothesis 2</td>
<td>B. Blancardi, Lax. Med Ing Babat, 1600</td>
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<tr>
<td>Chapter 4, Hypothesis 5</td>
<td>Aldenburg</td>
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<tr>
<td>Chapter 4, Hypothesis 5</td>
<td>J. C. Casoldi</td>
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Table 1

Continued on page 8
Quistorp... Continued from Page 7

He uses the term in our context when he mentions anesthesia caused by fumes, alcohol, and so forth.

b) At times he means unconsciousness from damage to the brain, as e.g. after a stroke. Not only does the brain not register sensory stimuli, but it also does not think, memorize, etc. Here the meaning is coma after physical disease of the brain tissue (stroke, boil, diseases such as encephali
tis or encephalopathy).

c) At other times he describes a state in which the “anima” is in deep contemplation, deep preoccupation to the point that it cannot perceive (due to lack of attention) the sensory stimuli. There are abnormal, pathological thoughts or hallucinations. At times he seems to mean diseases like clinical depression, involutional psychosis, etc. He also at times seems to describe things like narcolepsy, hysteria, cataplectic schizophrenia. For those diseases, the “bad” deep thoughts could be displaced by good things like music, love, etc.

5. Apoplexy: He seems to mean the coma and muscle changes immediately following an acute brain stroke (cardiovascular cerebral accident).

6. Ecstasy or mystical rapture. Commonly described in religious literature with mystic saints where the whole mind is occupied with divine visions to the point where nothing else reaches the mind. This state does not seem to be described in our modern psychiatric literature.

7. Catalepsy: A psychosis where the sensory stimuli do not reach the brain, the patient is unresponsive to his environment, marked muscular rigidity. Rarely mentioned in modern books of psychiatry.

8. Carus: See your e-mail notes. I still can’t find a good definition. In the context here he seems to mean a light coma, or lethargy, which occurs at the end of severe, terminal diseases, like cancer, malnutrition, etc. I’ve translated it by “mar
amus,” or lethargy in terminal wasting diseases.

9. Lipothyenia: He repeatedly uses the term to describe what seems to be a benign, transient fainting spell.

10. Sanguineous disease: Looked in every dictionary; all mention “bloody,” “sanguineous” without any other meaning. This might occur following vascular accident (e.g. in brain), but the context here suggests transient state of excite
ment, such as PMS.

11. Melancholy: Very confusing term here. “Thinking” at times he describes a melancholic tempera
ment as what we would call type A person, or nervous. At times he seems to mean a mental disease, like depression, involutional schizophrenia, etc.

12. He seems to imply that in the type of anesthesia that we would relate here to psychoses.

In his “Preface,” Quistorp explains the motivation for his work, “I cannot explain everything on this subject, and will only discuss what has been found by our sa
vants (scientists). Let’s praise those who… want to study the relationship between body and soul/mind. Their results will help mankind!”

Quistorp’s dissertation is an important link between the concepts of anesthesia as mentioned by Greek and Latin authors and its modern practice. Quistorp apparently consolidated and explored the knowledge about “anaesthesia” of his time in a depth and detail never done before. His work associated inhalation of vapors and pain relief with the term “anaesthesia” in detail decades before Humphry Davy tied the inhalation of nitrous oxide with surgic
al pain relief in 1800. Quistorp’s exploration of the topic remained unmatched until John Snow’s in England in the 1850s. Quistorp’s work also shows us vividly just how long the ideas of inhalation and pain relief percolated together in western culture before finally meeting successfully in 1840s Boston.

