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Imhotep First, Last, and Always

by Samuel L. Ostrin, M.D.

Fellow medical practitioners who recoil at jokes about doctors who think they are gods, take comfort there was one who made it. He was called Imhotep, Egyptian for 'he who comes in peace'. (fig. 1) Breasted¹, the noted Egyptologist, recalling the first 3,000 years of civilization, stated, "....the history of the world had largely been the irresistible drift of tradition. The outstanding exception was the great architect-physician, Imhotep. Otherwise men had been but drops of water in the great tide."

Imhotep lived in the Third Dynasty of Egypt (2780-2720 B.C.)* during the rule of King Zoser. Born the son of the architect, Kanofer, it was as an architect that Imhotep left his most visible foot print on history. He designed and built the first pyramid. (fig. 2) The step pyramid of Sakkara, near Memphis was to serve as the tomb for King Zoser, and become the inspiration for all monumental stone structures which followed. When the step pyramid was unearthed in the 1920's, the base of a statue of Imhotep was found. (fig. 3) The inscription attests to his talents. "The Chancellor of the King of Lower Egypt, The First after the King of Upper Egypt, Administrator of the Great Place, Hereditary Lord, High Priest of Heliopolis, Imhotep, the Builder, the Sculptor, the Maker of Stone Vases."³

The last and most innocuous title of 'maker of stone vases' was perhaps the most prophetic legacy. The craftsmen of his time were molders of mud and straw bricks, makers of wattle houses, and potters of clay. The product was like its maker....perishable. Until Imhotep envisioned the pyramid, Kings were buried in a deep ditch covered by a dirt mound

*The Egyptian calendar dates back to 4236 B.C. (the Jewish 3760 B.C and the Mayan 3372 B.C.). In 3100 B.C., Menes united the kingdoms of Upper and Lower Egypt to form the First Dynasty.²

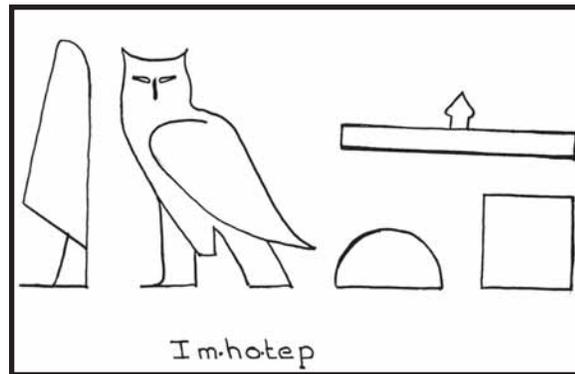


Fig. 1. Imhotep's name written in hieroglyphics.

(mustaba) which made them ripe pickings for grave robbers. The pyramid he built for his Pharaoh became Zoser's stone vase, his impenetrable vault of posterity. Since Imhotep, Man and his works have been endowed with a degree of permanence, and lasting value. Besides the obvious esthetic and engineering marvels of the pyramid and related temples, the excavators must have felt caught in a time warp. They found Doric style columns, which had apparently been constructed 2,000 years before the Greeks had invented them.³

Imhotep exercised both secular and sacred duties. His secular status was essentially that of prime minister and cabinet combined. As Grand Vizier to Pharaoh, his duties included being: 'Chief Judge', 'Overseer of the King's records', 'Bearer of the royal seal', 'Supervisor of that which Heaven brings, the Earth creates, and the Nile brings', and 'Supervisor of everything in this entire land'.⁴

Pharaohs were divine by birth, Imhotep had to work at it. As Chief Lector Priest, he was charged with negotiating with the fickle and demanding gods. It was up to his cunning and insight to anticipate their displeasures and to avert natural disasters. Equally as important, he was responsible for performing the "Liturgy of Funerary Offerings" and "The Opening of the Mouth".⁵ These were ceremonies which transported

an important mummy from this world to the next, and guaranteed successful resuscitation of vital functions once it arrived.

As Sage and Scribe, Imhotep was the source of proverbs and maxims.¹ Although no actual quotes survive, his words awakened the conscience of his time, and served as the commandments of daily life. It would take another 1,500 years before Moses would exodus Egypt (1250 B.C.) and receive more permanent guidelines.

If all these duties occupied his days, Imhotep, the Astronomer and Astrologer, spent his nights observing the heavenly

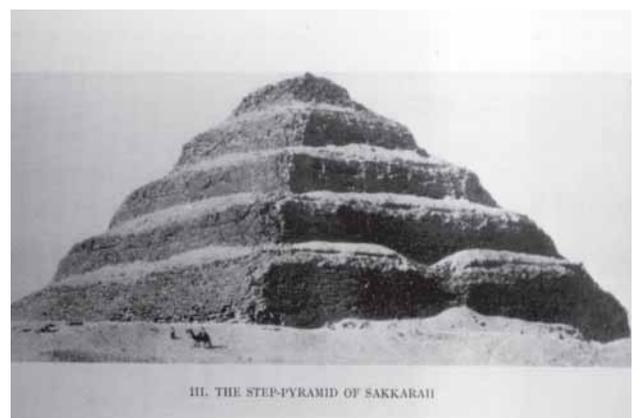


Fig. 2. The Step Pyramid of Sakkara

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Letter to the Editor

Dear Dr. Cope:

The interesting device in Miguel Colón-Morales's lower photograph (*Bulletin of Anesthesia History* 2002;20(2):3) is a Leech pharyngeal bulb gasway.

Leech invented his device in 1935, described its development in *Anesthesia and Analgesia* in 1937 (Figure)¹ and obtained US patent #2,099,127 on November 16, 1937. The "core" of the device resembles an elongated Connell airway, with a guarded tip similar to Miller's modification of the Lumbard airway. The "bulb" was made of rubber, shaped "so that... the pharyngeal tissues will relax around and about it."¹ It was manufactured in the US by the Foregger Company, with various styles of connectors. Leech himself recommended a curved rather than an L-shaped connector.¹

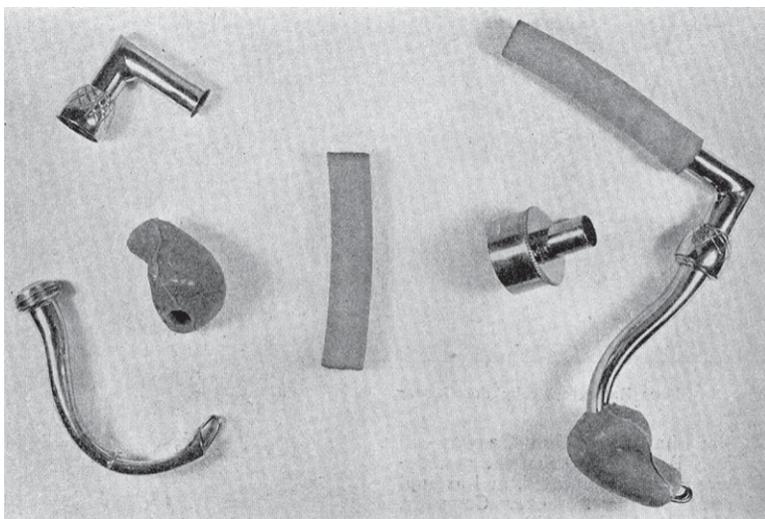


Figure 1 - Leech pharyngeal bulb gasway

The Leech gasway provided a means of delivering closed circuit cyclopropane anesthesia as efficiently as with endotracheal intubation, but without time-consuming laryngoscopy with a straight bladed laryngoscope that required deep anesthesia. It remained popular until the introduction of succinylcholine in the mid-1950's. In 1957, Leech replied to an inquiry from a colleague, "I rarely use it myself any more, since rapid acting muscle relaxants have made intubation so simple."²

