

Carlos Parsloe (1919-2009) – *In Memoriam* *

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RESUMO

Reis Júnior A - Carlos Parsloe (1919-2009) – *In Memoriam* *

JUSTIFICATIVA E OBJETIVOS: Dr. Carlos Pereira Parsloe foi o mais importante e conhecido anesthesiologista brasileiro e o que alcançou maior repercussão mundial. Teve papel fundamental como Presidente da Comissão Científica do III Congresso Mundial de Anestesiologia (Brasil). Foi Presidente da SAESP e atingiu a Presidência da WFSA. Sua autobiografia foi publicada pela Wood Library-Museum of Anesthesiology (Illinois, EUA). Com seu desaparecimento em janeiro deste ano de 2009, a Anestesiologia brasileira perdeu um dos seus mais valiosos membros.

CONTEÚDO: A vida de Parsloe é descrita, ressaltando-se seu caráter, sua competência, sua dedicação ao estudo e ao ensino, as funções que brilhantemente exerceu e as conquistas que obteve. Registra-se fatos desde sua infância até o curso médico no Rio de Janeiro e seus primeiros anos de exercício da Medicina nesta cidade e em Chicago (EUA). Transmite fatos ocorridos durante os dois anos de residência dele em Madison (Wisconsin), sob a orientação de Ralph Waters, da qual sempre se orgulhou. Relata sua volta temporária ao Brasil, seu segundo período de vida em Madison, seu retorno definitivo ao nosso país e sua vida e importância no Serviço Médico de Anestesia (SMA) de São Paulo. Recorda algumas das numerosas homenagens que recebeu no Brasil e no exterior.

CONCLUSÕES: Ocorrendo neste ano o triste desaparecimento do Dr. Carlos Pereira Parsloe, justifica-se prestar a ele esta homenagem, fundamentada no que ele significou para a Anestesiologia brasileira e mundial, marcando para sempre quem foi e o que fez pela especialidade, pela WFSA, SBA, SAESP, por diversas outras sociedades nacionais e internacionais e, ainda, por muitos anesthesiologistas do nosso país.

Unitermos: ANESTESIA: geral, regional; PARSLOE: biografia; ANESTESIOLOGIA: história.

SUMMARY

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BACKGROUND AND OBJECTIVES: Dr. Carlos Pereira Parsloe was the most important and well known Brazilian anesthesiologist, and the one who achieved greater world repercussion. He played a

fundamental role as President of the Scientific Commission of the III World congress of Anesthesiology (Brazil). He was President of SAESP and President of WFSA. His autobiography was published by the Wood Library-Museum of Anesthesiology (Illinois, USA). With his passing in January of 2009, Brazilian Anesthesiology lost one of its most valuable members.

CONTENTS: The life of Dr. Parsloe, emphasizing his character, competence, and achievements, is described. Events from his childhood to the medical course in Rio de Janeiro and his first years as a physician in Rio de Janeiro and Chicago (USA) are described. This paper describes events during his two-year residency in Madison (Wisconsin) under the guidance of Ralph Waters, of which he was proud. It reports his temporary return to Brazil, his second period in Madison, and his definitive return to our country and his life, and the importance of the Medical Anesthetic Service (SMA, from the Portuguese) of São Paulo. And it covers some of the countless tributes he received, both in Brazil and abroad.

CONCLUSIONS: This tribute, based on his meaning to Brazilian and International Anesthesia, which defined who he was and what he did for our subspecialty, WFSA, SBA, SAESP, several other national and international societies, and for many anesthesiologists in our country, comes after the death of Dr. Carlos Pereira Parsloe in 2009.

Keywords: ANESTHESIA: general, regional; ANESTHESIOLOGY: history; PARSLOE: biography.

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INTRODUCTION

As an anesthesiologist and disseminator of knowledge, Dr. Carlos Pereira Parsloe was for many years a reference of competence and as a pioneer. With his passing on January 19, 2009, after dedicating 57 years to Anesthesiology, Brazil lost an extraordinary member of our specialty. We intend with this publication to pay a posthumous tribute to him, and we believe we can give the readers a glimpse of an extremely profitable professional, scientific, pedagogic, and associative life of this distinguished colleague, who had one of the most brilliant careers in Brazilian Medicine.

Reporting all his accomplishments, which were many, is very difficult since Parsloe was never concerned about organizing his *Curriculum vitae*. For this tribute, we tried to extract from our memory, after more than 50 years of friendship with Carlos, how he was known by his colleagues, some of the events we witnessed, those he told, taught, or showed us, or were obtained from other sources, many of them found on national and international publications. Besides, it is also based on the 1999 publication of the Wood Library-Museum of Anesthesiology, USA¹, that gathers memories, thoughts, motivations, actions, incidents, and important events in the careers of the most important anesthesiologists in the world who lived in the last century, and that, in its number III, pays a tribute to C. P. Parsloe, besides four other personalities: S. A. Feldman, E. S. Sicker, J. E. Steinhaus, and P. M. Winter. Some details of this humble biographical narrative that Parsloe left us will be his last teaching on the initial evolution of Anesthesiology in Brazil, and can help those who are entering this stressful, but important and stimulating medical specialty to understand how it was in the first decades of the XX Century and the revolution seen in the practice of anesthesiology. Memories of people like Parsloe always shed light on history.

CHILDHOOD AND ADOLESCENCE

Parsloe was born in Santos, São Paulo, on November 28, 1919. His paternal grandparents had a small farm in the

south of the United States (Georgia), closer to the famous Stone Mountain. After they passed away, his father, Arthur G. Parsloe, a young and adventurous man, embarked on a cargo ship and came to Rio Grande do Sul. He worked on the São Paulo-Curitiba railroad. He went to Paranaguá (Paraná), where he met a young Brazilian woman, Helena Pereira, whom he married. Although his father was American, Parsloe told us several times: "I was raised on a true Brazilian family".

At the beginning of the I World War, Mr. Parsloe went to Santos and since he spoke Portuguese reasonably well he was recruited by the American Consulate in that city, where he worked for the rest of his life. Parsloe told us that, on occasional Sunday mornings, his father would wake him up to observe the ships on the port; that was when he became aware that there were several countries different from Brazil, most of which he would eventually visit. Parsloe never forgot the arrival of ships carrying hundreds of Japanese immigrants who went to the interior of the state to work in farms. In 1918, the father of Dr. Kentaro Takaoka, a friend who wanted to be an engineer but, being the oldest son, and according to the Japanese tradition, had to follow on his father's footsteps, came as the physician in one of those ships; according to Dr. Parsloe, Dr. Takaoka, "with his ingenuity and creativity, made Brazil independent of expensive imported equipment for many years"¹. On one occasion, his father put Parsloe on a ship carrying both cargo and passengers and sent him to the USA to visit the New York Fair.

Parsloe attended middle school in Santos, São Paulo, graduating in 1935. At that time, some books donated by Mr. Parsloe caused a great impression on him, especially those that awoke his interest for scientific subjects, as his father had intended. They included: *The Life of Pasteur* (René Valery-Radot), *Madame Curie* (Eva Curie), and *Man, this Unknown* (Alexis Carrel), with a dedication from his father: "This book is worth reading on your leisure time".

MEDICAL SCHOOL AND EARLY YEARS AS A PHYSICIAN

Dr. Parsloe attended pre-medical school in Rio de Janeiro (1936-1937), and started the medical course in 1938, at the Faculdade Nacional de Medicina da Universidade do Brasil (Rio de Janeiro), graduating in December of 1943. Some of his professors, such as Dr. Carlos Chagas Filho, son of the discoverer of Chagas' Disease, who founded the Biophysical Institute and proved that the electrical eel was ideal for the study of acetylcholine receptors, made a huge impression on him. However, at the time, curare was not on his thoughts. Three books made an impression on him during medical school: *Physiological Basis of Medical Practice* (Best & Taylor, 1939), *The Pharmacological Basis of Therapeutics* (Goodman & Gilman, 1940), and *Principles of Human Physiology* (Starling, 1936). At that time, French books or books translated into French, Spanish, or, rarely, Portuguese, were used. His generation "saw the decline of French culture in Brazil"¹.

