

*John C. Liebeskind History of Pain Collection*

**Oral History Interview  
with  
John J. Bonica**

Ms. Coll. no. 127.7

Conducted: 9-12 March 1993  
Interviewer: John C. Liebeskind  
Duration: ca. 8.25 hours  
Pages: v, 159

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Los Angeles, California 90095-1798

2005

## Biographical Sketch

John J. Bonica was born 16 February 1917 in Filicudi, Italy and emigrated to U.S. in 1927. He earned his B.S. from New York University (1938) and his M.D. from Marquette University School of Medicine in Wisconsin (1942). He became a professional wrestler to support the cost of his tuition as became light heavyweight world champion wrestler as Johnny "Bull" Walker in 1941. He married Emma Louise Baldetti in 1942. Bonica completed a war-accelerated internship and residency in anesthesiology at St. Vincent's Hospital in New York (1942-44) and was then assigned to head the anesthesiology section at Madigan Army Hospital, Fort Lewis, Washington, during World War II. He became Chief of Anesthesia at Tacoma General and Pierce Hospitals (1947-1960) in Washington after the war and founded a pain clinic there. From 1948, he taught anatomy and (from 1955) anesthesiology at the University of Washington (UW) in Seattle. He was appointed professor and chairman of UW Dept. of Anesthesiology which he founded, and where he established a Multidisciplinary Pain Clinic, and remained in that position until he retired (1960-1992). Bonica is best known for his leadership in founding the international, multidisciplinary pain field. He organized the International Symposium on Pain at Issaquah, Washington in 1973, oversaw the incorporation of the International Association for the Study of Pain, and became its first President-Elect in 1975, serving as President 1978-81. His books include *The Management of Pain* (1953) and many works on regional and obstetrical anesthesia. Bonica died on 15 August 1994 in Seattle.

## Interview History

Dr. Bonica was interviewed [with the occasional participation of his wife, Emma] at his vacation home in Honolulu, Hawaii, by John Liebeskind on March 9-12, 1993. The interview lasted approximately 8.25 hours. The transcript was audit-edited by Elizabeth Anderson and Marcia Meldrum and reviewed by Dr. Bonica's daughters prior to its accession by the History of Pain Collection. The tape and transcript are in the public domain, by agreement with the oral author. The original recording, consisting of three (6) 90-minute audiotapes, is in the Library holdings and is available under the regulations governing the use of permanent noncurrent records. Records relating to the interview are located in the offices of the History & Special Collections Division.

## Topical Outline (Scope and Content Note)

The interview is organized as a loose chronology with several topical digressions. The conversation begins with Bonica's family background and roots on the island of Filicudi, off the coast of Italy; continues with his move to the US as a boy, schooling, and work as a professional and circus wrestler to pay his way through medical school; his experiences as a professional and circus wrestler; his medical school training and residency. This material is followed by a digression on the development of his interest in obstetrical anesthesia and contributions to the field. The narrative then continues with his service at Madigan Army Hospital during World War II, his teaching and experiments there, accepting a position at Tacoma General Hospital

after the war, and using that as a platform to “sell” obstetrical and regional” anesthesia. Bonica then begins talking about his interest in pain, his realization of the lack of knowledge about pain, lunchtime consultations at Madigan, and commitment to the interdisciplinary approach. Pain continues to be the major theme as he talks about his move to the University of Washington, planning for the Issaquah meeting, organization of IASP and APS, and relationships with Duncan Alexander and Patrick Wall. Bonica then returns to his early days in Seattle, organization of the Department of Anesthesiology, and research work there, before concluding with observations on the problems of educating physicians and others about the importance of pain and the need for more research. He speaks frankly about his colleagues and associates at several points.

## Access to the Interview

This oral history interview, in its audio and transcript forms, is held by the History & Special Collections Division. Those wishing to use the printed transcript (which is available through Interlibrary Loan) or the audiocassette version (which is available by appointment only) should contact: History & Special Collections Division, Louise M. Darling Biomedical Library, UCLA, Los Angeles, California 90095-1798. Phone: (310) 825-6940.

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## Citation Information

The preferred citation for excerpts from this interview is: *Oral History Interview with John J. Bonica*, 9-12 March 1993 (Ms. Coll. no. 127.7), John C. Liebeskind History of Pain Collection, History & Special Collections Division, Louise M. Darling Biomedical Library, University of California, Los Angeles.

## Related Materials in the *John C. Liebeskind History of Pain Collection*

The researcher is referred to the following related materials: oral history interviews with Ronald Dubner, Louisa Jones, John Liebeskind, John Loeser, and Barry Sessle; International Association for the Study of Pain Records (Manuscript Collection no. 124); and the John J. Bonica Papers (Manuscript Collection no. 118).

## Acknowledgments

Continuing support for the John C. Liebeskind History of Pain Collection and Oral History Program comes from the American Pain Society and the International Association for the Study of Pain.



John J. Bonica, MD

*Anesthesiologist; “Father of Pain Medicine”*

## JOHN J. BONICA INTERVIEW

### TAPE ONE, SIDE ONE

JOHN LIEBESKIND: Okay. I think we're recording here. Hello, hello. All right. So I'm going to stop in about a minute just to make sure we're recording something. Today is March 9th, 1993, and I'm John Liebeskind, and I'm in Honolulu with Dr. John J. Bonica. And we're beginning our interview. And the way I'd like to begin, John, is to start with some background material and have you tell me a little bit about your life on your island in Italy, in Filicudi, where you were born. Maybe talk to me a little bit about your family and what life was like there growing up, what you can remember from that. But before you do, I'm just going to wind back a little minute and make sure we've recorded this.

[pause]

LIEBESKIND: All right, John. Would you tell me about that?

JOHN BONICA: Yes. I'm delighted to have you here, John, and per your request, I can start at the very beginning. I was born on the island of Filicudi, F-I-L-I-C-U-D-I.

LIEBESKIND: Filicudi.

BONICA: And one of the seven islands of the archipelago called Lipari, L-I-P-A-R-I, or Aeolian Islands [isles of the winds in Greek mythology]. These islands are in the northeastern part of the Tyrrhenian Sea, which is, of course, part of the Mediterranean Sea.

LIEBESKIND: Right.

BONICA: Next to Italy and Sicily. The islands are situated just north of Messina, and they extend from east, with Stromboli, the very famous volcano, and there's Panarea, Salina, Lipari, Vulcano, and then there's two little islands by themselves called Filicudi and Alicudi. These islands have very interesting history, very interesting archaeology and geology. It is known on one of my properties that we have a Neolithic village that dates back to 3,700 B.C.

LIEBESKIND: Really?

BONICA: Just excavated; very rare finding. And I remember, as a boy, that people, while they were working the land, would find artifacts in the land.

LIEBESKIND: Stone tools or clay?

BONICA: Yes. All kinds of things like that. Geologically, these are all volcanic islands. On my island, there is five extinct volcanoes, millions of years old. Stromboli is very active, continuously --

LIEBESKIND: That's the famous one. They did a movie of it [1949] – [Roberto] Rossellini and [Ingrid] Bergman and all. Yeah.

BONICA: Rossellini and Bergman fell in love. Yeah. Vulcano is also active, but they don't -- it has sulfur. It was a very important center for the acquisition of sulfur, during the time of the Greeks and the Romans. Following the Neolithic Age, very little is known, but during the early Greek times, these islands were well known. You will find their name in the writings of Homer in the *Iliad*, and you'll find Aristotle and many other Greek -- when Greece, of course, had Grecia Magna [a Greek colony] in Sicily. My island was called "Phoenicodes" in Greek, and it means that it has ferns and palms. Very interesting. The island is rather cone shaped, about twenty-eight-hundred feet high, only nine miles around; there is a peninsula.

LIEBESKIND: The cone is presumably an extinct volcano?

BONICA: Yes. No, many extinct volcanoes.

LIEBESKIND: Oh, I see.

BONICA: There were five.

LIEBESKIND: That's right, you said five.