This airway, and similar ones reviewed by Rendell-Baker in 2000,³ preceded the laryngeal mask airway (LMA) by nearly fifty years. Dr. Archie Brain addressed

the question of Leech's design being a forerunner of the laryngeal mask LMA in 1990.⁴ He pointed out that, anatomically, the tip of the Leech gasway reached the tip of the epiglottis, whereas the LMA lies much deeper with its tip at the upper esophageal sphincter. Functionally, they are also different. The Leech airway forms a seal around the perimeter of the pharynx, while the LMA forms its seal at right angles to this, around the perimeter of the larynx. The mask and glottic apertures are thus facing each other, permitting blind intubation of the trachea via the tube of the LMA, or fiberoptic inspection of the larynx or bronchial tree.

Dr. Beverley Charles Leech (1898-1960) was born in Brandon, Manitoba and graduated from Brandon College.⁵ He served in the Canadian Expeditionary Force during the First World War and graduated MD,

To whom it may concern,

My name is Steve Clark my wife is Bonnie Clark, both of us are long time residents of Charlton Ma. We have recently purchased The Waters Morton house which as you know is the boyhood home of William T.G. Morton. There was a fire in the house in 1999 this accompanied with years of neglect make the house in major need of repair. The cost of the restoration is approximately \$100,000-\$150,000. We have lived in the Mary Waters homestead for 18 years which is the house Israel Waters built for his mother which is in eye shot of the Waters-Morton House. We made the decision to take on this large task. Our plans are to restore the house while making it a practical home. The house is in need of a septic system, well, electrical, plumbing, windows, structural repair, fire damage repair, Antique architectural repair, Carpentry, Heating system, chimney work and general modernization to the kitchen and baths. Some of these are already in process. Our vision is to restore this great structure which is on the national register of Historic places. Included in our plans are to put the front door to its original spot in the front of the house. Repair or restore the early paneled walls that were removed during the fire and to have a Morton Room which would include Collectable and historic books and items on anesthesia, ether, painless dentistry and surgery.

I am writing to you to inform that we have begun the process of restoring this wonderful house and historically significant house to the Anesthesia world and to ask if the American Society of Anesthesiologist or the Wood Library Museum of Anesthesiology have funds available for grants or low interest loans to help with these type of restorations. If your organization has interest in helping in some way with the restoration or you would like to be kept informed of our progress please contact us via e-mail, mail or telephone. After we make significant progress on the restoration we would like to invite any of your members or historians of Anesthesia and/or historians of historic places to join us in a tour and possible dedication.

Thank you for your consideration.

Mr. Mrs. Steven Clark
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Charlton Ma 01507
Tel. 508-248-5150
E-mail Scbc101@aol.com

CM from McGill University in 1925. He established a practice in Regina, Saskatchewan and was director of anesthesia at Regina General Hospital from 1929-56.

Leech was one of Canada's leading pioneer anesthetists. He was a charter member of the American Society of Anesthesiologists, 1937; elected an honorary fellow of the Association of Anaesthetists of Great Britain and Ireland and honorary member of the Section of Anaesthetics of the Royal Society of Medicine, 1942; certified as a specialist in anesthesia by the Royal College of Physicians and Surgeons of

Continued on page 11

Servo-Anesthesia and the Search for a Residency

To the Editor:

The paper by Spittler and coworkers¹ brought to mind how different it used to be in searching for a residency in anesthesiology and in my own case how "servo-anesthesia" played a definitive role.

I was interning at the University of Chicago Clinics (Billings Hospital) at the end of the 50's doing a rotating internship and decided to do a month on the anesthesiology service. The Professor and Chairman was a charming, wonderfully enthusiastic, World War 11 underground hero, clinician-teacher from Denmark, E. Trier Morch. As is well known, Dr. Morch was a pioneer in the development of ventilators.² Very quickly, the Professor both captivated and captured me, and after doing a second month on his service, I changed my career goal from tropical medicine (sic!) to anesthesiology. The next question that came up was where to do the residency. Unfortunately, I was pulled many ways and peppered with numbers of suggestions by numerous knowledgeable people. Dr. Morch suggested that I look at the Massachusetts General Hospital and my fellow intern and roommate, Harry Wollman, decided upon going to the University of Pennsylvania with Dr. Dripps and naturally thought I should apply there. I was pulled in two other directions when one of Dr. Morch's staff thought I would enjoy a residency at the University of Colorado with Dr. Robert Virtue because of his work in pharmacology and another staff anesthesiologist, Dr. Geraldine Light, opined that the Mayo Clinic was the place for me. It must be pointed out that while there was an intern-matching plan, the specialty matching came much later. The process then was to consult with your peers, speak to your fellow interns, look over the literature produced at the various institutions and then make an educated guess.

I applied to all the departments mentioned above and received a very rapid response from Rochester, Minnesota and arranged for a visit to the Mayo Clinic in the fall. I flew from Chicago to Minneapolis and then boarded a turbo-jet to Rochester, arriving in the early evening. Early the next morning, I presented myself at the Chairman's Office and spent time with Dr. Albert Falconer discussing my interests and background and giving me an idea what the Mayo program encompassed. The rest of the day was a blur, visiting the "old" medical sciences research building where I met Dr. Reginald Bickford, the Chief of

Electroencephalography; the wonderful Mayo Clinic Library; and the operating rooms at both Methodist and Methodist-Worrall Hospitals where I had interviews with Drs. Harry Seldon, (one of the founders and editor of *Anesthesia and Analgesia*), Charley Restall, Ed Daw, J.T. Martin, Howard Terry, and Bob Patrick.

The "piece de resistance" took place early the next day when I visited one of the operating rooms to watch a surgical procedure where I was told "automatic" servo-anesthesia using pentothal would be used. Certain aspects of the event still stick-out in my memory. I do remember the injection pump unit with its glass pentothal syringe attached by tubing to a needle in an antecubital vein, and the large, specially designed E.E.G. Unit with its primitive frequency analyzer. I was certainly awed by the audacity of the concept as a tool for understanding anesthetic effects. Forty-two years later at the year 2000 ASA meeting, Peter Cohen and I presented a poster covering Falconer and Bickford's work on E.E.G. responses to thiopental, ether and nitrous oxide.

I returned to Chicago that evening having been most impressed with what I had observed. Above all, the Mayo plan of breaking for one or two years in order to fulfill the requirements for a Masters or Doctorate in Anesthesiology was most appealing, especially with the excellent research facilities that were available. The exciting experience of observing at first-hand the application of servo-anesthesia made it quite easy for me to accept the residency offer when it arrived in the mail a week or so later.

