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### Dr. John Dillon and the Founding of the UCLA Department of Anesthesiology

*By Selma Harrison Calmes, M.D.*

*The following article discusses the founding of the UCLA Department of Anesthesiology. It is based on my interview with Dr. Dillon at a recent UCLA Department meeting and the transcript of his video interview for the Wood Library-Museum's Living History series.*  
*Selma Harrison Calmes, M.D.*

**J**ohn B. Dillon was born in Texas and graduated from Mt. St. Mary's College in Maryland in 1936. He had to work his way through medical school, St. Louis University. The first two years, he worked with a professor of physiology on medical electronics projects. (Dr. Dillon had always been interested in ham radio.) Because of this work, he was offered a fellowship in physiology. He dropped out of medical school and went to graduate school, earning a M.S. in Physiology. He then returned to medical school and taught physiology half time. He received his M.D. degree in 1943.

Because of his research interests, he attended the Physiological Congress in Toronto in 1939 and heard Ralph Waters, M.D., (father of academic anesthesiology, from the University of Wisconsin) lecture on respiratory physiology. Dr. Waters described his CO<sub>2</sub> absorption technique during anesthesia, using a closed circuit. Anesthesia previously had been all open-circuit.

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While in St. Louis, he made frequent trips to Indianapolis, where his wife-to-be was a nurse. On one of these visits, a physician-friend invited him to hear Ralph Waters again. This time, Dr. Waters spoke on cyclopropane. This lecture further stimulated Dr. Dillon's interest in anesthesia.

He applied for internship at the University of Wisconsin and spent eight weeks on the anesthesia service. He intended to return here for his residency in anesthesia after his Army service. (World War II was going on then.) The Wisconsin plan was not to be. Dr. Dillon went into the Army immediately after internship and was sent to Letterman Army General Hospital in San Francisco. He was first assigned to the Department of Medicine. A medical school classmate who knew of his interest in anesthesia arranged to have him transferred to the anesthesia service. Charles McCuskey, M.D., one of the great men of California anesthesiology (see Calmes SH. Anesthesiology in California: The leading figures in the early years. *CSA Bulletin*. 1999;48:54-63.) was chief. Dr. Dillon administered anesthesia in the mornings and in the afternoons taught physiology and pharmacology to the "90-day wonders," physicians who would be sent off to combat areas to give anesthesia after only 90 days of training. Dr. Dillon's 6-week rotation on anesthesia lasted more than two years. He describes this time as "wonderful," with good teaching and good surgeons.

Dr. McCuskey returned to Los Angeles at the end of the war and called Dr. Dillon in 1946, asking if he would take the position of chief of anesthesia at Los Angeles County Hospital. Dr. Dillon arrived there in July 1946. He attracted some of the previous "90-day wonders" he had trained at Letterman, who were well-seasoned by their war-time anesthesia experiences and who now needed only one more year of training to become Board-eligible. In spite of good help, Dr. Dillon considered this "an absolutely appalling experience" and noted that his red hair turned completely white during the four years he was at L.A. County.

He left there, exhausted, in 1950 and went into private practice at Huntington Memorial in Pasadena. Meanwhile, the new UCLA medical school was developing, slowly. Planning began in 1945, and the first dean was appointed in 1947. Ground-breaking for the present UCLA medical school building was in February 1949. The first class was admitted in 1951, but the building wasn't finished until 1954. Cuts in funding, (much of which allegedly went to UCSF) made the start of UCLA a difficult one.

In addition to working at Huntington, Dr. Dillon occasionally worked with surgeon William Longmire, M.D., the newly appointed Chair of Surgery at the new medical school. There was no UCLA hospital yet, and Longmire had to operate at other hospitals such as the Wadsworth VA, Harbor General Hospital (an L.A. County hospital) and Santa Monica Hospital. Dr. Dillon was often his anesthesiologist. He

also met the new UCLA dean, Stafford Warren, M.D., while participating in the Los Angeles County Medical Association's activities.

Because of these relationships, Dr. Dillon was asked to be the first chair of anesthesia at UCLA. This was a division of the surgery department, one of nine divisions. (It was common for anesthesia to be under surgery then.) As the surgeons pushed to do more difficult cases, the division of anesthesia had to grow and have a bigger budget to meet the needs for service. This finally was possible in 1971, after Dr. Dillon documented that most other California medical schools had separate anesthesia departments.

Dr. Dillon had to work hard to recruit needed staff. He also wrote a great many papers. One (Cohen DD, Dillon JB. Anesthesia for outpatient surgery. *JAMA* 1966; 196:1114-1116) was of critical importance; it introduced outpatient anesthesia to modern medicine. Waters had tried outpatient anesthesia in 1924, but abandoned it due to complications from the anesthetic agents of the time. Dr. Dillon felt that anesthesia had progressed and that it was time to advocate this again, and he opened the first outpatient surgery unit in 1962. Surgical reviewers originally rejected the paper at *JAMA*, stating that out-patient surgery was not "good practice of medicine." Dr. Dillon wrote back that it was all right to criticize his grammar, spelling, etc., but that it was not all right to criticize something that was the future of medicine. The paper was finally accepted.

There is space to mention only a few of Dr. Dillon's other innovations. He fought to have the design of the new UCLA operating rooms void of explosion proof construction. Ether and cyclopropane, commonly used at the time, had explosive properties, and OR floors had to be conductive and electrical systems carefully grounded in order to decrease the formation of static sparks which could trigger explosions. Dr. Dillon believed that the time had come to move to nonflammable agents entirely, and he fought the American Board of Anesthesiology and the state fire marshal to get this accomplished. It was the first major OR suite built without the previous expensive safety measures.

Dr. Dillon also contributed to the improvement of anesthesia care worldwide by training a number of foreign residents under a Burroughs Wellcome program. Furthermore, at that time there were not many anesthesia meetings in the state. The CSA had recently been formed, but the educational programs had not been developed. He began an annual meeting that was highly successful, attracting such speakers as Mushin and Nunn from England, Beecher from Boston, and Cullen from Iowa. This and the Childrens Hospital Los Angeles meeting served the educational needs of the local anesthesia community.

Dr. Dillon retired in 1972 to Hawaii, where he still lives.