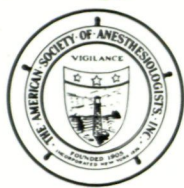




AMERICAN SOCIETY OF ANESTHESIOLOGISTS



NEWSLETTER

SEPTEMBER, 1991

VOLUME 55 NUMBER 9



Our Heritage



Watercolor by Leroy D. Vandam, M.D.

W.T.G. Morton, the dentist destined to demonstrate ether anesthesia in 1846, was just 8 years old when his parents moved in 1827 to Charlton Center, Massachusetts. *The Red Barn*, painted by Leroy D. Vandam, M.D., adds a visual dimension to this time and place associated with the heritage of our specialty.

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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.

Down on Henry Street

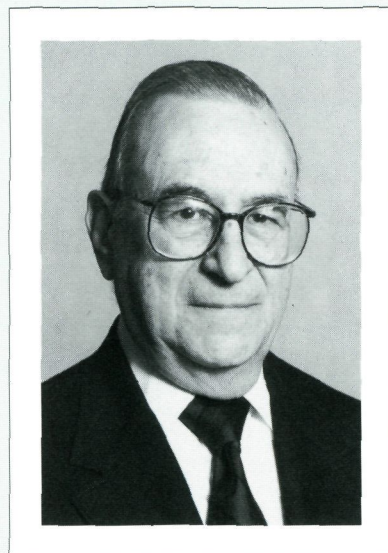
While a medical student in the early '50s, I served as the undergraduate editor for the *Alumni Bulletin* of the Long Island College of Medicine. The title of my column then is the title of this editorial. The College of Medicine and the Long Island College Hospital were located on Henry Street. The anesthesiology services at the school and the hospital were relatively primitive. The only formal contact with an anesthesiologist, Paul Ansboro, M.D., was a series of two lectures during senior year; these dealt primarily with the pulmonary complications associated with ether anesthesia in adults.

My clinical anesthesia experiences were acquired, ironically, during obstetrical rotations, first as a student, later as an intern. In all instances, however, my mentors were the Ob/Gyn residents (spinal for C-section, open drop chloroform for vaginal delivery, open drop ether for episiotomy repair, field block for C-section in a private patient).

What has my experience on Henry Street to do with a historical issue of the *NEWSLETTER*, the Wood Library-Museum or even the ASA?

On October 6, 1905, down on Henry Street, the American Society of Anesthesiologists' ancestor came into being. In the then relatively new Polhemus Building (est. 1897), Adolph Erdmann, M.D. invited "... a few physicians practicing anesthesia in the area ... to get together and form a society" ... "to promote the art and science of anesthetics." Dues were set at \$1 per annum for the Long Island Society of Anesthetists. Thus, the American Society of Anesthesiologists, the patron saint of the Wood Library-Museum of Anesthesiology, traces its ancestry to Henry Street in Brooklyn, New York.

Ironically, as a medical student roaming the halls of the Polhemus Building, I was unaware of its historical significance; but I also thought I was destined for internal medicine.



Erwin Lear, M.D.

A handwritten signature in cursive script that reads "Erwin Lear".

Erwin Lear, M.D.
Editor

HIV: Physician/Patient Protection

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

The U.S. Senate recently considered and passed several amendments designed to protect patients and health care workers from exposure to the human immunodeficiency virus (HIV) during health care procedures. Senate action followed release of new guidelines from the Centers for Disease Control (CDC), detailing recommendations for preventing transmission of HIV and hepatitis B virus (HBV) to patients during exposure-prone invasive procedures.

This recent flurry of federal activity heightens the debate on testing and notification issues sparked by the case of a Florida dentist suspected of having transmitted the acquired immunodeficiency syndrome (AIDS) virus to five of his patients. While issues of this nature are within the legislative and regulatory jurisdiction of the states, it is clear that the federal government will respond with a national solution to increasing public concern about the transmission of the AIDS virus in health care settings. To date, only about 20 states have enacted laws that make the intentional transmission of the virus by anyone, including health care workers, a criminal offense.

Legislative History

By a vote of 81 to 18, the Senate agreed to an amendment by Senator Jesse Helms (R-North Carolina) that would make it a **federal crime for a doctor, dentist or other health care professional who has the AIDS virus and knows it to provide medical or dental treatment without informing the patient.** The Helms amendment defines treatment as the performance of any medical diagnosis or procedure that involves an invasive physical contact between the patient being treated and the physician or health professional administering the procedure. The penalties for violating this law include fines of up to \$10,000 or a 10-year prison sentence, or both.

Senator Helms first sought to attach this provision to the national crime bill, suggesting that transmission of the virus during a medical procedure is a criminal act. While the American Medical Association (AMA) has called on HIV-infected health care workers to abstain from performing invasive procedures with identifiable risk of transmission, the entire medical community expressed vehement opposition to the Helms amendment.

During debate on the crime bill, AMA argued that it would be highly inappropriate to criminalize the delivery of medical or dental treatment by HIV-infected health care professionals. The medical community, including the American Society of Anesthesiologists (ASA) and AMA, worked successfully to defeat the Helms amendment at that stage of the legislative process.

However, Senator Helms continued to seek a legislative vehicle for the AIDS amendment and attached the provision to the Appropriations bill, which funds activities of the Treasury Department, Post Office and Civil Service. The provision was adopted. Following approval of this amendment, Helms expressed his intention to submit a similar amendment requiring patient testing and physician notification of a patient's HIV status prior to the performance of any invasive procedure.

In a move to counter the Helms amendment, Senators Robert Dole (R-Kansas) and George J. Mitchell (D-Maine) developed an HIV amendment for

consideration during debate on the Treasury Appropriations bill. This so called “leadership” amendment would require the states to adopt, by regulation or legislation, the new guidelines published by the CDC or risk losing federal funds provided under the Public Health Service Act. The leadership amendment is equally unacceptable to physicians because it ties adoption of the CDC guidelines to medical licensure. The Dole/Mitchell amendment was agreed to unanimously.

Subsequent to Senate action on the Treasury bill, Senator Helms introduced what is titled the Health Care Worker Protection amendment. The language and penalties of this amendment are the same as those included in the amendment requiring physician notification. However, Helms refines the definition of treatment and refers to the procedures listed in the CDC guidelines as exposure-prone procedures. This amendment was agreed to by voice vote.

CDC Recommendations

The guidelines promulgated by the CDC are central to the debate on this issue. These voluntary recommendations are based on years of research and scientific review. The new CDC guidelines update the original 1987 document on preventing transmission of HIV/HBV. During its review, the CDC found that “when health care workers adhered to recommended infection control procedures, the risk of transmitting HBV to a patient is small, and the risk of transmitting HIV is likely to be even smaller.” According to the CDC findings, the risk of transmission is greater during certain designated exposure-prone procedures.

The CDC does not specifically define exposure-prone but notes that certain invasive surgical and dental procedures should be considered exposure-prone. In contrast to the stark definition of “treatment” used in the Helms amendment, the CDC provides a more scientific approach to identifying invasive procedures. A procedure can be classified as invasive when “surgical entry into tissues, cavities, or organs or repair of major traumatic injuries” is associated with any of the following:

- 1) an operating or delivery room, emergency department or outpatient setting, including both physicians’ and dentists’ offices;
- 2) cardiac catheterization and angiographic procedures;
- 3) a vaginal or cesarean delivery or other invasive obstetric procedure during which bleeding may occur; or
- 4) the manipulation, cutting or removal of any oral or perioral tissues, including tooth structure, during which bleeding occurs or the potential for bleeding exists.

The CDC recommends that individual medical specialty societies and organizations identify specific exposure-prone procedures within the specialty or facility.

The guidelines are voluntary and do not require mandatory testing. The CDC states, "The current assessment of the risk that infected health care workers will transmit HIV or HBV to patients during exposure-prone procedures does not support the diversion of resources that would be required to implement mandatory testing programs." Instead, it is recommended that health care workers who perform exposure-prone procedures should know their HIV antibody status.

Further, the CDC recommends that HIV-infected health care workers refrain from performing exposure-prone procedures unless they have sought counsel from an expert review panel and have been advised under what circumstances, if any, they may continue to perform these procedures. The guidelines recommend that patient notification of a health care worker's HIV-positive status should be among the circumstances necessary to continue performing exposure-prone procedures. The CDC encourages continued involvement of HIV-positive health care workers in certain levels of patient care.

Legislative Outlook

ASA is working with a coalition of medical specialty groups and nursing organizations to remove the Helms amendment and modify the leadership amendment in the Treasury/Postal Appropriations bill. The House Treasury Appropriations bill does not contain any AIDS language, and differences in the two bills will have to be worked out during a House/Senate conference committee.

Achieving an acceptable compromise will be difficult. Many members of Congress feel pressure to address public concerns about possible patient exposure to HIV during medical treatment. However, there is resistance to making the delivery of medical care a criminal act.

Furthermore, Senator Helms has indicated that he intends to attach his amendments to every Appropriations bill that is voted on by the Senate. While similar legislation is not a part of any House Appropriations proposal, reports indicate that some House members are considering following Senator Helms' lead.

House leaders have said the Treasury/Postal Appropriations bill will not go to conference until September when Congress returns from summer recess. During that time, ASA will continue to work with other members of the coalition to develop language that protects the rights of health care workers and their patients.

Special Notice

Copies of ASA's comments on the Medicare Fee Schedule proposed rule can be obtained by writing the ASA Office of Governmental Affairs, 1101 Vermont Avenue, Suite 606, Washington, D.C. 20005; or calling (202) 289-2222.

The Red Barn

Leroy D. Vandam, M.D.

In 1827, reputedly at a time when their rurally situated farmhouse burned to its stone foundation, James and Rebeckah Morton moved to old Charlton Center, Worcester County, Massachusetts. William Thomas Green Morton, their first child and later of "Ether Demonstration" fame, was then 8 years old.

Another reason for the departure was that James Morton wished to be closer to an academy where his son might be better taught. Fortuitously, a handsome Georgian-style edifice became available from Leicester Academy as part of the estate of Israel Waters who had purchased the property in 1778 and operated a tannery there. The building known as the Waters-Morton House is now a national historical monument.

