



AHA

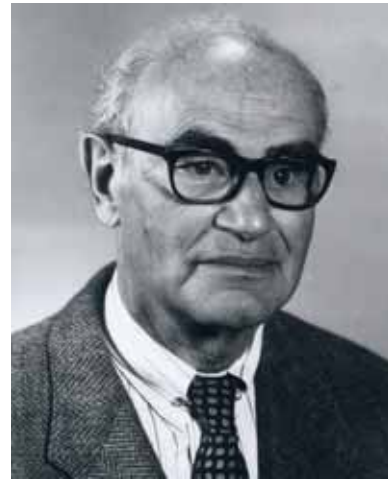
BULLETIN OF ANESTHESIA HISTORY



VOLUME 22, NUMBER 3

JULY, 2004

Leroy David Vandam, M.D. Anesthesiologist and Artist 1914 - 2004



Watercolors by Dr. Leroy Vandam, 1994. Top left, The Morton House II; top right, The Waters-Morton House; bottom left, The Morton House I; and bottom right, The Red Barn.

History at the ASA 2004 Annual Meeting

Forum on the History of Anesthesia

The ASA at 100: A History
October 25, 2004
2:00 - 4:00 PM
Las Vegas Hilton - Pavilion 4

Objectives: The learner will understand several important points in the history of the American Society of Anesthesiologists and how those decisions affect the current structure of the ASA.

Moderator
Douglas R. Bacon, M.D., M.A.
Professor of Anesthesiology and History of Medicine
Mayo Clinic College of Medicine
Rochester, Minnesota

In the Beginning: The Long Island Society of Anesthetists and Adolph Frederick Erdmann

James C. Erickson, III, M.D.
Emeritus Professor of Anesthesiology
Northwestern University
Chicago, Illinois

The Creation of ASA

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

The 1960s - The ASA Comes of Age

Adolph H. Giesecke, M.D.
Former Jenkins Professor of Anesthesiology
University of Texas Southwestern Medical Center
Dallas, Texas

The American College of Anesthesiology

Peter L. McDermott, M.D., Ph.D.**
Past President
American Society of Anesthesiologists
Camarillo, California

The Issues of the 1980s - The ASA and Professionalism

Bradley E. Smith, M.D.
Professor of Anesthesiology, Emeritus
Vanderbilt University School of Medicine
Nashville, Tennessee

History - Foundations of Anesthesiology

October 26, 2004
3:15 - 5:15 PM
Las Vegas Hilton - Ballroom E

Objectives: The learner will understand the importance of the Foundations to the specialty of Anesthesiology in the United States.

Co-Moderators
Douglas R. Bacon, M.D., M.A.
Professor of Anesthesiology and History of Medicine
Mayo Clinic College of Medicine
Rochester, Minnesota

Maurice S. Albin, M.D., M.Sc.
Professor of Anesthesiology
University of Alabama at Birmingham
Birmingham, Alabama

From Roslyn Boat House to Showplace of Park Ridge - The Wood-Library Museum

George S. Bause, M.D., M.P.H.
Associate Clinical Professor
Case Western Reserve University
Cleveland, Ohio

Anesthesia Patient Safety Foundation: History of a Success Story

Robert K. Stoelting, M.D.
President, Anesthesia Patient Safety Foundation
Indianapolis, Indiana

The Foundation for Anesthesia Education and Research: Taking A Long Bet on the Future

Alan D. Sessler, M.D.
President, FAER
Rochester, Minnesota

Caring for Residents - The Anesthesia Foundation

William D. Owens, M.D.
Professor of Anesthesiology
Washington University School of Medicine
St. Louis, Missouri

Why Bother - The Importance of the Foundations to the ASA and the Specialty

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

Letter to the Editor

Dear Editor:

There is a mistake in the Simon and Rabin article paying tribute to Dr. Gertie Marx -- [*Bull Anesth Hist* 22(2)] page 9, paragraph 3 -- she was not a founder of SOAP.

I have a dear warm spot in my heart for Gertie, but she was not among the founders of SOAP. She did not attend the meeting at which we selected names for our organization and did attend the first meeting of SOAP. She was not one of the SOAP founders, though she was an avid attendee.

SOAP did honor our founders in 2002

and the history of the organization is well documented by Dr. Brad Smith.

Sincerely,
Robert F. Hustead, M.D.

AHA2005 Call for Abstracts

Anesthesia History Association
12th Annual Spring Meeting
April 6-7, 2005
Sheraton Birmingham Hotel
Birmingham, Alabama

Call for Abstracts

What: Abstracts for 20-min. papers are invited on historical aspects of anesthesia, critical care medicine and pain medicine. Abstracts on medical humanities or ethical topics that relate to the history of one or more of these broad areas are also invited. Abstracts should be no longer than two or three pages in length; text should be in 12-point font size. If possible, abstracts should indicate the research problem, sources used, methodological approach and should contain no more than fifteen references. An excellent guide/bibliography for abstract preparation is available on the annual meeting page of the American Association for the History of Nursing.

Abstracts may be submitted by regular mail, fax, or electronic mail [in plain text format]. Disc submission in Word is also permitted. Abstracts submitted in electronic format may be made available to registrants in advance of the meeting and on the AHA WWW site as decided by the Organizing Committee. ALL accepted abstracts will be included in material distributed to meeting registrants.

Individuals who wish to organize a paper session around a theme should contact the committee as soon as possible.

Further updates, tentative program, and other material can be found on the conference web page at www.anes.uab.edu/aneshist/aha2005.htm.

WHEN: Deadline for submission of all abstracts is 31 January 2005.

WHO: Send abstracts, inquiries, etc., to: A.J. Wright, MLS
Dept of Anesthesiology Library
University of Alabama at Birmingham
619 19th Street South, JT965

Montreal Children's Hospital

By C. Ronald Stephen, M.D.

Through the years postage stamps have been used for other purposes than mailing a letter. They are also issued to commemorate events, celebrate famous people, and recall historical happenings.

On May 6, 2004, the Canada Post issued a stamp of particular interest to readers of the Bulletin. It is an attractive stamp, showing three Teddy Bears, one of which has a stethoscope hanging about its neck, one has the nose covered with an oxygen mask, and the third is shown receiving an intravenous drip solution. In the background is a nurse with a mask on her face and the face of a physician. (Figure 1)

This stamp was issued to celebrate the 100th anniversary of the founding of the Montreal Children's Hospital. It is of particular interest to the author of this story because he was Chief of Anesthesia at this hospital from 1947 to 1950, when it was called The Children's Memorial Hospital.

The hospital was founded in 1904, by Dr. Alexander Mackenzie Forbes, an orthopedic surgeon. He rented a small building which could accommodate about 15 children. In 1909, a new purpose-built hospital was erected. Since 1920, the hospital has been affiliated with McGill University as a teaching hospital.

In 1956, the hospital moved again to its present location and its name changed to Montreal Children's Hospital.

Since 1997, the hospital has been part of the McGill University Health Center, specializing in the care of infants and children, including cardiac surgery, neurosurgery, and reconstructive surgery.



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The *Bulletin*, formerly indexed in Histline, is now indexed in several databases maintained by the U.S. National Library of Medicine as follows:

1. Monographs: Old citations to historical monographs (including books, audiovisuals, serials, book chapters, and meeting papers) are now in LOCATORplus (<http://locatorplus.gov>), NLM's web-based online public access catalog, where they may be searched separately from now on, along with newly created citations.

2. Journal Articles: Old citations to journals have been moved to PubMed (<http://www.ncbi.nlm.nih.gov/PubMed>), NLM's web-based retrieval system, where they may be searched separately along with newly created citations.

3. Integrated History Searches: NLM has online citations to both types of historical literature -- journal articles as well as monographs -- again accessible through a single search location, The Gateway (<http://gateway.nlm.nih.gov>).

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Manuscripts *may* be submitted on disk using Word for Windows or other PC text program. Please save files in RICH TEXT FORMAT (.rtf) if possible and submit a hard copy printout in addition to the disk. Illustrations/photos may be submitted as original hard copy or electronically. Photographs should be original glossy prints, **NOT photocopies, laser prints or slides**. If submitted electronically, images must be at least 300 dpi and saved as tif files. Photocopies of line drawings or other

Obituary: Leroy David Vandam

January 19, 1914 – April 8, 2004

By Elliot Miller, M.D.

A great man of many talents and virtues has passed. Dr. Leroy David Vandam died this Spring during a brief bout of pneumonia in his 91st year. He joyously celebrated his 90th birthday in January amid his two sons, their families and numerous friends from around the US.

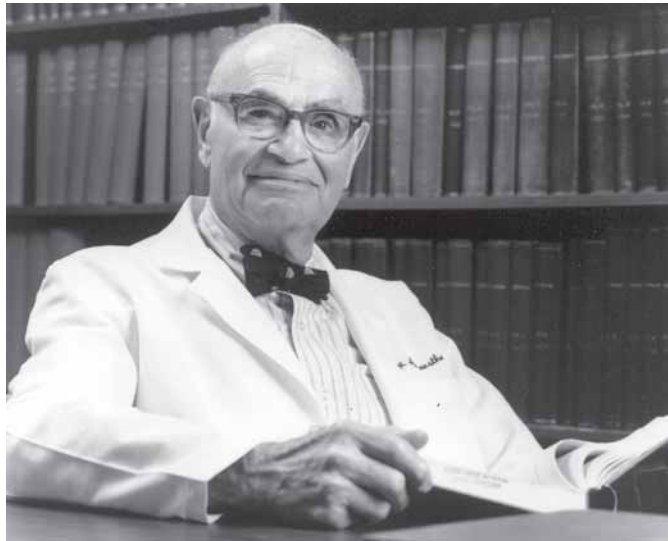
Dr. Vandam was born in New York City where his father was a very successful businessman and a frequent painter of Dutch scenes. He studied art and pre-medical courses at Brown University graduating magna cum laude. He found the choice between a career in art and medicine to be very difficult. Dr. Vandam received his medical degree from New York University College of Medicine in 1938. He was trained in surgery at the Beth Israel Hospital in Boston where he became chief resident.

