

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



John Bonica and P. Prithvi Raj

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

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 chal-



P. Prithvi Raj, Kenneth Candido, and Alon Winnie

lenges, ASRA remains committed to a focus on the highest quality of evidence-based education and research for physicians.

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.

Presidents of ASRA

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

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.



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.

Alon P. Winnie, L. Donald Bridenbaugh, Jr., Harold Carron, P. Prithvi Raj, and Jordan Katz: Founding Fathers of the American Society of Regional Anesthesia

Anne E. Ptaszynski, M.D., Terese T. Horlocker, M.D., Douglas R. Bacon, M.D.,
and John C. Rowlingson, M.D.

Late in 1973, at an American College of Anesthesiologists examination in a New York hotel, Alon Winnie shared with Harold Carron, Jordan Katz, and Donald Bridenbaugh his dream of a society devoted to teaching regional anesthesia.¹ The dream became a reality in 1975, when the four men, along with P. Prithvi Raj, refounded the American Society of Regional Anesthesia (ASRA). (An earlier American Society of Regional Anesthesia, founded in 1923 as a tribute to Gaston Labat, was dissolved in 1940 because of decreasing interest and membership).² These five men, the "Founding Fathers," steered ASRA through its early years by serving as presidents and officers, by creating the society's journal, *Regional Anesthesia* (Fig 1), and by serving as its editorial board members, as well as planning annual meetings. In addition to their profound and continued contributions to the society, these men helped bring about the rebirth of the specialties of regional anesthesia and pain medicine. They described (or rediscovered) new approaches and applications, invented equipment to improve the success and safety of regional anesthetic techniques, and published classic articles and texts, many of which are still referenced decades after their initial publication.

Alon P. Winnie, President, 1975–1980

Alon Winnie (Fig 2) was born in Milwaukee, Wisconsin, on May 16, 1932. He attended Princeton

University (1951–1954) and graduated from Northwestern University Medical School in 1958. In addition to his medical studies, Dr. Winnie was actively involved in the fine arts; he participated in theater productions and composed four musical comedies.³ He remains an accomplished poet and musician. During his internship at Cook County Hospital in Chicago, Dr. Winnie developed acute poliomyelitis and was paralyzed up to the chin, which necessitated a tracheostomy (performed by Trier Mörch) and mechanical respiration on a Mörch ventilator for 6 weeks. During this time, his peers attended his bedside to ensure that the ventilator did not fail. Dr. Winnie avows he owes his life to these individuals; in the dedication of *Plexus Anesthesia*, he wrote "I acknowledge and dedicate this book to those physicians to whom I am indebted for life itself, my fellow interns and residents of Cook County Hospital who, exhausted from their own demanding call schedules, took an additional call to protect me from the possible malfunction of the ventilator upon which my life depended while I was totally paralyzed from acute poliomyelitis. Repeatedly, when my ventilator malfunctioned or failed, these vigilant young physician friends succeeded in keeping me alive until the ventilator could be repaired. Clearly without them, this work could *not* have been possible."⁴ Although Dr. Winnie's recovery from polio was incomplete, only 3 months after hospital discharge he returned to work. Through the encouragement of his mentors, including Trier Mörch, John Adriani, and, particularly, Vincent Collins, and self-determination, he demonstrated that he could physically fulfill the requirements of anesthesiology in a wheelchair.³ Despite these challenges, he became Vincent Collins' first resident in anesthesiology at Cook County Hospital. During his 3 years of training, Dr. Winnie performed anatomic dissections and developed the principles of fascial sheath block and fascial planes. During these dissections, Dr. Winnie recognized

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Fig 1. Title page of the inaugural issue of *Regional Anesthesia*. (Courtesy of *Regional Anesthesia and Pain Medicine* editorial office.)

that the 3 trunks of the brachial plexus are stacked, one upon the other, vertically above the first rib, as depicted by early anatomists, and not horizontally along the rib, as later renditions typically placed them. This concept formed the foundation for one of his greatest contributions to regional anesthesia: the subclavian perivascular technique of brachial plexus anesthesia.

