



AUA

Association of University Anesthesiologists

Update

Fall 2002

Inside:

Subspecialty Report	2
Reclaiming the Web	3
AUA 50th Anniversary Meeting	4
Letter to the Editor	4
Call for Abstracts	5
Specifications for Abstracts	6
Abstract Submission Form	7
Abstract Disclosure Form	8
Election of New Members	8

The Wood Library-Museum and YOU

W. Andrew Kofke, M.D.
Philadelphia, Pennsylvania

Those who do not remember the past are doomed to repeat it. — Tacitus

The Association of University Anesthesiologists (AUA) has a close relationship with its parent organization, the American Society of Anesthesiologists (ASA). AUA provides ASA a remittance for the services it receives. An intangible benefit provided to AUA is the relationship enjoyed with the various components within ASA, including the Wood Library-Museum of Anesthesiology (WLM).

When one walks through the library located on the third floor of the ASA office building and sees members researching the literature, one can practically hear the books and periodicals talking among themselves. A visit to the museum is an informative stroll through the history of anesthesiology taught by such notables as Drs. Long, Morton, Davy, Connell, Morgan, Waters, Blake, Boyle, Siker, Apgar and many others.

Without a doubt, one of the most heavily used services and benefits offered to ASA and AUA members is this unique library-museum. The WLM offers more than 9,000 books, 100 foreign and domestic journals, hundreds of films and photographs, and many other resources, including biographical files. It is the largest library in the world devoted to anesthesia and related medicine.

The WLM also collects anesthetic equipment and apparatus from around the world with an emphasis on North America. All time periods are represented, including the latest developments in technology. These artifacts are available for research and are supported by extensive files on the pharmaceutical and equipment industries. The best of the collection is on view in a handsome gallery that is open to the public, where educational tours are offered to

schools and other organizations. These displays are always being refreshed as the museum grows.

Even frequent users of these resources may not be aware that the WLM has more going on behind the scenes. Scholars of the history of anesthesiology compete annually for the Research Fellowships sponsored by the WLM. There is an active publications program that issues new books, reprints and translations of rare classics and the popular series of biographical essays, *Careers in Anesthesiology*. Videotaped interviews with leading figures in the field are produced each year for the Pender Living History Collection.

At every ASA Annual Meeting, the WLM is proud to offer the Wright Memorial Lecture as well as a new, informative exhibit each year. Each new exhibit is then added to the stock of the WLM traveling exhibits program. These are available for long- and short-term loan.

Among the most important collections at the library-museum are the archives of many professional societies, including those of AUA. These are a vital part of the WLM's mission to chronicle the growth of anesthesiology. Records that have permanent, archival value include legal, fiscal and administrative files and publications as well as "firsts" and other historical highlights. To ensure their longevity, these materials are placed in archival-quality containers and kept in a controlled environment. Listings of the records held by the WLM are available on request.

AUA and WLM are working cooperatively to ensure that AUA's archival records are preserved. AUA will celebrate its Golden Anniversary in 2003 — this is a milestone that should not be missed! It is a time to recognize and to reflect on the achievements of the Association and its



W. Andrew Kofke, M.D.

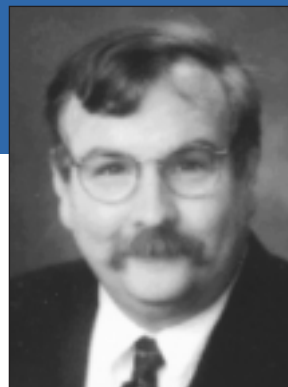
Continued on page 3

Subspecialty

Report: *Society of Neurosurgical Anesthesia and Critical Care*



Daniel J. Cole, M.D.
President



Tod B. Sloan, M.D., Ph.D., Chair
Nominating Committee

Daniel J. Cole, M.D.
Loma Linda, California

Tod B. Sloan, M.D., Ph.D.
Fair Oaks Ranch, Texas

Since its inception in 1973, the Society of Neurosurgical Anesthesia and Critical Care (SNACC) < www.snacc.org > has devoted itself to improving the art and science of neurosurgical anesthesia. Currently the international membership of about 500 includes individuals conducting research on the cutting edge of neuroscience and individuals at the clinical forefront of operating room and critical care anesthesia.