An eye injury occurred while serving in the Army Medical Corps which led to prolonged difficulties and eventually to extirpation to protect the vision in his remaining eye. Part of this time required extensive treatment which he used to have a simultaneous surgical fellowship at Johns Hopkins University. Here Dr. Vandam conducted many studies with Dr. Alfred Blalock and Dr. Helen Taussig. Again he struggled with a career choice. Dr. Austin Lamont, Chief of Anesthesia, suggested a change to anesthesia.

When Dr. Lamont moved to the University of Pennsylvania, Dr. Vandam followed shortly in 1949. Even as a resident in anesthesia, he was one of the oldest people in the department at the Hospital of the University of Pennsylvania. In 1954, Dr. Vandam moved to Boston to lead the Department of Anesthesia at Peter Bent Brigham Hospital, a position he had until his retirement in 1979. He trained numerous residents in anesthesia, many of whom later chaired departments and were leaders around the world.

Roy, as his friends called him, has been described as 'the consummate clinician, a marvelous teacher, a superb man of letters and a gifted water colorist.'

He was intolerant of those whom he found lacking in care for patients and said "There is no excuse for putting people to sleep and not having a relationship with them. The real exchange is a psychological one." Dr. Vandam's expectations of his residents were always high, and always higher



than their current level of performance. He expected the same of himself as an anesthesiologist, as an artist, as a writer and as an editor. As a clinician, he gave anesthesia to the patients for the first kidney transplants.

Dr. Vandam returned to painting in 1949, after several quiet years and continued to create water color paintings of Nantucket, Maine, and other familiar subjects through his remaining years. Each painting became a highly coveted prize.

Dr. Vandam was an editor of the *New England Journal of Medicine* for years and Editor-In-Chief of *Anesthesiology*. During his tenure he changed *Anesthesiology* from being principally a trade journal to one of the most respected scientific journals in the field as it is today.

The book **Introduction to Anesthesia** which he co-authored with Robert Dripps and James Eckenhoff has been a classic for fifty years. With them, Dr. Vandam also co-authored the classic papers on the complications of spinal anesthesia. He was a prolific writer including many other papers and books.

Dr. Vandam was a marvelous teacher and a captivating speaker. His lecture on the anatomy and function of the larynx was also in the classical domain. He gave many eponymous lectures around the world including the prestigious Rovenstine Lecture in 1979. Dr. Vandam was visiting professor at more than forty institutions

while he served as Professor of Anesthesia at Harvard Medical School.

In 1977, he received the Distinguished Service Award of the American Society of Anesthesiologists, and in 1988 received the Citation of Merit of the Academy of Anesthesiology as well as many other awards. In the last couple of years, he was severely frustrated by a diminished ability to walk. He died peacefully of pneumonia at a hospital near his home in Westwood.

Dr. Vandam was preceded in death by his wife, Regina Phyllis Rutherford Vandam, originally of Clarksburg, West Virginia. He is survived by two sons, Albert of Scituate, Massachusetts, and Samuel of Portland, Maine, five grandchildren and one great grandson. A memorial service was held at Memorial Church, Harvard University, June 2.

Duncan Asa Holaday, M.D.

[January 3, 1916 – May 11, 2004]

By Bradley E. Smith, M.D.

An admired and highly respected professor, scientist, clinician, and pioneering anesthesiologist, Duncan Asa Holaday, M.D., has left us. He devoted his life to advancing medical care, expert investigation of medical mysteries, and teaching and mentoring other teachers. He had been Head of the Department of Anesthesiology at the University of Chicago, and had served on the faculties of Columbia University and the University of Miami. His last academic post was as Professor of Anesthesiology at Vanderbilt University.

The regard in which he is held is partially attested by the many honors, titles, and appointments awarded him in a number of fields.

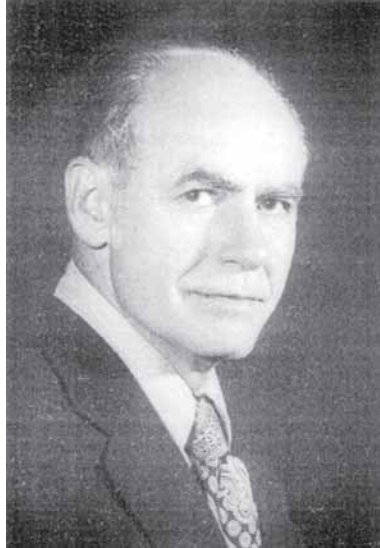
He was elected to become a charter member of the "Association of University Anesthesiologists" (AUA) at its inception in 1953, and served several terms in important positions in AUA. He was elected to Fellowship in the New York Academy of Medicine in 1956, to American Men of Science in 1957, and to American Men of Medicine in 1961.

Dr. Holaday was one of the earliest physicians in America to recognize the need for establishment of the entire profession of Respiratory Therapy Technologists, including upgraded training and an expanded role in medical care. He worked tirelessly toward this goal, and has been termed "The Father of the Respiratory Therapist Profession."

Dr. Holaday served on the National Board of Respiratory Therapy from 1960 through 1975 (from 1960 through 1970 as Vice-President, and from 1970 through 1975 as President of the Board of Trustees). He also served on the Advisory Board of the American Association of Inhalation Therapists from 1959 through 1964, and as its Chairman in 1963 and 1964.

He was a key member of the American Society of Anesthesiologists (ASA) Committee on Respiratory Therapy from 1961 through 1978 and in 1975 The House of Delegates of the ASA voted a rare "Special Commendation" to Dr. Holaday in recognition of his many years of effective activity on behalf of the field of Respiratory Therapy.

Horace Holaday, Ph.D., was the Director of Biological Sciences for Squibb Pharmaceuticals. It was he who had the vision



and drive to devise a purification process for curare, develop a standardization test, and christen it with the first brand name, "INTOCOSTRIN." Horace then influenced a physician (Dr. Lewis H. Wright) to seek its introduction into human use (ultimately, by Dr. Harold R. Griffith) (*Anesth Analg* 1977;56:305-319) in 1942. During the summer of 1940, Duncan worked in his father's laboratory during the time this process was taking place.

Duncan Holaday graduated from the University of Chicago in 1940 as Bachelor of Science, and went right on to graduate from the University of Chicago Medical School in 1943. His Internship and Anesthesiology Residency followed immediately at St. Luke's Hospital in New York City, under Dr. Edwin Burford. He then served in the United States Army in both the Philippines and South Korea.

Following Army service, perhaps his defining professional decision came when, despite the overwhelming clamor for trained anesthesiologists in private medical practice at the time, he was offered and chose to accept a three year Sharpe and Dohme Fellowship in Experimental Pharmacology at the Johns Hopkins Department of Pharmacology under Professor E.K. Marshall, Jr., his mentor. His very first publications, written during this same time period, appeared in *Anesthesiology* and the *New England Journal of Medicine!*

At the end of this Fellowship he was

immediately recruited to become Director of Research in the Department of Anesthesiology at Columbia University by none other than Dr. Virginia Apgar, the Head of the Division of Anesthesiology. Thus began a warm and fruitful relationship, which lasted throughout her life. In 1959 Dr. Holaday became Head of the Division of Anesthesiology at his alma mater, the University of Chicago, and later returned to his favorite job description as Director of Anesthesia Research at the University of Miami, and later still at Vanderbilt University before his retirement.

His publications and collaborations throughout his life reveal repeated themes: his love and talent for mentoring young investigators; his insatiable drive to seek out and reveal the basic unifying causes for clinical problems; and his uncanny ability to break new ground in important clinical applications of research. For clinician anesthesiologists of the twenty first century his almost single handed responsibility for revealing the usefulness and safety of sevoflurane anesthesia is enough to insure his place in history; but throughout his long productive life there were also other great achievements.

At that time the etiology of the rare liver toxicity of halothane was not yet understood. A new problem of renal toxicity associated with methoxyflurane anesthesia had received wide interest, but had not yet been completely worked out. Dr. Holaday was not only the first to investigate degradation of the offender, methoxyflurane in man, but the first to carry out systematic longitudinal observation and careful accounting for all of the breakdown products of an anesthetic for several days after exposure. [With characteristic élan and sense of responsibility, he used his own body as a subject of the study!] (*Anesthesiology* 1970;33:589-593). He later studied the degradation of several anesthetics, including fluroxene, enflurane, and isoflurane. These observations equipped him to predict correctly the future of sevoflurane.

The last years of Dr. Holaday's academic career continued to be consumed with mentoring other scientists. At Vanderbilt, he collaborated and published with J.R. Kambam and W.C.V. Parris, both of whom became full professors, and M.L.