Upon completion of his residency training, Dr. Winnie joined the faculty at Cook County Hospital in 1963, where he served as associate director of the Division of Anesthesia from 1965 to 1971. He served as president of the Chicago Society of Anesthesiologists from 1968 to 1974, and president of the Illinois Society of Anesthesiologists from 1971 to 1972. In 1972, Dr. Winnie was appointed chairman of the Department of Anesthesiology, Abraham Lincoln School of Medicine, University of Illinois, Chicago, a position he held until 1989, when he became director of the University of Illinois Pain Control Center. In 1992, Dr. Winnie returned to Cook County Hospital to assume the chairmanship of the Department of Anesthesiology and Pain Management, a position he held until his retirement in 2002.

Over his 40-year career, Dr. Winnie has received many honors and distinctions. The Illinois Society of Anesthesiologists awarded him the Distinguished Service, William O. McQuiston, and Ralph Waters awards. In 1975, the International Anesthesia Research Society recognized him as one “whose attainments can only be labeled as ‘astonishing,’” noting that “Dr. Winnie has rapidly emerged as one of the most frequently encountered personalities in our specialty.”³ He served as president of the Danemiller Memorial Educational Foundation since its founding in 1984, after the death of his close personal friend Dr. Joseph Dannemiller. Dr. Winnie was also presented the Karl Koller Award from the European Society of Regional Anesthesia (ESRA). He served as ASRA’s first President from 1975 to 1980 and was honored with the society’s Gaston Labat and Distinguished Service awards in 1982 and 2005, respectively. Dr. Winnie was historical editor of *Regional Anesthesia* from 1990 to 1995.

Dr. Winnie’s academic career has been productive; he has written more than 125 articles (the most recent of which was published in 2005), 2 classic texts, *Plexus Anesthesia* and *Interventional Pain*

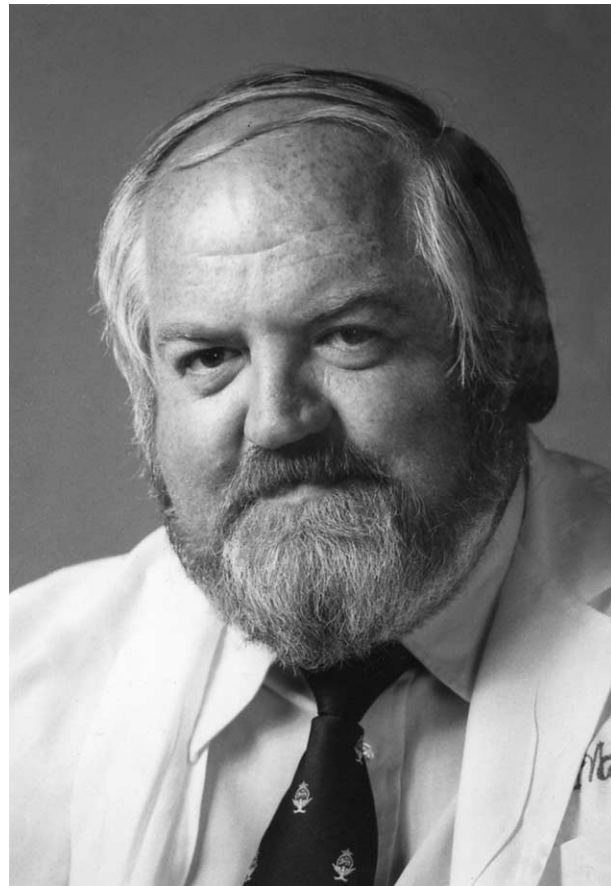


Fig 2. Alon P. Winnie, M.D. (Courtesy of Wood Library Museum.)