The SNACC Annual Meeting has become the forum for interfacing these two ends of the neuroanesthesia spectrum. Overall, the new science that is developed within our Society is superb, and a new initiative is to have SNACC facilitate the organization of research projects — in short, to be an investigational bridge to nurture ideas into germination and to strengthen the acquisition of new knowledge by combining the collective action of its membership.

The affiliation with the *Journal of Neurosurgical Anesthesiology* has allowed a broader exchange of scientific and clinical advances into the practice of anesthesiology and critical care. The biennial

update of a comprehensive bibliography on relevant basic science and clinical topics has become an important resource.

The essence of our Society is academic in nature, and we strongly believe that much of what validates neuroanesthesiology as a medical subspecialty is the unique knowledge that a physician uses to advance the practice. At the same time, SNACC is reaching out to broaden its ties with allied subspecialties to cross-fertilize and enrich its members and those with common interests in neuroscience and patient care.

Reclaiming the Web

Ira J. Rampil, M.D.
Stony Brook, New York
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I suppose it was inevitable, but it seems the quiet pleasures of Web surfing have been replaced with dodging increasingly aggressive, obnoxious advertising. The pace and invasiveness of Web-based advertising has increased in inverse proportion to financial desperation in the Internet business world. As the cash flow from the investment bubble passes into history, Web site businesses have had to resort to selling your eye contact to anyone willing to pay. In our modern society, we all know that nothing is ever truly free, and indeed, almost everyone will acquiesce in the presence of television commercials during football games (or take the opportunity to visit the kitchen). However, the present state of Internet advertising is

much more intrusive. Unlike television commercials and highway billboards, some Web sites have resorted to “pop-up” screens that require your actual, physical intervention to get rid of them — just as unfortunate and irritating as “spam” e-mail. Pop-ups are spawned by little snippets of programming code added to the Web page in which you were interested. When scanned by your browser, these code snippets basically hijack the browser, forcing it to the advertiser’s address (URL) and opening a new page and usually covering up whatever you actually wanted to look at. Of course, this procedure also takes time, and you are often left to look at a blank screen until the ad makes its appearance. Some commercial Web sites are fractionally more considerate in that the pop-ups they create hide behind your page of interest, and you do not have to kill them until you have finished surfing. These “pop-unders” still take time away from your surfing, though.

Pop-up windows and their garish animated advertising are built using either of two popular Web scripting (or programming) languages: JavaScript or Java. Indeed, one way to remove

Web junk (to paraphrase graphic design pioneer Edward Tufte) would be to disable Java and JavaScript in your browser preference. For example, in Internet Explorer® 5.2 (Macintosh), one can shut off scripting by checking off the box in Preferences/Web Browser/Web Content/Active Content/Enable Scripting. These programming languages, however, were added to Web browsers to “enrich” the viewer’s experience on the Internet, and completely disabling Web programming would leave the surfing experience a little sterile and would totally disable viewing of some fancy sites where the programmers have, against common sense, made viewing wholly dependent on these languages.

It also is possible to use a scalpel-like approach to kill advertising, if you are willing to invest a bit of time and typing. Both Macintoshes and PCs use a bit of software called a TCP-IP stack in order to communicate with the Internet. The stack allows you to set your own Internet addressing, which takes precedence over the true conversion of an alphabetic domain name to the numerical address. Thus (this

Continued on page 5

The Wood Library-Museum and YOU

Continued from page 1

members and the changes that have come about over the course of half a century. It also is a “golden” opportunity to capture that history and ensure that it will be permanently retained for the future. Correspondence, minutes, directories, meeting announcements and programs, publications, photographs and souvenirs all have archival value. If you have these or other AUA materials, please consider donating them to the AUA archives.

For more information about the programs, collections and services of the Wood Library-Museum of Anesthesiology, contact Librarian Patrick Sim at (847) 825-5586 or by e-mail at <p.sim@ASAhq.org >.

For more information about the AUA archives or the new ambulatory anesthesia exhibit, contact Collections Supervisor Judith A. Robins at (847) 825-5586 or by e-mail at <j.robins@ASAhq.org >. Members can take a virtual tour of the WLM and learn more about its services by visiting the library’s Web site at <www.ASAhq.org/wlm >. We also invite you to visit the WLM in person should your travel take you to the Chicago area. The library-museum is located in the ASA headquarters offices at 520 N. Northwest Highway, Park Ridge, IL 60068-2573.



