



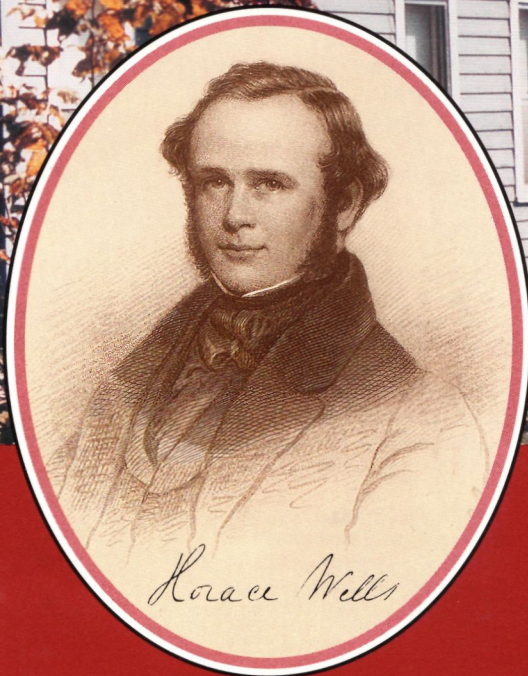
AMERICAN SOCIETY OF ANESTHESIOLOGISTS



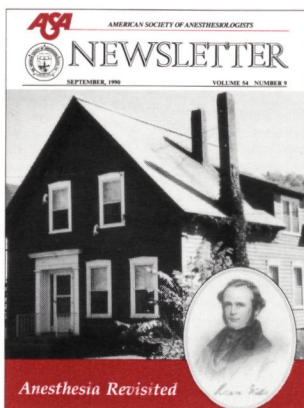
NEWSLETTER

SEPTEMBER, 1990

VOLUME 54 NUMBER 9



Anesthesia Revisited



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The birthplace of Horace Wells in Hartford, Vermont is an appropriate place to begin a review of the history of anesthesia and the ongoing efforts of the Wood Library-Museum of Anesthesiology in documenting the specialty's growth and progress.

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The views expressed herein are those of the authors and do not necessarily represent or reflect the views, policies or actions of the American Society of Anesthesiologists.

Paradox, Chance and the Prepared Mind

From the dawn of civilization, there is evidence of mankind's encounter with pain and its efforts to overcome this affliction. Readings in ancient history and mythology reveal an almost limitless effort expended in the search for substances and techniques to alleviate pain.

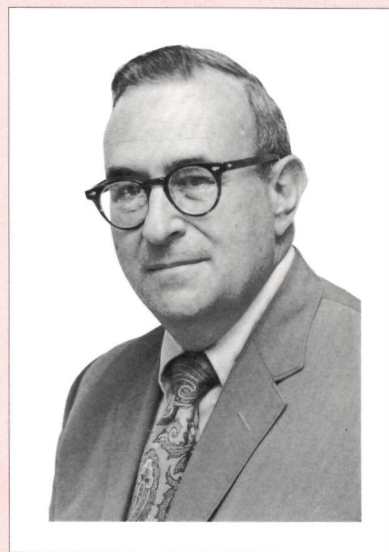
The shaman was undoubtedly one of the earliest anesthesiologists who applied the gate theory of pain modulation without having read Melzack and Wall. Operating on the philosophy that pain represented demonic invasion of the body with intent to kidnap the soul, the shaman quite literally beat the devil out of the patient; the pain input from the shaman's club altered the intensity of the original pain, should the patient survive the event.

The morbidity, mortality statistics for the above approach to pain management led to efforts directed toward a pharmacologic approach to pain control. Soporifics which could be inhaled or ingested were evaluated widely. The components of one such soporific would contain one or more of the following ingredients: opium thebaicum, juice of hyoscyamine, unripened blackberry, the juices of hemlock, poppy, mandragora or ivy. Unfortunately, death accompanied the use of these concoctions, and it remained for a young chemist's assistant from Paderborn in Westphalia to isolate morphine from crude opium in 1803 and open the way to the clinical use of morphine.

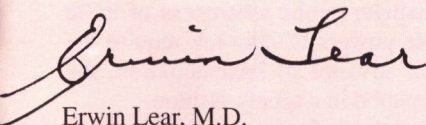
The current issue of the *ASA NEWSLETTER* attempts to whet your appetite for the intriguing story of anesthesia. Copious amounts of copy were submitted on this subject and have been edited into more bite-sized morsels for your consumption. A note of appreciation is extended to Elliott V. Miller, M.D., President of the Wood Library-Museum Board of Trustees, who with C. Ronald Stephen, M.D. and M.T. Pepper Jenkins, M.D. coordinated the efforts of this issue's contributors.

"The victorious history of anesthesia is also the history of a thousand perils, many of which medical skill has enabled us to overcome, but many of which seem unavoidable."

Rene Fueleop-Miller
Triumph Over Pain
Bobbs-Merrill, New York (1938)



Erwin Lear, M.D.



Erwin Lear, M.D.
Editor

Patients' Rights to Determine Course of Medical Treatment

*Adrienne C. Lang, Director
Office of Governmental Affairs*

The *Cruzan* decision announced by the Supreme Court late in June has brought into focus the difficult issues relating to a patient's right to determine the course of medical treatment, including the right to cause that treatment to be terminated. Also at issue is the right of the guardian of a comatose or incompetent patient to order that treatment be withheld.

Cruzan v. Missouri Department of Health

The case involved a 32-year-old woman who was rendered incompetent, in a persistent vegetative state, as a result of severe injuries sustained during an automobile accident. After it became apparent that she would not regain consciousness, her parents requested that the artificial nutrition and hydration procedures be terminated. The hospital refused to honor this request without court approval, and ultimately, the Missouri Supreme Court held the treatment could not be terminated because there was not "clear and convincing" evidence that the patient herself would have wanted the treatment withdrawn.

The U.S. Supreme Court upheld the constitutionality of the Missouri "clear and convincing standard." The court held that a patient has a constitutionally protected liberty interest in refusing treatment, but that interest must be balanced against the state's constitutionally protected interest in preservation of life. The court, therefore, held that the State of Missouri had the right to require clear and convincing evidence of the patient's *own* expression of intention to refuse treatment, made while the patient was competent.

Advance Treatment Directives

An individual who is legally competent has various legal options for refusal of life-sustaining medical treatment. In 41 states and the District of Columbia, there are living will statutes, although they vary in their terms and some forbid withholding of food or water. Durable Power of Attorney for Health Care laws have been enacted in 29 states. In several states, court decisions or informed consent laws have established a patient's right to determine his or her own fate.

Advance directives, such as living wills or durable powers of attorney, are generally regarded as the most suitable forms of expressing health care preferences. While the majority of states have enacted living will legislation, some members of Congress believe there is inadequate public awareness of these statutes. Since both living wills and durable powers of attorney require the patient to make his or her wishes known in advance of incapacitation, the availability of the law is only of value if understood in a timely fashion.

Statements in support of ending medical treatment for terminally ill or irreversibly comatose patients have been issued by the American Medical Association and other provider organizations. The AMA says, "(When) a patient is beyond doubt permanently unconscious, and there are adequate safeguards to confirm the accuracy of the diagnosis, it is not unethical to discontinue all means of life-prolonging medical treatment."

In a survey done by the AMA, 78 percent of U.S. physicians said they support withdrawing life-sustaining treatments from irreversibly comatose patients when requested by the patient or the patient's family. In general, physicians

oppose having the courts involved in the decision-making process. The AMA's Office of General Counsel is developing educational brochures for distribution to physicians and their patients, and a model medical directive.

Congressional Activity

Two bills currently being considered in Congress are designed to address this problem. Introduced in the Senate by John C. Danforth (R-Missouri) and in the House of Representatives by Sander Levin (D-Michigan), the Patient Self-Determination Act of 1990 would require each state to develop information on its advanced directives legislation and require the Department of Health and Human Services to conduct public education campaigns about advanced directives. The two proposals also would make it the responsibility of the hospital and other institutional providers to inform Medicare and Medicaid patients of their right to establish advance directives.

At a recent hearing before the Senate Committee on Finance, Representative Levin stressed the importance of empowering patients with information that will ensure participation in their medical treatment. Levin and Danforth believe hospitals provide the best setting for informing patients on these issues. However, efforts to link the dissemination of advance directive information to Medicare's Conditions of Participation are being strongly opposed by the Administration. Health Care Financing Administration (HCFA) Chief Gail Wilensky, Ph.D. testified that the proposed addition of six requirements for hospitals' accreditation in the Medicare program would be inappropriate and "risky."

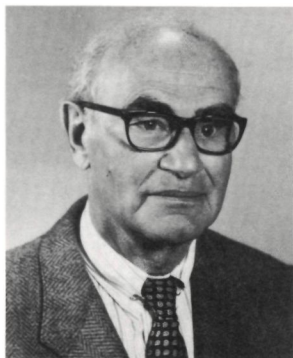
The Danforth-Levin bills would mandate that hospitals: provide advance directive information as it applies in a given state; ask the patient if he or she has a directive; document that response; transfer patients if the hospital cannot comply with the patient's wishes; ensure compliance as allowed by state law; and educate both hospital staff and the community about advance directives.

The American Medical Association and the American Hospital Association expressed concern that the hospital admitting office is not the appropriate place to make such delicate decisions. The AMA did agree that physicians and patients should be educated on advance directive statutes in their state.

Both the House and the Senate committees with jurisdiction over this issue are moving the bills as a part of the 1990 budget reconciliation packages.

The Birthplace of Horace Wells

Leroy D. Vandam, M.D.



Leroy D. Vandam, M.D.

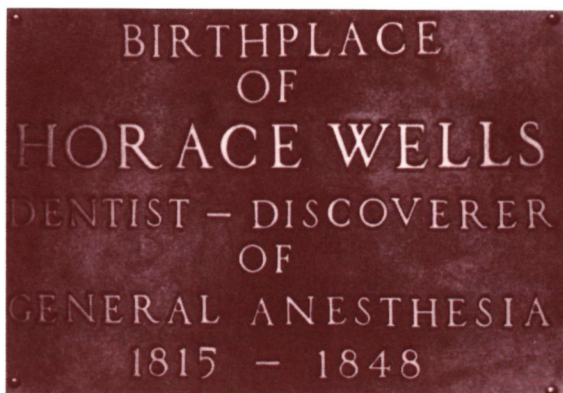
Based on a tour of sites of historic interest to the development of anesthesiology in the United States, the documentary videotape "The Yankee Dodge: Anaesthesia" (page 18) focuses on the controversy over who should be given the credit for the "Discovery." In this context, dentist Horace Wells, the first person to inhale nitrous oxide for his own tooth extraction, was one of the contenders.

