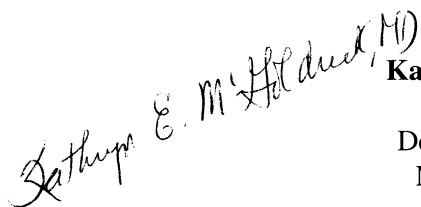


THE AMERICAN SOCIETY OF ANESTHESIOLOGISTS

A CENTURY OF CHALLENGES AND PROGRESS



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DEDICATION

To all members of the Long Island Society of Anesthetists, the New York Society of Anesthetists, the American Society of Anesthetists, and the American Society of Anesthesiologists who struggled and who continue to persevere in their quest to improve the "art and science" of anesthesiology we dedicate this book.

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FOREWORD

History of the American Society of Anesthesiologists

A benchmark anniversary such as the American Society of Anesthesiologists (ASA) Centennial is an occasion to assess where we have been as individuals and as an organization. The editors of this book have compiled a series of articles to remind us that our profession and the ASA have not always been as we know them. It is only through the dedication and commitment of those who came before us that our specialty enjoys its current stature and respect. During the past century each succeeding generation has built on the achievements of its predecessors to such a remarkable extent that our practices bear little resemblance to those of a generation or two ago.

Today we routinely care for patients who in the past would have been considered unacceptable risks. We guide them safely and comfortably through surgery that would have been unimaginably complex to anesthesiology's pioneers. I am confident that our current generation will continue to build on past achievements and that future anesthesiologists will regard prospective improvements in patient care with equal admiration.

On behalf of all ASA members it is my privilege to commend the editors and chapter authors for this excellent collection of articles that highlights the multiple areas in which the ASA and our profession have grown and changed.

Eugene P. Sinclair, M.D.
ASA President, 2004-2005

PREFACE

This book chronicles the history of the American Society of Anesthesiologists during the past century. Beginning as a small group interested in overcoming some of the challenges confronting the anesthesia community, the original nine members saw their society grow into a national organization that now boasts more than 40,000 members. Over the 100 years there were countless fascinating stories to be told, of triumphs and tragedies, of good ideas that were brought forth before their time, of conflict, strife, and eventual success. Through the years, however, the recurrent theme is the desire of the physicians of the Long Island Society of Anesthetists, the New York Society of Anesthetists, the American Society of Anesthetists, and the American Society of Anesthesiologists to advance the "art and science" of anesthesiology.

This book has many contributors, and reflects the voice not only of current scholarship in the field of the history of anesthesiology but also of the many members who lived through some of the events described within these pages. As editors, we are thankful for the diligence and dedication of all our authors, some of whom have labored over their manuscripts for the past three years. For several authors, this is their first foray into writing history; it is our hope that they will continue to pursue this new endeavor. Many voices help bring the past forward, blending their cadence to produce the intricate symphony that is anesthesia history. Without their efforts, this book would not have been possible.

We would also like to thank the tireless professionals at the Wood Library-Museum (WLM) of Anesthesiology. Mr. Patrick Sim, the head librarian, remains a constant source

of inspiration, kindness, and knowledge. There is no task Patrick will not undertake, no fact that he cannot check, all done with amazing alacrity and good humor. Ms. Karen Bieterman, the assistant librarian, follows closely in Patrick's footsteps. Her attention to detail, expertise, and cheerful attitude have made the task easier for all of our authors. Ms. Judith Robins, the WLM collections supervisor, has helped resurrect and organize many of the papers referred to within these pages. She, too, possesses Patrick's "can do" attitude with an eagerness that makes working with her a rewarding experience. This book is all the richer for the various documents that provide first-hand knowledge of the events of our shared history.

Finally, we would like to thank the officers, Board of Directors, and House of Delegates of the American Society of Anesthesiologists for their support for this book. They have imposed no restrictions upon us, and have encouraged the publication of this book at every turn. To our families and co-workers, who have suffered through the birthing pains of this book, we express our gratitude. Without their love, support, and understanding completion of this volume would not have been possible.

It is our hope that you will enjoy reading this book as much as we have enjoyed creating it. Happy 100th Birthday to the American Society of Anesthesiologists! We sincerely hope another generation will consider our book a resource for beginning their celebration of the 200th anniversary of the ASA!

