At The Old Mount Sinai Hospital (100 Yorkville Avenue), all general practitioners were permitted to administer anaesthetics. Most of these practitioners had no special training in anaesthesia. A few, however, had traveled to various centres for courses, attended meetings, and read journals. It was from these general practitioners that the original Department of Anaesthesia was chosen. The earliest records are contained in a Book of Minutes recording monthly meetings held by the Department. The first meeting was held on August 4, 1937. The staff consisted of the Chief, Dr. D. Perlman and the Attendings (N. Rosen, J. Chaikoff, K. Freeman, H. Winesanker and J. Soboloff). Subjects discussed included case reports, techniques and equipment, and presentation of statistics. Equipment was apparently a special problem and anaesthetists were required to provide their own laryngoscopes, endotracheal tubes, etc. The first anaesthetic machine
was purchased by members of the Anaesthetic Staff, not by the hospital. Concern was voiced at meetings that general practitioners, who were not trained in its use, were using this machine. This might constitute a hazard to patients.

Despite active general practices, some members found the time to contribute to the literature. J. Chaikoff presented a paper at the Annual Meeting of the International Anaesthesia Research Society in 1939, entitled “The Efficacy of a Combination of Ephedrine and Pitressin in Combating the Fall in Blood Pressure Following the Administration of Spinal Anaesthetic.” In September of 1943, he presented his experiences with Caudal Anaesthesia in Obstetrics.

The Anaesthetic Staff of the old hospital was perhaps the first Anaesthetic Staff in Canada to realize the advantages of “Group Practice” in the specialty. This was dubbed “socialism” at that time. In June 1944 a meeting was held with the Medical Advisory Board at which the Department Anaesthesia requested permission to operate as a group. Permission was granted for a trial period of six months and proved so successful that it has continued to this day.

In 1945, following World War II, B. Raxlen and S. Solway were given Courtesy Appointments and both had special training in anaesthesia. In 1946, S.M. Eisen approached Dr. S.G. Fines (Medical Superintendent of the old Mount Sinai Hospital) and asked about the possibility of practicing “full time anaesthesia.” Dr. Fines told him that it would be
impossible to make a living in “just anaesthesia,” and advised that he set up a general practice in addition. Dr. Eisen took the advice but abandoned general practice after three years. He thus became the first “full time anaesthetist” at Mount Sinai Hospital.

In September 1953 the New Mount Sinai Hospital opened on University Avenue. The Chief was D. Perlman and attending staff included Drs. N. Rosen, H. Winesanker, S.M. Eisen and K. Hellman. The first three had very active general practices; the latter two devoted full time to anaesthesia. Several new policies instituted at the new hospital were:

1. The department decided to provide a staff anaesthetist to stay at the hospital 24 hours a day, including Saturdays, Sundays and Holidays.

2. All new appointees to Staff would be required to restrict their practice to full time anaesthesia.

3. All new appointees would be required to either be Certified Specialists in Anaesthesia by the Royal College of Physicians and Surgeons of Canada or to have sufficient training to make them eligible to write the Certification Examination.

In 1955, Dr. D. Perlman arranged an unofficial affiliation with the University of Toronto. Stanley Campbell, the Chairman, agreed to provide Mount Sinai with residents in the University of Toronto’s Post Graduate Course in Anaesthesia. This arrangement preceded by several years the official affiliation of the New Mount Sinai Hospital with the University. Dr. Perlman resigned as Chief because of a serious illness (he died shortly afterwards) and S.M. Eisen was appointed as Chief in April of 1956. Subsequent appointments included H. Axelrod (1954), M.
The University-Affiliated Hospitals

Rotenberg (1956) and Doreen Caplin (1955). In 1957 there were two additions to the staff, Drs. E. Sheffman and A. Relle (for whom an annual lecture is named). In October of 1956 the department began administering epidural anaesthesia in obstetrics. After three years, a report of over 9000 cases was published (Eisen S.M. et al., “The Routine Use of Lumbar Epidural Anaesthesia in Obstetrics — a Clinical Review of 9,532 Cases, Canad. Anaesth. Soc. J. 1960; 7: 280). The Second World Congress of Anaesthesiologists was held in Toronto from September 4–10, 1960 and Mount Sinai displayed an exhibit on the use and technique of Epidural Anaesthesia. The practice of epidural anaesthesia by the department was not confined to obstetrics. It was used quite extensively in surgery of the lower limbs, perineum, and lower abdomen. It was also frequently used in surgery of the upper abdomen, and for the relief of post-operative pain.