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References

1. Spittler KH, Bacon DR, Perkins WJ. The Quest for Anesthetic Depth: Albert Falconer, Electroencephalography and the Servo-Controlled Anesthesia Machine. *Bull Anesth Hist* 2002;20:1,4-6.
2. Rosenberg H, Axelrod JK, Ernst Trier Morch: Inventor, Medical Pioneer, Heroic Freedom Fighter. *Anes Analg* 2000;90:218-221.

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Imhotep . . . *Continued from page 1*



Fig. 3. Statue of Imhotep from Kunstmuseum in Berlin, Germany

bodies for omens and portents.

Imhotep was more than 'the first outstanding individual in human history', as Breasted claims. Johnson³ more aptly refers to him as 'The Leonardo of Memphis'. Imhotep preceeded the Renaissance by 43 centuries. Human events would have to wait that long for a standard worthy of comparison.

In spite of all his other accomplishments, Imhotep is best remembered as the first great physician. (fig. 4) In the days of the Pharaohs, physicians were also magicians. Magic has always been the Mother of Medicine. A potion was only as good as the power of the physician's magic to make it work. Physiology and pharmacology notwithstanding, what practicing physician would deny that magic is still operative in medicine today (the power of the placebo, good bedside manner etc.)? Ancient scrolls like the Berlin, Smith, and Eber's papyri remind us that the Egyptians practiced remarkably imaginative therapeutics and powerful magic.

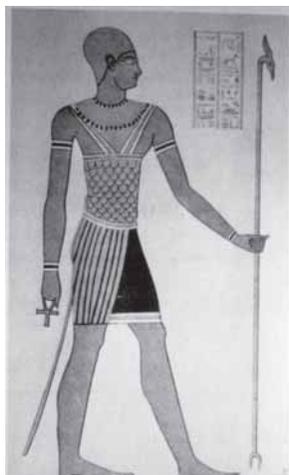


Fig. 4. Imhotep as Deity of Medicine

Unfortunately, no records of Imhotep's activities as a physician have been unearthed. In 1957, Professor W.B. Emery excavating in the Sakkara area^{6,7}, came across some tantalizing finds to suggest that Imhotep's tomb must be near by. His death in 1971 ended seven years of searching. Thanks to Erman⁸, we can be confident that Imhotep walked this earth during Zoser's time. In the absence of the man, we are left with the myth.

When one of messianic proportions dies, the myth mushrooms. His death didn't dimin-

ish Egypt's dependence on him. People were drawn to his place of interment. In death, as in life, they brought their suffering for his succor. He didn't abandon his patients. Imhotep's healing powers stretched from beyond the grave.

It's true. You just can't keep a good Doc down. To accommodate his new stature, Imhotep was elevated to the rank of a demi-god, or saint. As a new cult figure, temples were built in his honor, and ranks of priests flourished in his adoration. The temples became sacred places of contemplation and incubation sleep. The power and revelations of dreams were highly regarded in Egypt. The supplicants would be visited by Imhotep as they slept. He would cure the easy cases over night. For the more complicated ones, he would prescribe incantations and treatments which would affect the cure. Miracle hearings became commonplace. Just as his architectural visions foreshadowed the skyscrapers, his worship presaged dream analysis, the power of positive thinking, suggestive therapy, bio-feedback and the like.

What a fountain of hope and compassion he must have been. Consider the beautifully lyrical passage from the Papyrus of Ani (The Book of the Dead), which is thought to have originated around Imhotep's time.

When thou worshippeth thy god, do it quietly and without ostentation in the sanctuary of god, to whom clamour is abhorrent. Pray to him with a longing heart, in which all words are hidden. So will he grant thy offerings.⁴

These instructions are reminiscent of those issued in the Sermon on the Mount (Matthew: chapter 6, verse 6).

But thou, when thou prayest, enter into the closet, and when thou hast shut thy door, pray to thy Father which is in secret; and thy Father which seeth in secret, shall reward thee openly.

Even though sainthood followed shortly after death, his apotheosis took 2,500 years (525 B.C.). His elevation to a full fledged god demanded repackaging. A god needed a god for a father. The mighty Ptah was the obvious choice. The lion-headed Sekhmet became his new mother. Together, they formed the Triad of Memphis.^{5,9} The symbolism of the trinity (two gods and one goddess) was an Egyptian hallmark.

Imhotep's fortunes fared better than his beloved Egypt. Egypt would fall under foreign domination, most notably the Persians under Darius I and the Ptolemaic period under the Greeks. As Egyptian civilization slowly eroded under foreign influence, the worship of Imhotep not only flourished, but was encouraged. It was during the Persian period that he was deified. The Greeks called him Imouthes, and claimed that their god of medicine, Asklepios, was none other than Imhotep reincarnate. It wasn't until well into the Christian Era (550 A.D.) that Imhotep fell from grace.

Even though little is known about the man himself, there can be little doubt how people felt about him. From the graffiti on his temples and his historical press clippings, we learn that Imhotep was:⁴

.....the good physician of gods and men, a kind and merciful god, assuaging the suffering of those in pain, healing the diseases of men, and giving peaceful sleep to the restless and suffering.

.....the god who protects human beings, who gives to him who calls upon him, who gives life to men and women.

.....the god who gives a son to him who has none.

Speaking of this man who Sir William Osler called 'the first figure of a physician to stand out clearly from the mists of antiquity', Ralston⁷, offers a compelling argument regarding our Hippocratic Oath: "It is inadvisable to swear, particularly to pagan gods; but if one must swear, why not to Imhotep?"

Imhotep's challenge to all physicians

is unambiguous. The making of diagnoses and dispensing of drugs, does not a physician make. Imhotep, 'he who comes in peace', Pharaoh's Adviser, Architect, Astronomer, Sage, Scribe, Priest, Poet, and Physician. He was not only the first and greatest of all physicians, but is still the only healer to stay in practice for over 3,000 years!

References

1. Breasted, James. *The Dawn of Conscience*. Chas. Scribner, New York, 1934, p. 140, 301.
2. Cooke J, Kramer A. *History's Timeline*. Crescent Books, New York, 1981.
3. Johnson P. *The Civilization of Ancient Egypt*. Atheneum Press, New York, 1978, pp. 33-37.
4. Hurry JB. *Imhotep: The Visier and Physician of King Zoser*. Oxford University Press, 2nd edition, 1928.
5. Budge EAW. *The Egyptian Book of the Dead*. Dover Publ., New York, 1967.
6. Kolta KS. Imhotep und die Medizin. *Sudhoff Arch*. 1973;57(3):245-254.
7. Ralston BL. I Swear by Imhotep the Physician. *New York State Journal of Medicine*, Nov. 1977;2148-2152.
8. Erman A. *Aegypten und Aegyptisches Leben in Altertum*. Tubingen, 1923, p. 477.
9. Budge EAW. *The Gods of the Egyptians*. Dover Publ., New York, 1969, vol. II.