Douglas R. Bacon, M.D., M.A.
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THE NEW YORK SOCIETY OF ANESTHETISTS: BUILDING THE FOUNDATION

Douglas R. Bacon, M.D., M.A.

When the Long Island Society of Anesthetists moved to Manhattan, it became the New York Society of Anesthetists. The group would be known by this name for 24 years. This time period can be divided into two major periods, one of growth and involvement in local and state issues, and another as an alternative national society. Yet during both, the society was trying to determine its place within organized anesthesiology. During the first period or growth phase, the practice of nurse anesthetists in New York State dominated the agenda of the society. In 1930, upon celebrating its 25th anniversary, the society would change its focus and work toward the recognition of anesthesiology as a physician specialty on a national basis.

A MOVE TO MANHATTAN

Although many of the original Brooklynite members of the society lamented the move to Manhattan, and the name change to the New York Society of Anesthetists (NYSA), the move demonstrated the success of the Long Island Society in both attracting members and increasing interest in the practice of anesthesia. At the February 7, 1912 meeting James Gwathmey (Fig.1) was elected president of the society. Gwathmey, an innovator in anesthesia, was practicing rectal installation of ether for labor analgesia. His leadership led the NYSA to prepare a motion to be presented before the

House of Delegates of the American Medical Association (AMA) in 1912. The motion requested that the AMA grant a section on anesthesia.¹

The motion was presented at the 1912 Annual Meeting of the AMA. The House of Delegates rejected the request. Feeling somewhat rebuffed, the physician anesthetists present met on June 12th to decide upon a new course of action. They organized a national society, the American Association of Anesthetists (AAA), which held its first meeting during the AMA meeting in Minneapolis, Minnesota on June 18, 1913.¹ The program (Fig. 2) for that meeting



Figure 1. James T. Gwathmey, M.D. (Photograph Courtesy of the Wood Library-Museum of Anesthesiology).

demonstrates that there were 10 papers, all of a clinical nature. Equally as important, that evening there was a banquet at the Hotel Leamington, which demonstrates that there was enough of a community to hold a social event in addition to the scientific meeting.² Put together by Francis Hoeffler McMechan (Fig. 3), the meeting was a success. During the next 10 years, Dr. McMechan would transform the AAA into the Associated Anesthetists of the United States and Canada (AAUSC) and create a network of societies to act as regional groups.³ It would be this national network with which the NYSA would eventually come into conflict.

The NYSA was largely ignored by McMechan as he built his national empire. Although a member of the NYSA, having joined in 1912, he was not well regarded by

at least a fraction of the society. Referred to as the “little corporal,” he was not given a leadership role within the organization, nor were his suggestions for the organization particularly well received.⁴ The society continued to hold three to four evening meetings each year, presenting papers and hearing experts on anesthesia from the local area, including Yandell Henderson, a physiology professor at Yale. The society concerned itself with local issues, and a membership push to involve all of New York State was undertaken.⁵ Physicians from as far away as Buffalo joined.

The minutes of the society during the 1920s reflect that the group spent a considerable time discussing what the mission of the group was. As McMechan’s AAUSC grew, it developed both a journal, *Current*

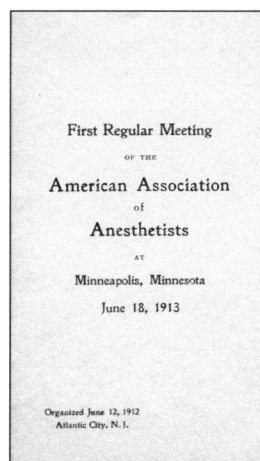


Figure 2. First Program of the Associated Anesthetists of America. (Courtesy of the Wood Library-Museum of Anesthesiology).

Researches in Anesthesia and Analgesia, and continued the annual meeting. By the 1920s, the Congress of Anesthetists, and many smaller joint meetings of McMechan’s regional societies, led the NYSA to consider



Figure 3. Francis Hoeffler McMechan, M.D. (Photograph Courtesy of the Wood Library-Museum of Anesthesiology).

holding a meeting only once a year. However, the executive committee continued to meet and, depending on the year and the political climate, the group could convene as frequently as twice or three times annually.⁶ Circumstances during the mid-1920s presented a political opportunity for the physician anesthetists of New York State.

