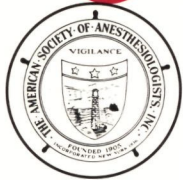




AMERICAN SOCIETY OF ANESTHESIOLOGISTS



NEWSLETTER

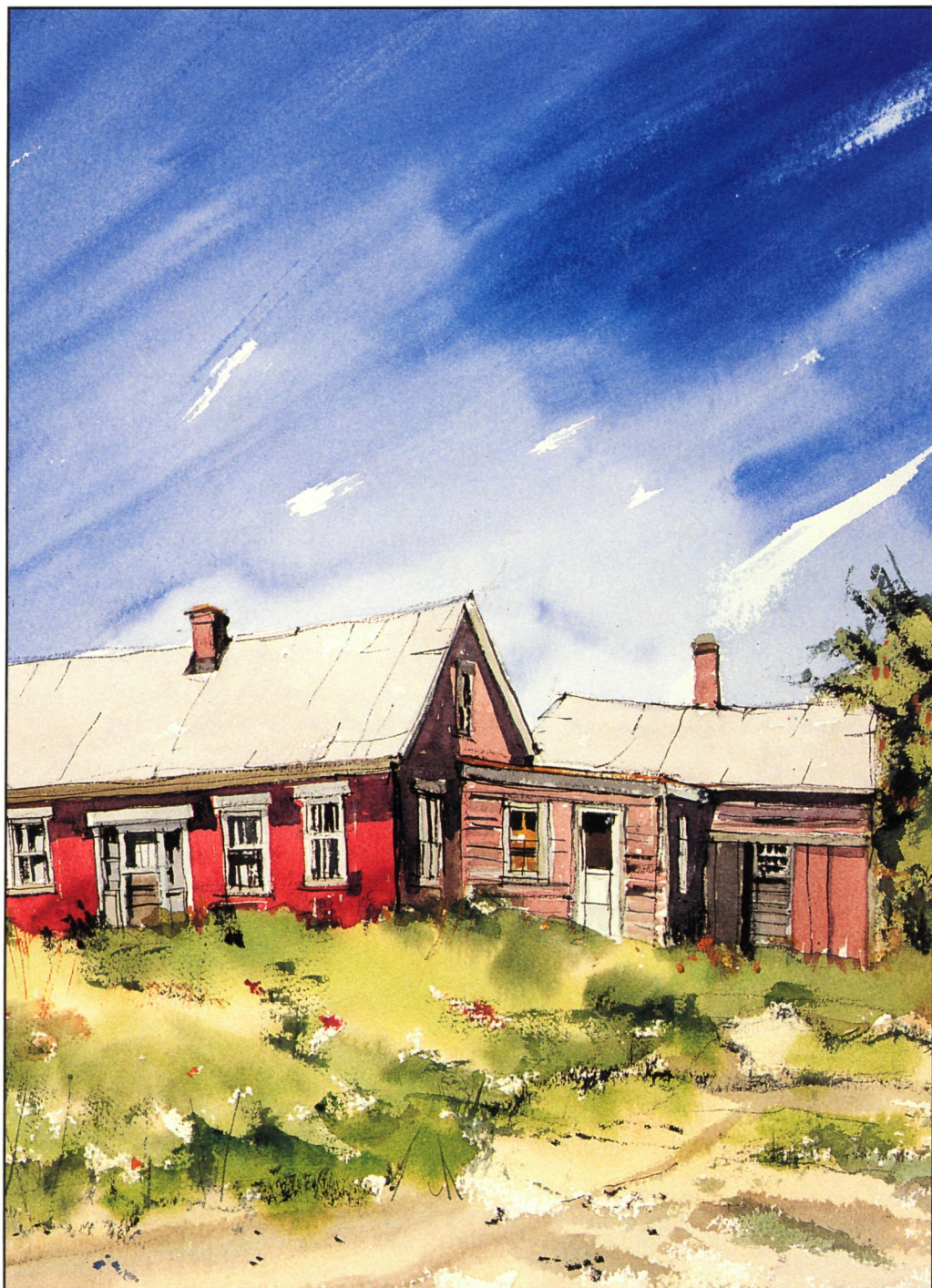
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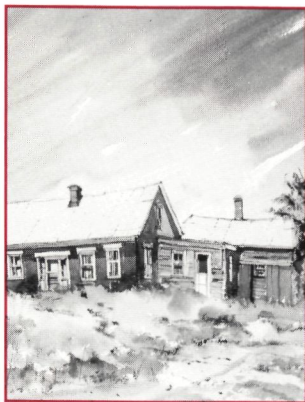
VOLUME 53 NUMBER 8

**A VISION IS
FORGED FOR
THE FUTURE
OF ANESTHESIA**

**ASA HOUSE OF
DELEGATES
WILL CONVENE
OCTOBER 15**

**RESIDENTS
INCREASE
ACTIVITY
IN ASA**





Front Cover Illustration:
Leroy D. Vandam, M.D.
The Morton House, 1986. Watercolor
Courtesy of the Artist

Back Cover Illustration:
Inez Smith

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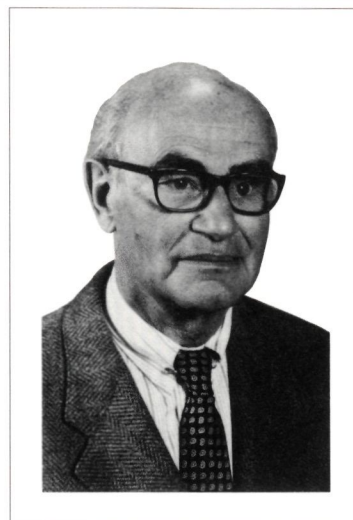
TO THE MEMBERSHIP

The cover artwork on this issue of the ASA *NEWSLETTER* is of special significance to the membership for two reasons: first, it was painted by one of ASA's own members, Dr. Leroy D. Vandam, an artist famous in his own right; and second, the home pictured is none other than the Morton House, birthplace of the discoverer of anesthesia, William T.G. Morton.

Dr. Vandam provided the following notes on his watercolor, *The Morton House*.

"Over the years, in the process of painting several watercolors of this house, I have come to some doubts as to its authenticity. Descriptions of this house, which Morton provided to biographers in the 1850s, differ greatly from the painting shown here. On occasion, Morton was inclined to misrepresent facts, and the descriptions he provided are more that of the Waters-Morton House, to which the family repaired in 1828, or of Ether-ton, the estate mansion built in the 1840s by Morton. However, regardless of the homestead's authenticity, visiting this house in Charlton, Massachusetts is an emotional and awe-inspiring experience for anesthesiologists."

Dr. Vandam's paintings previously have appeared on the covers of *JAMA* and have been included in numerous exhibitions. He is Professor of Anaesthesia Emeritus at Harvard Medical School in Boston. Dr. Vandam and his wife, Jean, reside in Waban, Massachusetts.



Leroy D. Vandam, M.D.

HCFA and OSHA Update

*By Adrienne C. Lang
Director of Governmental Affairs*

ICD-9-CM Coding Delayed

The Health Care Financing Administration (HCFA) has postponed indefinitely the requirement for all physicians to include ICD-9-CM diagnostic codes on claims. This requirement was included in the Catastrophic Coverage Act of 1988 (see the March, 1989 issue of the *ASA NEWSLETTER*). HCFA believes there is too much confusion and physicians need more time to familiarize themselves with this coding system. While this reprieve is welcome news, HCFA is requesting that you still make an attempt to code all claims; eventually, the requirement will be enforced and uncoded claims will be denied.

OSHA Issues Proposed Rule on Bloodborne Pathogens

The Occupational Safety and Health Administration (OSHA) has issued a long-awaited proposed rule and hearing notice aimed at reducing exposure to HBV, HIV and other bloodborne pathogens. This 100-page proposal, published in the May 30 *Federal Register*, represents OSHA's first regulation of occupational exposure to biological hazards and builds on earlier work done by the Centers for Disease Control. It is estimated that there are approximately 18,000 HBV infections in health care workers each year; 12,000 of these from occupational exposure to blood. One thousand health care workers annually become HBV carriers.

OSHA estimates that there are as many as 1.5 million persons infected with HIV (often without knowing it) who require medical treatment for unrelated conditions. A study at Johns Hopkins' emergency department found 16 percent of trauma victims, aged 25 to 34, were seropositive; another inner-city emergency department study of 2,300 adults found 119 patients seropositive and 92 with "unrecognized HIV infections." There are currently 25 published reports of healthcare workers who apparently have been infected with HIV through exposure to blood or other body fluids. (The Federal Register proposed rule details the circumstances of each of these cases.)

Of interest to anesthesiologists, OSHA is proposing to define other (than blood) potentially infectious materials to include tissue, and cerebrospinal, synovial, pleural, peritoneal, pericardial and amniotic fluids. "Occupational exposure" means reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties. Other provisions of the proposed rule include:

- Each employer who has employees with occupational exposure as defined above, shall identify and document those tasks and procedures where occupational exposure may take place, without regard to the use of personal protective equipment. Employers also shall establish a written

infection control plan.

- When there is a potential for occupational exposure, the employer shall provide and assure that the employee uses appropriate personal protective equipment, e.g., gowns, head and foot coverings, face shields or masks, eye protection, mouthpieces, resuscitation bags or other ventilation devices.
- Masks and eye protection or chin-length shields shall be worn whenever splashes, spray, spatter or aerosols of blood or other infectious materials may be generated. Fluid-resistant clothing shall be worn when there is a potential for spraying or splashing blood or other materials.

OSHA is holding three informal public hearings on the proposed regulations: Washington, DC, at the Department of Labor, September 12; Chicago, IL, at the Palmer House, October 17; and San Francisco, CA, at the San Franciscan Hotel, October 24. Further information is available from the Department of Labor, OSHA, Room N-3647, 200 Constitution Avenue, N.W., Washington, DC 20210. Copies of the proposal are available from OGA.

Ambulatory Surgery Lists Updated

HCFA has issued a final notice announcing one addition and 48 deletions from the current list of surgical procedures for which Medicare will reimburse services provided in an ambulatory surgery center (ASC). HCFA bases ASC payment eligibility on the "usual site" of the procedure; that is, if a procedure is performed on an inpatient basis 20 percent of the time or less, or in a physician's office 50 percent of the time or more, it is not eligible for ASC coverage. The ASC facility payment for listed procedures does not include physicians' fees; the physicians are paid on a reasonable charge basis regardless of the setting in which the procedure was performed.

Some comments submitted on this rule specifically expressed concern that the performance of a procedure under general or spinal anesthesia in the office would require extensive equipment and additional special staff and that monitored anesthesia would be an additional liability.

HCFA responded that, "The list of covered procedures merely indicates procedures for which payment may be made if performed in the ASC. It does not require that these procedures be performed in an ASC, nor is any special review or justification required if listed procedures are performed on a hospital inpatient basis. The choice of operating site remains a matter for the professional judgment of the patient's physician..."

However, HCFA did retain four codes (52000, 45910, 53655, 57400) originally scheduled for deletion, in part because of the need for anesthesia.



A Vision Forged for The Future of Anesthesia

By Elliott V. Miller, M.D.
President, WLM Board of Trustees

Paul Meyer Wood, M.D., who did much for the specialty of anesthesia, had a vision for the future that still inspires us today. All anesthesiologists and the patients for whom they care are his beneficiaries. He collected books and saved records and equipment. The Wood Library-Museum which bears his name began as an independent organization with his collection, although it was later merged with the ASA due to insufficient financial support. As the tax code and the ASA have evolved, it has become necessary to separate the WLM from the ASA. The WLM is presently a separate, subsidiary corporation of the ASA. A more detailed history of the early years is written in the accompanying article, "The Wood Library-Museum: A Storehouse of Memories."

In recent years, financial support for the WLM has been derived from the ASA. The WLM Trustees develop a budget which is reviewed several times during the year and is approved by the ASA House of Delegates. A small part of the operating expenses are derived from the income of the WLM Endowment Fund which is managed with the ASA Investment Fund by the Dana Investment Advisors. Increasing self-support is one of the long-term goals of the WLM Trustees and is supported by the ASA Directors. This requires a considerable increase in the Endowment Fund assets and income. Many people have given generously to this cause during their lives and many others have provided generous bequests from their estates. Self-support does not mean separation from the ASA, but rather, the Trustees envision the future of the WLM as inextricably intertwined with that of the ASA. The WLM

Elliott V. Miller, M.D.
Assistant Professor Harvard Medical School
Anesthesiologist, Massachusetts General Hospital
Boston, Massachusetts

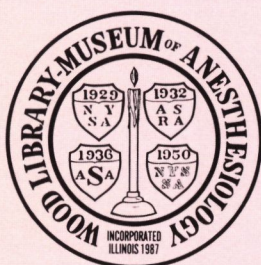


Trustees' vision is one of continued support of the ASA and all of its members.

WLM Trustees are nominated by the ASA President after consultation with the WLM President and confirmed by the ASA Board of Directors. The term of office is three years. Each Trustee may serve a maximum of three full terms, however the President, Vice-President and Treasurer of the Trustees may serve an additional term. The present Trustees include Drs. George S. Bause, Selma Harrison Calmes, Roderrick K. Calverley, Edward A. Ernst, Nicholas M. Greene, M.T. Pepper Jenkins, Franklin B. McKechnie, Elliott V. Miller and C. Ronald Stephen. The ASA Vice-President for Scientific Affairs is an ex-officio

member of the Board of Trustees without vote. Currently G.W.N. Eggers, Jr., M.D. is serving in that position.