Horace Wells, the eldest of three children, was born on January 21, 1815, the son of Horace and Betsy Heath Wells of Warehouse Point, Connecticut. After their marriage in 1810, they moved to the Vermont site in Hartford, Windsor County. The house was built in 1806 by William Arnold and has been continuously occupied ever since.¹

The photograph below was taken in 1944 at the time of the Centennial of Wells' adventure.² On the cover of this month's *ASA NEWSLETTER* is the house in 1964 when photographed in color by David M. Little, Jr., M.D., an ASA Past President and Distinguished Service Award honoree. More recently, the edifice as shown in "The Yankee Dodge" has once again been thoroughly refurbished. The commemorative plaque has been removed by the current inhabitants probably to discourage the gaze of the curious pilgrim.

References

1. Archer WH. Life and letters of Horace Wells, discoverer of anesthesia, chronologically arranged. *J Amer Dental Soc* 11(2):83-210, 1944.
2. Reproduced with the permission of the Horace Wells Centenary Committee of the American Dental Society.



The memorial tablet, left, was placed on the Wells' house at a dedication ceremony by the Vermont State Dental Society in February, 1946.

Wood Library-Museum Perspectives for 1990-1991

Elliott V. Miller, M.D., President

Wood Library-Museum of Anesthesiology Board of Trustees

Requests for services at the Wood Library-Museum (WLM) have increased rapidly in the last two to three years. The WLM Trustees and staff are pleased to have the opportunity to better serve more of the ASA members and to have the renowned collection put to increasing use. Most of the requests from ASA members have been for bibliographic and informational services. In addition, anesthesiologists from other countries and school children have dramatically increased their requests for service. Industries, hospitals and Quality Assurance Committees also have increased their requests and are a sign of the changing times.

In addition to the rise in requests for service, there has been an increase in requests for materials. Sales of historically important books published by the WLM have increased. Requests for the loan of videotapes and artifacts for exhibits have increased likewise.

The Trustees are pleased to welcome Donald Caton, M.D. as a new member of the Board. His nomination was confirmed by the ASA Board of Directors, and he will serve for a term of three years. He has replaced Edward Ernst, M.D. Norig Ellison, M.D. is serving as a Trustee Ex-Officio upon his election as ASA Vice-President for Scientific Affairs. He has replaced G.W.N. Eggers, Jr., M.D., who previously held this position.

Two important books have been processed by the Publications Committee. These include the book by John Snow on *Chloroform and other Anaesthetics* and the translation of Claude Bernard's *Lectures on Anesthetics and on Asphyxia*. The translation was completed by B. Raymond Fink, M.D. The translation from German of *Die Narkose* by C.E. Overton, M.D. will be released for sale in late October. This book remains a classic and will have continuing value and use for historians, researchers in anesthesia and others involved in environmental protection. The Meyer-Overton theory of anesthetic action based on lipid solubility was another outcome of Overton's work.

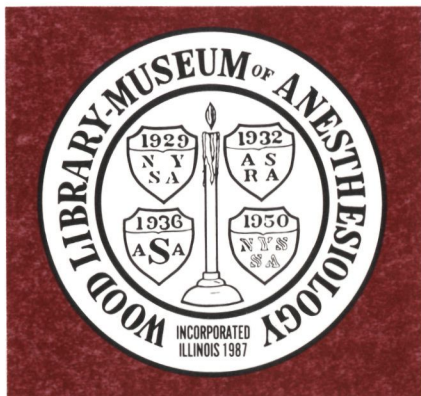
A new volume in the History of Anesthesia Reprint Series will be available for sale at the ASA Annual Meeting in Las Vegas. The volume has been prepared by Leroy Vandam, M.D. and will be on the subject of "The Contributions of Surgeons to Anesthesia."

The preparation of an annotated bibliography of the Rare Book Collection is in progress. It is being prepared by our Librarian, Patrick Sim. Considerable details will be made available concerning the rare book holdings. This annotated bibliography will be made available for sale to libraries and individuals as soon as it is completed. Sally Graham, Assistant Librarian, is preparing a catalog of artifacts using a software program called MODES. This is being done in collaboration with museums in Great Britain and Australia. It will provide a uniform system for cataloging and describing artifacts from the field of anesthesia.

Two new committees have been appointed for the WLM. A Committee on Development is chaired by Eli Brown, M.D. and is charged with raising endowment monies so that the WLM will become self-supporting in the years to come. The Committee on Marketing has been appointed and is chaired by Dr. Caton.



Elliott V. Miller, M.D.



Historical interviews for the Living History Series continue to be completed (page 14). The most recent one received is an interview of John Nunn, M.D. with John Severinghaus, M.D. as the interviewer. An outstanding videotape on the introduction of anesthesia has been released for loan and sale (page 18). The title is "The Yankee Dodge: Anaesthesia" and was produced by Leroy Vandam, M.D. The 24-minute program was videotaped in New England and features the work of Crawford Long, Horace Wells, William T.G. Morton and Charles Jackson.

For some years, the WLM has held the archives of the Association of University Anesthesiologists. As a result of recent negotiations, the WLM will hold the archives for other important organizations. The archives of the World Federation of Societies of Anaesthesiologists, the International Anesthesia Research Society, the Academy of Anesthesiology and the New England Society of Anesthesiologists will be held at Park Ridge, Illinois and made available to researchers.

Traveling exhibits will soon be made available for loan to societies and departments of anesthesia. These will be available upon request to the WLM. The Wood Library-Museum Fellowship Program continues to grow and draw scholars (page 21). Papers are being published by the Fellows, and a recent talk was delivered to the New York State Society of Anesthesiologists.

The Trustees plan to have an Annual Exhibit of artifacts at the ASA Annual Meeting beginning in October, 1991. The collection of artifacts is large and continues to grow. We invite people with old and unusual items to consider donating them to the WLM. We especially invite inventors to contribute their initial models.

Publication of the *Anesthesiology Bibliography* continues and is an important service to members and residents. This quarterly publication is an abstract of Index Medicus containing the bibliographic citations on subjects in anesthesia. The WLM continues to sponsor the Lewis Wright Memorial Lecture. Thomas B. Boulton, M.B. of England will be the 1990 lecturer.

The program of acquisitions continues to be very active. We are constantly seeking rare books and other printed materials related to the field of anesthesia. George Bause, M.D., our Medical Curator, continues to seek equipment and other artifacts.

Since anesthesia was developed in 1840 at the time when the acid paper process also was initiated, much of our early and current literature has been printed on acid process paper and is subject now to serious deterioration. An active and important program is in process to de-acidify and conserve these materials. If this is not done, it will only be a matter of a few years before parts of the collection are "self-destroyed."

Many generous donors have given money for the Endowment Fund (page 20), rare books and other historical printed materials for the collection and artifacts for the museum. The WLM will continue to depend on the generosity of donors. The Trustees extend their gratitude to the innumerable donors from the past and invite any inquiries from other people who will consider a donation in the future.



The Wood Library-Museum of Anesthesiology: The Early Years

Albert M. Betcher, M.D.

The history of organized anesthesiology might be unavailable today were it not for Paul M. Wood, M.D. At age 5, he began to acquire old books; he cataloged them and offered to lend them to his playmates. He even had a special bookcase for rare books. By the time Paul was 11 years old, he had decided on a medical career and began to add books and specimens of a medical nature to his library.

In 1923, Paul Wood was appointed Secretary-Treasurer of the New York Society of Anesthetists; he collected every item related to anesthesiology and the Society. He often browsed through secondhand bookstores in New York City, buying books, pamphlets and journals with his own funds. His favorite bookstore, still in existence, was the Strand on 13th Street and Broadway. He had an ear for any "old-timers" who boasted of a medical library, hoping to acquire it. Among the anesthesiologists who contributed their collections were Drs. A. Frederick Erdmann, Thomas D. Buchanan, Malcolm Munkittrick, Thomas Bennett, Paluel J. Flagg and Lewis Booth. Dr. Erdmann introduced Dr. Wood to Robert H. Ferguson, M.D., possessor of the largest private collection of anesthesiology books, reprints and apparatus. Dr. Wood kept after Dr. Ferguson for the eventual disposition of the collection, but was unsuccessful in obtaining it. Years later, I tried to get John Lundy, M.D. to will his collection to the Wood Library-Museum. The Wood Library-Museum never did obtain Dr. Lundy's collection.

In those early years, Paul kept all the memorabilia in the bedroom of his apartment on Riverside Drive in New York City. In 1933, with a library of some 70 volumes and other items in his possession, he donated the library to the Society. In return, the Society approved the retention of the material in his home; he was appointed "librarian" for life. Although Dr. Wood did not acquire Dr. Ferguson's book collection, Dr. Ferguson proved to be of inestimable value in cooperating to obtain a meeting place for the Society. Ferguson had been long associated with E.R. Squibb & Company, which was intimately involved with anesthesiology as manufacturers of ether, curare and cyclopropane. Squibb had just built a new office building at 745 Fifth Avenue, New York, in which there was a large meeting room; they were granted permission to hold their meetings therein. One day while wandering around the building, Dr. Wood came upon an exhibit of an apothecary shop installed by Squibb. He convinced the company to allow him to set up an exhibit of his library-museum pieces in vacant office space. On July 26, 1937, the contents of Paul Wood's apartment bedroom were moved into its new rent-free quarters. In the initial inventory of the library, there were 350 volumes and a smaller number of journals. Within the first six months following its opening, 280 visitors used the reading room or the museum portion of the library. Other contributors to the library-museum were Drs. Ralph Waters, Arthur Guedel, Sidney Wiggin and Emery A. Rovenstine.

As Secretary-Treasurer of the American Society of Anesthetists, Dr. Wood also received permission to keep his record books in the library-museum. Thus, in 1937, the Society's headquarters office evolved. Dr. Wood, as the first Secretary of the Affiliated American Board of Anesthesiology, used that



Albert M. Betcher, M.D.

address in 1938; in 1940, this space also served him in his duties as the first business manager of the journal, *Anesthesiology*.

