

“This is no humbug!” Reminiscences of the Department of Anesthesia at the Massachusetts General Hospital. A History, edited by Richard J. Kitz (Massachusetts General Hospital, Boston, USA, 2003. 459 pp.)

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“This is no humbug!” the surgeon Dr. Warren exclaimed in 1846 when he completed his surgery on a patient under ether anesthesia administered by Dr. William T.G. Morton. This was the first successful demonstration of surgical anesthesia in history, and the Massachusetts General Hospital (MGH) was the place. The MGH is famous not only because of this episode, but also because its department of anesthesia offers top-class quality in patient care, education, and scientific achievements, attracting many excellent people from all over the world. Many of us have learned or are learning anesthesia from international best-selling handbooks such as *Clinical Anesthesia Procedures of the MGH*.

Because the ether anesthesia demonstration was conducted more than 150 years ago, one may think that the department of anesthesia at MGH has a long history, too. Surprisingly, that is not true. It was only in 1969 that the department of anesthesia became autonomous and independent of the surgery department, and that was when Dr. Kitz, the editor of this book, assumed his 25-year-long chairmanship. This book illustrates how Dr. Kitz and his colleagues developed this newborn department of anesthesia into the influential and successful unit it is today. Like the life of a human being, it is full of stories both instructive and insightful.

The book is a great pleasure to read, not only for those who are or were affiliated with the department of anesthesia at the MGH in any way (as Dr. Kitz modestly describes the target audience), but for everyone in the field of anesthesiology. More than anything else, Kitz relates the history of anesthesia vividly, drawing on the record of MGH as a leader in almost all subspecialties of anesthesiology, including cardiac anesthesia, respiratory intensive care, biomedical engineering, and neuromuscular blocking agents, to name but a few. Advances in these areas closely parallel the growth of MGH.

For example, by reading the story of cardiac anesthesia by Dr. Edward Lowenstein, one will be amazed at how the field was dismally different 30 years ago from what it is today. In 1962, when Dr. Lowenstein rotated in cardiac anesthesia as a resident, the usual cardiac surgery patients were those with end-stage valvular diseases. He describes a typical case:

After successful induction using thiopental and succinylcholine and tracheal intubation, performed in the induction room, d-tubocurarine and halothane anesthesia would be initiated. Soon thereafter, the pulse would rather routinely become impalpable (three out of the seven cases), external cardiac massage would be started and the patient would be transported across the hall to the OR with much shouting and cursing. The patient would rapidly be prepped and simultaneously resuscitated and incised to cannulate and initiated cardiopulmonary bypass.

By comparing this with today’s controlled, calm, cardiac operating rooms, we are impressed by the great achievements of cardiac anesthesia in the past 30 years.

This book is also invaluable for those who are worried about the low profile of anesthesiology and the resultant shortage of personnel. We have an impression that, in contrast to the case in Japan, anesthesiology in the United States has a long history and therefore is highly regarded. Today, that is true, but it certainly was not the case in 1969, when Dr. Kitz became the chairman. Here I quote an impressive episode Dr. Kitz experienced. At a party for the surgical service to which he was invited, the residents carried out a humorous parody.

The scene opened in a mock operating room with a draped patient and surgeons and nurses gowned. The anesthesiologist was not visible behind the ether screen (i.e., the screen dividing the surgical field from the area for the anesthesiologists). The surgical team initially talked about the Red Sox. Then the following soliloquy from the senior resident doing the surgery:

"The blood seems just a bit dark here!"—turning toward the anesthesiologist. "Hey! The blood's getting darker! Is he okay?"—leaning over the ether screen. "Geez!"—grabbing the heart. "It stopped! What have you done?"—again looking over the ether screen. Then a head slowly rose from the ether screen with a face made up as a caricature of an Oriental: "Sorry, speakie no English"—and the head slowly descended behind the ether screen. Roars of laughter and applause followed with hoots yet! I was stunned and speechless. The Surgical House Staff had so low an opinion of their anesthesia counterparts that it chose to ridicule them during this party skit.

We learn how Dr. Kitz started from there and recruited many excellent people from all over the world, organized systems to promote patient care, education, and research, and finally created a department highly respected by surgical and medical colleagues. We can learn a lot from Dr. Kitz's administration and management, just as businesspeople and economists try to learn from Mr. Carlos Ghosn's revival of Nissan.

I believe the book "*This is no humbug!*" belongs on the shelf of every medical school and hospital library. Those who are interested in the history, science, and the future of anesthesiology will be equally enchanted.