Management, and innumerable chapters and abstracts. He is perhaps most recognized for his popularization of perivascular approaches to interscalene,⁵ subclavian perivascular (supraclavicular),⁴ axillary,⁴ and inguinal paravascular (3-in-1)⁶ blocks. The presence of a fascial compartment that contained a neurovascular bundle allowed the proceduralist to obtain complete plexus block with a single injection, which greatly simplified the technique. Dr. Winnie was quick to reveal that although he devoted considerable time to promoting the perivascular approaches to the brachial plexus, all had been previously described many years earlier, often in the surgical literature and in non-English journals, but had fallen into obscurity.¹ Dr. Winnie also introduced modifications to improve the success of psoas-compartment and classic Labat sciatic approaches.^{7,8} In addition to his multiple contributions to the development and promotion of regional anesthesia, Dr. Winnie also pioneered techniques in acute and chronic pain management. Teamed with an orthopedic spine surgeon, J. Ted Hartman, at Cook County Hospital, Dr. Winnie was among the first American clinicians to employ corticosteroids for the treatment of radicular low-back pain.

Despite his many awards and honors, when asked what he considers his greatest accomplishment and greatest reward in academic anesthesia, Dr. Winnie states, "Categorically, the greatest accomplishment is the education and training of a multitude of young anesthesiologists, all of whom have special skills and training in regional anesthesia and pain management. The greatest reward of academic anesthesia is unquestionably the multitude of friendships that one develops throughout the entire world."

L. Donald Bridenbaugh, Jr., President, 1980–1982

L. Donald Bridenbaugh (Fig 3) was born July 9, 1923, in Sioux City, Iowa. He attended medical school at the University of Nebraska College of Medicine, Omaha, Nebraska from 1944 to 1947 and completed an internship and subsequent residency in anesthesiology at King County Hospital, Seattle, Washington. His training was interrupted from 1949 to 1951 when he served as a lieutenant in the United States Navy. After military discharge, he returned to his medical training and accepted a position at the Virginia Mason Clinic in Seattle in 1952. His investigative collaboration with Daniel C. Moore and others began immediately. Within 1 year of joining the staff, he published "Lumbar Epidural Block: the Anesthetic Choice for Cesarean Section,"⁹ his first article that involved regional an-



Fig 3. L. Donald Bridenbaugh, Jr., M.D. (Courtesy of Wood Library Museum.)

esthesia. Even 50 years later, his conclusion that regional anesthetic techniques are superior to general anesthesia for cesarean delivery is still supported by outcome studies.

As a member of the Virginia Mason Clinic regional anesthesia dynasty, Dr. Bridenbaugh contributed to the early investigations of bupivacaine¹⁰ and etidocaine.¹¹ Studies that characterize the uptake and distribution of local anesthetics after various regional anesthetic procedures are still the classic references for toxicity and maximum local anesthetic dose.^{12,13} Likewise, a series that involved more than 11,000 spinal anesthetics defined the rate and severity of neurologic complications after subarachnoid block and described a data-collection system for such events.¹⁴ Dr. Bridenbaugh also made lasting contributions to the study of ambulatory surgery, postoperative nausea and vomiting, and obstetrical anesthesia, with a total of nearly 100 full-length articles and chapters. He was appointed clinical professor of anesthesiology at the University of Washington in 1974.

Dr. Bridenbaugh served for 6 years (1977–1983) as the director of the Department of Anesthesiology and subsequently was appointed medical director of the Virginia Mason Hospital Outpatient Surgery Unit, a position that he held until his retirement in 1989. He was president of the Washington State

Society of Anesthesiologists from 1954 to 1955. His involvement within the American Society of Anesthesiologists (ASA) committee structure and association with those in ASA leadership helped nurture the birth and growth of ASRA as a reputable organization (G. Thompson, personal communication).

As ASRA's original vice-president (1975–1980), Dr. Bridenbaugh constructed the bylaws and administrative procedures of the society. Dr. Bridenbaugh served as president of ASRA from 1980 to 1982. He was honored with the Distinguished Service Award in 1989.