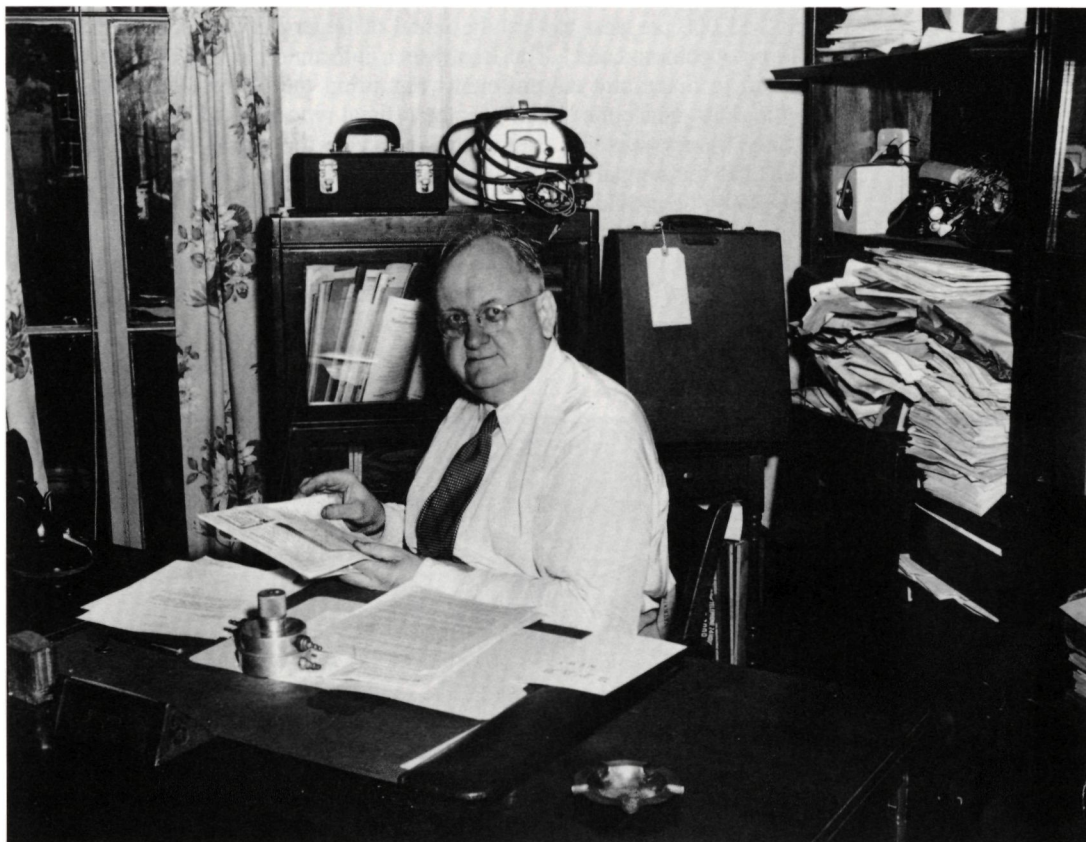
From Committee to Educational Corporation

The first Library-Museum Committee of the ASA was appointed in 1940. Its members were Drs. Lewis H. Wright, Chairman, Robert H. Ferguson, John Adriani, Albert H. Miller, R. Charles Adams and nonresident members Sir Robert MacIntosh of Oxford, England and Geoffrey Kaye, M.D. of Australia. The Board of Directors of the Society allotted 25 cents from junior dues and \$1 from active dues to the library-museum. In 1946, the Society approved a dues allotment of \$1,307.50 for the library and \$455 for the museum. During the 10 years following the library-museum move into the Squibb building, books and journals were purchased for the library, and apparatus "liberated" by veterans returning from their overseas assignments and older machines from hospitals also were collected.

In 1947, the American Society of Anesthesiologists moved its headquarters to Chicago. The Society directed that the library-museum remain in New York City at its location and that it be incorporated as a separate body. In 1949, the ASA Board of Directors adopted a resolution proposing that "a nonprofit corporation be formed, to be known as the Paul M. Wood Memorial Library and Museum; and that the American Society of Anesthesiologists, Inc. give and transfer the Library and Museum to that newly formed corporation." Thereafter, the Society would donate funds to the corporation to be used for the maintenance of the Paul M. Wood Memorial Library-Museum.

On July 21, 1950, the New York State Board of Regents granted a charter to the Wood Library-Museum of Anesthesiology as an educational corporation. At the first meeting of its new Board of Trustees, the following officers were elected: President and Chairman, Lewis H. Wright, M.D.; Curator, Paul M. Wood, M.D.; Vice-President, Albert M. Betcher, M.D.; Treasurer, Moses H. Krakow, M.D.; and Secretary, Vincent J. Collins, M.D. Fourteen years after moving into the Squibb building, the Wood Library-Museum was informed that it could no longer remain as a free tenant because of Squibb's postwar expansion. Fortunately, in 1952, the New York State Society of Anesthesiologists (NYSSA) rented office space in a brownstone building owned by St. Vincent's Hospital on 11th Street in New York City. The Component Society invited the Wood Library-Museum to share its space gratis. The Board of Trustees of the Wood Library-Museum gratefully accepted the offer. Unfortunately, the offer was short-lived because the number of books, journals and apparatus had expanded to the extent NYSSA was cited by the New York City Department of Buildings because of the exceptional floor weight. Accordingly, Dr. Wood had some of the heaviest items removed to a garage at his country home in Highland Falls, New York.

The Board of Trustees sent an appeal for funds to various companies. Because of poor communication with the ASA, the appeal was not mounted. The situation became even more urgent when the NYSSA also was forced to move. At this point, Richard Foregger, Sr., M.D., donated space in a



Paul M. Wood, M.D., Founder, Wood Library-Museum of Anesthesiology

boathouse on his estate in Roslyn, Long Island, for temporary storage. In 1955, I succeeded Dr. Wright as President and Chairman of the Board of Trustees, and efforts to obtain a permanent home continued with a focus on keeping the entire collection intact and under the Board's jurisdiction. In 1958, ASA President-Elect Daniel C. Moore, M.D. asked the Society to consider acquiring adequate space for the Wood Library-Museum.

1960 — The Year of Decisions

President Leo V. Hand, M.D. in 1960 suggested the use of space in the air-conditioned basement of the Park Ridge headquarters when, after the death of Dr. Foregger, Mrs. Foregger notified Dr. Wood that the boathouse was being sold, and the material could no longer be kept there.

The Board of Trustees of the Wood Library-Museum, concerned that this new crisis would lead to the deterioration of the crated contents, entered into an agreement with the New York State Society of Anesthesiologists and

offered \$1,000 per year toward the rental of larger quarters so that the WLM could be accommodated. The Board then informed the ASA that it was not prepared to make any commitments regarding the Library-Museum at that point in time. Since the WLM was the official repository of the ASA and was the only library-museum in anesthesiology in the world, the WLM Board hoped that the annual grant could be increased and that temporary storage space would be provided in the basement of the headquarters building. In the interim, the Board of Trustees desired to retain control of the WLM under the charter granted them by the State of New York; administrative duties would continue in New York pending the ultimate disposition of the WLM.



The ASA NEWSLETTER gratefully acknowledges Albert M. Betcher, M.D. for the use of photographs reprinted from his personal slide collection on the WLM's history.

First Library-Museum in the Squibb building, New York

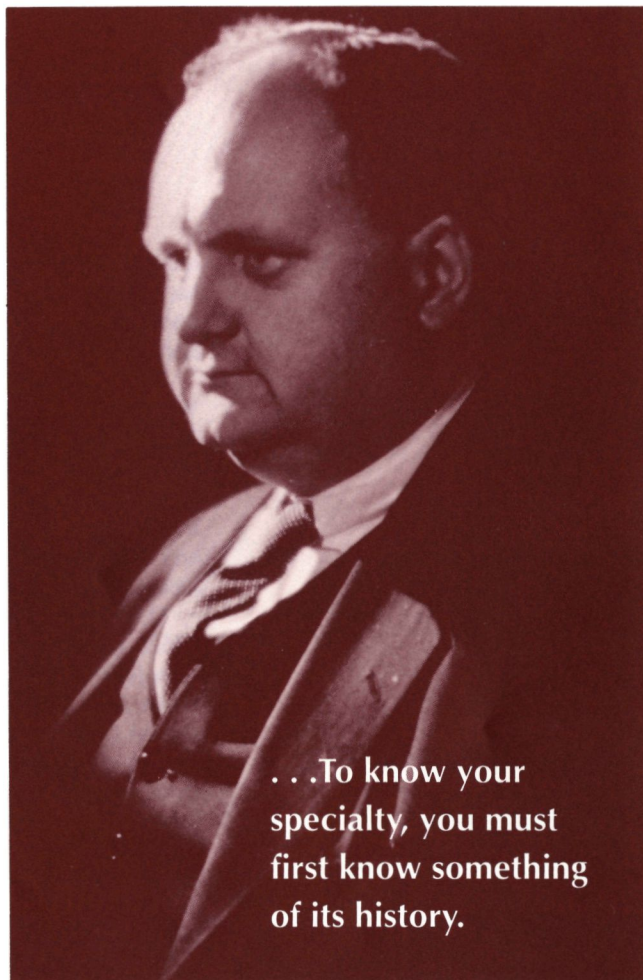
Early in 1960, the California Society of Anesthesiologists submitted the following resolution: "It is recommended to the Board of Directors of the American Society of Anesthesiologists that those contents of the Wood Library-Museum that are stored in unsatisfactory quarters be transferred to the new headquarters building in Chicago and such material on being transferred be cataloged, displayed and loaned to members of the Society as is usual and customary with museum material." At the August meeting of the ASA Board of Directors, it reinforced the California Society's resolution and directed President Leo Hand, M.D. to ascertain from the WLM Board of Trustees whether it was prepared to consummate a mutually acceptable solution. If so, then it would:

- 1) authorize that preliminary drawings of a building to house the WLM be executed by Graham, Anderson, Probst and White, Architects;
- 2) obtain the approximate cost for necessary personnel;
- 3) consider possible methods of financing the construction of such a building; and
- 4) ascertain the cost of an oil portrait of Paul M. Wood, M.D. to be hung in the vicinity of the entrance to the Wood Library-Museum.

Further, the ASA Finance Committee and the WLM Board of Trustees would meet prior to the Annual Meeting of the House of Delegates to work out a mutually satisfactory arrangement if possible.

The meeting was held on September 29, 1960, in New York City. Legal counsel representing both organizations expressed the opinion that: the separate corporate identity of the Wood Library-Museum should be preserved; if the Society should make a long-term commitment on behalf of the Wood Library-Museum, such as a building program, feasible guarantees had to be given for the continuation of the Library-Museum within the framework of the ASA operations; and the Wood Library-Museum Bylaws would be changed to provide for election of persons designated by the ASA.

The two bodies then agreed that the ASA Finance Committee would recommend to the WLM Board of Directors the acceptance of these principles. At the meeting of the House of Delegates on October 4, 1960, Reference Committee No. 3, after considering all material concerned with the relationship of the WLM to the Society, said, "From all available evidence, your Reference Committee is convinced that it is the desire of this Society to sponsor the WLM in substantially the same way as if its activities were carried on by a Committee of this Society, but without destroying the corporate identity of the WLM. It is



Paul M. Wood, M.D.

our belief that this report, with its accompanying documents, truly indicates such a desire on the part of each organization, and establishes a framework upon which such an association may be formed.” It then recommended adoption of the report.

The House of Delegates approved the report. The Board of Trustees of the WLM approved the report at its Annual Meeting held December 19, 1960. The Articles of Agreement were signed by the ASA and the WLM just prior to the 1961 ASA Annual Meeting. The Building Fund Committee under the stewardship of its Chairman, Daniel C. Moore, M.D. swung into action. Its Resolution No. 8 on the construction of a building to house the WLM on property adjacent to the ASA headquarters building was adopted by the House of Delegates in October, 1961.

