
Volume VII of Careers in Anesthesiology contains three ‘free-hand’ autobiographical essays by eminent American anaesthesiologists, each providing fascinating details of various aspects in the development of the practice of anaesthesia from the 1940s to the end of the 20th century.

The first essay is by Bernard V. Wetchler, MD, who will be remembered for advancing outpatient practice. He recounts his medical training from 1946, followed by his residency, all at the New York Medical College, Flower and 5th Avenue Hospitals, where T. D. Buchanan had been (arguably!) the first ever Professor of Anaesthesia. There Wetchler observed Paul M. Wood (founder of the Wood Library–Museum) starting at 3.30 a.m. and proceeding to conduct six concurrent anaesthetics! The conditions of residency were spartan. Army service followed (in USA) after which, on invitation, he went into private practice in Peoria, Illinois. He describes his development of ambulatory care from 1971: a major hurdle was getting the medical insurance company to cover it! The Society for Ambulatory Anesthesia (SAMBA) was formally constituted in 1985 with Wetchler as first President.

Politically, Wetchler served on many ASA committees. In 1991, he was selected to attend the American Association of Nurse Anesthetists (AANA) annual meeting. It became clear that the aim of the AANA was independent practice. He relates the confrontation between the AANA and the ASA during his Presidency in 1994–95. Just prior to leaving the White House on 18th January 2001, President Clinton, whose mother was a nurse anaesthetist, signed papers favourable to the nurse anaesthetists’ goal. This was reversed by President George W. Bush.

The second autobiography (very concise) is by Jay Jacoby, MD, PhD. Under financial hardship in the late 1930s, he attended the University of Minnesota Medical School and worked as an extern in obstetrics in return for room and board. An intern on Pearl Harbor day, he was shortly called to army service and was active on a landing ship tank off Normandy on D-day, proceeding to work in MASHs. He admits that Americans learned endotracheal
intubation from the British! A classic description of blind nasal intubation is given. Other interesting descriptions include: how the first tracheal tubes were made from a roll of rubber tubing; use of the Flagg can; blood transfusion with Type O blood (without cross-match); iatrogenic delayed morphine poisoning by subcutaneous administration to cold, shocked patients; and regurgitation of wounded patients in whom digestion had ceased. After the war, he took up a residency at the University of Chicago. From his vast military experience, he introduced and taught tracheal intubation. Following this he was appointed head of Division of Anesthesia at Ohio State University, where again he introduced tracheal intubation—by 1948 this was well accepted. He also introduced preoxygenation for ECT and taught resuscitation. He is now the oldest practising professor of anaesthesiology in the USA.

The third contribution (by far the longest) is by Daniel C. Moore, MD, the doyen of regional anaesthesia. Part 1 gives an overview of his career. Again under financial hardship, he began medical school at Northwestern University (Illinois) in 1940 and as a second year medical student underwent training in anaesthesia (externship) as a means of raising money. He became proficient in administration of anaesthesia (including regional) during three years before qualifying, and kept up these skills during his internship in 1944. Next, he took a residency in anaesthesia followed by army service in California, mainly in a plastic surgery unit, where he enhanced his skills in regional anaesthesia. At the end of 1946, he arranged to take the written exam of the American Board of Anesthesiologists (ABA) and duly passed. He wanted to be a surgeon, but a few months later, realizing that potentially he could become a diplomate of the ABA by age 29, he opted for a career in anaesthesiology.

In 1947, Moore joined the Mason Clinic in Seattle. He initiated an anaesthesia residency program and promoted regional anaesthesia, which became the hallmark of his department. By 1952, he had established two key advances: 24 h cover for obstetrics (including intermittent caudal analgesia) and participation of fathers (husbands) in deliveries. His book Regional Block was published in 1953. Dr Moore gives a modest account, but one is struck by his enviable technical expertise in regional anaesthesia! There are also gems of information. How many anaesthetists know that Bo Eckenstam was the chemist who synthesized bupivacaine?

In Part 2, Moore describes his political legacies. In the early 1950s, he played a successful role in the legal battle to establish that anaesthesia was ‘the practice of medicine’. In the run-up to his presidency of the ASA (1959) he masterminded the purchase of property in Park Ridge, on which was built the headquarters of the ASA. Adjoining property was later purchased and this facilitated a building (annexe) for the Wood Library-Museum, which had previously been nomadic.

In all three essays, the text is interspersed with amusing anecdotes and interesting photographs. A name index would have been a useful addition. Though in the American ethos, this book will appeal to all anaesthetists with an interest in historical, ambulatory, military and regional anaesthesia.

A. G. McKenzie
Edinburgh, UK

DOI: 10.1093/bja/aeg593