
Editor's Note

Peter Southorn, M.D.

A heartfelt "Thank You" to everyone who has contributed to this newsletter. I know the readers will appreciate your contributions. Please keep those letters and e-mails coming.

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Although his interest in pharmacology and physiology might have been enough to influence John Hattox to specialize in anesthesiology, he recalls two experiences during his third year at the University of Tennessee Medical School in the 1940s that were pivotal in setting his course. First, the professor and chair of surgery devoted an hour lecture to his belief that progress in surgery was tied to the level of anesthetic care and, therefore, would be held back unless physicians began to specialize in anesthesiology. At that time in Tennessee, there were no physicians practicing anesthesiology in the entire state including the university. The consequences of this deficiency were then tragically demonstrated to Dr. Hattox while sitting in a surgical gallery about to observe a thoracotomy. The induction of anesthesia by a nurse practitioner rapidly became an airway management crisis leading to the patient's death. Even with his then limited knowledge of anesthesia, the mismanagement of the anesthesia care was obvious to Dr. Hattox, and he recalls thinking to himself, "There has to be a better way."

Following graduation from medical school in 1945, Dr. Hattox did his internship at the U.S. Naval Hospital in San Diego. Because of the need to deploy physicians as quickly as possible, the length of military internships was nine months, during which Dr. Hattox had his first hands-on experience in anesthesiology. The acting chief of anesthesiology at U.S.N.H. San Diego was a civilian-trained reservist who gave Dr. Hattox his time and guidance. When World

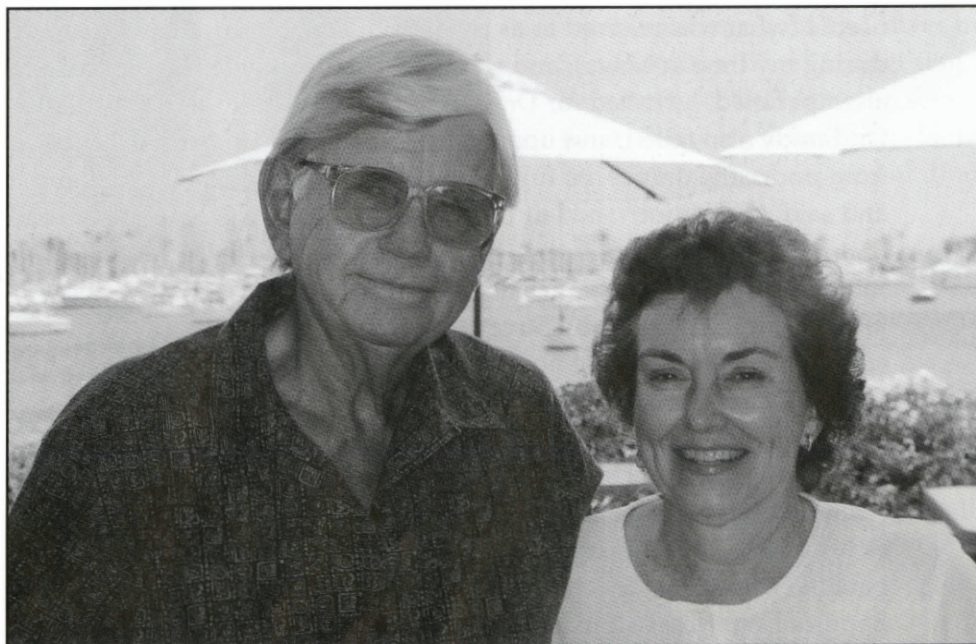
War II ended, internships were extended to twelve months, and Dr. Hattox immediately requested and was granted an additional three months in anesthesia under the same skillful tutelage. In the last month of Dr. Hattox's internship, the acting chief of anesthesiology was released from active duty, and his last official act was to inform Dr. Hattox that he was now the new acting chief of anesthesiology – in a hospital of several thousand beds! A shocked, overwhelmed Dr. Hattox blurted, "But I hardly know anything about anesthesia!" to which his chief responded, "You know more than anybody else here."