Shortly after Forrest Leffingwell, M.D. took office as ASA President in 1962, a temporary setback occurred. Stanford Medical School, which had been located in San Francisco, moved to its campus in Palo Alto. Some California ASA members thought it might be a good idea to place the WLM in a section of that empty building. It necessitated a visit to San Francisco by Dr. Leffingwell, Jack Lansdale, Jr., ASA legal counsel, Jack Andes, Executive Secretary, and myself as President of the WLM Board of Trustees. After exploring the pros and cons, we concluded that we had gone too far in the building plans for Park Ridge. Therefore, we recommended to the ASA Board of Directors that we keep to our original plan.

Building Toward the Future

Forward progress became the key words that finally led to the construction of the building which now houses the Wood Library-Museum of Anesthesiology. Dedication of that building was held on November 3, 1963, during the Annual Meeting of the Society, which fortuitously took place in Chicago. Edward R. Annis, M.D., incoming President of the American Medical Association, was the main speaker at the dedication exercises. I represented the two groups as ASA President and as President and Chairman of the WLM. Harriet Wood, Dr. Wood’s widow, came from Highlands Falls, New York to represent her husband, who had died unexpectedly of a heart attack on May 28, 1963. Announcement of his death resulted in a monumental flow of letters, some with donations, from all over the world.

I remained President and Chairman of the WLM Board of Trustees until October, 1969 when I was succeeded by James E. Eckenhoff, M.D. During my term, the WLM voluntary contribution was added to the ASA dues statement, and ways to increase the WLM Endowment Fund were studied. We also began providing ASA members with a bimonthly “Anesthesiology Bibliography,” a service that continues today, and reference reprints for the Self-Education and Evaluation (SEE) Program. I also initiated “Distinguished Visitors Week” by bringing in such “all-time greats” as Drs. Dennis E. Jackson, Harold R. Griffith, Philip D. Woodbridge and Ralph T. Knight to the WLM to help identify antique pieces of equipment. No one person can be said to be responsible for the presence of the WLM in Park Ridge, Illinois. However, to Daniel



Albert M. Betcher, M.D., surveying the progress of the WLM's construction in 1963.

C. Moore, M.D. belongs WLM's gratitude for having the foresight to urge the purchase of the land where the headquarters and WLM now stand.

Today, the WLM is ready to service any area of continuing medical education with the most comprehensive educational, scientific and archival resources in anesthesiology. Aided by its Endowment Fund, the WLM includes hundreds of priceless articles of anesthesia apparatus, more than 8,000 books and journals, approximately 100 audiotapes and 100 videotapes, and the largest collection of rare and historic books and manuscripts on anesthesia-related subjects. David A. Davis, M.D., in his remarkable historic vignette, "The Bricks Which Built the Wood Library-Museum," published in 1968, pointed out that the WLM did not just happen, but that it was put together book by book, just as its building was put together brick by brick. "There is nothing anywhere in the world," wrote Davis, "which approaches this library and museum in scope and importance to anesthesiology." It is satisfying and rewarding to have been a part of it.



Living History Series of Wood Library-Museum

John W. Pender, M.D.

Great oaks from little acorns grow! Great ideas frequently require much nurturing to be developed to the state where they will be accepted. The Living History Series began as an idea that was born during a casual conversation in the surgical dressing room at Stanford University Hospital in January, 1966. John J. Leahy, M.D. of Philadelphia was visiting Stanford and was having a friendly discussion with John W. Pender, M.D. Part of the discussion was spent comparing the pioneers of modern anesthesia who they both knew. The large number who had been personal friends led to the realization that most of the pioneers were still alive and active. The idea developed that a compilation of the memories of these pioneers would provide an accurate history of the development of our specialty. Too often, history written by authors who have only hearsay information results in a record that represents only the manner in which the author wished that events and progress had occurred. Real history sometimes is turbulent and ugly, but those aspects need to be recorded along with those that are rosier and friendly.

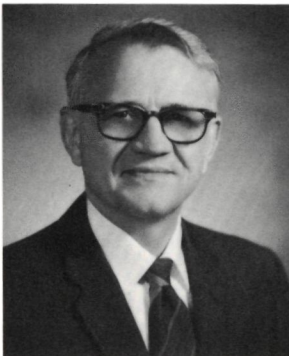
How could such a compilation of all these experiences be accumulated? What medium would be both effective and accepted by those pioneers? Writing was the common medium, but it was not likely to be accepted since most of the pioneers had not been authors. Audiotaping would be better accepted but would not capture the personalities of these ebullient characters as well as might be hoped. Both Dr. Leahy and Dr. Pender had an interest in and a bit of experience with the collection of oral history; both had been members of the Oral History Association and had been collecting historical audiotapes. Still they did not believe that audiotape recording would best meet their objectives.

As the discussion developed, it was revealed that Dr. Leahy was interested in motion picture photography and had some professional equipment. Motion picture photography would record the appearance of the interviewee and perhaps some characteristic gestures as well as vocal peculiarities. This was considered the best medium for the collection of the historical material available at the time. However, the problem of funding now arose. It was estimated that color recording, development and editing of about 40 minutes per interview would cost roughly \$2,500.

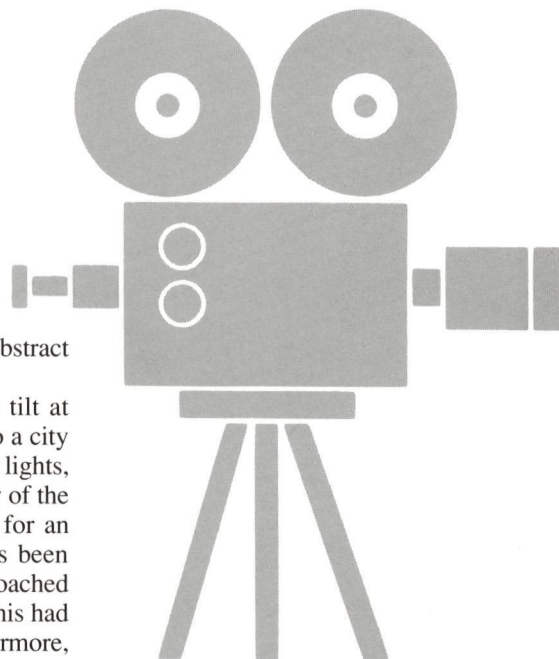
With the large number of pioneers under contemplation for interview, such a project would require a large sum of money. What were some of the sources for financing that might be considered? Governmental grants were being handed out freely at the time, but neither of the dreamers had any expertise or experience with governmental grants and both doubted that a grant would be available for historical projects. The American Society of Anesthesiologists should be interested in the history of the specialty, and a series of interviews with past presidents of the organization would make an interesting and accurate record.

Phase I

The plan that evolved was that Dr. Leahy would use his equipment, both Drs. Leahy and Pender would contribute some private funds to purchase and develop film, and Dr. Leahy would do the editing and titling. Then some



John W. Pender, M.D.



recorded samples could be presented to the ASA Officers instead of an abstract idea.

Consequently, two optimistic young “Don Quixotes” set about to tilt at windmills. Dr. Leahy would pack his equipment in his car and take it to a city where an anesthesia meeting was being held. The equipment, including lights, would be set up in a hotel room. Then Dr. Pender would roam the lobby of the hotel seeking past presidents of the ASA and other likely candidates for an interview. To be sure, this was a crude approach and since then has been refined with great improvements in results. The people who were approached naturally were wary about what was being proposed since nothing like this had ever been done before and no one had sanctioned the endeavor. Furthermore, no definite promises could be made about the uses to which the film would be put.

There was one candidate, however, who did not have to be coaxed to talk about his experiences, John Lundy, M.D.; he was the first to be interviewed. In fact, Dr. Lundy had so much information that his interview was divided into two sessions for economic reasons. The supply of expensive color film was limited, so a short Lundy interview was made on color film and a longer, more detailed recording made in black and white.

The filming arrangement was that Dr. Leahy would supervise camera and lights, and Dr. Pender would do the interviewing. Dr. Leahy was more adept at his job than was Dr. Pender to whom interviewing at that time was a strange and uncomfortable practice. Television was not as universal a medium then as it is today, and few talk shows were on television to serve as examples. Another problem was that only one camera was available, and it had to be kept focused on the interviewee. In an effort to provide some variety of scenes in the final edited film, a new technique was tried. After the interview was finished, some shots were taken of the interviewer trying to ask enthusiastically some of the same questions that previously had been asked during the interview. These shots were then spliced into the original film.

Another willing former ASA President came forth, Ralph Knight, M.D. from Minneapolis. In those days, there was a small group of experienced politicians in the ASA, sometimes referred to as “King Makers.” Before each election, this group made contacts and laid well-organized plans that were most consistently successful. In this way, they knew who the new officers would be before the election. This was the case with Dr. Knight.

In Philadelphia where the 1966 ASA Annual Meeting was in progress, ASA Past Presidents Irving M. Pallin, M.D. and B.B. Sankey, M.D. participated in recording some of the problems and triumphs during their terms of office. Donald S. Hale, M.D. related some of his early experiences in the field of anesthesiology. An unexpected opportunity was an interview with John Dundee, M.D. of Belfast, Northern Ireland, who was on the ASA program that year.

The crux of the entire program now approached — getting the ASA to fund the making of a film series of past presidents. A stonewall of opposition was met; the proposal never reached a formal recommendation to the Board of

Directors. Regardless of its desirability, the collection of historical films seemed to be dead.

However, ardent optimism is not easily quenched. In 1967, Dr. Leahy was able to interest Burroughs Wellcome Company in funding the production of a film in which William Colvin, M.D. interviewed H.C. Churchill-Davidson, M.D. on the use of muscle relaxants. A short film was made of Robert A. Hingson, M.D. being interviewed by Frank Grabill, M.D. in Dr. Leahy's home in Philadelphia.

The ultimate hoped-for prize was a recording with Ralph Milton Waters, M.D., one of the most revered of all anesthesia's pioneers. The problems seemed almost insurmountable. Upon retirement from the University of Wisconsin, Dr. Waters' health had been poor and he moved to Orlando, Florida to grow oranges. His avowed intent was henceforth not to be involved in anesthesia politics, education or organized projects, a policy which had been strictly enforced. Nevertheless, on the theory that nothing tried is nothing gained, Dr. Pender wrote to Dr. Waters explaining the objectives of the historical venture and requesting the recording of an interview with him. To everyone's amazement, in a handwritten letter, Dr. Waters agreed — under two conditions. One was that the recording would be made in his home in Orlando. The other was that the interviewer would be someone reliable and familiar. As he stated, "Do not be sending any young whipper-snapper down here."

These conditions were met by ever faithful, undaunted Dr. Leahy again loading his equipment into his automobile and picking up Perry Volpitto, M.D., a long-time friend of Dr. Waters. The two of them drove to Dr. Waters' Florida home and recorded a one-hour interview with a relaxed Dr. Waters who was willing to discuss some of the highlights of his distinguished career.