Undoubtedly, the WLM has the richest collection of materials dealing with the field of anesthesia in the world. Parts of the collection include the ASA archives, rare and current books, journals, pamphlets, letters, prints, portraits, paintings, artifacts, equipment, photos and the archives of other organizations including the Association of University Anesthetists and the American College of Anesthesiologists. The Rare Book Collection can be envied by any major medical library. This collection has been possible through the special efforts of Drs. Paul M. Wood, K. Garth Huston and Charles Tandy.



Unknown to some is the fact that the WLM, like the ASA, has its own Seal. Dr. Vincent J. Collins recently researched the symbolism of the WLM Seal. According to his interpretation, the lighted candle in the middle of the Seal symbolizes an institution of learning. The four shields with dates atop initials indicate the names of the four supporting organizations of the Wood Library-Museum and their respective founding dates - The New York Society of Anesthetists, the American

Society of Regional Anesthesia, the American Society of Anesthesiologists and the New York State Society of Anesthesiologists. It is believed that Dr. Wood designed the WLM Seal in the same tradition as that of the official Seal of the American Board of Anesthesiology, which displays the initials of its supporting organizations - AMA, ASA, ASRA and ABA.

There are original works by William Harvey, William Withering, Sir Humphry Davy, Thomas Beddoes and Joseph Priestly just to name a few from this important collection. The Rare Book Collection will be formally announced to the world in the form of an annotated bibliography which the Trustees hope to have completed in 1992.

The primary functions of the WLM are threefold. They are to collect, store and export all things related to the field of anesthesia. Preservation becomes a very important part of the second function. Major projects are underway to preserve the printed word and the equipment and artifacts. Most of the literature on anesthesia has been printed on acid paper which decomposes with age. While the development of acid paper has provided for inexpensive printing and distribution around the world, we are now faced with the ultimate destruction of all of this material unless it is deacidified and otherwise treated.

The benefits of the WLM collection and services are available to all ASA members. Many items and materials are available for loan. Bibliographic services are provided. Reference verification is provided for the Self-Education and Evaluation Program. The WLM serves as a university press and prints special editions of books in anesthesia which would not otherwise be available. Exhibits are provided at the ASA Annual Meeting, and travelling historical exhibits also will soon be available. These exhibits will be developed for demonstration in departments of anesthesia and regional meetings.

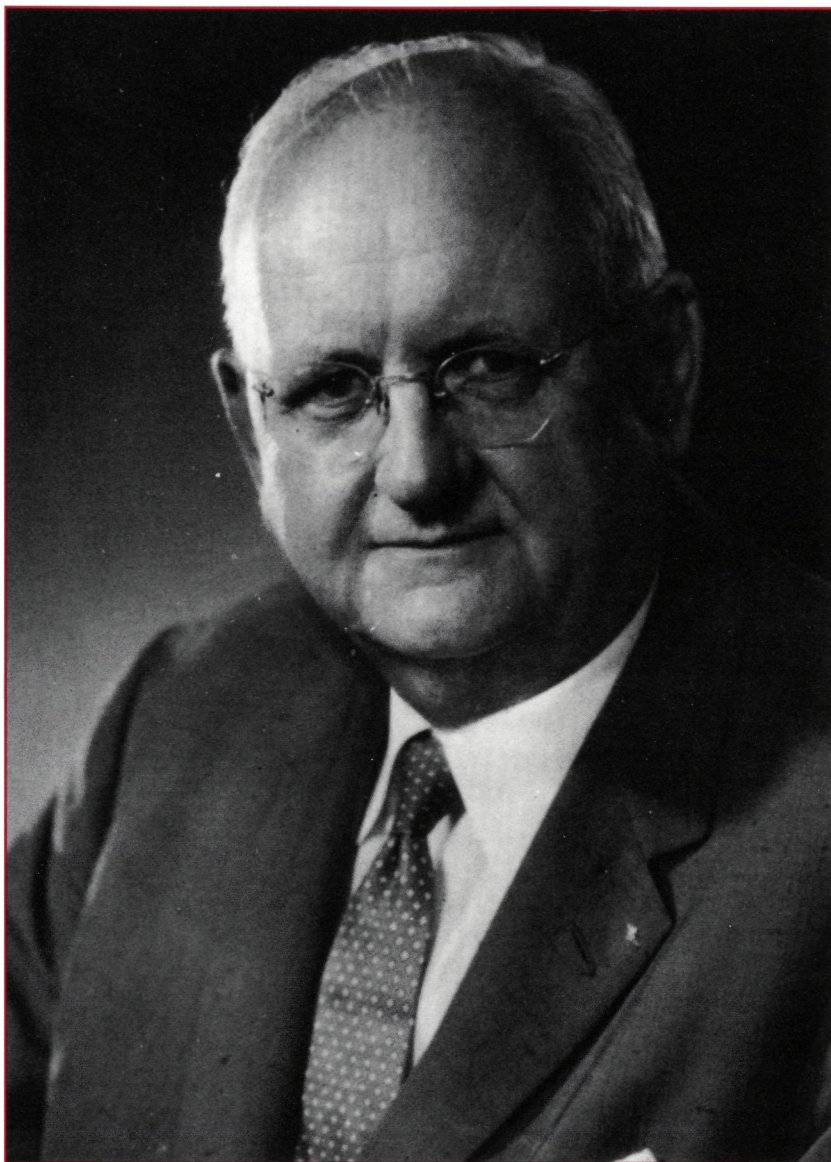
A very special benefit to ASA members has been created through the Paul M. Wood Fellowship Program. Beginning one year ago, a program of open application for these fellowships was developed. They provide an opportunity to work in the special collections of the WLM. The recipients are provided travel and per diem allowances. Forms and rules of

application are available through the WLM and the story, "WLM Fellowship Program Encourages Research Within Collection" in this issue provides details. It is the plan of the Trustees to continue these awards.

An active program of loans to other libraries and museums has been provided. Important items have been loaned for exhibit at the Chicago Museum of Science and Industry and the International College of Surgeons. In addition, we maintain liaison with the Guedel Library in San Francisco, The Charles King Collection in London and the Logan Clendenen Library in Kansas City. Exchanges with other libraries and museums are conducted to enrich the collections of each other.

The Trustees have put great effort into developing long-term plans and working towards them. Increasing self-support by increasing the Endowment is a very important goal. Increasing the collections through gifts and purchase will be constant to these activities. This will include enriching the collections of the printed word, graphic arts, artifacts and equipment. The Trustees also are working to improve access to members and to the public. We are looking forward to the development of union catalogues with other major libraries. Perhaps some day the entire collection of printed, graphic materials and illustrations of equipment will be available on disks for purchase or loan. In effect, the WLM Trustees' vision is to enrich the professional practice of all anesthesiologists and to improve the care of all of their patients by providing the membership with valuable resource materials.





Paul Meyer Wood, M.D.
1894-1963

WOOD LIBRARY-MUSEUM ARCHIVES



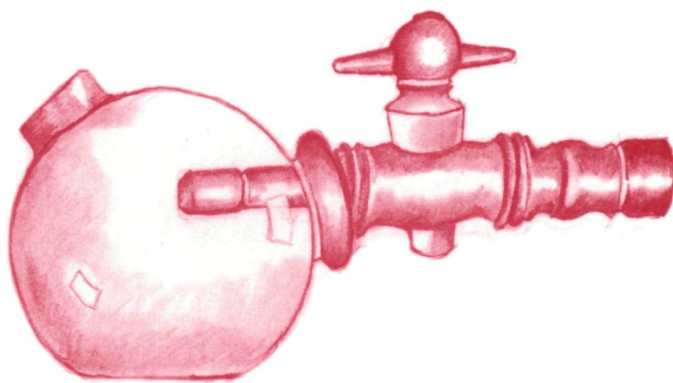
The Wood Library-Museum: A Storehouse of Memories

*By George S. Bause, M.D., Medical Curator and
Patrick Sim, Librarian*

The Wood Library-Museum of Anesthesiology (WLM) is a library-museum that collects and preserves anesthesiology literature and equipment from around the world. The WLM serves anesthesiologists, other members of the medical community and the lay public in the dissemination of information pertaining to the science and heritage of anesthesiology. The history of its founding and growth is closely parallel to that of the ASA, as its founder, Dr. Paul Wood, not only was intimately involved in the affairs of the ASA during its vigorous growth, but also was responsible for the installation of a specialty library-museum for anesthesiology within the Society.

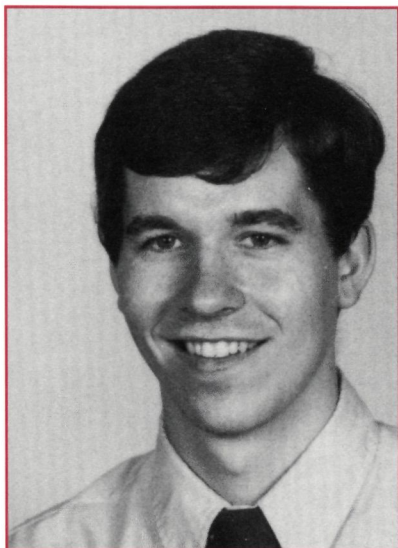
Dr. Paul Meyer Wood was born in Indiana in 1894 and grew up in New York. After obtaining his Bachelor of Arts degree in 1917, he entered medical school at Columbia University, where his studies were interrupted by his military service in Italy during World War I. He returned to Columbia after the war and obtained his medical degree in 1922. It is not known what motivated Dr. Wood to pursue his career in anesthesiology, although it may have been after one of his first medical appointments as the director of obstetric anesthesia in the early 1920s. His medical experience in the military as well as the ambient environment in New York at that time may have been factors aiding his choice. He received the finest training of the times from known advocates of anesthesia like Thomas Drysdale Buchanan, Paluel J. Flagg, Thomas Bennett, Gaston Labat and others. The foundation of the future Wood Library-Museum also began from his close association with these pioneer anesthetists. From them, Dr. Wood received books, reprints, pictures and apparatus pertaining to anesthesia. His collecting instinct also took him to secondhand bookstores to increase his private collection. All of these became the core of the future anesthesia library-museum.

Also key to this story was Dr. Wood's organizational talents which helped build the American Society of Anesthesiologists. The ASA found its roots in Long Island in 1905 when Dr. Adolph F. Erdmann organized the first professional anesthesia society with eight other physicians. The Long Island Society membership grew to 23 members in 1911 and renamed itself the New York Society of Anesthetists. Dr. Wood was brought to the New York Society in 1925 by Dr. Erdmann. In 1929, he was elected secretary-treasurer of the Society and in 1932, Dr. Wood designed the seal of the American Society of Anesthesiologists. When Dr. Wood proposed the name change from the New York Society of Anesthetists to the American Society of Anesthetists in February 1936, the seal became the official symbol of the ASA. They correctly assumed that by giving the Society's name a national characteristic, it



THE MORTON ETHER INHALER
1846

*George S. Bause, M.D.
Assistant Professor of Anesthesiology
Yale University School of Medicine;
Attending Anesthesiologist,
Yale-New Haven Hospital,
New Haven Connecticut
Staff Anesthetist, VA Medical Center,
West Haven Connecticut*



would lend credence to the rapidly expanding New York anesthesia organization in the eyes of other national medical organizations, such as the AMA.

His keen sense of history was responsible for his dutiful recording and diligent saving of all organizational documents of the fledgling society. Such instinctive activity helped amass volumes of material on the ASA from its inception in 1905 to 1945. The WLM naturally became the ASA archival repository. Today, such irreplaceable items as the original "notebook" of handwritten minutes from the Long Island Society of Anesthetists and other official Society records still exist in the WLM archives. This organizational treasure would not have been available for today's scholars if it were not due to Dr. Wood's foresight and collecting instinct.

Although Dr. Wood did not indicate his intention to give his personal collection of books and equipment to the ASA until 1933, it was obvious from his attraction to the personal collection of books and equipment of Dr. Robert Henry Ferguson, a transplanted Boston surgeon residing in Orange, New Jersey, that he planned to greatly expand his own library-museum. Dr. Wood was introduced to Dr. Ferguson by Dr. Erdmann, from whom he already had acquired books for his library. Dr. Ferguson, who was in no rush to get rid of his own personal collection, gave only a few of his books to Dr. Wood's library. When Dr. Ferguson died, Dr. Wood went to the Ferguson residence with Dr. Lewis Wright in the hope of acquiring the long coveted collection. With great disappointment, they found that the Ferguson collection was nowhere in sight. Nevertheless, Dr. Wood's collection grew. A serious heart ailment incapacitated him in 1933, and it was during his convalescence that Dr. Wood reflected on the future of his collection and decided to bequeath it to the ASA. In reciprocity, the ASA appointed him Librarian-Curator for life. The appointment letter was issued in 1935 by then ASA President, M.L. Solkow, M.D. and is preserved to the present day.

From an embryonic collection of books and equipment, Dr. Wood now had accumulated a substantial library-museum that took up a bedroom and the garage of his Highland Falls, New York residence. Dr. Wood was appointed life Librarian-Curator of the Society at the time when the New York Society

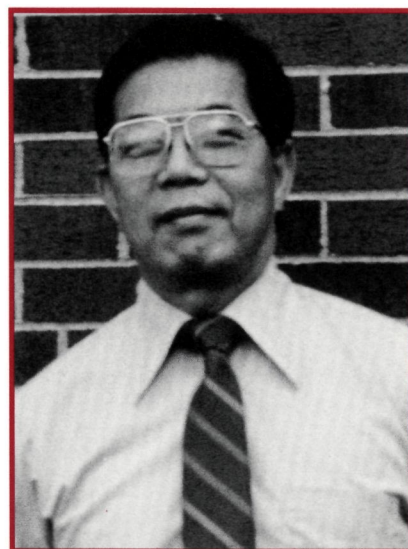
of Anesthetists became the American Society of Anesthetists with its headquarters office located in loaned space at the E.R. Squibb Building on Fifth Avenue in New York. Additional space was given to the Society's library-museum by Squibb in the same arrangement that was given to the ASA. Moderate financial support from the ASA began, and a committee was appointed for its administration. When the ASA moved to Chicago in 1947, the loaned space for the WLM at the Squibb Building was withdrawn by the host. The New York State Society of Anesthesiologists came to the rescue by obtaining loaned space in the basement of its office building which was across the street from St. Vincent's Hospital. The WLM continued to receive modest financial support from the ASA, and its trustees began to apply for incorporation in the state of New York. The incorporation petition was approved on February 29, 1952.