The demands and challenges of being an intern chief of anesthesiology were daunting, and Dr. Hattox found himself in the unenviable position of having to take lonely stands for the cause of sound patient care and anesthetic management. The culminating event in that regard came one evening when a naval surgeon, with considerable political influence, scheduled a gastrectomy and insisted that it be done under high spinal anesthesia. Dr. Hattox informed the surgeon that such a technique was unsafe and then held up the case until the chief of surgery arrived. After hearing Dr. Hattox's anesthetic judgment, the chief replied, "Do what you want." The other rebuffed, angry surgeon saw to it that Dr. Hattox's career at U.S.N.H. San Diego ended at completion of his internship, and he was re-assigned to a recruit depot in Los Angeles for the remaining two years of his active duty.

Being a physician assigned to a naval recruit depot at the end of World War II gave Dr. Hattox ample time to stay in touch with the anesthesia practice in Los Angeles, and he recalls visiting Los Angeles County Hospital and Dr. John Dillon, the chair of the department. It was obvious to Dr. Hattox that the program had virtually no supervision, and he began the search for other residencies in anesthesiology. Interestingly, at that time, there were no training programs in anesthesiology in the western half of the United States, and Dr. Hattox concluded that the best programs available were with Dr. Lundy at the Mayo Clinic, Dr. Waters at the University of Wisconsin, Dr. Cullen at the University of Iowa, and Dr. Rovenstine at Bellevue. The reputation of the Mayo Clinic was known to Dr. Hattox both as a physician and from hearing the accounts of patients who had been cared for there. In addition, the one textbook on anesthesia that he owned was Clinical Anesthesia by Dr. John Lundy. In August 1948, Dr. Hattox visited Rochester, was interviewed by Dr. Lundy, and offered a position in the residency starting October 1st.

One of the traditions for new residents at Mayo in those days was to attend a dinner at the Foundation House, which was hosted by Dr. Donald Balfour. Dr. Hattox remembers being profoundly impacted by Dr. Balfour's words, "There is a lot to be learned here, but you will not be spoon-fed." Dr. Hattox's first rotation was at the Kahler Hospital with my father, Dr. Charlie Adams. He fondly remembers my father's kindness to him but also that he was not "spoon-fed." When he was in trouble in a difficult case, he went to my father for help. After hearing the problem, Dr. Hattox told me, "Your father looked at me and said, 'You can manage that,' and I did."

The dominant presence in anesthesiology at Mayo in those days was Dr. John Lundy. He was a superb teacher but also delighted in being a source of terror and humiliation for the residents. To this day, Dr. Hattox thinks that Dr. Lundy never received the credit he deserved for his significant contributions to the specialty outside the operating room, especially in the arena of politics, advancing the cause of anesthesiology, and securing its place in the American Medical Association.



John and Kathryn Hattox at their home on San Diego Bay.

Not surprisingly, Dr. Hattox can recall many memorable events in his time with Dr. Lundy. Late one afternoon at Saint Marys, Dr. Lundy had sent the rest of the staff home so that only he and his first assistant, Dr. Hattox, were covering on-going cases in several operating rooms. In a short time, lights were flashing from various rooms signaling the need for help, and Dr. Hattox was frantically running from room to room to lend a hand and all the while calling for Dr. Lundy, who was nowhere to be found. At great physical and emotional expense, Dr. Hattox managed to put out all the fires whereupon Dr. Lundy casually showed up in the surgical hallway. Dr. Hattox explains, "When I saw him, I almost yelled, 'Dr. Lundy, where in the world have you been?!' All he did was smirk at me, and I knew that his absence was a calculated action to have me act under pressure and acquire a greater sense of responsibility."

On another occasion one of Mayo's renowned surgeons, Dr. Walters, was operating before a full gallery when, Dr. Hattox says, "Suddenly there was blood everywhere." It should be noted that during that time, it was common practice only to start an IV after the induction and then only "if" indicated. Dr. Hattox was under the drapes trying to place a Lewisohn needle (what was referred to as an "introducer" during my time at Mayo), and when his first attempt failed, he called for Dr. Lundy. Dr. Lundy also failed, and upon coming out from under the drapes, he turned to Dr. Hattox and said, "You idiot" and left the room.