Dr. G. Urbach joined the staff in 1965. In 1968, S. Eisen resigned as Chief and was appointed Consultant. G. Edelist was appointed Chief and assumed his new position in August of 1969. He came from the Albert Einstein College of Medicine (Assistant Professor since 1966). His academic record had been outstanding with a special emphasis on intensive care. After his arrival, major advances were made at Mount Sinai in the treatment of respiratory problems. Staff changes followed. E. Sheffman resigned to become Chief at the Doctors’ Hospital (1970)
and Mary Papantony was appointed, followed by M.A. Radhakrishnan in 1971 and Les Bowers in 1973.

In the mid-1980s, there was an increase in the number of thoracic procedures and a four-bed step-down unit was created for post-operative thoracic patients, enabling monitoring of epidural analgesia and other physiologic functions. The Department was among the first to apply epidural analgesia for the relief of post-thoracotomy pain. This technique was enthusiastically accepted by surgeons, patients and physiotherapists. In addition to thoracotomies and oesophagectomies, there were a large number of laser procedures for treatment of central airway disease. In 1987, Drs. Elzbieta Perera and Joseph Mallon described their experience in 86 laser procedures on the trachea and bronchi. Later, a Sarcoma Unit was created which increased the number of patients with pulmonary metastatic disease requiring post-operative analgesia. In 1995, a Thoracic Anaesthesia Team was created for the following purposes:

1. to perform organized clinical work as a subdivision of anaesthesia;
2. to improve quality and establish expertise in thoracic anaesthesia;
3. to provide education of residents, nurses, RTs and physiotherapists; and
4. to assure satisfaction and good relations between surgeons and anaesthetists.

The team included Drs. Castro, Cole, Fisher, Mallon and Perera.

Dr. Edelist resigned as Chief of Anaesthesia in 1989 to become Chair of the University Department and Dr. Gordon Urbach was appointed Acting Chief. Joseph Fisher was appointed as Chief of Anaesthesia in 1990–91. The Acute Pain Service at the Mount Sinai Hospital was started by Leonard Eisen in the early 1990s.

In 1996, the Department at Mount Sinai Hospital merged with the group at The Toronto Hospital (which was a merger of The Toronto General and The Toronto Western Hospitals). This was part of Mount Sinai Hospital’s plan to combine clinical departments with TGH/TWH (The Toronto Hospital). Alan Sandler was appointed Chief of the combined group. He appointed R. Arellano as the Deputy Chief at Mount Sinai Hospital. In 1997, Susan Haley became the Deputy Chief until she left (1999) to work at Kingston General Hospital and Raymond Yeung was appointed Deputy Chief. Dr. Yeung was appointed Chief of Anaesthesia at York Central Hospital in 2000.
In an effort to avoid duplication of services across University Avenue, all thoracic surgery was move to TGH and all obstetrics was moved to Mount Sinai Hospital. Obstetrical Anaesthesia became the priority program of the Mount Sinai Department of Anaesthesia. This resulted in the recruitment of a group of obstetrical anaesthetists and clinical teachers including Sharon Davies, Isabel Devito, Alison McArthur, Judy Littleford, Ivor Fleming, Eric Goldszmidt, Umamaheswary Tharmaratnam and Mary Ellen Cooke. The Mount Sinai department also focused on airway management, major sarcoma surgery and acute pain management. Anesthesiologists with a special interest in acute pain management include Leonard Eisen, James Teresi, Carmencita Castro, David Cole, Ivor Fleming, Peter Ho, Ivor Fleming and Umamaheswary Tharmaratnam.

Education of junior anaesthesia residents remained excellent during this period, focusing on obstetrics and pain management. The 1994 recipient of the Gerald Edelist teaching award for Postgraduate Education was Chidambaram Ananthanarayan. Pam Morgan received the John Desmond Award for Undergraduate Excellence in education in 1995, Isabella Devito in 1996 and Carmencita Castro in 2001. Beverley Morningstar was the recipient in 2003.
Alan Sandler resigned and was replaced by David Bevan as Chief of Anaesthesia at the University Health Network and Mount Sinai Hospital. Dr. Bevan recruited his colleague, Gordon Fox, to be Deputy Chief at Mount Sinai Hospital in 2000. Jose Carvalho was recruited from Brazil to become the Chief of Obstetrical Anaesthesia in 2003.