BONICA: There's then one part that goes out, a little mountain called Montagnola, and that's where this ancient Neolithic village is located. Apparently, my -- I should say that in addition to this kind of archaeology, there are others. There's underground archaeology, because of the volcanic nature of the islands. Under the sea, you'll find obelisks, pieces of rocks coming up. And at one point, where the water is usually about 150 feet deep, there are two columns of rock that come up. At low tide, they're about six feet below the surface of the water. The poor ancient mariners, which included the Egyptians first and then the Phoenicians and then the Greeks and so forth, would pass through there knowing that these islands had very deep seas -- would pass through here and, of course, as soon as they'd hit these rocks, they'd sink. So there is a museum with about a dozen ships, dating back from the time of the Phoenicians, and the last one was, actually floundered in 1919, a telephone [cable]-laying ship, and apparently the crew wasn't paying very much attention. They passed through here, hit this mass of rock, and it sank, because the rocks are about twenty feet square, and, consequently, great big.

LIEBESKIND: Lethal. [he laughs]

BONICA: There is a grotto or a cave, very famous, that permits ships to go through, and it's one of the attractions [Grotto of the Sea Lion]. All of the royalty of Italy, from the ancient times, would visit these places. So it's very interesting there. Because the island is volcanic, millennia ago, man actually terraced it by hand. And the terraces are held by rocks. And these rocks don't have one piece of cement, because they were built three thousand years ago. And the amazing thing that you see is that we've had earthquakes from time to time, and they damage houses; but these hand-placed rocks remain from three thousand years ago. It's really amazing.

LIEBESKIND: Amazing. Yeah.

BONICA: Let me tell you about my family. My family came from Phoenicia about 490 B.C.

LIEBESKIND: You can trace it back that far?

BONICA: Two brothers called Bonikos. And one settled in Filicudi, and the other one settled in Lipari, the main island. To make the long story short, of course --

LIEBESKIND: [he laughs]

BONICA: Now, there must be about twenty thousand Bonicas worldwide out of these two places. And they were the only two that we -- there's a trace of. We have gone back a number of generations.

LIEBESKIND: Does the name mean something? Is it --

BONICA: No. Bonica. You could say --

LIEBESKIND: "Good." Yeah.

BONICA: "Bon--" It means "good"; "nica" means "small." That really isn't --

LIEBESKIND: Yeah. Just a name.

BONICA: My great-grandfather was one of [Giuseppe] Garibaldi's lieutenants [Garibaldi (1807-1882), was an Italian patriot and leader in the reunification of the country]. In 1861, they sailed from Marsala, which is a city on the western tip of Sicily, and with one thousand men, they really got rid of the French and the Spaniards that had occupied the area.

I don't know if -- we don't have time to go back, but the Sicilians say that Sicily and these islands have cultures like an onion. The outer one is the current Italian, and you go back, you see Spaniards, French, before that Spaniards again. The Austro-Hungarian Empire held sway for a while, and before that, the Normans. And, consequently, my mother's side is of Norman origin. She was red-headed --

LIEBESKIND: A Celt?

BONICA: No; I was blond, like my son was blond. And my father's side was from the place. So as I say, my great-grandfather was one of the heroes of this liberation. My grandfather decided -- he was the only son and had acquired a great deal of the land, which, as I started to say, is terraced. And some of the terraces are quite small so that you can only work them by manual labor. You can't even bring animals or -- Some of the larger ones, of course, we used to bring animals to hoe the land. And now, of course, they use machinery. But it's many, there must be two million terraces. There are about a quarter million olive trees. My family --

LIEBESKIND: Now, let me say, this is a quarter of a million olive trees what? On your --?

BONICA: Island.

LIEBESKIND: On the island.

BONICA: No, no. Whole island. And my family, my grandfather and great-grandfather, were exporters of wine and olive oil, also capers. Very famous capers come from there. My grandfather, interestingly, decided that he wanted to have a little more adventure than just taking care of his land, so he became owner of a mercantile ship about 1860, and he used to make trips between Naples and England, shipping back and forth. And, consequently, he became known as "the Englishman." So, because there are so many Bonicas, everybody has a nickname or a surname. And I am the grandson of the *Inglese*; in the Sicilian dialect, *Inglese* means "Englishman."

My father, being the only son, was well-to-do, had all this land. He was born in 1877. His first wife died about 1900, and he married my mother in 1906. He was deputy mayor and was in the war, was a military officer in the Alps during the war. After the war, he came back to take care of his land. During this time, my mother, who was a wonderful but very tough lady, took care of, supervised the men who did the work on all of the property, which was, as I said, vineyards, olive trees, and we also had enough wheat to take care of the local needs. We had a beautiful house on the island, and during my first eleven years I lived there. And I obviously had a somewhat idyllic life, because I went to school in the morning; the island had two sessions, seven to noon and one to six. I was in the morning class most of the time and I used to spend the afternoon going to the beach and swimming. So it was --

LIEBESKIND: You were kind of the aristocracy on that island.

BONICA: Well, I was considered middle or upper-middle class, obviously enough wealth to live a good life. I had two sisters. My father had been married, as I said, earlier, and had two girls from his first marriage, my step-sisters, Josephine and Rosaria. Josephine really brought me up because my mother was busy in the fields, and my sister really was a wonderful, wonderful influence on my life. In any event, I was born on February 16, 1917. My father was, as I said, in the Alps. He returned in late 1918 to resume his duties as vice mayor and also tend to his work.

As you know, in October 1922, [Benito] Mussolini came into power, and my great-grandfather, being a Garibaldino, my grandfather having been exposed to Anglo-Saxon living and my father being brought up as a liberal, within a couple of years of Mussolini's power, he realized that, with this philosophy, he might get into trouble. I should mention at this point that the Romans used these islands as political prisons -- not in the usual sense that you were behind bars, but in the main island, Lipari, there is a big *castello*, castle, which is about two hundred feet above sea level. And, beginning in 1923, he [Mussolini] started to bring many of the intelligentsia who were against his philosophies, down there. [Mussolini (1883-1945) was the fascist dictator of Italy 1922-1943.]

LIEBESKIND: This is Mussolini?

BONICA: This was Mussolini. And they had surveillance so that nobody -- only one person ever escaped from there. They were free to roam until five p.m., and then they had to go into the castle. So my father foresaw that perhaps he might get into trouble, so he decided to come to the United States to see how life was here. This was a very difficult decision, because at the time, Mussolini had a law with restriction of the bringing funds out of the country. You were allowed fifty dollars each to leave. And although, you can imagine, my family, of course, had enough money in the Bank of Rome to take good care of ourselves -- we had to [leave it behind] -- he left. He decided that what he saw here, even though he had to work, first, in the longshore [as a dockworker], couldn't speak English; he learned English, and, within about two years, he started to work for the telephone company. He came to this country in 1925 and in November 1927 he brought us there. And we landed in Brooklyn, where --

LIEBESKIND: Now, hold on. So coming in that year, then, was your mother, yourself, and these two step-sisters.

BONICA: Two sisters. No -- oh, two step-sisters. I'm sorry; I forgot to mention them, my two real sisters. Full sisters.

LIEBESKIND: Full sisters.

BONICA: One is older, Mary, lives in Brooklyn. And Elizabeth lives in --

LIEBESKIND: Mary and Elizabeth.

BONICA: -- Tacoma.

LIEBESKIND: So you were the middle one of those three.

BONICA: Yeah. And so we, he --

LIEBESKIND: And did everybody come? The stepsisters?

BONICA: We all -- no, the step-sisters were now married, and Josephine, who married a person from Filicudi, came later, and my sister Rosaria, who married a fellow from the main island, Lipari, went to Australia. They left the same day, they left the island the same day we did.

LIEBESKIND: Really?

BONICA: So in Naples we separated --

LIEBESKIND: They went to Australia while -- yeah.

BONICA: They went one way and we --

LIEBESKIND: What a momentous family decision, huh?

BONICA: I was broken-hearted; but I was excited about the prospect of going, coming to America, because everybody talked about America.