In those days, there was a residence for single fellows (located on Second Street across from where the Mayo Building now sits) called the Wilson Club, and it was there that Dr. Hattox shared a room with fellow resident Dr. Bob Devloo. Dr. Devloo had a membership at the Rochester Golf and Country Club and invited, as his guests one weekend, Dr. Hattox and his parents, who were tee-totaling Southern Baptists from Mississippi. Also in the club that

evening was Dr. Lundy, who was known on occasion to liberally imbibe. While Dr. Devloo and his guest were seated in the dining room, a highly animated man came running out of the bar, waving a broom, and chasing a bat. Mrs. Hattox asked her son, "Who is that?" and was told, "That's my chief, Dr. Lundy." There was complete silence and no further questions.

Dr. Hattox remembers other Mayo anesthesia staff with great fondness and appreciation, particularly Drs. John "Bill" Pender and Albert Faulconer. Dr. Pender, a tough but excellent mentor who challenged his residents, was the greatest influence on Dr. Hattox, both for the close attention he gave him and for his skill in managing any crisis in the operating room.

It was during his quest for a Master of Science degree through research in spectrometry that Dr. Hattox spent time with Dr. Faulconer. Along with Drs. Arthur Keats and William Hamilton, Dr. Hattox considers Dr. Faulconer the most brilliant anesthesiologist it was his pleasure to have known. On one occasion, Dr. Hattox reached a mathematical roadblock, which no effort on his part could overcome, and at wit's end, he sought Dr. Faulconer's help. Dr. Faulconer went to the large blackboard that he kept in his office, and said, "Let's see what we can do." During the ensuing minutes he proceeded to fill the entire board with a series of calculations and, at the very bottom of the board, arrived at the solution. He turned to Dr. Hattox and in his characteristic understated manner said, "I think that might work."

From the beginning of the anesthesiology residency at the Clinic through Dr. Hattox's time there, residents did not participate in the one-on-one anesthetic care of the patient. The system was for the residents to supervise the nurse anesthetists in the local room where the patient was induced and intubated and then as needed after the patient was taken to the operating room by the anesthetist. Dr. Hattox never liked supervising anesthetic care and

wanted to be assigned an operating room where he could do his own cases. He approached Dr. Roger Ridley, a new staff member, to make this request to Dr. Lundy but Dr. Ridley, still not over being traumatized by Dr. Lundy, refused. Dr. Hattox figured, "Nothing ventured, nothing gained" and arranged for an appointment with Dr. Lundy. After the well-rehearsed presentation and request was completed, Dr. Lundy was silent for a few uncomfortable seconds for Dr. Hattox and then said, "I think that can be arranged." Dr. Hattox was given Room 8 at Saint Marys where he spent a quarter personally managing the anesthetic care for the patients of Drs. Waugh, Gray, and Pemberton. So thoroughly enjoyable was this experience for Dr. Hattox that he was given an additional quarter, and from that moment on, all residents at Mayo received experience in managing their own cases.

Other advances in the field took place during Dr. Hattox's residency. One of his fellow residents, Dr. David Massa, invented the prototype for the peripheral plastic intravenous needle in use to this day. The initial trials at producing the prototype took place in his apartment and involved using his oven. The final design was first produced by Rochester Products and eventually became the Jelco needle.

Dr. Hattox also remembers an evening on call as a first assistant when a patient from the State Hospital was admitted having shoved a needle through her chest wall into the heart. He concluded that the procedure could not be safely done without monitoring the heart and arranged to have what was then a state-of-the-art EKG from the cardiology department – a single lead, paper-writing machine. As far as Dr. Hattox knows, that may have been the first time an EKG monitor was used in the operating suite in Rochester.