Continued on Page 6

Holaday. . . *Continued from Page 5*

Berman (already a professor), among the many that he influenced. He continued a heavy load of clinical work in the operating theater, including a full share of overnight "call" duty until he was 70 years of age, and remained full time or part time in active academic work until he was 75.

Happily, he enjoyed several years in Hendersonville, North Carolina, and Sanibel Island, Florida, with his wife, Anita, and near their daughter Phyllis. Sadly, Dr. Holaday's last years were darkened by progressing Alzheimer's disease. However, his family reports that he never was robbed of his dignity, his compassion for others, nor his remarkably pleasant disposition.

His survivors include his wife of 63 years, Anita Christ Holaday, and all of their five children: Phyllis, Susan Holaday Schumacher, Duncan Holaday, Linda Holaday Shaikh, Thomas Holaday; six grandchildren; and two sisters, Julie Holaday Meagher, and Marianne Holaday Macphail.

For those who may wish, the family suggests donations in memory of Dr. Holaday might be made to The Hospice at Shell Point or the Heart of It All Campaign at the Pavilion, Shell Point, Fort Meyers, Florida 33908.



The Sixth International Symposium on the History of Anaesthesia

14th to 18th September 2005



Queens' College, Cambridge, United Kingdom

The John Bullough Prize

First Call For Papers

For all persons in training on 31st December 2004, there will be the opportunity to compete for the John Bullough Prize at the Sixth International Symposium on the History of Anaesthesia. Essays on any topic in the history of anaesthesia will be accepted. This includes, but is not limited to anaesthesia, resuscitation, analgesia, pain medicine, critical care medicine, and veterinary anaesthesia. The best five papers will be presented before an international panel at the meeting, and the prize awarded, following adjudication. Papers deemed of sufficient merit, but not the final five, will also be offered the opportunity to present during the Symposium.

All papers and presentations are to be in English which will be the language of the Symposium. All papers must be received by Dr. Adams by 11th January 2005

Further information from:

Dr. Neil Adams, Honorary Secretary, History of Anaesthesia Society, Department of Anaesthesia, West Suffolk Hospitals NHS Trust, Hardwick Lane, Bury St Edmunds Suffolk IP33 2QZ, United Kingdom

adams118@keme.co.uk

Dr. Douglas Bacon MD MA, Mayo Clinic Department of Anesthesiology, 200 First Street SW, Rochester, MN 55905, United States of America

bacon.douglas@mayo.edu

The winner will receive a cheque for £1000 and an item of engraved glass, the runners up will receive £300 and £200 respectively. These awards have been kindly donated by Mrs Regina Bullough to commemorate her late husband, Dr. John Bullough. A Consultant Anaesthetist at the Dartford Group of Hospitals in 1963 he successfully resuscitated a young woman at the road side following a traffic accident, an event which gained national media coverage.



Dr. John Bullough

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

Three typed copies of a 1000-3000 word essay written in English and related to the history of anesthesia, pain medicine or critical care should be submitted to:

William D. Hammonds, M.D., M.P.H.
Professor of Anesthesia
Director of Pain Outcomes Research
Department of Anesthesia
University of Iowa
200 Hawkins Drive, 6JCP
Iowa City, IA 53342-1079
U.S.A.

william-hammonds@uiowa.edu

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

This award, which has a \$500.00 honorarium, will be presented at the AHA's annual dinner meeting to be held in October, 2004, in Las Vegas, NV. This dinner is always held during the annual meeting of the American Society of Anesthesiologists. The paper will be published in full in the *Bulletin of Anesthesia History*.

All entries must be received on or before August 23, 2004.

The Anaesthetists' Travel Club: A Transformation of the Society of Clinical Surgery?

By Ronald A. MacKenzie, D.O.

Assistant Professor of Anesthesiology,

David P. Martin, M.D., Ph.D.

Assistant Professor of Anesthesiology
and

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

Professor of Anesthesiology and the History of Medicine

Mayo Clinic College of Medicine

Rochester, Minnesota

This article has been peer reviewed and accepted for publication in the Bulletin of Anesthesia History.

Support: The Department of Anesthesiology, Mayo Clinic, supported this work.

Summary Statement: *There is a remarkable similarity between the purposes and formats of the Society of Clinical Surgery and the Anaesthetists' Travel Club. The Travel Club's founder, John Lundy, worked closely with two charter members of the Society of Clinical Surgery, William J. and Charles Mayo.*

Anesthesiology and surgery are inexorably linked. Surgery has been practiced since ancient times, limited until the late nineteenth century by the twin demons of infection and pain. By contrast, anesthesiology, the conqueror of surgically induced pain, is a young specialty. First publicly demonstrated on October 16, 1846, it has been practiced for less than two hundred years. However, there are certain parallels in the development of professional organizations between the two specialties.

After the introduction of anesthesia in the 1840s and asepsis in the 1870s, surgery as a therapeutic modality entered a golden age. The American Surgical Society became the place for senior surgeons to discuss their work and the politics of organized surgery in the late nineteenth and early twentieth centuries. A similar organization in anesthesiology lagged some thirty years behind. The Associated Anesthetists of America first met in 1913, and with a name change to the Associated Anesthetists of the United States and Canada in 1926, became the dominant national organization in anesthesiology. The established, senior clinicians of the field, dominated both the American Surgical Society and the Associated Anesthetists of the United States and Canada. Young, academically oriented physician anesthetists had no organizations responsive to their needs.

At the turn of the twentieth century, Albert Oschner, William J. Mayo, and Harvey Cushing, who were publically unknown surgeons at the time, decided to

form a society devoted to clinical innovation within surgical practice. The group was part of a political reaction against a more staid surgical society. Almost thirty years later, John Lundy, chair of the section on anesthesia at the Mayo Clinic created the Anaesthetists' Travel Club, which was devoted to new and innovative practices in anesthesiology. His group was also a reaction against the established political order in anesthesiology. The circumstances under which these two societies were formed are remarkably similar. Given Lundy's desire to establish the group, and his daily interreactions with charter members and others of the Society of Clinical Surgery, was the surgical society used as a template to form the Anaesthetists' Travel Club?

Society of Clinical Surgery

In August of 1900, Albert Oschner, William Mayo, and Harvey Cushing were attending the Thirteenth International Medical Congress in Paris, France. Bored and tired, they had left the convention hall and were viewing the Seine River at the Pont d'Alexandre. They began discussing the meeting, and decided that "a succession of papers and polyglot we could ill understand" had tired them all. They further agreed that the best part of the Congress had been watching "that ambidextrous genius Dr. Doyen in his newly erected private hospital" do a complete mammary resection for cancer in seven minutes without regard for hemostasis. Cushing commented that it was his desire to "see others of our ilk in their true colors. Both of my companions confide this is just the sort of thing they had been doing."¹

Consequently, the three of them decided that a new society should be organized that would allow surgeons to visit one another

and actually see what they were doing rather than simply giving and listening to lectures. William Mayo reiterated his earlier response – he had been doing this for years. In 1902, a visit by William Mayo and George W. Crile to Cushing brought the idea forward. Mayo and Crile were enthusiastic and this encouraged Cushing.¹

Cushing felt there was a need to bring young, dynamic surgeons together to discuss their newest cures. He put together a meeting in New York City on July 11, 1903. George Brewer, Crile, John Monroe, James Munford, Charles Frazier and William Mayo were invited. Unfortunately, Mayo was unable to attend, and Cushing could not come due to the pending birth of his first child. The assembled group decided that a new society was necessary. On November 12th, 1903 the organizers again met to formalize the rules of membership. The mission of the Society of Clinical Surgeons was clinical teaching and research. The organization would be a young men's club; the upper age limit was 55. As such, it was also a political reaction to the American Surgical Society, a group Cushing described as "a superannuated body exuding a faint aroma of carbolic acid and iodiform gauze." The American Surgical Association was the "blue ribbon" for surgeons, and its hierarchical nature enabled the senior members to present, time and time again, the same ideas they had presented in the past. This situation left little room for the younger generation of surgeons. Therefore, this newly formed group was to focus primarily on clinical topics and would not be based on scientific paper presentations.¹

Rules of the meeting were established:

Continued on Page 8

Travel Club. . . *Continued from Page 7*

1. Thou shalt not read a formal paper.
2. Thou shalt not publish anything presented at a meeting.
3. No minutes shall be read and the business meeting shall be only long enough to elect officers and decide upon the next meeting place.
4. The members shall go to the hospital where the surgeon who is to entertain the society operates, because the society wishes to see what the host is doing, to know what he believes in, and what he opposes.
5. Visiting fellows shall be free to ask questions at the meetings.
6. The host shall not provide any entertainment beyond the product of his head and hands.
7. The visiting fellows are to be provided a simple dinner; so simple as not to interfere with the surgical discussions; the cost will be prorated and billed to the members that participate.¹

The group was indeed a young men's club. Of the original thirty-six members, seventeen (47 percent) were between the ages of 30 and 39, eighteen (50 percent) were between the ages of 40 and 49, and one was 51. The average age was 41. Eventually all went on to become members of the exclusive American Surgical Association, and fifteen of the original thirty-six became president of the American Surgical Association. The oldest member was Roswell Park at age 51. He was included because the organizers thought that between Park in Buffalo, New York, and Crile in Cleveland, Ohio, a two-city, three-day meeting could be easily arranged. The youngest member at 32 was John H. Gibbons, Sr.¹

The first meeting of the society was held November 13, 1903, at Johns Hopkins University in Baltimore, Maryland, and in Philadelphia, the next day. At Hopkins, the group started with William Halstead's student teaching session. From there the group went to the operating room to see John Finney perform a pyloroplasty. The animal laboratory was the next stop, to observe students learning the art of surgery on small animals, followed by an explanation of the Hopkins course in surgical pathology by Joseph Colt Bloodgood. Neurosurgical patients were seen next, and the day ended with a demonstration of a perineal prostatectomy by the inventor of the procedure, Hugh Young. Unfortunately, no record exists of the Philadelphia

component of the meeting held the next day.¹

Meetings of the Society of Clinical Surgery have continued to the present. Of note, Rochester Minnesota, and the Mayo Clinic, hosted the meeting on June 6 and 7, 1924, shortly after Lundy's arrival in March. On April 29 and 30, 1929 the society again met in Rochester.¹ Both times Lundy would have been well aware of what was going on as many visitors would have passed through the operating rooms, and although no record remains of the meeting, Lundy probably was asked to demonstrate his innovative anesthetic techniques.