References
2. These biographical details are taken from Gorzny W, comp. and Fabian B, ed. Deutsches Biographisches Archiv (Saur, 1982-1985), a collection of German biographical materials on microfiche that was searched for us by Waltraut Wience of the University of Rostock Library.
3. Sanchez GC. Lexicographic history of “an
4. Askitopoulou H, Ramoutsaki IA, Konsolaki E. Analgesia and anesthesia: etymology and liter
13. We would like to acknowledge the assistance of Dr. Tsokan Huang, Curator, Cordell Collection, Indiana State University Library. See Vancil DE, comp. Catalog of Dictionaries, Word Books, and Philological Texts. 1440-1900. Inven
tory of the Cordell Collection, Indiana State Univer

Additional References on the Word “Anaesthesia”, Early Analgesia, etc.
4. Holzman RS. The legacy of Atropos, the fate who cut the thread of life. Anesthesiology 1998;89:241-249.
AHA Annual Dinner Meeting
Atlanta, GA, October 25, 2005

Guest speaker, Dr. Mark Rockoff discusses the History of Conjoined Twins

Dr. Robert Euchel, Dr. Selma Calmes and Dr. and Mrs. Clyde Jones

Dr. Mark Schroeder receiving the David Little Award and AHA President, Dr. Doris K. Cope

Dr. Estela Melman, Dr. Maurice Albin and Dr. David Waisel

Dr. R. obert B. ruchel, D r. S elma C alm es and Dr. and M. r s. C lyde J one s

Dr. and Mrs. William Hammond and Mrs. Lorna Eltringham

Dr. Doug Bacon and Dr. Dale Smith

Dr. R ussell B rockwell, D r. W illiam M cN iece, Dr. Samuel Tirer and Dr. Joan Christie

Dr. Mark Schroeder, Dr. and Mrs. Curtis Payne and their daughter

Dr. and Mrs. Charles Tandy, Dr. and Mrs. Carlos Parsloe and Dr. George Battit

Dr. George Bause, A. J. Wright, Dr. Russell Brockwell and Dr. William McNiece

Photos by Patrick Sim
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A.J. Wright and Dr. Ray Defalque

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Dr. John Gordon Morrow and Dr. Sandra Kopp

Dr. Mark Lema, Dr. Roger Eltringham and Dr. John Neeld
Book Reviews

by Ray J. Defalque, M.D.
Professor (Retired)
Department of Anesthesiology
University of Alabama at Birmingham


Professor Marie Therese Cousin, retired Chief of Anesthesia at the Broussais Hospital of Paris, has just published a two-volume (680 pages) history of anesthesia and intensive care in France from their beginnings to 1965. This original work, richly documented and illustrated and with a wealth of references, is the product of the author's years of research at the Sorbonne and her experience as a clinician. It is the first encyclopedic history of French anesthesia in all its aspects. Dr. Cousin points out that although many anesthetic discoveries originated outside of her country, the French physicians and scientists immediately understood their significance, adopted them and contributed important modifications and additions.

Volume 1 briefly describes the contributions of the French chemists, physicists and physiologists before 1846. The following chapters address each inhalation agent (from ether to halothane), the intravenous anesthetics, the local and regional techniques and drugs and the muscle relaxants (including Daniel Bovet's great contributions). The last chapters narrate the birth of pediatric and obstetric anesthesia in France.

Volume 2 reviews the history of resuscitation in Europe before the arrival of anesthesia (a fascinating, largely unknown topic), the introduction of intensive care on the Continent after WW2 (with the engrossing history of the 1952 epidemic of poliomyelitis in Denmark) and the ventilators and monitors used in France since that time. Several chapters on the struggle to create anesthesia as an independent specialty in France with its political and financial aspects and others on the birth of the French professional societies, journals and teaching programs will be of less relevance to the foreign anesthetist. Interesting, however, is how modern anesthesia was introduced in France after WW2 by young physicians who had fled their occupied country and learned their trade while serving in the British and, especially, the US armed forces during the war. Also the struggle to obtain professional recognition and financial independence in France is a good mirror of the professional battles on the Continent after WW2. The US anesthesiologists were fortunately spared those trying times.

Dr. Cousin's work is extensively researched and her topics presented in great details and supported by an abundance of references. References and notations are conveniently placed at the bottom of each page, thus sparing the reader continuous and tedious to-and-fro reading between the text and the end of each chapter. Volume 2 has two very inclusive indexes, one for the names and another for the topics. Professor Cousin writes with enormous enthusiasm in a most elegant, clear and concise French. She solves some medicobiographical mysteries and occasionally adds witty, even sly, personal comments. Although a rigorously scientific work, the book reads like a novel, or what the French call a "livre de chevet" (bedside book).