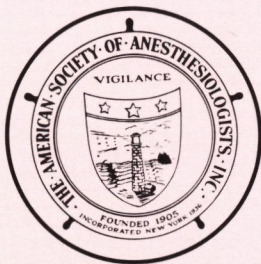
Dr. Wood continued to nurture the library-museum under such circumstances, until yet another crisis developed. The weight of the WLM collection became too heavy for the brownstone building to support. In finding new quarters for the library-museum, Dr. Wood counted on getting help from Dr. Richard von Foregger, a well-known anesthesia equipment maker and long-standing friend. Dr. Foregger offered Dr. Wood the use of his boathouse in the Long Island suburb of Roslyn for the WLM collection. Such a makeshift, temporary arrangement did not last. When Dr. Foregger died, his boathouse was sold and the WLM collection became homeless again, eventually returning to Dr. Wood's Highland Falls residence. In 1960, when the ASA began operating in its new headquarters office in Park Ridge, Illinois, ASA President Leo V. Hand proposed that the WLM collection be housed at the headquarters office. A new plan was developed, building fund contributions solicited and the addition of a two-story building to 515 Busse Highway was on its way. Completion came in 1963. Unfortunately, Dr. Wood suffered a fatal heart attack and died in May, 1963. In November, 1963, the Wood Library-Museum of Anesthesiology was formally dedicated, and Dr. Wood's dream of a library-museum was realized.

The nature of the mission and goals of the WLM has always been archival, cultural, informational and educational. The mission is carried on aggressively through long-standing programs including research, acquisitions, exhibits, publications, lectureships and oral history interviews. Anesthesiology is a young medical specialty that heavily involves instrumentation. This explains the foresight and preoccupation of Dr. Wood in building his library-museum with books, historical artifacts, apparatus and personal memorabilia. As young as anesthesiology is, today's advances are tomorrow's history. Dr. Wood saw the need to collect records of all activities of individuals and institutions even in his own lifetime, as these records would become invaluable source material for the study of contemporary history in anesthesia. Artifacts of a personal nature and anesthetic equipment devised by pioneers of yesterday constitute a significant part of the WLM collection. Dr. Wood's designation of a "library-museum" makes the all embracing, collecting philosophy of the WLM very clear. The concept of a library and museum for anesthesiology is absolutely unique.

Acquisition and dissemination of WLM treasures takes various forms, including manuscripts, audio-visual materials, artifacts and memorabilia, research and lectureship. Aggressive and comprehensive acquisition of books and journals, old and new, is a standing policy. The WLM occasionally is referred to as the crown jewel of the ASA partly because of the indisputable strength of its rare book and archival collection. The collection constitutes the foundation of anesthesiology, embracing works from the 16th century to the present. The subject matter ranges from early descriptions of intravenous injections of medicinal solutions, to 17th century cardiovascular and respiratory physiology, to 18th century gas chemistry and pneumatic medicine, and to the eventual discovery of anesthesia in the mid-19th century. In addition to

*Patrick P. Sim, MLS
Librarian
Wood Library-Museum of Anesthesiology
Park Ridge, Illinois*





Although many ASA members are familiar with the official Seal of the Society, the symbolism behind the images included in the Seal is not generally known. The following is an account of the Board Minutes of the April 13, 1932 business meeting during which the official Seal was introduced.

"The Seal of the Society presented by its designer Paul Wood, M.D. is explained for the significance of its elements - the pilot wheel (a perfect circle), shield, stars, clouds, moon, ship, sea and lighthouse. The motto is VIGILANCE. The patient is represented as (a ship) sailing in the troubled sea with the clouds of doubt and waves of terror being guided by the skillful pilot (anesthetist) with constant and eternal (stars) vigilance (motto) by the dependable (firmly based lighthouse) knowledge of the art and science of sleep (moon) to a safe (shield) and happy outcome of his voyage through the realms of the unknown. The perfect circle denotes the unity of a closed group (the Society).

publications dealing with the history of anesthesia that are in the rare book collection, there are a great deal of source materials on mesmerism, acupuncture, blood transfusion and resuscitation. The Ether Controversy which became a preoccupation in the first quarter century of American anesthesia also is represented extensively in the WLM collection. The WLM acts as the repository of the Association of University Anesthetists and a host of other individual and institutional papers related to anesthesiology. As a medical specialty library, WLM's acquisition and subscription to current anesthesia literature are quite comprehensive. The acquisition philosophy emphasizes depth without diluting budgetary strength in obtaining medical literature outside the field of anesthesia. Generous donations from ASA member authors of anesthesia monographs help to build a strong collection. Autographed presentation copies of books by respective authors make the WLM collection increasingly valuable especially in the eyes of medical bibliophiles.

The deterioration of printed books is becoming a growing concern of the library and information community. Paper conservation experts inform us that printed books produced in the mid-19th century are the most vulnerable, since they were printed on acidic paper which was introduced commercially at that time. With the passage of time, this paper disintegrates, resulting in a total destruction of printed documents. Unfortunately, ether anesthesia was discovered at the same time that acidic paper became popular so a significant portion of the WLM collection was printed on this paper and is therefore vulnerable to ultimate destruction if no preservation measures are incorporated. The Board of Trustees has been mindful of this harmful prospect for quite some time. Long before the present day concern of document preservation, the Trustees already had heard of the problem from regularly contracting expert rare book restorers and conservators to restore and repair the WLM collection. The entire ASA archival collection has been disbound, the printed sheets singularly de-acidified, encapsulated when necessary and re-organized into six durable, acid-free archival containers. A long-term plan on conservation and preservation, including the use of acid-free paper for document-creation, is being implemented to safeguard these treasures.

Another method of recording history is provided in the WLM Living History of Anesthesiology collection. This program, begun in the mid-1960s, presents an oral account of past anesthesia-related endeavors. The objective was, and still is, to preserve contemporary history in anesthesia through interviews with pioneer anesthesiologists. Individual anesthesiologists have been selected to discuss their respective contributions to the specialty with an interviewer who either took part in the interviewee's career or is vastly knowledgeable about the interviewee and his or her contributions. To date, more than 100 such interviews have been recorded. Without the foresight of the originators of this program, Drs. John J. Leahy and John W. Pender, a good deal of the images and sounds of pioneer anesthesiologists like John S. Lundy and Ralph M. Waters would not have been preserved. These pioneers of modern anes-

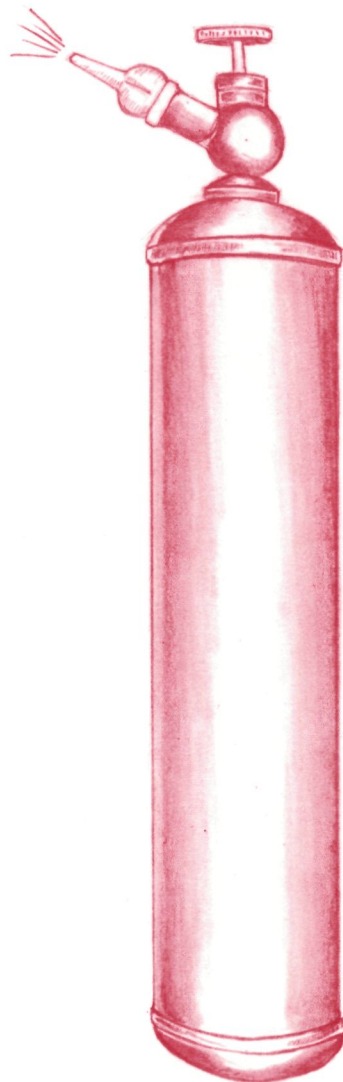
thesia were interviewed via 16 mm. films which are being transferred to videotapes, while recent interviews are recorded directly onto videocassettes.

The museum component of the WLM includes collections of early masks, inhalers, airways, endotracheal tubes, laryngoscopes, syringes, needles, operating room devices, ventilators, anesthetic machines and pharmaceuticals. Some additions to Dr. Wood's original apparatus collection have resulted from purchases made at flea markets, estate sales, or medical antique shops. However, the bulk of recent acquisitions are outright donations from generous ASA members. Items smaller than a bread box may be forwarded to the WLM after telephone or written confirmation from the Medical Curator that the item is not a duplicate. Larger apparatus should not be directly shipped to the WLM until a photograph of the item has been mailed to the Medical Curator for approval. Remember, all donated apparatus and shipping costs are tax-deductible contributions to the non-profit WLM.

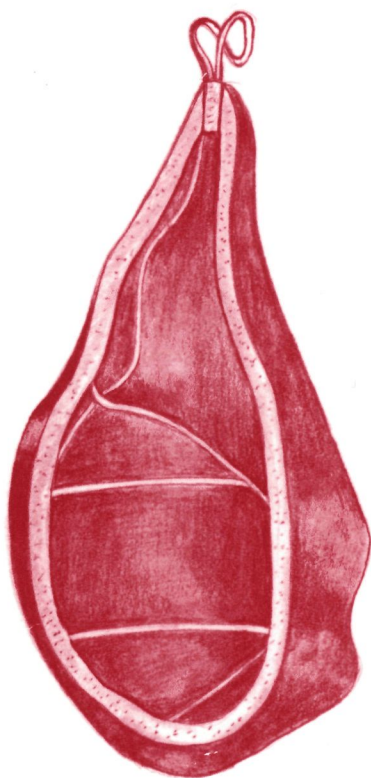
All apparatus donated to the WLM is given an acquisition number. Unless anonymity is desired, the donor's name becomes part of the inventory of apparatus. Apparatus is cleaned and prepared for display. During the past two years, the WLM has installed or refurbished seven display cabinets in the foyer and lower level of the ASA Headquarters in Park Ridge. Computerized cataloging is underway which will link the WLM apparatus with collections in Europe and Australia. Satellite displays of apparatus and WLM materials can be seen at the Smithsonian Museum of American History ("Pain and Its Relief"), at the Chicago Museum of Science and Industry ("Conquest of Pain") and at the International College of Surgeons. A series of rotating collections of apparatus are being prepared for institutions celebrating the upcoming sesquicentennial of Ether Day.

The dissemination of historical information through museum artifacts is one effective way of propagating the cultural heritage of anesthesiology. Other WLM programs espousing similar goals are WLM-sponsored lecture-ships, research fellowships and publication projects. Since 1967, the WLM has sponsored an annual historical lecture at the ASA Annual Meeting. Lecturers are luminous anesthesiologist-historians from the United States and Europe. Beginning in 1975, this lectureship was dedicated to the memory of the first president of the WLM and good friend of Dr. Wood, Dr. Lewis H. Wright. An annual research fellowship in the history of anesthesiology was first instituted in 1988 to invite scholars and historians to utilize the WLM collection on their research projects. These researchers will analyze, synthesize, interpret and reinterpret the history of anesthesia with the source materials available in the WLM collection. The ultimate goal of the fellowship is to inform the scholarly community about rich resources of the WLM and to further upgrade its resource level through active use.

The WLM also is active in publishing, and assisting to publish, anesthesia works of a cultural and historical nature. It has republished in facsimile John Snow's works, *On the Inhalation of the Vapour of Ether* (London, 1847), and



THE GEBAUER CONTAINER
FOR ETHYL CHLORID



THE ESMARCH INHALER

On Chloroform and Other Anaesthetics (London, 1858). Through such projects, the WLM extends its rare book collection beyond its rare book room to the scholarly and historical community. It also contributes to the printing history of these anesthesia classics. Original works on the cultural aspect of anesthesia also have been published, including, David M. Little's *Classical Anesthesia File*, D.W.A. Smith's *Under the Influence*, W.S. Sykes' *The First Hundred Years of Anaesthesia*, and a host of other works. The latest publishing activities of the WLM include B. Raymond Fink's English translation of Claude Bernard's *Lectures on Anesthetics and on Asphyxia* (1875). An English translated edition of Charles Ernest Overton's *Studien Über Die Narkos* (1901) will follow. Both of these titles have never before been translated into English. The WLM, in making such works available, assumes the function of a university press which prints cultural, historical works for a select readership. Works of this nature, important as they are, are rarely published by the commercial press because of their limited readership.

With the coming of age of the electronic information revolution, new technology is beginning to radically change the operation of library and museum institutions. It will greatly enhance the space and speed requirements of information storage and retrieval. The WLM Board of Trustees envisions the capitalization of vast amounts of information as a way to enhance acquisition and storage for the WLM collection. This will allow for instant electronic retrieval and transmission of information. The future vision of the WLM is all encompassing. The research environment will house the treasures of anesthesiology, displaying interesting and relevant artifacts interspersed among the extensive print collection and offer a computer network as an additional resource tool.

The WLM has come a long way from its formative years under Dr. Wood's diligent and persistent work to its present, multi-faceted service to anesthesiologists. The realization of the ultimate "utopia" for an anesthesia library-museum of the future is determined by many factors. First of all, it is the continued and unflinching support of the ASA that has made the WLM the best anesthesia library-museum in the world. The generous and thoughtful contributions by ASA members to the WLM Endowment Fund furthers the promise of a bright future. The total trust and thoughtfulness of ASA members, their friends and families, in their generous gifts to the WLM such as artifacts, memorabilia and archival records from personal collections, greatly enhances the WLM. Archival deposits of institutional and association records of anesthesia-related groups will enable historians to trace institutional activities of anesthesiology. As a treasure house of literature and apparatus, the Wood Library-Museum of Anesthesiology stands ready to serve the national and world communities of anesthesiologists.