The Anaesthetists' Travel Club

On October 29, 1929, John Lundy invited seventeen prominent physician anesthetists to Rochester, Minnesota, for a clinical meeting.² The purpose of the meeting was for the leading anesthetists of the United States and Canada to spend a few days at the Mayo Clinic for an informal, yet thorough, discussion of some of the newer concepts of regional and general anesthesia. Laboratory demonstrations were planned.³ Originally, Lundy had planned this as a two-city meeting with the second city being Madison, Wisconsin, and Ralph Waters being the other host, in a manner very similar to the first meeting of the Society of Clinical Surgery. However, Waters wrote to Lundy saying that he wanted to enjoy it (the initial meeting of the Travel Club) more as a traveler than as a host at the first meeting.⁴

The person other than Lundy who was most responsible for the Anaesthetists' Travels Club was its oldest member, Lincoln Sise. Sise had visited the Mayo Clinic in June of 1928, after the Associated Anesthetists of the United States and Canada meeting in Minneapolis and this visit deepened his friendship with Lundy. Sise agreed with Lundy that the members of the new group should be the leading young anesthetists of the United States and Canada. They both felt that continuing education was important to this group.⁵ Lundy commented to Sise, with reference to the concept of an anesthetist's club, that "I am making some inquiries at the present time of the various men here [Mayo Clinic] who have had a hand in organizing such clubs."⁶ Lundy communicated frequently with William and Charles Mayo, founding members of the Society of Clinical Surgery, as well as the other six Mayo Clinic surgeons who were members by 1929. (Charles Mayo, William J. Mayo, Edward Judd, Donald Balfour, Walter Sistrunk, Carl Hedblom, John dePemberton, and

Waltman Walters).¹ Given the large number of surgeons in the society at the Mayo Clinic, Lundy's contact with them in the operating rooms, and the recent meetings of the society at Mayo, we may presume that Lundy modeled the Anesthetists' Travel Club after its surgical cousin.

Whom to Invite?

Who were the physicians that Lundy invited to come to the first meeting? He asked Royal Adams, John Bleazard, Wesley Bourne, W. Eason Brown, Ansel Caine, David Freeze, Arthur Guedel, Robert Hammond, Charles LaRoque, Charles Robson, Henry Ruth, Harry Shields, Lincoln Sise, Charles Stewart, Brian Sword, Evert Tyler and Ralph Waters. Charles McCuskey, Lundy's "partner" at the Mayo Clinic served as co-host. Ralph Tovell was the anesthesia resident at the time, and played an integral role during the clinical demonstrations at the meeting. Interestingly, eight of the seventeen were Canadians: Bleazard, Bourne, Brown, Freeze, LaRoque, Robson, Shields, and Stewart. They bridged Canada from Vancouver to Montreal.⁷

Significantly, there was also a group of well known anesthetists who were missing from this meeting. They included John Evans, who at the time was the president of the Board of Governors at the International Anesthesia Research Society; Adolph Erdmann, who had founded the Long Island Society of Anesthetists and had long been active in organized anesthesia in the New York City area; Paluel Flagg, who was noted for the Flagg ether can and forming the Society for Prevention of Asphyxial Death; Charles Wells, a long-time physician anesthetist and organizer in the McMechan organizations⁸ especially on the East Coast; Eleanor Seymour,⁹ who was running the Pacific Coast Association of Anesthetists when Lundy left Seattle to come to the Mayo Clinic and who corresponded with Lundy well after his departure; and Gaston Labat.¹⁰ Perhaps the most interesting exclusion was Francis Hoeffler McMechan, although he had been informed of the group's meeting.¹¹ Many of these physicians were older, more established and were very prominent in 1929, or just before that date, in the McMechan organizations.

Of the original seventeen invited, twelve came. The five who did not were Royal Adams, who died in 1935 and never joined the organization; David Freeze, who never joined the organization; Wesley Bourne and Charles LaRoque, who both joined in 1931 and were hosts for the combined Toronto-



Fig. 1 Photographs of Lundy and Waters by permission of Mayo Historical Unit, Mayo Foundation, Rochester, Minnesota, all other photographs by permission the Wood Library-Museum, Park Ridge, Illinois.

Montreal meeting; and Evert Tyler, who joined in 1932 and was a host at the meeting in Philadelphia that same year.²

Present for the initial Travel Club meeting in December 1929 (Figure 1) at the Mayo Clinic were John Blezard, W. Easson Brown, Ansel Caine, Arthur Guedel, Robert Hammond, Charles Robson, Henry Ruth, Harry Shields, Lincoln Sise, Charles Stewart, Brian Sword, and Ralph Waters. Hosts for the initial meeting were John Lundy, Charles McCuskey, and Ralph Tovell. The average age of the group was 41.¹² The youngest was Tovell at age 28, second was Henry Ruth at 30, with John Lundy third at age 35, and the oldest was Lincoln Sise at age 55. Thus, these gentlemen were indeed the young men of anesthesiology.

Analysis

Was the Travel Club a political reaction to the existing 1929 hierarchy in organized anesthesia? Only six (35%) of the seventeen invited held offices in national

or regional societies. The highest office holders were Ansel Caine who was president of the Associated Anesthetists of the United States and Canada, and Harry Shields who was first vice-president. Interestingly, Lundy did not hold any office. Waters was on the Council on Teaching and Hospital Service of the Associated Anesthetists of the United States and Canada, and Sword was president-elect of the Eastern Society of Anaesthetists.¹³ Lundy, in writing to Sise in January of 1929, stated that the purpose of the new organization was "so that in the years to come, the organization would become very useful even though not large, and ultimately would hope to see its opinion respected by both the American Medical Association and the College of Surgeons. This you know is not the case at the present time."¹⁴

The program of the first meeting of the Anaesthetists' Travels Club cannot be easily reconstructed. Lundy asked each participant to request what he wished to see

while at the Mayo Clinic. Through correspondence with the various attendees, a list of thirty-one subjects was developed. Some were vague, such as "practical work" suggested by Easson Brown, whereas others were quite specific like Ralph Waters' desire to see "Laboratory or clinical evidence pointing toward the explanation of fundamental cause of circulatory depression accompanying anesthesia either block or general. That is, proof that drop in blood pressure accompanying spinal is due to sympathetic paralysis."¹⁵

The program lasted a full week; mornings were spent in the hospitals, with an emphasis on observing regional anesthesia, as many of the invitees had questions about Lundy's methods and how he obtained the results that he did. Afternoons were laboratory sessions. For example, on Monday, December 16, the group saw a Dr. Markowitz demonstrate a perfused isolated dog heart and the action of a substance released by the stimulated vagus in

Continued on Page 10

Travel Club. . . *Continued from Page 9*

another dog that stopped the heart. Dr. Boothby's metabolism lab was also prominent in the first program of the Anaesthetists' Travel Club, with a visit on Tuesday afternoon. On Thursday morning at St. Mary's hospital, the visitors observed Lundy doing spinal anesthesia with a tray specifically made up for this procedure. Lundy discussed the management of blood pressure and position during and after spinal anesthesia. There was a tour of the newly opened Plummer Building. Evenings were devoted to dinners and conversation, in a manner that mimicked the original premise of the Society of Clinical Surgery.¹⁶

Wednesday night, December 18, was an exception. The group was invited to attend the weekly Mayo Clinic staff meeting. Both William and Charles Mayo spoke at the meeting, welcoming the visitors and describing the advances in anesthesia that they had witnessed over their careers. As an introduction to the night's papers, Charles Mayo spoke first, and gave a brief although well reasoned account of the history of anesthesia.¹⁷ William Boothby spoke on oxygen therapy,¹⁸ while W. C. Foster spoke about "Certain Anatomic Aspects of Spinal and Sacral Anesthesia."¹⁹ H.L. Parker discussed post dural puncture headache,²⁰ and J. L. Bollman presented a paper on "The effect of anesthetics agents on the liver."²¹ John Lundy addressed the group three times, presenting a review of the intravenous and rectal use of Avertin²² and along with R. M. Isenberger presented "A study of the minute volume of respiration in experimental anesthesia: the effects of combinations of procaine, sodium iso-amyl-ethyl barbituric acid, morphine, scopolamine, ether and carbon dioxide."²³ Lundy's last presentation, with A. E. Osterberg, was a review of the literature on the derivatives of barbituric acid.²⁴ Dr. William J. Mayo closed the evening's discussions by relating the account of how John Lundy was recruited to the Mayo Clinic some six years prior to the meeting.²⁵ The presentations and discussion were published in two special supplements to the *Proceedings of the Staff Meetings of the Mayo Clinic* for 1929.