YEAR 1926

The year 1926 was a pivotal one for the NYSA. The society was set to celebrate its 21st anniversary, and a bill of great interest to the group was under consideration before the Assembly of the State of New York. The annual meeting was a three-day affair, starting on Tuesday and ending on Thursday, and was held in the New York Academy of Medicine and various New York City hospitals. The statewide character of the NYSA

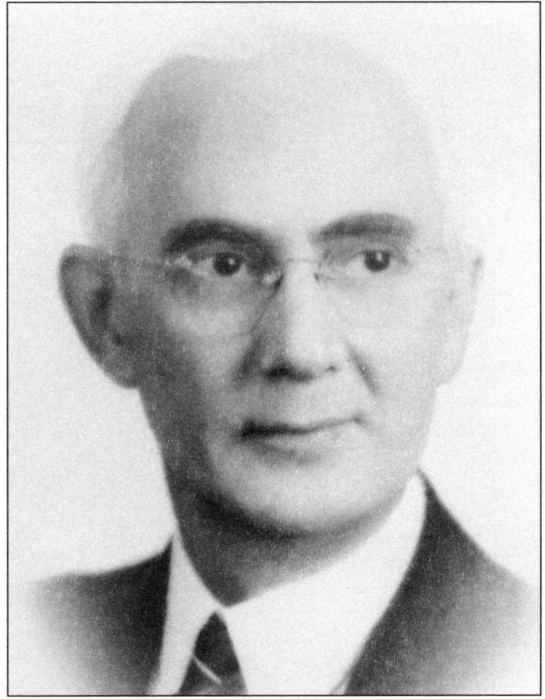


Figure 4. John Henry Evans, M.D. (Photograph Courtesy of the Wood Library-Museum of Anesthesiology).

was apparent; John Henry Evans (Fig. 4) from Buffalo gave a demonstration of gas-oxygen anesthesia for tonsillectomies, and Brian Sword (Fig. 5) of New Haven, Connecticut talked about carbon dioxide absorbance. The business meeting at the Academy featured Dr. Louis Booth's presentation concerning his testimony before the Assembly Public Health Committee on the Grossman Bill.⁷

In 1926 the Grossman Bill, proposed as a measure to increase physician anesthetists while limiting the practice of "lay" anesthetists across the state, was introduced into both houses of the New York State legislature. In the face of strong opposition by the Hospital Association⁸ and many surgeons, the NYSA was in strong support. The great concern was that there simply were not enough physicians able to give anesthetics in the state to keep all



Figure 5. Brian C. Sword, M.D. (Photograph courtesy of the Wood Library-Museum of Anesthesiology).

of the operating rooms open. By one estimation, about two-thirds of the operating rooms would have to close. The ensuing delays for surgical treatment would have brought forth both a public and a professional outcry against the physician anesthetists.⁹

As 1930 approached, little had changed on the political beat despite 18 years of effort. The AMA still opposed the formation of a section on anesthesia, and the New York State legislature was not willing to define the administration of anesthesia as solely a physician enterprise. A new approach was necessary. As the society was approaching its 25th anniversary, the NYSA had matured into a stable group, whose influence extended beyond the borders of New York State.

OCTOBER 1930

The silver anniversary of the society

occurred on October 6, 1930. To commemorate the event, a two-day celebratory meeting was organized. This event attracted physician anesthetists from across the country. Notable names who attended the meeting from outside New York City were Brian Sword of New Haven, Connecticut, Albert Miller of Providence, Rhode Island, Wesley Bourne of Montreal, Canada, Lincoln Sise from Boston, Massachusetts, Ralph Waters from Madison, Wisconsin, and Geoffrey Kaye from Australia. Francis Hoeffler McMechan, recovering from an episode of illness, could not attend, but sent his congratulations.¹⁰

The meeting was a great success. Adolph Erdmann was present. James Gwathmey, who gave the first demonstration and read the first paper at the Long Island Society of Anesthetists and was an "original member" of that special group, was also in attendance. At the business meeting, Paul Wood was elected Secretary-Treasurer for the first time.¹⁰ As events unfolded across the next 20 years, Wood's leadership would be critical in the transformation of the NYSA into a national organization.

