



1975-2015

A rich tradition, an exciting future



The American Society
of Regional Anesthesia and Pain Medicine

Celebrating 40 years of excellence

We are proud and honored to be celebrating the 40th Anniversary of the American Society of Regional Anesthesia and Pain Medicine (ASRA). So much has changed over the past four decades. However, ASRA remains dedicated to providing the highest quality of education and support to physicians practicing in regional anesthesia and pain medicine. Come along with us as we travel back in history and recognize the accomplishments and contributions of our predecessors and pay tribute to the Society's tradition of excellence.



Gaston Labat

Many people do not realize that the *original* ASRA was founded in 1923. It was created to honor Gaston Labat, who has been called the "father" of regional anesthesia and pain medicine in the United States.¹ Labat was a French surgeon and came to America with Mayo Clinic founder Charles Mayo. Labat worked in several hospitals in the U.S. and created a course in regional anesthesia through New York University at Bellevue Hospital.¹ The original ASRA grew out of this work with the focus on the development of local, regional, and spinal anesthesia.¹

In 1930, Philip Woodbridge presented at an ASRA meeting on the use of therapeutic blocks for chronic pain, which signified a shift in focus to also include pain management in the Society's purview. The association was no longer focused solely on surgical anesthesia, with pain management becoming increasingly emphasized in papers and meetings.¹



John Bonica and P. Prithvi Raj

ASRA's Founding Fathers

Jordan Katz, MD (deceased)
P. Prithvi Raj, MD
Alon P. Winnie, MD (deceased)
L. Donald Bridenbaugh, MD
Harold Carron, MD (deceased)

Despite numerous advances in regional anesthesia and pain medicine throughout the 1930s, ASRA as an organization began to lose steam by the end of the decade. Meetings were held less frequently, and fewer members were paying their dues. In 1940, the group was dissolved and members were invited to join the American Society of Anesthesiology,¹ which had been established early in the 20th century.

Fast-forward to 1973 and a New York hotel where an American College of Anesthesiologists examination was being offered. Alon Winnie had a vision of an organization that would be devoted to teaching regional anesthesia.² He shared his vision with Harold Carron, Jordan Katz, Donald Bridenbaugh, and P. Prithvi Raj, who reestablished the

The American Society of Regional Anesthesia and Pain Medicine (ASRA) is one of the largest subspecialty medical societies in anesthesiology. The vision of ASRA is to be the leader in regional anesthesia and acute and chronic pain medicine through innovations in education and research. We accomplish our mission and vision by addressing the clinical and professional educational needs of physicians and scientists, ensuring excellence in patient care utilizing regional anesthesia and pain medicine, and investigating the scientific basis of the specialty.

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society in 1975. Interestingly, the reinvented ASRA originally focused on regional anesthesia but later added pain medicine in the 1990s.

Today, ASRA is one of the largest subspecialty medical societies in anesthesiology. Change is constant in the field of regional anesthesia and pain medicine as new discoveries are made, changes occur in healthcare administration and insurance, and demographic shifts occur in the patient population. Although many organizations and companies provide offerings to address the needs of individuals working with these challenges, ASRA remains committed to a focus on the highest quality of evidence-based education and research for physicians.



P. Prithvi Raj, Kenneth Candido, and Alon Winnie

As a growing and evolving society, ASRA continues to adapt to changes in the healthcare environment. Even as we speak, the ASRA Board of Directors is immersed in a strategic planning process that will help to guide the Society through the next chapter in regional

anesthesia and pain medicine. We look forward to sharing that future vision with you and joining you in what will surely be an exciting future.



In the midst of all of this change, we invite you to pause and reflect on the dedication and scholarship of those who came before us and helped us to become who we are today.

Ten years ago, when the Society was celebrating 30 years, a history of the founding fathers was presented in the journal. The article did a wonderful job of paying tribute to each of the five men who began the organization, and we present a copy of it here for your enjoyment.

Did you know?

The ASRA logo was created by Manbir Batra, MD, FRCPC, who served as president from 1995-1996. Over the course of his career, Dr. Batra worked with doctors John Bonica, Daniel Moore, and Donald Bridenbaugh. He is also known for his sentinel work with Dr. Moore in the development of a standard Epidural Test Dose.



Presidents of ASRA

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|---------------------------------------|----------------------------------|
| Alon P. Winnie, 1975-1980 | John C. Rowlingson, 1996-1997 |
| L. Donald Bridenbaugh, Jr., 1980-1982 | Denise J. Wedel, 1997-1998 |
| Harold Carron, 1982-1984 | Brendan T. Finucane, 1998-1999 |
| P. Prithvi Raj, 1986-1987 | Lynn M. Broadman, 2001-2002 |
| Jordan Katz, 1987-1988 | James C. Eisenach, 2002-2003 |
| Michael D. Stanton-Hicks, 1989-1990 | Terese T. Horlocker, 2003-2004 |
| Phillip Bridenbaugh, 1990-1991 | Mark Lema, 2004-2005 |
| Gale E. Thompson, 1992-1993 | Richard W. Rosenquist, 2005-2007 |
| Stephen E. Abram, 1993-1994 | F. Michael Ferrante, 2007-2009 |
| Manbir S. Batra, 1995-1996 | Vincent W.S. Chan, 2009-2011 |
| | Julie Pollock, 2011-2012 |
| | Joseph M. Neal, 2013-2015 |

¹ Bacon DR, Reddy V, Murphy OT. Regional anesthesia and chronic pain management in the 1920s and 1930s. *Reg Anesth* 1995; 20:185-192.

² Ptaszynski AE, Horlocker TT, Bacon DR, Rowlingson JC. Alon P. Winnie, L. Donald Bridenbaugh, Jr., Harold Carron, P. Prithvi Raj, and Jordan Katz: Founding fathers of the American Society of Regional Anesthesia. *Reg Anesth Pain Med* 2006; 31:71-78.