There is a wealth of pictures of equipment and photographs of French physicians and scientists rarely published in anesthesia textbooks. Some of the photographs, unfortunately are of poor quality. I hope that this unique contribution to the history of our specialty will be re-published in a hardback edition on good paper and with better photographs. I also hope that Dr. Cousin's books will be translated into English for the education and enjoyment of foreign anesthesiologists. This important work deserves a large, world-wide audience.


Dr. Cazalaa, Professor of Anesthesia at the Necker Hospital of Paris, has just published a masterpiece bound to seduce all historians of anesthesia. Dr. Cazalaa's bilingual book presents a collection of over 150 European inhalers and anesthesia-related equipment (1847-1970) gathered in Paris for the 2004 World Congress of Anesthesia. Each object is handsomely photographed in vivid colors and its history, development and use briefly described. Dr. Camalaa's graceful French text has been elegantly translated in English by Dr. Baker.

This original, truly magnificent piece of art, written with love by an enthusiastic historian of anesthesia and published at a very affordable price ($50.00) deserves a place in the library of all anesthesiologists interested in the history of our specialty.

I hope that Professor Cazalaa and his team will continue their search for, and study of, other anesthetic equipment scattered throughout the world and soon will spoil us with an extensive addition to this superb book.

Dr. Cazalaa's book may be purchased on the web at order@editions-glyphe.com (prepayment by Paypal) or from the Wood Library-Museum.
From the Literature

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

A associate professor and clinical librarian
Department of Anesthesiology
University of Alabama at Birmingham

Note: I have examined most of the items listed in this column. Books can be listed in this column more than once as new reviews appear. Older articles are included as work through a large backlog of materials. Some listings are not directly related to anesthesia, pain or critical care; I interpret those categories very broadly. Some will concern individuals important in the history of the specialty [i.e., H. Harvey Cushing or William Halsted] who also achieved in other areas or widely-used equipment such as the stethoscope. I also include career profiles of living individuals. Non-English materials are so indicated. Columns for the past several years are available as "Recent Articles" on Anesthesia History on the Anesthesia History Association website at www.anes.uab.edu/anesthesia_history_association.htm. I urge readers to send me any citations, especially those not in English, that I may otherwise miss.

Books

Baker B. Australia's First Anaesthetic Department 75 Years at the RPA. Camperdown, N.S.W.: Jobson Foundation, 2005. 172pp. [Illus., names index; rev. Ball C. Anesth Intens Care 33:701, 2005].


Broad WJ. The Oracle: The Lost Secrets and Hidden Message of Ancient Delphi. Penguin Press, 2005, 504pp. [Cover theory that ethylene may have provided Delphic oracle's effects; rev. Publisher's Weekly, 5 December 2005, p. 46].


Stolyarenko PYu. Famous Stomatologists (Jean Bercher, V.M. Uvarov and M.D. Dubov). Contribution to the Development of Local Anaesthesia in Maxillofacial Area. Samara, Russia, 2005. 64pp. [Russian; 23 Illus., 81 refs.].

Articles and Book Chapters


Aziz M.F. Remembering our past: a look at the resident component. ASA Newsletter Special Commemorative Issue 1905-2005, pp 34-35 [2 Illus.].

Bacon D.R. A centurion arrives—why our past may help to mold our future. ASA Newsletter Special Commemorative Issue 1905-2005, pp 1-3 [2 Illus.].

Ball C, Westhorpe R. The first synthetic nondepolarizing muscle relaxant—gal-lamine. Anesth Intens Care 33(5):557, October 2005 [Cover note; illus., 4 refs.].


Berman J.C. A day in the life: 2005. ASA Newsletter Special Commemorative Issue 1905-2005, pp 8-9 [Illus.].


Cromwell T.H. Bagdad: hope amid the ruins. ASA Newsletter 69(9):28-29, 31, September 2005 [Illus.].