LIEBESKIND: The streets are paved in gold and all that. [he laughs]

BONICA: All of the offices in Lipari and even in the island, you'd see these big ships, transatlantic ships, with three or four stacks, and you'd look at them with great envy -- wonderful. So we left Naples on a ship called *Conte Biancamano*. *Conte* means "Count"; Count Biancamano was a very famous person. [Umberto Biancamano or "White Hands" (1003-1048) was the founder of the House of Savoy, the royal house of Italy.] I can tell you that, from Gibraltar to Brooklyn, I had the worst eight, nine days of my life. I was seasick; I had motion-sickness. I must have lost quite a bit of weight and I didn't eat anything.

LIEBESKIND: You were eleven years old at that time.

BONICA: I would be eleven in two months.

LIEBESKIND: Yeah. Just shy of eleven.

BONICA: So we landed here, and of course were met by my father and a couple of cousins who already were here. And so we, he had rented an apartment in a tenement house in Brooklyn, Red Hook section of Brooklyn, owned by one of our *paisani* -- that is, one of the people that lived, came also from Filicudi.

LIEBESKIND: Now, when you came in, you didn't have to go to Ellis Island and stay there; that was because you were already --

BONICA: We passed.

LIEBESKIND: You passed right through, because you had your father there. You remember seeing the Statue of Liberty?

BONICA: Oh, yeah.

LIEBESKIND: [he laughs] You remember when we were on this Bristol-Myers tour of the [New York] harbor there? I remember how --

BONICA: I took a lot of pictures because it recalled the excitement. Really, I don't think one can describe the emotions.

LIEBESKIND: Yeah. Sure. Amazing. Just an amazing event. Yeah.

BONICA: Anyway, this was late November; holidays were coming. So I didn't go to school. And in early January --

LIEBESKIND: You didn't speak English, did you?

BONICA: I didn't speak -- not a word. Well, I had learned maybe five words. I was picked up by a truant officer.

LIEBESKIND: [he laughs]

BONICA: He talked to me. He said, "What are you doing out of school?" I didn't know. Well, anyway, obviously, he took me to the police station, where they took me and an interpreter explained to me that I'm supposed to be in school. Now, I had finished grade school in Filicudi. Grade school in Italy is the first five years. But it's equivalent to eight years of grade school here. In other words, by the time you finish, you're really, in five years, a little more ahead in mathematics and some of the other courses than I was here. But because I couldn't speak English, they put me in 3A -- there was 3A and 3B. And the kids -- I guess they were eight years old. But within six months, I learned the language; and within a year, I lost the accent actually, because I mingled with children. So that was the beginning of our life. Maybe you want to ask some questions.

LIEBESKIND: Yeah. Well, that's a marvelous recounting and all very, you know, a wonderful story, the way you told it. I have all these little questions, and you've really covered a lot of that.

BONICA: I translated a chapter for a book written by a cousin of mine, Anthony Bonica, who wrote his autobiography. He's a gardener in Newton, Massachusetts. And I'm going to send you a copy of it, because it has a little more detail about the back history. One of the very interesting things is that these islands have always had an attraction for adventurous people -- first of all, because they were wild still. You know that my island didn't have electricity until three years ago.

LIEBESKIND: [he laughs] Is that true?

BONICA: It was the one hundredth anniversary of the time that electricity was introduced in Italy. And after one hundred years, they put it in. But I remember that it was a strange feeling coming here.

LIEBESKIND: You know, I don't have any notes for this later because --

BONICA: One of the things that I was going to tell you -- interesting things -- was that in 1890, Duke [Luigi] Salvatore of Austria, in the Austrian Empire, Duke Salvatore, a very rich person, took a ship, came to these islands, and stayed there for seven years and counted every person, counted every tree, and he wrote the thing in German, and now it's been translated into English. [The Archduke Luigi Salvatore published eight volumes on the Aeolian Islands 1893-96.] And he indicates how many people were making fifteen cents [an hour] or sixteen, eighteen, seventeen, and so forth and so on. And when of course the big population left the island -- we could come back to the island because, although I left in 1927, right after World War I, when I

left, there were 2,600 people on the island. The island was green with vineyards; beautiful. And, right after World War II, there was an exodus, and currently there are about 325 people.

LIEBESKIND: Currently there are three hundred?

BONICA: All of my vineyards, they were kept up for about, from 1927 to 1945, and, at the end of the war, people left.

LIEBESKIND: They just left. No one to tend them; they just all died off.

BONICA: And there was no one to tend them, so everything just died. And the sad thing is that, first of all, you've lost all of these wonderful vineyards that we used to have, and, secondly, is that you can't build on the land. You cannot build a house on that island. And the reason is this: because so many people left, and left their homes, the government wants people to buy the old houses, build them up, and get them fixed up. And that's going on right now. Many of the people from Rome, Naples, Milan, Switzerland, Sweden, come down there, have homes for the summertime -- that there's no more agriculture. Not at all. There's now rebuilding.

LIEBESKIND: Well, there are not enough people to work the farms.

BONICA: Yeah. They're rebuilding some of the vineyards. I have one, two vineyards that I just started. Now, I built a house on a piece of property I have right near the sea. Of interest is the fact that, until 1900, people did not build near the water, because as late as 1900, pirates from North Africa, from the Barbary Coast, would come and really sack the sea [coast]. And of course it's very well protected because there are these bluffs, and to get up the land, they could really --

LIEBESKIND: [he laughs] You could throw a few rocks down on them and protect yourself.

BONICA: Yeah. So, but now, of course, everybody wants a house near the sea. And I wasn't supposed to do it, but I did it anyway.

LIEBESKIND: Now, when did you, when were you able to go back? Did you reclaim your original land?

BONICA: Oh, yes.

LIEBESKIND: There was no problem with that legally?

BONICA: No problem at all. That was under my father's name. In 1954, I went back, and I continued to pay the tax. I paid tax back to the time we left, and then, in 1976, they stopped the taxes because there was no -- the land is worthless because you can't build. If I wanted to cultivate a vineyard, it would cost me six, seven times as much as I can get from the wine that I would recoup. So it's, because you have to use manual labor, because, as I said --

LIEBESKIND: Right. You can't get the machines up there.

BONICA: So that's the first step.

LIEBESKIND: So you went back in --

BONICA: Fifty-four. In 1954, I went back. Right after the first edition [of *The Management of Pain* (1953)] came, I got an invitation from Dogliotti. [Achille Mario] Dogliotti [1897-1966] was a famous surgeon who really rediscovered peridural anesthesia; as a young surgeon, he worked -- that was his thesis. [Dogliotti AM. A new method of block: segmental peridural spinal anesthesia. *American Journal of Surgery* 20 (1933): 107-118.] He then became a cardiac surgeon, a neurosurgeon. He was one of the great surgeons in Italy. And right after the war we started to have what he called the Mediterranean days of medicine, about every other year in Turin, Italy. Turin is in the north in Piedmont, near the French border. And because I had, I knew of him, in 1953, the American Society of Anesthesiologists had its annual meeting in Seattle. And Dr. Dan Moore [former chief of anesthesiology at the Virginia Mason Clinic in Seattle, Professor Emeritus of Anesthesiology at the University of Washington] and I were co-chairmen. And for the first time in the history of the society, we invited a stranger to be the guest speaker, and I invited Dogliotti.

LIEBESKIND: A foreigner.

BONICA: Dogliotti, because he had made this major contribution to epidural. Incidentally, he wrote a book in 1935 on anesthesia that can't be surpassed. [*Trattato de Anestesia*; Translated by Carlo Scuderi and published in the US as *Anesthesia; narcosis, local, regional, spinal* in 1939 (Debour Press)]. The guy was an incredibly brilliant fellow. Anyway, that's when I went back, and of course my house was still standing, but had started to crack. And then --

LIEBESKIND: And no one had lived there all those years. It had just been abandoned.

BONICA: And, as it started to crack, during the war, people got hungry and started to steal the gate -- beautiful gate, with my father's name on it. For, you know, they couldn't get any money; they were eating grass. Things were pretty rough. Anyway, the house was still standing, but not livable, and subsequently we went back in '57. And then in '59, I took my whole family there, including the children. Johnny was eight years old. Fortunately, my children love the island even more than I do, and that's what's caused me to build the house. And now I'm rebuilding the native house where I was born --

LIEBESKIND: Is that right? The original one.

