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### The Founding of The California Society of Anesthesiologists, 1948

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The California Society of Anesthesiologists (CSA) evolved from earlier anesthesia organizations in California. This is a brief review of how the CSA began 50 years ago. The situation for anesthesia in California paralleled what was happening nationally in anesthesia, except for the two to three year delay in the arrival of the news about the discovery of ether anesthesia from Boston. Moreover, California had a unique situation of a large number of women physician anesthetists in San Francisco through the end of World War II. Many noted early anesthesiologists such as Arthur Guedel came to California, bringing the best anesthesia knowledge of the time. Moreover, California anesthesiologists were well-connected nationally, some having served as presidents of early anesthesia organizations.

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California's first professional anesthetist was Dr. Mary Botsford, an 1896 graduate of the University of California at San Francisco (UCSF), who began to devote herself to only anesthesia in 1897. She first worked at Children's Hospital of San Francisco (CHSF), a hospital founded by women physicians. Most West Coast medical women graduates interned at CHSF because other hospitals did not accept them. Botsford was charismatic and dynamic, and all interns had to rotate on anesthesia. She soon attracted a large number of women physicians to anesthesia. When the first membership list of the American Association of Anesthetists (the first national anesthesia organization, founded in 1912) was published in 1920, California had 11 members: three men, Botsford and seven of her female trainees.



In Southern California, there were few physicians administering anesthesia. By 1919, Southern California had enough physicians interested in anesthesia to form the Southern California Society of Anesthetists. This organization's goals were "to promote and advance the science and art of anesthesia," but it took five meetings to begin to get to those goals. Many "lay (nurse) anesthetists" were active competitors then. Dr. Eleanor Seymour, a 1903 USC medical graduate who interned at CHSF, and Dr. George Piness, both of Los Angeles, organized the Society. Eight physicians attended the first meeting, and the group grew to 27 by the end of the year. Los Angeles County had 1,300 physicians that year, revealing the minute interest in anesthesia as a specialty then.

The Southern California Society also worked actively with a Northern California Society of Anesthetists. There is no information about the founding of this organization, and I found no records of it except in the southern group's *Minutes Book*. Both societies communicated about such issues as lay (nurse) anesthetists, hospital administrators' attempts to control hospitals' anesthesia services, low reimbursement by hospitals, and problems with the state's workers' compensation program.

A state-wide organization was clearly needed in addition to the regional ones, due to the many threats to physician anesthesia. As was common at the time, this new organization was linked to organized medicine. On May

12, 1921, the California Medical Association (CMA) established a Section on Anesthesiology, the first such section in the country. Botsford was the first chair, and Seymour served as secretary. Its first meeting was held May 15, 1922, in Yosemite. This was a joint meeting with another new anesthesia organization, the Pacific Coast Association of Anesthetists, also holding its first meeting. The stimulus for this latter organization was the work of Dr. Frank McMechan of Ohio, who was busy organizing the entire United States at this time. The primary purpose of these two organizations was educational. The CMA Section met annually during the CMA meeting. Its programs were published in the CMA's journal, *California and Western Medicine* (now the *Western Journal of Medicine*), and these reveal that every possible aspect of anesthesia was presented. Out-of-state guests included Ralph Waters, the first academic anesthesiologist in the U.S. (University of Wisconsin).

In 1934, the Southern California Society, now the Anesthesia Section of the Los Angeles County Medical Association, sued a local nurse anesthetist for "practicing medicine without a license." The State Superior Court found that nurse-administered "anesthesia was *not* the practice of medicine" because "the surgeon is supervising the nurse anesthetist."

There was most likely inactivity in the Northern California group. Its early members were aging and retiring. We do know that it restarted in 1940, when a Wisconsin-trained anesthesiologist, Hugh Hathaway, became the new chair of anesthesia at UCSF. (Dr. Botsford was the first chair and professor but retired in 1934 and died in 1939.) The new Northern California group was formed by Hathaway, William Neff (chair at Stanford and also Wisconsin trained) and Bruce Anderson (previously at the Mayo Clinic). The group of 10 met monthly in the Stanford Diet Kitchen and supplemented its membership with two pharmacologists. A strong female presence was still evident, about 50 percent of attendees being female.

The state's anesthesia organizations became inactive when World War II began. But, the war led to great benefits for the young specialty of anesthesiology. Many physicians were forcibly exposed to anesthesia and found it interesting. There was increasing use of technology in anesthesia, adding to the interest. Furthermore, health insurance was being introduced, especially for hospital care such as surgery. This led to more reliable reimbursement for anesthesiologists who, up to that time, had to rely on the hospital, surgeon, or patient to pay the bill. It was in the post-World War II era that modern anesthesiology—and its organizations—really began, and that was the case in California.

Huge numbers of veteran-physicians returned to California, leading to increases in the physician population. There was great demand for anesthesiologists, and the many who began work in the state then needed a different type of organization, one that could represent anesthesia in the political arena as well as addressing educational needs. The actual idea for a new state organization came at a 1947 meeting at the University of Utah (this meeting went on to become the Biennial Western Conference) attended by some Bay Area anesthesiologists. Jack Hunt, the first Executive Secretary of the new American Society of Anesthesiologists, attended and suggested a state organization to the Californians. Bruce Anderson discussed the idea with others when he returned, and they decided to form a state organization at the next meeting of the CMA Section.



Charles McCuskey, M.D., First President of the CSA.

At the May, 1948, CMA Section meeting in San Francisco, William Neff asked members to stay to form a new society, the California Society of Anesthesiologists (CSA). Charles McCuskey of Los Angeles, the most prominent anesthesiologist in the state, was elected president. Bruce Anderson was elected secretary. The Vice-President was Fennimore Davis from Northern California. Twelve physicians signed the constitution and bylaws. The CSA then became a component society of the ASA, which was just evolving into our present ASA structure. The first CSA delegates to the ASA were Malcolm H. Hawk, Evelyn H. Case and Forrest E. Leffingwell. At that first ASA meeting, California was a district combined with Oregon, Washington and Hawaii. The first District Director was Douglas H. Batten of San Diego. Membership quickly became prominent, with 150 members the first year and 278 the second. California was then placed into its own district. Charles McCuskey was elected ASA president in 1948, the first year of the new structure and the new CSA, illustrating the prominence of California anesthesia nationally. The CSA has continued to serve the political and educational needs of the state's anesthesiologists for these 50 years, because of the dedication and hard work of many of its members.

[A list of references may be obtained from the CSA office.]