Anesthesia History at the 2002 ASA Annual Meeting in Orlando, FL

Monday, October 14, 2002

12:30 - 2:30 PM

Orange County Convention Center, Room 315-A

Wood Library-Museum of Anesthesiology Friends Tea and Booksigning

2 - 4 PM

Orange County Convention Center, Room 414-A

Forum on the Writing of the History of Anesthesiology

6 - 9 PM

Peabody Orlando, Florida I Room

Anesthesia History Association Annual Dinner Meeting

Tuesday, October 15, 2002

12:50 - 1:50 PM

Orange County Convention Center, Room 224-H

The 2002 Lewis H. Wright Memorial Lecture

2 - 4 PM

Orange County Convention Center, Room 224-H

Panel on History

Anesthesia History Association Sixth Annual Resident Essay Contest

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

A 1,500-3,000-word essay related to the history of anesthesia, pain management or critical care should be submitted to:

William D. Hammonds, M.D., M.P.H.
Chair, AHA Resident Essay Contest
University of Iowa
School of Medicine
Dept. of Anesthesia
200 Hawkins Drive, 6 JCP
Iowa City, IA 52242-1079
U.S.A.

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

An honorarium of \$500.00 and a certificate will be awarded at the AHA's annual dinner meeting at the ASA.

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

All entries must be received on or before August 15, 2003.

Daniel G. Revell, Jr., M.D. (1904-2002)

Canadian Pioneer Anaesthetist

by Patrick Sim, Librarian

Wood Library-Museum of Anesthesiology

Dr. Daniel Graisbury Revell of the Revell Circulator fame died on September 12, 2002, at his home in Victoria, B.C., approximately sixty miles east of Vancouver. Dr. Revell was two months shy of age 98 when he passed away.

Dr. Revell was born in Chicago in 1904 where his father was a professor of anatomy at the University of Chicago. Soon after young Daniel's birth, the family moved to Edmonton, Alberta, where the senior Revell accepted a similar teaching position at the University of Alberta. Dr. Dan Revell received his college and pre-medical education in Edmonton, and his medical degree at the University of Alberta. He moved to Toronto for his internship at the Toronto Western Hospital. While an intern, Dr. Revell learned to give anesthesia from Dr. Charles Robson, and was acquiring a reputation for his gadgetry talents. Professor V. E. Henderson from the Pharmacology Department knew of young Dan Revell, and of his interest in anesthesia. Known for his research and eventual clinical trial on cyclopropane, Dr. Henderson recommended young Dr. Revell to Ralph Waters for residency training in the Madison program in 1934. Dr. Waters did not have an opening at that time, and could only offer an internship for this young Canadian doctor, meaning that he would have to spend an additional year of training without pay.¹ He would have been an aqua-alumnus should opportunity exist! Instead, Dr. Revell went north to begin his medical career as a general practitioner in a mining community in Red Lake, Ontario. He practiced rural medicine in the next four years until the eve of World War II. During the War years, Dr. Revell served the Canadian Army for five years at which time he continued to give anesthesia.

Returning from the War, Dr. Revell settled in Winnipeg and resumed his career at the Winnipeg General Hospital, and was in charge of anesthesia at the Children's Memorial Hospital of the University of Manitoba. It was there in 1946 that he devised his first circulator.² As he tried to give Cycloprane anesthesia to pediatric patients, he found the adult apparatus unsuitable for the pediatric patient, as there was too much residual carbon dioxide in the dead space of the closed cir-



Daniel G. Revell, M.D.

cuit, which posted hazards for the infant patient. The idea of creating an apparatus to remove carbon dioxide from the dead space in the circuit began to take shape. He described his apparatus, and presented his idea at a Canadian anaesthetists meeting in Regina, Saskatchewan. His paper was read in absentia at the meeting, as he was in the process of relocating to British Columbia. Dr. Ralph Waters attended that meeting, and was greatly impressed by the author's innovative idea. He returned to Madison, and expressed his excitement on Revell's paper to Dr. Lucien Morris, unaware of the fact that the author was the young Canadian who almost had joined his program. It intrigued Dr. Morris, as he began an effort to know Daniel Revell. The Revell-Morris connection began six years later in 1953, when professional collaboration and personal friendship started, as this special relationship continued until today³.

Dr. Revell's Circulator is a forced circulation device to eliminate residual gases in the circle absorption system. It was a concept derived from the windshield wiper mechanism in the auto industry. The original design of a duo-function motor allows the windshield wiper of an automobile to clean the windshield and help clear the fog of a moisture laden interior through the vacuum powered action on the motor. This circulator eliminates the mechanical dead space by keeping the gases in the under-mask space moving in

order to carry along the undesirable gas in the circuit to the absorber. Dr. Revell described this mechanism a decade after its introduction.^{4,5} Subsequently, commercial models of the Revell Circulator were delivered. George S. Bause illustrated the evolution of the Revell Circulator in an issue of the *ASA Newsletter*, September 1998.⁶

Daniel Graisbury Revell contributed to anesthesiology in his own unique way, and has left a rich legacy to his chosen specialty. His productive life and career represented a significant episode of modern anesthesiology upon which advances of the specialty are based.

References

1. V.E. Henderson Correspondence, Feb. 24, 1934. Ralph Waters Archive, WLM. Series 12.4.3, Park Ridge, IL.
2. Morris, L.E. A salute to Daniel G. Revell, MD. The contributions of a west coast colleague. *CSA Bull.* Jan-Feb, 1990:8-13.
3. Personal Communication with Lucien E. Morris, M.D., Sept. 16, 2002.
4. Revell DG. A Circulator to Eliminate Mechanical Dead Space in Circle Absorption Systems. *Can Anaesth Soc J* 1959;6(2):98-103.
5. Revell DG. An improved circulator for closed circle anaesthesia. *Can Anaesth Soc J* 1959;6(2):104-107.
6. Bause GS. A pictorial review of pediatric anesthesia artifacts. *ASA Newsletter* 1998;62(9):11-13.

MedNuggets

by Fred J. Spielman, M.D.

Professor

Department of Anesthesiology, University of North Carolina

The potential dangers of sub-specialization by anesthesiologists are similar to those of overspecialization in other areas—fragmentation of a specialty, tunnel vision, and further dilution of the effects of an inadequate number of anesthesiologists. Obviously what is gained in depth in one area, is lost in breadth in the rest of the field.

—Frank Moya
Anesthesiology 41:427, 1974

The time is coming when the private patient will be regularly asked whether he is willing to pay for an ether giver. The bill will be rendered separately or in a separate item.

—Robert L. Dickinson
Journal of the American Medical Association 53:2004, 1909

I believe that with increasing experience and better training we shall some day have to establish indications for general anesthesia rather than for local. It will then seem no more reasonable to anesthetize the entire organism for a strictly local operation on it, than it would at the present time to bind or splint the entire body for an injury to an extremity.

—Willard Bartlett
Surgery, Gynecology and Obstetrics 33:27, 1921

Each year not only brings its procession of new narcotic and anesthetic drugs and apparatus clamoring for recognition, but also marks the dropping of recent favorites, some after a rocket-like period of popularity.