Jones DM. ASA puts its house in order: history of ASA headquarters. ASA Newsletter Special Commemorative Issue 1905-2005, pp 41-44 [7 Illus.].
Joshi GP. 10 things that changed anesthesia. ASA Newsletter Special Commemorative Issue 1905-2005, pp 10-13 [8 illus.]


Markman J. The aftermath of genocide in Rwanda...Assessing a country in pain. Anesthesiology News 31(12):26, December 2005 [3 illus.]

Metcalf NH. Military influence upon the development of anaesthesia from the American Civil War (1861-1865) to the outbreak of the First World War. Anaesthesia 60:1213-1217, 2005 [3 illus., 1 table, 27 refs.]

Miller RD, Hannenberg AA. Anesthesiology's choices for the next century. ASA Newsletter Special Commemorative Issue 1905-2005, pp 36-37 [1illus., 4 refs.]


Schaner PJ. A history of the Distinguished Service Award. ASA Newsletter Special Commemorative Issue 1905-2005, pp 17-19 [listing, illus.]


Severinghaus JW. First electrodes for blood PO2 and PCO2 determination. J Appl Physiol 97:1599-1600, 2004 [Essays on APS Classic Papers; 2 illus., 4 refs.]


Stephen CR. A day in the life: 1955. ASA Newsletter Special Commemorative Issue 1905-2005, pp 6-7 [illus.]


Szabat R, Bierstein K. Medicine and government regulation—the times, they have been changing. ASA Newsletter Special Commemorative Issue 1905-2005, pp 38-40 [2 illus.]


This Month in Anesthesia History*

1736 January 19: James Watt is born. Watt, of workable steam engine fame, developed a partnership in the mid-1780s 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 in London, England. 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]. A prolific author, Roget also invented an improved slide rule used until the development of pocket calculators, and the pocket chessboard. He did research on vision physiology which he published in 1825 that is the conceptual basis for motion pictures. Roget died on September 17, 1869.

1809 January 19: American writer Edgar Allen Poe is born. Lesser-known among his works are three tales dealing with mesmerism, or what we now know as hypnosis. Mesmerism was developed in the late eighteenth-century by Viennese physician Franz Anton Mesmer [1734-1816] and for decades was associated with quackery. However, several physicians in the 1830s and 1840s in England and India used and promoted it as surgical pain relief until the introduction of ether by Morton. Poe’s stories featuring mesmerism are “A Tale of the Ragged Mountains,” “The Facts in the Case of M. Valdemar” and “Mesmerism Revelation.” One recent history of mesmerism is Alison Winter’s Mesmerized: Powers of Mind in Victorian Britain [1998]. Poe died in Baltimore on October 7, 1849.

1813 January 21: James Marion Sims, an Alabama surgeon famous for his vescovaginal 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. Sims was born in South Carolina and received his M.D. from Jefferson Medical College in Philadelphia in 1835. For some years he practiced in Montgomery, but in 1853 moved to New York where two years later he opened the world’s first hospital for women. He served a term as President of the American Medical Association and died on November 13, 1883.

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

1842 January: In Rochester, New York, 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 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 Coot” or “Doctor Coot” of “Cutcutta, London and New York,” toured the eastern United States giving demonstrations of nitrous oxide inhalation to raise money to put his revolver prototype into production. In 1835 he patented a revolving-breech pistol and founded the Patent Arms Company in Paterson, New Jersey. The company failed in 1842, but an order for 1,000 revolvers by the U.S. government five years later during the Mexican War allowed Colt to restart his business. Colt was born in Hartford, Connecticut, on July 10, 1814. The text of an advertisement for Colt’s nitrous oxide demonstration in Portland, Maine, on October 13, 1832, can be found in Smith, Under the Influence: A History of Nitrous Oxide and Oxygen Anaesthesia [pp 37-38].

1866 January 24: Novelist Edith Wharton is born in New York City. Among her numerous novels is Twilight Sleep [1927], a satirical portrait of the wealthy during the Jazz Age of the 1920s. The novel includes scenes of the administration of scopolamine for pain relief during childbirth, a popular method of the day called “twilight sleep.” Wharton died in France on August 11, 1937.


January 18, 1913: American actor and


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