According to his reports, during medical school and early years after graduation, Parsloe saw in Rio de Janeiro things that would be unimaginable nowadays, many of which were also seen by older Brazilian anesthesiologists. He used to tell us that, on that occasion, the knowledge of anesthesiology was practically inexistent. He used to mention examples that are reproduced below.

During laparotomies for ectopic pregnancy, surgeons aspirated blood with a metal syringe and injected it back in the patient, “this procedure could be considered precursor of self-transfusion”¹. The two-way rotating syringe of Jubé (180° degrees), used for the direct transfusion from one individual into another, was also widely used (5 mL at a time), always associated with the use of paraffin oil to prevent blood clotting, which occurred very often, forcing the physician to perform several venipunctures; everyone suffered, physician, donor, and receptor. For hydration of patients, fluids stored in glass vials were injected in the lateral aspect of the thigh (up to 250 mL of D5W). Rubbers and metal needles were boiled for disinfection. Curettage for unavoidable abortions with well-dilated uterine cervix was performed without anesthesia. Procaine was used for infiltrative anesthesia, which was widely used even for gastrectomies; the speed and ability of the surgeon were highly valuable. Needles for spinal blocks were also disinfected by boiling; those anesthetics were often performed without sterile gloves and with procaine – percaine was used only from 1952 on. Barbotage was fundamental for the technique. “Abdominal silence”, expression created by Fogue, was appreciated by surgeons. Some considered syncope (20th-minute storm) good for the surgeon and the comfort of the patient; “this probably represents the first description of sedation during spinal blocks”, remembered Parsloe. Neosinephrin was used to treat hypotension during spinal block with hypobaric percaine for thoracoplasty in a patient in the sitting position; Parsloe saw the same in Montreal in 1948. Anesthetic failure was usually attributed to “spinal resistance”.

Summarizing, physicians did not have any knowledge of the pathophysiology of subarachnoid blockade. Several times we heard from Parsloe what he had learned with Sir Robert Macintosh: “For the surgeon, the spinal block ends with the puncture and injection of the anesthetic agent, for the anesthesiologist, it is only the beginning”. The great surgeon Victor Pauchet said he did not take care of the regional block; this was the function of an assistant trained by him, Gaston Labat who, for three years, worked with Pauchet and prepared the third edition of the famous book, *Regional Anesthesia* (1937), a bibliographical rarity nowadays. During his life in Rio de Janeiro, Parsloe had never performed a spinal or epidural anesthesia, only infiltrative anesthesia, because he had never thought of becoming a surgeon...

General anesthesia was the responsibility of medical students, practicing “nurses”, or nuns, since it was not considered a medical specialty. Both patient and “anesthetist” were in panic. In Brazil, nitrous oxide was used occasionally,

and balsoform, a mixture of ether (60%), chloroform (20%), ethyl chloride (10%), and gomenol (5%) – this last ingredient was used to decrease the irritation of the bronchial mucosa and, therefore, prevent the development of pneumonia – was the anesthetic used more often. Between 1943 and 1945, Parsloe used this anesthetic with the Ombrédanne inhaler, introduced in France in 1908, and rarely used in the USA, several times. It was composed by a round metallic reservoir with a removable lid where pieces of felt with the anesthetic fluid were placed. The mask was metallic, and a pork bladder was used as a bag for reinhalation of the vapor. When the number on the dial (0 to 8) was increased at each series of respiratory movements, the concentration of the anesthetic was also increased and that of air decreased simultaneously. A folded towel was placed on the face of the patient to avoid the caustic action of the anesthetic. Snoring was a definitive sign of surgical anesthesia. The wrists and ankles of the patient were immobilized with a leather strap. Parsloe used to remember: “Many times I used an open mask with ether, always without any notion of anything; the surgeon was the commander of the battle”¹. Oxygen was not administered and manual ventilation was impossible; it had to be spontaneous since it was not possible to perform assisted or controlled ventilation, and those concepts did not exist anyway. With the advent of oxygen balloons and cylinders, we started to use a small flow of this gas through a rubber tube placed under the mask which, in reality, was rarely done in the operating room. The degree of abdominal relaxation was used as a sign of the depth of anesthesia. Closing the abdomen was difficult, and the Reverdin needle was frequently used for many years. After the anesthesia, the Ombrédanne mask was disassembled and washed because it always contained saliva or gastric contents; afterwards, it was left opened to allow the complete evaporation of the anesthetic. Aspirators did not exist, and oropharyngeal secretions were removed with tweezers and gauze. In cases of respiratory obstruction, which always happened in varying degrees, a forceps was used for the rhythmical traction of the tongue (Laborde maneuver) and to activate the respiration. In the case of respiratory depression, a mixture of oxygen (95%) and carbon dioxide (5%) was applied through a glass funnel to stimulate respiration. Artificial respiration, consisting of abduction and elevation of the upper limbs and chest compression, which were practically useless, were used in the treatment of apnea, called blue syncope. Cardiac arrest, called white syncope, was treated with the intracardiac administration of epinephrine. Vomiting was common, and, since tracheal intubation did not exist, pulmonary aspiration of gastric contents occurred occasionally. In any anesthesia, blood pressure was monitored only at the beginning and at the end of the surgery. The word atelectasis was not used. At the end of anesthesia, the patient was always pale. One of the following “stimulants” was administered intramuscularly: niketamine, cardiazol-ephedrine, caffeine, Metrazol, or Canfor oil; digitalin or strofantine was used for the heart.

Afterwards, patients were transferred to the rooms or infirmaries, where they did not have any supervision and did not receive intravenous solutions or oxygen.

Pollution of the operating room was never considered. Parsloe wrote: "I have to admit that I never took any precautions regarding ethyl ether, balseform, chloroform, trichloroethylene, ethylene, cyclopropane, nitrous oxide, methoxiflurane, halothane, isoflurane, or sevoflurane"¹. Parsloe, as well as all older anesthesiologists, remembered the complaints of his wife about the odor of ether (odor of medications, according to young children) in our clothes and perspiration. In 1847, Velpeau said: "I have wondered if the frequent inspiration of ether is really safe" and Guibourt answered: "I have breathed ether for almost all my life and I do not feel its harmful effects"¹.

CHICAGO (USA) – 1946

During the years of 1944 and 1945, Parsloe tried to attend a post graduation course in the USA, but he did not have any contacts in that country. Finally, the Brazil-United States Institute got him an internship at the Illinois Masonic Hospital, in Chicago. He would receive US\$90.00 a month and live in a place provided by the hospital, paying US\$25.00 a month. On December 30, 1945 he flew from Rio de Janeiro to Miami, stopping in Belém and St. John's Island, and from Miami he travel by train to Washington and Chicago.

The hospital environment and procedures were new for him. Several types of patients with severe injuries confounded him; he had a hard time with the lack of experience. However, his name and picture were published twice in newspapers, showing him suturing an Indian patient and caring for a prisoner.

In his memoirs¹, he recalls two interesting events, which Parsloe told us in more details. After seeing many patients of Dr. Cottle's, an ENT, without receiving a simple acknowledgement, one day he invited Parsloe to listen to music in his apartment after dinner. When he arrived he was introduced to a very tall man with a foreign accent who played cello accompanied by Dr. Cottle and his wife. Parsloe had been on call for 36 hours and he was extremely tired. Several days later, when he examined a patient who was reading the Times magazine he saw on the cover of the magazine a picture of the cellist and learned that he was Igor Piatigorsky, the world renown Russian musician. On another night off, Parsloe went to the theater and a young man, Frank Sinatra, was singing; he did not understand the collective hysteria of the women!