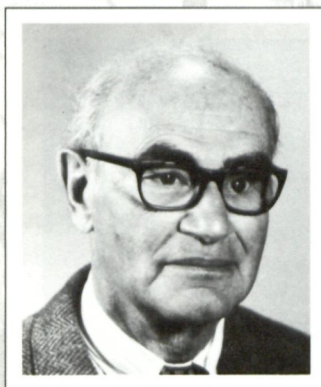
Across the way at the intersection of Stafford Street and Cemetery Road, James Morton conducted a farm supply business where the red barn, depicted on the cover of this *NEWSLETTER*, now stands.

Within a short time, the business failed. The senior Morton saw his property foreclosed by Leicester Academy, necessitating a second mortgage on the family home.

At age 17, W.T.G. Morton left Charlton Center, and went to work in a bookshop in Boston owned by James B. Dow, publisher of the *Christian Witness*.

(Editor's Note: Later, Morton went on to study dentistry. He practiced in Boston, specializing in prosthetic dentistry. His claim to anesthesia history came in October of 1846 with his involvement in an ether demonstration at Massachusetts General Hospital. He gained little financially from his ether trials, however, and died at age 49 in 1868.)

ASA



Leroy D. Vandam, M.D., a former Trustee of the Wood Library-Museum, is Professor of Anesthesia Emeritus at Harvard Medical School, Boston. His paintings have appeared on covers of JAMA and in numerous exhibitions.

An Open Letter to ASA Members

Elliott V. Miller, M.D., President

Wood Library-Museum of Anesthesiology Board of Trustees

Dear ASA Member:

This year, I have decided to treat the President's Report differently and to present it in the form of an open letter to our members. My first point is a question to you: *How can we serve you?* I invite your written responses to this question addressed directly to me at the Department of Anesthesia, Massachusetts General Hospital, 32 Fruit Street, White 5, Boston, Massachusetts 02114.

The general purposes of the WLM, simply stated, are to collect, store, preserve and export all materials and knowledge related to the field of anesthesiology. It is in this last function of "export" that I invite your responses. Requests for services and materials have been increasing rapidly. The WLM Trustees wish to serve you in the best possible way they can and to anticipate your needs with your advice.

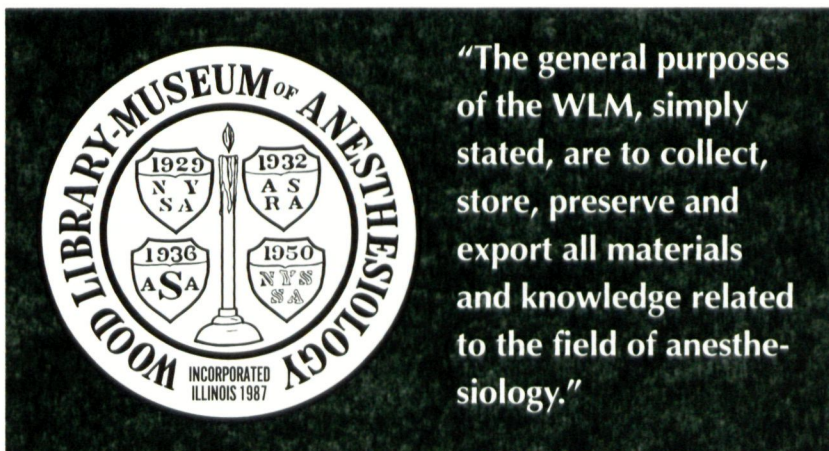
Not only do we need your help in planning for future needs, but we also need your help as we move to become self-supporting, as requested by the ASA Board of Directors. Becoming self-supporting means increasing our Endowment Fund approximately fourfold. We also need your help as we try to increase our collections of books, papers and artifacts.

It is my special pleasure to report to you that donations of artifacts, books and monies are increasing. We have received a rare and valuable collection of chloroform dropper bottles and other artifacts from Eric Webb, M.D. of Victoria, British Columbia, Canada. Those of you who come to the ASA Annual Meeting in San Francisco will have the good fortune of seeing a small part of this collection displayed in the Exhibit Hall in Moscone Center.

Sales of our books and videotapes have nearly tripled in the first quarter of this year. Sales of the videotape "The Yankee Dodge: Anaesthesia," narrated by Leroy D. Vandam, M.D., have been better than anything we had hoped. Similarly, we have been extraordinarily pleased with the reviews in the scientific literature that have been written about the first English translation of C.E. Overton's *Studies of Narcosis*, edited by Robert L. Lipnick, Ph.D. The reception of this book, first released in the fall of 1990, has been phenomenal.



Elliott V. Miller, M.D. is affiliated with Massachusetts General Hospital, Boston and is Assistant Professor at Harvard Medical School.



Those interested in first editions may wish to write to the WLM to purchase your own copy.

Support from the ASA Officers, Directors and Delegates has continued to be strong and is increasing. The WLM Trustees are most grateful for this support, and with it has come a great increase in the use of the facilities and requests for service. Visits of scholars from the United States, Canada and the United Kingdom are increasing. In part, this is an outgrowth of the Paul M. Wood Fellowship Program. Applications are available each fall by writing to the WLM.

The Trustees, Committees, Librarian Patrick Sim and Assistant Librarian Sally Graham have been very productive and busy planning for our new and enlarged quarters to be occupied in April of 1992. I am excited about the prospect of these new quarters. I invite you to stop and see us in 1992. Please put us on your summer vacation itinerary.

I am pleased to report the acquisition of Johann Sigmund Elsholtz's *Clysmatica Nova*. This is an extremely rare and early work on blood transfusion published in 1665. It was published in Latin before the better known German editions. To our knowledge, it is the only copy extant in the United States.

Finally, I seek help from those who are computer experts in CD-ROM (compact disc-read only memory). This new technology is now available and used for storage and retrieval of dictionaries and encyclopedias. It will soon be used for medical journals. I ask those who have expertise in this area to please contact me and perhaps they may serve in a consultative fashion.

The WLM has had another exciting and productive year. I thank each of you who has helped to make this happen.



Early Anesthesia Lectures

Interim Intelligence Awaiting Further Enlightenment (Gleaned from WLM Archival Collections)

*M.T. Pepper Jenkins, M.D., Vice-President
Wood Library-Museum of Anesthesiology Board of Trustees*

Ninety-four years after the first public demonstration of general anesthesia, 93 years after the organizing meeting of the American Medical Association (AMA) and 92 years after the Committee on Surgery reported extensively on anesthetic drugs, the Section on Anesthesiology was officially established in 1940 with representation in the AMA House of Delegates.

Educational programs on anesthesia had been conducted periodically throughout those 92 years, and symposia dealing only with anesthesia were held during the few years preceding the establishment of the Section. Except when the entire AMA sessions were cancelled during World War II, the Section on Anesthesiology sponsored programs each June through 1978 when further annual scientific sessions were cancelled in recognition of the pre-eminence of specialty society educational endeavors.

Among its archival collections, the Wood Library-Museum of Anesthesiology (WLM) has a copy of all educational programs concerning anesthesia dating from the first transactions of the AMA in 1848. The following is an abbreviated collection of personal notes and comments about some of the early anesthesia topics and those who presented them at the AMA sessions.

As described in the *ASA NEWSLETTER* noting the 50th Anniversary of the Section on Anesthesiology of the AMA, the first annual meeting of the Section in 1941 opened with great fanfare.¹ Serving as Chairman was Ralph M. Waters, M.D. from the University of Wisconsin.

Ralph M. Tovell, M.D., President of ASA in that year, was on the program ("History and the Present Status of Oxygen Therapy and Resuscitation") as were seven other anesthesiologists destined to become ASA Presidents: E.A. Rovenstine, M.D. ("Therapeutic Nerve Block"); Ralph M. Waters, M.D. ("The Chemical Absorption of Carbon Dioxide from Anesthetic Atmospheres"); H. Boyd Stewart, M.D. ("The Volatile Anesthetics: Ether, Divinyl Ether, Chloroform and Ethyl Chloride"); Rolland J. Whitacre, M.D. (discussion of the article on "Intravenous Anesthesia" by Paul W. Searles, M.D.); Urban H. Eversole, M.D. ("Anesthesia for Surgery About the Head"); B.B. Sankey, M.D. (discussion of Eversole's article); and J. Earl



M.T. Pepper Jenkins, M.D. is McDermott Professor and Chairman Emeritus of the Department of Anesthesiology at the University of Texas Southwestern Medical School, Parkland Hospital and affiliated institutions, Dallas. He also serves as an ASA representative on the AMA Section Council.

Remlinger, M.D. (co-author of "History and the Present Status of Oxygen Therapy and Resuscitation").

Seven of the participants in this first official program in 1941 were destined to become ASA Distinguished Service Awardees: Paul M. Wood, M.D. (discussion of paper by James T. Gwathmey, M.D. "Anesthesia and Analgesia by Ether and Various Drugs Rectally"); Ralph M. Waters, M.D.; John S. Lundy, M.D., Secretary of the Section; Ralph M. Tovell, M.D.; Henry S. Ruth, M.D. ("Serial Spinal Anesthesia," variously known in later years as fractional spinal anesthesia or continuous spinal); E.A. Rovenstine, M.D.; and George J. Thomas, M.D. (discussion of a paper on intravenous anesthesia). The Section on Anesthesiology was off to an auspicious start.

Among program participants in the early years was Wesley Bourne, M.D., a popular and distinguished Canadian anesthetist who was noted for verbosity and diffuseness in writing or speaking. In June, 1942, the year he served as President of ASA, the only Canadian to have filled this position, he presented a paper titled, "Interdependence of Function in Anesthesia." "... [A] vital function may be likened to William James's conception of reality of being neither form nor matter, nor a mere combination of the two, but a plasticity in which matter is in the act of assuming form. In anesthesia manifold disturbances take place. Their chief instances seem to be that the accidental fences which the individual builds are broken and the mind is plunged into the continuum of cosmic consciousness . . ." Discussion was scheduled to be opened by Drs. Waters and Tovell. It would be interesting to know how they commented on Dr. Bourne's investigation of such eternal ideas. (From another publication, Dr. Bourne was already famous for a timeless statement: "Anesthetics and esthetics are antithetic.")