BONICA: Because it was down to the ground, and now it's being rebuilt.

LIEBESKIND: That'll be a long-term project.

BONICA: No. No. It'll be to the end of April or May. I've got to go back. In May I'll go back. And then in September I usually stay --

LIEBESKIND: Are there enough artisans left on the island that you can get this work done?

BONICA: Oh, yes. I have a good crew taking care of it. The bureaucracy is terrible. It's the most chaotic country in the world. It's incredible. It's the most beautiful country in the world. Italy would be a wonderful place [he laughs] if the Italians --

LIEBESKIND: [he laughs] If the government weren't there.

BONICA: The government. But it's amazing, you know. The bureaucracy is incredible. It took me five years to build an eight-hundred-square-foot house, because you have to -- but anyway, I love going there. It has an incredible attraction.

LIEBESKIND: You go back every year if you can, don't you?

BONICA: I do. Two, three times a year. Any time I'm in Europe, I take a side trip.

LIEBESKIND: How do you get there? You have to fly? Can you fly into the island?

BONICA: No. No, not yet. The trouble is -- Some people now -- until about seven years ago, the island was completely neglected by the government. There was no electricity, barely had enough water. All of a sudden, some Italian very rich people saw the potential, and they started buying these houses. And a house which, in 1954, I priced for like \$1,000, to buy just the house so you could rebuild it, now will sell for \$50,000. And it will cost you another \$200,000 to build it. They're houses now --

LIEBESKIND: Yeah. It's like local prices.

BONICA: One of the big directors/producers from Rome comes in with his helicopter. So it's magnificent. The water is so clear you see a hundred feet visibility.

LIEBESKIND: You have to fly somewhere else and then take a boat over?

BONICA: Yeah. To answer your question, we usually fly Seattle to London, Rome; from Rome you take a flight to Reggio. Reggio is the very tip of the toe across from Messina [on Sicily], which is a strait. And there, there's a hydrofoil. You know the hydrofoils were invented in Lipari, before the war. You take the hydrofoil and you go to Lipari; you change; in fifteen minutes you go to Filicudi. It takes me two hours from Reggio to Filicudi. So it's, now it's very well -- in recent years, they do very well. They'll have five, six, seven, eight, ten trips a day. They have three different companies, and, you know, they're subsidized by the government.

LIEBESKIND: What is it, like twenty miles or something off the coast there?

BONICA: We're forty miles from the coast of Sicily. From the coast of Sicily to Lipari, which is the main island -- let me show you.

LIEBESKIND: Yeah! Draw me a map here. I'll turn this off.

BONICA: Well, when I was a boy, I was going to be an artist.

LIEBESKIND: What happened to that plan?

BONICA: Well, then I -- my mother was also a practical nurse.

LIEBESKIND: Really?

BONICA: She was a midwife, and I saw an operation, and then and there -- I was seven years old -- I said, "I'm going to become a doctor." And the idea never left me.

LIEBESKIND: Is that right? So that was right there in Filicudi?

BONICA: [pausing to draw a map] This is Rome, Florence, Genoa, Milan, Turin, Venice, some of these other -- Naples is here. This is Reggio [in] Calabria. So you fly just like this, and the islands are this, Stromboli; Panarea is very little; then Salina, Lipari, Vulcano, Filicudi, Alicudi.

LIEBESKIND: Mark Filicudi with an "F" there for me, so I have that right.

BONICA: Oh, I'll give you --

LIEBESKIND: That's fine. That's great. That looks like a darned accurate map.

BONICA: As a matter of fact, I just -- my son and a friend of mine who owns or used to own the hotel and the restaurant wrote a song, that's so sad, about Filicudi. It tells the story.

LIEBESKIND: Your son did, Johnny?

BONICA: Yeah. John. He was there [for] six months about, oh, fifteen, twenty years ago. And they, it's a beautiful song. And what I just did for that presentation, I put the song in the center and then put different views of the island around.

LIEBESKIND: Oh. Lovely. Yeah.

BONICA: It's quite a place.

LIEBESKIND: Tell me a little more about your family there. Now you said your mother was a very strong woman, and she was sort of watching all the --

BONICA: Ask Emma.

LIEBESKIND: Yeah. But she lived with you --

BONICA: Nineteen years.

LIEBESKIND: For nineteen years. After you were married.

BONICA: Yeah. She lived with us for nineteen years. And this lady never had one [sickness] -- [voice cracking]

LIEBESKIND: Is that right? That's remarkable. Just remarkable. Yeah.

BONICA: -- that she'd tell you about. She'd see a cat; she'd shoot [at] them. Wouldn't leave the fish that was on a plate that had just been brought from the sea -- big, big fish -- and the cat wouldn't go. She went inside, took the shotgun, zoom! The cat --

LIEBESKIND: Good grief!

BONICA: She's --

LIEBESKIND: Tough woman. Yeah.

BONICA: Some time when she was younger, before she got married, she used to scare the hell out of young guys who tried to get funny. She was really [strong], you know, from the hard work she did. Had big thighs.

LIEBESKIND: She was off -- you mentioned that it was your sister --

BONICA: Beppina.

LIEBESKIND: Yeah.

BONICA: Giuseppina.

LIEBESKIND: Yeah. Josephine.

BONICA: Beppina. ["Beppina" is a nickname for Giuseppina or "Josephine" -- *Ed.*]

LIEBESKIND: Beppina. Josephine. Because your mother was off supervising the work on the farm.

BONICA: She used to take care of the house. I'll send you a copy. He asked me about Mom.

EMMA BONICA: And?

BONICA: How tough she was.

EB: God. She caught a bird once with her bare hand and pulled his head off, and just threw him in the bushes.

LIEBESKIND: Oh, my God! [he laughs]

EMMA BONICA: And Johnny was with her. You know, he was her shadow, because he was a Bonica, an only son and an only grandson with a Bonica name. So he always went with her, and she went to her daughter's house; they had a strawberry garden. And so when my son came home and I picked them up that night, he said, "Oh, Mother," he said, "you know what Nana did? She caught a bird and pulled his head off." I couldn't believe it, of course, and I didn't say anything. So that night, when the children went to bed, I asked my mother-in-law, and I said, "Is it true?" And she looked at me, kind of surprised, and she said, "Yeah, it's true; who told you?" And I said, "Johnny did." She says, "Oh. Why would he tell you something like that?" I said, "Well, Mother, you know, that's impressive. I would have been impressed if I had seen you do it." She says, "Oh!" She says, "That's a silly thing. Why should you be impressed?" And I said, "Well," you know, "he's a little boy." And I said, "Why did you do it?" And she said, "Because he was eating the strawberries."

LIEBESKIND: The bird was.

EMMA BONICA: The bird was. And I said --

BONICA: No. She first warns the bird --

LIEBESKIND: Luckily Johnny wasn't eating the strawberries! [he laughs]

EMMA BONICA: Oh, she would have loved that!

LIEBESKIND: I'm teasing. [he laughs]

EMMA BONICA: But anyway, I said, "Well," I said, "the bird, how much could he eat?" I said, "He doesn't know any better. Birds like strawberries. They like sweet things." She says, "Oh, yeah?" She says, "Why didn't he go eat something else?" She said, "I just caught him and pulled his head off."

LIEBESKIND: [he laughs]

EMMA BONICA: Do you believe it? So I don't know. But she wasn't afraid. A rat came to the door one time, a dead rat. The cat had brought it, and I went out to get the milk, and there it was. And I closed the door, and my mother-in-law says, "What's the matter?" I said, "There's a dead rat out there." She says, "What are you afraid of? It's dead, isn't it?" I said, "I know, but I don't like it." [she laughs] So she went out and she picked it up by the tail and she swung it over her head and she threw it in the garbage. And when I came back from school, the rat was there again! The cat had gone to get it!