—P.D. Woodbridge
Surgical Clinics of North America 15:1513, 1935

Again let it be emphasized that recently introduced cardiac monitors are not to be condemned. They are a useful and important adjunct in the estimation of a patient's welfare. But to trust entirely these electronic gadgets may endanger the life of the patient. The age of electronics has not rendered the skilled and attentive anesthetist obsolete.

—David A. Davis
American Surgeon 24:647, 1958

In many hospitals, no attempt is made to explain the nature of the induction of anaesthesia nor to ascertain the patient's preferences or past experiences. He is simply asked to sign a sinister-looking form giving his consent to an anaesthetic and to any operation which the surgeon deems appropriate.

—Editorial
Anaesthesia 10:327, 1955

The first operation without anaesthesia that I witnessed was so disquieting on account of the sufferings of the patient that I was nearly driven from the profession.

—Stephen Smith
Johns Hopkins Hospital Bulletin 30:273, 1919

It may be stated as a principle that an anesthetized patient should never be placed in a posture which he could not safely assume if he were conscious.

—Albert H. Miller
New England Journal of Medicine 218:385, 1938

It has been established that in true 'spinal headache' the cerebrospinal pressure as measured through a lumbar puncture needle is lower than normal. If possible, a 'head down' position should be adopted and strongly hypertonic solutions can be administered per rectum or intravenously. In really severe cases, the intrathecal injection of warm normal saline is nearly always successful.

—C. Langton Hewer
British Journal of Surgery 28:715, 1940-41

Teamwork in surgery does not depend upon high powered technique, ultra scientific anesthesia nor a corps of trained assistants. Teamwork depends largely upon mutual confidence generated by frequent contacts and unswerving honesty.

—Robert F. Corwin
Current Researches in Anesthesia and Analgesia 18:90, 1939

The other advantage (spinal v. general anesthesia) which has not been sufficiently stressed or appreciated is the difference in postoperative nursing service.

Spinal anesthesia patients are put in bed with the foot of the bed elevated, and given a couple of folds of gauze and a kidney basin. They can take care of themselves and the nurse can go about her other duties.

—V.E. Johnson
American Journal of Surgery 11:478, 1931

In operating upon the aged and the feeble, or upon individuals suffering from heart-, lung-, or kidney-disease, it is no exaggeration to say that the surgeon's chief cause for anxiety is not so much the operative work itself as the anaesthetic and its administration.

—Howard Lilienthal
Annals of Surgery 27:581, 1898

The possibility of the safe relief of the pain of labor has been a world history and a worldwide question. None the less pertinent today than at any time since the beginning of the human race. The terror of the lying-in chamber have cast their blight over the lives of womenkind, and given an ever present excuse for birth control and abortion.

—John Van Doren Young
New York State Journal of Medicine 22:501, 1922

The modern tendency in anaesthesia is towards specialization, complexity, and polypharmacy. The more drugs are used, the more difficult does it become to attribute changes in the patient to their true cause.

—Noel A. Gillespie
British Journal of Anaesthesia 22:192, 1950

It is highly desirable that those who are formulating plans for medical military preparedness may include the assignment of at least one well-trained physician as anesthetist to each hospital unit.

—Ralph M. Waters
Surgery 9:229, 1941

WLM Dedicates Bause Collection

by *Doris K. Cope, M.D.*
Professor, Anesthesiology
University of Pittsburgh

On August 16, 2002, the Board of Trustees of the Wood Library–Museum (WLM) of the American Society of Anesthesiologists dedicated the artifacts and equipment in the museum gallery as The George and Ramona Bause Collection. This well-deserved tribute was in thanks to the tireless dedication of George and Ramona Bause to the history of anesthesiology over the past two decades.

George began his medical antiquing as a senior medical student at Johns Hopkins. As an anesthesia resident, Bause curated Hopkins' Donald Benson Memorial Museum of Anesthesiology; as a Yale professor, the Yale Museum of Anesthesiology. After the late Rod Calverley, toured Yale's departmental museum as a Visiting Professor, he joined fellow WLM Trustee Nicholas Greene in inviting Bause as a WLM consultant in March of 1987. Since that auspicious beginning, Dr. Bause has tirelessly contributed his energy to the Wood Library–Museum, first as a member of the Board of Trustees, then as creator and coordinator of the historical exhibits at the Annual Meetings of the ASA (including traveling exhibits on loan to other groups), and now as Honorary Curator of the WLM and collector extraordinaire.

George's favorite item in the Bause Collection resulted from Ramona's insistence that the two of them tour an antiques/arts area in rural Pennsylvania. In

one shop, George spied an oil portrait resembling his brother. Spotting the Davy miner's safety lamp in the painting, George realized that the portrait was indeed that of Sir Humphry Davy, a distant relative of George's who not only discovered the elements sodium and potassium, but also pioneered the use of nitrous oxide for relieving pain. After much consideration and even cashing in a life insurance policy, the Bauses bought the picture.

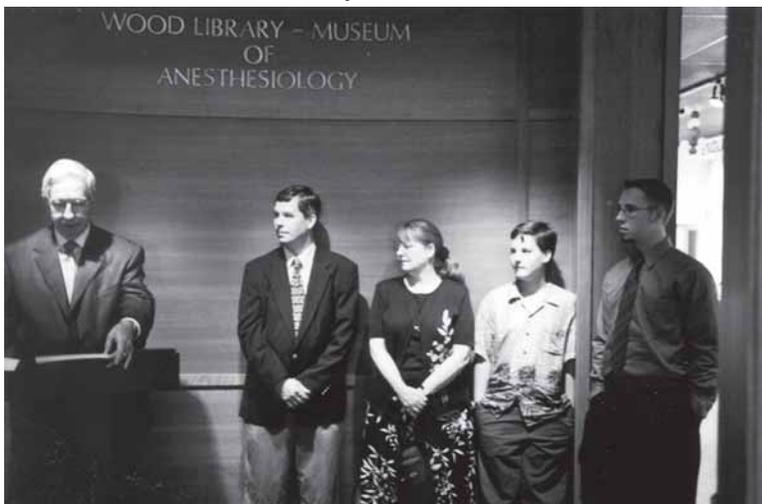
They later mused that donating the Davy oil to the WLM spared the Bauses from dividing it between their boys. In the photograph, George, Ramona and their sons Colin Davy and Evan Blake Bause flank the Davy portrait at the dedication of the Bause Collection by Dr. Charles Tandy and the Trustees and Committee Chairmen of the WLM.

Among other unique items acquired and then gifted by the Bauses to the WLM are an 1847 Charrière glass ether inhaler; antique Sudeck, Silk, Murphy masks and inhalers; and early sphygmomanometers. Early on, Ramona discovered a bottle of beta-eucaine, the first synthetic local anesthetic used in America. Later, George donated advertising, equipment manuals, and catalogs useful in identifying obscure early artifacts donated to the museum. Under Ramona's tutelage, George's antiquing and internet commerce skills have greatly enhanced the WLM collection and their shared honor is most fitting. Particularly invaluable for anesthesiologists and medical historians, The George and Ramona Bause Collection helps ensure that anesthesia's past will be there for our future.