So ended the first phase of the historical interview collection. No films were made from 1967 to 1976, not because of a lack of interest but because of the lack of a more suitable medium.

Phase II

By 1976, videotape had become available. This was a much more promising medium than film. Primarily, it was less expensive. Also, tape was more durable than film and, with reasonable care, copies could be easily made and reused many times. Editing of tape was much more easily accomplished than with film. This was the breakthrough that so eagerly had been awaited in order to continue the collection of historical interviews.

That same year, the first videotaped interview was made in San Francisco with Chauncey D. Leake, Ph.D., then a Professor of the History of Medicine at the University of California but formerly a pharmacologist who had made significant contributions to the promotion of modern anesthesia. The interviewer was William K. Hamilton, M.D., then head of the Department of Anesthesia at the University of California, San Francisco.

The Chauncey Leake tape also was the first Living History interview sponsored by the Wood Library-Museum, which had and continues to have an interest in such a cultural, historical endeavor. Under its sponsorship, the pro-

gram has flourished.

The decision was made to use available funds to collect the greatest possible number of "raw" tapes. Editing of the tapes, which is the most expensive step in production, can then be done at any time in the future, whereas the time when some interviewees will remain available is limited by attrition.

Nominations for interviewees may be made by any interested party. They are reviewed by the WLM Committee on Living History, and its recommendations are cleared by the WLM Board of Trustees. In the past, some preference has been given to older nominees and those with disabilities causing poor health. The selected interviewee is then invited to participate and, if he or she accepts, is urged to name an interviewer.

Interviewers markedly influence the quality of a tape. The interviewer must be well-informed about the life and contributions of the interviewee to be able to outline an interesting and informative tape. The interviewer must arrange one or more preliminary meetings with the interviewee to establish some of the ground rules to be followed at the time of the interview. Agreement should be reached about subjects to be covered, as well as subjects that are *not* to be discussed. Such decisions help to avoid embarrassment and unpleasant breaks during the recording. Before each recent interview, the interviewer has been provided a list of suggestions that have been accumulated from the experiences of previous Living History interviewers over the years. These suggestions cover some of the technical subjects to be discussed with the camera crew, as well as the admonition that it is the interviewer's responsibility to keep the interviewee talking and not try to intrude his or her own opinions or contributions. The interest and expertise of Drs. Vandam, Miller and Jenkins have been especially appreciated.

The result to date of this project is a collection of nearly 100 historical interviews now stored in the Wood Library-Museum and available either for loan or purchase. Many are completely edited, some only partially edited. The future of the project depends on the funding provided to the WLM. The hopes are that tax-deductible contributions to the WLM will eventually provide an endowment large enough to provide for its many valuable services, including the continuation of the collection of the Living History of Anesthesiology.

Information about the tapes may be obtained from Patrick Sim, Librarian, Wood Library-Museum, 515 Busse Highway, Park Ridge, Illinois 60068-3189. All of the tapes have been copyrighted to protect the interests of those involved.



"The Yankee Dodge: Anaesthesia"

S. G. Hershey, M.D.

Excerpted from his review of the videotape "The Yankee Dodge: Anaesthesia"

Robert Liston, a Scottish surgeon, skeptically called ether anesthesia the "Yankee dodge," as he prepared to demonstrate it in an operating amphitheatre in London in 1846. At the end of the operation, he conceded about this new inhalant: "This Yankee dodge, gentlemen, beats mesmerism all hollow" in rendering the patient insensible. But the rule-Britannia-sneer was not completely erased.

A new videocassette released by the Wood Library-Museum of Anesthesiology titled "The Yankee Dodge: Anaesthesia" artfully summarizes the ether controversy. America has achieved its ultimate statement in this videotaped documentary as no other presentation has quite equalled. It not only puts the credit for the introduction of ether anesthesia squarely in America, particularly in Jefferson, Georgia by Crawford Long, but even more definitively in Boston and,

dodge: an artful device to elude or deceive; a cunning trick. Yet by making patients unconscious and protecting them from pain, this discovery would eventually change the whole course of surgery and medicine.

through the person of a dentist named William T.G. Morton, in the sphere of Massachusetts General Hospital and Harvard University Medical School.

This 24-minute videocassette was produced by Elliott V. Miller, M.D., President of the Wood Library-Museum. It is pervaded with the free-flowing erudition and witty commentary of historian/anesthesiologist/academician Leroy D. Vandam, M.D., whose energetic screen debut in tweedy cap and three sport-jacket ensembles, is both memorable and appropriate.

What the video sets out to do, and does with credibility and impact, is to document the facts of the ether controversy. Although Dr. Long may have successfully administered ether four years earlier in rural Jefferson, Georgia (a fact Dr. Vandam cites with conviction), his negligence in not reporting the event for seven years tarnished his claim for recognition. Horace Wells, a dentist of Hartford, Connecticut also was experimenting with inhaled anesthesia, in this case nitrous oxide or "laughing gas." But perhaps because Dr. Wells' delivery system was defective, his only public demonstration was perceived as a failure. And so, the mantle fell to Dr. Morton, who was under the tutelage of Charles Thomas Jackson, a Harvard University physician and chemist. Dr. Jackson first suggested ether as a topical anesthetic, and

eventually pointed Morton in the direction of pure, rectified ether as an inhaled substance.

The videotape keeps moving at a truly professional pace with dramatic and suspenseful areas. The horror overtones of the cinema verity in the opening scene, portraying an amputation without anesthesia, are impellingly chilling. But perhaps the most effective of all is the re-created scene of the first demonstration of ether anesthesia in the operating theater of Massachusetts General Hospital on October 16, 1846. There, a prominent surgeon named John Collins Warren awaited the arrival of Dr. Morton to demonstrate his anesthetic as he prepared to remove a neck tumor from the patient, Edward Gilbert Abbot. Morton, who had been perfecting his improved inhaler until the last minute, was late. When he finally appeared, Dr. Warren said derisively, "Dr. Morton, your patient is ready." Dr. Morton administered ether and then said, "Dr. Warren, *your* patient is ready." The patient may have had some restless movement, but the absence of pain was notable enough for Dr. Warren to say at the end of the successful operation, "Gentlemen, this is no humbug."

There are many diverting ingredients in this production that reflect tremendous scholarship and modern high technology. The integration of



S. G. Hershey, M.D.



Dr. William T.G. Morton, Boston, making the first public demonstration of etherization at Massachusetts General Hospital surrounded by the medical staff of that institution. Trials of a Public Benefactor by Nathan P. Rice, M.D. (1859)

the music is top-notch, and the remaining feminine narration is quietly effective. The use of old prints, paintings and woodcuts as mood-setters is superb, with the camera zooming in for wonderful detailed closeups of faces and procedures. The outdoor scenes are exquisitely photographed in the Boston Public Garden, Dr. Morton's homesite at Wellesley, the Mount Auburn Cemetery in Cambridge and other settings, all of which capture the verdant charms of the New England countryside.

Everyone concerned with this videocassette has a right to feel pride and satisfaction. This videocassette should be widely seen, of course, by anesthesia groups. It is also a natural for college and medical school libraries and could possibly be made available in Harvard bookstores as an interesting souvenir or gift item. It certainly points the way for the broadening of communications for the future of the Wood Library-Museum. The generous grant by Burroughs Wellcome Company that made the

videotaping possible is also, one hopes, a harbinger of other major support to come for equally ambitious and successful audiovisual products and projects.

Copies of "The Yankee Dodge: Anaesthesia" are available for sale at \$25 each (1 1/2-inch VHS) or on loan from the Wood Library-Museum, 515 Busse Highway, Park Ridge, Illinois 60068-3189, or contact WLM Librarian Patrick Sim at (708) 825-5586.



Wood Library-Museum Endowment Fund

Eli M. Brown, M.D.

The Wood Library-Museum was incorporated as a nonprofit organization in Illinois under the auspices of the American Society of Anesthesiologists to preserve the heritage of anesthesiology. The maintenance of the Wood Library-Museum is essential if we are to use the culture and erudition of anesthesiology to enhance the image of our specialty.

The history and development of anesthesiology must be disseminated, not only to members of the American Society of Anesthesiologists, but to the lay public. To understand the development of our specialty is to become cognizant of the importance of anesthesiology in the modern practice of medicine. Public displays such as the Smithsonian Exhibit and the exhibit at Chicago's Museum of Science and Industry enhance the image of our specialty. The forthcoming meeting of the Anesthesia History Association, scheduled for 1992 in Atlanta, Georgia, is another vehicle by which we can inform Americans of the rich culture and tradition of our specialty.

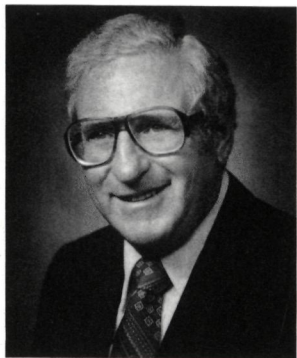
If our members were better informed about the roots of our specialty, they could be more effective spokespersons for anesthesiology. Consequently, it is essential that the trustees of the Wood Library-Museum develop new and innovative methods for making available to our members information related to the historical background of anesthesiology.

The Wood Library-Museum is seeking an endowment fund that will assure the continuing availability and enhancement of the archives of anesthesiology. The development of an endowment fund of the magnitude necessary to support the Wood Library-Museum in perpetuity will require many years and dedicated efforts by anesthesiologists everywhere.

I look upon each member of the American Society of Anesthesiologists as not only a contributor, but a fund-raiser for this important project. In addition to providing personal support, members should actively solicit support from philanthropic patients and friends, Component Societies and industrial firms.

It is our hope that members will view the Wood Library-Museum as the equivalent of their local cultural institutions and will volunteer to support it so that it can continue to provide a milieu that will enhance the image of anesthesiology as an important specialty in medical practice with a proud heritage.

The Trustees are embarking upon a program that will provide appropriate recognition to individuals and organizations who lend support to the establishment of an endowment fund that will guarantee the survival and future development of the Wood Library-Museum. This program will serve to identify those who are dedicated to preserving the culture and heritage of anesthesiology. We are seeking volunteers to help attain our goal. If you are willing to help, please call the Wood Library-Museum at (708) 825-5586 to volunteer your services as a key contact person.



Eli M. Brown, M.D.

WLM Fellowship Program Gains International Interest

Roderick K. Calverley, M.D.

In 1987, the American Society of Anesthesiologists (ASA) established the Wood Library-Museum (WLM) Fellowship Program. The Trustees are pleased that historians from this and other countries are seeking opportunities to use the resources of the fine library and museum collections developed by the donations and endowment provided by ASA members.

Since Paul Wood, M.D. first began the library, hundreds of anesthesiologists have supported the development of what is now an extraordinary rare book and document collection. It contains extensive archival resources, including the personal letters of many of the early leaders of our specialty. Our Living History collection of videotapes and tape recordings exceeds in quality and number those maintained by any other medical library, including the National Library of Medicine. The museum is rapidly evolving as a showplace of early anesthesia equipment. It continues to expand as American and Canadian inventors donate their original pieces of anesthetic apparatus to the WLM.