RESIDENCY IN MADISON (USA) – 1946 - 1948

Parsloe went to the USA to specialize in Internal Medicine. However, he was not happy with the teaching in Chicago. Residencies in Anesthesiology, two in Chicago and one in Madison were available; therefore "I chose to explore the last

one because it would be a two-year residency"¹. He wrote a letter to Ralph Milton Waters, whom he did not know, and arranged to go to the University of Wisconsin in Madison that, although he was unaware of it, was considered the Mecca of Anesthesiology. "I had no idea that he was the first and most famous Anesthesiology Professor in the world and Honorary Member of the Royal Society of Medicine (United Kingdom). Once in Madison, I called the Water's residence and he asked me if I could go to the hospital the following day, at 1 p.m. (Saturday afternoon!). He received me in his small office and accepted me"^{1,2}. Parsloe noticed immediately, that Waters had a water-proof watch, "the first one I had seen in my life"¹. "That time changed my life, literally"². Stimulated by Ralph Waters, he decided to stay in Madison for a Residency at the Anesthesiology Department at the General Hospital of that university. He told his decision to friends in Rio de Janeiro and received several letters saying it was foolish to leave the public service, obtained after passing an examination, a position sought by most physicians at that time. He answered saying they were fools because he had the opportunity to attend a two-year residency in Wisconsin¹. Parsloe recorded several events of his staying in Madison. He remembered that the city was surrounded by lakes and light houses without fences and with beautiful gardens. To him, the difference between Brazilian and American houses was startling. In 1948, Madison was considered the best city to live in the USA and that year the state and the University of Wisconsin celebrated their centennial. According to Parsloe, he learned what makes a nation: the education of its inhabitants. There, he spent the Christmas of 1946, the first time he saw the snow. On his first month in Wisconsin, Boston celebrated the centennial of the discovery of anesthesia, when Thomas E. Keys published his book, the History of Surgical Anesthesia. In Madison, with the help of Ophthalmology residents, Parsloe learned how to drive, but on one occasion he received a fine for stopping in front of a fire hydrant that was covered by snow! Until recently, Parsloe admitted to having watched football, but he never understood why a sport played with the hands had this name in the USA, while ours was called soccer, a word he was not able to explain.

At the beginning of his residency, Parsloe realized that Waters had made great contributions to Anesthesiology. Waters was the first one to establish the close relationship among Physiology, Pharmacology, and Anesthesiology; he was the first Professor and creator of the first Anesthesiology Department in the world, and he gave it a meaning: clinics, teaching, and research. Parsloe understood that Waters' main mission was to inspire young people and teach them to practice simple and safe anesthesia, respect patients and colleagues, speak clearly, make a critical analysis of the literature, to have empathy with patients, and teach more by example than by reading.

Waters gave other invaluable contributions to Anesthesiology. He introduced the use of soda lime for absorption of carbon

dioxide and described the two-way anesthesia system, which prevented hypercarbia. Parsloe showed Waters that one of the references mentioned in a study he published was from Álvaro and Miguel Ozório de Almeida, his professors in Rio de Janeiro; they studied hyperventilation in dogs in the hot and humid environment of this city, repeating the study undertaken by Henderson in the cold environment of Boston. Parsloe took advantage of this coincidence and, several years later presented a study on the subject on the II International Symposium on the History of Anesthesiology (London - 1987), and it was gratifying to hear Ole Secker saying: "I think your professor was right"¹. Waters also introduced cyclopropane in anesthesia and established, in Madison, several measures to prevent static electricity and explosions caused by anesthetic agents, such as humidifying masks and bags, the use of a ribbon made of a material capable of discharging static electricity, and several years later, the mandatory use of static electricity detectors before entering operating rooms. In 1934, simultaneously to Lundy, Waters started to study the use of sodium pentothal in general anesthesia. As a curiosity, Waters' wife also liked the new anesthetic agents and stop complaining of the odor of ether that Waters brought home in his clothes.

Waters directed second year residents to undertake laboratorial studies for a six-month period to assimilate the principles and methodology of research, and learn the critical reading of studies and objective interpretation of the data. This was a great lesson Parsloe received from Waters. On his own words, "Waters instilled an internal fire in his residents". Waters trained residents from four continents, such as Indians, Uruguayans, Peruvians, Mexicans², and the first four Swedish residents (Gordh, Friberg, Nilsson, and Dhuner); in Madison, he received the Medal of the Order of Vasa from the Swedish Consul who came from Chicago, the highest Swedish honor, which was on the first page of all Madison newspapers and about that he made no comments. Parsloe learned with Ralph Waters that great men are humble^{1,2}.

Since the beginning of his residency, Parsloe was nursed each month by an assistant and all of them behaved as his shadow. There he was introduced to the first Foregger anesthesia device equipped with water flow meters or rotation meters, double canisters, calibrated vaporizers, and mechanical ventilators. Parsloe was introduced to drugs such as ethylene, sodium evipan, and cyclopropane. "Machines were called 'metric' because they were calibrated in mL and L.min⁻¹, which was a contrast to what prevailed in the USA, such as gallons and cubic feet that, to me, were incomprehensible"¹. Waters was very concerned about washing and disinfecting of material and hands to prevent crossed infection; it was mandatory for assistants, nurses, and residents. Only then, Parsloe was introduced to laryngoscopes and tracheal tubes.

Madison had a great specialized library, and Parsloe started to read all books and periodicals on Physiology, Pharma-

cology, and Anesthesiology. He wrote: "A new world opened before my eyes. I learned how to present a case, make a list of arguments and data, and to talk only the necessary and at the right time. At that time, I breathed, ate, drank, and lived anesthesia"¹. Quoting Hippocrates, he used to say: "Opportunity is fleeting".

Parsloe met several of the most important future Anesthesiology professors as residents. "Darwin Waters was a resident at the same time I was, but it took me a while to realize he was the son of Robert Waters"¹. Parsloe had already met Lucien Morris, who had started his residency shortly before him; they became good friends and studied, in animals, the incompatibility between pituitrine and cyclopropane. In 1950, their study was published in the journal *Anesthesiology*, after Parsloe had returned to Brazil. Waters and Parsloe administered chloroform with modern ventilation methods and calibrated vaporizer manufactured in England (Oxford) and, in 1951, Waters published the monograph "Chloroform: a study after 100 years". Shortly after, Waters put Lucien Morris and Jone Wu, a resident from Shanghai, in charge of developing a chloroform vaporizer; thus, Morris created the copper kettle. Several years later, Parsloe went to China and met Jone Wu; he, who was considered the father of Chinese anesthesiology and who wrote the first book on Anesthesiology and Clinical Pharmacology in China, was in poor living conditions.

Parsloe learned the technique of nasotracheal intubation with Noel Gillespie, author of *Endotracheal Anesthesia*, who gave him the second edition of this book (1947), when he learned that Parsloe was getting married with the following dedicatory: "To Carlos, good luck on the risks of anesthesia and marriage"¹. Parsloe attended the first course in the world (University of Illinois) on endoscopy for anesthesiologists, ministered by Professor Holliger, with demonstrations in anesthetized dogs and cadavers; this was invaluable for his career. Parsloe kept, as a memento, a small laryngoscope given to the 20 physicians who attended the course. There, he also witnessed the rectal avertin test in hypertensive patients to evaluate candidates for thoracolumbar sympathectomy.