50th Anniversary Meeting Hosted by

Medical College of Wisconsin

We are delighted to have been selected as the host for this 50th anniversary bash. Preparations are under way for what we expect to be a wonderful gathering for all attendees. History, artifacts and esteemed AUA members will be the highlights of the outstanding educational and social programs. But first, a few facts about the host institution, The Medical College of Wisconsin (MCW) and its department of anesthesiology.

The Medical College is a private, freestanding medical school with close affiliations with Marquette University and the University of Wisconsin-Milwaukee. MCW traces its roots back to 1893 when two proprietary medical schools were established. In 1913, the two schools were absorbed by Marquette University and became the Marquette University School of Medicine. In 1967, Marquette University relinquished its medical school, and the school became a private, freestanding institution that was renamed the Medical College of Wisconsin in 1970. The college moved into its new buildings on the Milwaukee Regional Medical Center campus in 1978.

There has been tremendous growth since then. MCW now has 4,000 full-time faculty and staff and an enrollment of 800 M.D. students in the School of Medicine and 250 Ph.D. and 350 M.D., M.P.H. students in the Graduate School of Biomedical Sciences. The graduate school offers five advanced degree titles in 14 specialty degree programs. There are 200 nonphysician faculty and 175 nonclinical M.D. and Ph.D. research fellows. The College's multispecialty group practice, Medical College Physicians, has 700 physicians and offers care in every specialty of medicine. Each year, MCW physicians provide services for more than 250,000 patients, representing nearly 750,000 patient visits. In collaboration with its affiliated hospitals, MCW provides residency and fellowship training for approximately 680

post-M.D. graduates in 78 medical specialties and subspecialties in 22 hospital and off-campus clinic sites. MCW ranks in or around the top third of all 125 medical schools in the United States in research funding. This year, MCW was awarded \$100 million in grant support, of which \$72 million came from the National Institutes of Health (NIH).

The department of anesthesiology was established in 1957 as a division of the department of surgery. In 1965, the department of anesthesiology became independent from the department of surgery. John P. Kampine, M.D., Ph.D., has served as chair since 1979. The scope of resident and fellowship training, research and patient care has increased each year. The department now performs approximately 42,000 anesthetics yearly. A total of 74 residents and six fellows are currently involved in anesthesiology training under the direction of 75 clinical faculty members, of whom 11 also hold a Ph.D. degree.

The anesthesiology residency program is the only one in southeast Wisconsin so residents have the exclusive opportunity to learn and participate in patient care at five affiliated hospitals. The broad diversity and abundant volume of anesthetic cases allow residents the opportunity to care for a wide variety of patients undergoing a full range of surgical procedures. The department offers Accreditation Council for Graduate Medical Education-approved fellowships in subspecialty areas such as critical care, pain medicine and pediatric anesthesiology and offers additional clinical fellowships in cardiac, neurologic and obstetric anesthesia.

Many clinical faculty and 14 additional full-time Ph.D. research faculty are involved in clinical and basic science research. MCW offers a continuously funded NIH postanesthesiology training grant program in research. Many of the faculty have postdoctoral trainees and graduate students and offer summer research experiences for medical and undergraduate students. The department is among the top 10 of all anesthesiology departments in the United States for NIH research funding. Major areas of research are cardiovascular, pulmonary and neural physiology and pharmacology.

We hope you will enjoy your visit with us May 1-4, 2003. Arrive early and visit our clinical and research facilities.

*David F. Stowe, M.D., Ph.D., Chair
AUA Host Program*

Letter to the Editor

Congratulations on the production of the *AUA Update*. This represents an opportunity for AUA members to keep abreast of the latest developments and provides increased visibility for the academic mission of anesthesiology at a critical time in the evolution of the specialty.

The Foundation for Anesthesia Education and Research (FAER) is particularly grateful that AUA has co-sponsored awards for 15 years now with gifts totaling more than

\$400,000. Each year I look at the AUA program, and it is remarkable how many presentations and how much participation in the affairs of the Association are a result of activities by former FAER award recipients.

