Nurse Anesthetists remembering a world at war—
Part I: Nurse anesthetists prepare for war, 1939-1941

**Key words:** History of American Association of Nurse Anesthetists, history of nurse anesthetists, World War II.

Throughout 1995, the United States has been celebrating the Allied victory over the Axis powers in World War II. The American Association of Nurse Anesthetists (AANA) Archives would like to take this time to recognize nurse anesthetists participation in the Allied cause.

The following article is the first of a two-part series titled “Nurse anesthetists remembering a world at war.” The first article addresses nurse anesthetists and the AANA’s attempt to prepare itself for the probable involvement in the then foreign war from 1939-1941. The second part of the series will address the recollections of a nurse’s involvement in the war from 1940-1942.

Nurse anesthetists have long been an asset to American military operations. Nurse anesthetists, such as AANA founder Agatha Hodgins, CRNA (Figure 1), Mary J. Roche, CRNA, and Sophie Gran Winton, CRNA (Figure 2) administered anesthesia at the front lines to the Allied Forces during World War I. In World War II, nurse anesthetists served the Allied cause by administering anesthesia in places such as Europe, North Africa, and the Pacific theater. Nurse anesthetists who stayed home or “behind the front” provided an essential line of defense by maintaining the efficiency of the Anesthesia Departments in the civilian hospitals across the United States.

*The Bulletin of the American Association of Nurse Anesthetists,* forerunner of the *AANA NewsBulletin,* contained both member news and clinical articles and provides the best documentation of nurse an-
esthetists and the AANA participation in World War II. Letters from members, articles, and advertisements from anesthesia equipment companies let us imagine the past and open a door to when the world was at war.

Nurse anesthetists prepare for war

War had been raging in Europe since Nazi Germany invaded Poland in September 1939. Though the United States did not enter World War II until December 1941, the country prepared itself by creating a Defense Program and indirectly supporting the Allied cause with its lend-lease policy. By August 1941, nursing shortages due to preparation for possible war in Europe was already having an impact on the profession of nurse anesthesia. In September 1941, AANA President Helen Lamb, CRNA, stated: “Turning now from retrospect to prospect, it seems inevitable that the cataclysmic period through which the world’s political, social and economic structure is now passing, may thrust an imprint upon some aspects of our field, the ultimate significance of which can be appraised but feebly at this time.”

Advertisements addressing shortages and delays from the United States Defense Program and the war in Europe was first mentioned in the November 1941 issue of The Bulletin of the American Association of Nurse Anesthetists. An advertisement for Mallinckrodt Chemical Works of St. Louis, Missouri (Figure 3) reflects the grave situation the United States and the nurse anesthesia profession faced when it stated:

- Material shortages and delays arising from the National Defense Program and the war abroad are affecting more and more industries every day.
- Every effort is being made by Mallinckrodt to keep supplies moving as promptly and completely as possible to the trade but it is increasingly evident that all of us must proceed, for a while at least, with reduced quantities of certain materials.
- One way that every user of chemicals can help his country and his company to avoid waste and perhaps irreplaceable loss is to make sure that every shipment received is carefully handled and stored, even though for a short time, under conditions that avoid breakage, spoilage, and contamination.”

By August 1941, the AANA headquarters became inundated with letters from members requesting information about the status of the nurse anesthetists in the United States Defense Program.

Figure 2
Sophie Gran Winton, CRNA, 1984

(Photo courtesy of AANA Archives)

Figure 3
Advertisement by Mallinckrodt Chemical Works

To Chemical Buyers of the Nation

- Material shortages and delays arising from the National Defense Program and the war abroad are affecting more and more industries every day.
- Every effort is being made by Mallinckrodt to keep supplies moving as promptly and completely as possible to the trade but it is increasingly evident that all of us must proceed, for a while at least, with reduced quantities of certain materials.
- One way that every user of chemicals can help his country and his company to avoid waste and perhaps irreplaceable loss is to make sure that every shipment received is carefully handled and stored, even though for a short time, under conditions that avoid breakage, spoilage, and contamination.
- To help insure instant use when needed in your operations, the Mallinckrodt Chemical Works offers its experience of nearly 75 years in supplying information to help avoid deterioration, etc., caused by improper handling and storage conditions.
- Any user is welcome to this information on any item in our list which covers over 1500 fine chemicals including Iodides, Ethers, Bismuth Salts, Salicylates, Bromides, Mercury Salts, Stearates, Silver Salts, Nutgall derivatives and many others.