One day, a young female teenager with severe bronchiectasis and extremely afraid developed a cardiac arrest during anesthetic induction with cyclopropane. Monitors were not available, only blood pressure and heart rate. "My first reaction was to put her to sleep right away to remove her fear. She developed respiratory obstruction by purulent secretions; cyclopropane and epinephrine completed the lethal combination. After more than one hour trying to save her, she died". Parsloe was desperate, feeling guilty and lost. "Later that day, I was called to the office of Ralph Waters, who asked me what had happened. I showed him my notes and he said: "Carlos, you know that those things happen and you should not feel guilty. I believe you did everything you could do for her". During the discussion of the case, Waters and the surgeon, persuaded by him, did everything they could to re-

move a heavy burden from my shoulders. After 55 years, this episode is still clear on my mind and I was deeply grateful to Waters"^{1,2}.

By suggestion of Waters, Parsloe and Dhuner (Swedish resident) visited other Anesthesiology Departments. Whenever they introduced themselves, they heard the same exclamation: "Oh, from Sweden! I was from an unknown part of the world..."¹. In Montreal, Parsloe visited Bourne, author of the famous book *Mysterious Waters to Guard*. In 1947, Parsloe visited the Anesthesiology Department of Iowa City headed by Stuart Cullen where Thadeu Figueiredo, future Anesthesiology Professor in Belo Horizonte, was attending the residency program. Zairo E. G. Vieira, who became a Professor at the Universidade de Brasília, who was a resident at the Anesthesiology Department of Indiana, headed by Robert Stoelting, came to meet us. They were the first Brazilians to complete a two-year residency in the USA. There, Parsloe met J. Moyers, W. Hamilton, J. Elam, and R. Virtue, great names of Anesthesiology. In Iowa, Nembutal, s-tubocurarine, and nitrous oxide were routinely used in contrast with cyclopropane used in Madison. In Rochester, they observed nurses giving general anesthesia, which was not accepted in Madison; whenever tracheal intubation was needed, an anesthetist was called by ringing a bell in the Anesthesiology Department, and a physician responded carrying an "intubation tray" containing everything necessary for the procedure.

Parsloe had the greatest admiration for Ralph Waters. He used to say: "Being a resident under Waters was the best passport in my life"¹. For many years, whenever someone asked him how he would like to be introduced at some scientific meeting, he always answered: "Just say I am proud of having being a resident under Ralph Waters; it is more than enough".

THE RETURN TO BRAZIL – SANTOS, SP

During his residency in the USA, Parsloe met Edith Eleonore Reidhauser, a recent nursing graduate from the University of Wisconsin who was born in Neenak-Menasha (WI), a small Native American town. They married in January of 1948 in Madison and moved to the second floor of a house in Huntington Court. For 61 years, Edith was his greatest and constant partner in all activities. They had three children: Diana, Roberto, and Patricia, five grandchildren, and one great grandchild.

Parsloe bought a 1947 Ford and, accompanied by Edith, took a long three-week trip to say farewell to their friends and visit several Anesthesiology Departments along the way, such as the ones headed by Volpitto, Adriani, Hingson, Dripps, Vandan, Severinghaus, Conroe, Beecher, Rovenstine, Apgar, Curbelo, and other worldly famous anesthesiologists. Parsloe also visited Bourne in Montreal; he ran into problems because he did not have a Visa to return to the USA, which was solved by the American Consul. Parsloe brought this car

to Brazil and had it for "1,000" years, refusing to get rid of it, which, later, was a source of many jokes from his friends at the Medical Anesthesiology Service (SMA, from the Portuguese) of São Paulo and others who, on one occasion, while he was teaching a class "managed to get" the car keys and took it to be washed at a nearby gas station. Parsloe was never affected by those jokes!

Parsloe and Edith settled in Santos, SP, in November of 1948 where he worked at the Hospital da Santa Casa de Misericórdia. Parsloe returned to Brazil a few months after the inauguration of the Brazilian Anesthesiology Society (SBA, from the Portuguese), in February of 1948, which was the 15th Anesthesiology Society in the world; his application is dated May 2, 1949, sponsored by Mario Castro D'Almeida Filho, MD and Oscar Vasconcellos Ribeiro, MD, and he became the 83rd member of SBA³⁻⁵. Parsloe was sorry for not being present to sign the SBA foundation Proceedings and, therefore, become a founding member. The Brazilian Journal of Anesthesiology (RBA, from the Portuguese) was created that same year, but the first issue, which included the paper by Ralph M. Waters "Progress in Anesthesia in Western Hemisphere"⁴, was published only in 1951. In 1951, Parsloe participated on the I Brazilian Anesthesiology Symposium (Recife), precursor of the Brazilian Anesthesiology Congresses³. Shortly after, Zairo E. G. Vieira created the Anesthesia Bulletin, later called *Anesthesia in Review*⁶. In the decade of 1950, the SBA became a pioneer society in Brazil by creating the Superior Title of Anesthesiology (TSA, from the Portuguese) and the Teaching and Training Centers (CET, from the Portuguese).

In Santos, Foregger equipment such as the water flow meter and small recipients for soda lime were already being used. Oxygen and nitrous oxide were available in large canisters and cyclopropane in small canisters. Parsloe helped to set up the blood bank of the Hospital da Beneficência Portuguesa in Santos, SP. In cardiac surgeries for congenital disorders, blood pressure monitoring and precordial stethoscope were used, but no other monitors. Cyanotic patients were placed in oxygen tents. Parsloe had brought a large amount of material from the USA, which he bought for US\$4,000.00 his father had lent him.

At that time, Parsloe worked very much and he was always sorry for having had little contact with his children; he would be frequently sorry for never having gone to the beach on Sundays with his family, because on that day he would anesthetize children free of charge. In 1951, Sir Robert Macintosh, the first Anesthesiology Professor of the United Kingdom and the second in the world², stopped in Santos on his way to Montevideo to visit his sister; Parsloe and Edith showed him the city. Parsloe complained of the impossibility of doing research in that city, to which he replied: "What is wrong about doing good clinical anesthesiology?"¹.

Parsloe remembered that the book *The Mode of Action of Anesthetics* by T. A. B. Harris (London) that introduced the word uptake for narcotics and was later used by T. Eger for

inhalational anesthetics (Uptake, Distribution, and Elimination of Inhalational Anesthetics) was published at that time¹. We remember that Parsloe did not like the word uptake, and he always said that older physiologists and anesthesiologists used the word absorption, which better defines the phenomenon.

Parsloe used to recall several very serious cases he had to face at that time, two of which are reproduced here¹. "One patient from the Vale do Ribeira had been attacked by a bull and injured by its horns before he could get away by going under a barbed wire fence. He walked approximately $\frac{3}{4}$ of a mile and waited all morning for a train carrying bananas to go by. The train engineer saw him, stopped the train, and placed him over the bananas. He was then taken to the Hospital de Santos by ambulance. He arrived there six hours after the attack with opened pneumothorax, anemia, dyspnea, and exsanguinated. He was taken to the operating room where I anesthetized him and performed a laryngoscopy, removing a large *Ascaris lumbricoides* from his pharynx before intubating him; he survived". In another occasion, on a rainy afternoon, when returning to his apartment, he heard screams and saw a child on the street having a seizure. He decided to help the child, when he noticed a cord around him; his first impulse was to remove it and he received a strong electrical shock. He remembered that his wife had rubber gloves in her purse, but they were useless. He stopped a car and managed to get a pair of isolated pliers. He applied mouth-to-mouth ventilation. His own children's pediatrician got off a bus and took care of the child while he went to get his anesthesia bag. He returned to the "scene", which was surrounded by several people, and intubated and ventilated the boy. An ambulance arrived and Parsloe took him to the hospital. The child had vomited and developed aspiration pneumonia, but he survived without sequelae. He used to say: "It was pure luck that the boy was electrocuted in front of the building where the only anesthesiologist in town who had all the equipment needed for tracheal intubation and ventilation lived".