Though offered a position on the staff at Mayo at the conclusion of his residency, Dr. Hattox knew that his passion in the specialty was in hands-on anesthetic management of the surgi-

cal patient. He accepted a position with Anesthesia Service Medical Group in San Diego, not only because of San Diego's well-known attractions but because of the leadership's commitment to a high level of clinical care and fairness and equality to all members, even the newest joiners. Although the small group had no plans to further expand, the quality of care provided by Dr. Hattox and his colleagues was consistently sought out as more hospitals were built in response to San Diego's rapid growth. The group now has approximately 175 members, and its size and success are in no small way because of Dr. Hattox's leadership.

While maintaining a busy clinical practice, Dr. Hattox became a productive participant on behalf of anesthesiology on several levels. Having become accustomed to the recovery rooms at Mayo, he was dismayed to find on his arrival in San Diego that no such thing existed in any hospital. Patients went directly from surgery back to their hospital rooms where serious complications, including deaths, were known to occur. In the first hospital where he worked, Dr. Hattox presented his plan in sequence to the operating room supervisor, the director of nursing, and the hospital administrator – all of whom provided their enthusiastic support. A storage room became a four-bed unit, the only equipment was a G cylinder oxygen tank, Dr. Hattox trained the nurses, and San Diego had its first recovery room.

Anesthesiology in the early fifties was an emerging specialty fighting for recognition and the ability to control its own destiny. No one appreciated that more than Dr. Hattox. At considerable sacrifice to his clinical work, remuneration, and free time, he increasingly contributed his expertise and resolve in many venues. He was the first anesthesiologist given a position on the Board of Directors at Sharp Hospital. His service to the California Society of Anesthesiologists (CSA) started with committee work, was followed by election to the board of directors, and culminated in his

becoming the president of the CSA in 1967. The CSA honored Dr. Hattox with the Distinguished Service Award. Concurrently his service to the American Society of Anesthesiologists (ASA) was ever expanding: membership and the chair of the Administrative Affairs Committee, the Economics Committee which published the first Relative Value Guide, the director for District 22 (California) and the House of Delegates, the first vice-presidency, and ultimately the presidency of the ASA in 1980. Throughout his work, he increasingly appreciated that his specialty would get no help without its point of view being explained and promoted to lawmakers. Although the ASA had hired its first lobbyist, there was still vital work to be done by its member anesthesiologists. Dr. Hattox recalls that an effort was gathering momentum in Congress to lump radiology, anesthesiology, and pathology into one specialty category, an ominous situation for all specialties. Dr. Hattox had a relationship with Representative Henry Waxman (D-CA) and, thanks to an "in" with his scheduling secretary, was given thirty minutes with Waxman at the end of his scheduled appointments. Dr. Hattox gave a well-honed speech during which Waxman listened without comment or interruption. With the presentation completed, Congressman Waxman said, "I agree with everything you said. This proposal is going nowhere," and it was removed from the committee agenda. Through many such experiences, Dr. Hattox learned that a valid, thoroughly developed point that is respectfully

and honestly presented can bring positive results for anesthesiology. His greatest concern for the specialty today is the vital need for the younger generation of anesthesiologists to get involved in medical politics at the state and federal levels. For his own meritorious service to the specialty, the ASA awarded Dr. Hattox with its Distinguished Service Award in 1992.

Dr. Hattox is now happily retired from all phases of his tireless efforts for anesthesiology and resides at a wonderful home on San Diego Bay with his wife Kathryn (Kathy). Though he recently stopped flying his own plane, a passion that spanned more than 40 years, he still enjoys traveling with his "tour director" Kathy. Since it wouldn't be living if he wasn't doing something medical, Dr. Hattox volunteers one afternoon a week performing histories and physicals on military recruits.

On a personal note, I had the distinct privilege and pleasure of many benefits through my friendship and association with John Hattox. He made it possible for me to join Anesthesia Service, and for all my years working in San Diego, he was my role model in every professional endeavor. Even more than his notable professional accomplishments, John is defined by his unwavering sense of honor and responsibility and being a gentleman in every sense of the word. If one were to provide the best example to follow for new physicians coming into the field, I can think of no one better than Dr. John Hattox.