The 2005 ASA Annual Meeting held in Atlanta, originally slated to be the ASA’s centennial celebration in New Orleans, was a well-attended and well-organized but bittersweet affair. Indeed, there was an appropriately muted celebration of the ASA’s significant role in our specialty’s extraordinary achievements during this past century, and a guarded optimism over anesthesiology’s scientific and economic futures. The meeting’s “mantra” was that our specialty’s future depends on maintaining our teaching and research programs in a vibrantly healthy condition, and that anesthesiology necessarily will assume a substantially transmogrified—perhaps not easily recognizable—form within a few decades.

Permeating this year's meeting was the solemn acknowledgement of the enormity of the disruption of the lives of the citizens of the Gulf States, many of whom, including colleagues of ours, anticipate uncertain and unpromising personal and professional futures. The devastation wrought by Katrina and Rita offers an opportunity for our society to address major social issues that have dwelled under the radar screen of our national consciousness, or alternatively, can serve as an example of how a call for social action to help a large and vulnerable underclass goes unheeded. The immediate response of Americans was, indeed, noble, but the real moral challenge is whether we have the desire and the will to invest in the future of the historically downtrodden within our society.

During this New Year’s weekend of storms, the tragedies of the Gulf Coast were brought home to me during a walk through a blustery (60 mile gusts) and savage downpour along one of the few navigable banks of the rampaging Sacramento River, and the realization that here in California we all stand vulnerable to a veritable host of natural disasters.

Because all ASA committee meetings had been cancelled as a result of the lack of meeting room space, my calendar unexpectedly opened up, and I used the time to make a pilgrimage to two
nearby historic sites. For my first sojourn, I had to shed a bias ingrained during my training at the Massachusetts General Hospital, namely that William T. Morton's public demonstration of ether anesthesia at the MGH “Ether Dome” on October 16, 1846, is America's greatest contribution to 19th century medicine. Yet every year I have been reminded that “Doctors Day” is celebrated on March 30. This acknowledges the fact that on that day in 1842, the country physician, Crawford W. Long, actually manufactured the ether (he also was a pharmacist) that he then administered for what now is widely acknowledged to be the first ether anesthesia for a surgical procedure. A general practitioner in rural Jefferson, Georgia, Long was far removed from the mainstream of medical communication. He actually waited until December 1849 to announce his accomplishment in the *Southern Medical Journal* (Volume 5, #12), most likely spurred by his knowledge of competing claims to fame (for the first administration of surgical anesthesia) of the New England dentists, Horace Wells and William Morton, and the Boston physician, Charles Jackson. I quote from Long's article, *An Account of the First Use of Sulfuric Ether*, which is found in “The History of Anesthesiology” (Wood Library-Museum's reprint series, part one):

> The *Medical Examiner* for January 1847 … contained several articles, giving accounts of different experiments in etherisation, in which surgical operations were performed without pain. On reading these articles, I determined to wait a few months, before publishing an account of my discovery, and see whether any surgeon would present a claim to having used ether by inhalation in surgical operations prior to the time it was used by me.

A controversy soon ensued between Messrs. Jackson, Morton, and Wells, in regard to who was entitled to the honor of being the discoverer of the anaesthetic powers of ether, and a considerable time elapsed before I was able to ascertain the exact period when their first operations were performed. Ascertaining this fact, through negligence I have now permitted a much longer time to elapse than I designed, or than my professional friends with whom I consulted advised; but as no account has been published (so far as I have been able to ascertain) of the inhalation of ether being used to prevent pain in surgical operations as early as March 1842, my friends think I would be doing myself an injustice not to notify my brethren of the medical profession of my priority of the use of ether by inhalation in surgical practice.

I know that my interests have suffered from not making an earlier publication, and I would not be persuaded at this late stage of the ether controversy to present my claim to being the first to use ether
as an anaesthetic in surgical operations, if I were not fully satisfied of my ability to establish its justness. …

[He then presents a number of certificates by patients and observers “to establish the claim indisputably.” —Editor].

I leave it with an enlightened medical profession to say whether or not my claim to the discovery of etherisation is forfeited by not being presented earlier, and with the decision which may be made, I shall be content.

Long's gentlemanly approach to claiming his place in the advancement of medicine certainly is commendable. Fortune never was an issue for him. Of note, Long, who may well also have been the first to administer anesthesia for an obstetrical procedure, practiced surgery and anesthesia until June 16, 1878, when he died suddenly from a cerebral hemorrhage while delivering a baby to the local congressman's wife. His dying words were, “Care for the mother and child first.”

My visit to the Crawford Long Museum was a most gratifying and memorable experience, and as with the Ether Dome, I would encourage visitation to soak up the history. The museum contains a treasure of items and information about Dr. Long and, of course, his discovery. Unfortunately, the museum building is in a significant degree of disrepair, but assuredly is deserving of organized anesthesia's advocacy and continued support in maintaining its physical integrity and professional staffing. What greater treasure exists for any specialty?

My second historic visit in Atlanta was not anesthesia-related. Nonetheless, I had the good fortune to visit the old Ebenezer Baptist Church where another great American, Dr. Martin Luther King, Jr., had served as pastor. President Ronald Reagan, in his proclamation of the first Martin Luther King, Jr. Day (January 16, 1986), said that “Dr. King was truly a prophetic voice that reached out over the chasms of hostility, prejudice, ignorance, and fear to touch the conscience of America. He challenged us to make real the promise of America as a land of freedom, equality, opportunity, and brotherhood.”

Several of this remarkable and courageous man's quotations are to be found within this Bulletin.

Finally, this October will find Chicago hosting the 2006 ASA Annual Meeting, and this offers us the opportunity for a convenient historical pilgrimage to our ASA's Wood Library-Museum. It houses the largest library in the world devoted to anesthesia and related medicine, and also hosts an extensive historical collection and exhibitions of anesthesia equipment, apparatuses and artifacts.