On that same program in 1942, Henry K. Beecher, M.D. from Massachusetts General Hospital and Alfred Blalock, M.D., Chairman of Surgery at Johns Hopkins, teamed up to discuss a paper dealing with the prevention and treatment of shock during surgical procedures. Although Dr. Blalock had published his categorization of shock (hematogenic, neurogenic, vasogenic and cardiogenic) in the *Archives of Surgery* in 1934, the classification was still a new subject to many in 1942. The primary speaker on the treatment of shock had placed his emphasis on the replacement of blood volume, so apparently he was upstaged in a grand manner by the discussions of Drs. Beecher and Blalock.

Also on the program in 1942, Charles L. Burstein, M.D., New York City, presented his laboratory and clinical studies with paraldehyde in recognition of the increasingly popular intravenous administration of paraldehyde to patients for short, painful procedures in emergency rooms. Apparently, there was no true record of the morbidity accruing to the use of paraldehyde for setting fractures, lancing boils and introducing catheters, but Dr. Burstein was impressed that its use did not easily span the gap between administering it rectally to control mania and delirium as compared with injecting it intravenously to carry out operative procedures. His discussion and that of Ralph T. Knight, M.D. (1953 ASA President, 1960 DSA recipient) substantiated a conclusion that IV

Curare (Lantern Demonstration).
HAROLD R. GRIFFITH, Montreal,
Quebec, Canada.

Abst.—Curare, long familiar in the physiologic laboratory, has become a new tool for the anesthesiologist. Intravenous injection of a purified extract of curare will produce complete (temporary) relaxation of skeletal muscles in patients under general anesthesia. Clinical experimentation for more than two years has demonstrated that, when used under proper conditions, this drug is safe and without postoperative effect. It may be used during cyclopropane or other gas anesthesia or in combination with pentothal and may replace the necessity for much spinal and ether anesthesia.

Discussion to be opened by
STUART C. CULLEN, Iowa City,
and J. W. BAIRD, Minneapolis.

— *from the AMA Program of the
Scientific Assembly, June 12-16,
1944.*

paraldehyde is not without danger. Perhaps their presentations hastened the demise of paraldehyde as an anesthetic agent. The topic never appeared again in programs at the AMA.

The abstract for presentation by Lloyd Mousel, M.D. of the Mayo Clinic noted, "The surgical patient is cared for better today than ever before. The reason for this lies in the excellent cooperative program established by the surgeon, the anesthesiologist, the bronchoscopist and the internist. The most frequent postoperative pulmonary complications are due to the aspiration of foreign material during anesthesia . . ."

There was no program in 1943 due to World War II but, in 1944, Harold R. Griffith, M.D. gave a prescient lantern demonstration on curare. Discussions were opened by J.W. Baird, M.D. from the University of Minnesota (who later introduced Baird's solution, a mixture of a thiobarbiturate and curare) and by Stuart C. Cullen, M.D. of the University of Iowa, who within a short time had several publications on curare in anesthesia.

On that same program in 1944, Robert A. Hingson, M.D. presented "Continuous Caudal Analgesia: A Technique in Therapeutics, Surgery and Obstetrics." This was acknowledged to be a new technique in anesthesiology and was impressive for its range of applications. Dr. Hingson reported particularly on its use in 28,000 obstetric deliveries. Quite fittingly, in subsequent years, Dr. Hingson was chosen by the U.S. Junior Chamber of Commerce as one of the 10 most outstanding young men in America in 1947 because of his contributions to "painless childbirth."

Beginning when he was a junior staff member with Dr. Rovenstine at New York University, John Adriani, M.D. made significant presentations at almost every anesthesiology meeting until those sessions were discontinued in 1978. For the first several years, he developed the topic "Studies on the Absorption of Carbon Dioxide from Anesthetic Mixtures." These led to him becoming the unofficial consultant to AMA for many years on drugs for medical uses, not only in anesthetic practice. Subsequently, he served as Chairman of the AMA Council on Drugs for many years.

In 1946, Lt. Col. Henry K. Beecher, M.D., U.S. Army Medical Corps, presented "Lessons Learned from Resuscitation of Wounded Soldiers that are Applicable to Civilian Practice." Most likely, it was his earlier publications on resuscitation of the wounded during World War II that assured Dr. Beecher of his subsequent tenured appointment to the faculty at Harvard University and the Henry I. Dorr Chair in Anaesthetics endowed in 1917 at Massachusetts General Hospital. (This was the first chair ever endowed in anesthesiology, but it was not filled until in the 1940s. The Nuffield Chair at Oxford was occupied by Sir Robert Macintosh in 1937.)

In 1947, Donald E. Hale, M.D., Cleveland Clinic, presented a paper that ushered in the era of induced hypotension as a technique in anesthesia practice to diminish operative blood loss. Dr. Hale introduced the subject of the "Page procedure which consisted of removing a quantity of blood, approximately 1500 cc from the radial artery before the surgical procedure started and return-

ing it the same route during or after the operation, if needed.” As he noted, the decreased bleeding resulted in part from hypotension, vasoconstriction and a shortening of bleeding and clotting time.

Also in 1947, the first protocol for anesthesiologists for the handling of cardiac arrest under anesthesia was presented by Edwin R. Ruzicka, M.D. and Morris J. Nicholson, M.D. from the Lahey Clinic, Boston. It was a clear, concise and striking protocol and was welcomed by anesthesiologists and surgeons alike. The manuscript was reproduced in the *Journal of the American Medical Association* and became a standard reference for many years.

Back to 1939, before the organized AMA Section on Anesthesiology, there was a session devoted to anesthetic subjects under the Section on Miscellaneous Topics. M.H. Seevers, M.D. from the University of Wisconsin presented a paper, “Acapnia Shock: Its Relation to Narcosis.” Nothing was recorded in the abstract about having obtained informed consent for the process of creating respiratory alkalosis during cyclopropane anesthesia by “excessive hyperventilation for from 10 to 15 minutes.” The pHs went from 7.30 to 7.73; $p\text{CO}_2$ from 46 to 9 mm of mercury; and BHCO_3 from 22 to 11 millimoles per liter. Blood pressures fell as much as 50 mm. Dr. Seevers proposed to discuss these results in relation to the hypothesis which relates shock to acapnia. Of particular note is that discussion was opened by Dr. Beecher. There were no references to Dr. Beecher’s comments.

Eighteen years later and with more immediate provocation, Dr. Beecher took up a holy war against experimentation on patients by anesthesiologists, either with or without patient consent and without the overview of an institutional committee on experimentation in humans. Many will remember Dr. Beecher’s scathing comments and indictment of a speaker at a meeting in 1957 who followed blood gases on patients left apneic for periods of up to one hour after hyperventilation. Probably in 1939, Dr. Beecher was disturbed but sanguine in his comments on Dr. Seevers’ excessive hyperventilation, but with 18 years to stew over “what I should have said,” Dr. Beecher was a tiger in his comments in 1957. He followed these immediately with articles to major journals about the ethics of experimentation. Dr. Beecher was a formidable pioneer in starting medical ethics toward the present state of recognition and adherence.

These disparate comments refer to only a few of the early subjects on anesthesia presented as the AMA Section on Anesthesiology was being organized, reflecting time in history. Carlyle has written that the history of the world is but the biography of great men, and certainly great men were prominent in those pioneering days.

Reference:

1. Jenkins MTP. 50th Anniversary provides reflections on 150 years of anesthesia history. *ASA NEWSLETTER*, 1990. 54(6):15.



Wood Library-Museum: An "Archival" Library

Norig Ellison, M.D.
Vice-President for Scientific Affairs

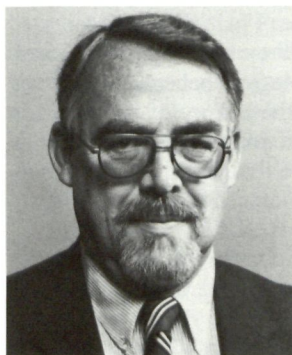
The Wood Library-Museum of Anesthesiology (WLM) located in the ASA Executive Office building in Park Ridge, Illinois, is a most unusual library and a valuable resource for anesthesiologists. The "archival" nature of the library dictates that all editions of a book, not just the current one as is the common practice in most libraries, be available for students interested in the history of anesthesia.

On a recent visit, I was delighted to find all seven editions of *Introduction to Anesthesia: The Principles of Safe Practice* on the shelf (Dripps RD, Eckenhoff JE, and Vandam LD). As a medical student, the first edition (1957) was my sole anesthesia reference. As a resident, the second edition (1961) was my principal reference, and while preparing for that ordeal known as the "oral boards," the third edition (1967) was one of my final references.

Similarly, all three editions of *Anesthesia* (Miller RD, ed.) are on the library shelf. By comparing the several editions of any given text, one can appreciate the new directions or emphasis that have developed in anesthesia over a given time period.

The Wood Library-Museum is the largest library devoted exclusively to anesthesia and contains approximately 8,000 volumes, about one-tenth consisting of valuable and fascinating material contained in the rare book section. A review of that material certainly helps one to appreciate how far medicine has come. There are three ways that ASA members can contribute to this library:

1. Authors and editors donating a copy of their books to the library will decrease the WLM's need for purchasing books. Last year, \$40,000 was spent to acquire new books. Authors are encouraged to autograph the copy sent to the WLM.
2. Older anesthesiologists, especially those who are retiring and wondering what to do with their professional library, might consider contributions to the WLM. This includes older books, which might fill in gaps in the WLM collection. Prior consultation with Patrick Sim, WLM Librarian, or Sally Graham,