During the next several years, as the Great Depression deepened, fiscal matters were on everyone's mind. Because administration of an anesthetic was a potential profit center for surgeons and hospitals, physician specialists were struggling. Surgeons could hire a nurse, or another individual, and have that person give the anesthetic. The surgeon charged an anesthetic fee, and the money collected was in excess of the salary paid to the "anesthetist." Hospitals likewise hired a nurse to give anesthetics and collected a fee that more than paid the nurse's salary. Finally, general practitioners (GPs) often would refer surgical cases to surgeons who would in turn use the GP as an anesthetist, and by administering the occasional anesthetic the GP increased his income.¹¹

Paul Wood was concerned about this situation as was the entire physician anesthetist community. The national organization, the AAUSC, had proposed the creation of an International College of Anesthetists to certify specialists in anesthesia. Ever the internationalist, McMechan wanted his college to certify specialists across the world under one umbrella. Thus, countries that did not have sufficient physician specialists to create their own certification organization could be certified. By 1931 the framework of this certifying body was under development and was to be presented at the 1932 Congress of Anesthetists.¹²

The problem with McMechan's International College as it developed, from the United States perspective, was twofold. First, without the support of the AMA, the certification was essentially meaningless in the U.S. McMechan and the AMA had been fighting for at least two decades over the issue of nonphysician administration of anesthetics in hospitals in the United States. Neither the AMA nor McMechan and his societies trusted each other, and consequently the AMA had nothing to do with the international college. The second problem was that the clinical criteria upon which fellowship was based were weak. Only 10 cases needed to be described, along with lessons learned from the case, to qualify for certification. In one case, an intern who spent a month giving anesthetics completed the college's requirements and was certified. In another instance, a surgeon, who gave the occasional anesthetic, submitted the necessary paperwork and was certified. He then attempted to secure a hospital position as chief of anesthesia.¹³ By the mid 1930s, the NYSA decided to create a certification process that would be recognized throughout the United States.

A SEAL

While the debate continued about which certification process for physician anesthetists was the correct direction in which to proceed, Paul Wood designed a seal for the society. Rather than looking to historical figures or Greco-Roman mythology, as others had done, Wood turned to common symbols to describe the task of the anesthesiologist.¹⁴

His seal (Fig. 6) consisted of:

"...the pilot wheel, perfect circle, shield, stars, clouds, moon, ship, sea and lighthouse. The motto is VIGILANCE. The patient is represented as (a ship) sailing the troubled (sea), with the (clouds) of doubt and (waves) of terror being guided by the skillful (pilot) ([physician] anesthetist) with constant and eternal (stars) vigilance (motto) by his dependable (firmly based lighthouse) knowledge of the art and science of sleep (moon) to a safe (shield) and happy outcome of his voyage through the realms of the unknown. The perfect circle denotes unity of a closed group (the Society)."¹⁵

Wood originally suggested that the seal

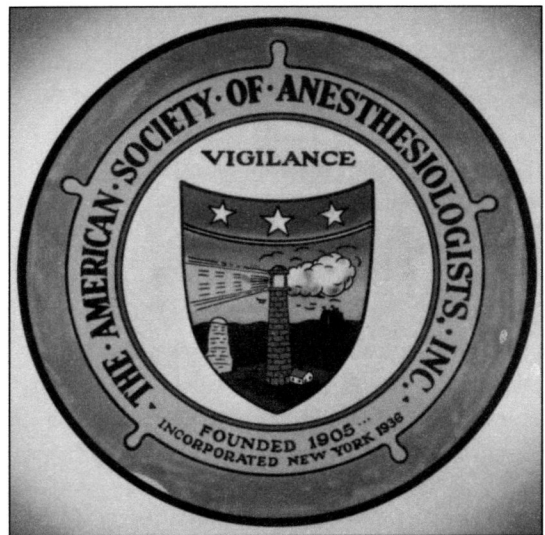


Figure 6. Seal of the American Society of Anesthesiologists. (Courtesy of the ASA).