*Alan D. Sessler, M.D., Executive Director
Foundation for Anesthesia Education and Research*

Call for Abstracts

Deadline: Friday, November 22, 2002

The Scientific Advisory Board (SAB), chaired by Jeffrey R. Balsler, M.D., Ph.D., Nashville, Tennessee, invites you to submit an original research abstract for presentation at the AUA 50th Annual Meeting to be held May 2-4, 2003, at the historic Pfister Hotel in Milwaukee, Wisconsin. As was the case for the 2002 Annual Meeting, all submitted abstracts will be accepted. However, open acceptance could result in more abstracts than available space. Only one abstract per member (authored or sponsored) will be accepted.

After SAB peer-review, abstracts will be assigned to oral, poster discussion and poster sessions. Individuals whose abstracts are selected for oral presentation will be asked not to be overly technical in their presentations and to provide adequate background and context for their work. Oral presentations are not intended for postdoctoral fellows or senior faculty.

To maintain the traditional high quality of abstract submissions, it is essential that member authors and sponsors critically review their submissions. If, in the opinion of the membership, this new process results in a diminished quality of abstract, then SAB will return to peer-review for acceptance of abstracts. Members are encouraged to consider submission of clinically oriented abstracts as there has been a decline in the numbers of such submissions for recent meetings.

A total of 12 copies of each abstract are needed. The copy of highest quality should be on the top of the submissions, as this copy will be set aside for "camera-ready" reproduction into the program booklet. An electronic version of the abstract also should be provided.

All abstract packages must arrive at Dr. Balsler's office by **5 p.m. (Central Standard Time) on Friday, November 22, 2002**. Abstract packages may not be sent as a facsimile. Abstracts arriving after Friday, November 22, 2002, will be considered late and may not be accepted.

An abstract submission form is required for each abstract. The submission form provides SAB with information regarding authors and membership, institutional and corporate affiliations, notification of prior or other presentation(s) of the research and the need for conflict-of-interest disclaimers. A disclosure form is also required for each abstract and must be submitted should there exist relationships of a personal or professional nature that are relevant to the research that was conducted. Abstract submission and author disclosure forms as well as the specifications for abstract submissions may be found on the AUA Web site at <www.auahq.org>.

Abstracts selected for the AUA 50th Anniversary Meeting will not be published, allowing members to submit essentially the same abstract to the American Society of Anesthesiologists 2003 Annual Meeting.

Reclaiming the Web

Continued from page 3

would be a good time to check with your local guru), if you modify a system file named "hosts" to include a line consisting of the following text:

```
127.0.0.1 ads.x10.com
```

you will eliminate those particularly noxious pop-ups for a certain ubiquitous camera ad that anybody who has been on the Web has surely seen. This is accomplished because when the browser sees the appropriate JavaScript

requesting data from the pop-up's site, it must request the TCP-IP stack to find the real numerical address. Since the stack looks at the local host file before asking the Web for the address, it gets back 127.0.0.1, not the true address. The neat part is that 127.0.0.1 is the official internal address for your own machine. Therefore, when the request for the ad comes to your machine, it ignores the request, and nothing happens in your browser. The problem with this approach is that the ranks of the bad source addresses continue to grow, and it would be difficult for an

individual to keep up with new entries in the host file.

Another approach to reducing the advertising load on your network browser is to obtain newly available advertising suppression software. In this type of software, someone else keeps up with the bad addresses. There are many examples of this type of program, and new ones keep appearing. I suggest that you search a site such as <www.cnet.com> or <www.versiontracker.com> to find reviews of the latest crop of pop-up killers.

S p e c i f i c a t i o n s for Abstracts

Number of Copies

TWELVE COPIES TOTAL. The original followed by 11 copies. If an abstract is two pages long, leave the original copy unstapled. However, do staple together the pages for the 11 copies. An electronic version of the abstract also should be provided.

Typeface

The following are necessary to ensure legibility after photocopying and to facilitate review by the Scientific Advisory Board:

- Type size: 11 point or larger (equivalent to pica typewriter font).
- Line spacing: No more than six lines per vertical inch.
- Fonts: Any font may be used, including proportional and fixed-pitch fonts.

Page Length

Abstract text must fit onto one 8-1/2" x 11" page. Please use reasonable margins, typically one inch at the left and one-half inch at the right. An optional second page may be used only for the following items:

- Figures with brief legends
- Tables
- References
- Acknowledgements

IMPORTANT!