LIEBESKIND: He had brought it back. [he laughs]

EMMA BONICA: And so again, I wouldn't go up that staircase, so I went down to the front door. My mother-in-law says, "What? You never use the front door." I said, "That rat is back again." Now she was mad at the cat. So anyway she picked it up again and threw it, and the cat

brought it a third time. And she was so mad at the cat, she said, “I feel like doing that to the cat,” picking him up by his tail. So she buried it. But she wasn’t afraid of anything. Not anything or anyone. She couldn’t understand -- she didn’t speak English. But with her Sicilian, she would have scared the daylights out of anybody. She was some lady.

LIEBESKIND: Thank you for that, Emma. [he laughs] That’s wonderful.

EMMA BONICA: You want another cold drink?

LIEBESKIND: I’m fine, thank you.

EMMA BONICA: John?

LIEBESKIND: John, you want something?

BONICA: No caffeine.

EMMA BONICA: Well, I don’t think that orange has any.

BONICA: Yeah. Could you?

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE ONE, SIDE TWO

JOHN BONICA: I was put in third grade, and within two months I understood enough to, you know, get rid of history, geography and things like that. And so I skipped to fifth grade, and six months later I was in the seventh grade. And by -- I was then twelve, yeah, twelve -- then I skipped -- Get him some [a cold drink].

EMMA BONICA: Yeah. Would you like some?

JOHN LIEBESKIND: All right. Okay. Thank you. I won't say no. Thank you, Emma.

JOHN BONICA: It was -- Red Hook is a part of Brooklyn which is between Borough Hall -- You don't know.

LIEBESKIND: I don't know Brooklyn. My father was born in Brooklyn, but I've never been there.

BONICA: Well, this Italian neighborhood -- completely Italian; if you spoke English, they knew you were from out of the neighborhood. That's why my mother never learned. There was no reason to learn. But anyway, I went ahead in 1932 -- getting the dates straight -- 1932, I finished junior high -- '28, '29, I went fifth to seventh, then the eighth, and then the first two years of high school and then matriculated in Manual Training High School in Brooklyn. Experiences. Although other boys were also of Italian parents, because I came from Italy, they tried to tease me. And I really have been -- it's amazing -- in grade school in Filicudi, one of my cousins, now he lives in San Diego, Angelo Bonica, was a devil, but I was a good fellow. I wanted to be a good student, passive. I didn't want a lot of trouble. And so this continued. And these kids would give me the jazz.

LIEBESKIND: Right. [he laughs]

BONICA: Well, one time we were right next to the school, PS6, and the candy store, and this kid, who was a little older than I was, tried to kick me. I gave -- I really let him have it.

LIEBESKIND: [he laughs] This was the beginning of your [wrestling] career, huh?

BONICA: Well, I, you know, I had -- in Filicudi, I never had any arguments with people. We used to play. But I was fairly strong. One of the things that happened was that I had a friend who started to -- That's another wonderful story, my Boy Scout life. As soon as I came here, I lived in a building with a young man who later became our best man at the wedding. And he had belonged to the Boy Scouts. This fascinated me because, you know, it was American, so I joined Boy Scouts in late '28. And everything I take time to do, I have to do it well, or I don't want to do it at all. And I went through second grade, first grade, Eagle Scout; youngest Eagle Scout in Brooklyn, fifteen years old. And at the same time, the scoutmaster was part Indian, Sioux

Indian. And he taught the troop to really go through the whole rigmarole of Indians. So we cut the things [feathers] and wore them in the hat.

LIEBESKIND: [he laughs]

BONICA: I'm not kidding you. And I have the pictures somewhere. We used to go to Staten Island, which at the time was non-habitable and forest, and we used to live on the land, camp out. So that at the same time I became acquainted with a Greek boy who used to go to the YMCA. So and this was -- I was still in junior high school, first year of junior high school. And I started to swim and lift [weights] and so forth and so on. And that was the beginning for my athletic career. So I went to high school and finished junior high. My father, as I told you, at first, for the first year, had to -- it was a terrible thing to me to remember. This guy was a middle-class guy who had to work with coal.

LIEBESKIND: As a stevedore, you said.

BONICA: Stevedore. Used to come home all black. And then he got himself a job. He learned English and got himself a job with the telephone company. Suddenly, July 3, 1932 -- [voice cracking]

LIEBESKIND: Yeah. He died. He must have been still quite a young man at that time.

BONICA: I was fifteen [voice cracking].

LIEBESKIND: You were fifteen. Gee.

BONICA: And, you know, he used to say, [voice cracking] "Don't worry; you're going to go to medical school."

LIEBESKIND: Yeah. [pausing] Yeah. That's hard.

BONICA: Anyway --

LIEBESKIND: It's hard to remember those painful memories.

BONICA: So I thought, "Well, that's the end of medical education," but I thought about it. And I had a friend who used to sell the *Daily News*. And by coincidence, my brother-in-law opened up -- Beppina's husband opened up a grocery store in Woodhaven, Queens. So I decided that I would -- I started to do athletics and went out for football and made the team. I was going to the YMCA and working out like crazy. And of course all of a sudden, when my father died, I said my mother had worked in the fields independently -- she went to work in the factory, nut factory, at night-time.

LIEBESKIND: What kind of a factory?

BONICA: Nut.

LIEBESKIND: Nut.

BONICA: Yeah. Walnuts, you know. And then another factory. And at night-time, she used to make hats. Make hats. And I started to sell papers. I used to go from home -- Brooklyn -- to the foot of Brooklyn Bridge -- I don't know if you know Manhattan. Give me that. I'll give you a map of New York.

LIEBESKIND: Right next to the map of Italy here. [he laughs]

BONICA: This is Queens [New York borough]. This is Red Hook, here. And Borough Hall is here, and this is the Brooklyn Bridge, and there's a couple other bridges and so forth. Anyway, I would go here and I would take the train and go for about forty-five minutes to where my brother-in-law had the store. And the reason I went there was because all the routes in Brooklyn were taken for the -- Emma, do we have -- ? [blows his nose] God, I haven't said some of these things in so long. Anyway, so I got a route along Woodhaven Boulevard, which was about three miles long. And I would get the subway, go to the farthest point, get off, and then walk down that way, and here was the station, and I'd go back home.

LIEBESKIND: And you worked in the store there?

BONICA: Then, on Friday afternoon, as soon as I got out of school, I would go to my brother-in-law's store to get ready for the weekend, which was the big, you know--Saturday and Sunday were big days for the sale. So I would --

LIEBESKIND: What kind of store was it? Dry goods?

BONICA: No, no, no. Grocery.

LIEBESKIND: Oh, groceries. Yeah.

BONICA: Mostly vegetables. Vegetables. Fresh vegetables; that's also groceries. So I would go, well, I'd get through about 3:30 or even sometimes earlier, get there by 4:30. About 6:30, I'd leave. This was, you know, around here some place. I would take the train, pick up the papers, come back, go here, go the route here, and then I'd go home down here.

LIEBESKIND: Delivering the papers.

BONICA: Delivering the papers. And we used to buy -- the paper was two cents, and we used to buy it for one-point-two cents. And I used to sell it for a nickel. Some people would give me ten cents. And So that, the two jobs, I made about eighteen to twenty dollars a week. That was Friday, starting 4 o'clock, I would be back by midnight, go to sleep; 6:30, I'd get up for all day long until 7 o'clock, and then the Sunday paper, the Sunday *Daily News and Mirror*, were this thick, so out of a hundred, it was about this high. By this time, I was really in shape.

LIEBESKIND: Yeah. [he laughs]

BONICA: I had, I was working out with the weights and wrestling and so forth. And then, finally, the one summer I shined shoes for a nickel. And the boss would give me two and a half cents. And I'd keep two cents. And the following summer, I realized that there was, right across from my brother-in-law's store, there is the entrance to Dexter Park, which was a small baseball park. And of course I used to see these big crowds coming there, and I got an idea about selling peanuts.

