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Careers in Anesthesiology Autobiographical Memoirs Volume VII. By Bernard V. Wetchler, M.D., Jay Jacoby, M.D., Ph.D., Daniel C. Moore, M.D. Wood Library-Museum of Anesthesiology, Park Ridge, Illinois, 2002. ISBN: 1889595098. Pages: 315. Price: \$45.

Dr. Paul Wood, Dr. Ralph Waters, Dr. Henry Ruth, Dr. James Gwathmay—many in the field of anesthesiology know their stories and the origins of our chosen field of study. But what of those who succeeded these legends? What of the men and women who advanced the specialty of anesthesiology from its infancy to the modern medical practice now enjoyed by thousands of physicians? Volume VII of *Careers in Anesthesiology*, another volume in a series published by the Wood Library (American Society of Anesthesiologists, Park Ridge, Illinois), answers these questions with regard to three anesthesiologists who followed in the footsteps of the founders of modern anesthesiology: Bernard V. Wetchler M.D., Retired Clinical Professor of Anesthesiology, University of Illinois College of Medicine, Chicago, Illinois; Jay Jacoby, M.D., Ph.D., Professor, The Ohio State University, Columbus, Ohio; and Daniel C. Moore, M.D., Retired Professor, Virginia Mason Medical Center, Seattle, Washington.

Similar to previous volumes in this series, each section follows the career choices of all three men, and we are allowed to peek behind the curtain as to the “how and why” of decisions made throughout their careers. In these autobiographical memoirs, each man does a very informative job of not only describing the impetus of his career in anesthesiology but also the repercussions of his choices of where to practice and how to practice with regard to subspecialties.

The anecdotes that punctuate major points of their lives are fascinating. Dr. Moore’s interaction with Dr. Paul Wood at the onset of his path to anesthesiology is captivating. Imagine having to convince Dr. Wood of your competence to sit for the American Board of Anesthesiologists (Raleigh, North Carolina) written examination, much less having to take your oral examinations with examiners by the names of Rovenstine, Ruth, and McCuskey. The process must have been harrowing, but to read Dr. Moore’s account, it was nothing more than future colleagues and American Society of Anesthesiologists presidents having a conversation.

The impact the armed forces and armed conflicts had on each of their careers is difficult for us to appreciate at present. Although we may know that these events in many instances spurred advances in anesthesia technique, few realize how interwoven the careers of ex-armed forces anesthesiologists were after entering civilian life. A consistent theme is the impact of armed forces anesthesiologists in accelerating the advancements of anesthesia within academia and private practice. In addition, the personal stories of experiences during the conflicts are captivating. For example, Dr. Jacoby describes his adventures in vivid detail, from coming ashore June 9, 1944, at Normandy (D-day + 3), to having the surgical tents in which they had set up their operating rooms riddled with bullets, to operating on the gangrenous feet of the front-line soldiers. Of course, he did get to ride into a newly liberated Paris, France, albeit with a bunch of drunken soldiers carrying loaded rifles.

The advancements each of these men made to the study of anesthesiology cannot be underestimated. The book does a great job of recounting not only these advancements but also the turf battles, the fight for independence and recognition as a distinct medical specialty, and even the scuffles between members of the American Society of Anesthesiologists.

Dr. Jacoby started his career when, in his own words, “anesthetics were administered by family members, nurses, interns, or junior surgeons.” Because of the contributions made by each of these men, those of us who follow do not have to fight for the legitimacy of our chosen field. Rather, we can concentrate on continued advancement in basic

and clinical sciences that benefit our patients. All physicians who have chosen anesthesiology as a career should read this book to better appreciate the challenges and battles that have been fought and won for our specialty.

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This Is No Humbug! Edited by Richard J. Kitz, M.D. Massachusetts General Hospital, Boston, Massachusetts, 2002. ISBN: 0-97-15376-0-7. Pages: 459. Price: \$60.

This excellent book is filled with wondrous stories of a distinguished anesthesiology department as it grew into one of the academically preeminent departments in the latter half of the twentieth century. This book is the first to chronicle this period of anesthesiologic history, the documentation of which is especially important as the participants leave the scene and electronic correspondence quickly replaces hard copy documentation. *This Is No Humbug!* is a written “oral” history of the Massachusetts General Hospital (MGH) Anesthesiology Department from the late 1950s until the turn of the twentieth century. Remarkably, only three chairmen have led the department in those 50+ years, each a legend in anesthesiology: Henry K. Beecher, M.D.; Richard J. Kitz, M.D., Henry Isaiah Dorr Distinguished Professor of Anesthesia; and Warren Zapol, M.D., Anesthetist-in-Chief, Reginald Jenney Professor of Anesthesia. Beecher is remembered through those who knew him and worked with him. Kitz writes about the challenges of leading the MGH department for 30 years, and Zapol describes what lies ahead.