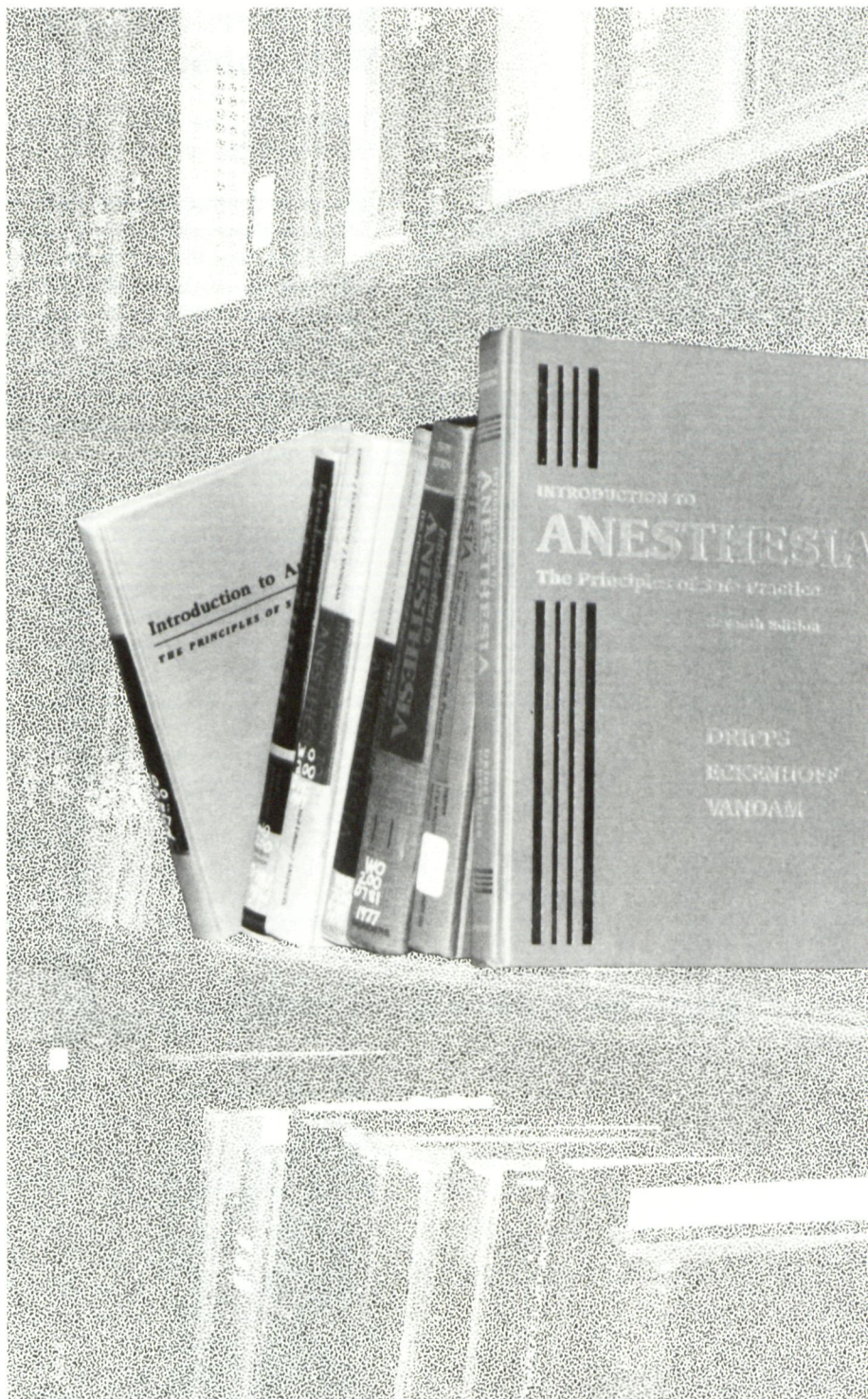
Norig Ellison, M.D. is Professor and Vice Chairman of Anesthesia at the University of Pennsylvania, Philadelphia. He serves as an ex-officio member of the Wood Library-Museum Board of Trustees.

WLM Assistant Librarian, is suggested if there are any questions regarding the need for such a contribution.

3. Contribute to the WLM Endowment Fund. Many Component Societies and individual anesthesiologists over the years have given memorial gifts to honor anesthesiologists at the time of their death. However, gifts to the WLM Endowment Fund are welcome at anytime and are tax deductible.

The monetary value of contributions of new books by authors or editors, plus volumes from the professional library of senior anesthesiologists, are also valid tax deductions. Appropriate letters will be prepared for tax-reporting purposes.

In conclusion, the WLM as an archival library is a tremendous resource of which ASA members can be proud. Equally important, the WLM can be made better and at little cost to the Society by contributions of new books by their authors and editors, old books by retired or retiring anesthesiologists and/or contributions by any member of the Society. **ASA**

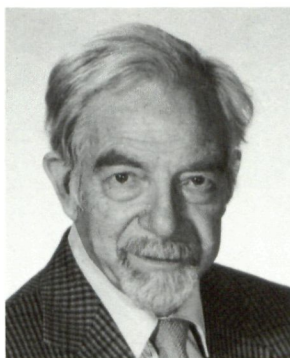
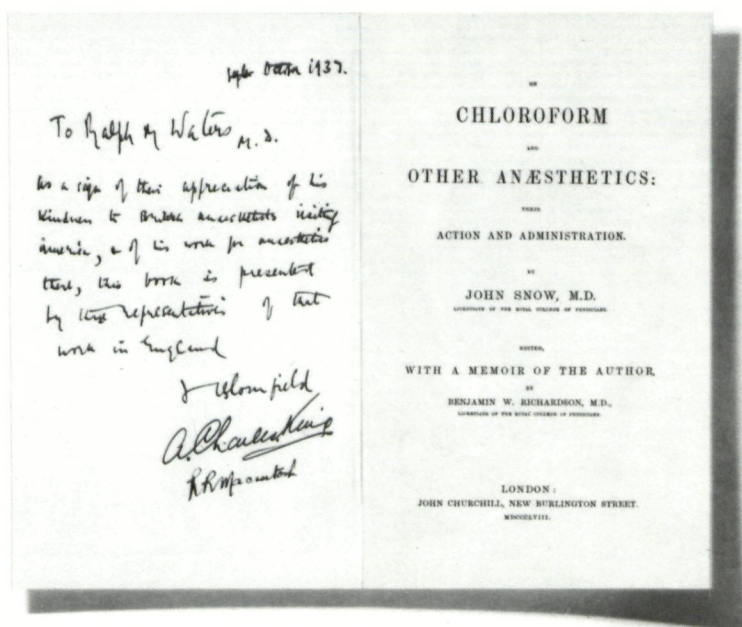


Retrievers of History: WLM Publications Committee

*B. Raymond Fink, M.D., Chairman
Wood Library-Museum Publications Committee*

Readers of this *NEWSLETTER* own a responsible interest in preserving the best of the past, entrusted to the Wood Library-Museum of Anesthesiology (WLM). The WLM Committee on Publications is concerned with facilitating the study of the written part of that heritage. In 1987, the committee sprang fully formed from the brain of Elliott V. Miller, M.D., President of the WLM Board of Trustees, with Nicholas M. Greene, M.D. presiding, an "Athene from the head of Zeus." This fecund event was preceded, however, by a long gestation, beginning in 1950 with the seminal initiative by Vincent Collins, M.D., which engineered the issuance by ASA of a reprint of John Snow's 1858 classic, *On Chloroform and Other Anaesthetics*.

One year later, ASA and Paul M. Wood, M.D. formally created the WLM with Lewis H. Wright, M.D. as President Emeritus of its Board of Trustees, Albert M. Betcher, M.D. as President and Chairman, Vincent J. Collins, M.D. as Secretary, Moses H. Krakow, M.D. as Treasurer and Dr. Wood as the Permanent Curator. The Board went the Society one better when Dr. Collins induced publishers Lea and Febiger to reprint John Snow's *On the Inhalation of the Vapour of Ether* for the WLM, using the same format, paper quality and Churchillian typeface as the 1847 original. For good measure, it also added a frontispiece portrait of John Snow. The reprint had a suitably sleepy origin, having been conceived in the staff dormitory of St. Vincent's Hospital in New York City where Dr. Wood's early



B. Raymond Fink, M.D. is Professor Emeritus of Anesthesiology at the University of Washington, Seattle.

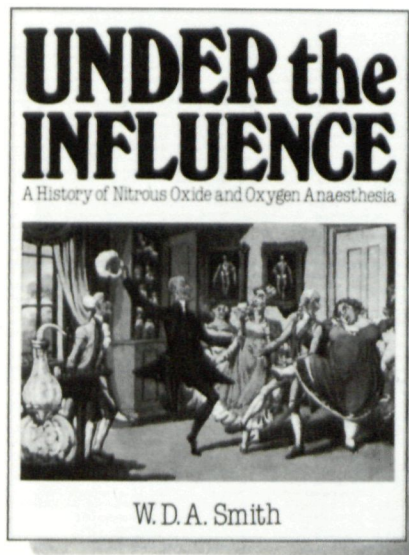
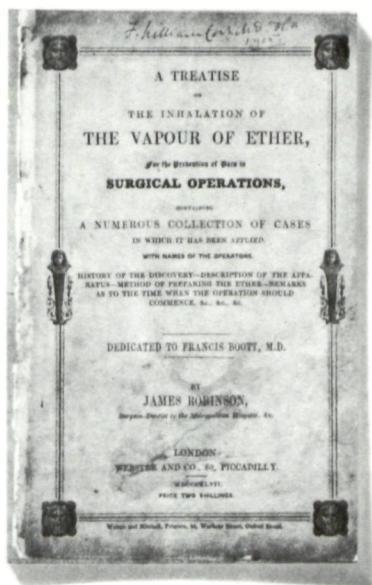
library found a temporary haven under the watchful eye of Dr. Collins, the chief of anesthesia at the hospital. The reissued masterwork fittingly became the very first to bear the imprint of the WLM in 1959.

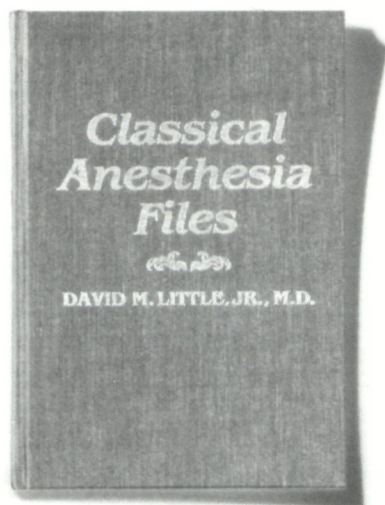
The WLM Trustees scored a notable encore in 1971 with a much improved facsimile of Snow's *On Chloroform*, made from the priceless original copy that had been presented to Ralph M. Waters, M.D., revered founder of academic anesthesiology, by the Association of Anaesthetists of Great Britain in 1937, and which Dr. Waters donated to the WLM upon his retirement in 1967.

Another important departure occurred in 1971 in conjunction with the ASA Annual Meeting in Atlanta. At the suggestion of Chairman of the Board Charles C. Tandy, M.D., the WLM presented to each registrant a "vignette" portfolio of two reprints, including Crawford Long's own description of his first use of ether as a general anesthetic in 1842. A far-sighted proposal of ASA President David M. Little, Jr., M.D. subsequently turned this into the first of the ongoing annual series of historical reprints of papers on diverse anesthesiology topics, selected and edited by Leroy D. Vandam, M.D. since 1974. The WLM was becoming a fountainhead of scholarly publication in the history of anesthesiology.