Harold Carron, President, 1982–1984

Born May 11, 1916, in Detroit, Michigan, Harold Carron (Fig 4) completed his medical training at Wayne State University in 1941 and his residency in anesthesiology at the University of Iowa in 1947. During World War II, Lieutenant Colonel Carron, M.C., worked in field hospitals in England and France. After his military duty, Dr. Carron served as chairman of the Department of Anesthesiology at Tampa General Hospital from 1947 to 1970, where he established residency training in anesthesiology. He founded the Florida Society of Anesthesiologists in 1949. Dr. Carron's first article, "Treatment of Intractable Pain," was published in 1954.¹⁵

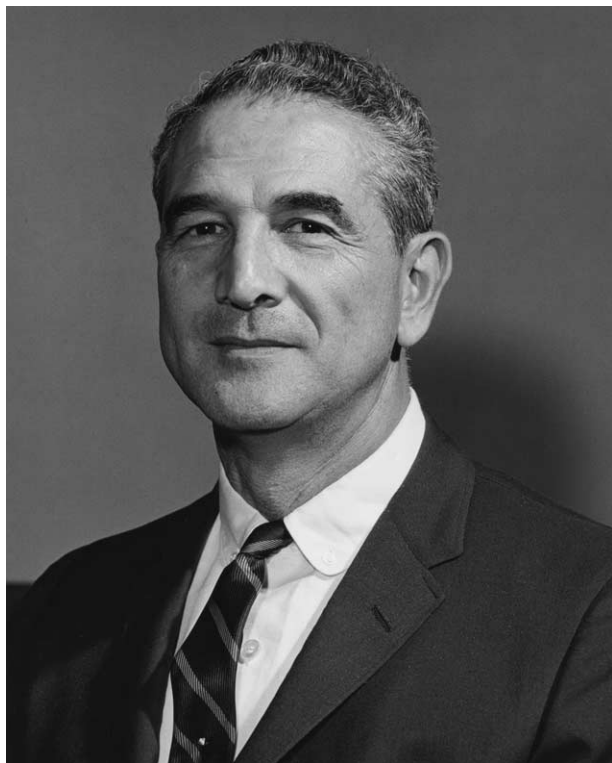


Fig 4. Harold Carron, M.D. (Courtesy of Wood Library Museum.)

In 1970, Dr. Carron relocated to the University of Virginia and served as acting chairman from 1971 to 1972. Importantly, during his tenure at the University of Virginia, Dr. Carron established one of the world's first multidisciplinary pain clinics.¹⁶ In recognition of his pioneering spirit, boundless enthusiasm for teaching and clinical care, and his intellectual curiosity, the Department of Anesthesiology at the University of Virginia School of Medicine subsequently created an endowed chair in pain management in his name in 1983. Dr. Carron transferred to the Georgetown University Medical Center in 1985, where he worked until his retirement in 1989.

Over his lifetime, Dr. Carron published more than 70 articles, coedited and authored 2 books, and lectured extensively nationally and internationally. His investigations evaluated the complex psychosocial and economic factors associated with chronic pain and the proper application of neuraxial and peripheral blocks in the treatment of acute and chronic pain. His 1988 ASRA lecture, "The Changing Role of the Anesthesiologist in Pain Management," challenged anesthesiologists to reconsider the abundant use of nerve blocks and to utilize evidence-based methodology to determine the most appropriate therapies for genuine pain *management*,¹⁷ an exacting concept that endures to the present day. He was also the recipient of numerous awards, including the Distinguished Service Award from the Virginia Society of Anesthesiologists and the Sir William Osler Prize in Medicine. Dr. Carron served as secretary of the American Society of Anesthesiologists, and president of the Florida and Virginia societies of anesthesiology. However, Dr. Carron is most renowned for his contributions to ASRA, for which he served as the first secretary-treasurer (1975–1980) and president from 1982 to 1984. Dr. Carron also established the society's journal, *Regional Anesthesia*, in 1976, and served as editor-in-chief until 1982.¹⁸ He received the Distinguished Service Award in 1991, only months before his death.

Dr. Carron died on August 12, 1991, at the University of Virginia Hospital in Charlottesville.¹⁹ He was held in highest esteem by his colleagues, fellows, and residents as a dedicated teacher and accomplished physician, both in the operating room and in the pain clinic.²⁰ His legacy of commitment, excellence, and innovation lives on in the society and the journal he so proudly founded.

