

JOSEPH PRIESTLEY SOCIETY LECTURE
History of The Penn State University
Department of Anesthesiology

Introduction:

(Recognitions, etc.)

Guests:

In July of this year Dr. Mets invited me to speak this evening about the history of the anesthesiology department at The Hershey Medical Center. I certainly thank Dr. Mets for that invitation and also for placing the resources of the department at my disposal, particularly the assistance of Jodi Verbos, who has guided my search for information and prepared the visual part of this program. I am also indebted to Ellaine Julienne, Patsy Kline and Virginia Lingle of the medical center library staff and Colleen Martinez of the GME office for digging up information or leading me to where I could dig for myself.

In a web site Jodi referred me to I encountered a quotation from Priestley revealing his self knowledge, which is worth repeating: "I HAVE A TOLERABLY GOOD HABIT OF CIRCUMSPECTION WITH REGARD TO FACTS, BUT AS TO CONCLUSIONS FROM THEM, I AM NOT APT TO BE VERY CONFIDENT."

Facts regarding the early years of the department as hard to come by. Virtually all records of the department, including annual reports, budgets, correspondence, anesthesia records, invoices -- everything was discarded sometime after 1976. This is indicated by the absence of any paper trail in the departmental records or in the archives, as well as by eye witness accounts of mass jettisoning of records.

I will proceed then, with what facts I have available, and with Priestley caution hazard a conclusion or two. The sources of information I did find cover the early years included:

- Private diaries, correspondence
- Office appointment books
- Newspaper clippings
- PSU and HMC publications
- Archives (in HMC library)

- - - - - Personal interviews - - - - -

So what happened - - in the beginning?

You have no doubt heard about the 50 million dollar phone call and the orphans court decision in 1963 legalizing the transfer of monies to build the medical center and school. Dr. George Harrell was appointed Dean in 1964. Also of interest is the fact that Dr. HARRY Prystowski, who would succeed Dr. Harrell, was also on the list for consideration. Ground was broken in 1966, and the first class of 40 students was admitted in the fall of 1967. One of these students, Dominick D'Orazio became the first Hershey graduate to enter the residency program, a brave man.

After basic science chairmanships were filled, clinical chairmmen were appointed. In the fall of 1970, as the first third year students entered their history making study cubicles, these were the founding department chairmen, whose vision and goals would mold the growth of the students and the school. Standing, from left to right are;

- | | |
|---------------------------------------|---------------------------|
| ANTHONY KALES - Psychiatry; | And sitting, L to R: |
| ELLIOTT VESSELL - Pharmacology | |
| JOHN RUSSELL - Hosp. Admin.; | VINCE STENGER - Ob./Gyn. |
| ALLEN YEAKEL - Anesthesiology. | RICHARD NAEYE - Pathology |
| THOMAS LEHMAN - Fam. & Comm. Med. | MAX LANG - Vet. Comp. Med |
| ELMER VASTYAN - Humanities; | HOWARD MORGAN - Physiolgy |
| GRAHAM JEFFERIES - Medicine; | GEORGE HARRELL- Dean |
| WILLIAM WEIDNER -Radiology; | JOHN WALDHAUSEN - Surgery |
| NICHOLAS NELSON - Pediatrics; | |
| EUGENE DAVIDSON - Biol. Chem.; | Chairmen and |
| BRYCE MUNGER - Anatomy; | Contributors all. |
| FREDD RAPP - Microbiology and | |
| EVAN PATTISHALL - Behavioral Science. | |

After letters, phone calls and meetings with Dr. Harrell and Dr. Waldhausen in the fall and winter of 1969, I was appointed chairman in April of 1970. The terms we agreed on included:

- full departmental status with responsibility to the Dean
- provision for two additional staff
- funding for four residents pending approval of the program

with primary objectives in order of priority:

- excellence in patient care
- a quality teaching experience for residents and medical students preferably in a physician only environment
- community service and education
- research