The Board of Trustees realized that the Wood Library-Museum would serve the ASA membership more effectively if its archival materials were accessible to professional historians and anesthesiologists who had a developed interest in researching the origins of the specialty. To achieve that goal, the Trustees developed a program to support research within the library and museum. After their proposal was endorsed by the ASA, the WLM Fellowships were announced in 1987.

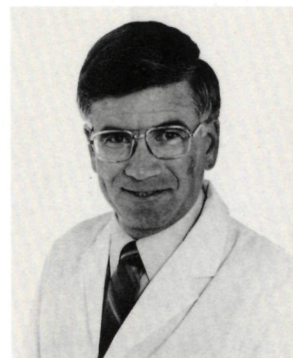
The Fellowships offer financial support for research performed at the WLM in Park Ridge, Illinois. Each Fellow receives an honorarium of \$500. A per diem is provided for periods of study of three weeks. Fellows residing more than 100 miles from Park Ridge will be reimbursed for one round-trip domestic economy-class air ticket. Fellows may visit for one continuous period or for a series of abbreviated visits, but will be reimbursed for only a single round-trip journey. While working in the library, photocopying services will be available without cost, but must be performed under the direction of the librarian to protect delicate documents from unnecessary damage.

Application forms for the WLM Fellowships may be requested from the librarian at any time. Completed applications must be received before January 31 to be considered by the Trustees at their March meeting. The Fellowships for the following year are announced soon thereafter. Fellows are obliged to complete their studies before April 30 of the following year.


1988 Research

The research activities of the Fellows in the first year showed great diversity. Their work also demonstrated the relationships that are to be found between historical studies and topical issues influencing the practice of anesthesiology in 1990.

Eugene H. Conner, M.D. of Louisville, Kentucky studied a remarkable episode in the history of American government. From 1847 until 1863, in an action almost without precedent, members of Congress considered granting a prize for a scientific discovery. An amount of \$100,000 was to be awarded to the discoverer of inhalation anesthesia, but despite vigorous efforts by supporters of the men under consideration (Morton, Long, Jackson and Wells), the U.S. Congress failed to render a decision. This 19th-century example of governmental indecisiveness is still



Roderick K. Calverley, M.D.



relevant to political scientists, physicians and all taxpayers.

A.J. Wright, III, M.L.S., Birmingham, Alabama, found unremembered examples of self-experimentation in anesthetic research. Since the earliest days of inhalation therapy, researchers on occasion have employed techniques and agents on themselves before subjecting other volunteers or patients to possible risk. Some episodes, including Sir Humphry Davy's inhalation of nitrous oxide, Sir James Y. Simpson's first test of chloroform and August Bier's experimental spinal anesthetic with cocaine, are regularly recounted; other examples have not been examined previously. On the evening before Frederick Churchill was anesthetized for the amputation performed by Sir Robert Liston, his anesthetist, William Squire, allowed an uncle, Peter Squire, to anesthetize him as a preliminary test of the Squire inhaler. More than a century later, in 1953, Professor Max Sadove volunteered to be the subject of the first experimental administration of fluroxene to a human. A few hours after his recovery, Dr. Sadove anesthetized the first patient to receive fluroxene. We now appreciate more completely our debt to those pioneers of the past who chose to advance knowledge by courageously choosing to become the subject of their own experiments.

As David L. Brown, M.D. of Seattle, Washington discovered, self-experimentation is only one element of the risks associated with anesthesia. In studying 19th-century material, Dr. Brown noted a marked diversity of opinion on the safety of anesthetics among anesthetists, surgeons and the laity. Some sought drugs that might offer "perfect safety," while others were prepared to balance risk against benefit and reasoned that if "the injurious effect of the means used be less than that of the pain prevented, we are justified in employing them." This principle, first stated during the War Between the States, remains relevant to modern jurisprudence as well as medical practice.

During 1988, B. Raymond Fink, M.D., Seattle, Washington, deferred his Fellowship to concentrate on his translation of Claude Bernard's *Lectures on Anesthetics and on Asphyxia*, which had never appeared in the English language. The remarkable scope of Claude Bernard's study of anesthetics, now captured in Professor Fink's fine translation, allows us to appreciate some of the contributions of the paramount physiologist of 19th-century France. Anesthesia was a subject of continuing interest to Claude Bernard, who presented his last lecture on this subject only 13 days before his death in 1878. His passing was mourned by the people of France as the loss of a national hero. *Lectures on Anesthetics and on Asphyxia* is available for purchase from the WLM in Park Ridge or at the ASA book sales room during the 1990 Annual Meeting in Las Vegas.

1989 Research

Four projects were awarded to WLM Fellows in 1989. Douglas Bacon, M.D., Buffalo, New York, presented a paper at the 1990 meeting of the American Association for the History of Medicine (AAHM) and prepared an article for the New York State Society of Anesthesiologists. Dr. Bacon's paper, "The Vigilant Few: American Anesthesia in the 1920s and 1930s," gave detailed attention to the development of the first regional and national societies of anesthesiologists, with emphasis on the contributions of Drs. Paul Wood, Francis

H. McMechan, Ralph M. Waters, Elmer McKesson and others who fostered the growth of professional societies in the United States and Canada. Among their most significant challenges were the obstructions they encountered in gaining specialist recognition from the American Medical Association and state medical societies. When Dr. Bacon presented his research to professional historians at the AAHM Annual Meeting, his work was warmly appreciated and well-received by all those attending and was judged to be a historical topic of significant importance.

As an example of the manner in which one research interest may lead to an unexpected diversion, Dr. Bacon's examination of the WLM's collection of the papers of Ralph Tovell, M.D. led him to find a copy of the first examination conducted on March 28, 1939 by the newly formed American Board of Anesthesiology (ABA). While candidates now prepare for written tests that are limited to a multiple-choice format, the first anesthesiologists to sit for the ABA examination had to be prepared to answer objective questions as well as write essays to demonstrate their knowledge. Questions were asked on pharmacology, anatomy, physics and chemistry, pathology and physiology. While candidates in 1990 should be able to respond with equal facility to questions of anatomy, several indications of the great advances in therapeutics are suggested by questions from the pharmacology and chemistry papers:

"Give the therapeutic dose of the following drugs when they are given separately to an average adult male, aged thirty. (a) chloralhydrate, rectally; (b) paraldehyde, orally; (c) trional, orally; (d) dilaudid, s.c."

"Define the term 'secondary saturation' and give your opinion of its importance in the administration of nitrous-oxide."

"For each of the following, give the chemical formula and molecular weight: (a) cyclopropane; (b) divinyl ether; (c) chloroform; (d) tri-bromethanol."

Some clinical problems of importance in 1939 still challenge us today. They include the physiologic responses to acute hemorrhage and the preferred anesthetic management for the diabetic or patients with marked cirrhosis.

Gale Thompson, M.D. of Seattle, Washington, reviewed the WLM's extensive collection of French language papers and letters related to "Mesmerism." Dr. Thompson has had a long-standing interest in the use of music in the anesthetic environment. His WLM Fellowship allowed him to advance his understanding of the historical origins of the use of music as an adjunctive therapy in anesthesia. He also has brought forward information on the little-known relationship between Anton Mesmer and the great composer of that period, Wolfgang A. Mozart. Dr. Thompson's first article based on his Fellowship is currently under editorial review.

David J. Wilkinson, M.B. of London, England, is a respected historian of St. Bartholomew's Hospital, London. He also serves as the Honorary Curator of the Museum of the Association of Anaesthetists of Great Britain and Ireland. It was a pleasure for the WLM Trustees to meet and exchange information with Dr. Wilkinson during his Fellowship. He is developing a historical review of trichloroethylene as an anesthetic agent. As the use of this drug was quite different in Britain and America, Dr. Wilkinson was able to enrich our

understanding of its application in Britain as a nonflammable anesthetic during World War II and thereafter. In turn, he was able to interview and pose questions to some of the men who pioneered its use in this country. His Fellowship became a model for an effective bilateral exchange of information between American and overseas experts. The fourth award went to Clifton Patton, M.D., Miami, Florida who is still pursuing his studies.

1990 Fellowships

This year, the Trustees voted to support two biographical and two scientific projects. One Fellow has completed his first visit to the WLM. We are looking forward to receiving three other 1990 Fellows later in the year.

Studying a topic of scientific interest, Doris K. Cope, M.D. of Mobile, Alabama, will be drawing on the WLM's extensive collection on the history of transfusion therapy to define and examine significant points of change in the progression from bloodletting to intravenous therapeutics.

Christopher Lawrence, M.B., London, England, visited the WLM in March. He is a senior lecturer in the History of Medicine Department at the internationally respected Wellcome Institute, London. Dr. Lawrence has written a fine study of the work of Joseph Priestley and is the author of an excellent historical review of anesthesia, "No Laughing Matter." He is currently performing research on two topics, the history of technological innovation in anesthesia and the role of anesthesiologists in advancing research in cardiovascular and pulmonary physiology. He has reported that the pace of both studies was accelerated by his WLM Fellowship.

Two biographical studies will be undertaken by Canadian anesthesiologists. Joan Bevan, M.B. and her associate, Maria Pacelli, both from Montreal, Quebec, will review the WLM holdings for material related to Wesley Bourne and M. Digby Leigh. Richard I. Bodman, M.D., Dartmouth, Nova Scotia, will examine our files to develop a biography of Harold Randall Griffith. While the subjects of these studies were Canadian specialists, each of these men made great contributions to the development of anesthesia in the United States as well as in Canada. They all were involved in the development of American anesthesia organizations. Wesley Bourne was the only Canadian elected to serve as the President of the ASA. M. Digby Leigh was a colorful pioneer of pediatric anesthesia in Montreal, Vancouver and Los Angeles. In 1942, Harold Griffith and Enid Johnson wrote an article in the journal, *Anesthesiology*, which described their use of curare as a muscle relaxant during anesthesia. This landmark study, a milestone in the history of anesthesia, was only one point in Griffith's distinguished career. He served as the inaugural president of the World Federation of Societies of Anaesthesiologists and has been the only Canadian to receive the ASA's Distinguished Service Award.

For many years, the Wood Library-Museum has been a center of unparalleled importance in the history of anesthesiology. Through the awarding of the WLM Fellowships, this rich resource is becoming an internationally recognized center for historical research.



California Court Upholds Termination of Privileges Without Due Process Hearing

Michael Scott, Esq.
ASA Legal Counsel

In late June, a California appellate court upheld the action of a Fresno hospital in denying operating room access to staff anesthesiologists who did not accept subcontracts offered by a new department head with whom the hospital signed an exclusive contract. *Mateo-Woodburn v. Fresno Community Hospital*.