The most interesting essays in the book, however, belong to George E. Battit, M.D., Associate Professor of Anesthesia, and Mary Kraft, M.D., Instructor in Anesthesia. Dr. Battit was what would now be called the Clinical Director of the Operating Rooms. His detailed account of trying to turn a surgeon-dominated culture into one that allowed for rational scheduling of cases, and therefore proper use of anesthesia and operating room staff resources, has been duplicated in countless hospitals and medical centers across the country. What makes this wonderful reading is that Battit remembers with good humor the turf battles, the cunning of Beecher and Kitz to help him run the clinical service, and the quest for usable office space near the operating rooms, so critical to a successful academic anesthesiology department. With equally good humor, he recounts the rare instances when he and primarily Kitz were outmaneuvered by the surgeons. He carries no grudges, but the lessons learned will well serve anyone new to the dangers of operating room management.

Mary Kraft’s chapter is the most original in the book. Eighteen pages in length, it strikes the reader in some ways as the most sincere. Unflinchingly honest in her appraisal of women at the MGH, Kraft openly addresses issues that it is hoped no longer plague medicine. For example, Kraft notes there were only four female anesthesiologists on the staff when she began her residency—a paucity of role models when compared to the dozens of men from whom the male residents had to choose. She also writes, somewhat comically, about her role as chief resident: “My male predecessors and successors alluded to the time they spent in Dick’s [Kitz] office, learning the ropes of a Department Chair. I kept waiting for the calls which never came and resigned myself to the similarities between Richard J. Kitz and my favorite uncle, who, despite the fact that I ran intellectual rings around my male cousins, taught the boys the family business while I was tossed an occasional ice cream cone” (p. 261).

There are several factual errors in the book. One that was striking was the attribution of the Boothby-Lovelace-Bulbulian mask for delivering oxygen (developed by Walter Meredith Boothby, M.D., William Randolph Lovelace II, M.D., and Arthur Bulbulian, D.D.S., in the late 1930s at the Mayo Clinic) to a 1950s Columbia Presbyterian pulmonologist (p. 152). The chapter on cardiac anesthesia is written as if there were no other contributions to the management of open heart patients outside of MGH. Indeed, the lack of context in the book makes an appreciation for other events recounted somewhat difficult to put in perspective. For example, it was common to have biomedical engineers working in the operating rooms and research laboratories in the 1970s and 1980s, not only at MGH, but also in many medical centers.

The pediatric anesthesia story is well written and fascinating. The pediatric intensive care story is touching in that the family was as equally involved as the patient in the final outcome. The story of the cat pawing at the ventilator tubing during a home visit for a child on a ventilator was moving (p. 183). The MGH pediatric anesthesia story is particularly gripping because it occurred with crosstown rival Boston Children's Hospital. It is interesting that two of the MGH-trained pediatric anesthesiologists came from the Children's Hospital of Philadelphia, and their practice differed from that at Children's Hospital in Boston. The struggles of organizing a pediatric service within the context of a tertiary care hospital are well detailed and have happened, most likely, in many other hospitals across the country. Like Battit's stories concerning operating room management, the pediatric triumphs and struggles resonate far beyond the MGH.

The final chapter in the book is a departure from the history of the department of anesthesiology and critical care medicine at MGH and centers on the painting *Ether Day*, commissioned by the hospital to hang in the ether dome. The photographs of the creation of the

painting are fascinating. In essence, members of the departments of anesthesiology and surgery were dressed in mid-nineteenth century garb and posed in the ether dome around the chair in which Gilbert Abbott was anesthetized. The most amazing transformation, whereby Warren Zapol became William Thomas Green Morton, is clearly documented in the book. With surgeons representing surgeons, small details, such as where hands should be placed to both aid the operator and keep out of the way, came to the fore. The result is a fascinating painting that in many respects may represent the actual event as closely as possible after more than a century and a half has passed.

This Is No Humbug! is a daring, innovative book. Its unique contribution is that the story is told through the eyes and with the voices of the people who lived the events. Richard Kitz's chapters on his tenure as chair serve as a handbook for those who aspire to run an academic department. Likewise, George Battit's work is a guidebook for those who desire to run the operating rooms. Both narratives are filled with lessons learned; pitfalls, and perhaps some disasters, that await the novice practitioner will be averted by reading these words. The honesty of the writing, best exemplified by Mary Kraft's work, is clear. It would have been a simple job for Kitz to edit out Kraft's unflattering words, but he let them remain—they are a part of the MGH story that needed telling. This is a book well worth reading for all who are interested in the rise of academic anesthesiology in the latter half of the twentieth century. Parts of the narrative may even serve as a guide for the beginnings of the twenty-first.

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