MADISON AFTER WATERS – 1952 - 1954

In 1952, Parsloe returned to Wisconsin after an invitation of Lucien Morris and the new chief of the Madison Anesthesiology Department, O. Sidney Orth; he was, initially, Clinical Assistant and, later, Associate Researcher¹. From March 1952 to October 1954, Parsloe and Edith lived in the University Campus. At that time, they became friends with Ann Bardeen, an old resident of Madison and sister of John Bardeen, who had on two occasions won the Nobel Prize in Physics. Parsloe told us on several occasions: "Not too many people have shaken hands with someone who has won two Nobel Prizes in Physics".

There, Parsloe witnessed the beginning of the studies on acid-base balance and the routine use of neuromuscular blockers in Anesthesiology. He saw close by the evolution in

the treatment of respiratory failure, initiated in 1952 with the severe poliomyelitis epidemics in Copenhagen, and the works of H. C. A. Lassen, Cecil Gray, Bjorn Ibsen, and Eric Nilsson. He witnessed the beginning of the discussions on the use of the iron lung or pulmonary ventilation for intubated patients (adequate mechanical ventilators were not available) in the treatment of respiratory failure of patients with poliomyelitis. Those procedures marked the beginning of intensive care units.

Parsloe went to the University of Minnesota to learn the hypothermia technique for cardiac surgeries developed in 1950 by a group headed by Lewis and Tauffic (a Brazilian physician who had been Parsloe's anatomy instructor in Rio de Janeiro). When they started the procedure in Madison, the surgery went well, but the child had severe burns on the dorsal aspect of the thorax, which disturbed Parsloe deeply. Parsloe went to Saint Louis to visit James Elam, who developed the double canister absorber, and he was conducting clinical studies using capnography; unfortunately, Parsloe developed hay fever and had to stay in an operating room with air conditioning, the only place he could breathe easily, for some time. Note that the CO₂ analyzer (Dräger) studied initially in the USA in the decade of 1950 was based on a device used in German submarines (U boats) during the II World War.

Several years later, in 1966, Edith and Parsloe visited Madison and were received by Professor Emeritus Betty Bamford, who had started her residency there when they left. Parsloe used to say: "I suspect that the new Department Director, Professor Gregory J. Crosby, wasn't born when I arrived there 50 years ago"¹.

CAREER ON THE MEDICAL ANESTHESIA SERVICE (SMA) OF SÃO PAULO

In 1954, Professor Zeferino Vaz was organizing a new Medical School in Ribeirão Preto, São Paulo, with the financial support of the Rockefeller Foundation. Parsloe had all the support to stay in the USA, but he decided to accept his invitation to organize the first autonomous Anesthesiology Department of the country, to realize one of his greatest dreams. He returned to Brazil and went to that city on a DC3 plane. He had a major disappointment. After meeting with the Dean and Surgery Professor of the school, he learned that it would not be possible to create an independent Anesthesiology Department, but, according to the rigid rules of the University of São Paulo, it had to be under the Surgery Department. Therefore, he refused the invitation and returned to São Paulo. He was so sure that he would achieve his objective, that he had published a paper in the USA with his future address: Medical School of Ribeirão Preto, SP, Brazil. In 1954, the First Brazilian Congress of Anesthesiology and the Second Latin-American Congress, in which Parsloe had a brilliant participation, were held in São Paulo. Laborit participated in this congress, speaking on the method of ar-

tificial hibernation that marked a specific period in Anesthesiology, especially neurosurgical; Parsloe fought intensely this method.

At that time, the first anesthesia group of São Paulo, the SMA, created by Mário Nóbrega and Joubert de Almeida, who left the specialty shortly after, had completed 12 years^{7,8}. Rodrigues Alves had undertaken an internship with Mário Castro D'Almeida Filho and Oscar Vasconcelos Ribeiro in Rio de Janeiro, and with Lundy at the Mayo Clinic (USA). Mário D'Almeida is considered the pioneer of Brazilian Anesthesiology, initiated on the 23rd Infirmary of the Santa Casa do Rio de Janeiro, on the Service of Professor Augusto Brandão Filho, in 1927. On that same year, he anesthetized President Washington Luiz Pereira de Souza and, in 1940, the President Getulio Vargas. In 1948, Mário D'Almeida was the first President of SBA.

Rodrigues Alves invited Parsloe to work at the SMA¹, which currently services the Hospital Alemão Oswaldo Cruz, Samaritano, Sírio-Libanês, and São Camilo Santana, but on the early years it also serviced the Hospitals H. Pedro II, Pró-Matre Paulista, Defeitos da Face, Cruz Vermelha, Evaldo Foz, and Maternidade Paulista. Parsloe accepted the invitation and, except for nine months in 1963 when he returned to Madison once more, he was the scientific head of the SMA and transferred all his experience to this service, which later was invaluable for the author of this paper and other colleagues. A few years later, Parsloe became the General Director of the SMA.

In 1954, when our service was instituted, Parsloe was surprised that in Brazil many things remained as they were in his first years in Rio de Janeiro. In fact, many hospitals did not have an operating center; operating rooms were distributed on the different floors and the physician wore his/hers street clothes when entering it. Ophthalmologists did not wear gloves when operating. The Ombrédanne was still used in many hospitals, especially inland. Post-anesthetic care units (PACU) and intensive care units (ICU) were not available. Nothing was disposable; IV tubings were the first disposable material in our hospitals, and only in the decade of 1960, and pyrogenic reactions were still common. Tracheal tubes were and continued to be for a few years reusable, washed and disinfected. A bronchoscopist was always called for difficult intubations; only in 1980, which for several reasons was later discontinued for a few years, anesthesiologists were in charge of intubating difficult airways in our service. All Brazilian hospitals had "flypapers and tubes with chloroethyl that were used to cause cardiorespiratory arrests in flying insects entering the operating room"⁹. Operating rooms were highly polluted with anesthetic gases and vapors. In angiograms, radiographic plates were still removed manually and the exposure to X-rays was enormous until the acquisition of the first infusion pump. Those matters were considered worrisome much later, when the first Latin-American Commission for the Study of Professional Risks (Brazil, Argentina, Mexico), was created; we were

indicated by Parsloe to participate in said commission, and he worked for it for several years and published several studies in Brazil, including an issue of the Brazilian Journal of Anesthesiology, in 1976, dedicated to the subject, and in several international journals.

Benzodiazepines were not available, and pre-anesthetic medication continue to be basically the same: morphine or meperidine, and promethazine, with or without atropine; it was intended to sedate the patient, reduce the amount of general anesthetic required, and reduce the volume of oropharyngeal and tracheal secretions caused especially by ethyl alcohol. The use of rectal avertin was introduced in the Hospital Samaritano, in São Paulo, and it was still used in that same hospital by a surgeon.

Needles for spinal blocks were still of high-caliber; finer needles were introduced shortly after, but 24G (external caliber of 0.56 mm) and G26 (external caliber of 0.46 mm) needles, as conducting needles, were only introduced in our service in 1966, although they were not routinely used because they were difficult to acquire. Polyethylene catheters for epidural anesthetics, rarely used until the beginning of the decade of 1960, could only be boiled; with the advent of polyvinyl, sterilization of those catheters was initiated. Sacral epidural anesthetics were not used in pediatric surgeries, being implanted only later along with a table created by the SMA, which was used in Brazil and abroad.

