

and plans should go forward at the highest levels of authority for the orderly phase-out of the cigarette industry.

The Commission comments also on the association of certain other risk factors—diabetes mellitus and asymptomatic hyperglycemia, sedentary living without regular exercise or physical activity, psychosocial tensions related to personal life situations or those inherent in cultural circumstances, and a family history of coronary heart disease—but it is obvious that the evidence is less compelling in these areas and that the Commission considers that hypercholesterolemia, high blood pressure, and cigarette smoking are the major risk factors for premature atherosclerotic heart disease.

The etiologic factors with which the Commission is concerned have received almost unbearable amounts of publicity in the lay press and on radio and television; and certainly every physician is, by now, more than well

aware of the triad of cholesterol, blood pressure, and cigarette smoking. However, it is unfortunate, but probably true, that the far-reaching socioeconomic changes implicit in the necessary preventive measures envisioned by the Commission are unlikely of adoption in the America of today.

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### References

1. Bruce DL, Eide KA, Linde HW, *et al.*: Causes of death among anesthesiologists: A 20-year survey. *ANESTHESIOLOGY* 29:565, 1968
2. Inter-Society Commission for Heart Disease Resources: Primary prevention of the atherosclerotic diseases. *Circulation* XLII, December 1970

## *The Anesthesia Foundation*

THE PROGRESS of Anesthesiology in this country has been rapid and stimulating, having a broad impact on the practice of medicine. With the inauguration of formal teaching programs in 1940, many hospitals had residency programs accredited by the American Medical Association. Such programs flourished, and at one time more than 200 institutions offered AMA-approved anesthesia instruction. However, the need for residents far exceeded the available supply. Further, there were a number of outstanding interns who could not finance residency experience. It was at this point that a group of senior anesthesiologists organized the Anesthesia Foundation, the initial and most important function being the provision of scholarships for exceptional students in dire need of support.

During the 1956 ASA meeting in Kansas City, the Executive Committee considered the advisability of setting up a program to serve as a repository for tax-exempt funds. This was a projected plan requiring legal counsel;

accordingly it was believed that a foundation, separate and apart from the ASA, might present certain distinct advantages. Thus, the Anesthesia Memorial Foundation was founded in 1956, and six years later the name was changed to "Anesthesia Foundation." Members of the Board were dedicated to the concept of contributing their time and effort without remuneration, to assure success of this undertaking. Members of the ASA who were approached to serve on the original Board of Trustees were either former presidents of the ASA or leaders in other anesthesia organizations. In the selection of Board members, emphasis was also placed upon geographical representation. All expense incurred by attendance at meetings of the Anesthesia Foundation were and continue to be carried as a personal obligation of each Trustee.

The original group consisted of Dr. John S. Lundy, President; Dr. Charles F. McCuskey, Vice President; Dr. B. B. Sankey, Treasurer; Mr. John Lansdale, Jr., Secretary; Dr. Urban

H. Eversole; Dr. A. William Friend; and Dr. Stevens J. Martin. Since that time, Drs. McCuskey, Eversole, and Friend have been replaced by Drs. Albert M. Betcher, Nicholas G. DePiero, Ralph Sappenfield, and Scott M. Smith. In 1968 Drs. Perry P. Volpitto and John Parmley were nominated by the ASA as its representatives. In 1970 Dr. Albert Faulconer was nominated to replace Dr. John Parmley.

Meetings are held twice a year, one in the spring and the other session at the time of the annual meeting of the American Society of Anesthesiologists. In addition to usual Foundation business, applications from residents in anesthesia for outright grants or loans are given consideration for definitive action. Final selection is based not only upon the application, but also on letters of reference from residency program directors. In our 15 years of existence, more than 322 applications have been processed, of which 39 have been approved for Mead Johnson grants and 205 for loans. Only one candidate failed to repay his loan, and that because of serious illness. It is gratifying to report that to the best of our knowledge those supported financially by us have done well in anesthesia; several have become directors of programs.

The Anesthesia Foundation was originally funded by a loan of \$5,000 from the ASA, some years later changed to an outright grant. From 1956, donations have been received from various individuals (some other than ASA members), component and regional so-

cieties, and manufacturers and suppliers of anesthesia equipment. Special funds have been received from a bequest of the estate of Oscar Schwidetzky and by a gift from Mr. and Mrs. H. D. Burnside. Annually, gifts are received from a score of other friendly supporters, so that by now a modestly large capital sum has been realized.

The Mead Johnson Company has provided the ASA with funds designated to be used for grants to deserving residents. The sum over the years has amounted to \$39,000. The Anesthesia Foundation has acted as a screening committee in selection of recipients and a repository for these funds throughout their distribution and subsequent repayment. In 1970 the Mead Johnson Company notified the ASA and the Anesthesia Foundation that it was discontinuing grants in the fields of anesthesia and several surgical specialties.

During the past two years, requests for financial assistance have exceeded by far the ability of the Anesthesia Foundation to provide funds to worthy residents. Although the assets of the Foundation have steadily increased to a total of approximately \$130,000, most of the aforementioned funds are presently outstanding, preventing the Foundation from processing many new applications. It is hoped that additional funds will become available to help the Foundation carry on with a program of financial assistance in the training of young anesthesiologists.

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## *A History of Forane*

THE DISCOVERY of the first general anesthetics, nitrous oxide, diethyl ether, and chloroform, probably contributed as much to man's welfare as the discovery of any other new class of drugs. No major advancements in this

field appeared for more than 80 years, until Lucas and Henderson<sup>1</sup> reported the anesthetic properties of cyclopropane, and Waters demonstrated its usefulness in man.<sup>2</sup> During the late 1930's and 1940's, J. C. Krantz, Jr.,