When I walked into C420 for the first time in July 1970 I found an empty office in the center of the crescent and unfinished operating rooms in the hospital. The first three months were devoted to securing additional staff - Dr. Donald Roberts and Dr. Joe Nizolek,, a department secretary - Mrs. Zelda Mounts and a director of Inhalation Therapy - Glen Miller. They were on board by August. Anesthesia machines had been selected and ordered in advance, but there remained everything else to select and order either through the hospital or the medical school. This included sterilizers for inhalation therapy, ventilators, monitoring equipment, typewriters, all anesthesia equipment. The anesthesia record had to be designed, curricula developed for second and third year medical students and the residency training program planned and necessary applications submitted for approval to the AAMC. During this "no Patient" interlude the staff became incorporated into the committee plans of hospital and medical school, and got to know colleagues in other departments, and their expectations.

Glitches did occur. A possibly disastrous one appeared about a week before we were to open. We discovered, using a Pauling oxygen meter, that the gas coming out of the O.R. oxygen lines was not oxygen. We sent a sample over to biochemistry and learned that we were getting helium. Next we opened up every O₂ outlet in the entire medical center and in two hours the meter reading was barely 5%. Leaving all the outlets running all that night and the next morning brought it up to 100%. Taking a breath out of a nitrous oxide line, made us sound like Donald Duck, so we flushed those as well. Another disturbing development was the proposal that we take call to cover the E.R. as well as the operating rooms, which we respectfully declined. Everything else checked out and we felt we were ready.

The grand opening of the hospital came on 14 October. At the main entrance Dr. Harrell admitted the first patient, Mrs. Nightwine, to a limited care accommodation, speeches were made and a surgical gauze ribbon cut by Dr. Oswald, president of the university. A few days later in the brand new surgical suite, Dr. Donald Roberts anesthetized a young woman for Dr. Vince Stenger to perform the first surgical procedure in the medical center - a hysteroscopy. I anesthetized Dr. Stenger's second patient, an older woman for a laparotomy to treat a chocolate cyst of the ovary. This is a true account, not a fabrication.

At this time the cost of an active care room was \$49 a day. A minimal care room was \$30 a day. Twenty-five years later these costs were \$660 per day for a standard room and \$515 per day for minimal care. ICU beds were \$65 per day on opening, \$1660 per day 25 years later.

My starting salary was \$40,008. Assistant professors drew about \$30,000. A first year resident's stipend was \$8208. At HUP in 1959, as a first year anesthesia resident, I took home \$50 a month.

Recruiting time and effort had to continue to insure staff growth. The second year of operation the staff grew to four. Dr. Kermit Tantom came from Penn to direct the Intensive Care Unit in September of 1971. Dr. Roger Bucs left W. Va. Univ. to join us, but Joe Nizolek fled back to Iowa in May of '71. The residency program was approved in May of '71. The first class of three began in July of 1972, but Dr. Pogchit Pramuan began her R-IV year on Jan. 3, 1972, coming up from the program at HUP for a final year of CT training. Dr. Jeanne Messner joined us in 1972 with special interest in pediatrics; Dr. James Gildea also was added with a major interest in obstetrics practice. Hershey had a director for cardio-thoracic anesthesia when Dr. Ken Denllinger arrived from NIH in 1974. Into the third year the department had seven staff and three residents. In the fourth year that increased to nine staff and 5 residents. That year Dr. Michael Nahrwold moved in from NIH to set up the laboratory, to study the effects of anesthetic agents on neurotransmitters. The last full year of operation there were eleven staff and eleven residents.

Continuing on in time you can see that the growth continued on through to the following century. If you plot this growth, numbers against years, you will see it is nearly a straight line from day one for over thirty years.

The educational program went well with anesthesia staff lecturing regularly during the pharmacology course and introducing third year students to clinical anesthesia for two weeks during their surgical rotation. Summer electives were offered. Victor Gambone carried out a study and wrote a paper on "Recall Under General Anesthesia" the summer of 1972. And the ASA preceptorship program was started.

