



Robert M. Smith



On November 25, 2009, Dr. Robert Moors Smith died two weeks before he would have been 97. A pioneer of modern anesthesia practice, he was considered the “Father of Pediatric Anesthesiology” in the United States.

Dr. Smith was born in Winchester, Massachusetts and died there. While becoming an Eagle Scout, he and his four older siblings were home-schooled by their mother. He then entered Browne and Nichols School and subsequently graduated from Dartmouth College in 1934 and Harvard Medical School in 1938. After a rotating internship at the Faulkner Hospital near Boston, Dr. Smith underwent two years of surgical training at Boston City Hospital where each surgeon participated in anesthetizing patients. He then opened an office in a small town south of Boston and supplemented his income providing anesthesia for patients at a local community hospital helping establish a department of anesthesia at what is now South Shore Hospital in Weymouth, MA. When the United States entered WW II, his brief time as a general

practitioner ended with his enlistment in the Army as a surgeon. However, because of the great need for anesthesiologists in the military, he was given a three-month training course in anesthesia at the Army Air Force Hospital in Greensboro, NC under the leadership of Dr. Frederic Clement and for the next four years he served as the Chief of Anesthesia with the 100th General Hospital in France and Germany including at the Battle of the Bulge rising to the rank of Major.

Like many servicemen who became anesthesiologists during WW II, Dr. Smith pursued a post-war career in anesthesiology in a hospital near his hometown. In 1946 after he was released from the Army, he was

appointed the first physician Chief of Anesthesia at Children's Hospital Boston, a position he held until 1980 before moving to the nearby Franciscan (Rehabilitation) Hospital for Children where he worked until the age of 80. Though he initially had little experience caring for children, he supervised several nurses at Children's Hospital Boston who until then provided the majority of anesthesia at the institution. The chief nurse anesthetist, Betty Lank, showed him the small blood pressure cuffs and masks an engineer at the hospital had fashioned for pediatric patients at her direction before any of these were commercially available. She used these items when providing anesthesia for the surgeon, Dr. Robert Gross, when he initiated the field of congenital cardiac surgery in 1938 by ligating the first patent ductus arteriosus. Dr. Gross went on to become Chairman of the Department of Surgery at Children's Hospital Boston, and he and Dr. Smith worked together to help establish the modern era of pediatric surgery and anesthesia. In the days before the advent of cardiopulmonary bypass machines, they often did repairs of congenital heart lesions inside a hyperbaric chamber. Dr. Smith was particularly proud of the fact that the first intensive care unit which opened at the hospital in 1980 had two floors, one named in honor of him and the other in honor of Dr. Gross. Dr. Smith also worked with Ms. Lank for more than 20 years until her retirement in 1969 and they remained close friends until her death in 2001 at the age of 97.

During his time at Children's Hospital Boston, Dr. Smith was a superb and compassionate clinician continually advancing practices in pediatric anesthesia to enable surgeons to perform increasing complex operations on smaller and younger patients. He was an advocate of "patient safety" many decades before the term became central to medicine. He was an early and adamant advocate of routine intubation of the trachea during anesthesia for children, with sterile and appropriately-sized tubes in order to prevent tracheitis and tracheal stenosis, and he encouraged wrapping small patients in order to prevent heat loss. In the 1950s when the monitoring of infants and children consisted primarily of visual observation of the patient and intermittent palpation of the patient's pulse, Dr. Smith pioneered a new approach of continuous physiological monitoring by using a (precordial) stethoscope, taped on the chest wall over the trachea and heart, to assess ongoing changes in heart and breath sounds, as well as the regular use of the infant blood pressure cuff (sometimes referred to as the "Smith cuff"). These were progenitors in the development of elaborate monitoring systems that are the core of current and safe anesthesia care.

Dr. Smith was a well-mannered, soft-spoken gentleman. His presence in the operating room always had a calming influence even in the most trying circumstances. His quiet demeanor and great clinical competence inspired those around him to do their best, not always the style of behavior displayed by some of the surgeons dealing with a harrowing situation. One surgeon who knew him for more than half a century noted he never heard anyone say a bad word about Dr. Smith.