Living History Videotapes Preserve Specialty's Heritage

By John W. Pender, M.D., Chairman
WLM Committee on Living History of Anesthesiology

A rich heritage has been handed down to us through the trials and tribulations of our anesthesiology pioneers. It would be a shame to let this heritage die, or be lost or altered by historians who tend to record history as they would have liked it, rather than as it actually happened. Such a program for preservation of our heritage has been in progress for over 40 years. The objective has been to record interviews with the people who actually lived and created the history of our specialty.

In the beginning, the most suitable media for recording such interviews was motion picture film. This was expensive and, since the budget was limited to private donations, black-and-white film often had to be substituted for the more expensive color film. Certainly the use of professional studios was prohibitive. Most of the very early interviews were recorded impromptu in hotel rooms at anesthesia meetings by the expertise of Dr. John Leahy of Philadelphia who owned some motion picture equipment.

The introduction of videotape provided a much more suitable and less expensive media for recording. Still, expense dictated that the recording be done in university audio-visual departments or cooperative television studios that had professional, quality cameras and could do the recording at a moderate price. At present almost 80 such tapes are available for loan to ASA members through the Wood Library-Museum. Most tapes are available in both 1/2" and 3/4" widths.

In recent years an attempt has been made to obtain interviews with all recipients of the ASA Distinguished Service Award and Award for Excellence in Research winners. Some of the more historical tapes include interviews with:

Drs. John Adriani, Richard Ament, Fred W. Clement, Stuart C. Cullen, Robert D. Dripps, Urban Eversole, R. A. Gordon, Harold R. Griffith, Leo V. Hand, Frederick P. Haugen, Ernest O. Henschel, Dennis E. Jackson, Kenneth K. Keown, Peter Knoefel, Chauncy D. Leake, David M. Little, Jr., Morton D. Leigh, John S. Lundy, Lloyd Mousel, Ralph M. Waters and Philip D. Woodbridge.

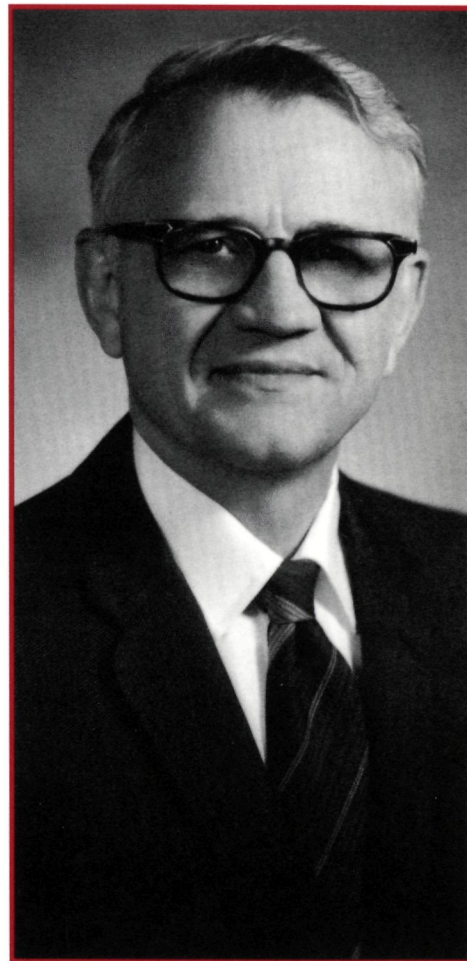
Those outside North America include:

Drs. H.C. Churchill-Davidson, Tommy Gilmartin, G. Jackson-Rees, Geoffrey Kaye, Robert Macintosh and William W. Mushin.

In addition, there are some composite tapes made of excerpts from several original tapes that were prepared for exhibits both locally and abroad. The Library also provides outlines of these tapes which will facilitate finding the needed information. In addition to the Living History Collection, there are a limited number of historical and educational tapes available at the Library.

It is hoped that this collection is only in its infancy and will grow exponentially. The plan is to record an interview with a person at about the time of his or her retirement in an effort to preserve both the personality and the contributions to anesthesiology. Nominations of individuals for interview are solicited and may

John W. Pender, M.D.
Former Director Palo Alto Medical Clinic
Palo Alto, California

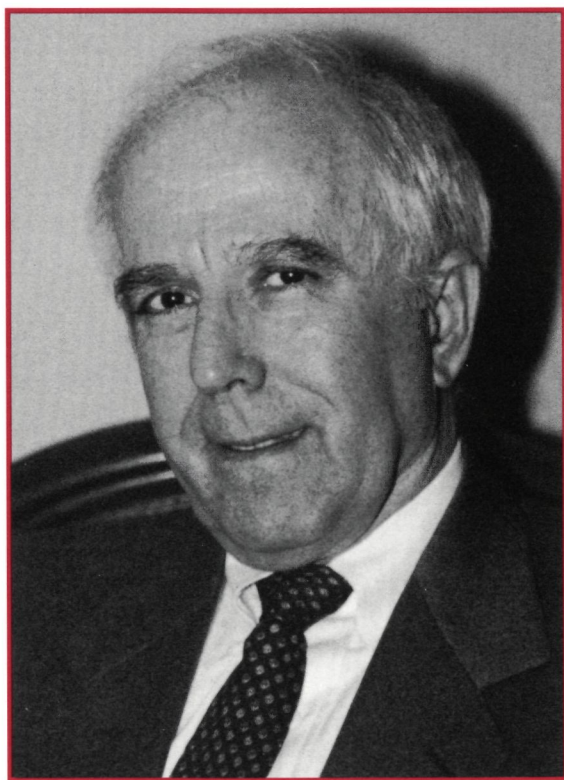


be sent to: Living History Committee, Wood Library-Museum, 515 Busse Highway, Park Ridge, IL 60068. Contributions to this educational collection are encouraged and will be gratefully accepted with credit to the donor.



What is the Future of WLM? A Personal Report

By Eugene H. Conner, M.D.



*Eugene H. Conner, M.D.
Clinical Professor of Anesthesiology
University of Louisville
Louisville, Kentucky*

In the September, 1970 issue of the *ASA NEWSLETTER*, I wrote that the WLM Trustees had been acquiring old classics, as well as new publications in our specialty. Also at that time, we were increasing our efforts to obtain correspondence of the anesthesiology pioneers in this country. The Trustees envisioned that the WLM would become an outstanding national resource for literature on the science and practice of anesthesiology from its remote beginnings to the present.

I have noted steady progress toward this goal over the years, and from October to November 1988, when on a WLM Fellowship, I personally confirmed it. My area of study was the publications of the U.S. Congress that concerned the discovery of anesthesia. This subject had been of interest to me for some time and presented a real challenge since there is no bibliography relating to the efforts of William T.G. Morton, M.D. and others to obtain remuneration for this discovery. One catalogue of government publications, which includes some of the official reports of Congress, was compiled by Ben Perley Poore in 1885, but the catalogue, as well as the subject index, is incomplete. Congressional reports for the 1840s are not as thoroughly indexed as those of the present day.

After preliminary work in my own library and in the Horine Anesthesia Collection at the University of Louisville Health Sciences Library, I spent four days at the WLM. The Rare Book Room was opened to me for my work and the recent acquisitions and several card catalogues of the library's holdings were shown to me.

I began by examining available congressional reports and later extended my studies to many of the original sources from which the various petitions

and memorials had been prepared for presentation to the Congressional committees.

Although Morton presented his first memorial to the 29th Congress, 2nd Session on December 28, 1846, and select committees were duly appointed, I found that neither of these committees ever published a separate record or report of their deliberations.

At the WLM there are copies of five of the Official Congressional Reports by select committees in the Senate and House for the 30th Congress (1849) and 32nd Congress (1853). There were no other separate reports made or published concerning the discovery of anesthesia until the 37th Congress. The last official publication concerning Morton and/or the discovery of anesthesia appeared in February, 1863 as Senate Report Committee No. 89. We do not have this report but will be able to access it very soon. Primary and secondary sources concerning the discovery of anesthesia and the U.S. Congress are well represented in the WLM collections.

In one collection are multiple copies of a spurious document prepared by the Honorable Truman Smith, former Senator (CT) turned legal counsel for Horace Wells in the "ether controversy". These publications were privately printed and first appeared in a format similar to the official publications of Congress. They were widely circulated in numerous editions, even after the Congress had settled the matter by awarding Morton \$100,000 (but **never** providing the funds for the award).

Although all of these materials were readily available for review, certain recommendations may be made to enhance the WLM compendium of information concerning the historical sources of the

American discovery of anesthesia. First, efforts should continue to complete the collection of the Congressional Reports concerning the discovery of anesthesia. Second, our card catalogue could be augmented by preparing cards supplemental to those of the Library of Congress, which should address in some detail the contents that may be hidden within and haven't already been indexed nor suggested by title. Third, an annotated bibliography of the WLM holdings that could eventually become a part of the National On-Line Bibliographic Data Base (OCLC) should be completed. The production of this bibliography is being actively pursued and is partially complete. This will make the WLM more widely known and the treasures more accessible to scholars. Fourth, the assembly of a collection of newspapers of Boston and the vicinity for the early years of the discovery of anesthesia (1846-1847) would be an important acquisition. Many newspapers have become available on microfilm. They are quite useful as primary contemporary sources of information, although newspapers of this period have no indexes.

Facts upon which history is based are in themselves immutable. It is the repeated reassessment of these facts that helps maintain a broad understanding, thus assuring future progress unhampered by repetitions of lessons previously learned.

Fellowships in support of serious study utilizing the WLM collections are a forward-looking concept which should give our specialty added luster. The ASA not only is vigorous in fostering careful management of the anesthetized patient, but through its sister institution, the WLM, supports scholarly study and communication concerning important milestones in the growth and development of our specialty.

WLM Fellowship Program Encourages Research within Collection

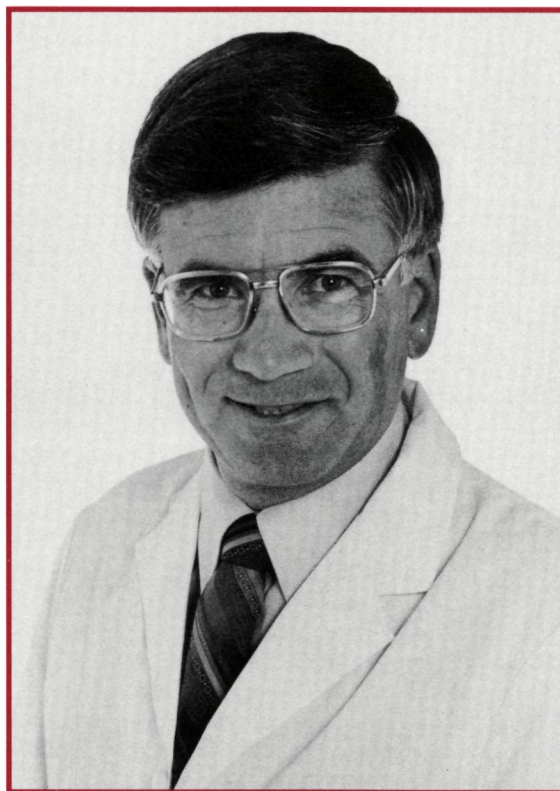
*By Roderick K. Calverley, M.D.
WLM Trustee*

During the past decade many clinicians have developed an interest in the history of medicine. Historians, who are members of other medical specialties, express admiration for the excellent resources offered to the members of the American Society of Anesthesiologists through the Wood Library-Museum (WLM). The WLM is unparalleled in its efforts to preserve its heritage. The Library not only features an extensive assembly of historic audio and videotapes but also a superb collection of rare texts and documents related to the history of anesthesiology in the United States and in other countries. The Museum, which is currently under renewed development, possesses a variety of antique anesthesia equipment, much of which are found in no other museum. The WLM collection attracts the admiration of historians and anesthesiologists from around the world.

Despite its rich holdings, the WLM was under-used by scholars for many years. The Board of Trustees realized that the Library-Museum would serve the ASA membership more effectively if the archival material was examined by the historians and anesthesiologists who possessed a developed interest in the origins of the specialty. By encouraging research within the collection, the Trustees would foster the preparation of accurate historical studies which, when published, would benefit all anesthesiologists. In order to reach that goal, the Trustees developed a program that would support research within the Library-Museum. After their proposal was endorsed by the ASA, the Wood Library-Museum Fellowships were announced in the autumn of 1987.

The WLM Fellowship offers financial support for research performed in the collection which is located at the ASA Executive Office. Each Fellow receives an honorarium of \$500 as well as reimbursement for roundtrip economy-class air travel from their residence. A per diem is provided for up to three weeks stay at Park Ridge while using the Library's resources. Fellows may visit for a series of more abbreviated periods but only will receive

*Roderick K. Calverley, M.D.
Clinical Professor
University of California - San Diego
School of Medicine
San Diego, California*



reimbursement for a single roundtrip journey. While working in the Library, photocopying services are available without cost but must be performed under the direction of the Librarian in order to protect documents from unnecessary damage. Application forms for the WLM Fellowship may be requested from the Librarian at any time. Only those completed and received before January 31 of each year will be considered by the Trustees at their March meeting. The Fellowships for the following year are announced shortly after the meeting. The Fellow may schedule visits to the library at any time before the Fellowship ends on April 30 of the following year.