At the initiative of K. Garth Huston, Sr., M.D., who succeeded Dr. Tandy as Chairman, the WLM purchased the residual stock of the first two volumes of a planned three-volume set of "Historical Essays on the First Hundred Years of Anaesthesia" by W. Stanley Sykes, M.D., recorder and illuminator without peer of its curious highlights and sidelights. The third volume was fated to be completed posthumously, first under the editorship of K. Bryn Thomas, M.D. and, after his untimely death, by Richard H. Ellis, M.B.B.S. of the Royal Hospital of St. Bartholomew in London, who in 1982 arranged its joint publication by the WLM and Churchill Livingstone, a leading British publishing house. At about this time, the WLM also published *Under the Influence. A History of Nitrous Oxide Anaesthesia* by W.D.A. Smith, M.B.B.S. This volume, initially printed and published in Great Britain by Messrs. Macmillan, contained the remarkable series of learned and entertaining articles contributed by Dr. Smith to the British Journal of Anaesthesia.

The experiment of shared publication happily continued — the WLM underwrote a major part of the production costs and undertook publication in North America, while a British enterprise printed the book and published it in the rest of the world. In 1983, a facsimile edition was co-published of James Robinson's *A Treatise on the Inhalation of the Vapour of*





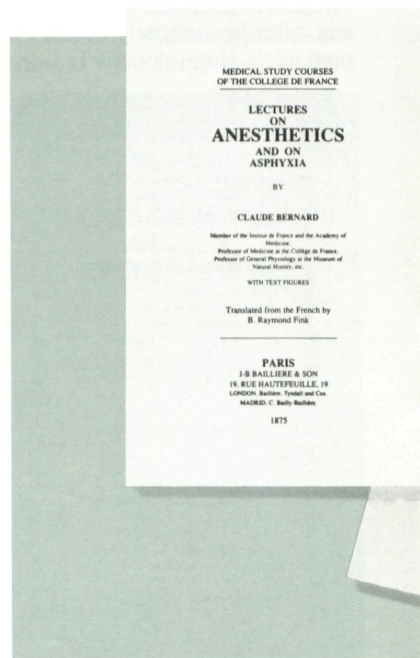
Ether for the Prevention of Pain in Surgical Operations. This edition included a new preface by Richard H. Ellis, M.B.B.S. Baillière Tindall were the British publishers.

Two years later, the WLM Board of Trustees honored the memory of the much lamented David M. Little, Jr., M.D. by bringing out a collection of his *Classical Anesthesia Files* discourses reprinted from the Survey of Anesthesiology and annotated by C. Ronald Stephen, M.D., editor and founder of the Survey. The copyright to the *Classical Anesthesia Files* was generously presented to the WLM by Williams and Wilkins, publishers of that journal.

Having grown like Topsy, without visible birth, plan or pattern but at a very palpable pace, the publishing activities of the WLM were judged by President Elliott V. Miller, M.D. and the Board to be ripe for committee formation. Nicholas M. Greene, M.D., the distinguished Editor-in-Chief of the journal, *Anesthesia and Analgesia*, was persuaded to accept the charge. He deftly guided the new committee into developing a systematic program of scholarly historical publication.

The plan had a genial simplicity and excitement: the WLM would attempt each year to publish a translation of a historic seminal work on anesthesia never previously available in English. The first of these was Claude Bernard's *Lecons sur les anesthesiques et sur l'asphyxie* or *Lectures on Anesthetics and on Asphyxia* (1869). (A jokester said that the two often went together in those days.) B. Raymond Fink, M.D. was entrusted with the translation. He claimed to relish such assignments because they taught him how we got to where we are, but more likely he was looking for an excuse to visit Paris and the Bernard collection at the Collège de France. The Claude Bernard lectures gave insight into important mid-19th century advances in pharmacology and physiology of anesthesia from the vantage of one of the most brilliant intellects of the period. The translation debuted in 1989.

Next on the agenda was C.E. Overton's *Studien uber die Narkose* or *Studies of Narcosis* (1901). It was also known as *Studies of Anesthesia* because, in German, the same word confusingly did duty for both narcotic and anesthetic depression of the nervous system, even though Claude Bernard had long since drawn a perfectly clear distinction between them in his lectures. Bernard had meticulously and explicitly differentiated between anesthet-



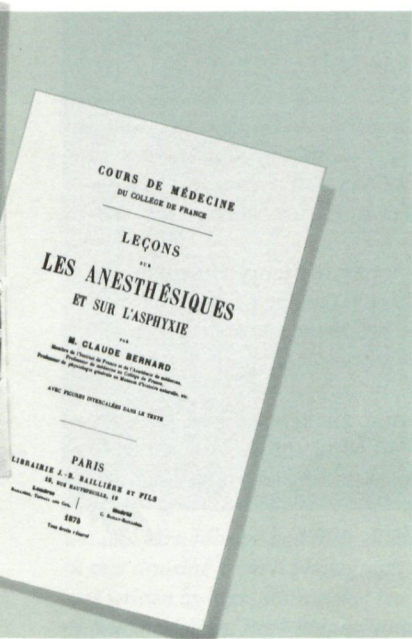
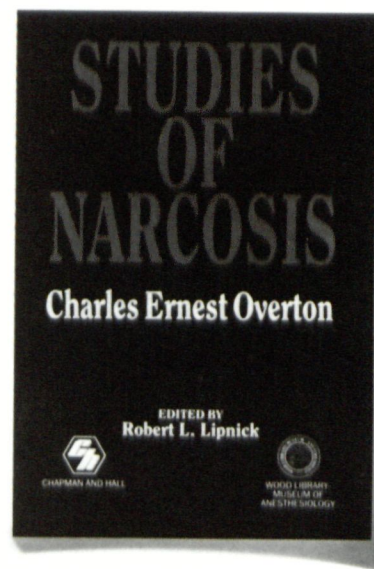
ics (ether and chloroform), narcotics (derivatives of opium) and hypnotics (chloral hydrate). Regardless of those niceties, Overton's book was an epochal contribution which stood on the WLM list owing to happy combinations of scholarship, talent and perspicacity in the persons of Drs. Greene, Lipnick and Firestone.

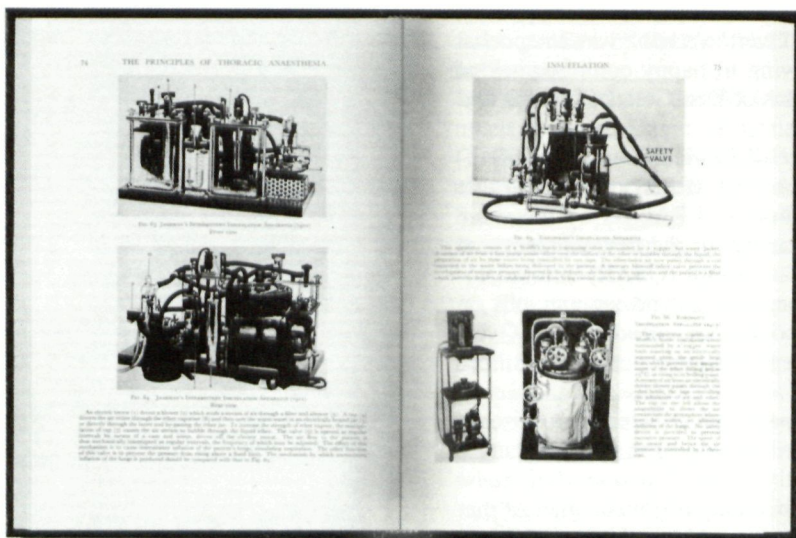
Robert L. Lipnick, Ph.D., head of the Office of Pesticides and Toxic Substances of the U.S. Environmental Protection Agency (EPA), was aware that lack of data had presented a regulatory dilemma to EPA; yet by the same token, it had provided an extraordinary opportunity for the development and application of quantitative structure-activity relationships (QSAR) in toxicology. He astutely noted, moreover, that numerous articles and monographs on QSAR traced the origin of this field to the discovery, independently by Overton and Hans Meyer, of the correlation between anesthetic potency and lipid solubility or water/lipid partition coefficient.

Dr. Lipnick was invited by Trends in Pharmacological Sciences to discuss the importance of Overton's book. His essay, which appeared in 1986, caught the eye of Leonard L. Firestone, M.D., presently of the Department of Anesthesiology and Critical Care Medicine at the University of Pittsburgh. At that time, though, he was a colleague of Dr. Miller's at Massachusetts General Hospital, a confluence which promptly led to Dr. Greene and the WLM Publications Committee.

The translation was in existence, having been prepared professionally for the EPA. Dr. Lipnick's selfless efforts to make it available to the scientific community at large succeeded with the help of the WLM. It was Dr. Greene who, despite various vicissitudes, then personally led the enterprise through to a triumphant conclusion so that, in 1990, yet another Anglo-American production was added to the WLM garland, this time with Chapman and Hall, Ltd., London, as printers and non-American co-publishers. Unfortunately, urgent external matters compelled Dr. Greene to seek a change of chair, and his seat became occupied by Dr. Fink.

The Bernard-Overton sequence fortuitously afforded the WLM public with two representative overviews, respectively, of the first and second quarter century of basic anesthesiology research, and made plain the accelerated pace, the narrowing focus and the decisive increase in rigor. By no coincidence, the two translations did nothing to impair the distinction





of the imprint of the WLM. (This may be the place to mention that authors and translators receive no royalties from the WLM.)

Unquestionably, the primary credit for these scholarly additions goes to the tremendous support the rank and file of the Society and its elected representatives have showered on the exertions of the WLM Board of Trustees and its committees. The trust thus manifested is very likely without parallel within the learned professions. It creates a correspondingly awesome and exciting challenge.

Looking to the future, the inky pipe of print is lined with calculated diversities. Immediately in sight is a reprint of William W. Mushin and Leslie Rendell-Baker's superb study, first published in 1953 as *The Principles of Thoracic Anaesthesia: Past and Present* and now renamed *The Origins of Thoracic Anaesthesia*, of which the copyright was pur-

chased by the WLM from Blackwell Scientific Publications, Oxford, England. This book will hit the stands at the ASA Annual Meeting in October in San Francisco. Also near the front of the tube is a translation of Pirogoff's monograph on rectal ether anesthesia, written in French in 1847.