Phulchand Prithvi Raj, President, 1986–1987

Phulchand Prithvi Raj (Fig 5) was born September 13, 1931, in Bagri Sajjanpur, India. After grad-

uation in 1958 from medical school in Mysore, India, he moved to England and underwent residency training in surgery and orthopedics. In 1963, Dr. Raj moved to the United States to perform an internship at St. Mary's Hospital, Waterbury, Connecticut and then a residency in anesthesiology at Parkland Memorial Hospital at the University of Texas Southwestern Medical Center in Dallas, Texas. Upon completion of his residency, Dr. Raj practiced for a year in Trondheim, Norway as a registrar in anesthesia and an additional 2 years in England at the Birmingham Regional Hospital Board.

In 1969, after 10 years of training—in 3 specialties on 3 continents—Dr. Raj returned to the University of Texas Southwestern Medical School as an assistant professor in anesthesiology and biochemistry. His initial research was in the field of drug metabolism, but he soon focused on the metabolism of muscle relaxants.²¹ He also initiated his clinical work in regional anesthesia and pain, including groundbreaking research that defined the mechanism of action of intravenous anesthesia²² and the use of the nerve stimulator for peripheral blocks.²³ During this time, he established a pain clinic at Parkland, Texas. In 1974, Dr. Raj left Texas in one of many professional relocations, including moves

to California, Ohio, Texas, and Georgia. He directed, and often founded, pain clinics at the Texas Neurological Institute (1976), the University of Cincinnati Medical Center (1979), the University of Texas Health Science Center at Houston (1987), Metropolitan Hospital in Atlanta (1992), and Texas Tech University Health Science Center (1996).

Dr. Raj continued his investigations that involved regional anesthesia, as well as acute and chronic pain. He described new approaches to the infraclavicular²⁴ and sciatic²⁵ blocks, both of which bear his name as the “Raj modification.” In addition to his original research, which resulted in 135 publications, Dr. Raj authored, coauthored, or edited 12 textbooks, including *Practical Management of Pain* and *Textbook of Regional Anesthesia*,^{26,27} and produced 11 instructional films. His scientific exhibits and video presentations often were cited for their educational excellence at gatherings of the International Anesthesia Research Society, the ASA, and the ASRA.

Dr. Raj received many prestigious awards during his career, including the ASRA Gaston Labat (1990) and ESRA Carl Koller (2000) awards. In his 1990 Labat address, “Pain Relief: Fact or Fancy,” Dr. Raj noted that although tremendous advances had been made in the research of pain relief in recent years, we still lag behind in access and education, and for most patients, particularly those in developing countries, pain relief remains a fancy.²⁸ These words demonstrate the continued regard of Dr. Raj for his origin and heritage. Indeed, he has served as president of the American Association of South Asian Physicians (1980–1982) and of the American Society of Indian Anesthesiologists (1983–1986), an organization he founded. He has worked tirelessly for ASRA as a member of the editorial board of *Regional Anesthesia* (1976–1984), as a program organizer, committee member, and ultimately as president from 1986 to 1987. For his ongoing dedication to the specialty, Dr. Raj received the Distinguished Service Award in 2005.

According to Dr. Raj, the mission of ASRA is education. He believes the initial goals of ASRA were “to promote training and knowledge of anesthesia residents during their residency program prior to graduation, to study regional anesthesia in a scientific manner, and to provide data for its efficacy for a patient undergoing surgery, during labor, and for pain management.” (P. Prithvi Raj, personal communication.) His professional career, which continues 30 years after the founding of ASRA and has involved the complete continuum from intraoperative regional anesthesia to postoperative analgesia, as well as chronic pain management, certainly meets these objectives.



Fig 5. P. Prithvi Raj, M.D. (Courtesy of Wood Library Museum.)

Jordan Katz, President, 1987–1988

Jordan Katz (Fig 6) was born May 28, 1932, in Brooklyn, New York. After receiving his medical degree from Chicago Medical School in 1957, Dr. Katz completed an internship at Bridgeport Hospital, Bridgeport, Connecticut, and residency training in anesthesiology at Columbia Presbyterian Medical Center, New York, New York. Immediately upon completion of his residency training in 1960, he was named chief of the operating room and anesthesia service for the United States Army Medical Command in Japan, where he served for 3 years.