Conclusions

There are many similarities between the Society of Clinical Surgery and the Anaesthetists' Travel Club. John Lundy interacted frequently in the Mayo Clinic's operating rooms with two of the founding members of the surgical group, William

and Charles Mayo, and by 1929 he had also worked with the six additional members of the surgical society who were at the Mayo Clinic. They probably discussed the purposes and organization of the surgical group. The program content, membership age, and even the political "agenda" have remarkable similarities between the two groups. Both of these organizations emphasized the value of small group discussion and demonstrations. From the beginning, these groups were designed to remain small, so that personal interaction and live clinical demonstrations would be facilitated. In addition, Lundy was most likely involved in the 1929 Society of Clinical Surgery Meeting held in Rochester, and probably also the earlier meeting in 1924.

While it may be impossible to tell with certainty if Lundy used the Society of Clinical Surgeons as his model in creating the Anaesthetists' Travel Club, he did create an organization that continues to thrive today as the Academy of Anesthesiology. Did Lundy succeed in his other goal, to have a group that was an effective "voice" for anesthesia in the world of organized medicine? Original members of the Anaesthetists' Travel Club, especially Lundy and Waters, formed the nidus, along with Paul Wood (who would become a member in the early 1930s) for the creation of the American Board of Anesthesiology.²⁶ Six of the original travel club attendees (Ruth, Sword, Waters, Lundy, McCuskey, Tovell) would become President of the American Society of Anesthesiologists. When the journal *Anesthesiology* premiered in July 1940, Ruth was editor-in-chief and Tovell, Lundy, Guedel, McCuskey, Waters and Shields were on the editorial board.²⁷ Five of those at the Rochester meeting would win the Distinguished Service Award (Waters, Guedel, Lundy, McCuskey, Tovell) of the American Society of Anesthesiologists. Thus, the original members had a significant impact on organized anesthesia, and helped create the infrastructure that modern anesthesiology enjoys.

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⁵Letter from John Lundy, M.D., to Lincoln Sise, M.D., November 5, 1928. The Collected Papers of John Lundy, M.D., Mayo Foundation Archive, Rochester, MN.

⁶Letter from John Lundy, M.D., to Lincoln Sise, M.D., November 18, 1928. The Collected Papers of John Lundy, M.D., Mayo Foundation Archive, Rochester, MN. This is the closest reference in the material in the Lundy Papers at the Mayo Foundation Archive that suggest the Society of Clinical Surgery was in fact the model for the Anaesthetists Travel Club. It is most likely that the communication occurred in the operating room or areas near the operating rooms, was oral in nature, and therefore no written record remains.

⁷List attached to letter from John Lundy, M.D., to R. Stuart Adams, M.D., October 28, 1929. The Collected Papers of John S. Lundy, M.D., Mayo Foundation Archive, Rochester, MN.

⁸Francis Hoffer McMechan "created" organized anesthesiology in the first three decades of the twentieth century. By 1930, the organization had an international society, the International Anesthesia Research Society, a national society, the Associated Anesthetists of the United States and Canada and several smaller regional societies such as the Canadian Society of Anesthetists, the Eastern Society, the Mid Western Society, the Southern Association and the Pacific Coast Association. *Current Researches in Anesthesia and Analgesia*, which began publication in 1922, was the only American journal devoted to anesthesiology at the time, with McMechan as editor.

⁹Letters to Eleanor Seymour through 1932. The Collected Papers of John Lundy, M.D., Mayo Foundation Archive, Rochester, MN.

¹⁰Letters between Gaston Labat, M.D., and John Lundy, M.D., from 1924 through Labat's death in 1934. The Collected Papers of John Lundy, M.D., Mayo Foundation Archive, Rochester, MN.

¹¹Letter from John S. Lundy, M.D. to F. H. McMechan, M.D., April 12, 1929. The Collected Papers of John Lundy, M.D., Mayo Foundation Archive, Rochester, MN.

¹²It is interesting to note that the average age of the Anaesthetists' Travel Club and the Society of Clinical Surgery were the same!

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In the Name of God: Why Agnes Sampson and Eufame McCalyean were burned at the stake

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Introduction

Several authors¹⁻⁶ have suggested that obstetrical analgesia started in Edinburgh in 1591, when Eufame McCalyean asked Agnes Sampson to ease her labor pains. Both women were declared heretics and burned at the stake. There exist, however, more prosaic versions of that incident.⁷⁻⁹

Agnes Sampson and Eufame McCalyean were among 40 residents of Edinburgh and neighboring communities who were accused of witchcraft in 1590-1. They are known to modern historians¹⁰⁻¹¹ as the "Witches of North Berwick." North Berwick is a small seaport near Edinburgh where those witches gathered for their Sabbaths. Sampson and McCalyean were indicted for using witchcraft in allaying painful labors but their main offenses were treasonable attempts to harm or destroy King James VI (later James I of England). James took an active part in the examinations and the trials and used them for political advantage. The proceedings were civil but the Kirk of Scotland played an important, if indirect, role.

The Scottish Political Climate of 1590-1

The trials of the witches of North Berwick must be understood in the political context of the Scotland of the 1590s.¹²⁻¹⁵ Although the Parliament had adopted Presbyterianism as the state religion in 1560, bitter feuds still divided Catholics and Protestants in the 1590s.

When Mary Stuart abdicated in July, 1567, her only son became King James VI. He never saw his mother after her abdication and as his father, Lord Darnley, had died five months before, James was thus an orphan at the age of thirteen months. The Earl of Mar and his wife, a dour and unloving couple, raised him and at the age of four, placed him in the hands of zealous Calvinist tutors. A succession of four Regents, three of whom met violent deaths, ruled Scotland until James' majority.

Raised without affection, his legitimacy questioned, surrounded by hostile clans threatening his throne and even his life, James by the time of his coronation was a neurotic poltroon and a cunning and mistrustful despot anxious to prove his divine right to the throne. Shunning his subjects, he preferred to surround himself with fawning courtiers and divines and hold with them long, pedantic philosophical and theological discussions. His vast bookish knowledge and poor judgment had prompted Henry IV, his French colleague to nickname him "the wisest fool in Christendom." Not very religious himself, James shrewdly used religion to strengthen his power over the Kirk and the country and to present himself as the defender of Protestantism and of the godly and orderly state of Scotland. With an eye towards the English succession, he also hoped to impress Elizabeth with his knowledge and his Protestant orthodoxy.

James' wedding was a leading factor in the 1590-1 witch hunt. In August, 1589, he became engaged to the fourteen-year-old Anne of Denmark. Violent storms over the North Sea prevented Anne's crossing, and she took refuge in Oslo, then part of Denmark. In October, 1589, an impatient James sailed to Oslo where the wedding ceremonies were held. The winter storms and the pleasures of the Danish court kept the couple in Norway and in Denmark until May, 1590. During their return strong gales sank one of their ships and kept Anne's bark from landing for several days. Those maritime misadventures further unnerved the timorous and suspicious young King.

While in Denmark, James indulged in his favorite philosophical and theological discussions with his guests. He met Nils Hemmingsen, a noted demonologist who introduced him to the Continental notions of witchcraft and to books on sorcery, in particular the ignoble "Malleus

Maleficarum" (The Hammer of Witches) written by two fanatic German Dominicans and the "Demonologie des Sorciers" of the French J. Bodin. James brought back European concepts of witchcraft till then unknown in Scotland, such as witches' magic flights and seafarings, riotous Sabbaths where the witches swore their allegiance to Satan with vulgar and obscene rituals and asked his help to commit various misdeeds. Those notions frequently appear in the confessions later elicited by the King.

The legal system to prosecute witches was already in place in 1590.^{14, 5, 18-20} In 1563, the Parliament had passed the "Anentis Witchcraftes Act" allowing the killing of witches as ordered in Exodus 22:18, "Thou shalt not suffer witches to live." Torture to obtain confessions was legalized in early 1590. Denounced by jealous neighbors or other witches, the accused was jailed and examined by a Special Commission of eight laymen selected by the King's Privy Council. Confessions were elicited by ruse, torture and especially discovery of the "Devil's Mark": the accused was undressed and her body shaved and searched for the "mark," a skin blemish or growth whose needling caused no pain or bleeding. The "mark" was the devil's entranceway into his servant's body.

After the examination the Commission, acting as prosecutor, presented the accused to the "Assizes," a Court of Justice of fourteen or fifteen jurors. Most North Berwick witches were tried at Holyrood, the Edinburgh King's castle. Defense lawyers were allowed, a majority vote was sufficient, and there was no appeal. The death sentence, burning at the stake, was carried within one or two days of the judgment. The victim was usually strangled with a "witch bridle" as soon as the fire was lit. Her ashes were scattered to keep her soul from re-entering her body. The victim's family or parrish was charged the execu-

Burned. . . *Continued from Page 11*

tion fees by the city and her assets were forfeited to the Crown. The tortures inflicted in 1590-1 were the “thraw(n)ing” (twisting a heavy rope around the head), the thumbscrews, the “boots” (wooden casings to squeeze or crush the legs) and especially, the “waking” of the witch who was kept awake and insulted by sadistic jailers for 24 to 48 hours.

