

# IMAGINING IN TIME

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## HELEN LAMB: SOME INSIGHT INTO HER LIFE AND TIMES—PART 1\*

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Helen Lamb was born September 28, 1899, in Butler, Mo, a small town about 60 miles south of Kansas City, Mo. Her mother was Anna Catherine Judy and her father, Leslie Lamb, was a physician in Butler.<sup>1</sup> Helen received her nurses training at Christian Church Hospital, Kansas City, Mo,<sup>2</sup> and she received her registered nurse license in 1921. Later, training in the art and science of anesthesia took place at Lakeside Hospital School of Anesthesia in Cleveland, Ohio (Figure 1).

Lakeside Hospital School of Anesthesia was not the first school of anesthesia in the United States but one of the most well known. The school's founding chief surgeon was George W. Crile, MD, and his anesthetist was Agatha C. Hodgins, who was instrumental in the formation of the National Association of Nurse Anesthetists in 1931 (renamed American Association of Nurse Anesthetists [AANA] in 1939).

Lamb began her anesthesia training at Lakeside in the early 1920s. The training lasted approximately 6 months and tuition cost \$100. To provide students with greater clinical experience, Lake-

side provided a system of affiliation with other Cleveland hospitals. Hodgins lectured her students from notes, which were eventually mimeographed and distributed to the students for a small charge.<sup>3(p105)</sup> Lamb remained at Lakeside until 1927 when she was recruited by Evarts A. Graham, MD, head of surgery at Barnes Hospital in St Louis, Mo.<sup>4(p182)</sup>

When Graham was appointed as the first full-time head of surgery at Barnes Hospital in 1919, it was a 90-bed hospital affiliated with the Washington University School of Medicine.<sup>5,6</sup> Lamb would become the sole personal nurse anesthetist for Graham. She administered and managed all of the anesthetics for Graham's patients for more than 20 years (Figure 2).<sup>4(p123)</sup>

Lamb was not the first nurse anesthetist at Barnes Hospital. Some of the staff surgeons at Barnes hired their own nurse anesthetist who worked solely with that particular surgeon (Figure 3). This situation caused conflict within the Department of Surgery and the hospital.<sup>4(p182)</sup> Graham recruited Lamb because of her recommendations and training. There was an increasing number and complexity of surgical cases being performed at Barnes because of the institution's increasingly worldwide reputation, and there were inadequate numbers of physician anesthesiologists available.<sup>4(p182)</sup>

### Lamb becomes director of Barnes Hospital School of Anesthesia

In 1929, the Barnes Hospital School of Anesthesia (later to

**Figure 1.** Helen Lamb, nurse anesthetist, circa 1940



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**Figure 2.** Barnes Hospital Surgical Amphitheater, St Louis, Mo, circa 1920s



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become the Washington University School of Nurse Anesthesia, St Louis, Mo) opened with Lamb as

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**Figure 3. Helen Lamb, nurse anesthetist, with Evarts Graham, MD, at the head of the operating room table at Barnes Hospital, St Louis, Mo, circa 1945**



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its director, a position she held until her retirement in 1951 (Figure 4). The school would graduate only 1 nurse anesthetist that first year. Students began enrolling each month starting in 1930, and 15 students graduated that second year. Graham and Louis Burlingham, MD, superintendent of Barnes Hospital, helped establish the school.<sup>4(p182),7</sup>

Students and surgeons described Lamb as an extremely intelligent woman but as being very controlling over her patient's anesthetics, her position within the Department of Anesthesia, and her students. She was gifted and outstanding in creating a teaching program. Douglas Eastwood, MD, described her as having a good understanding of physiology and pharmacology, especially as it related to anesthesia.<sup>4(pp182-183)</sup> The Barnes Hospital School of Anesthesia trained nurses for periods of 4 months beginning in 1929, increasing to 6 months' duration in 1934. The program would progress to peri-

ods of 8 months in 1941, 12 months in 1948, 18 months in 1953, and then 2 years in 1963.<sup>8</sup> As the demand for nurse anesthetists from Barnes continued to grow, Lamb recruited graduates of her program as her teaching staff who were trained in her ways. A student's training was considered finished when Lamb herself felt that each student was dependable and proficient. Consequently, her graduates were in unvarying demand.<sup>4(p183)</sup>

Lamb was described by Mueller as a hard taskmaster who did not permit variations in her ideas of how patient's anesthetics should be managed, but she had the commanding respect of her students and the other staff nurse anesthetists.<sup>4(p183)</sup> She had the strong backing of Graham and did not enjoy anyone questioning her beliefs or authority. When Lamb supervised her students in the administration of anesthetics, they were expected to not cross their legs, but to sit "like a lady" with their back straight and both

**Figure 4. Barnes Hospital School of Anesthesia pin designed by Helen Lamb**



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feet on the floor. She was available for others to learn from and for them to observe her in her work as an anesthetist. A student of Lamb's remembers attending several national anesthesia meetings, especially when Lamb held office. She invited the student to sit at the big round table with her and the other officers (A. Mahan, oral communication, April 2002).

### **Lamb appointed director of Department of Anesthesia**

The first Department of Anesthesia at Barnes was just that, a department, the same as the housekeeping department, the dietary department, or the maintenance department. Lamb's appointment as the director of the Department of Anesthesia was not affiliated with the Washington University School of Medicine and thus was not considered an academic position. This would become an important and bitter point later in the evolution of anesthesia at Barnes Hospital. The Anesthesia Department was under the director of Barnes Hospital, Frank Bradley, MD. Bradley greatly appreciated and carefully guarded the financial support provided by the Department of Anesthesia, because the fees it

generated helped pay the hospital's bills, especially the costs of elevators, food service, and nursing salaries (D. Eastwood, written communication, May 1999 and February 2002).