should be in color with:

“Silver for the stars, gold for the moon, gray to black for the clouds, brown for the lighthouse base, white for the shaft, white for the beams, blue for the ship, brown for the pilot wheel, letter black, entire background a pale medical green.”¹⁴

The seal, in black and white, was approved in 1931.¹⁶

CERTIFICATION

By 1935 it was clear that the International College had failed, and their fellowships were not popular, with fewer than 35 fellows in two and one-half years. Wood and the NYSA began to develop a plan for certification that would be acceptable to the AMA. They created a type of membership called Fellows. Working with Anaesthetists' Travel Club founder and NYSA member John Lundy (Fig. 7), Wood developed a plan to create a Section on Anesthesia within the Council on Scientific Assembly in the AMA.

The Section on Anesthesia was the springboard for a specialty board. In 1917 the section on Ophthalmology had been established within the AMA to help eye specialists deal with concerns within their practice. Otolaryngology was next in 1924, with their own section. By 1934 the AMA had organized nine sections. In addition to the two already mentioned, these sections included Obstetrics and Gynecology (1930), Dermatology (1932), and Pediatrics (1933); Radiology, Psychiatry and Neurology, Orthopedic Surgery, and Colon and Rectal Surgery were created in 1934.¹⁷ Thus, anesthesiology needed the AMA to help them with certification. In 1933 the AMA had approached McMechan about forming a sec-



Figure 7. John S. Lundy, M.D. (Photograph Courtesy of the Wood Library-Museum of Anesthesiology).

tion and he turned down the request,¹⁸ no doubt still concerned about the AMA's policies with regard to nurse anesthesia. Lundy realized that McMechan had so angered the AMA that an independent section was now impossible.

An alternative approach was necessary, and the search for a section home for anesthesia began. The Section on Pharmacology and Therapeutics seemed most logical, and a name change to the Section on Pharmacology, Therapeutics, and Anesthesiology could complete the process.¹⁹ Part of the attractiveness of this particular section was that Chauncey Leake, a good friend of Ralph Waters and anesthesiology, was the section chair. At the suggestion of the AMA's secretary, Olin West, Lundy set about and wrote to each member of the section requesting input regarding this proposed change.²⁰

All of the 21 members of the section wrote back to Lundy, with 20 in favor. More importantly, all of the officers of the section fully endorsed the project, including Chauncey Leake. The surprising holdout was Erwin Schmidt, Professor and Chair of Surgery at Madison and Waters' supporter and good friend. He wrote, "My reaction is that it would be rather unfavorable to include anesthesia in the Section of Pharmacology and Therapeutics because I feel that anesthesia covers a large enough field to be separated from the rest. It can have some interrelationship but it really would be better, in my opinion, to have a separate division." Leake wrote back to Lundy on October 9, 1935, "I agree with you fully that it would be most appropriate for the anesthetists to become members of the Section of Pharmacology and Therapeutics of the AMA. It should make an admirable section of their scientific and clinical work, and I feel sure that their presence would materially strengthen the section."²¹

While negotiations were going on at a national level for a Section on Anesthesiology, the NYSA reactivated its Fellowship Committee. On October 10, 1935, the first group of Fellows was elected by unanimous vote.²² The founders were:

T. D. Buchanan
William Branower
E. Leslie Burwell
Bernard H. Eliasberg
Simon D. Ehrlich
Archer C. Bush
Robert B. Hammond
George W. Tong
Paul M. Wood
Max L. Solkow

There were 41 requests for fellowship awaiting the new committee and new fellows for

approval.¹⁶ With fellowship criteria closely matching AMA standards, the NYSA was soon transformed into a national society.²³

Three weeks later, on November 1, 1935, Lundy mailed a letter to Olin West, secretary of the AMA. Lundy included all of the original letters written in favor of his proposal, and emphasized that there were four reasons why a section was important to the physician anesthetists. First, Lundy stated that the physician anesthetists have no home in the AMA; secondly, recognition by the AMA would be necessary to the maintenance of a functioning specialty board; thirdly, by a trial arrangement, anesthetists could be admitted to the Section on Pharmacology and Therapeutics and the name of a section could be changed to reflect this addition. Finally, section officers and leading members favored the idea.²⁴