The Trials of the North Berwick Witches (1590-1591)

The history of the trials is poorly documented, the sources are unreliable, and the facts and dates often conflicting.

The records of several indictments and sentences still exist in the Office of Scottish Records, and the accounts of the execution fees can be found in the minutes of the meetings of the Edinburgh Council. Those documents are handwritten in old Scottish dialect and are near impossible to read (Figure 1), but modern versions were printed in the 19th and 20th Centuries.²¹⁻²⁴

The interrogations of three accused, Gellis Duncan, Agnes Sampson, and John Cunningham are presented in the “Newes from Scotland,” an anonymous pamphlet published in London in 1591.²⁵ That pamphlet seems to be a copy (now lost) of a Scottish work written by James Carmichael, a divine and royal toady.²⁶ Several 19th Century historians found important details to supplement that account and the records of other trials.²⁷⁻²⁹ Intelligible summaries of those confusing events have been published by modern historians.^{10,11,18, 30-32}

The trials of Agnes Sampson, Eufame McCalyean, and four of their associates (Richard Graham, Barbara Napier, John Cunningham, and Gellis Duncan) have the best documentation. The trials of the six accused will be presented here because they are interrelated and more importantly, because they show James’ role and motives.

Except for a brief interest in the trial of an Aberdeen witch in early 1589,²⁶ James had paid little attention to witchcraft until his return from Denmark. Shaken by the tempests of 1589-90, learning soon after being back in Scotland that the Danish authorities had found witches responsible for the storms and unnerved by the wild tales of Continental witchcraft he had heard in Scandinavia, James suddenly became fascinated by Gellis Duncan’s stories.

In November, 1590, David Sutton, deputy mayor of Tranent, a small town near Edinburgh, suspected Gellis Duncan, his

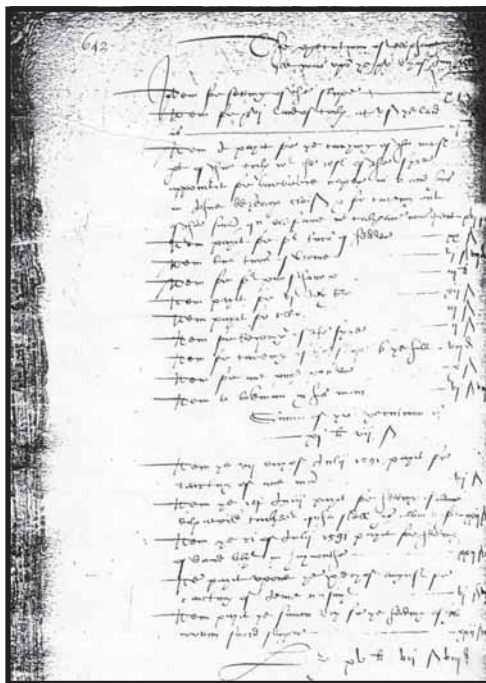


Fig. 1. A page of the handwritten records of the trials.

young maid, of being a witch. She denied his accusations despite being cruelly tortured by thrawning and thumbscrews but confessed after she was undressed and the “devil’s mark” was found on her chest. She was jailed in Holyrood and examined by the Privy Council’s Special Commission. James eagerly joined in the questioning. The girl denounced 30 to 40 witches of Edinburgh and its neighborhood, among them John Cunningham, Agnes Sampson, Eufame McCalyean, Barbara Napier and Richard Graham. She was called back during the examination of several of them. She was still alive in June, 1591, after Agnes Sampson’s and Eufame McCalyean’s deaths but then disappeared from the records. She may have been executed.¹¹

The first accused was John Cunningham, alias Dr. Fian (Fienes), a cantankerous and lecherous young bachelor who taught school in Saltpans. Denounced by Gellis Duncan, he was jailed and examined by the Special Commission and the King. Despite being “thrawn” and placed in the “boots,” he denied being a sorcerer until two pins were found under his tongue. He then confessed having plotted with Agnes Sampson, Eufame McCalyean, Barbara Napier and Richard Graham to use magic against his enemies and against the King. He also implicated the Earl of Bothwell. Cunningham escaped from jail but was re-arrested. He recanted his previous confession and maintained his innocence despite horrible tortures:

nails were inserted in his fingers, his finger nails were pulled out and his legs crushed in the “boots” with the assumption that the devil had re-entered his body after his escape from jail. The records of his trial and indictment have been lost but it is known that he was found guilty. On the last Saturday of January, 1591, he was dragged to Castle Hill in Edinburgh, strangled and burned to ashes. His family was charged five pounds, eighteen shillings and two pence for his execution.

The next victim of Gellis Duncan’s accusations was Agnes (Annie) Sampson,³ (Simpson, Sampson, Samson), a respectable old widow of Keith where she was known as the “wise wife” or midde wife” of Keith because of her dignity and wisdom. She was jailed in Holyrood in January, 1591, and examined by the Special Commission. The King again took a key role in her questioning. Despite being “thrawn” the old woman denied the accusations but confessed after she

was disrobed, her body shaved and the “devil’s mark” found on her pudenda. She then admitted using witchcraft to cause or heal sicknesses, damage her neighbors’ properties, and to forecast the future. Prodded by the King, she confessed to have raised storms by throwing into the sea baptized dead cats covered with magic amulets. Along with a hundred witches she had sailed in sieves to various Sabbaths in the churchyards of Newhaven and North Berwick where they had met Satan, sworn allegiance to him by kissing his buttocks and danced reels around him while Gellis Duncan played the trumpet. Enthralled by her story, the King had Gellis Duncan brought in to play her tunes, “which much amused his Majesty” according to the “Newes from Scotland.” John Cunningham had been Satan’s recording clerk at those covens. The witches had also exhumed cadavers in those churchyards and made powders from their crushed joints. After the storms had failed to drown James and his bride, the witches had asked the devil to make various amulets to destroy the King. At a later coven in North Berwick, they had reproached Satan for their failure to hurt the King. The devil had answered that he was powerless against the King since he was such a good Christian, a “man of God.” The “Newes from Scotland” does not mention Sampson’s role in helping to ease Eufame McCalyean’s labors.

With a view towards the less credulous English readers, the “Newes from Scot-



Fig. 2. Bronze tablet placed in May 1912, on the "Witches' Fountain" on the esplanade of Edinburgh Castle Hill, site of the burnings.

land" added that James had initially disbelieved Agnes Sampson's fantastic stories but changed his mind after she repeated to him in private the conversation he had held with his bride on their wedding night. The records are unclear whether Sampson implicated Bothwell.

On January 27, 1591, the Special Commission brought Agnes Sampson before the Tolbooth Assizes. The 53 articles of her indictment were based on her confession and the accusations of other witches. She was charged of being a witch, of using magic to heal or harm various people, of causing natural disorders to damage her neighbors' property, of forecasting the future, of attending covens where she had raised storms and plotted to harm the King. Her indictment also included using witchcraft to "remove Lady Hirmestone's pain and sickness the night of her labor," of "transferring" to a cat and a dog the labor pains of Eufame McCalyean at the birth of two of her daughters, and later, of hastening the date of her confinement and allaying her suffering at the birth of her twin sons with magic charms: a fairy bored stone and her husband's shirt to be placed under her bed and rolls of paper filled with a powder made of mildew and cadaver joints to be put in her hair. The records do not mention a defense lawyer, and she may have been too poor to afford one. On January 27, 1591, the jury found her guilty of all 53 charges and the next day she was taken to Castle Hill, strangled and burned to ashes. The City of Edinburgh charged six pounds, eight shillings and two pence for her execution.

The trial of Barbara Napier (Napair) followed that of Agnes Sampson. This proceeding best shows James' motives behind the trials. Barbara Napier was the sister-in-law of Lord Bashogill, the wife of Archibald Douglas, Edinburgh representative

in Parliament, and an acquaintance of Bothwell. The records of her examination and of her trial have been lost, and whether she was jailed, tortured or questioned by the King is unknown. On May 8, 1591 she was brought before the Tolbooth Assizes and accused of being a witch, of having consulted with Agnes Sampson, Eufame McCalyean and Richard Graham to harm various people (including her husband), to have plotted with Graham and Bothwell to harm the King by witchcraft and to have at-

tended the Newhaven and North Berwick covens. The next day the jury found her guilty of collusion with witches without being a witch herself and left her sentencing to the King. Her high social rank and good lawyers may have helped her case. Two days later, James, highly displeased with the verdict, accused the jurors of "willful error" and sentenced her to death. Napier then revealed that she was pregnant and her execution was delayed. Her fate after May, 1591, is unknown. She may have been pardoned.¹⁸

On June 7, 1591, James gave Barbara Napier's jurors a long, rambling lecture, known to historians as the "Tolbooth Speech." He explained that the witches were allies of Satan and thus enemies of God and of the King whom God had made "King and Judge." His duty was to have them burned as heretics. Although the testimony of unrepenting witches was inadmissible

in civil trials, it was lawful in crimes of treason against the King and the state since it was the only way to learn their misdeeds. Convinced by the King, the jurors explored his mercy and were pardoned.