Write Chemical Storage Dept., 2nd & Mallinckrodt Streets, St. Louis, Mo.

MALLINCKRODT CHEMICAL WORKS
Mallinckrodt Street
St. Louis, Mo.

74 Gold Street
New York, N. Y.

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The letters expressed a desire on the part of AANA members to volunteer their services as a nurse anesthetist in the military. In response to the requests, Miriam Shupp, CRNA, chairman of the AANA committee to investigate such matters, published in August 1941 the following details:

**United States Army, Major Julia O. Flikke, Superintendent Army Nursing Corps**: "Nurse anesthetists are appointed to the Army Nurse Corps in the grade of nurse, with the relative rank of 2nd Lieutenant. They are subject to all the regulations governing regular army nurses. Since there is no need for anesthetists in the Nurse Corps at present, they are usually assigned to that duty. However, in some of the smaller Army hospitals, where more than one Nurse Anesthetist is on duty, they may be assigned to duties other than those of anesthetist." The rate of pay is $70.00 per month, with maintenance.

**United States Navy, Rear Admiral Ross T. McIntire, Surgeon General, USN**: "Under existing Navy Regulations there is no provision whereby nurses may be appointed in the Nurse Corps of the Navy or Naval Reserve for duty limited to the administration of anesthetics. However, if a member of the Navy Nurse Corps is qualified in the administration of anesthetics, she may be assigned to that duty by the Commanding Officer of the Naval Hospital or Station to which she is attached."

Modification of the present arrangements is not contemplated. It is considered to be in the best interests of the Medical Department not to designate nurses for the administration of anesthetics only, but to appoint applicants who hold this qualification as nurses for general nursing duties. *(p.232)*

With the shortage of nurse anesthetists in civilian hospitals due to the possible war effort, the AANA was reluctant to urge trained nurse anesthetists to abandon their specialized service for possible general nursing service in the military forces under the regulations stated by Ms. Shupp. The AANA did recommend that nurse anesthetists volunteer for university hospital units that were subject to be called upon during an emergency. This approach was similar to the Lakeside Hospital Unit which was headed by Dr. George Washington Crile and nurse anesthetist Agatha Hodgins that went to Neuilly, France, in December 1914. Due to the importance of both civil and military requirements, the AANA acted in an advisory role with its "member State of Sectional Associations when they contemplate group recommendations relating to transfer from active civilian hospital service, to Red Cross, Army, or Navy service under the regulations at present in effect in those fields." *(p.239)* The issue for the AANA was not whether nurse anesthetists should volunteer for military service, but whether the military would recognize a clinical specialty within nursing. *(p.111)*

The shortage of nurse anesthetists forced institutions conducting schools of anesthesia to petition governmental agencies about increasing the number of nurse anesthetists to be trained in their schools. The AANA feared that increasing the number of students in nurse anesthesia schools could possibly lead to the improper training of nurse anesthetists. Helen Lamb reluctantly supported this action when she stated, "I cannot propose that these increases in training facilities are a complete solution of the problem which our field is faced. It is, however, a constructive step in the right direction, but one which must be intertwined with and dependent upon adequate facilities for full education of such added personnel to the high standards of skill and proficiency to which our Association is committed."

Ms. Lamb's reluctance to support emergency training programs in anesthesia was from a general fear that the increase in programs would undermine the hard-won progress made by the AANA's educational program. "During this critical period, your Committee on Education feels that its greatest contribution may lie in defending the important gains that have been heretofore achieved in the standards of our education — Encouraging in fullest manner the utilization of our already well-organized and effectively functioning Schools of Anesthesia rather than countenancing the draining [effect] of inadequately planned new teaching enterprises, whose chief justification only too often lies in merely that particular institution's desire for additional individual staff service." *(p.100)*

**Conclusion**

United States nurse anesthetists sought to deal with possible manpower shortages concerning military and civilian service as the threat of war mounted. Proper education and adequate facilities for a full education in nurse anesthesia became a legitimate concern to the profession. Furthermore, AANA leaders sought to gain military recognition of nurse anesthesia being a clinical specialty within nursing, and allow nurse anesthetists to make the most efficient use of the training. Nurse anesthetists would have to wait toward the end of the war for this to happen.

**REFERENCES**


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Enlon®
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