LIEBESKIND: [he laughs]

BONICA: And my sister, Beppina -- I would buy the peanuts, and she would cook them for me, and then we packed them in a little bag, and I used to charge a nickel for peanuts. With the three jobs, I made as much as twenty-three dollars a week. And you know, this is 1932, '33, '34, the Depression. It's what full-time guys --

LIEBESKIND: That keeps the wolf from the door. [he laughs]

BONICA: The only disappointment, I think, was that I had to quit all athletics in school. There was no way I --

LIEBESKIND: No way you had time for that.

BONICA: So --

LIEBESKIND: This was what, this was high school, is that right?

BONICA: Yeah. Between '32 and '34 I was at Manual Training. And I finished and got into Long Island University, which was then beginning.

LIEBESKIND: Long Island University?

BONICA: It began two years earlier in a factory near Borough Hall. [The Brooklyn campus of LIU was actually established in 1926.] And it was actually a factory which they had transformed. Now, you know, I've been sending money [to the University] since I got out of school, and God, they're sending me pictures now of big temples [new buildings].

LIEBESKIND: [he laughs]

BONICA: So anyway, it worked out well.

LIEBESKIND: Those must have been very tough years.

BONICA: I wrestled in high school, and I took the New York City scholastic championship in 1935.

LIEBESKIND: Nineteen what?

BONICA: 1935, and I was a hundred and fifty-five pounds.

LIEBESKIND: A hundred and fifty five pounds.

BONICA: That's why I said, you know, when I got sick last year, I got down to 149, I had not been that weight since 1930. So this continued, and I made sure that academics were number one. I was able to get along with very little sleep, and I got very good grades. And the first -- last year --

LIEBESKIND: This is at Long Island [University]?

BONICA: Yeah.

LIEBESKIND: Did you board there?

BONICA: No.

LIEBESKIND: You commuted.

BONICA: Oh, yeah. That's the reason I went there, because I could keep this -- you see, it had just started [and was the] cheapest -- I think the tuition was like \$75. And I could go! It was walking distance. Interesting part, at night-time, after I sold the papers, I would get back from, you know, from here, from this area, which is Woodhaven, to Borough Hall in about thirty-five minutes and it was maybe midnight. And every other night, I would treat myself. As soon as you got out of the subway, there was a Nathan [Nathan's hot dog stand]. You know what --?

LIEBESKIND: Sure! Hot dog.

BONICA: You know, you could smell that thing a mile away. [he laughs]

LIEBESKIND: [he laughs]

BONICA: For a nickel you get a hot dog and a glass of root beer. So every other night, I would have that, and walk. The other night, I would spend the nickel, I would ride home, which was about two miles, because I wanted to get as much sleep as possible. So that continued. I wrestled for Long Island and made the varsity, and then I won at one point, in 1936, early '36, I made the regional inter-collegiate. And that's when I was picked up for the pro [wrestling].

LIEBESKIND: To become a pro.

BONICA: Pro. Yeah.

LIEBESKIND: And this was during your junior, senior year in college or something?

BONICA: Yeah. I was in, finishing the second year. I started in '34; this was the spring of '36, and after one of these matches, this old guy [Leo Padowski], he looked like a hundred years old. He had a big coat, it was in March, I think, you know. It was cold. He comes around with fists like two big baseballs. And he came to me, I had won, I had beaten most of the guys, and I was seventeen and a half or eighteen -- no, I was nineteen. And, of course, you know, I thought I was pretty good.

LIEBESKIND: [he laughs]

BONICA: And I think you've heard the story about it.

LIEBESKIND: Tell it again. It's ringing a bell, but I want to hear it.

BONICA: Well, you want to hear it again?

LIEBESKIND: Tell the story, then we'll call a halt. We're almost at the end of this side of the tape.

BONICA: Well, as soon as I got through, I was going toward the locker room, and this old man approached me. He says, "Kid, you did pretty good." He said, "You make some good moves." And that was the word that I needed to really stimulate me [he laughs], like euphoria!

LIEBESKIND: [he laughs]

BONICA: I says -- I told him, you know. I feel stupid, embarrassed when I think how I behaved! [he laughs]

LIEBESKIND: [he laughs] You were an arrogant kid!

BONICA: Not arrogant, but you know, ego thing. I said, "Oh, yeah, you're crazy." He said, "What do you do during the day?" I said, "I go to school, and then I work at night." He said, "How much do you make?" I told him, you know, "Between twenty and twenty-five bucks a week." He said, "How would you like to make ten times that per week?" You know, I had, if I'd been quick, I'd have said, "What do you want?" At that time I knew about the Mafia. I thought this guy --

LIEBESKIND: [he laughs] Right! You're being recruited!

BONICA: I said, "Gee, that sounds great, but I don't want to do things that are going to put me in jail, something like that." He says, "Oh, no, no, no, nothing like that." He said, "How would you like to become a professional wrestler?" Now, I really hadn't thought about it. I said, "I don't know." He said, "Well, you know, I know you're, from what you tell me, things are tough, and you can make some good money. I think you can become a good wrestler." And that was the other thing -- and then I told him what a great wrestler I was! [he laughs]

LIEBESKIND: [he laughs]

BONICA: So we talked for about ten minutes, I took a shower, met, he waited for me and talked to me some more. And finally he said, "Look, why don't you come to Bothner's gymnasium?" You know, I had known about Bothner's --

LIEBESKIND: What's it called?

BONICA: Bothner. George Bothner was one of the great middleweight--B-O-T-H-N-E-R--and his gym was above the automat on 42nd Street between 8th and 7th Avenues [in Manhattan] [Bothner was US light heavyweight champion 1899-1914 and a referee for many years]. It was the Mecca of the wrestlers. All the gyms were there, because there were two big gyms in New York: Bothner's for wrestling, and Stillman's for boxing.

LIEBESKIND: Stillman's for boxing. Sure.

BONICA: So he said, you know, "Maybe you can come over and you can work out with one of the guys, see how you get along." "Oh," I said, "sure." So I went home, you know, I really was elated. And I was thinking of going home -- I took the trolley! I splurged.

LIEBESKIND: [he laughs] Big spender!

BONICA: And so on Saturday morning I started out from Brooklyn, got off to the gym and you saw all the big names, big guys working out, doing different things, weights and so forth. So he was waiting for me, and he said, "Hi, kid! Why don't you let me introduce you to somebody who you can work out with." So he calls out, "Pete!" Pete Sturgis comes. And he was like 160 [pounds]. I was about 170, 165. He was about 165, but taller and leaner. And his neck was wider than his head.

LIEBESKIND: [he laughs]

BONICA: I'm not kidding you! And you could see that as he walked, he went like this, and when he turned around, he went --

LIEBESKIND: Yeah.

BONICA: That's what I'm doing!

LIEBESKIND: With the whole head! [he laughs]

BONICA: I said, "Hello, Sturgis, how are you?" "Fine," he says. "I understand you're a pretty good wrestler." I said, you know, "I did pretty well in college and high school, and I think I'm pretty good." He said, "How do you think you'd do professionally?" I said, "I should do pretty good. Don't you think?" He says, "We'll see." Well, I went to -- I got very excited. I said, "Jesus, this is an old guy!" He was 45 then.

LIEBESKIND: Sturgis was 45.

BONICA: I said, "What the hell are they trying to do, kid me? Putting me on against this old guy?" He had told me that he had wrestled and now he was semi-retired. So I went, and as I was dressing, I was thinking what my moves were going to be. Of course he was tall; when you have a tall guy and you're short, the most frequent move is to get on your knees and grab both ankles, and pull them, and he falls back, and you jump over. And I thought all about this, all the moves that I had been taught. So we go out, I go out, and all of a sudden I see all these guys are getting around this mat, you know.

LIEBESKIND: [he laughs] That should have been the clue, huh?

BONICA: Big guys. And I didn't get it. He said, we got together, and Bothner himself--at that time he was about 70. He still would get in the ring. Pete Sturgis says, "Kid," he says, "why don't we warm up for ten minutes, and then we work out--" I said, "What do you mean, warm up?" He said, "Oh, just push, you know." "Oh, no," I said, "you know, I'd like to go ahead." He says, "Are you sure?" He said, "Are you warm enough?" I said, "Oh, I'm in great shape." So we get in, and the first thing I do is whoop! And the guy puts his hand like this, and as I grabbed for his toes, the back of his hand hits my nose. I tried again; same thing. Then I switched. There's another move which is like this: You grab the guy, you pull him this way, you see, and automatically you get behind him. You get behind him and you pick him up and you slam him. And I would go like this, and almost had him here, and his hand would go boom!

