

# John William "Bill" Pender, M.D. (1912-2001)

By Selma Harrison Calmes, M.D.

**B**ill Pender first appeared in my life with a crate of oranges, and I have loved him ever since. This was in the late 1960s. I was a lowly resident at the University of Pennsylvania, and Bill Pender arrived from the Palo Alto Clinic for a sabbatical at Penn. One day, I came into the lunch room in the OR, and an old-fashioned, wooden crate of oranges (the kind we used to make bookcases out of) was on the floor. Having grown up in Southern California surrounded by orange groves and having bought lots of oranges from the local packing house, it seemed I'd gone to heaven in the cold, unfriendly city of Philadelphia. A kindly man dressed in scrubs and with a gentle Southern accent introduced himself. It was Bill Pender, and he'd brought the oranges from California for our lunch. We became immediate friends, in spite of his much-more prestigious standing as chair at the Palo Alto Clinic. Later, Bill and I worked together on the Wood Library-Museum (WLM), while he was developing the WLM's Living History series of videotape interviews of early anesthesiologists, then on the Guedel Board and, finally, while founding the Anesthesia History Association. These interactions all confirmed his integrity, gentleness, high standards and dedication to developing and documenting our specialty. Sadly, Bill Pender died in February at his retirement home in Placerville, California.

Bill was the son of a country doctor in Hesterville, Mississippi, so entering medicine was natural for him. He graduated from the University of Mississippi in 1933 and then from Tulane Medical School in 1935. This was the middle of the Great Depression, and his medical education was funded by a Commonwealth Fund of New York grant. This program was to support students who would return to practice in rural areas. Internship was at the U.S. Public Health Service Hospital in San Francisco. He then realized he needed more experience in obstetrics and took three more months training at a hospital in New Orleans. From 1937-40, he was a general practitioner in rural Mississippi, first in Kosciusko and then in Carthage. Early on, he took over his sick father's practice in an office in a drug store, a common location for offices then.

Although he enjoyed general practice, Pender wasn't satisfied with small-town medical practice. He'd trained with specialists at Tulane and was frustrated by the limitations of small town medicine and the lack of a nearby hospital. He sought

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something else to do, and anesthesia was the choice. He had met Coldicutt Pearson who was just starting anesthesia practice in Miami. He was the first person Pender had known who practiced only anesthesia. While in Carthage, Pearson wrote Bill and said he needed a partner. He suggested the six month course with Clement in Toledo. Bill also considered anesthesia training in New Orleans, but this position paid nothing for the first three months. A new Mayo Clinic-trained surgeon arrived about then in Jackson, Mississippi, where he referred difficult patients. The surgeon's wife was a nurse trained in anesthesia at the Mayo Clinic. Talking with them convinced Pender to go to Mayo Clinic for his anesthesia training. He began there in 1940. John Lundy had started the anesthesia program there in 1924.