On November 25th, immediately following the meeting of the Council on Scientific Assembly, Lundy received a letter from Chauncey Leake. It came as a great surprise, for Leake wrote:

"...after studying your proposal that the Section on Pharmacology and Therapeutics of the AMA be open to anesthetists, I am of the opinion that it might be easily arranged under certain rather definite conditions. In the first place, it would hardly be feasible to alter in any way the constitutions or traditions of the section in order to accommodate the anesthetists. Secondly, it seems preferable that the anesthetists enter the section as individuals rather than as a group specifically designated as anesthetists. Thirdly, it seems unwise to arrange for special anesthesia programs in the section unless occasion demands a joint symposium on anesthesia with some other section. I am very much of

the opinion personally that anesthesia is enough of a specialty now to deserve a section of its own in the AMA. If it cannot be accomplished then perhaps the best way is to have the anesthetists join as individuals whatever section seems appropriate to them and to present what work they may wish to report before such a section.”²⁵

Why did this happen? There remains no good documentary evidence for this abrupt change of heart. Additionally, Frank Lahey, the head of the Council, had corresponded with Lundy that he was in favor of having the anesthetists join in the Section of Pharmacology and Therapeutics.²⁶ The decision had to have been made outside of the Council. Philip Woodbridge, who was one of the physician anesthetists at the Lahey Clinic in Boston, wrote Lundy saying that, after speaking with Lahey, he or his partner Lincoln Sise would tell Lundy what happened at the Travel Club meeting in New Orleans the following December.²⁷

Unfortunately, there is no existing written record of what Sise told Lundy. There is, however, some indirect evidence. Four years

later, on June 29, 1939, when Francis Hoeffler McMechan died, John Lundy wrote to James E. Pallin, who was running the Council of Scientific Assembly. The letter stated, “Dr. McMechan controlled the organization of anesthetists very largely up until his death. While he lived, AMA was unwilling to do much for the anesthetists for fear that he would come into control of it.”²⁸

CONCLUSIONS

The NYSA in 1912 was a small society that had just made the jump from Brooklyn to Manhattan. For the next 23 years the society struggled to define itself within the American medical political scene and discovered first a need for the group within New York State and, eventually, the entire United States. There was reluctance to follow the lead of McMechan without some measure of independence on a national basis. That independence created the society’s mission to certify physicians as specialists within the confines of AMA criteria and would transform the NYSA into a national anesthesia organization. Along the way, the society accepted a seal that proclaimed the mission of the specialty for all to see.

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Franco A, Bacon DR, Ruprecht J, Alvarez J (eds). *The History of Anesthesia*. Amsterdam: Elsevier; 2002:371-376.

20. Letter from Olin West to John Lundy October 1, 1935. The Collected Papers of John S. Lundy, Mayo Foundation Archive, Rochester, Minnesota.
21. Carbon copy of a letter from John S. Lundy to Frank H. Lahey, November 1, 1935. The letter contained excerpts from the original letters as an attachment. The Collected Papers of John S. Lundy, Mayo Foundation Archive, Rochester, Minnesota.
22. [Anon.]. Minutes of meeting of the New York Society of Anesthetists, October 10, 1935. The Collected Papers and Minutes of the Long Island, New York, and American Society of Anesthetists. Wood Library-Museum of Anesthesiology Collection, Park Ridge, Illinois.
23. For more information on Fellowship, please see Chapter 11 on the American College of Anesthesiologists.
24. Carbon copy of letter from John S. Lundy to Olin West, November 1, 1935. The responses of the various members of the Section were abstracted and added to the letter as an attachment. The Collected Papers of John S. Lundy, Mayo Foundation Archive, Rochester, Minnesota.
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27. Letter from Philip D. Woodbridge to John S. Lundy, December 20, 1935. Collected Papers of John S. Lundy, Mayo Foundation Archive, Rochester, Minnesota.
28. Carbon Copy of a letter from John S. Lundy to James E. Pallin, October 2, 1939. The Collected Papers of John S. Lundy, Wood Library-Museum of Anesthesiology Archive, Park Ridge, Illinois.