L to R: Evan Blake and Colin Davy Bause and their parents, Dr. and Mrs. George Bause

Dr. Charles Tandy, Dr. and Mrs. George Bause, and their sons, Evan Blake and Colin Davy Bause





Dr. and Mrs. George Bause



Dr. George Bause, Dr. Alan Sessler, Dr. Lydia Conlay, and Dr. Charles Tandy



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Photographs by Dr. Jonathan Berman.

Anesthesia Foundation Book/Multimedia Education Award

The Anesthesia Foundation announces the Book/Multimedia Education Award to be presented 2003 at the American Society of Anesthesiologists Annual Meeting.

This prestigious award will be awarded tri-yearly for excellence and innovation in books or multimedia with significant impact on the science and practice of anesthesiology, critical care, or pain medicine. Multiple authors are eligible with the stipend being divided between the first and senior authors.

The award is \$10,000, plus expenses for winners and guests to attend the Academy of Anesthesiology 2004 Spring meeting in Victoria Island, Canada.

Deadline for receipt of contributions is November 15, 2002.

For further information and specific criterion please contact:

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The Book Corner

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

Surgery, Sand, and Saigon Tea: An Australian Army Doctor in Viet Nam Marshall Barr, 252pp., index. Singapore: Allen & Unwin, 2001. ISBN: 1 86508 463 8.

A generation of American doctors experienced the Vietnam war and were forever changed by the experience. I apologize for having been a near, but not quite, participant in the Viet Nam war. I was in the US Army until July 1964 and then went on my way, having successfully defended western Georgia from foreign invasion.

Dr. Barr, an Australian, reminds us that we had allies and that our own national interests were not the only issue at stake in the war. We Americans entered the diplomatic and military confrontations of Southeast Asia when the United States held to a domino theory – if one country fell to communism, there would be a cascade of others. The politics and the diplomacy associated with American foreign policy in the 60s and 70s are not the concern of this review nor are they the meat of this book. Barr found himself at an Australian medical facility in Viet Nam after a failed marriage and was, as a young man, involved in caring for war casualties. This book is derived from his journal in which, it seems, was recorded the name of everyone he met and every bit of food and drink he consumed. If he left any particulars out, I am grateful, but the excessive level of detail he includes makes this a harder read than it should be. Although Barr provides a glossary, Australian being a variety of English, I guess, he would have been well served to have had an American comment on some of the terms he leaves undefined and which are unfamiliar to the North American mind.

In reconstructing his own history, Barr often comes across as an erection fueled by gin and inoculated by tonic. We all have fond memories of prowess and excess. He took advantage of his year in Viet Nam to travel widely and gives a visitor's perspective to many of the familiar places in that country and in nearby ones. He also gives a useful perspective on the political context in which this military solution to a national and ideological conflict was attempted. His tour of duty included the Tet offensive of February 1968, and his assessment of it as a military failure and a propaganda success deserves attention.

Australians are a cheerful and good-

natured sort, and Barr, although he transplanted himself to England after his tour of duty, seems to be further evidence of this. While chronicling battle casualties and other surgical cases (circumcisions, a big number), he also reports on the psychological toll taken on the care-givers, particularly the young men working with the gravely injured.

This book is clearly the product of memories that will not go away and the guilty obligation of the survivor to preserve, in some way, recollections of those who must not be forgotten. So there is both personal tribute and catharsis here. I am too ignorant of the literary efforts of American anesthesiologists to report on their experiences in Viet Nam. Many served, how many expunged the experience as a survival technique and how many are waiting for the right moment to tell their stories? A nation awaiting yet another military exercise, another non-war that looks like a war, would do well to pay close attention yet again to the long-term rewards and casualties of bellicose rhetoric that descends into carnage.

Leech. . . *Continued from page 2*

Canada, 1943; charter member of the Canadian Anaesthetists' Society, 1943 and president, 1948-9. He semi-retired in 1956 to Nanaimo on Vancouver Island, where he died of a cerebrovascular accident in 1960.

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Park Ridge, IL 60068-2573

References

1. Leech BC. The pharyngeal bulb gasway: a new aid in cyclopropane anesthesia. *Anesth Analg* 1937;19:22-5.
2. Leech BC. Letter dated 13 March 1957 to Dr. Robert Intress, Amarillo, Texas. Archives, Wood Library-Museum of Anesthesiology, Park Ridge, Illinois.
3. Rendell-Baker L. From something old something new. *Anesthesiology* 2000;92:913-8.
4. Brain AJJ. Déjà vu. *Br J Anaesth* 1990;64:404.
5. H.B.G[raves]. (Obituary). Beverley Charles Leech. *Can Anaesth Soc J* 1960;7:351-2.

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OF

ANESTHESIOLOGY

Holding Court with the Ghost of Gilman Terrace:

Selected Writings of Ralph Milton Waters, MD

and

The Aqualumni Family Tree Poster

To help celebrate the 75th anniversary of Ralph M. Waters and Professionalism in Anesthesiology, which was held recently in Madison, WI, the Wood Library-Museum of Anesthesiology has published a new edition of Dr. Waters' papers, titled, *Holding Court with the Ghost of Gilman Terrace*, edited by David Lai, M.D. with a Foreword by Donald Caton, M.D. The Waters papers are organized in six subjects with an easy reference to the actual papers in the book. A limited quantity of this special edition is still available at the Wood Library-Museum at \$30 per copy, until the entire inventory is depleted.

Also printed for the Ralph Waters and Professionalism in Anesthesiology celebration is a 10" x 15" poster of the Aqualumni Family Tree, designed by Lucien E. Morris, M.D. and Jeanne P. Morris M.A. This famous genealogy elaborately traces the professional roots of pioneer anesthesiologists of the Ralph Waters tradition from which a majority of anesthesiology leaders today could claim their professional lineage. Ideal for framing for the anesthesia office, this poster is available at the Wood Library-Museum at \$5.00 per copy.

*To order a copy of your choice,
please contact:*

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From the Literature

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

Department of Anesthesiology Library, University of Alabama at Birmingham

Note: In general, I have not examined articles that do not include a notation for the number of references, illustrations, etc. I do examine most books and book chapters. Books can be listed in this column more than once as new reviews appear. Older articles are included as I work through a large backlog of materials. Some listings are not directly related to anesthesia, pain or critical care but concern individuals important in the history of the specialty [i.e., 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

Books

Beljaevskij AD, Monchenko GD. Sketches on a History of Anesthesiology. Rostov/Don. Publishing house of Rostov State Medical University, 2000. 168pp. Russian. [14 illus., 97 refs.]