Anesthesia staff supported the PR of the medical center with talks to various school and community groups. And frequent courses in basic and advanced life support were held for emergency medical groups, the American Heart Assn.,

and other unexpected organizations like The American Assn of Exterminators. A regular schedule of instruction was provided for every class at the State Police Academy.

In the fall of 1972 the department began offering monthly dinner-CME speakers for anesthesiologists in the central PA area. Most of these were held here at the hotel, or the Motor Lodge, the Country Club or at Spinners. Featured were knowledgeable luminaries including Jack Downes, Rick Siker, NWB Craythorne, Harry Wollman, Doug Eastwood, Peter Safar, James Wilson, Burt Epstein, Ron Stephens, Jay Jacoby, Leonard Bachman and others. Wives were welcome - and I remember badgering Sal Fulginiti - the comptroller, to OK payment for the meals of the staff wives.

Research during the early years was not a high priority item. The laboratory waited for Dr. Nahrwold's arrival, but study of recall under various premedications and general anesthesia techniques was ongoing. The work was a continuation of studies conducted at W.Va. with Innovan and Ketamine and led naturally to a phase three study of the amnestic effects of Lorezapam. This agent we found to have remarkable amnestic effects often with little or no sedation. Other clinical studies were carried out and reported in the literature, but no departmental record of these is to be found.

The method of machine processing of clinical anesthesia data developed at W.Va. Univ. was modified and systematized to generate monthly reports with multiple applications. They made readily available all the clinical experience information needed for annual resident's reports. They also provided average operating times for every surgeon for every operation performed, with results cumulative over time, including maximum and minimum times. This made possible a more efficient scheduling of O.R. time. The surgeons were required to file a 3 x 5 card in advance for every elective case indicating the planned date and

operator, as well as the planned procedure. Consulting the data base, the estimated time was added to each card. At scheduling time we met with the O.R. supervisor, laid out the cards room by room and allowing for turnover time and generated the next day's operating schedule, concluding elective cases at a designated time. Some surgeons accepted this approach, while others grumbled about it. Our objective was to keep the elective schedule from running out of control, jeopardizing reasonable study time for house staff, as well as in the interests of their domestic tranquillity. The problem apparently has not been solved to this day, judging by a recent article in The Wall Street Journal. Having readily available hard data certainly facilitated this approach.

All in all the progress of the fledgling department appeared satisfactory. But along the way, some portentous events occurred. Gradually the winds seemed to be changing.

On June 10, 1972 at 2 PM a meeting of the executive committee was called to order at which President Oswald, accompanied by Mr. Patterson from the main campus, announced that by June 1973 we would have a new dean. In the interim, Dr. Oswald said, Dr. Harrell would continue as head of health education and planning for the new cancer wing. The day to day management of the medical center would be handled by one of the clinical chairmen. And the chairman of the department of surgery agreed to fill that role. I believe now that the winds (and the rules) changed at that point, but I did not realize it at the time.

A second harbinger of change came in March 1973. We had proposed that we establish within the department a section of medical instrumentation, headed by Dr. Kenneth Haslam. Dr. Haslam had keen interest and impeccable credentials for such an appointment. He would have been an important asset in maintaining the integrity and safety

certification of all our equipment, documenting this discipline, improving patient safety and protecting the university. We also expected him to develop safety standards and design laboratory equipment as needed. However, on March 9 I received a memo from C.A. Brockman, asst. Provost for Financial Affairs stating, " I do not have the dollars to support your proposal".

Hmmmm. That was a change in the wind. The university had been in tight financial times from the beginning, but we had been successful in expanding professional and support staff. Of course, Dr. Haslam moved on, and that unique opportunity was lost.