The Fellowship program first was announced in

September, 1987, and the Trustees serving on the WLM Fellowship Committee were pleased by the number of responses received before the January 31, 1988 and 1989 deadlines. Since each of the applications was of high quality, the Committee faced difficult decisions in determining which candidates would receive financial support for the investigations. The 1988 Wood Library-Museum Fellows were: David L. Brown, M.D. of Seattle, Washington; Eugene H. Conner, M.D. of Louisville, Kentucky; A.J. Wright, III of Birmingham, Alabama and B. Raymond Fink, M.D. of Seattle, Washington. At the 1989 March meeting, WLM Fellowships were awarded to: Douglas Bacon, M.D. of Buffalo, New York; Clifton Patton, M.D. of Miami, Florida; Gale Thompson, M.D. of Seattle, Washington, and David Wilkinson, M.D. of London, England.

While the 1989 Fellows have yet to complete their research and prepare reports of their findings, the Trustees have reviewed the work performed by the 1988 Fellows.

Dr. David Brown investigated the attitudes of pioneering anesthetists towards the risks of anesthesia from a historical perspective.

Dr. David Brown undertook a historical study of anesthetic risk, a subject with which he already had worked extensively. During his Fellowship, Dr. Brown concentrated on 19th century material and reviewed an extensive series of monographs, journals and texts in his assessment of the attitude of pioneering anesthetists toward the risks of anesthesia. He noted an extraordinary divergence of opinion among anesthetists, surgeons and the laity in their considerations of the risk of anesthesia. Some writers sought drugs of "perfect safety", while others, such as the Surgeon General of the Union Forces during the American Civil War, balanced risk and benefit by declaring:

"We are not required to possess an absolutely innocuous agent: if the injurious effect of the means used be less than that of the pain prevented, we are justified in employing them."

Many writers believed that risks would be diminished by restricting the use of anesthetics to trained individuals. Even in the first written article describing the anesthetic action of ether, H.J. Bigelow declared:

"Its action is not thoroughly understood, and its use should be restricted to responsible persons."

Brown found that in 1878 Laurence Turnbull offered a succinct expression endorsing the need for trained anesthetists when he stated:

"I can only say that safety does not lie in an inhaler, but in him who uses it."

Coincident with his review of attitudes toward anesthesia risk, Dr. Brown studied English language reports of anesthesia-related deaths during the second half of the 19th century. After considering the details of each reported case, he analyzed the material in the same manner employed at modern morbidity and mortality conferences. His work will give all anesthesiologists important historical comparisons of the risk of anesthetics both in the 19th century and in modern times.

The early beginnings of Congressional lobbying practices by anesthesiologists was undertaken by Dr. Eugene H. Conner.

Dr. Eugene H. Conner examined the remarkable role played by the United States Congress from 1847 to 1863 in its evaluation of the contending claims for priority to the discovery of anesthesia. In an action then almost without precedent, members of Congress repeatedly considered granting an award for a scientific discovery. A prize of \$100,000 was proposed for the discoverer of anesthesia. The contenders for the

award and their supporters expended great energy in influencing members of Congress but, while a confusing array of reports was published, a decision was never reached, the issue never resolved. The prize so long considered was never awarded.

In his study of this subject, Dr. Conner has assembled each of the Congressional reports and is preparing a definitive bibliography of the documents as part of his assessment of this unique chapter in the history of anesthesiology. Those who read Dr. Conner's report will benefit from his insights into this early example of the lobbying practices so manifest today. In assessing Congressional responsiveness to special interest groups, Dr. Conner has developed a message relevant to political scientists and other students of government, as well as to anesthesiologists and medical historians.

Mr. Amos J. Wright is researching self-experimentation in anesthesia.

Mr. Amos J. Wright, Librarian of the Department of Anesthesiology at the University of Alabama in Birmingham, is preparing a comprehensive review of self-experimentation in anesthesia. Almost every pioneer in the specialty either has attempted to administer an anesthetic to himself or has been the subject of an experimental anesthetic. While some episodes, including Davy's inhalation of nitrous oxide, Simpson's use of chloroform and Bier's cocaine spinal are regularly recounted, many other examples have not been examined previously. For example, on December 20, 1846, the evening before William Squire anesthetized Frederick Churchill for an amputation performed by Sir Robert Liston, he allowed his uncle, Peter Squire, to anesthetize him as a test of the elder Squire's inhaler. At almost the same time a Bostonian living in Paris, Willis Fisher, is reported to have self-tested an inhaler before demonstrating its action before the surgeon, J.F. Malgaigne. Self-experimentation with anesthetics continued into the middle of this century. Professor

Max Sadove received the first fluroxene anesthetic administered to a human just a few hours before he gave a female patient the first fluroxene anesthetic used clinically.

While an expanded chronology of these events will be an important addition to the literature, Mr. Wright's report also has examined other facets of self-experimentation. As part of a review of the evolution of research methods, he has studied professional attitudes toward the results gathered when the investigator was his own subject. His analysis of the factors motivating self-experimentation has given new dimension to the debt we owe to those pioneers who advanced our understanding of the action of anesthetic drugs by courageously becoming the subject of their own experiment.

The English translation of Claude Bernard's Leçons sur l'anesthésie et sur l'asphyxie is the result of Dr. B. Raymond Fink's Fellowship.

Unfortunately, the pressure of other duties prevented Professor Fink from studying at Park Ridge in 1988, but the Trustees are gratified that the resources of the collection were instrumental in the preparation of his English translation of Claude Bernard's *Leçons sur l'anesthésie et sur l'asphyxie*. Professor Fink's translation of this engrossing collection of material, which reflects a distinguished 19th century research scientist's understanding of the action of anesthetics, will be published by the WLM and available for purchase or order at the 1989 ASA Annual Meeting in New Orleans.

The Trustees of the Wood Library-Museum are very pleased with the quality of the research performed by the first WLM Fellows. We anticipate continued success each year and encourage any person with an interest in library- or museum-based research studies to consider applying for a Wood Library-Museum Fellowship.



Lewis H. Wright: The Man Behind the Lectureship

By C. R. Stephen, M.D.
WLM Trustee

At the New York Postgraduate Assembly in 1947 or 1948, I had the privilege to discuss the place of d-tubocurarine in the future practice of anesthesiology with Lewis H. Wright, M.D. Today, there aren't many who have had the same privilege of knowing Dr. Wright as the tall, quiet-talking man who always appeared to have time for a conversation, regardless of the press of people at a busy meeting. The roots of this innovator show how he came to play such a large part in the development of anesthesiology and become one of the founding members of the Wood Library-Museum.

He was born in North Dakota on July 9, 1894 and was raised in Vermont. While attending Cornell University, he became interested in the field of veterinary medicine. From there he went to the Agricultural and Mechanical College of Texas (Texas A & M) where he taught in the physiology and pharmacology laboratories. It was at the University of Nevada in 1916 that he received his Bachelor of Arts degree. He received his Medical Degree in 1925 from the Medical College of Georgia. For the next five years he practiced obstetrics and anesthesia, the latter of which stirred his imagination. The peripatetic nature of his education, plus his interest in anesthesia, prompted him to join E.R. Squibb and Sons in 1930. This decision marked his lifelong interest in the field of anesthesia and allowed him to be a "roving ambassador of goodwill" to our profession. In his own way, and perhaps with



Lewis H. Wright, M.D.

forethought, he forged the close union that has developed between anesthesiology and the pharmaceutical industry.

He made it his task to attend state medical conventions and visit hospitals, getting to know anesthesiologists in their own environment (an easy endeavor in the early years). He was in the forefront of the development of cyclopropane, and in 1940, conceived the idea that curare might possibly be an anesthetic muscle relaxant. Squibb prepared a biologically-standardized compound known as Intocostrin, and Wright was the

man designated to sell it to the profession. He tried unsuccessfully to sell the idea to such people as Stuart Cullen, M.D. and E.M. Papper, M.D., the latter of whom had found the product unsuitable in laboratory dogs, because it produced abundant salivation, bronchial spasms and respiratory depression. The skeptics were numerous when he approached them. But at a New York Postgraduate meeting he talked with his friend, Dr. Harold Griffith of Montreal, who thought the idea had merit and began using it cautiously in his daily practice as a supplement to cyclopropane.

The result revolutionized the concept of anesthesia administration, as reported by H. R. Griffith and G. E. Johnson in *Anesthesiology* 3: 418-420, July, 1942, in an article titled, "The use of curare in general anesthesia".

Dr. Wright's career was interrupted temporarily by the Second World War, where he served in the U.S. Navy in the Pacific arena from 1943 to 1946. Upon returning to the New York area, which was his home base, he was appointed Chief of Anesthesiology at the U.S. Naval Hospital, St. Albans, New York with the rank of Commander, U.S.N.R. When he later returned to civilian life, he was appointed to the faculty of the New York Medical College.

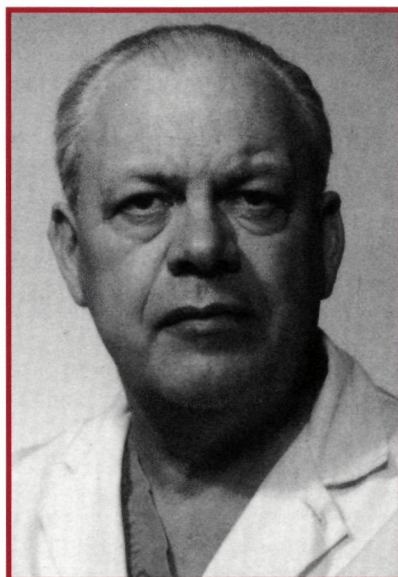
Paul Wood, a New York anesthesiologist who had studied with such people as James Gwathmey, was one of the many friends with whom Lewis Wright formed a close association. Both of these men had at least two interests in common.

First, they were collectors – Wood of books and memorabilia associated with anesthesia, and Wright of bleeding bowls, scarifiers and anything pertaining to the history of anesthesia. Wood's collection accumulated to the point that it almost drove him out of his house, so Wright arranged for it to be stored and catalogued in New York at the Squibb building as a gift from the Squibb Pharmaceutical Company. This building also was the headquarters of the fledgling American Society of Anesthetists (later the American Society of Anesthesiologists) and the American Board of Anesthesiology. Dr. Wright promoted the idea that this historical collection should be perpetuated and named the Wood Library-Museum, and it was incorporated later under the laws of the State of New York. Although it was housed in various places, it wasn't until 1949 that the ASA House of Delegates officially established a non-profit corporation called the Wood Library-Museum and designated it as the "repository for the archives and paraphernalia pertaining to the field of anesthesiology".

The second common interest

shared by these two was their desire to maintain and perpetuate the ASA. The details of the organizational work which Paul Wood and Lewis Wright performed in shaping our present anesthesia societies is lost to posterity in many respects, but they do emerge from time to time in historical documents. For example, on February 13, 1936, at a New York Society of Anesthetists' meeting, Paul Wood proposed to "make this Society, in name, as well as in fact, a national society in anesthesia." On December 10, 1936, the name was changed to the American Society of Anesthesiologists. Because of these initial endeavors, he was awarded the first ASA Distinguished Service Award in 1945 and given a citation reading, "There is no one who . . . is more deserving of recognition by his fellow anesthesiologists . . ."

Lewis Wright also worked diligently for ASA. He was the first New York Director to the confederation of component societies of the ASA and was the first Vice-President and later the second Vice-President of the ASA for two terms. Moreover, he was a member of the ASA Board of Directors for 15 years. An example of the way in which he exerted his influence within the ASA was related by Dr. Ralph Knight during a videotaped interview for the Living History series of the Wood Library-Museum. He



recalls that, at the 1951 ASA Annual Meeting in Washington, DC, he met Lewis Wright on a stairway and was informed that an unofficial committee had concluded that it would like to have Ralph Knight nominated as President-Elect. So it came to pass.

Dr. Wright continued to play a prominent role in the development of anesthesiology as a specialty. He was heard to remark at one time: "Anesthesiologists are never inferior, but it did take time for surgeons, internists and obstetricians to recognize it." He was a founding member of the Board of Trustees of the Wood Library-Museum and in later years served as its President-Emeritus. He also was a founder of the World Federation of Societies of Anaesthesiologists in 1955, working in close collaboration with Dr. Harold Griffith, and was delegate to its General Assembly in Toronto in 1960. In 1955, the ASA awarded him the Distinguished Service Award for recognition of his services to the specialty.

The distinguished career of Dr. Wright ended on August 20, 1974. As stated in the memorial address: "He was dynamic even when he envisioned a problem he could not resolve, but just thought of possible solutions. He was a cool diplomat and very persuasive. He never stepped on the sensitive toes of his colleagues but infused them with his enthusiasm, optimism and ability to meet the challenge with a friendly-shaped policy." One of his memos reflects his attitude toward life. "Egotism is the anesthetic provided by nature to dull the pain of being a damn fool."

In 1967, the Wood Library-Museum Board of Trustees inaugurated a series of historical lectures to be given at the ASA Annual Meeting, and, in 1975, officially named them the Lewis H. Wright Memorial Lectures. As the following list indicates, they have included a panorama of who is best in our historical heritage.



C.R. Stephen, M.D.
Professor Emeritus of Anesthesiology
Washington School of Medicine
St. Louis, Missouri

WOOD LIBRARY-MUSEUM OF ANESTHESIOLOGY

Lewis H. Wright Memorial Lecture

(1967-1988)

1967

Chauncey D. Leake, Ph.D.
Practical Aspects of the History of Anesthesia.

1968

Thomas E. Keys, D.Sc.
*Early Pneumatic Chemists and Physicians:
Their Influence on the Development of Sur-
gical Anesthesia.*

1969

John S. Lundy, M.D.
The Introduction of Sodium Pentothal.