Monitoring was not available for several years; in severe cases, a cardiologist followed the procedure with an ECG. Checking the pulse of the patient with the fingers was routine. Oximetry and automatic blood pressure were only instituted in the decade of 1970 and from then on, little by little, more monitors arrived. Parsloe adopted the motto: "eternal vigilance is the basis of safety".

However, he also found fairly good conditions for the practice of Anesthesiology in São Paulo hospitals, which improved thereafter, most of it with his participation. The SMA already had Foregger, McKesson, Dräger, Ben Morgan, and Heydrink equipment. Parsloe used to disassemble, clean with benzene, and reassemble some of those devices, with our help. Each anesthesiologist had a bag with all the equipment necessary: laryngoscopes, tracheal tubes, Guedel airways, masks and valves for pediatric anesthesia, connections (Rovenstine, Magill), Ayre's T-pieces, etc. Parsloe had a special bag for this, brought from the USA, which was copied by some of his colleagues at the SMA. Our first laryngoscopes (straight blades) were imported; afterwards, they were handmade (Macintosh model) by the beginner Oftec and later manufactured by the companies Takaoka and Narcosul. With time many of those devices including two Ombrédanne masks that were donated by colleagues of the SMA to other hospitals were donated to the SBA and SAESP museums.

Cyclopropane and, to a lesser extent, ethyl ether, were routinely used in the SMA. The use of the last anesthetic expanded with some influence of Parsloe, and remained so until the advent of halothane. Pentothal sodium, or a small

number of other intravenous anesthetics, was routinely used for anesthetic induction until the advent of propofol. Neuromuscular blockers were the same used all over the world, along with the non-depolarizing neuromuscular blocker kondrocurare (semisynthetic, created by Vital Brasil). Succinylcholine iodide, very expensive and a frequent cause of allergic reactions, was soon substituted by succinylcholine chloride. Surgeons would, routinely, place antibiotics in the abdominal cavity, which, especially neomycin, was an important factor of potentiation of the neuromuscular blockade. Muscular relaxation could be followed with a modest neurostimulator.

Parsloe would always insist on good pulmonary ventilation, which was always manual, controlled or assisted, and with a face mask in small or medium size surgeries. He used to remember the classic phrase of Lauder Brunto, in which the heart said to the anesthesiologist: "Take care of the respiration that I can take care of myself". However, spontaneous ventilation was often used. The two-way system, which Parsloe liked particularly, already was and continue to be used quite often until approximately 1965. In the beginning of the decade of 1960 Parsloe introduced the "jumbo" in the SMA, a canister for soda lime much bigger than the one used until then. At that time, one could only discover whether the soda lime or barium was close to exhaustion by the clinical and physical exam of the same, especially heat, color, and consistency of the granules. Later, the use of mechanical ventilation with the Spiropulsator Aga was instituted, followed by the Takaoka ventilator, and intravenous anesthesia with sodium pentothal, meperidine, and neuromuscular blocker, and, only later, inhalational anesthetic. Parsloe did not like the system, and always demanded more complete national devices; a few years later, Takaoka introduced its first complete anesthesia equipment.

In pediatric anesthesia, a preference of Parsloe, the opened-mask with ethyl chloride and ethyl ether was routinely used, but venipunctures were not a routine in children. The Digby Leigh and Lewis-Leigh valves were used quite often; later, the Frumin valve became the best one for newborns, and Parsloe gave us one of them. Tracheal tubes without balloons were only used in medium and large size surgeries. The Cole tube was used more often in newborns. After a few years, Parsloe brought from the USA a small device with a circular circuit and the Revel circulator. He introduced among us the use of cardiorespiratory monitoring with the esophageal stethoscope.

Very few obstetricians accepted regional blocks in private clinics at that time. Anesthesia for cesarean sections used sodium pentothal or cyclopropane, without tracheal intubation, which only became routine at the end of the decade of 1960; before that, obstetricians considered it a very aggressive maneuver. Fetal resuscitation was a function of anesthesiologists; when neonatologists assumed this function, it was extremely difficult at first, since they did not have enough experience; and the greatest absurd was that

in some maternities obstetricians recommended the use of intragastric oxygen for resuscitation of newborns! The SMA was one of the few services routinely in charge of labor analgesia and used cyclopropane for that end. As a result, one obstetrician was known by a nickname ("sniffer") because he always requested a "sniff" (cyclopropane) for the labor analgesia of his patients. Many times we found parturients receiving trichloroethylene vapors, which hindered the use of CO₂ absorption and the use of cyclopropane. From 1963 on, the SMA instituted the use of continuous lumbar epidural anesthesia, which is still used.

When Parsloe started to work at the SMA, the Unifesp was already performing intracardiac surgeries. A few years later, it was implanted in our service (Hospital Samaritano), shortly after the introduction of perfusion pumps. However, U-tubes were used for central venous pressure (CVP) and arterial dissection was still used for continuous blood pressure measurements, but it was soon substituted by arterial puncture.

The SMA kept up with the progress; Parsloe was an active participant of this progress and always stimulated his colleagues to study, engage in researches, create new procedures and conducts, and to get a TSA, which he obtained in 1959. Parsloe helped the SMA to publish original works in several journals, such as *Anesthesiology*, *Anesthesia & Analgesia*, *Mexican Anesthesiology Journal*, *Argentinean Anesthesiology Journal*, and *Brazilian Journal of Anesthesiology*; some of them brought wards to the service. The SMA was proud of the constant presence of Parsloe and all he meant for our service as well as Paulista and national Anesthesiology. However, Parsloe himself received a lot of support, and he had the collaboration of this service to execute the best way possible the tasks the São Paulo Anesthesiology Society (SAESP, from the Portuguese), Brazilian Anesthesiology Society (SBA, from the Portuguese), and the World Federation of Societies of Anesthesiologists (WFSA) assigned him and to give the best to Brazilian and international Anesthesiology. Not only during this period, but throughout his life, Parsloe travelled frequently for conferences, courses, congresses, etc. During a congress of the Canadian Anesthesiologists' Society in Calgary, where famous visitors are received with cowboys hats, Parsloe received one of them, which was so big that covered his eyes and ears; Parsloe thanked them and said: "This is the first time someone accuses me of having microcephaly", which caused those listening to laugh!¹⁰

Parsloe was firm, perfectionist, objective, and strict regarding behaviors or technical conducts he did not agree with. He demanded the best from everyone, and eventually had disagreements with colleagues for different reasons. However, he acknowledged the support of the anesthesiologists of the service, leaving an issue of his autobiography to this service¹ with the following dedication: "To the SMA, which gave the necessary support, my thanks, Carlos (10/20/1999)".

Before finishing this section of our report, we would like to remember an event Parsloe was very proud of. In one

occasion, and at one time, he saved the lives of several people, which he attributed to his training in Madison. A São Paulo public hospital, which had been recently inaugurated, was in conflict with SAESP for intending to hire anesthesiologists for a specific wage. After a few months of work stoppage, services started with the support of most of São Paulo anesthesiologists, who accepted the implementation of government decree 262/63. The SMA was among them. According to Parsloe¹: "On a Monday morning while administering the first anesthesia of the morning, at a well-equipped public hospital in São Paulo, my patient started to lose his color. Since I had been trained to react to problems, I immediately reviewed the possible causes and concluded it was not anesthesia-related, but caused by the central gas supply. I disconnected the patient from the anesthesia system and he recovered his color shortly after. I asked a nurse to walk down one side of the corridor of the surgical center and tell all anesthesiologists of the impending problem while I did the same thing on the other side. It was a long corridor, with 10 operating rooms on each side. All patients were saved, except one, in the last room. The problem was caused by the temporary removal of the central oxygen supply, cleaned during the weekend, without the proper cleaning of the tubings and testing of the system".