LIEBESKIND: Yeah! Right in the face!

BONICA: Boom!

LIEBESKIND: But that wasn't illegal to do that?

BONICA: No! Hell, that's the point. Because I had never experienced that kind of -- you don't do that.

LIEBESKIND: You don't do that in college wrestling.

BONICA: And I did another move. I tried to front face-lock him, I would grab his head down, almost had him here, and he would turn himself, and actually lift me up with his neck, flipped me up and dropped me. And we did this for ten minutes. And by this time I'm a little tired, because I'm accustomed to eight-minute matches. Now it's five minutes. Can you imagine that? They cut it down to five minutes. Anyway, we did that. In about ten minutes I said, "Mr. Sturgis, can we kind of rest a little bit and then we can--?" He looked at me. "Kid, what do you mean, we rest?" And his head was down and he grabbed me like this, and he says, "Up to now, we've been warming up. Now we wrestle." And as he said "wrestle," my head, my nose hit the top of his head. Boom! That's real hard. And blood starts. And God, you know --

LIEBESKIND: That's cruel.

BONICA: I went around, and, you know, I could see those guys were really loving it. Young bull really getting shellacked, you know. I don't have to tell you all the moves that I made, but you know, after about fifteen minutes I was exhausted. I put my head, arms, shoulders down. I said, "I give up." He says, "No, kid, we keep going." Finally, about the end of twenty-eight, thirty minutes, he says, "Okay, kid, you've had enough. Okay?" He says, "Okay? Are you all right?" I said, "Am I all right?" I was almost half punch drunk by then. And boy, did I feel, you know, those guys watching me. I go straight to the locker room like a little dog with its tail between his legs. And about five minutes later, as I'm drying up, Mr. [Padowski], the old man comes. He said, "Kid, how did you do?" I said, "What are you asking me how I did? For Christ's sakes," I said, "you didn't tell me that was the kind of wrestling." He said, "But you said you wanted, you'd be interested in turning professional. That's professional wrestling. Hadn't you seen it?" I said, "No, I hadn't seen it."

So I was devastated. I mean, all the skin here and here and here and here was gone. I was oozing. I went home, my face was swollen. My mother got up and she started to cry, you know, "My son!" So I couldn't get out of bed for four days -- three days, three days, that was it. That fourth day I barely made it. You know, I hadn't used some of the muscles. And I obviously said, "That's the end of the big balloon." I forgot about it, got back to the newspaper business and so forth and so on. And I said, "That's it."

Then, two weeks later -- you know, I didn't have a telephone; I couldn't afford one. So he called the landlord, who was just below us. He said, "There's an old man, Leo Padowski, that wants to talk to you." I said I didn't want to talk to him. He said, "You need to talk to him." So I went down and talked to him, and he said, "Look, kid, I know you feel bad, but we just wanted to show you right off the bat, so you wouldn't be kidded, what the difference is. And you have to make up your mind whether you want to do it or you don't want to do it. If you don't want to do it, my friend, I'll go. And I think you've got the makings of a good wrestler, but it's going to be six, seven, eight months and very tough." And it was. You know, three, four times a week, after getting into bed 12:30, 1:00, I'd get up at up at five, take the trolley to Prospect Park. I'll show you --

LIEBESKIND: What's it called again?

BONICA: Prospect Park.

LIEBESKIND: Prospect Park, yeah.

BONICA: Prospect Park is right in the middle of Brooklyn, like this. It's a big, big park, and it's four and a quarter miles around. And he told me what I had to do [run]. Then three times a week, of course, you know, alternate wrestling, and then I'd go three times a week up there to learn some of these holds. And you know, what I was learning, those guys were really --

One morning I showed up in English class in Long Island, and I remember so vividly Dr. Foster, my English teacher, says, "Bonica, what happened to you?" I said, "I had an accident." He said, "You better go home." I did that, I went home. And the end of the six and a half months, they scheduled a match, in the very park where I used to sell the peanuts. And the reason they did

that, because everybody knew me, you see, so they said, “We’ll draw a good crowd.” And so I got in there and I really took it, those guys really taught me.

LIEBESKIND: And you started to do well.

BONICA: Some of those, some of those -- [pauses]

LIEBESKIND: Yeah. Those are dear friends now, huh? [pauses] Yeah. Sad to think back to those days, huh? Those guys are all gone now, I suppose, huh?

BONICA: No. [voice cracking]

LIEBESKIND: You’re going to see one in Los Angeles, weren’t you telling me? You’re coming, what, in a couple of weeks or something.

BONICA: [voice cracking] I told him -- One of the guys that I wrestled with, long time ago, came into the movies and became a big star. He played football for Manhattan College. And Lou, of course, was a guy that, during the war, became very close friends. And here he became-- I’ll tell you about our experiences here.

LIEBESKIND: Well, that’s some story! [he laughs] Yeah, you get emotional when you think back to those guys, huh? When you started off there and you had that first match in Prospect Park, you won that match, is that right?

BONICA: Oh, yeah.

LIEBESKIND: And you just went on from there and just did better and better.

BONICA: And what had happened was a lucky thing. That was ‘36, fall of ‘36. The next summer, ‘37, I met a guy by the name of Joe Ricco from Jersey City. And he had an athletic show in the circus, a medium size circus, and he told me, he said, “Look, kid, with your talent, you can make an awful lot of money at ten cents a head.” And I said, “Really?” And sure enough, Emma was there. She saw me.

LIEBESKIND: That’s when you first met Emma.

JB: No.

JL: Well, that’s another story. Let’s not go into that now [he laughs] because we’re almost at the end of this tape. We’ll come back to that.

BONICA: No, no.

LIEBESKIND: But she was in the audience there.

BONICA: Emma I met in '36. In fact, I met her one of the first -- it wasn't my first. It was a benefit match after I started the first match. They had some kind of a benefit and asked me to wrestle. And I wrestled the next time for our friends.

LIEBESKIND: We'll get into that one, we'll get into that later. John, I see we're just about at the end of this tape, and maybe this would be a good time to break.

BONICA: Sure.

LIEBESKIND: It's now ten after five.

BONICA: Good.

LIEBESKIND: And we've been going for almost the full, well, we went for ninety [45] minutes on one side and almost the full ninety minutes on the other, so that's a long session. So if you're content now, we'll turn this off.

BONICA: Right.

LIEBESKIND: --and we'll pick up again tomorrow.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE TWO, SIDE ONE

LIEBESKIND: I think we're recording now, and today is March 10th, and it's 3:20 in the afternoon, and we're beginning our second session now. What were you starting to say, John?

JOHN BONICA: One of the -- I said if I had to pick out one particular experience that molded my life, it was my interaction with people in the circus and with wrestling. Many people don't realize that people in carnivals and circuses contain a spectrum of personalities. At one end is the roustabout who's half drunk all the time; he's drunk all the time, and the only thing he does is help put up the tents and do some of the heavy work. On the other end are the exquisite artists. And I had the good fortune -- excuse me -- [voice cracking]

LIEBESKIND: Sure. Well, this is obviously emotional for you. Take your time.

JOHN BONICA: -- of meeting two families, the Zacchinis and the Wallendas.

LIEBESKIND: The Wallendas! Everybody's heard of the Flying Wallendas. What's the name of the other? I didn't catch it.

JOHN BONICA: Zacchini.

LIEBESKIND: Zacchini.

JOHN BONICA: Z-A-C-C-H-I-N-I. It's a family who came -- the father came [to the US] in the late '20s -- an Italian family that had been in the circus for three generations, and during the World War [I], he got this idea of being able to shoot somebody out of a cannon. And for ten years, he used all kinds of mechanisms and talked to engineers and so forth. "How can I put somebody in this hole and shoot them out?" [Ed: Ildebrando Zacchini (1868-1948), father of Edmondo (1894-1981), and his family were brought to the US by John Ringling in 1929. Edmondo is credited with perfecting the human cannonball act in about 1922. The last performer in the family died in 1991.]