1970

David M. Little, Jr., M.D.
In the Beginning (On Horace Wells).

1971

James Harvey Young, Ph.D.
C. W. Long, M.D.—A Georgian Innovator.

1972

Leroy D. Vandam, M.D.
Early American Anesthetists.

1973

Peter D. Olch, M.D.
*William S. Halsted and Local Anesthesia:
Contributions and Complications.*

1974

Charles C. Tandy, M.D.
Treasures of the Wood Library-Museum.

1975

Albert M. Betcher, M.D.
The Civilizing of Curare

1976

J. Englebert Dunphy, M.D.
Contributions of Anesthesiology to Surgery.

1977

R.A. Gordon, M.D.
A Capsule History of Anaesthesia in Canada.

1978

W. D. A. Smith, M.D.
Henry Hill Hickman: Quack or Anti-Quack?

1979

K. Garth Huston, Sr., M.D.
*Gardner Q. Colton: Itinerant Chemist,
49'er, Proponent of Anesthesia.*

1980

John W. Pender, M.D.
Contemporaries of Lewis Wright.

1981

William B. Bean, M.D.
*The Dangers of Precocious Discovery:
Anesthesia and the Civil War.*

1982

Betty J. Bamforth, M.D.
*The Evolution of the Modern Anesthesiology
Residency.*

1983

Roderick K. Calverley, M.D.
*Arthur Guedel: The Life and Times of an
Extraordinary Man.*

1984

B. Raymond Fink, M.D.
*Leaves and Needles: The Discovery of
Local Anesthesia.*

1985

Richard H. Ellis, M.D.
*Early Ether Anesthesia: The Anglo-Ameri-
can Connections.*

1986

Richard J. Wolfe, M.D.
*The First Operation Under Anesthesia:
Robert C. Hinkley's Interpretation.*

1987

Selma H. Calmes, M.D.
*Dr. Virginia Apgar: A Woman Physician's
Career in a Developing Specialty.*

1988

John W. Severinghaus, M.D.
Monitors, the Patent Medicine of Anesthesia.

Exhibiting the History of Anesthesia

A Personal Perspective on How to Develop an Ether Day Celebration

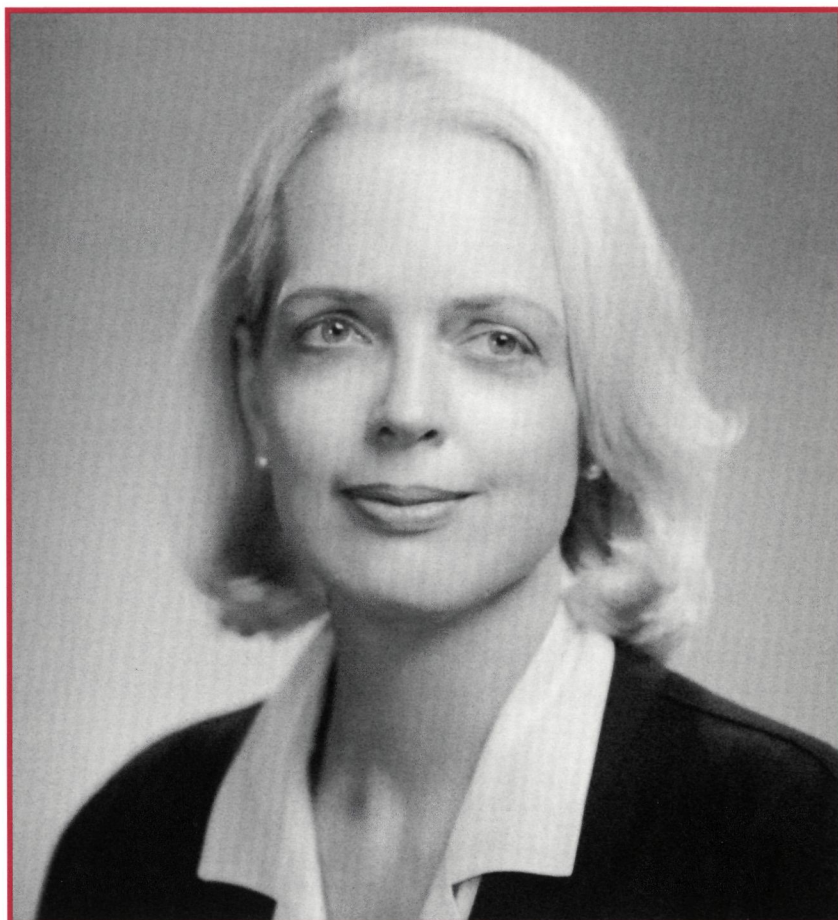
*By Selma Harrison Calmes, M.D.
WLM Trustee*

Exhibits on the history of anesthesia can be instrumental in fostering public interest in modern anesthesia, and in giving those in anesthesia practice and training an appreciation of their specialty's history.

During the last 10 years, I have organized "Ether Day" celebrations, featuring exhibits on the history of anesthesia to teach hospital personnel, anesthesia staff and residents, and the public about the past and modern present of anesthesia.

Anesthesiology is the only specialty that can trace its development to a particular date, the successful demonstration of ether anesthesia at the Massachusetts General Hospital on October 16, 1846. This date serves as a convenient focal point for events and exhibits. Which are the best exhibits and other activities depends upon your budget, space requirements, staff and what message you want to explain.

The first event I organized was at an academic medical center. The purpose was to teach anesthesia residents about the history of anesthesia, especially equipment and techniques. An open house was organized to take place on October 16. There were three parts to the event: exhibits of historic anesthesia equipment, videotapes explaining the events of October 16, 1846 and a speaker presenting a lecture on a subject related to the beginning of anesthesia. Refreshments also were served. The exhibits, refreshments and lecture were set up in a break-room used by the OR staff. The event started about 2 pm, as the OR schedule slowed down. Videotapes were run continuously, and resource people were available to answer questions about the historic equip-



ment. The equipment was displayed on banquet tables, and posters describing the equipment with old anesthesia texts illustrating the equipment on display, were placed nearby. The speaker was Dr. Garth Huston, Sr., then President of the Wood Library-Museum Board of Trustees. Although the target group was the anesthesia residents, there was great interest by the OR nurses and, surprisingly, some surgery staff physicians.

This event was successful and was repeated the next year with a slightly different theme, the history of N₂O.

Exhibits focused on how it was discovered, its commercial preparation, and how it was used in the past. Descriptions of the old "saturation technique," in which 100 percent N₂O was used to induce muscle relaxation, proved to be of great interest to those accustomed to always providing enough oxygen to patients. One of the university's history of medicine professors with an interest in N₂O was the speaker. He provided a film on "sniffing" N₂O, made in the 1950s by hippies.

The third year, the event concentrated on oxygen, how it was made in the

past, how it is made commercially, the development of tanks for storage, and how concepts of hypoxia developed. The university's chemistry department provided an excellent speaker on Priestly's development of the phlogiston concept.

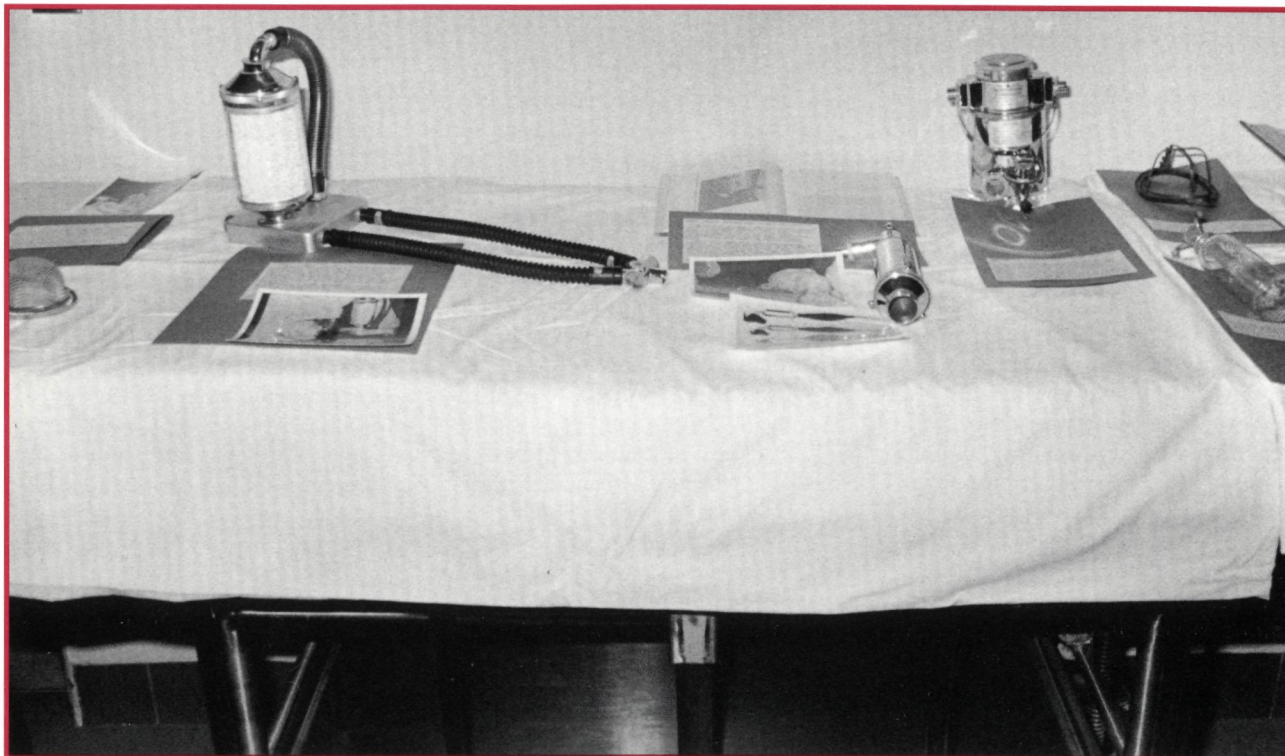
During this time, the hospital held an open house for the public on Saturday, and some of the Ether Day exhibits were set up in the Recovery Room. A videotape on the October 16 demonstration ran continuously, and some old equipment and posters about the history of anesthesia and how it received its name were displayed. A picture of the operation bell of the London Hospital (rung in the 19th century to summon strong men in the hospital to the operating room to hold the patient down) was the subject

of one poster, visual evidence of the cruelty of past efforts at surgery. A resource person answered questions and kept the videotape running. Nearby, a colleague had Resusci-Annie stretched out on a gurney. Annie was intubated and connected to a modern anesthesia machine complete with all the usual monitors. Samples of anesthetic drugs and airway equipment were exhibited on the machine's top. The public was extremely enthusiastic, and the contrast between the old and the new made it clear how far anesthesia has evolved.

I organized other Ether Day celebrations at another hospital, but with different purposes. The purpose of the first year was to make others in the hospital aware of a new anesthe-

sia department and what it offered, and to build staff morale. On October 16, we held a departmental open house. Invitations were sent to all hospital departments, and posters advertising the event were put up around the hospital several days before. Historic equipment with posters describing it and books illustrating the equipment, were displayed on gurneys in the hallway near the department. Nearby a modern anesthesia machine, complete with airway equipment and monitors was exhibited. People attending could try the equipment, and department staff explained how the equipment worked. Historic videotapes ran continuously in two different rooms nearby.

Before the event, the hospital pho-



tographer had taken pictures of the department staff seeing patients preop, inducing anesthesia and setting up, and these pictures were included on posters. One poster, with the theme, "The anesthesia department is here to make surgery painless and safe," was placed in the hospital cafeteria. Others were placed in the room with the refreshments. Our purposes were accomplished as the event resulted in a great turnout. (One mark of our success was that several months later, the hospital's Maintenance Department held open house in the boiler room, to show the function of their department. This also had an historic viewpoint; they had pictures of previous boilers and hospital buildings.)

That Ether Day celebration was so successful that it was expanded the next year. The Board of Trustees of the hospital had done us some favors and the hospital needed more favorable publicity in the press. Invitations went to the Board as well as all hospital departments and other anesthesia departments from nearby hospitals also were invited. A press release announcing the celebration was sent which resulted in a nice newspaper article with a picture and two spots on the TV evening news. Posters were recycled from the year before, the historic equipment machine with its monitors, supplemented with a simulator was borrowed from a monitor representative.

I've found a great deal of enthusiasm for the Ether Day concept. Plus, I've learned what people like. The public is very interested in the fact that surgery was done even before anesthesia was discovered. Children especially love to hear of the gruesome techniques, for example stran-

gulation, used in the past to deal with surgical pain. Many adults appreciate the drama of the story of the discovery of surgical anesthesia, a story filled with intense conflict, deception, despair, poverty and suicide. These are the "hooks" that attract the public's attention. Once you have their attention, you can expand on how anesthesia has changed, and how even the sickest patients can have their pain relieved safely during surgery.

Anesthesia residents are interested in old equipment and the cavalier mode of past practice. OR nurses like the videotapes, as does the public, and have even asked to borrow the tapes for their in-services. Surgical residents seem to come for the food, but end up puzzling over the equipment of the past and, hopefully, appreciating the present.

Some ideas that could help you plan an Ether Day celebration are:

1. Decide who is the audience for your event and focus on their interests.
2. Use local themes. Does your hospital have a tie to anesthesia history? At my last hospital for example, I found all types of old pediatric anesthesia equipment in the storage closets, and used this for display, using a theme, "Found in _____'s closets." Anesthesia texts from the 1920-1930s were placed nearby, open to pages showing the equipment in use.
3. There are many sources of historic equipment. The department may have some already, a retired colleague might have some or it might be loaned from the WLM. It's helpful to show the equipment in use,

using an old textbook or photo.