Although Lamb was technically an employee of Barnes Hospital, all of her professional dealings focused on Graham and his staff. During this time, anesthesia became more complex, as surgical techniques became more specialized and intricate. As early as 1920, Graham noticed this increased complexity and made it well known as desiring an anesthesiologist to institute a residency program in anesthesiology for medical doctors and to supervise and direct the nurse anesthesia program. This declaration would not be fulfilled until the arrival of Douglas Eastwood, MD, the first anesthesiologist at Barnes Hospital in 1950.<sup>4(pp183,193)</sup>

As the personal nurse anesthetist to Graham, Lamb perfected her techniques and skills for the special needs of his patients. She was a copious reader, well versed in physiology and pharmacology. She was bright and undertook the difficult tasks of developing the anesthesia department at Barnes (D.W. Eastwood, written communication, May 1999). Endotracheal intubation was rarely being used during the 1930s, but it was being performed and perfected by Lamb during this time. The endotracheal tube she used was called a Woodbridge tube. The Woodbridge tube was made of a flexible plastic-coated spirally wound wire with a stylet in its center. The Woodbridge tube was inserted with the aid of a crude battery powered laryngoscope, which, as described in Mueller, did not even permit good visualization of the larynx or the vocal cords. All of Lamb's students would become adept at this technique by the

1950s.<sup>4(p183)</sup> According to Mueller, student nurse anesthetists at the Barnes Hospital School of Anesthesia were only allowed to administer anesthetics to ward patients or to patients of some of the full-time surgeons; rarely were they permitted into the operating rooms of surgeons who employed their own nurse anesthetists, including Graham.<sup>4(p183)</sup>

Upon Graham's arrival at Barnes Hospital in 1919, ether, chloroform, and nitrous oxide were the only inhaled agents in use. Because of chloroform's harmful side effects, Graham proscribed its use at Barnes, except for short-term pain relief during labor. Later ethylene and cyclopropane would be used along with thiopental and curare, 2 newly introduced intravenous medications.<sup>4(p183)</sup>

While increasing numbers of students pursued anesthesia training in the 1920s, the didactic and clinical training components were not standardized. In the 1930s, advances in anesthesia and surgical techniques prompted hospital administrators and surgeons to call for anesthesia training standards. This demand was a strong factor in the organization of a national association of nurse anesthetists.<sup>3(p107)</sup>

### **Lamb's role in the development of the Association**

A core group of graduates of the Lakeside Hospital School of Anesthesia met several times during 1931.<sup>3(pp183-184)</sup> On June 17, 1931, the National Association of Nurse Anesthetists was formed, and Lamb was elected third vice president. Lamb stepped forward with 2 visionary ideas: the establishment of organized state associations of nurse anesthetists and educational standards for schools

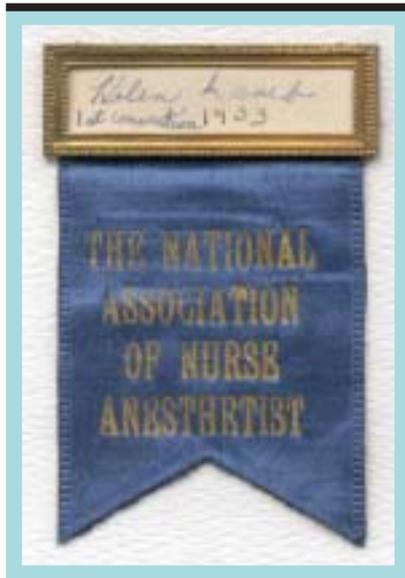
of nurse anesthesia.<sup>3(pp188-189)</sup> Thatcher described Helen Lamb as looking "into the future with sharper vision than anyone else up to that point."<sup>3(p189)</sup> In a letter to Agatha Hodgins in September 1931, Lamb introduced the ideas of inspection, rating of the various schools of anesthesia, and developing a set of examination questions that could serve as the basis for local examinations for registration or for membership in the national association.<sup>3(pp188-189)</sup> Lamb served as the chairman of the Educational Committee from 1934 to 1940 and from 1942 to 1946. (In 1939, the Educational Committee changed its name to Education Committee).

The National Association of Nurse Anesthetists' first Annual Meeting was held September 13-15, 1933, in Milwaukee, Wis (Figure 5). Prior to an address by President Agatha Hodgins, a letter of greeting from Graham was read to the group.<sup>9(p77)</sup> This letter was important because it helped the new organization visualize its strength and importance to patients and surgeons. The letter read, in part:<sup>9(p79)</sup>

One of the most important contributions towards the perfection of surgery has been the improvement in the conduction of anesthesia. To a large extent I feel that the skillful, well-trained nurse anesthetist has been responsible for the great improvement in the practice of anesthesia which one sees throughout this country now as compared with twenty years ago. In order to continue the excellent work which has already been started, it is wise to have an organization such has been created in order to establish certain minimum standards of training and efficiency.

Lamb was elected trustee at the first annual meeting, serving from 1933 to 1939 and again from 1942 to 1946. She was later elected the fifth president of AANA (1940-1942). Lamb also had the distinction of attending every annual

**Figure 5. Helen Lamb's name badge and ribbon from the first National Association of Nurse Anesthetists' Annual Meeting in 1933**



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meeting from 1933 to 1978 (J.L. Conrad, written communication, June 1999).

The Missouri Association of Nurse Anesthetists was founded in May 1935.<sup>3(p262)</sup> Lamb was elected the Missouri Association's first president.<sup>3(p262)</sup>

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