NO abstract text is permitted on the second abstract page.

Text composition

It is recommended that the abstract be divided into the following sections:

- Introduction: Briefly state the rationale and objective of the project.
- Methods: Summarize the key points succinctly.
- Results: Cite the essential results; give statistical and systemic errors.
- Conclusions: Discuss the significance of the results.

Heading

Include title, authors (first initial and surname) and institution name at the top of the abstract page.

Authors

Each abstract must be authored or sponsored by an AUA member. If none of the authors is an AUA member, list the AUA sponsor's name after the authors as follows: (Spon: J.O. Doe). **REMEMBER: AN AUA MEMBER MAY AUTHOR OR SPONSOR ONE ABSTRACT ONLY.**

References

Inclusion of one to three references is recommended to facilitate abstract review.

Clinical Studies

Include a statement regarding IRB approval.

Animal Studies

Include a statement of adherence to the APS/National Institutes of Health guidelines.

Copies

Send the submission and disclosure forms (one copy), plus the abstract (original plus 11 copies) to:

Jeffrey R. Balser, M.D., Ph.D., Chair
Scientific Advisory Board
Association of University Anesthesiologists
520 N. Northwest Highway
Park Ridge, IL 60068-2573

Deadline

The complete submission packet, including the Abstract Submission Disclosure Form, must be received by 5 p.m. **Friday, November 22, 2002.** In fairness to those authors who do abide by these rules, the Scientific Advisory Board may remove from consideration abstracts not following these instructions.



AUA

Association of University Anesthesiologists

Abstract Submission Form

Deadline: Friday, November 22, 2002

Title: _____

Authors: (list presenting authors first: **boldface** names of authors who are AUA members):

AUA Sponsor (required only if no author is an AUA member): _____

Principal Department and Institution: _____

Other Departments and/or Institutions: _____

Principal Author:

Address: _____

Telephone Number: _____

Fax Number: _____

E-mail Address: _____

Has the presenting author ever given an oral presentation to AUA? Yes No

Check presentation preference (no guarantees): Oral Poster Poster/Discussion

See disclosure form on following page

Abstract Submission Disclosure Form

A completed Disclosure Form must accompany each abstract submitted for consideration

The AUA Participant/Presenter named on this disclosure form agrees to acknowledge below any support from commercial firms for studies relating to the topic of the individual's presentation. If, within the past five years, the presenter or presenter's immediate family members (spouse, children, siblings or parents) has had a personal financial relationship with a commercial firm or for-profit entity relating to the topic of presentation, this relationship must be described on a separate page attached to this form. Such relationships include salaries, ownerships, equity positions, stock options, royalties, consulting fees or honoraria for speaking, material support and other financial arrangements. The disclosed information may be published as a supplement to the meeting program.

Name of Presenter

Do you have a financial relationship as described above? Yes No

If yes, please detail on a separate sheet.

Presenter Signature

Date

Welcome *New Members*

The Association welcomes the new members who were elected to membership during the Annual Membership Meeting held on April 12, 2002, at the Loews Vanderbilt Plaza Hotel, Nashville, Tennessee. The individuals below have returned their member profile form with their initial dues payment.

Valerie A. Arkoosh, M.D.
Philadelphia, Pennsylvania

Elliott Bennett-Guerrero, M.D.
New York, New York

Helene Benveniste, M.D., Ph.D.
Stony Brook, New York

Dan E. Berkowitz, M.D.
Baltimore, Maryland

Emery N. Brown, M.D., Ph.D.
Boston, Massachusetts

Albert T. Cheung, M.D.
Moylan, Pennsylvania

Niki M. Dietz, M.D.
Oronoco, Minnesota

Robert R. Gaiser, M.D.
Mount Laurel, New Jersey

Gilbert J. Grant, M.D.
White Plains, New York

Lynn D. Martin, M.D.
Seattle, Washington

Mohamed Naguib, M.B, Ch.B.
Coralville, Iowa

Gregory A. Nuttall, M.D.
Rochester, Minnesota

Craig M. Palmer, M.D.
Tucson, Arizona

Peter J. Pronovost, M.D., Ph.D.
Baltimore, Maryland

Armin Schubert, M.D.
Cleveland, Ohio

Jack S. Shanewise, M.D.
Atlanta, Georgia