4. Videotapes are available from a number of sources. "Strange Sleep"; "You Are There: The Discovery of Anesthesia"; the Living History tapes; and other historic tapes are available on loan from the WLM. The Anesthesia History Association has made two videotapes from old historic films. These are available for purchase at a modest cost.
5. Invitations should be distinctive and historic. I use the first page of the first report on the October 16, 1846 demonstration as the cover.
6. Resource people are necessary to answer questions, stimulate interest and keep equipment working. (It never fails that, on Ether Day, the OR gets overwhelmed with emergencies, so be prepared!)
7. Refreshments are an important part of the event. The hospital cafeteria can help or the department staff might contribute.
8. Exhibit posters don't have to be fancy and can be made using a word processor or an in-hospital art department. The WLM hopes to have an exhibit for loan in the future.

Ether Day celebrations, using exhibits, videotapes and lectures can be a great way to give our specialty the recognition it deserves.



*Selma Harrison Calmes, M.D.
Chief Physician,
Department of Anesthesiology,
Olive View Medical Center,
Sylmer California
Associate Clinical Professor of Anesthesiology,
University of California School of Medicine,
Los Angeles, California*

ASA House of Delegates Will Convene October 15

All meetings of the ASA House of Delegates and Reference Committees will be held at the Sheraton New Orleans Hotel from Sunday through Wednesday, October 15-18, 1989. Times and locations of these meetings will be listed on the hotel bulletin board.

The first meeting of the House of Delegates will be held at 9 a.m. Sunday, October 15.

ASA President, Dr. James F. Arens, will present his remarks at this first meeting and President-Elect, Dr. Richard H. Stein, will present his observations and comments for the coming year.

Hearings of the Reference Committees will begin at 2 p.m. Sunday and remain in open session at least until 4 p.m., or until they have concluded hearing testimony, whichever is later. Open hearings may continue no later than 6 p.m., at which time the Committee must either recess or adjourn. These hearings may be continued, starting at 8 a.m. on Monday, if necessary. They must be concluded by 5 p.m. that same day.

Reports of Reference Committees will be printed and available to Delegates on Tuesday, October 17, in the late afternoon or evening. These reports may be obtained in the House of Delegates Office at the Sheraton.

The second meeting of the House of Delegates will convene at 9 a.m. on Wednesday, October 18. Its adjournment time cannot, of course, be anticipated.

All ASA members are eligible to attend House of Delegates meetings and the Reference Committee Hearings between sessions of the House of Delegates; you are urged

to do so.

The Speaker of the House, Dr. William B. Jensen, Jr., and other Officers have expressed concern about members' lack of information regarding the manner in which they are represented in the Society's House of Delegates. All reports con-

sidered by the House are first reviewed by Reference Committees and ASA members are encouraged, in fact urged, to attend Reference Committee meetings and to express their opinions on matters under consideration.

Recommended Peer Review Mechanisms Will Ensure Continuing Competence in Anesthesiology

By Richard H. Stein, M.D., ASA President-Elect

Editor's Note: The following report has been prepared for information only for the ASA membership. A formal report has been submitted to the August meeting of the Board of Directors and the Board's action will appear in the October issue of the NEWSLETTER. Final action on this matter will be determined by the ASA House of Delegates during the ASA Annual Meeting in New Orleans. The actions of the House of Delegates subsequently will be reported to the membership in the December issue of the NEWSLETTER with the summary of the proceedings of the House.

The public's trust in peer review mechanisms for physicians has been shaken in recent years, and there is a "perceived failure of the profession to protect society." What is needed is to assure the public of the quality of the anesthesia care it receives. We don't need "more laws of a doctor's ability to regurgitate information," but a test of the ability to care for the patients in our practice. This type of assessment requires dedicated evaluative review by our peers.

With this in mind, an Ad Hoc Committee on Continuing Qualifications in Anesthesiology was formed with the charge "to study the issues of competence and currency in anesthesiology including subjects related

to time-limited certifications, recertification and other alternatives for assuring continuing competence of physician specialists in anesthesiology." Appointed to the Ad Hoc Committee by the American Board of Anesthesiology (ABA) were Drs. D. David Glass (Chairman), David E. Longnecker, Alan D. Sessler, Robert W. Adams and Jerome H. Modell. Appointed to the Ad Hoc Committee from ASA were Drs. Richard H. Stein and Betty P. Stephenson.

Seventeen of the 23 member boards that comprise the American Board of Medical Specialties (ABMS) now have time-limited certificates or recertification in place. While recertification is one of the best means we have to gauge physician

qualifications, "knowledge is not always correlated with performance." Our Society has taken a giant step forward with the On-Site Peer Review Program and Practice Guidelines. In fact, we were the first of all medical specialties to do so. Now, we believe we have another unique approach to time-limited certificates. Once again, ASA is viewed in a unique leadership role.

The first recommendation of the Ad Hoc Committee report, which was passed by the Directors of the ABA and circulated in the *ABA News*, May, 1989, was that the primary Board Certificate would not be time-related. An optional voluntary mechanism for the purpose of "Continued Demonstration of Qualification" (CDQ) would allow ABA Diplomates to demonstrate current knowledge and quality of practice. This mechanism would include: (1) a written examination, (2) a peer review credentialing process for the purpose of evaluating current clinical performance and (3) some measure of quality assurance review to assess the quality of clinical practice.

The second recommendation of the Ad Hoc Committee concerns the 7,000 practicing anesthesiologists without Board certification. This entire report was submitted by the ASA President-Elect for the information of the Board of Directors at its March Interim Board Meeting and resubmitted to the Board of Directors in August for formal approval. This six month approach was so that all ASA component societies would have plenty of time to study and debate this concept.

It is recommended that a mechanism attesting to "Attainment of the Qualifications in Basic Achievement in Anes-

thesiology" (BA) be obtained by:

1. A written examination. This concept should not be a threatening evaluation process but an educational tool to improve our ability to care for the patients in our practice. This could be accomplished by taking the examination questions from the SEE Program and/or a group of questions from the In-Training Council's examination question pool selected as basic minimal knowledge and scored accordingly.
2. A peer review credentialing process for the purpose of evaluating attained minimal standards of clinical performance which would include:
 - (a) A satisfactory final Clinical Competence Committee report from the individual's program director and/or a mechanism of peer review of current practice such as reappointment criteria to a hospital staff or a department chairman's statement when applicable.
 - (b) Statement by the individual that he/she is free of chemical dependency.
 - (c) An individual form submitted by the applicant describing his/her current practice.
 - (d) A similar form to be completed by the chief of the hospital or equivalent.
 - (e) Evidence of a current and unrestricted license to practice medicine.
3. Some measure of quality assurance review to assess the quality of clinical practice. The use of peer review and an excellent

quality assurance program is the most valid mechanism to assess actual clinical patterns and outcomes. It would seem logical for ASA to incorporate the methodology of judging competence as presented by Terry S. Vitez, M.D., in the Las Vegas Model for Quality Assessment in Anesthesiology.

Extensive discussion by the Ad Hoc Committee resulted in the belief that the In-Training Council might be the appropriate combined structure of the Board and the ASA to develop and administer these examinations because their mechanism for examination development is already established. The committee agreed that only those individuals who have completed an ACGME approved residency training program are eligible for the BA mechanism. The ASA, through the Section on Education, would be the main educational arm to develop courses, materials and informational programs to prepare individuals for both the BA and CDQ. The frequency of administration of the examination would probably be at yearly intervals and an individual could take the examination as many times as he or she chooses.

The proposed BA does not seem to recreate a two-tier certification process, but rather seems a very reasonable way to address the needs of those who do not have ABA diplomate status.

Assessing the performance of practicing anesthesiologists is most accurately performed by our peers who have the best knowledge of the standards of practice. This can do far more for quality of care than a congressionally enforced recertification examination.

The Role of Recreational Drugs in Anesthetic Disasters

By Frederick W. Cheney, M.D.
Chairman, Committee on Professional Liability

The following case is from the ASA Closed Claims Study. Certain nonessential details have been altered to preserve confidentiality.

A 20-year-old, healthy ASA-I black female was presented to an outpatient surgery center for diagnostic arthroscopy under local anesthesia. At 10:30 the patient was noted by the admitting nurse as being "anxious". At 13:55 the patient received Demerol 75 mg and Vistaril 75 mg IM. At 14:40 the patient was taken to the operating room where a blood pressure cuff and EKG were applied. After the administration of 5 mg of Valium, the circulating nurse noted that the patient was "uncooperative for regional anesthesia". At 15:10 an anesthesiologist was called to administer two separate 5 mg doses of IV Valium. At 15:15 1.5 cc of 0.25 percent Marcaine with 1:100,000 epinephrine was injected by the surgeon. The patient's blood pressure was 90/70 and pulse 60. Over the next five minutes the patient developed progressive bradycardia which was refractory to two doses of glycopyrolate 0.2 mg and the administration of oxygen. The pulse slowed to 10 and CPR was administered. After 20 minutes, pulse and blood pressure resumed. ABG's at 15:45 showed a PaO₂ of 550, PaCO₂ of 57, pH of 7.23 and HCO₃ of 24. The patient was then transferred to the ICU. At the request of a consultant, a toxicology screen was instituted, although preoperatively the patient had denied taking any drugs. Before the results of the toxicology screen were known, a consulting car-

diologist speculated that "the patient seemed to have had inappropriate blunting of the sympathetic responses and that beta blockade or exogenous drug use such as cocaine or amphetamines should be ruled out." The family was questioned and a friend stated that the patient had apparently freebased cocaine the night before. The toxicology screen revealed nicotine, amyltriptylline and cocaine metabolites in the urine specimen. The patient never regained consciousness and expired one month later. The case was settled without payment.

Comment: It seems unlikely that Demerol 75 mg and Vistaril 75 mg administered one hour and 20 minutes before the cardiac arrest could have depressed the ventilation enough to cause hypoxia in this healthy, 20-year-old, 70 kg female, even when reinforced by Valium 15 mg titrated over 30 minutes prior to cardiac arrest. The cause of the lack of sympathetic response and cardiac standstill was probably due to chronic abuse of cocaine and amyltriptylline, and possibly some interaction with Valium and Demerol. The defense of this case was strengthened by the alert diagnosis of possible recreational drug use by consultants. The drug screen was a key factor in explaining this patient's untoward reaction to sedation administered by the anesthesiologist. The unsuspecting anesthesiologist, who administered 10 mgm of Valium, was then

faced with a sudden episode of bradycardia and hypotension refractory to the administration of oxygen and vagolytic agents. Without the consultant's perceptive diagnosis of concurrent recreational drug use and the confirmatory evidence of the drug screen, the defense would have been left with a defense of "idiosyncratic reaction to IV sedation." This defense is very unsatisfactory, as plaintiffs' experts can usually hypothesize a number of different, plausible scenarios of causation, all of which would be, of course, "below the standard of care."

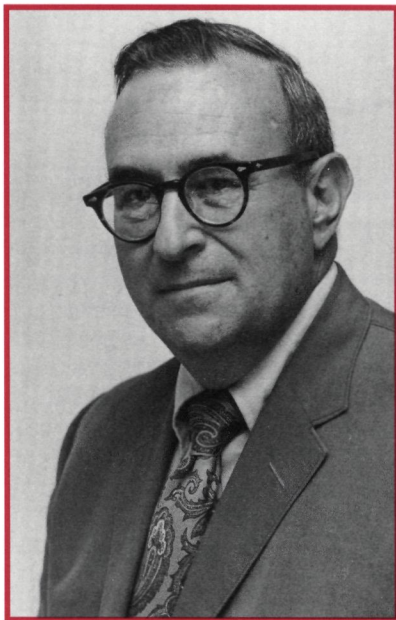
The lesson to be learned from this case is that preoperative evaluation of outpatients should include direct questions about recreational drug use and a drug screen should be obtained if untoward reactions occur. Further, the concomitant administration of oxygen, when intravenous depressants are administered, may blunt some of the deleterious effects of respiratory depression and will certainly blunt the plaintiff's allegations of neglect of the patient by "not even taking simple steps to avoid hypoxia."



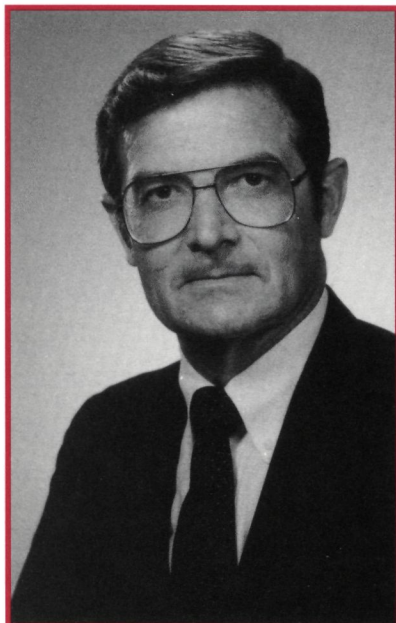
Letter to the Editor

Implications of the National Practitioner Data Bank for Anesthesiology

Erwin Lear, M.D., Editor



James F. Arens, M.D., ASA President



Dear Dr. Lear:

Many ASA members may be unaware that the Health Care Quality Improvement Act mandated the establishment of a national data bank which has implications for anesthesiology. The following is a brief explanation of the data bank.

Public Law 99-660, Title IV, Health Care Quality Improvement Act of 1986, mandated the establishment of the National Practitioner Data Bank (NPDB). Subsequent amendments and passage of the Medicare and Medicaid Protection Act of 1987 resulted in the expansion of the Data Bank operation. Money was appropriated and the award made to the UNISYS Corporation in late 1988, with an anticipated start-up date of September, 1989.