The court determined that because the hospital's action to close the staff was "legislative" and not "adjudicatory" in nature, there was no necessity that the anesthesiologists be granted a "due process" hearing, otherwise guaranteed by the medical staff bylaws, prior to curtailment of their privileges.

Historically, members of the anesthesiology staff had operated on a rotating "open staff" basis. According to the appellate court, this system was flawed by several quality of care issues and, after reviewing various alternatives and providing medical staff members with a chance to comment thereon, the hospital board of trustees determined to close the staff. In due course, an exclusive contract was awarded to a physician who had not previously been on the staff, and he in turn offered subcontracts to most existing staff members.

Those anesthesiologists not signing a subcontract were notified by the hospital that they would "not be permitted to engage in direct patient anesthesia care" in the hospital. Several of these anesthesiologists brought suit, alleging that the hospital had deprived them of their right to practice without a due process hearing, as guaranteed by the medical staff bylaws.

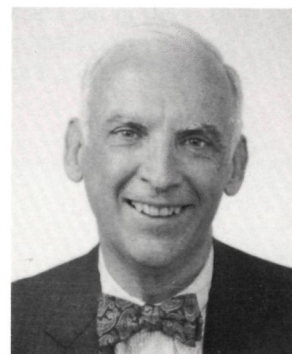
The trial court, after initially issuing a preliminary injunction against the hospital action, ultimately dissolved the injunction and held that the plaintiffs' rights had not been violated. As noted, the court of appeal affirmed the decision.

The appellate court held that the hospital's action in closing the staff was "legislative" in nature — in that it was not directed at a specific individual but rather was "undertaken as a general effort to address an administrative problem." In such a circumstance, the court held, the hospital's action will be overturned only if it is irrational or arbitrary, and given the quality of care problems identified by the trial court, the hospital had ample justification for the change. In these circumstances, "... the doctors' vested rights must give way to public and patient interest in improving the quality of medical services."

The court also noted that unlike the situation in which a

doctor loses privileges because of professional inadequacy, loss of privileges because of a departmental reorganization does not reflect upon his professional qualifications or his opportunities to find other employment.

On August 7, the Fresno anesthesiologists filed a petition for review in the California Supreme Court. ASA and the California Society of Anesthesiologists have filed a letter with the court supporting the petition. If allowed to stand, the decision represents a setback, at least in California, for anesthesiologists seeking protection from a unilateral decision by a hospital administration to close the departmental staff. Exclusive anesthesiology contracts in recent years have been upheld against antitrust attack by a number of courts. Loss of the right of staff members to insist upon a due process hearing before privileges are lost in the face of such a contract significantly reduces the negotiating posture of the existing staff.



Michael Scott, Esq.

Resident Component House of Delegates to Hold First Annual Meeting in Las Vegas

*Laura A. Foster, M.D., Secretary
ASA Resident Component Governing Council*

Formed in 1988, the ASA Resident Component was created to extend the participation of Resident members within the many activities of the ASA.

As the future of all medical specialties falls increasingly subject to governmental policy and legislation, it is clear that anesthesiologists must continue in the active development of leadership at the state and national levels.

To this end, the Resident Component of the ASA was established as a source of training for residents in the structure of organized medicine and to encourage active participation within the state and national societies. The Resident Component plans to continue support for the development of Resident Components within state societies.

The first meeting of the Resident Component House of Delegates will be held during the 1990 ASA Annual Meeting in Las Vegas. Bylaws require that Delegates be Resident members of the ASA and that they represent their state or regional Component Society. No formal state resident organization is necessary at this time. State societies are allocated a number of delegate positions based upon the proportion of Resident ASA members in their regions.

The Resident Component House of Delegates is scheduled to meet at 5:30 p.m. on Saturday, October 20, 1990 in the Las Vegas Convention Center. The agenda will include comments by Betty P. Stephenson, M.D., ASA President-Elect, and Adrienne C.

Lang, Director of the ASA Office of Governmental Affairs, with other invited speakers.

The Resident Component House of Delegates plans to discuss and make recommendations regarding some of the major issues presented in the 1990 ASA House of Delegates Handbook. Election of new officers to the Governing Council of the Resident Component and consideration of new bylaws also will be conducted at this meeting.

Additional information to Resident members of the ASA regarding Delegate registration, nominations for elected positions on the Governing Council and increased participation in the ASA and Component Societies will be forthcoming.

Participation by as many Component Societies as possible is essential for the Resident Component to sustain growth and engage in broader national representation. ASA Resident members who plan to attend the Annual Meeting in Las Vegas are encouraged to represent their Component Societies either as a Delegate or as a nonvoting guest in the event that all Delegate positions are filled.



Orlando Regional Refresher Course

ASA offers an opportunity for anesthesiologists to leave winter weather behind while earning 10 hours of continuing medical education credit. The first ASA Regional Refresher Course for 1991 will be in Orlando, Florida on January 19-20. The program will be held at the Orlando Airport Marriott.

Michael F. Roizen, M.D. has assembled the program, which will be chaired by John R. Moyers, M.D. Dr. Moyers will speak on "Emergence from Cardiopulmonary Bypass: Concepts and Controversies." The other speakers and their topics are:

- Solomon Aronson, M.D., "Transesophageal Echocardiography: How to Get Started" and "Contrast Ultrasound: The Future of Perfusion Monitoring?"
- James Bailey, M.D., Ph.D., "Considerations for the Continuous Infusion of Intravenous Anesthetic Agents" and "Considerations for the Continuous Infusion of Inotropic Agents";
- Michael L. Good, M.D., "Capnography: Uses, Interpretation and Pitfalls" and "The Functional Anatomy of an Anesthesia Machine";
- William J. Greeley, M.D., "Anesthesia for the Very Young and the Very Old — A Comparative View" and "Cardiac Surgery, Cardiopulmonary Bypass and the Central Nervous System";
- Betty L. Grundy, M.D., "EEG and Evoked Potential Monitoring in the Operating Room" and "Brain Protection and Resuscitation";
- J. Lance Lichtor, M.D., "Why Should I Premedicate the Adult Out-

patient?" and "Induction of Anesthesia for Infants and Children";

- Michael Mahla, M.D., "Anesthetic Considerations for the Patient with Intracranial Aneurysm" and "Total Intravenous Anesthesia";
- Jerome H. Modell, M.D., "The Pathophysiology and Treatment of Near-Drowning: A 25-Year Perspective";
- Jukka Rasenen, M.D., "New Modalities of Mechanical Ventilatory Support" and "Management of Respiratory Failure in Patients with Left Ventricular Dysfunction";
- John Waller, M.D., "Impact of Technology on Anesthesiology Practice" and "Valvular Heart Disease for the Generalist."

Registrants will choose to attend 10 of these 20 lectures. Admission to the lectures will be by ticket only. Tickets will be included in the registration packets at the meeting. A Regional Refresher Course lecture book containing outlines of all lectures will be mailed to all registrants approximately three weeks before the meeting.

The program hours are from 8 a.m. to 2 p.m. on both days. This schedule allows time to visit Orlando area attractions, many of which are open in the evening.

The registration fee is \$185 for Active members, \$110 for Resident members and \$210 for nonmembers. Registration is suggested by December 21, 1990. Registration forms are available from the ASA Executive Office.

A block of rooms has been reserved at the Orlando Airport Marriott. A hotel reservation form will be sent to you upon enrollment. The completed reservation form should be returned to the Marriott by December 28, 1990.

Candidates Announce for Elected Office

Six ASA members have announced their candidacies for elected office. The anesthesiologists and the office they seek are:

- **President-Elect**
G.W.N. Eggers, Jr., M.D.
- **First Vice-President**
Peter L. McDermott, M.D.
- **Vice-President for Scientific Affairs**
Norig Ellison, M.D.
- **Assistant Treasurer**
Charles J. Vacanti, M.D.
- **Assistant Secretary**
Ronald A. MacKenzie, D.O.
- **Vice-Speaker, House of Delegates**
Lamar Jackson, M.D.

The ASA Board of Directors on March 6, 1982, approved the following regulations for the announcement of candidacies for elected office.

1. On or before August 1, any candidate for ASA office may send to the Executive Office a notice of intent to run for a specific office.
2. The Executive Office shall prepare a list of candidates submitted to be published in the September issue of the *ASA NEWSLETTER* and the Handbook for Delegates.
3. The announcement for candidacy does not constitute a formal nomination to an office nor is it a prerequisite for being nominated.
4. Nominations shall be made at the Annual Meeting of the House of Delegates for all candidates as prescribed by the Bylaws.

New SEE Program Available

*William G. Horton, M.D.,
Editor-in-Chief
Self-Education and Evaluation
Program*

The 1991 Self-Education and Evaluation (SEE) Program will be available in January, 1991.

The 1991 SEE Program will be the seventh installment of the new SEE format. The new SEE format, which began in 1985, was introduced with the intent of diversifying the topics considered in the yearly self-education process. This concept has been very well-received by ASA members. The new SEE Program is especially popular with anesthesiologists in training, who account for more than half of the subscriptions. Hopefully, this educational process begun during residency training will continue as a

lifelong continuing education activity for many ASA members.

The new 1991 SEE Program will consist of two volumes, each composed of 100 multiple-choice questions. Questions for the 1991 SEE Program are based on articles appearing in 1990 anesthesiology journals, other selected peer-reviewed medical journals and the ASA 1990 Refresher Course Lectures Book.

In addition to the two booklets containing questions, each subscriber will receive two reference lists, two answer/critique books and a copy of the 1990 Refresher Course Lectures Book. Participants who submit both answer sheets may claim 60 hours of Category I CME credit and will receive a Certificate of Participation in the program. As with all ASA Self-Education and Evaluation Programs, the names of the participants and their scores remain anonymous.

The first installment of the 1991 Program, SEE Volume 7A, will be

available and distributed in January, 1991. The second installment, SEE Volume 7B, will be mailed to all subscribers in July, 1991.

The cost of the 1991 Program is \$125 for ASA members and \$250 for nonmembers. Individual residents who supply a letter from their program director confirming their residency status may purchase the examination for \$50. Group enrollment is available to residency programs for \$25 per resident. Directors of residency programs have received information regarding the purchase of the program.

An order form appears below for your convenience in ordering the 1991 SEE Program. In addition, a continuing education booth will be located in the exhibit area at the Annual Meeting in Las Vegas. ASA members are invited to visit the booth, review examples of the SEE Program and obtain subscription information.