Again in March of 1976 it appeared feasible to establish a formal pain control service and multidisciplinary pain clinic. Dr. Leo Debacker from the University of Iowa, where he had supervised a pain control clinic for years agreed to join the department to develop such a program here with Dr. Roberts to assist him. At the same time a young woman anesthesiologist, Dr. Hosick, was willing to join us on staff and with Dr. Jeanne Messner as director, form a section in pediatric anesthesia. Again, this time from the medical school side, funds and appointments were denied.

It was about this time that I started to think it was time to leave. Up to that time the department had enjoyed growth and funding, despite tight financial times for the university and the medical center. But only in preparing this account from a thirty plus year perspective did I understand what probably happened, that I had unwittingly committed a series of principled but provocative acts which contributed to these developments. The following is a list of these, some of which have already been described.

Avoiding CRNA's as a condition of appointment was accepted by Dr. Harrell and Dr. Waldhausen, but for most surgeons, any restriction of their freedom to operate whenever they want to is probably irritating.

Controlling the O.R. schedule with hard evidence-based data also probably elicited some antipathy, for the same reason.

In the first year at some point I refused a suggestion to have our staff take Emergency room call in addition to our O.R. coverage. We were not qualified and it was not in our original job description. That certainly didn't make points.

Low priority for research? I thought this provision might exclude me from consideration before my appointment. It did not, but that was at an earlier stage of development, when clinical coverage was of primary concern.

Cancellation of an elective PDA repair. Time does not permit adequate description of this episode. On 20th January 1972, I had to cancel this surgery for a young lad because of a florid respiratory infection. It resulted in a verbal battle at the patient's bedside between myself and Dr. Waldhausen, who had with him a group of residents, interns and students.. He became enraged, but I could not take any other course, and all this in front of the lad's mother. Not a nice scene. Provocative? You bet!

Then there was the cursing and obscenity in the O.R. by one of the surgical residents. I was getting complaints from the O.R. nurses and staff, especially the women. So I secured an opinion from McQuaid et.al., the university attorneys in State College. They wrote that it was a punishable misdemeanor to swear or speak obscenities on any state property. I sent a copy to the chief of surgery and the problem was solved, but this was probably somewhat irritating.

The issue of hiring CRNA's came up again at a meeting of the O.R. Committee. The surgeons wanted looser control of the schedule and obtain more operating time by employing nurses. The contention was that anesthesia was giving too much time off to their residents, which was allowing no more than one in three nights/weekends on call. The vehemently stated surgical position was that their residents could work any hours, no matter what they might be. I pointed out the date, time, conditions and personnel of a previous case during which an exhausted surgical team left a sponge in the chest, even though the count was wrong, following the removal of an atrial myxoma. Again, a legitimate but provocative approach.

Finally, there was a third year medical student we had to flunk on the anesthesia rotation. That student could not be taught how to calculate medication dosage based on weight. If the medication strength was given as a percentage, it was equally futile.. Despite being called down to the assistant Dean's office, and taking the student back for another two weeks because we were told that an F was not acceptable, we were still unable to successfully teach the student how to make such calculations. Another visit with Dr. Berlin; He said the student had to graduate. Even a D would do. I persisted and refused to sign a pgrade slip that would send that student out into medical practice. I learned later that the student was graduated; that the anesthesia grade was averaged in with the surgical grade. Again, not cooperative with the administration.

So my theory is that I had unwittingly antagonized the right people who could impeded the progress of the department. It may be paranoia, of course, but then "It's not paranoia, if it's true."

The final negotiation which entered into my decision, as yet unstated, is that before I accepted the appointment, I assured my wife that I would stay only so

long as the department progressed to my complete satisfaction. She agreed to this. Keeping this agreement with her and with myself in mind, on July 9, 1976 I resigned.

And it was a good move. The department was free to be given a different kind of management, and I was free to get back to what I most enjoyed - taking care of patients full time. In closing I would point out, and Priestley would probably agree, that "all things work for good to those who love The Lord".

Thank you for your attention.



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Power Point Visual/Audio
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