Gregory A. Harvey's Heart: The Discovery of Blood Circulation. Totem Books, 2001. ISBN 1840462485

McGoldrick KE, ed. Careers in Anesthesiology: Autobiographical Memoirs. B. Raymond Fink, Luke Masahiko Kitahata, J. Roger Maltby, Thomas T. McGranahan. Volume VI. Park Ridge, Illinois: Wood Library-Museum of Anesthesiology, 2001. 189pp. ISBN 0750642157 [rev. Padfield A. *Anaesthesia* 57:944-945, 2002; Shephard DAE. *Can J Anesth* 49(7):764-765, 2002; Barash P. *Anesth Analg* 95:259-260, 2002]

Rawstron RE. Anaesthesia: Notes on Anaesthetics in New Zealand. Palmerston North: privately printed, 2002. 129pp. ISBN 047308760X

Waterfield R. Hidden Depths: The Story of Hypnosis. London: Macmillan, 2002. 464pp. ISBN 0333779495

West JB. High Life: A History of High-Altitude Physiology and Medicine. New York: Oxford University Press, 1998. 493pp. [rev. Davenport HW. *Bull Hist Med* 73: 734-736, 1999]

Wolfe RJ. Tarnished Idol: William Thomas Green Morton and the Introduction of Surgical Anesthesia: A Chronicle of the Ether Controversy. San Francisco: Norman Publishing, 2000. 672pp. ISBN 0-930405-81-1 [rev. Wright AJ. *Library J*

125(10):184-185, June 1, 2000]

Winter A. Mesmerized: Powers of Mind in Victorian Britain. Chicago: University of Chicago Press, 1998. 451pp. [rev. Pols H. *Bull Hist Med* 73:711-712, 1999]

Articles and Book Chapters

Acker CJ. The technological fix: the search for a nonaddicting analgesic. In: Acker CJ. Creating the American Junkie: Addiction Research in the Classic Era of Narcotic Control. Baltimore: Johns Hopkins University Press, 2002. 276pp. ISBN 0801867983

Adgey JJ. Resuscitation in the past, present and the future. *Ulster Med J* 71(1): 1-9, May 2002 [3 illus., 34 refs.]

Announcing the Arthur E. Guedel Memorial Anesthesia Center web site! *Bulletin of the California Society of Anesthesiologists* 48(6): 51-52, November-December 1999

Bacon DR. Gaston Labat, John Lundy, Emery Rovenstine, and the Mayo Clinic: the spread of regional anesthesia in America between the World Wars. *J Clin Anesth* 14:315-320, 2002 [6 portraits, 18 refs.]

Ball C, Westhorpe R. Intravenous induction agents: etomidate. *Anaesth Intens Care* 30(4):405, August 2002 [1 illus., 7 refs.]

Berggren L. Sigmund Freud discovered the therapeutic effects of cocaine, but all the credit went to Carl Koller. *Lakartidningen* 97(15): 1846-1847, April 2000 [Swedish]

Blakemore PR, White JD. Morphine, the Proteus of organic molecules. *Chem Commun* (11):1159-1168, June 7, 2002

Christen AG, Christen JA. Oliver Wendell Holmes, Sr., MD: champion of dentistry. *J Hist Dent* 50(2):61-69, July 2002 [1 illus., 41 refs.; includes material on Holmes and anesthesia]

Cousin MT. Vulpian and not Claude Bernard first proposed the hypothesis of the motor end-plate as the site of action of curare. *Anesthesiology* 97(2):527-528, August 2002 [1 illus., 8 refs.]

Davies J, Westhorpe R. Appendix 3: a brief history of anaesthesia. In: Davies J, Westhorpe R, All About Anaesthesia. Oxford: Oxford University Press, 2000, pp179-183 [2 illus.]

Forrester J. Roy Porter (1946-2002).

Hist Psychiat 13(pt. 2, no. 50):123-129, June 2002 [obituary]

Frank R. An aspirin for Beowulf: against aches and pains—ece and woerc. *American Notes and Queries* 15(2):58-63, spring 2002

Froggatt P. John Snow, Thomas Wakley, and The Lancet. *Anaesthesia* 57:667-675, 2002 [3 illus., 41 refs.]

Gilbert PK. "Scarcely to be described": urban extremes as real space and mythic places in the London cholera epidemic of 1854. *Nineteenth-Century Studies* 14: 149-172, 2000 [I have not examined this article and thus don't know if it includes material on John Snow.]

Haddad FS. Hail to the founder of the Middle East Journal of Anesthesiology: Dr. Bernard Brandstater MB, BS, FDCA, FANZCA, FACA, DA. *Middle East J Anesthesiol* 16(2):113-116, 2001 [1 portrait, 6 illus.]

Haddad FS. Anesthesia over the past 55 years: reminiscences of a neurosurgeon. *Middle East J Anesthesiol* 16(5):469-476, 2002 [5 refs.]

Hunter M. Roy Porter. *History Today* 52(6):6-7, June 2002 [obituary]

Kaplan BJ. A medical historian looks at the early days of anesthesiology. *ASA Annual Meeting News* October 15, 2001, pp 1, 5 [2 portraits: Dale Smith, PhD, and Lewis H. Wright, MD]

Kean C. Patricia Kapur's career combines management, research, caring. *Anesthesiology News* 27(9):16, September 2001

Matsuki A. A study on Seishu Hanaoka's "Nyugan Seimei Roku": a name list of breast cancer patients. *Nippon Ishigaku Sasshi* 48(1):53-65, March 2002. Japanese.

McGoldrick KE, Lewis H. Wright Memorial Lecture: David J. Wilkinson, M.B.B.S., F.R.C.A., to discuss 'Barts, Books, the Blues and Beyond: The Story of Christopher Langton Hewer.' *ASA Newsletter* 66(7):6,11, July 2002

Podoll K, Ayles D. Inspired by migraine: Sarah Raphael's 'Strip!' paintings. *J Roy Soc Med* 95:417-419, August 2002 [3 illus., 16 refs. Raphael was a British artist born in 1960 who died in 2001]

Podoll K, Robinson D. Visual migraine aura as source of artistic inspiration in professional painters. *Neurol Psychiat Brain Res* 9:81-94, 2001

Roy Porter. *Medical Sciences Historical*

Society Newsletter no. 27:6, spring 2002 [obituary]

Rabinovich SA, Babikov AS, Moskovets ON, Anisimova EN. From bird's to a feather up to a computer syringe. *Clin Stomatol* #2: 50-53, #3:42-45, 2001 [Russian]

Scalea T. What's new in trauma in the past 10 years. *Int Anesthesiol Clin* 40(3):1-17, summer 2002 [4 illus., 2 tables, 30 refs.]

Schaffer S. Roy Sidney Porter (31 December 1946-3 March 2002). *Social Studies of Science* 32(3):477-486, June 2002

Schraag S. Theoretical basis of target controlled anaesthesia: history, concept and clinical perspectives. *Best Pract Res Clin Anaesthesiol* 15(1):1-17, March 2001

Schulz S. Die 'Ara' der Bluttransfusionsapparate aus gerinnungsverzögernden Materialien im deutschsprachigen Raum. *Anasth Intensivmed Notfallmed Schmerztherap* 36:87-90, 2001

Segala M. Animal electricity, animal magnetism, universal galvanism: in search of universal harmony between man and nature. *Rev d'Histoir Sci* 54(1):71-84, 2001

Severinghaus JW. Classic papers revisited: The invention and development of blood gas analysis apparatus. *Anesthesiology* 97(1):253-256, July 2002 [2 illus., 11 refs.]