1991 SELF-EDUCATION AND EVALUATION PROGRAM

Name _____

Address _____

City _____

State _____

ZIP _____

☐ \$125 for ASA members

☐ \$250 for nonmembers

☐ \$ 50 for individual resident;
attach confirmation from program director

☐ \$ 25 for resident in group enrollment plan

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Account No. _____ Expiration Date _____

Make check payable to: American Society of Anesthesiologists and mail to:
515 Busse Highway, Park Ridge, Illinois 60068-3189



LETTERS TO THE EDITOR

Expert Witnesses Are Accountable

I read with great interest the guest editorial by Frederick W. Cheney, Jr., M.D. in the June, 1990 issue of the *ASA NEWSLETTER*. While I agree with his basic premise that expert medical testimony needs to be done in a responsible manner, I disagree with an important assertion made by Dr. Cheney. Dr. Cheney asserts that an expert witness is accountable to no one for his testimony. This is simply not true. At least in the state of Michigan, in a medical malpractice lawsuit, an expert must be found to be qualified by the court. Furthermore, in the adversary process, the expert is accountable to the jury or judge as finder of fact. Although many people feel that lay juries are not equipped to understand medical issues, most qualified experts are very skilled at explaining medical issues to juries in such a way that they can quickly grasp the necessary concepts. Juries on the whole are amazingly skilled at determining credibility of witnesses, be they lay or expert.

Therefore, as long as we have the jury system, *experts are* accountable for their testimony. Readers should keep in mind that the vast majority of jury verdicts are in favor of the doctor and or hospital. To paraphrase Winston Churchill, the jury system may be a bad system, but it's the best one we have.

Arnold M. Podolsky, M.D., J.D.
Detroit, Michigan

Author's Response

Dr. Podolsky, I believe, is reflecting the lawyer's view of "accountability" in the legal system. "Accountability" as the term was used in my editorial means accountability to peers. Obviously, a physician accused of malpractice is not tried by a jury of his peers. Therefore, a qualified expert can take a position in court without fear of contradiction except by the opposing side's experts, who of course are biased in the eyes of the jury. I therefore stand by the statement in my editorial that there is no accountability to peers for expert testimony rendered in malpractice cases.

I believe as the peer review process in medical practice evolves, it will ultimately be extended to expert testimony in the medicolegal field. Until then, the court will have to depend on the conscience of the individual physician expert for scientifically valid, "responsible" testimony.

Frederick W. Cheney, Jr., M.D.
Seattle, Washington

In Support of Automated Records

The *NEWSLETTER* of June, 1990 carries a letter by Nalda Thung, M.D. criticizing the use of automated recording before the institution of "error-proof monitors." I would ask Dr. Thung on what evidence does she make these statements. I strongly suspect that she neither has experience nor scientific proof to support her statements.

We have done more than 14,000 anesthetics with no handwritten records. Our monitors produce artifacts approximately once per 80 minutes.¹ It takes approximately five seconds to enter a note stating, "poor SPO₂ Wave Form."

As we have reduced our documentation time requirements by more than 75 percent from the handwritten records,² we have no difficulty in entering such infrequent notes. Monitors will never be perfect, but you can choose your primary monitors based on the Emergency Care Research Institute (ECRI) and other reports showing the

monitors that have low artifact rates. Also, some monitors display an artifact signal when one occurs.

I would answer Dr. Thung's question by saying this technology produces accurate records of what is occurring in the operating room. At least six articles in the literature show that handwritten records fail to do this. Automated records are not 100-percent accurate, but they are certainly far more accurate than the skewed, deleted, inaccurate and incomplete handwritten record. Our records have 200 percent more notes and 300 percent more vital signs than our previously done handwritten records.

Finally, Dr. Thung fears that automated records will "give certain people a heyday to castigate the anesthesiologist." If that is so, why does at least one malpractice insurance carrier give a reduction for those using automated records,³ and why do anesthesia legal experts such as Kroll, Gibbs and Welch support the use of automated records? In the words of Rod McKuen, "Don't knock apples if you've never bitten into one." I have never met an anesthesiologist who has done at least 50 cases on automated records who was not fully in support of the use of them.

David W. Edsall, M.D.
Fitchburg, Massachusetts

References

1. Edsall, D.W. Analysis and frequency of artifacts generated by anesthesia information management systems. Abstract poster to be presented at the American Society of Anesthesiologists Annual Meeting, October 21, 1990.
2. Edsall, D.W. Documentation time requirements — Computerized information management systems versus handwritten records. To be presented at the American Society of Anesthesiologists Annual Meeting, October 21, 1990.
3. Communication with Preferred Physician Mutual Insurance Company, Kansas City, Kansas.

Safety Alert for Intrauterine Surgery

On the advice of Frederick W. Cheney, Jr., M.D., Chairman, Committee on Professional Liability, I enclose herewith an FDA Safety Alert that should be of particular interest to all anesthesiologists. This refers specifically to intrauterine laser surgery wherein the Nd-YAG laser fiber tip is cooled by air or other gas for cooling. The extreme hazard of air/gas embolism is noted not only here but also in the new recent attempts at similar approaches to prostate resection.

While the anesthesiologist is familiar with diagnosis and treatment of gas embolism, these situations are unique.

The FDA circulated this Safety Alert to obstetrics-gynecology practitioners but has not previously alerted the one specialty that has experience in diagnosis and management, i.e., the anesthesiologist.

Martin L. Norton, M.D.
Ann Arbor, Michigan

FDA Safety Alert: Gas/Air Embolism Associated with Intrauterine Laser Surgery

To physicians, operating room personnel, hospital administrators and risk managers:

This is to alert you to the risk of gas or air embolism when gas, primarily air or CO₂, is used for cooling the laser fiber tip or for insufflation during therapeutic intrauterine procedures. The emboli are presumably caused when the gas, under pressure, is forced into the vascular system. (Although it may be less likely, this life-threatening situation could also occur in any enclosed body area with vascular access during procedures using gas or air under pressure.)^{1,2}

The FDA learned of this hazard through its Medical Device Reporting system and from the medical literature.³⁻⁵ In one report,⁵ five cases of gas or air emboli during intrauterine laser surgery were described, four of them

fatal. In most cases, the tip of the Nd-YAG laser fiber was cooled with gas or air; in one case, CO₂ was used to insufflate the uterus.

To avoid the possibility of a gas/air embolism during intrauterine laser surgery, it is strongly recommended that gas or air not be used for insufflation or for cooling the laser fiber tip during the procedure. A liquid distention medium provides adequate visualization and will also serve as a cooling agent for the laser fiber tip.

To assure that this message is conveyed to all medical, nursing and technical personnel, FDA suggests posting this Safety Alert or the following WARNING where it will be visible to users of the laser:

**WARNING
DURING INTRAUTERINE
LASER SURGERY, DO NOT USE
GAS OR AIR FOR COOLING
THE LASER FIBER TIP
OR FOR INSUFFLATION.
THIS MAY CAUSE
LIFE-THREATENING GAS
OR AIR EMBOLISM.**

Thank you for your help in disseminating this important information.

FDA is interested in learning about any experience associated with gas embolism during intrauterine surgery or other procedures where gas or air is used. Please direct this information to our voluntary Problem Reporting Program, c/o the United States Pharmacopeia, 12601 Twinbrook Parkway, Rockville, Maryland 20852 or call our toll-free number: 1-800-638-6725.

If you have any questions on this Safety Alert, please contact: Gregory P. Alexander, M.D., Office of Health Affairs, Center for Devices and Radiological Health, FDA, HFZ-70, 1390 Piccard Drive, Rockville, Maryland 20850 or call (301) 427-1060.

John C. Villforth, Director
Center for Devices and Radiological Health
Rockville, Maryland

References

1. Schroder, TM: Fatal air embolism as a complication of laser-induced hyperthermia. *Lasers Surg Med* 9:183-185, 1989.
2. Vourc'h G, Berreti E, Trichet B, Moncourage C, Camey M: Two unusual cases of gas embolism following urethral surgery under laser. *Intensive Care Med* 8:239-240, 1982.
3. Baggish MS, Daniell JF: Death caused by air embolism associated with neodymium:yttrium-aluminum-garnet laser surgery and artificial sapphire tips. *Am J Obstet Gynecol* 61(4):877-879, 1989.
4. Fatal gas embolism associated with intrauterine laser surgery. *ECRI Health Devices* 18(9):325-326, 1989.
5. Baggish MS, Daniell JF: Catastrophic injury secondary to the use of coaxial gas-cooled fibers and artificial sapphire tips to intrauterine surgery. *Lasers Surg Med* 9:581-584, 1989.



FOUNDATION FOR ANESTHESIA

EDUCATION ■ RESEARCH

BOC Health Care/Anaquest and Ohmeda Increase FAER Research Funding

Richard H. Leazer, President of Ohmeda, and Martin McGlynn, President of Anaquest, have announced an increase in funding this year for the Foundation for Anesthesia Education and Research (FAER) to support two BOC Health Care Starter Grants. These grants provide up to \$15,000 each for a one-year period and are not intended to supplement existing projects.

In a time of rapidly shrinking federal funds, especially for new investigators, these awards assume an increasingly important role in the future of anesthesiology. The princi-

pal goal of the Foundation is to help fund anesthesia education and research, thereby improving anesthesia care through the gathering and dissemination of new information. One of its first priorities is to establish a close working relationship with companies who share this goal.

BOC Health Care has demonstrated its ongoing commitment to the development of young investigators in anesthesiology by providing continuous major research funding to FAER since its inception in 1987.

New Members of FAER Corporate Advisory Council

Three new members have been appointed to the FAER Corporate Advisory Council by FAER President, Alan D. Sessler, M.D. They are: Patrick Coleman, Director of Marketing, Mallinckrodt Anesthesia Products; David C. Anderson, General Manager, PPG Biomedical; and Thomas W. Barford, Vice President, North American Drager.

Other members of the council are: Richard H. Leazer, President, BOC Health Care/Ohmeda; Marlin Miller, Jr., President, Arrow International; Clifford A. Parish, Jr., Special Consultant to the Vice President Marketing and Sales, Burroughs Wellcome Company; George Griffiths, Director

of Institutional and New Products, Janssen Pharmaceutica; and David S. Tingue, Product Manager, Stuart Pharmaceuticals.

The Corporate Advisory Council meets regularly with the FAER Board of Directors to address problems related to anesthesia research and education and, especially, to explore ways in which industry and the specialty can work together to help FAER accomplish its mission. The Board of Directors of FAER is particularly grateful to the distinguished members of the Advisory Council for the time and effort that they devote and to their respective companies for supporting them in this activity.

PPG Biomedical Establishes FAER Research Starter Grant

David C. Anderson, General Manager, SARA, of PPG Biomedical, has announced that his company has established the PPG Biomedical/Anesthesia Research Starter Grant. These awards are for beginning investigators who are physician members of the American Society of Anesthesiologists.

FAER recognizes that access to peer-reviewed funds is enhanced by evidence of successful prior experimentation.

It is the intent of the Foundation that these Starter Grants provide initial support for investigators who seek to obtain further support for the continuation of their projects.

During the past year, FAER has awarded 23 such grants representing a total of \$337,000. FAER gratefully acknowledges the generosity of companies such as PPG Biomedical and the specialty of anesthesiology through ASA, its Component Societies and its individual members.

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1990
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The Mountain Bluebird is the state bird of Nevada. It ranges as far north as central Alaska and is sometimes called the Arctic Bluebird.