The trial of Eufame (Effie) McCalyean (McAlczean, McAlcyane, McLean) followed. The records of her indictment, trial and sentence still exist¹⁸ and old documents have provided Scottish historians with further details on her story.^{23,24,27-29} She was the only daughter and wealthy heiress of Lord Cliftonhall, a Senator of the College of Justice. She had married another eminent lawyer, Patrick Moscrop, who had adopted her name for financial reasons. They had three daughters and two sons. She was a fervent Catholic and friend of Bothwell. She was brought to Tolbooth and examined between the 9th and 15th of June, 1591. Whether she was jailed, tortured or questioned by the King is unknown. She maintained her innocence and refused to implicate Bothwell. The 28 articles of her indictment accused her of being a witch, of plotting with other witches to harm her husband and several other persons, of trying to seduce another man and harm her rival for his affection, of having conspired with Richard Graham to harm the King and of attending the Sabbaths where the witches had sought to harm James. She was also accused of seeking Agnes Sampson's help for the birth of her children, as mentioned above in Sampson's indictment.

Eufame McCalyean's trial started on June 24 and lasted two days and the following night. She was vigorously defended by several lawyers. The King removed a foreman friendly to the accused. On the morning of June 26, she was found guilty of ten of the 28 articles of the indictment, including her attempts to allay her labor pains. She was immediately taken to Castle Hill where she was burned alive. She died with courage and dignity, maintaining her innocence and praising God and the Roman Church. Her large fortune was forfeited to the Crown but James restituted a small part of it to her daughters in 1592. The fees for the execution amounted to eleven pounds and seven shillings. Eufame McCalyean's exceptionally cruel punishment may have been due to her diffidence, her religion, and her friendship with Bothwell.

Richard Graham was the last prominent accused to go on trial. He was a notorious sorcerer and Gellis Duncan, Agnes Sampson and Barbara Napier accused him of using witchcraft to cause sicknesses and



Fig. 3. Bronze tablet placed in May 1912, on the "Witches' Fountain" on the esplanade of Edinburgh Castle Hill, site of the burnings.

Burned. . . *Continued from Page 13*

property damages, healings and seductions. He had attended the Newhaven and North Berwick Sabbaths where he had plotted against the King. Graham also accused Bothwell of consulting him to try to obtain the King's friendship and when this failed, to punish him. James participated in Graham's questioning and urged him to accuse Bothwell of treason. Graham was condemned to the stake in the summer of 1591, but was kept in jail until February, 1592, probably to testify at Bothwell's eventual trial. On February 28, 1592, he was taken to Merchant Cross in Edinburgh, strangled, and burned to ashes.

Francis Stewart Hepburn, Earl of Bothwell, was James' main quarry of the 1590-1 witch hunt. He was of royal, if illegitimate blood, James' cousin and the nephew of James of Bothwell, Mary Stuart's third husband. Volatile, erratic, and violent, he at various times led the Ultra-Protestant and the Catholic factions and was popular with most Scots because of his opposition to Maitland, James' loathed Chancellor. He already had been found guilty of treason earlier but James had pardoned him and made him one of Scotland's governors during his Scandinavian absence. Accused by several of the North Berwick witches, probably with James' prompting, he was jailed at Edinburgh Castle on April 21, 1591. He denied Richard Graham's accusations of witchcraft and even offered to undergo torture to prove his innocence. His peers refused to serve as his jurors and recommended his pardon. On July 21, 1591, Bothwell escaped from jail and sought refuge with the Catholic earls. He unsuccessfully raided James' castles in late 1591, and in 1592. As the power of the Catholic nobles waned, he lost much of their support, and in the spring of 1595, he fled Scotland, never to return. By that time, James, rid of Bothwell, his power assured over a peaceful Scotland and coveting the English succession, had lost his enthusiasm for witch hunting.

In 1597, James published his "Daemonologie" an 80-page booklet he had planned to write in 1591, but that the "burdens of State had forced him to postpone."^{18,26,30-33} The book expanded the ideas about witchcraft that he had presented in the Tolbooth Speech. He repeated that the witches were real, that they were Satan's servants and the enemies of godly Scotland and its Christian king; as heretics, they deserved to be burned at the stake. He refuted two books recently published by

courageous doubters of witchcraft, the English farmer, Reginald Scot and the German physician, Johannes Weyer. "Daemonologie" was reprinted in London in 1603 when James ascended the English throne to confirm for his new subjects his vast knowledge and his Protestant orthodoxy.

Discussion

Agnes Sampson and Eufame McCalyean were only two of several witches executed in 1591, at James' prompting. A superstitious and distrustful poltroon, he may genuinely have felt threatened by the devil and his servants allied to his political enemies. Certainly it was to his advantage to show himself as the intractable enemy of Satan and the defender of Kirk and the godly state of Scotland. Although Sampson and McCalyean were accused of various misdeeds, their main crimes were their attempts to harm the King and his bride and their involvement with Bothwell.

The records clearly show that Agnes Sampson only used magic amulets and spells to ease the labors of Lady Hirmestone and Eufame McCalyean. We found no mention of obstetrical drugs in the Scottish medical texts of the period and it is unlikely that they would have been tolerated by the Kirk with its literal interpretation of Genesis 3:16, "In sorrow shalt thou bring forth children." Medicines, mainly cordials rich in alcohol, were at the time commonly used by the parturients of the English upper classes.^{34,35}

Superstition and the use of magic were common in 16th Century Scotland as in the rest of Europe, even in the upper classes and the royal courts and most of the North Berwick accused had probably dabbled in such rituals. But the 1590-1 trials introduced the new concepts of heresy, pacts with Satan and treason against the Christian sovereign. Sacrilege against God and His chosen King deserved harsh punishment. The "Newes from Scotland", the Tolbooth Speech, and the "Daemonologie" intended to show James as a "man of God" and the defender of the Kirk and Presbyterian state. Many members of the Special Commissions and jurors of the Assizes were elders of the Kirk and were anxious to follow the exhortations of their Church and their King to destroy Satan's servants. James' rebuttal of Barbara Napier's jurors and his removal of a friendly foreman in Eufame McCalyean's trial show that the King expected to be obeyed.

Why did the victims of the trials confess to such fantastic accusations as sailing over the waters, meeting Satan under

various hideous disguises, swearing his allegiance through vulgar or obscene rituals and holding long conversations with him? Historians^{14,15,18,20} have suggested several reasons: fear of future tortures, fatigue from prolonged "waking," hope for a pardon or less cruel death and resignation to a preordained fate. The story of the North Berwick witches shows that the Moscow trials of the 1930s were not an invention of the 20th Century.

The role of the Church of Scotland, though occasionally exaggerated,⁶ was important, if indirect. Although the proceedings were civil, the juries and Commissions included many elders of the Kirk, anxious to follow their minister's teaching to destroy God's enemies. The executions were surrounded by orgies of sermons and prayers by religious zealots. The Kirk repeatedly encouraged the King and his subjects to prosecute Catholics and other heretics and never objected to the revolting cruelties committed in its name.

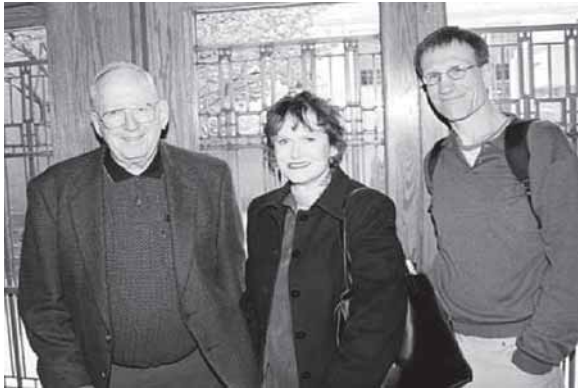
Agnes Sampson and Eufame McCalyean were not the forerunners of obstetrical analgesia, but two luckless victims of an ambitious and cunning politician who used religion as an instrument of power.

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Touring the Frank Lloyd Wright Home and Studio: From right to left, counter clockwise: Dr. Ted Smith, tour guide, and tour attendees including Dr. Bradley Smith, Dr. John Steinhaus, Dr. and Mrs. William Hammonds, Dr. Ray Defalque, Mrs. William Owens, Dr. Doris Cope, and Susan Shipper.



More touring: From left to right: Dr. John Steinhaus, Dr. Ted Smith, Dr. William Hammonds, Dr. and Mrs. William Owens, Mrs. Sherry Hammonds, Dr. Doris Cope, Dr. Ray Defalque, Dr. Bradley Smith, Dr. Selma Calmes, and Dr. Mark Mandabach.



Dr. Doris Cope and Dr. Selma Calmes



Dr. Doris Cope poses with two of Anesthesiology's famous icons.



The WLM Reception: Dr. William Hammonds, Dr. Doug Bacon, and Dr. Robert Strickland.

WLM Reception: From left to right: Dr. David Waisel, Dr. Doug Bacon, Dr. Ray Defalque, Dr. Shigemasa Ikeda, Patrick Sim, and Dr. John Severinghaus.



From left to right: Dr. Mark Mandabach, Dr. J. Antonio Aldrete, Dr. Bradley Smith, and Dr. Doris Cope.

AHA 2004 Annual Meeting

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Photographs on page 15 and 16 by Dr. John Severinghaus, Dr. William Hammonds, and Harry Bloomberg.