RETIREMENT

Over the last few years, after his retirement in 2003, Parsloe continued as he did throughout his life to study, teach, think about the future of Anesthesiology, believing he had done very little and that there still was a lot to be done. "I read several journals, summaries, and few studies thoroughly. The avalanche of scientific production is overwhelming. Fifty years ago I was able to read everything that was published in English. I think that, if a potent anesthetic could be developed, it would put aside all current volatile agents available, it would eliminate the need of complex vaporizer, and we could work with closed inhalational systems so simple and cheap as they were in the good old days"¹.

Parsloe was an aficionado for Anesthesiology, his work, acquisition and transmission of knowledge and especially by the history of Anesthesiology and, for this reason, he always attended congresses on the subject¹⁰. He knew everything, he read intensely, and he had an amazing memory. He had one of the largest private libraries in the world on the field, with historical and bibliographical rarities for which he had special appreciation, and he thought constantly on what to do with all that after his death. Most of the books in his library were donated to the SBA and a few Medical Schools in Brazil, but there are still important and historical books.

Here, we should quote Parsloe³: "The pages written by those with direct participation on the History of Brazilian Anesthesiology pulsate with the development of facts and accomplishments. The new generation of anesthesiologists should read them thoroughly. They, who are facing a future that

seems unending, should turn their eyes to the past and meditate on the lives of their predecessors. However, the last ones of those standing who, on their turn, face a future increasingly smaller, can look back with pride for the hope they leave to the new generation".

SCIENTIFIC, DIDACTIC, AND ASSOCIATION-RELATED ACTIVITIES IN BRAZIL

They were wonderful. Through a 50-year period of scientific and didactic activities, Parsloe thought hundreds of classes and participated in countless symposiums and seminars in Medical schools, congresses, Anesthesiology workshops, post-graduate courses, and medical societies. In many of those occasions, he taught fantastic classes both by their contents and the easiness and agreeable manner he exposed the subjects. He was one of the most sought and awaited speakers. This dedication to studying and teaching marked his whole life. On one occasion, at the end of one of the most awaited magna conference of a Paulista Congress of Anesthesiology (COPA, from the Portuguese), which attracted and touched the audience, all his colleagues gave him a standing ovation. It was the first time we ever heard of such manifestation. He deserved it! Parsloe did not like to publish works, he preferred to teach; however, he published several articles and chapters in books both in Brazil and abroad; he translated a book published at the III World Congress of Anesthesiology, and he also wrote the foreword of several books, including one of the books we wrote, which is a source of great honor.

Parsloe had a wonderful relationship with great names of international Anesthesiology, such as Aldrete, Apgar, Bonica, Bridenbaugh, Bromage, Collins, Conroe, Digby-Leigh, Elam, Fauconer, Foldes, Greene, Löffström, Lundy, Macintosh, Mayerhofer, Morris, Moya, Organe, Rovenstine, Severinghaus, Siebecker, Usubiaga, Vandan, and Wikinski, and many of them enlivened the III Word Congress of Anesthesiology held in Brazil. This important relationship allowed him to help several colleagues on their studies and scientific development, and he also managed to arrange internships or residencies abroad (United States, United Kingdom, France, and Canada) for them. We owe him our internship in the USA when, for several months, we visited the most important Anesthesiology Departments of that country, and we had the opportunity to learn the conducts and equipment used by many of those anesthesiologists, not only in Madison, but also in Los Angeles, Chicago, Seattle, Miami, and Houston, besides having the honor to be introduced to the pioneer of Cardiac Surgery, De Bakey. Invited by Parsloe, many of them including the English anesthesiologists Sir Robert Macintosh and Phillip Bromage visited the São Paulo SMA several times. Note that Macintosh demonstrated his "pan", to be used in the battle field, with controlled manual respiration, at the Hospital Alemão Oswaldo Cruz (São Paulo), during a gastrectomy, using ether and air. On one of those occasions,

Bromage was asked to demonstrate the Obstetric epidural anesthesia at another hospital, in a parturient of low socio-economic-cultural level who kept on jumping during the puncture; he interrupted the procedure and said: "Very dangerous". All the physicians attending the demonstration vanished; Parsloe and Bromage took care of the patient, and the surgery was performed by residents! Parsloe was enraged! Parsloe was the Scientific Director of the Laboratório Astra (Brasil) for several years. In 1964, taking advantage of the presence of several international authorities who attended the III World Congress of Anesthesiology, he organized a symposium funded by this laboratory to discuss the pharmacological characteristics, indications, advantages and etc of prilocaine preceding the introduction of this local anesthetic in Brazil, which was used among us for many years but, unfortunately for intravenous regional anesthesia, disappeared from the Brazilian market. At that time, 15 famous foreign anesthesiologists participated of a round table, and many foreign and Brazilian colleagues were invited to attend the debate.

Parsloe dedicated himself intensely to societal life. In 1950, he was the 2nd Secretary of the first Board of Directors of the Anesthesiology Department of the Associação Paulista de Medicina (APM)^{7,9}; he attended almost all SBA Representative Assemblies as a member of São Paulo delegations, participated in the creation of SAESP, and he was the President of this society and of the Anesthesiology Department of APM in 1973, when he continued with the fight for the acquisition of a headquarters for SAESP, initiated in 1972. That same year, he was President of the Scientific Commission of the XX Brazilian Anesthesiology Congress, the year of the Silver Anniversary of SBA.

Parsloe was a member of the TSA-SBA Commission and of several other SBA commissions, such as Teaching and Training, International Affairs, Proficiency Exam, and Scientific Awards. He was member of the Editorial Board of the Brazilian Journal of Anesthesiology and Editorial Board of the Brazilian Journal of Anesthesiology – International Issue for many years.

In 1964, under the presidency of Luiz Fernando Rodrigues Alves, the III World Congress of Anesthesiology brought to Brazil mainly by the relentless work of Zairo Vieira and the IX Brazilian Congress of Anesthesiology were held in São Paulo at the Edifício Gazeta, whose construction had not been finished, on the Avenida Paulista. Parsloe presided the Scientific Commission of this congress and, with the permission of the treasurer of the SBA, Oscar Figueiredo Barreto, he invited Ralph Waters to participate in those events. Waters refused the invitation and Parsloe was disappointed. Perry Volpito, Professor of Anesthesiology of the Medical College of Georgia, asked Parsloe: "Have you tried to speak to Mrs. Waters? Talk to her"^{1,2}. Parsloe accepted the advice and, as a results, Waters came with his wife and sister, Elva, and gave the Inaugural Speech of the congress, which ended with the following words: "I think that each congress

that gathers people from all over the world brings us closer to the day hostilities among nations will cease to exist and all people will unite in a world free of animosities and misunderstandings. May this congress continue to grow in the years to come, not only for the benefit of anesthesiologists, but also for the promotion of peace and cooperation among different nations"^{1,11}. In this World Congress, Geoffrey Organe, also a friend of Parsloe's, was elected President of the WFSA for the 1964-1968 period. Due to his relationship with several renowned Brazilian and foreign anesthesiologists, Parsloe contributed decisively for the high scientific level of this event. According to Pedro Gereto: "I remember how deeply he dedicated himself to the realization of the III World Congress of Anesthesiology in 1964, when he presided over the Scientific Commission"¹². On that occasion, with the participation of Carlos P. Parsloe and Leão J. P. Machado, the Federation of Anesthesiology Societies of Portuguese-Speaking Countries, whose first president was Paulo L. Pereira (Brasil), was founded¹³.