Shafer A. The anesthesiologist and the arts. Hear the beat, start that line: poetry and anesthesia. *Bulletin of the California Society of Anesthesiologists* 48(6): 37-43, November-December 1999 [3 refs.]

Spirling LI, Daniels IR. Historical perspectives on health. William Stewart Halsted—surgeon extraordinaire: a story of 'drugs, gloves and romance.' *J Roy Soc Promotion Health* 122(2):122-124, June 2002 [9 refs.]

Stolyarenko P Yu. Vasily Konstantinovich Anrep, pioneer of local

Continued on page 15

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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.

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Careers in Anesthesiology, Volume VII

Donald Caton, M.D.

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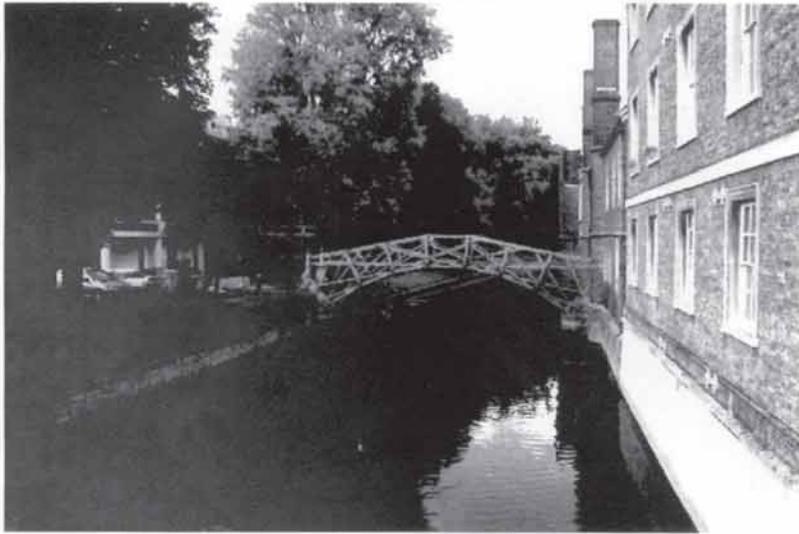
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Sixth International Symposium on the History of Anaesthesia

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

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This Month in Anesthesia History*

1637 September 8: Robert Fludd, an English physician, philosopher and inventor, dies. Fludd was one of the earliest physicians to time the pulse.

1677 September 7: Englishman Stephen Hales is born. Hales, who became Vicar of Teddington, was the first to measure blood flow, blood volume and blood pressure. He reported the results in *Statistical Essays*.

1791 September 22: English chemist and physicist Michael Faraday is born at Newington, Surrey, near London. In 1818 Faraday, then a student of Humphry Davy at the Royal Institution in London, published a brief anonymous article in the *Quarterly Journal of Science and the Arts* in which he noted the lethargic state that could be produced by the inhalation of ether vapor. Faraday is best known for his pioneering experiments in electricity and magnetism. He died on August 25, 1867.

1792 September 27: English caricaturist George Cruikshank is born. In his long career Cruikshank provided illustrations for hundreds of popular books, including John Scoffern's *Chemistry No Mystery* [1839]. The frontispiece for this title (and the only illustration in the book) depicts the effects of nitrous oxide inhalation at a classroom demonstration. Scoffern's otherwise serious chemistry text contains an entire chapter devoted to such a demonstration. Cruikshank also did several famous caricatures related to pain.

1832 September 1: Ephraim Cutter, American physician and inventor of the laryngoscope, is born.

1846 September 7: Gilbert Abbott consults Boston surgeon John Collins Warren about a tumor on his neck. Surgery is scheduled for October 13 at Massachusetts General Hospital.

1846 September 30: Boston dentist William Thomas Green Morton anesthetized his patient Eben H. Frost and successfully removed an ulcerated tooth. Frost had requested that Morton mesmerize (hypnotize) him, but the dentist—who had been searching for a pain-relieving

agent—tried sulfuric ether instead. Morton's mentor, Harvard professor Charles Thomas Jackson, had suggested sulfuric ether. [Source: Keys TE. *The History of Surgical Anesthesia*. Krieger, 1978, pp 26-27]

1849 September 1: Outbreak of the Broad Street pump cholera epidemic in London begins. Epidemic would be investigated by the great anesthetist John Snow.

1852 September 23: American surgeon William Stewart Halsted is born in New York City. See note for September 7, 1922, below.

1869 September 17: Physician and famed thesaurus-maker Peter Mark Roget dies. In 1799 Roget, just out of medical school, worked in Humphry Davy's laboratory at the Pneumatic Institute in Clifton, England, where Davy, Dr. Thomas Beddoes, and many others were researching nitrous oxide. Among Roget's many publications was the biographical entry on Beddoes in an early edition of the *Encyclopedia Britannica*.

1884 September 15: A colleague of Dr. Carl Koller's reports to the Heidelberg Congress of Ophthalmology Koller's successful use of cocaine as a local anesthetic.

1921 September 15: Gordon Ostlere, English surgeon and anesthesiologist, is born. Under the penname Richard Gordon, Dr. Ostlere has written the humorous "Doctor in the House" series of books that have spawned films and television and radio series in Britain. Under his own name he has published *Anaesthetics for Medical Students* in 1949; the tenth edition appeared as Ostlere and Bryce-Smith's *Anaesthetics for Medical Students* in 1989. Dr. Ostlere also authored *Anaesthetics and the Patient* (1949) and *Trichlorethylene Anaesthesia* (1953).

1922 September 7: American surgeon William Stewart Halsted dies. Halsted was one of the founders of Johns Hopkins Medical School and the first pair of rubber surgical gloves were made under his direction. He also pioneered many surgical techniques. Halsted was one of the first American surgeons to research cocaine as a local anesthetic and his self-experimentation led to addiction. Halsted was born on September 23, 1852, in New York City.

1939 September 23: Sigmund Freud dies in London at age 83. In the mid-1880s Freud and Carl Koller [see 1884 September 15] studied the physiological effects of cocaine.

1941 September: Thomas Keys, librarian at the Mayo Clinic, begins publication of a series of five articles entitled "The Development of Anesthesiology" in the journal *Anesthesiology* (2:552-574, Sept 1941). This series eventually resulted in Keys' book, *The History of Surgical Anesthesia* (1945).

Literature. . . *Continued from page 13*

anesthesia (on the 150th anniversary of his birth). *Stomatology Today* no. 6:37, 2002. Russian. [portrait; 2 illus.]

Stolyarenko P Yu. The history of the creation and application of lidocainum. *Endodontia Today* 2(1-2):86-88, 2002. Russian. [6 illus.; 4 refs.]

Zimmer M. Galvanic and faradic power in anaesthesia. *Hist Sci Med* 36(1):31-53, January-March 2002. French. [14 illus., 105 refs.]

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

Announcement of the Year 2004 Laureate of the History of Anesthesia

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

Nominations are invited for the person to be named the second 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 Las Vegas, Nevada. 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.

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