Due in 1992 is the Proceedings volume from the Third International Symposium on the History of Anaesthesia. The symposium, to be held in Atlanta on March 27-31, 1992 coincides with the sesquicentennial anniversary of Crawford Long's first ether anesthetic. In honor of the anniversary, each registrant will receive a copy of the first portfolio of WLM Historical Reprints, specially bound for the occasion.

Eagerly expected also is W.D.A. Smith's biography of Henry Hickman, the tragic British precursor whose life the gods cut short at the age of 30. That will be a joint publication with the Royal Society of Medicine, most likely available in 1993. Also, in Virginia, Dr. Lipnick is actively preparing a Meyer counterpart to the Overton book.

The list is not exhaustive and suggestions from readers, need it be said, are warmly invited. These should be sent to the WLM at the ASA Executive Office, in care of Patrick Sim, Librarian, whose unassuming expertise and efficiency mediates everything we accomplish.



Collectibles in the Wood Library-Museum

Patrick P. Sim, M.L.S.

John W. Pender, M.D.

Collectible is a term that has been used to describe incidental material that a collector picks up at garage sales or flea markets. It nevertheless conveys the impression that an item is valuable in the eyes of the collector despite the willingness of its original owner to part company. Beauty is in the eye of the beholder. One person's trash is another's treasure.

Within the confines of the Wood Library-Museum of Anesthesiology (WLM), such collectibles account for the foundation of its entire collection. Paul M. Wood, M.D., founder of the WLM, was known for his collecting instinct, which included amassing collectibles in his lifetime. This article highlights a few collectibles to demonstrate the latent treasure of the WLM collection.

Collectibles illuminate personality traits, record important events and verify historical facts. They appear in a wide variety of forms, e.g., prints, correspondence, personal memorabilia, photographs, etc. The list is endless. The several collectibles described here are accompanied with interesting vignettes about their acquisition and subsequent use by scholars.



Dr. and Mrs. Morton and their children at their summer home at Wellesley are depicted in this drawing from a photograph taken in 1856. The pamphlet in which it appears was written by Mrs. Morton and has since found its home in the Wood Library-Museum of Anesthesiology, Park Ridge, Illinois.

In a paper presented at a recent historical meeting, Douglas R. Bacon, M.D. of Buffalo, New York, was able to use collectibles from the WLM to effectively demonstrate his thesis. Who would ever dream of using items like commercial company letterheads, doodled pencil sketches, ephemeral dinner invitation cards and handout snapshots distributed by pharmaceutical companies? These materials were the backbone of Dr. Bacon's paper that described the emergence of organized anesthesia more than half a century ago.

The company letterhead and the dinner invitation card were evidence of the commitment of the pharmaceutical industry in support of a fledgling organization, representing the emerging medical specialty of anesthesia at the 1939 World's Fair in New York City, which aptly had selected the theme "The World of Tomorrow." The pencil doodles were the blueprints of the anesthesia exhibit planned by Dr. Wood and his committee at the World's Fair. The memorable snapshot, recreating William Thomas Green Morton's first public demonstration of ether anesthesia, was a handout at the World's Fair, distributed by a pharmaceutical company. The ubiquitous presence of Dr. Wood in another version of this photograph, in distinctly modern attire, adds a dimension of modern anesthesiology to the historic setting. Dr. Bacon very skillfully elucidated his thesis with these supporting materials, both as visual aids and documentation. It proves that collectibles are as valuable as formal and serious documents.

Collectibles come to the WLM from thoughtful individuals with a wide spectrum of perspectives. The most fundamental asset of these individuals is their collecting instinct. To a degree, Dr. Wood's instinct earned him the reputation, good naturedly, of a "pack rat." Among his extensive collections, to name a few, were his handwritten correspondence from his young adulthood, name tags of meetings he attended, award certificates, medals, etc. All is evidence of his professional and personal activities that also chronicled the events of his time. Without these collectibles, the perspectives for historians would be significantly deprived.

Thoughtful members and friends of ASA rightfully identify the WLM as



Patrick P. Sim, M.L.S., has served as Librarian of the Wood Library-Museum of Anesthesiology since 1971, celebrating his 20th anniversary in February, 1991.

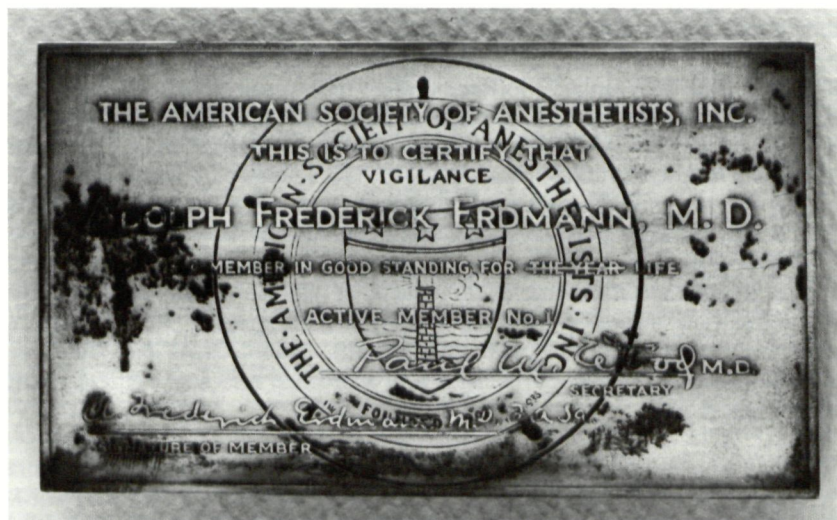
the ultimate repository of all items pertaining to anesthesiology. Twenty years ago, the newly employed WLM librarian received an off-print article authored by one Elizabeth Whitman Morton entitled, "The Discovery of Anaesthesia." It was an eight-page article that had been published in a trade magazine in the last decade of the 19th century, replete with photo illustrations. The donor attached a handwritten note, indicating that the item was purchased from a flea market for 25 cents. Helen Duggar Conwell, M.D., then of New Providence, New Jersey, was compulsive enough to trade her quarter for the item from the proprietor. She was also impulsively thoughtful in sending her gem to the WLM. The author of the article was none other than the wife of the discoverer of surgical anesthesia, W.T.G. Morton. The photographic illustrations are important for reprinting by anesthesia historians. Two decades later, the same librarian's acquired perspectives made him appreciate the value of this 25-cent item a hundredfold.

On a warm summer day in June, 1977, an elderly gentleman from Marina del Rey, California, traveling to Chicago on vacation, visited the WLM. He presented a black "lunch box" containing a portable inhaler, with a reprint article describing the 55-year-old apparatus. Charles H. Sanford, Jr., modestly informed us that the instrument belonged to his late father. It was not difficult to find out who this gentleman's father was. Charles H. Sanford, M.D. invented the inhaler that bears his name in 1922, the same year that he became president of the New York State Society of Anesthetists. (By organizational lineage, Dr. Sanford was a past President of the ASA, which originally was the New York Society of Anesthetists until 1936.)

This gift led us to the biographical file of Dr. Sanford where we found other important collectibles, such as a manuscript copy of his paper on the Sanford Inhaler, and his correspondence with F.H. McMechan, M.D., founder of the International Anesthesia Research Society, on anesthesia organizational affairs of his time. There were also letters from a well-known New England anesthesiologist, Albert H. Miller, M.B., discussing the necessity of education in anes-



John W. Pender, M.D. is Emeritus Professor at Stanford University and is affiliated with Stanford University and Palo Alto Medical Foundation, Palo Alto, California. He serves as Chairman of the WLM Committee on Living History of Anesthesiology.



One of the WLM's prized collectibles is this reproduction of ASA membership certificate Number One, cast into a silver ingot and presented to Adolph F. Erdmann, M.D. upon his retirement in April, 1937.

thetia for surgeons, interns and nurses. Other letters were from Oscar Schwidetzky, M.D., who was known for his contributions to the development of intravenous needles and syringes, discussing Dr. Sanford's invention of a special syringe. Other collectibles in this file were copies of patent applications submitted by Dr. Sanford.

The roots of ASA are traceable to 1905 when Adolph Frederick Erdmann, M.D. encouraged a group of nine physicians in Long Island, New York, to form a society of anesthetists who worked full-time in the practice of anesthesiology. On the occasion of his retirement in April, 1937, a formal resolution recognizing Dr. Erdmann's service to anesthesiology was introduced by Thomas Drysdale Buchanan, M.D. at the meeting of the ASA convened at the New York Academy of Medicine. As a memento of the occasion, a silver membership certificate was presented to Dr. Erdmann, engraved with the signatures of Dr. Wood and Dr. Erdmann and bearing ASA membership Number One. In 1983, 46 years after its presentation, this silver certificate was given to the WLM via the thoughtful arrangement of then ASA President-Elect Ellison C. Pierce, Jr., M.D. The Erdmann family had entrusted this invaluable memento to the WLM through Mrs. Pierce's mother, who was a friend of Dr. Erdmann and his family.

Such priceless collectibles in the WLM include countless other vignettes. The WLM is blessed with thoughtfulness, goodwill and boundless generosity from the ASA membership. As the collectibles continue to increase, they will prove to be the foundation and backbone of the WLM collection for the use of future scholars and historians in search of our specialty's past.



Do Rare Book Collections Just Happen?

Charles C. Tandy, M.D., Chairman
WLM Committee on Acquisitions and Dispositions

Fortunately for those who believe that the present and the future can only be as bright as the foundation of the past, the Wood Library-Museum of Anesthesiology (WLM) provides our opportunity to examine the evolving history of anesthesiology. This increasingly important collection did not just materialize; it has been a dynamic process whose future appears ever brighter. All will agree that Paul M. Wood, M.D. provided the nidus to recognize the importance of preserving evidence of the origins of this uniquely American discovery. The dynamics of this collection have been and continue to be fascinating.

Dr. Wood saved everything — from the meeting minutes of the Long Island Society of Anesthetists, beginning in 1911, to the name tags he wore at various meetings. All of this priceless background was interspersed with a few significant early documents, chiefly important because of their provenance. An important example is John Snow's personal copy of his 1847 classic, *On the Inhalation of the Vapour of Ether*.