In 1969, Parsloe and Leão Machado contributed greatly for the organization of the First National Symposium of Obstetric Anesthesia, in São Paulo. In 1993, during the I Pan-American Symposium on Regional Anesthesia held in São Paulo, Parsloe signed the Proceedings of the foundation of the Latin American Society of Regional Anesthesia (LASRA). Parsloe was member of its 1st Scientific Commission, of which Dr. José Carlos A. Carvalho was the first President and in 1997 he was on the board of directors of the Brazilian chapter of this society¹⁴.

In 2008, due to his prestige abroad, Parsloe help the reindexation of the Brazilian Journal of Anesthesiology on the MEDLINE; by a request of Dr. Judymara L. Gozzani, Editor-in-Chief, he put her in contact with Doctors Shafer, Brodsky, and Smith, who were fundamental for the approval of this indexation¹⁵.

ABROAD

Parsloe gave lectures in several countries in all continents. For many years, he was a member of the American Society of Anesthesiology (ASA) whose congresses he always attended, American Society of Regional Anesthesia, American Society of Pediatric Anesthesia, and the Editorial Board of several foreign journals, such as Survey of Anesthesiology, Journal of Clinical Monitoring, and Revista Argentina de Anestesiologia.

Parsloe participated in the foundation of the Latin-American Confederation of Anesthesiology Societies (CLASA, from the Portuguese) in 1962 in Peru and in 1975 he was a Brazilian Delegate in the congress of this society held in Quito; as a member of the delegation, we followed the important role Parsloe and Zairo Eira played on the decisions approved. In 1974, he was Visiting Professor of the Anesthesiology Department of the Toledo Medical College.

In 1955, in Holland (Scheveninger), the WFSA was founded;

Dr. Olegário Bastos represented Brazil, and Harold Griffith (Canada) was elected the first President¹⁶. Thus, Brazil, through the SBA, became one of the first countries to participate in the WFSA; currently, more than one hundred national societies are associated with it. In 1964, Luiz Fernando Rodrigues Alves was elected for the Executive Committee of the WFSA and Carlos Pereira Parsloe was elected for the Education and Scientific Committee. In 1972, during the VI World Congress of Anesthesiology (Kyoto), Rodrigues Alves and Parsloe were elected Vice-President and for the Executive Committee of the WFSA, respectively. In 1980, Parsloe was elected Vice-President of the WFSA during the VIII World Congress (Hamburg), and, in 1984, during the IX World Congress of Anesthesiology (Manila), Parsloe received the Presidency of the WFSA from John Bonica (1980-1984), and "when he handed me the WFSA medal, he whispered in my ear: Carlos, it is all yours"¹⁶. H. Griffith, G. Organe, F. Folders, O. Mayrhofer, and J. Q. Gomez anteceded Parsloe, the first South-American to preside the WFSA, in the presidency⁹. When the WFSA was founded, it was documented that "it was created to guarantee the highest standards of anesthesiology for all"¹. Thus, shortly after being elected, Parsloe visited Bolivia, Cuba, Guatemala, Haiti, Honduras, Kenya, Paraguay, Zambia, and Zimbabwe to make sure all countries received the attention of the WFSA and not only a few privileged countries¹. Years later, he was one of the SBA Delegates during the IX World Congress held in Sydney (Australia), in 1996.

AWARDS

Parsloe, along with two other colleagues of the SBA, Jorge de Almeida Bello and Carlos Vita de Lacerda Abreu, received the Benjamim Baptista Award of the National Academy of Medicine and the CLASA Award from the Latin-American Confederation of Anesthesiology Societies.

TRIBUTES

Parsloe received the recognition of national and foreign entities, having received many and different tributes^{4,5,7,17,18,21}. During the last one, at the end of 2008 (CBA in São Paulo), he was visibly touched and at the end left a farewell message to the colleagues attending the ceremony, who were also very touched: "Cultivate friendships; they are probably the only patrimony man takes with him when leaving this life"¹⁷. The loss of Parsloe traumatized, touched, and grieved Brazilian Anesthesiology and it was, undoubtedly, felt by class entities and colleagues, especially this author, who could always count on his friendship and support^{17,19,20}.

IN BRAZIL

Parsloe was an Honorary Member of the SBA, of Anesthesiology Societies of the States of Minas Gerais, Pernambuco,

Paraná, and Rio Grande do Sul, Distinguished Member of SAESP, Honorary Physician of the Hospital Alemão Oswaldo Cruz and Samaritano of São Paulo, and Associate Member of the Anesthesia Clinical Studies Center of São Paulo. A picture of Parsloe was included in the Photographic Gallery of Former Presidents of SAESP in a publication of this society, since he was the first South-American to preside the WFSA. In 2008, the SBA and Linde paid a tribute to Parsloe creating the Dr. Carlos Pereira Parsloe Award for the best scientific study on inhalational anesthesia with nitrous oxide. Recently, he was Honor President of the 55th Brazilian Congress of Anesthesiology, 10th Congress of the Federation of South-American Anesthesiology Association (FASA, from the Portuguese), 5th Pain Congress of the Brazilian Anesthesiology Society, 4th Resuscitation and Reanimation Congress of the Brazilian Anesthesiology Society, and V Tiva-America course – 2008.

ABROAD

Parsloe received countless tributes, some of which are mentioned below: Honor President of the X World Congress of Anesthesiology (Hague, the Netherlands) and of the I Ibero-American Congress of Anesthesiology (Barcelona), Fellow of the Royal College of Anesthetists of England, Fellow of The Australian and New Zealand College of Anesthetists, Honorary Member of the Association of Anesthetists of Great Britain and Ireland, Honorary Member of the Philippine Society of Anesthesiologists; he received the commemorative medal of the anniversary of the Jagiellonian University and School of Medicine awarded by the Senate of the Nicolaus Copernicus Medical Academy (Krakow, Poland); he was Lecturer of the Anesthesia History Association and Crawford Long Lecture – Emory University (Atlanta), and Special Guest of the last World Congress held in Cape Town (South Africa) in 2008.

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RESUMEN

Reis Júnior A - Carlos Parsloe (1919-2009) – In Memoriam *

JUSTIFICATIVA Y OBJETIVOS: *El Dr. Carlos Pereira Parsloe fue el más importante y conocido anestesiólogo brasileño y el que alcanzó mayor repercusión mundial. Jugó un rol fundamental como Presidente de la Comisión Científica del III Congreso Mundial de Anestesiología (Brasil). Fue el Presidente de la SAESP y llegó a la Presidencia de la WFSA. Su autobiografía fue publicada por la Wood Library-Museum of Anesthesiology (Illinois-USA). Con su fallecimiento, en enero de este año de 2009, la Anestesiología brasileña perdió a uno de sus más valiosos miembros.*

CONTENIDO: *En la vida de Parsloe, se destaca su carácter, su competencia, su dedicación al estudio y a la enseñanza, las funciones que brillantemente ejerció y las conquistas que obtuvo. Quedan registrados hechos desde su infancia hasta el curso de medicina que realizó en Rio de Janeiro y sus primeros años de práctica médica en esa ciudad y en Chicago (EUA). Aquí veremos hechos que acaecieron durante los dos años de su residencia en Madison (Wisconsin), bajo la tutela de Ralph Waters, de la cual siempre se enorgulleció. Relataremos su regreso temporal a Brasil, su segundo período de vida en Madison, su retorno definitivo a nuestro país y la importancia que tuvo para el Servicio Médico de Anestesia de São Paulo (SMA). Recordaremos algunos de los homenajes que recibió en Brasil y en el exterior.*

CONCLUSIONES: *Tras el triste deceso del Dr. Carlos Pereira Parsloe este año, le rendimos este merecido homenaje, por lo que él significó para la Anestesiología brasileña y mundial, destacando quien fue y lo que hizo por la especialidad, por la WFSA, SBA, SAESP y por diversas Sociedades nacionales e internacionales, y también por muchos anestesiólogos de nuestro País.*