The Book Corner

World Federation of Societies of Anaesthesiologists – 50 Years, Ed. A. Gullo and J. Ruprecht. Springer-Verlag Italia, Milano, 2004

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

Professor of History

California Lutheran University

Thousand Oaks, California

The WFSA turns fifty this year and this collection of essays traces its journey from uncertain infancy to confident maturity. As a federation of national societies, it created a niche identity that did not compete with the component national societies whose members were enlisted as individuals or with the International Anesthesia Research Society (IARS) whose mission was similarly constructed along lines of individual membership. The American Society of Anesthesiologists was not a founding member of the WFSA due to problems in liaison with the active founding member nations largely from Europe and Canada. ASA did send Dr. Lewis H. Wright as an observer to the first World Congress in Schevingen, The Netherlands in 1955. He assured the thirty-three delegates from around the world that the US would join them in time. The creation of this “united nations” of anesthesiology had been the dream of that great visionary, Francis Hoeffler McMechan, and his association with international anesthesia organizations probably accounts for ASA’s reluctance to jump into committing itself to support for WFSA. He was a force of nature and worrisome to many other anesthesiologists.

American reluctance to participate in WFSA is given a rather fanciful turn as a manifestation of chronic isolationism and fear of “entangling alliances” in a contribution by E. M. Papper and D. R. Bacon. American history from 1492 is recounted in a rebarbative series of unsupported assertions and misreadings of the historical record. Iberians are exploiters; British emigrants flee religious persecution driven solely by idealism and fervor; Roman Catholics and Jews could not own property in Britain until the 19th century; and America has always embraced isolationism. One would have to ignore too much evidence to arrive at these conclusions. The colonies and the United States after them have been up their eyeballs in international relationships – economic, diplomatic, cultural, expansionist. The assertion that ASA was reluctant to join WFSA because of fear of communism is without documentary

support. This contribution is a useful tutorial in the risks of venerable men trusting their memories and young men revering their elders.

Otto Mayrhofer discusses the development of WFSA from 1955 to 1972 and describes the energizing effect of ASA’s joining in 1960. He describes the ways in which WFSA provided an important network of communication systems, regional meetings, and educational opportunities. By 1972 WFSA had 60 member nations and a total membership close to 28,000.

John Zorab reviews the quadrennial meetings of the WFSA Congresses from its inception through 2000. Those who have attended some of these sessions will have fond memories revived. Michael Vickers takes the narrative from 1982 to 2002 (are we missing a decade?) and describes the growing engagement of WFSA with publications, education, scholarships, and regional sessions. There follows a series of chapters on regional activities. The American reader will gain a sense of the difficulties that still present themselves to so many anesthesiologists in distant corners of the world. The WFSA now has 108 national society members totaling approximately 100,000 individuals. As it grows in numbers and in potential, more is expected of it.

It would be wrong to speculate on what might have been – what more could and should the international community of anesthesia have done to better the lot of their fellows? ASA has its overseas training program and has contributed to anesthesia care in Africa. A multitude of surgical expeditions visit trouble spots or provide plastic surgery, eye surgery, and other charitable services with the participation of anesthesiologists. WFSA has reason to be proud of its accomplishments over this last half-century. There is always more to be done and little benefit in dwelling on the missed opportunities of the past. Both WFSA and ASA have accomplished much. Both need to continue to assess the needs of the global community and to allot resources that extend the blessings of modern anesthesia care to those less fortunate.

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MedNuggets

by Fred J. Spielman, M.D.

Professor of Anesthesiology and Obstetrics and Gynecology

Director of Obstetric Anesthesia

Vice Chair, Dept. of Anesthesiology

The University of North Carolina at Chapel Hill

I am firmly convinced that there is, and will perhaps always be, a place in anesthesia for the nurse anesthetist, particularly for the administration of inhalation anesthetics. It is possible to employ them at much lower salaries than physician anesthetists, and they play a very considerable and valuable part, I believe, in keeping down the costs of surgical care.

—Frank H. Lahey
New England Journal of Medicine
207:725, 1932

Lack of mechanical skill or knowledge on the part of the anesthetic personnel is frequently transferred to equipment designed to cover all shortcomings. It is easier to teach the management of equipment than it is to supply the pathological physiology which should serve as a guide to the anesthetist.

—Paluel J. Flagg
The American Journal of Surgery 53:199,
1941

A duty which the anaesthetist may with advantage undertake is the care of a patient with a complicating medical condition in addition to the disease for which the operation is being performed. In the past it has been customary to call in physicians to treat such patients but the results have been unsatisfactory because those who were called in had necessarily so little idea of what were the stresses and strains imposed on the vital functions by anaesthesia and operation.

—A.R. Hunter
Anesthesiology 13:108, 1952

It is generally accepted as a fact, that the average patient who is to submit to a surgical operation, where an anaesthetic is required, that the dread of the anaesthetic is, as a rule, much more manifest than that of the operation itself. This is especially true if the patient has once passed through the ordeal of anaesthetization.

—S.C. Gordon
Surgery, Gynecology, and Obstetrics
8:524, 1909

In cases of enlarged prostate in which uremia is present or impending, no inhalation anesthetic should be employed. Lo-

cal anesthesia is the ideal anesthetic method although if mental strain or apprehension is marked, nitrous oxide analgesia may be employed with caution.

—George Crile
Surgical Clinics of North America 16:1037, 1936

Anesthesia as a specialty, in the past, has not attracted its just proportion of the best-trained medical minds; and, in consequence, a sort of medical football, it has been kicked about, often exploited alike by surgeons, hospitals and clinics, all of whom assigned to anesthesia the most minor of roles, in many cases relegating the work to students, orderlies and nurses, none of whom ever is permitted to administer a single hypodermic of morphine without a physician's express prescription; yet, to them often was handed a mask, with ether can or chloroform flask, and they were told to "just go ahead."

—Floyd T. Romberger
American Journal of Surgery 9:142, 1930

Is it too much to hope that we will some day be equipped for a running electrocardiogram on each anaesthetized patient?

—Ralph T. Knight
Canadian Medical Association Journal
55:562, 1946

It has been possible in many hospitals to obtain very excellent general anesthesia by the employment of well-trained nurse anesthetists at a comparatively low cost, and I feel sure that the continuation of the employment of nurses will be essential for a long time, if not permanently, as relates to the administration of ether, ethylene, and nitrous oxide. This is so if we are to keep the expenses of operating procedures, particularly on charity or part charity patients, within reasonable and practicable limits.

—Frank H. Lahey
Surgical Clinics of North America 11:227,
1931

Anesthesiologists with clearcut objectives and effective leadership, particularly on a local or community level can, with amazing rapidity, advance the importance

of their specialty and clarify the general conception of its nature and character.

—Editorial
Anesthesiology 10:634, 1949

The hospital that has not a medically qualified anesthetist in its staff is a menace to the best interests of the prospective patient and attending surgeon.

—Isabella C. Herb
Anesthesia and Analgesia 5:13, 1926

One can often hear that the nurse anesthetist is a blight that her day is over; that she is no longer needed.

—Henry K. Beecher
Annals of Surgery 140:2, 1951

Young men are not now attracted to anaesthesia because they recognize it as an art; but because they see in it a branch of medicine in which exciting *scientific* advances are being made.

—Ronald Woolmer
Anaesthesia 12:249, 1957

At the Gaston Episcopal Hospital in Dallas, the cost of one hour of general anesthesia is \$35, against \$7.50 for one hour of local anesthesia. The use of the recovery room is unnecessary, thus saving another \$5 for the patient. Many of the operations under local anesthesia, such as removal of benign breast lumps, can be done on an outpatient basis, which is another saving in hospital expenses for the patient.

—Joseph P. McNeill
American Surgeon 29:461, 1963

A good anesthesiologist is not one who knows how to overcome a difficult situation, but one who knows how to avoid one.

—Ralph S. Sappenfield
Southern Medical Journal 40:455, 1947

The gravity of narcosis by ether, chloroform, nitrous oxide, ethyl bromide, etc., is not always fully appreciated, although in order to effect the desired result the patient is necessarily brought in varyingly dangerous proximity to the point of dissolution. In view of these facts no special argument should be required to make clear

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From the Literature

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

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Note: I have examined most of the items listed in this column. Books can be listed in this column more than once as new reviews appear. Older articles are included as I work through a large backlog of materials. Some listings are not directly related to anesthesia, pain or critical care but concern individuals important in the history of the specialty [i.e., Harvey Cushing or William Halsted]. I also include career profiles of living individuals. Non-English materials are so indicated. Columns for the past several years are available as "Recent Articles on Anesthesia History" in the "Anesthesia History Files" at www.anes.uab.edu/aneshist/aneshist.htm. I urge readers to send me any citations, especially those not in English, that I may otherwise miss!

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Travel Club. . . *Continued from Page 10*

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MedNuggets. . . *Continued from Page 18*

the wisdom, nay, the urgency, of including instruction in both the practice and the principles of anesthesia as an essential part of the medical curriculum.

—Editorial

Journal of the American Medical Association 37:765, 1901

From the Lit. . . *Continued from Page 19*

I" painting]

Leroy D. Vandam, M.D.: 1914-2004. *ASA Newsletter* 68(6):28, June 2004 [brief obituary; 1 portrait; back cover reproduces Dr. Vandam's "Morton House I" painting]

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