By the time the WLM was permanently housed in its present location, a concerted effort was under way to purchase or solicit all books and current journals to make our collection "complete." A serious examination of the collection began in the 1960s; many areas were identified that needed strengthening.

Thus began a systematic approach to book dealers and librarians around the world to inform them of our special interests and needs. One such venture was a trip to the New York Public Library Rare Book Room to see the early printed copy of Pliny's *Natural History* and their one of only two extant copies of the 1640 Bay Psalm Book. Despite advance letters of introduction, this author was told that the Bay Psalm Book, the first book printed on the North American continent in English, was much too delicate to be shown. After an hour or so of viewing many early medical texts, the Psalm Book was made available but with the admonition for "very careful" handling.

A young library secretary said she overheard that the visitor was an anesthesiologist and wondered if he knew of the Fanny Burney letter. The visitor, not wanting to expose his apparent limited education and knowing nothing of

To The American Society of Anesthetists
Secy Paul M. Wood
from the Department of Anesthetics,
University of Oxford, England.
at the hands of R. Macintosh 17. X. 1939.

ON THE
INHALATION
OF THE
VAPOUR OF ETHER.



Charles C. Tandy, M.D. is Director of Anesthesiology Training at the Methodist Medical Center, Dallas, Texas and Clinical Professor at the University of Texas Southwestern Medical School, Dallas.

Fanny Burney, replied, "Why don't you tell me about it?" The result was a visit to the Burg Collection and an opportunity to view this 12-page, holographic letter which, written in 1812, describes in great detail what it was like to experience the removal of her breast for carcinoma without any anesthesia. The WLM now has a facsimile of this document, possibly the only account from a patient describing the unimagined agony: "... [N]ot for days, not for weeks, but for months — I could not speak of this terrible business without nearly again going thru (sic) it!" Even listening helps develop collections!

On the perchance conversation in 1970 with a book dealer about an 1847 copy of *Littell's Living Age*, which contains an early reference to the use of ether in Boston, he mentioned that he had just obtained a small collection related to Mesmerism; thus began a concerted effort to expand our holdings on hypnosis. Chapelain's own description of the first use of animal magnetism for a surgical procedure in 1829 has since been added to this fascinating collection. A number of original Mesmer letters are included, all of which make the WLM's collection in this area among the most extensive anywhere.

Major efforts in the past decade have been made to expand the collection in the history of resuscitation. Our original source material is extensive, mainly through the persistent efforts of K. Garth Huston, Sr., M.D.

Even though the relief of pain from surgical procedures had been sought for centuries, it eluded solution until certain discoveries in chemistry, pharmacology and pneumatics were made. Whether these advances are recorded in Humphry Davys' 1800 *Researches, Chemical and Philosophical: Chiefly Concerning Nitrous Oxide*, or WLM's extensive Beddoes collection, or Scheele's 1777 extremely rare *Chemical Essay on Air and Fire* describing the earliest discovery of oxygen, these treatises are indicative of the in-depth collection that is evolving at the Wood Library-Museum of Anesthesiology. This will be more than evident to our specialty and to the outside world in the near future when the annotated catalog of this collection is published.

Collections must be preserved. Unfortunately, the discovery and reporting of anesthesia events occurred during the period when most printers used high-acid-content paper. Much of this material, printed between 1820-1900, is beginning to disintegrate and requires expert, expensive care to be deacidified (with magnesium bicarbonate or Wei T'o "soft spray"). Leather and cloth bindings were too often neglected and now require special restoration techniques. Fortunately, we have been able to obtain the services of Bernard Middleton in London, England, and William Minter in Chicago, Illinois, probably the two foremost bookbinding and conservation experts in the world.

Even though great strides have been made with both the library and museum in recent years, there are still great gaps in "modern anesthesia." Since space and direction in this area have been a problem in the past, now is the time for ASA members who never considered themselves museum collectors

Continued on page 30

Helping to Preserve Our Past and Plan for Our Future

The Board of Trustees of the Wood Library-Museum of Anesthesiology wishes to acknowledge and thank the following individuals and organizations who have made monetary contributions to the WLM from December, 1990 through June, 1991:

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Deblen, the Netherlands

Leroy D. Vandam, M.D.
Boston, MA

Vanderbilt University
Department of Anesthesiology
Nashville, TN

Eric Webb, M.D.
Victoria, British Columbia,
Canada

David J. Wilkinson, M.B.
London, England

Donor Alert: Full Donation Credit Ends December 31, 1991

The 1990 Tax Act has created a special "window" in 1991 that may affect any donor contemplating a gift of property to a museum.

In general, as a result of the 1986 Tax Act, if property is contributed to a museum, only the tax basis (not the fair market value) of the property can be deducted for alternative minimum tax (AMT) purposes. However, for contributions made in 1991, the full fair market value can be deducted.

If the amount of the 1991 contribution exceeds the percentage limits for charitable contributions, the excess deduction can be carried forward for five years. This ability to deduct the full fair market value in calculating AMT expires after 1991.

Therefore, your donation to the Wood Library-Museum of Anesthesiology (WLM) of that ether mask or autographed book you purchased 10 years ago for \$30 (and is now appraised for \$1,000) will be a \$1,000 deduction from your 1991 adjusted gross income. If donated after 1991, that same mask or book will be only a \$30 deduction for AMT purposes.

If you are planning to give any book or apparatus to the WLM, please do it *now* for your benefit and for the benefit of your specialty.

To donate library materials or anesthetic apparatus, please contact the Librarian prior to shipping at: Wood Library-Museum of Anesthesiology, 515 Busse Highway, Park Ridge, Illinois 60068-3189; or call (708) 825-5586.

Resident Component Secretary's Report

*Donald E. Cole, M.D., Secretary
Resident Component Governing Council*

The future of anesthesiology is very uncertain at this moment in time. A recent proposal by the Health Care Financing Administration (HCFA), if accepted under the new Medicare Fee Schedule, would result in *significant* reductions in anesthesiology compensation. These reductions would include the elimination of anesthesia time and budget-saving reductions in the conversion factor. Perhaps most damaging, however, is the proposed reduction in payments to teaching anesthesiologists.

These changes will affect us both in our training and throughout our careers. Unfortunately, residents are usually hesitant to get involved in such issues. This is because they either find themselves too busy, or they don't understand how organized medicine works. Commonly, they feel they wouldn't make a difference anyway.

The ASA Resident Component was founded for this very reason: to extend the participation of resident members within the many activities of ASA. The Resident Component has been designed as an apprenticeship to cultivate the leaders of our Society for the future.

The ASA Resident Component is your voice in organized medicine. We invite you to join us at the 1991 ASA Resident Component Chairman's Reception to be held from 8:00 p.m. to 10:00 p.m. on Friday, October 25, 1991, in Pacific Conference Suite H on the fourth floor of the San Francisco Marriott Hotel. The Resident Component House of Delegates meeting will be held in the Buena Vista Ballroom of the San Francisco Marriott Hotel from 4:30 p.m. to 7:30 p.m. on Saturday, October 26. The agenda will include G.W.N. Eggers, Jr., M.D., ASA President-Elect, and Adrienne C. Lang, Director,

ASA Office of Governmental Affairs. There also will be a guest presentation on substance abuse.

The Resident Component House of Delegates plans to discuss some of the resolutions in the 1991 ASA House of Delegates Handbook. Delegates will discuss and vote on any resolutions presented by the State Resident Components. Election of new officers to the Governing Council also will be conducted.

Please note that all delegates must be Resident members of ASA and their Component Society (no formal state resident component organization is necessary at this time).

Additional information to registered delegates regarding nominations for elected positions on the Governing Council will be forthcoming. If you are not currently a registered delegate and do not have an organized State Resident Component, contact your Component Society president or the ASA Executive Office for further information on how to become registered.

You need not be a delegate to attend the ASA House of Delegates meeting. Forms will be distributed to the attendees to allow them to express their interest in serving on ASA Committees.

The previously mentioned proposal by HCFA is yet to be finalized as of the printing of this article. There will, however, be many more changes affecting us throughout our careers. Learning how to get involved now will assure all of us a long and fulfilling career in anesthesiology. Remember, "you can't accomplish anything by doing nothing." Please, get involved in the politics of ASA and help us build a stronger organization.

Candidates Announce for Elected Office

Twelve ASA members have announced their candidacies for elected office.

The anesthesiologists and the offices they seek are:

- **President-Elect**
Peter L. McDermott, M.D.
- **First Vice-President**
George E. Battit, M.D.
Wilson C. Wilhite, Jr., M.D.
- **Vice-President for Scientific Affairs**
Norig Ellison, M.D.
- **Secretary**
Ronald A. MacKenzie, D.O.
- **Treasurer**
Charles J. Vacanti, M.D.
- **Assistant Secretary**
Neil Swissman, M.D.
Richard G. Zepernick, M.D.
- **Assistant Treasurer**
I. Cary Andrews, M.D.
James W. Cottingham, M.D.
John B. Neeld, Jr., M.D.
- **Vice-Speaker, House of Delegates**
Barry M. Glazer, 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.

Atlanta Workshop To Explore Transfusion Medicine

Most anesthesiologists' practices are affected daily by transfusion medicine. To explore this rapidly changing, multidisciplinary specialty as it relates to anesthesiologists, the ASA Committee on Transfusion Medicine has organized a workshop to be held in Atlanta on November 23-24, 1991.

The Workshop on Transfusion Medicine: The Anesthesiologist's Perspective will be held downtown at the Radisson Hotel Atlanta. The program will provide an update on hemostasis, autotransfusion, coagulation monitoring and new pharmacologic alternatives. Those involved in

providing anesthesia care for patients undergoing all types of major surgery will profit from this workshop, as will physicians in other specialties whose patients require intraoperative transfusion management or coagulation control.

Program chairman Ronald J. Faust, M.D. will speak on "Use of Hemostatic Components in Massive Transfusion and Cardiopulmonary Bypass" and "Autotransfusion: Questions and Answers." Other speakers and their topics are:

- Michael N. D'Ambra, M.D., "RBC Replacement: Physiology and Limits of Anemia" and "Pharmacologic Strategies: Aprotinin, DDAVP, r-HuEPO, Antifibrinolytics and Blood Substitutes";
- Carol L. Lake, M.D., "Update on Hemostasis" and "Physiologic Alternatives: Hemodilution, Controlled Hypotension and Colloids";
- Bruce D. Spiess, M.D., "Intraoperative Coagulation Monitoring: Use of ACT, TEG and Sonoclot in Surgery" and "Special Problems in Cardiovascular Surgery";
- Mark A. Warner, M.D., "Emergency Transfusion" and "Transfusion Risks: Infectious and Immunologic."