Dr. Smith was also energetic and physically fit. In the days before intensive care units were established, anesthesiologists were often the specialists summoned to handle emergencies throughout the hospital. Dr. Smith was frequently the first to respond to an overhead page by dashing through the stairs and

corridors to reach the bedside for rescue. One of his former fellows recalls fondly that no one, not even the young students, could beat Dr. Smith in a race through the hospital – and he would always greet them with a grin on his face.

In addition, Dr. Smith was an excellent educator and father-like figure to many of his former trainees. He attracted students from all over the world who came to Boston to learn from him and witness the rapid growth of pediatric surgery during this time. He welcomed all who wanted tutelage regardless of experience or credentials. One former student tells how when he called Dr. Smith requesting to study under him, Dr. Smith's response was a simple, "When can you be here?" More than 800 physicians received training with Dr. Smith at Children's Hospital. He was also a faithful and regular visitor to the anesthesia residents at the nearby (but now defunct) Chelsea Naval Hospital; despite his heavy work load at Children's, he was grateful for the anesthesia training he received in the Army and this was one way he showed his appreciation.

In 1959 he published a comprehensive textbook entitled "Anesthesia for Infants and Children" which was one of the first of its kind specifically focused on the anesthetic management and care of young patients. It soon became a classic and he revised it through four editions before he retired from Children's Hospital Boston in 1980. Shortly thereafter, Dr. Smith asked Dr. Etsuro K. Motoyama, one of his former fellows, to take over the editorship. He, together with Dr. Peter J. Davis as a co-editor, modified and expanded the book to a multi-authored volume and renamed it "Smith's Anesthesia for Infants and Children" in Dr. Smith's honor. It continues after more than half a century in a soon-to-be-published 8th edition, the longest ongoing textbook of pediatric anesthesiology in the world.

During his lifetime, Dr. Smith was the President of the Children's Hospital Medical Staff, Chairman of the Committee on Pediatric Anesthesia of the American Academy of Pediatrics, and President of both the Massachusetts and New England Societies of Anesthesiologists. He received several prestigious awards and honors including being one of the few pediatric anesthesiologists to receive the Distinguished Service Award from the American Society of Anesthesiologists. In addition, he received a Special Recognition Award from the Section of Surgery of the American Academy of Pediatrics, and the Section on Anesthesiology and Pain Medicine of the American Academy of Pediatrics gives an annual Robert M. Smith Award to a pediatric anesthesiologist for a lifetime of achievement in the field. He was also an honorary Fellow of the Faculty of Anesthetists of the Royal Academy of Surgeons of Ireland and an honorary member of the Brazilian and Pan American Societies of Anesthesiologists. He was Clinical Professor of Anaesthesia at Harvard Medical School.

Dr. Smith lived by a simple phrase: be useful - enjoy yourself. For example, he once treated a young niece who developed croup by building a humidified tent with a card table and plastic sheeting in her living room. And he loved nature. He and his wife were avid bird watchers and he routinely extended overseas medical trips with bird watching expeditions. Always inventive, he once banished a surfeit of skunks by anesthetizing them with ether. He also was an excellent athlete enjoying golf as well as

tennis, skiing and surfing. Well into his 80s, Dr. Smith continued to seek new thrills by trying roller-blading; “I could blade fine, but stopping was a problem.” After moving into an adult assisted-living facility, he routinely organized educational programs.

A former colleague at the end of Dr. Smith’s memorial service uttered perhaps the most accurate tribute by noting that Bob would have complained that the service was “too long. I could have gotten a lot of stuff done.”

He is survived by one son, two daughters, eight grandchildren and two great-grandchildren. His beloved wife, Margaret, preceded him in death after 69 years of marriage.

Mark A. Rockoff, MD, *Chair*

Harry Bird, MD

W. Hardy Hendren, MD

Robert Holzman, MD

Etsuro Motoyama, MD

Jonathan Smith

David Waisel, MD