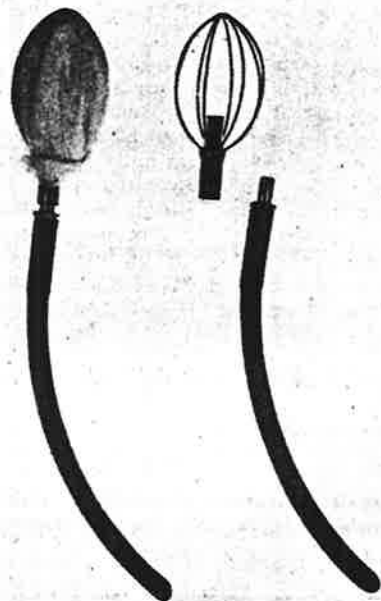


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World War II interfered, and 1942 found him on active duty with the Navy. A Mayo Clinic neurosurgeon was stationed at Bethesda Naval Hospital in Washington, D.C., to establish a mobile neurosurgical unit which could move to various locations if the East Coast were bombed. After realizing they had plenty of surgical help but no anesthesiologist, Pender was called. He was the sole anesthesiologist at Bethesda for much of the war. While there, Pender gave anesthesia for President Franklin Roosevelt, who was then running for his third term. The operation was to remove a sebaceous cyst from the back of the president's head. Once again, there was plenty of surgical help, but no one knew how to do good infiltration anesthesia. Pender rose to the occasion, and injected the President while he was seated in his wheelchair. When Pender took the President's blood pressure for monitoring, he found severe hypertension—and kept quiet about it, given the difficult time for the nation and the continued need for Roosevelt's leadership. The hypertension led to the president's fatal stroke in 1945.

Anesthesia at Bethesda was mostly drop ether with a Yankauer mask. Pender saw the need for something to "hook onto an endotracheal tube" so that the mask didn't have to be held all the time, especially during long neurosurgical cases. He tried to get dental officers assigned to anesthesia to help him with his proposed device, but finally had to have the machinist make the "Pender Lemon," a clever device that served its purpose extremely well. He also experimented with electrical anesthesia while in the Navy. Because of the war, there was a great need for a non-explosive, easily transportable anesthesia technique. Pender thought of electricity. He was able to experiment with it at the Naval Research Institute but

then was sent to a hospital ship overseas, so the project died. In 1946, he returned to the Mayo Clinic as a consultant and then instructor.



The Pender "Lemon"

Pender JW, Lane JN. An endotracheal vaporizer. *Anes* 1945; 6:418-420.

He was involved in developing many areas of anesthesia, especially early open heart anesthesia. He did anesthesia for the first open-heart operation at the Mayo Clinic, a mitral commissurotomy. After John Lundy retired in 1954, Bill left Mayo Clinic for the Palo Alto Clinic in California. Although this was a private practice situation, he knew that Stanford Medical School would soon be moving from San Francisco to Palo Alto and an academic tie would be possible. The Palo Alto Clinic also had a sabbatical program (four months/ every six years), and he was able to take sabbaticals at the University of Pennsylvania twice and in Cardiff, Wales, with William Mushin.

Before he left the Mayo Clinic, he began interviewing older staff to document the beginning of this important institution. He joined the Oral History Association, and through that, got into the videotape interview format, on which the WLM's Living History program is based.

Dr. John Leahey of Philadelphia provided critical technical support for this program and is considered the co-founder, along with Dr. Pender. This program began in 1965; there are now more than 150 taped interviews. This important program documents our early history and has been an example to other specialty organizations. The Living History program is on-going, and the tapes are widely used.

Pender's many activities in anesthesia included the Travel Club (founded by John Lundy), the Academy of Anesthesiology (serving as president in 1965), the AUA, the WLM Board of Trustees (from 1969-1978), the Board of Trustees of the Guedel Memorial Center, chairman of the Section on Anesthesia of the American Medical Association and associate editor of the journal *Anesthesiology* (1956-1965). These activities were unusual for someone in private practice then—and now. Bill Pender, with typical modesty, considered himself a perfectionist and

someone of average ability who succeeded by increased effort. People with such characteristics were an essential component to move anesthesia forward as it developed into a true specialty, in addition to the few brilliant leaders. Bill Pender certainly did his part, and we'll miss him very, very much. As a final act, before leaving anesthesia forever, he made a large donation to the WLM to support a room in the museum dedicated to the Mayo Clinic. The new Mayo Clinic Room was dedicated at the ASA Board of Directors meeting March 2, 2001. It will be used by the curator of the equipment collection, Judith Robbins. This will be another lasting legacy of John "Bill" Pender.

*Sources used for this article were my long friendship with Dr. Pender, an obituary written by the family, Dr. Pender's own Living History interview done in 1983 and a just-released book on the history of the Mayo Clinic department, Art to Science, by K. Rehder, P. Southorn and A. Sessler.*