Interactive group sessions are planned which will apply the concepts discussed to patient care scenarios, assisting attendees in implementing new information into their clinical practices.

This program has been approved for 10 hours of category 1 credit for continuing medical education. The

registration fees are \$160 for Active members, \$85 for Resident members and \$185 for nonmembers. Registration is suggested by October 23, 1991.

A block of rooms has been reserved at the Radisson Hotel. Room reservation cards will be sent upon enrollment. Reservation cards should be returned directly to the Radisson by November 1, 1991.

Regional Refresher Course Set for San Antonio

The first Regional Refresher Course of 1992 will be held in San Antonio, Texas on January 11-12 at the Hilton Palacio del Rio. The weekend program offers updates on anesthetic techniques, drugs and equipment.

The program chairman is Jeffery S. Vender, M.D., who has assembled the following speakers and topics:

- Jeffrey L. Apfelbaum, M.D., "Total Intravenous Anesthesia" and "Propofol";
- Jan Ehrenwerth, M.D., "Anesthesia for Thoracic Surgery" and "Monitoring Oxygenation and Ventilation";
- Hugh C. Gilbert, M.D., "Dilemmas of Regional Anesthesia" and "The Role of Anesthesiologists in Chronic Pain Management";
- Steven C. Hall, M.D., "Pediatric Airway Emergencies" and "Outpa-

tient Anesthesia for Infants and Children";

- Thomas Joyce, M.D., "Non-Obstetric Surgery During Pregnancy" and "Anesthesia for OB Emergencies";
- Noel W. Lawson, M.D., "Cardiovascular Changes Associated with the Geriatric Patient" and "Appropriate Utilization of Inotropes and Vasoactive Drugs";
- Jerrold H. Levy, M.D., "Anaphylaxis and Adverse Drug Reactions in Anesthesia" and "New Concepts in the Management of Postoperative Coagulopathies";

- Todd Sloan, M.D., "Monitoring of the CNS and Peripheral Nervous System" and "Anesthesia for Neurosurgical Emergencies";

- Thomas E. Stanley, M.D., "Transesophageal Echocardiography" and "From Cushing to Computers — The Anesthesia Record: Past, Present and Future";

- Stephen J. Thomas, M.D., "Anesthesia for the Patient with Coronary Disease" and "Anesthesia for Non-Cardiac Surgery on Patients with Heart Disease."

A lecture book containing outlines of all lectures will be mailed to all registrants approximately three weeks before the meeting.

The program will run from 8:00 a.m. to 2:00 p.m. on both Saturday and Sunday. Registrants may then enjoy some of San Antonio's attractions, including the Alamo, historic missions and Sea World. San Anto-

nio is also famous for its River Walk, or Paseo del Rio, with shops and restaurants along the San Antonio River.

Registration is suggested by December 11, 1991. Registration fees are \$185 for ASA Active members, \$110 for ASA Resident members and \$210 for nonmembers.

A block of rooms has been reserved at the Hilton. A room reservation form will be sent with confirmation of registration. Completed forms should be returned to the Hilton by December 20, 1991.

Do Rare Book Collections Just Happen?

Continued from page 24

to come forward with their own "disposable world" that is certain to be as different in the next 50 years as it has been in the past 50. Each new agent and technique offers new challenges to preserve the literature and gadgets surrounding them. These collections cost little and require only dedication to preserve them. Serendipitous experiences await those who seek them.

The WLM deserves our continued support. It is dynamic proof that preservation of our heritage does not just happen.



1992 SEE Program to be Available Soon

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

The 1992 Self-Education and Evaluation (SEE) Program will be available in January, 1992.

The 1992 SEE Program will be the eighth installment of the new SEE format. This 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 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 1992 SEE Program will consist of two volumes, each composed of 100 multiple-choice questions and mailed out in two installments. Questions for the 1992 SEE Program are based on articles appearing in 1991 anesthesiology journals, other selected peer-reviewed medical journals and the ASA 1991 *Annual 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 ASA 1991 *Annual Refresher Course Lectures* book. Participants who submit

both answer sheets may claim 60 hours of category 1 continuing medical education credit and will receive a Certificate of Participation in the program. As with all of the Self-Education and Evaluation Programs, the names of the participants and their scores remain anonymous.

The first installment of the 1992 Program, SEE Volume 8A, will be available and distributed in January, 1992. The second installment, SEE Volume 8B, will be mailed to all subscribers in July, 1992.

The cost of the 1992 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 been sent information regarding the purchase of the program.

An order form appears below for your convenience in ordering the 1992 SEE Program.

In addition, a continuing education booth will be located in the registration area at the Annual Meeting in San Francisco. ASA members are invited to visit the booth, review examples of the SEE Program and obtain subscription information.



(Order form to detach and return)

Name _____

Address _____

City _____ State _____ ZIP Code _____

Make check payable to American Society of Anesthesiologists and return to:
ASA, 515 Busse Highway, Park Ridge, IL 60068-3189

OR

Charge to credit card: ☐ Visa ☐ MasterCard

Account No. _____ Exp. Date _____

Signature _____

☐ **YES**, send me the ASA 1992 SEE Program.

I have enclosed payment as:

☐ ASA Member \$125

☐ Nonmember \$250

☐ Resident Member (attach confirmation letter from program director) \$ 50

☐ Residents' group enrollment (available only through program director) _____ residents x \$ 25

TOTAL ENCLOSED \$ _____

Subscription includes both Volumes 8A (mailed in January) and 8B (mailed in July), answer/critique booklet, list of references and ASA 1991 *Annual Refresher Course Lectures* book.

By Virtue of the Fact . . .

I am writing to express a view contrary to that espoused by William M. Gild, M.D., J.D. in an article entitled "Expert Witness Sets New Standards for Anesthesia Practice" (June, 1991 *ASA NEWSLETTER*, Vol. 55, No. 6). The article discusses an anesthesiologist's liability in "litigation stemming from an unfortunate misidentification of the site of surgery," namely arthroscopy that was performed on the wrong knee.

Dr. Gild feels that it "is novel — and most disturbing" that an expert witness in articulating commonly held standards of care should aver that it is required of an anesthesiologist to know precisely the type of surgery involved in regard to right versus left.

No one would dispute the importance to the anesthetic management of knowing on which side surgery is contemplated in cases such as mastectomies or lung resections. Even in those cases where the operative site would have no effect on the conduct of the anesthetic, one owes the patient a duty of beneficence. Above all of this, however, the one virtue that marks a physician is the effacement of self-interest for the benefit of a patient. Surely, determining the operative side imposes no onerous burden on the anesthesiologist, and it certainly would have prevented harm to the patient in the illustrated case.

It may be as Dr. Gild holds that, "Fortunately in this case, reason prevailed," but virtue took a beating!

David E. Lees, M.D.
Washington, D.C.



FOUNDATION FOR ANESTHESIA

EDUCATION ■ RESEARCH

Resident Scholars Program Enters Third Year

In 1989, the Foundation for Anesthesia Education and Research (FAER) received an educational grant from Burroughs Wellcome Company to support a Resident Scholars Program in anesthesiology.

The program is now entering its third year. Its intent is to encourage resident participation in the educational, scientific and political affairs of ASA by active attendance at the ASA Annual Meetings.

To accomplish this, a grant in the amount of \$1,000 will be awarded to each participating program to help defray the cost of sending one resident to the meeting. Thirty-two grants will be offered each year so that over a five-year period, funding will be provided for one resident from each accredited anesthesiology program in the United States.

In addition to the broad variety of scheduled activities during the Annual Meeting, several special events are planned to permit interaction among the resident scholars and between the residents and the ASA leadership. Programs are selected each year on a random basis except that an effort is made to provide broad geographic distribution. The residents nominated by their programs for 1991 are:

- Harvey Auerbach, M.D.
Washington University, St. Louis
- Dan Berkowitz, M.D.
Duke University
- Hemmo Bosscher, M.D.
University of Massachusetts
- James Boutte, M.D.
University of Tennessee, Memphis
- Ignacio Cardenas, M.D.
University of Kentucky
- David Dininny, M.D.
Case Western Reserve University
- David Flowers, M.D.
Howard University Hospital
- Kerwin Fontenot, M.D.
Alton Ochsner Medical Foundation
- Edward Furst, M.D.
University of Texas, San Antonio
- Lawrence Goldstein, M.D.
Emory University
- Richard Grieco, M.D.
SUNY Health Sciences Center at Brooklyn
- Michael Guertin, M.D.
Ohio State University Hospital
- Wesley Helena, M.D.
University of Kansas, Wichita
- Jay Induru, M.D.
Medical College of Ohio, Toledo
- Robert Lawhead, M.D.
University of Nebraska
- Dale Loiacano, M.D.
Charity Hospital of Louisiana
- Robert Lovitz, M.D.
Loma Linda University
- David Maddox, M.D.
Maine Medical Center
- Donald Manning, M.D.
Johns Hopkins University
- Jerry McCabe, M.D.
Texas Tech University
- Thomas McLoughlin, M.D.
University of Virginia
- Richard O'Flynn, M.D.
Hahnemann University Hospital
- John Panopoulos, M.D.
Albert Einstein College of Medicine
- Rajesh Patel, M.D.
Rush-Presbyterian St. Luke's Medical Center
- Keith Ruskin, M.D.
New York University
- John Secoy, M.D.
UMDNJ-New Jersey Medical School
- Matthew Shankle, M.D.
Providence Hospital, Southfield, Michigan
- Keith Stevens, M.D.
University of South Florida, Tampa
- Andrew Topf, M.D.
New England Medical Center
- Richard Tschoeke, M.D.
Oregon Health Sciences University
- Amir Tulchinsky, M.D.
University of Connecticut
- Doreen Wray, M.D.
Cornell University



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San Francisco



1991 ASA Annual Meeting
October 26-30

*Deadline for ASA Annual Meeting preregistration
is: **October 4, 1991***