The Act makes provisions for both depositing and retrieving (querying) data. Data that **must** be reported includes: malpractice payments (whether judgement or out-of-court settlement), disciplinary action by State Boards, adverse clinical privilege data by health care entities whose actions last more than 30 days, and adverse membership data by professional societies (provided the action is reached through peer review/due process).

In addition to the above compulsory reporting requirements, similar data **may** be deposited for non-physician health practitioners.

Who May Access The Data?

All hospitals **must** query the Bank every two years regarding those on their medical staff, and when negotiating to bring someone on to their medical staffs or granting them privileges. Hospitals **may** query at any other time. State Licensing Boards

must query prior to granting a license and **may** query at any other time. Individual practitioners **may** ask for their own records at any time (for a fee), but any practitioner being entered will receive, at no cost, a copy of the entry.

Physicians and health care entities, including hospitals, HMOs and group practices, will be granted limited immunity for their peer review activities, provided they have acted in accordance with reasonable belief and due process.

The Committee on Energy and Commerce considered the original bill (H.R. 5540) during the 99th Congress and reviewed the background and need for the pending legislation. The Congressional Committee's report emphasized the need to "protect the public health and safety". In noting the ease with which incompetent or unprofessional physicians move from one jurisdiction to another, and the need for a centralized data base with which to keep track of these itinerants, the Committee felt that the proposed Data Bank would go a long way toward "ending the ability of incompetent doctors to skip from one jurisdiction to another" (Report of the Committee on Energy and Commerce Report 99-903, part I, page 3).

As laudable as this Act may seem at first blush, two potential problems are apparent. First, physicians now faced with national exposure for their alleged misdeeds or loss of clinical privileges, may feel compelled to challenge vigorously any action taken against them. This could lead to a dramatic increase in the number of suits filed against those reporting and may lead to a reduction in meaningful peer review activities by health

care entities and boards. It is for this reason that the Congressional Committee saw the need for "protection for doctors engaging in peer review if the reporting system is to be workable". Thus, under the Act, doctors and hospitals who have acted in accordance with reasonable belief, due process and other requirements of the Act are protected from damages sought by the disciplined doctor.

Second, the finding by Cheney, FW, et al. in their Closed Claim Study paper recently reported (JAMA 261: 1599-1603, 1989), that payment was made in 42 percent of cases in which care was adjudged appropriate by peers, holds ominous implications for anesthesiologists. These anesthesiologists will, under the terms of the Act, be named in the Data Bank, but will not have received adequate peer review.

The Data Bank can be expected to fill rapidly with masses of information as 37 percent of physicians nationally (31.5 percent anesthesiologists) can be expected to be sued during their career, and the Bank will include not only malpractice payments but also many other kinds of disciplinary actions. Distinguishing between those physicians who should legitimately be "tracked" and those who happen to fall into the ever-growing government data reservoirs through the imperfections of our legal/regulatory system will become increasingly difficult and complex.

Inquiries can be made to: Office of Quality Assurance, Bureau of Health Professionals, Health Resources and Service Administration, U.S. Department of Health and Human Services, 5600 Fishers Lane,

Parklawn Bldg., Room 8-15, Rockville, Maryland 20857.

William M. Gild, M.B., Ch.B., J.D.
ASA Committee on
Professional Liability
Philadelphia, Pennsylvania

Editor's Note: The following "Malpractice Update" is presented here for the information of the membership. It is reprinted from the "PSP Alert", a newsletter for professional service plan participants of Beth Israel Medical Center in New York, May, 1989.

A new HCFA plan that would make confidential medical treatment information available to patients, is expected to exacerbate the already high incidence of malpractice suits. Under proposed HCFA regulations for handling patient complaints to peer review organizations (PROs), patients could find out whether their complaints about poor care by a physician were justified.

In cases where the patient complaint is unique or specific, the regulations would allow a PRO to identify any physicians involved without their consent. Currently, when a patient complains to a PRO about poor care by a physician, the PRO can only tell the patient it has received the allegations, unless the physician grants permission. This new obligation of PROs to educate patients about their rights is expected to boost complaint volume. One concern of physician organizations is that the proposal does not provide for any appeal or review of a PRO's response to the patient. Physicians are only given 30 days for discussion on whether care rendered meets professionally recognized standards.

Letter to the President

Dear Dr. Arens:

Recently I had cataract surgery and the anesthesiologist in preparing me told me she would be giving me a little "cocktail" to put me out for a brief period. The intern assisting in the operation also referred to the sedation as a "cocktail". I did not think much about it until later, when I was discussing the procedure with my son. He mentioned that this characterization of a sedative has been common in the medical field for some time.

We both came to the conclusion that the term "cocktail" or "martini" or whatever, in lieu of the term "sedation", in effect trivializes or makes frivolous a significant procedure. It really is not professional and could, on occasion, be deemed to be insensitive. This might be true particularly to those who have had or still have an alcohol problem, or are related to an alcoholic. An unintentional reminder of a problem conceivably could introduce a stress factor at a time when stress should be minimized.

I do not intend this letter to be a complaint, since I had no adverse feeling about it. I am certain the anesthesiologist had only the best intention. I am simply suggesting that you, as the representative association, offer this viewpoint to your members. I feel that the term "sedative", or another term, clearly describes the procedure in a professional manner.

I would welcome your reaction to these comments.

E. Bruce Miller
Sumner, Maryland

Residents Increase Activity Within ASA

By H. Jerrel Fontenot, M.D., Ph.D.

Resident Alternate Delegate to the AMA/RPS

The future of anesthesiology will not only be determined by what is published in the *Federal Register*, mandated from HCFA, or legislated by Congress, but also by the quality of leadership within the ASA and its state Component Societies.

In the same way that the quality of anesthesiology in the future is dependent on our residency training programs, the quality of leadership within our state and national societies also is dependent on leadership training during the residency period. During the last several years, the American Society of Anesthesiologists has made several changes to include the residents in the political decision-making process of the Society.

This past year, changes have been made in the ASA Bylaws to create a Resident Component of the Society. The purpose of this component is to encourage resident participation within the Society and to introduce the residents to the many activities of the ASA. The Resident Component has been designed as an apprenticeship to cultivate the leaders of our Society for the future.

During the structuring of the Resident Component, several members of the House of Delegates expressed concern, in that they did not want the Resident Component of the ASA to detract from resident involvement in the state societies. The members of the Resident Component Governing Council understood their concern and have developed a system which would mimic the main body of the ASA and maintain involvement within the state societies. We have supported the initiation of resident component sections within state societies.

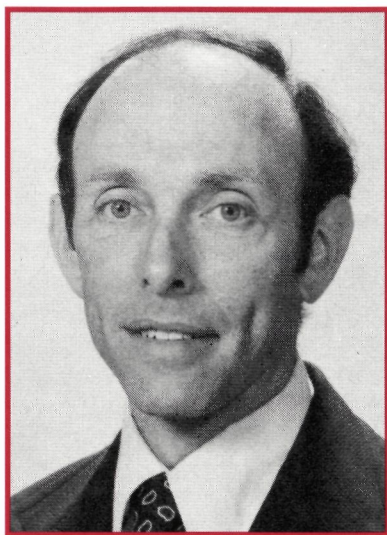
These resident components of the state societies are to be structured according to state society and ASA Bylaws. In the event that a state is unable to form a well-structured resident component in their state society, the state is still entitled to send appropriate representation to the Resident Component Meeting at the ASA Annual Meeting in October. These representatives of the state societies, which will form the ASA Resident Component House of Delegates, can be either elected or appointed positions. It is suggested that each state society be allowed at least one representative, and an additional representative would be granted for every 100 members of the Resident Component. This would mean that if your state society had 300 resident members you would be granted one delegate for the state society and three additional delegates because of the size of your membership. This structure has been proposed by the Governing Council, however, final details will be determined at the ASA Annual Meeting in New Orleans, Louisiana.

The purpose of this structure is to encourage resident participation at both the state and national level. Resident component sections of the state society have been initiated in California, Florida, New York, Iowa and other states. If your state society has not yet formed a resident component section, appointments can be made for delegates to represent your state at the 1989 ASA Annual Meeting. For any further information, you may contact me or any other member of the Governing Council of the ASA Resident Component.

Edmond I. Eger, II, M.D. Will Receive ASA Award for Excellence in Research

By Arthur S. Keats, M.D.

Chairman, ASA Committee on Excellence in Research



Edmond I. Eger, II, M.D.

The Fourth Annual ASA Award for Excellence in Research will be presented to Edmond I. Eger, II, M.D. at the Rovenstine Memorial Lecture on October 16 during the ASA Annual Meeting in New Orleans. The Award recognizes outstanding achievement in research related to anesthesiology.

Dr. Eger currently is Professor and Vice-Chairman of the Department of Anesthesia at the University of California in San Francisco. In 1960, following his residency at the State University of Iowa, he joined the University of California faculty, where his extraordinarily productive career as an innovative researcher and inspiring teacher began.

Dr. Eger is best known for his development of the MAC concept of anesthetic potency which established equipotent doses of clinically used

inhalational anesthetics and, for the first time, permitted precision in studies of their comparative pharmacology. In using this concept, Dr. Eger was responsible for all early human pharmacology of isoflurane which led to its introduction into clinical practice and current wide use. More recently, his research interests have concerned the toxicity of anesthetics, including nitrous oxide. Dr. Eger also is a recognized authority on uptake and distribution of anesthetics. He has been sought avidly as a lecturer and teacher because of his clarity in presentation, his enthusiasm and the stimulating intellect he brings to any subject.

Guidelines for nominations for the Fifth Annual ASA Award for Excellence in Research by ASA members are available from the ASA Executive Office.

OBITUARIES

Notice has been received of the death of the following ASA Members:

Lloyd S. Dunkin, M.D.
Greenville, Michigan
October 1, 1988

William T. Ellington, M.D.
Miami, Florida
February 13, 1989

Allison F. Errington, M.D.
Miami, Florida
February 13, 1987

Peter Evans, M.D.
New York, New York
December 19, 1988

Joseph B. Falchek, M.D.
Lewistown, Pennsylvania
September 18, 1988

Mortimer B. Genauer, M.D.
Staten Island, New York
June 5, 1985

Andrew J. Giambrone, M.D.
Rochester, New York
August 12, 1988

Ben Julian Giles, M.D.
Atlanta, Georgia
December 1, 1988

Orvin G. Glesne, M.D.
Alexandria, Minnesota
February 22, 1988

Frederick J. Gonzalez, M.D.
Santurce, Puerto Rico
August 28, 1988

David H. Goodman, M.D.
Beachwood, Ohio
May 25, 1988

Lawrence Howard Gordon, M.D.
West Bloomfield, Michigan
March 25, 1989



FOUNDATION FOR ANESTHESIA

EDUCATION ■ RESEARCH

Anesthesiology Research Fellowship Application Deadline is September 1

Anesthesiology Research Fellowships offered by the Foundation for Anesthesia Education and Research are designed to provide financial support of research opportunities for anesthesiologists-in-training. Fellowships of \$20,000 plus an allowance of \$750 for incidentals and travel will be awarded to an institution on behalf of the recipient.

Funding for up to four fellowships per year is provided by BOC Healthcare/Anaquest and Ohmeda, Stuart Pharmaceuticals, the Association of University Anesthetists and the Foundation for Anesthesia Education and Research. Fellows must spend a minimum of 80 percent of their professional effort in direct research activity; the remaining time may be spent in clinical activity. The department may provide salary supplement when appropriate.

The awards will be determined by competitive applications submitted to the Foundation for Anesthesia Education and Research and reviewed by its study section. Applications will be accepted from ASA members in good standing who are in an ACGME approved anesthesiology residency program, and who will be engaged in at least an 80 percent research training effort for two years under the sponsorship of an established investigator. **The deadline for receipt of applications is September 1.** Send requests for application guidelines to: Martin Helrich, M.D., Executive Director, Foundation for Anesthesia Education and Research, 10 South Pine Street, Baltimore, MD 21201.

*Martha G. Peck, M.Sc.,
Executive Director of the Burroughs
Wellcome Fund, announcing the
establishment of the Anesthesiology
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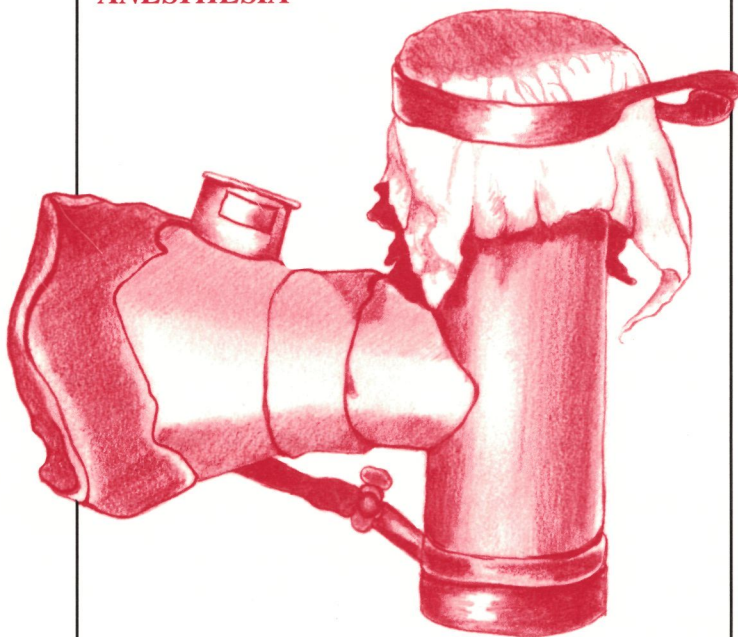
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