After his military duty, Dr. Katz accepted a position at the Stanford University School of Medicine, where he initiated seminal research on the use of peripheral nerve injections with phenol in the management of spastic patients.²⁹ He also evaluated the distribution of lidocaine by use of C14-labeled molecules in animal models.³⁰ In 1969, Dr. Katz left Stanford for the University of Miami School of Medicine and Veterans Administration Hospital in Miami, Florida, where he was appointed associate professor of anesthesia and chief of the Department of Anesthesiology, respectively. In 1972, Dr. Katz



Fig 6. Jordan Katz, M.D. (Courtesy of Wood Library Museum.)

relocated to the University of Wisconsin School of Medicine in Madison, Wisconsin, as professor and associate chairman of the Department of Anesthesiology. His research during this time focused on renal, hepatic, and neural effects of chronic exposure to halothane.³¹ In 1977, Dr. Katz joined the staff of the University of California School of Medicine, San Diego, where he was vice-chairman of the Department of Anesthesiology and also chief of the Anesthesiology Service of the Veterans Administration Hospital in San Diego from 1977 to 1981. Here, he examined the use of both chemical hypophysectomy and cryoanalgesia for pain control.^{32,33} Dr. Katz entered private practice in 1994 and retired in 1995.

Since his first assignment for the U.S. Army Medical Command in Japan, Dr. Katz continued to lecture internationally on the management of pain, with over 100 invited lectures and visiting professorships. He has published more than 60 articles and numerous chapters. However, Dr. Katz may be best recognized as the senior editor of *Anesthesia in Uncommon Diseases*.³⁴ The book was originally published in 1973, and Dr. Katz continued to edit the book until publication of the 3rd edition in 1989, at which time he entrusted the editorship to Jonathan Benumof. Now in its 5th edition, with Spanish and Japanese versions, the book remains a classic anesthesia text.

Over the first 10 years of the society's existence, Dr. Katz participated in nearly every committee within ASRA. He served as president from 1987 to 1988 and was an associate editor of *Regional Anesthesia* from 1976 to 1984. Dr. Katz was honored with the Distinguished Service Award in 1993.

ASRA Board of Advisors

The Founding Fathers were not without assistance. A board of advisors that consisted of respected and prominent anesthesiologists was concomitantly established. These seven men, John J. Bonica, Philip Bromage, Benjamin Covino, Peere Lund, Daniel C. Moore, and Monroe Trout, all luminaries within academia and industry, further defined the mission and provided resources to the fledgling society. The administrative expertise of Executive Director John Hinckley, recipient of the ASRA Distinguished Service Award in 1992, further guided ASRA for more 25 years.

ASRA Today: A Strong Past and a Bright Future

The energy and vision infused by the Founding Fathers resulted in rapid expansion of ASRA's

prominence and presence. At the time of the society's first annual meeting on March 18, 1976 (only 6 months after the birth of the organization), the society had more than 300 members. The inaugural issue of *Regional Anesthesia*, a quarterly publication at the time, was distributed in October 1976. In 2005, ASRA, now the American Society of Regional Anesthesia and Pain Medicine, celebrated its 30th anniversary and now has with more than 6,500 physician and scientist members. The journal, *Regional Anesthesia and Pain Medicine*, is read by over 9,000 subscribers internationally.

By all measurements, ASRA appears destined for a bright future. However, as Dr. Winnie,¹ the visionary who refounded ASRA, cautioned in his 1982 Labat address (at which time ASRA membership numbered approximately 3,600), "There is a need for the present society to finish the work started by the old society, and then some. Through this society, we must see to it again that we do not again forget the heritage of the past and be forced to rediscover it repeatedly. Nor can we forget the lethal impact of allowing the society to cease in its efforts to make certain that regional anesthesia is always available to the patients for whom we care."

Acknowledgment

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