EMMA BONICA: Hi, John!

LIEBESKIND: Hi, Emma! How're you doing?

EMMA BONICA: Fine, thank you!

LIEBESKIND: We'll put this on pause.

[pause]

LIEBESKIND: Okay. We're back on track here.

JOHN BONICA: So Zacchini, as I said -- Edmondo, Edmund, who was the father -- When we met him, he had been married for a number of years, and they had children, and for ten years he did all kinds of tricks. And out of it, he got thirty-seven different fractures on his lower limbs.

LIEBESKIND: Good grief! He was the one who was being shot out.

JOHN BONICA: Yeah. Until it was absolutely safe. Then he had his children do it. He was an incredible guy. He spoke -- There were five children, each child born in a different country -- the oldest one in Egypt, and his name was Egitto, which is "Egyptian"; René in France; the girl in Spain; another girl in Germany; somebody in Belgium. And to tell you the family -- we visited frequently; but the first time that we met and the whole family was together at dinner, it was the rule that each person would speak his language and no other language.

LIEBESKIND: [he laughs]

JOHN BONICA: So imagine this tower of Babel. Egitto would say in Arabic; "Give me the bread." Anyway, just to give you -- they were so wonderful, and he was so ingenious with mechanical things. He built for his family an incredible one of these rollers, you know, you sleep in them -- RVs. And so eventually he perfected the thing. And he had two girls, Victoria and Egle, they would go -- he was so dramatic -- they would go in all dressed in white, one would go.

EMMA BONICA: They were like astronauts.

JOHN BONICA: And then another one would go in, and he would say in Italian, "Conto!" And then you'd hear a little voice, "Conto!" Everything was quiet. This was at Madison Square Garden [in New York City]. Boom! And the girl goes over two Ferris wheels --

LIEBESKIND: Good God!

JOHN BONICA: -- and lands on a net two hundred feet away.

LIEBESKIND: Holy mackerel!

JOHN BONICA: And the two of them -- just imagine. They, of course, at the beginning, they were with Barnum and Bailey for many years.

LIEBESKIND: Now, you knew them -- by this time you were not in the circus yourself?

JOHN BONICA: No, no, no. I had just started.

LIEBESKIND: You were older?

JOHN BONICA: I had just started working in the circus as a strong man --

LIEBESKIND: I see. So you were a young man at that time.

JOHN BONICA: I was -- this was in 1937?

EMMA BONICA: It was right after I met you.

JOHN BONICA: Yeah. Twenty years old. And so we became very good friends. Then, the boys would do the flying act without a trapeze, without a net, all of them. And I've got pictures at home, you see the girls, all the way up there. And when you were, you know, you talk to the guy [Edmondo], you thought [voice cracking] you were talking to God.

LIEBESKIND: Really? He was that impressive.

JOHN BONICA: Then, the Wallendas, the old man [Karl], who really insisted -- He was a dictator of the first order.

LIEBESKIND: [he laughs]

JOHN BONICA: Just the opposite of Zacchini. Zacchini was so mild with his children. This guy, "You've got to do it." And, you know, two of them were paralyzed. [Karl Wallenda, b. 1905 in Germany, and his family brought their high-wire act to the US in 1928. Wallenda was killed in a fall from the wires in 1978. Three different family troupes continue to perform today.]

LIEBESKIND: Yes. I remember hearing of it. It was a terrible tragedy in that family.

JOHN BONICA: So these were the greats. And there were many others of that caliber.

EMMA BONICA: Don't forget the lion.

JOHN BONICA: Oh, the lion! One incident that is well known, it's in a couple of books. We were in Brookfield, New York; it's a small town that on Labor Day -- the town is about five thousand -- and on Labor Day it draws fifty thousand people.

LIEBESKIND: Where's the town, in New York?

JOHN BONICA: New York. Just south of Utica. And there was a man who was professor of English literature at Bloomsburg University in Pennsylvania. And his hobby was to train wild animals. And he had an act where he had lions and tigers and so forth do all kinds of tricks. One of the tricks was he would put his head in the lion's mouth and, you know, at one point he'd touch the ear of the lion and he would open up and come out.

LIEBESKIND: [he laughs]

JOHN BONICA: Well, one day [he laughs], the lion decided not to open his mouth!

LIEBESKIND: [he laughs] Oh, geez! Oh God!

JOHN BONICA: It's funny! [he laughs] And all of a sudden, I hear -- everybody in the circus has a microphone that goes all over because we used to take turns in ballying, and --

LIEBESKIND: "Ballying" meaning calling in the crowd?

JOHN BONICA: Yeah. And I heard, "Doctor, please come to tent so-and-so; urgent," and so forth. Anyway, nobody knew I was a doctor because I was -- See, I was, in order to make money, I had to be a tough guy, and I used to beat the college board, the local college board [the college wrestling team], just to mess them up, and they hated me. And the more they hated me, the more money I made. So nobody knew, except my manager, of course, and a couple of friends. So finally, you know --

LIEBESKIND: So by this time you were a doctor.

JOHN BONICA: I was in medical school. I was about third year. And finally I said to my manager, Joe Ricco, I said, "Joe, I guess I better go down and see what happened." This guy was unconscious, so I gave him mouth-to-mouth resuscitation, and I saved his life. And he wrote a book, and it's in there. And then [Paul] Harvey had it on one of his programs. [Harvey, b. 1918, broadcasts news and "The Rest of the Story" on ABC radio network; he has been a broadcaster since the 1930s and is still on the air as of 2005.]

LIEBESKIND: Who's Harvey?

JOHN BONICA: You know, this guy Harvey that comes on every day. Emma? Well, Harvey is a commentator for the last twenty-five years. He tells stories.

LIEBESKIND: I see.

JOHN BONICA: So those are some of the things. And I met gypsies that were English gypsies, that were wonderful people. I met gypsies that if you turned around, you'd be missing something.

LIEBESKIND: [he laughs]

JOHN BONICA: These are the kinds of gypsies.

LIEBESKIND: All kinds. Yeah.

JOHN BONICA: And, you know, it was a great experience, maturing my life because I saw how people, some of the people who really -- There was, for example, guys who would put their face out and people used to throw the baseball to hit them, that kind of thing. So it was an interesting --

EMMA BONICA: Yes?

JOHN BONICA: No, I was asking Harvey's first name.

EMMA BONICA: Who Harvey? Keller? Harvey who?

LIEBESKIND: Radio commentator.

EMMA BONICA: Paul Harvey?

JOHN BONICA: Paul Harvey.

LIEBESKIND: Paul Harvey.

EMMA BONICA: Paul Harvey News.

JOHN BONICA: There's nothing else. Let me just explain a little bit how we used to work. I found out -- this was in 1937 --

EMMA BONICA: Are these *amaretti* [Italian cookies]?

LIEBESKIND: Oh, that's from "Donna" Julia [Liebeskind's wife].

EMMA BONICA: Oh, how nice! And *panforte* [Italian chocolate fruitcake]?

LIEBESKIND: With *amore*. *Con amore*. [he laughs]

EMMA BONICA: *Con amore*. *Grazie*.

JOHN BONICA: We're going to have to have very few interruptions. Thank you. I found out -  
- In one of my matches, it was in Madison Square Garden; I was wrestling, top billing, and this old guy -- not an old guy, middle-aged guy at the time -- said, "I'd like to talk to you about wrestling in the circus." I said I hadn't heard about it.

LIEBESKIND: You were wrestling professionally at this time.

JOHN BONICA: Oh, yeah. I had now wrestled in Toronto in '38; I beat the light heavyweight champion of Canada. And then in --

LIEBESKIND: Yeah. For the light heavyweight champion?

JOHN BONICA: Yeah. Of Canada. And then in '41 I beat Jesse James, the light heavyweight champion of the world --

LIEBESKIND: Of the world.

JOHN BONICA: -- in Binghamton, New York. The belt is at home. I'll send you a picture. Anyway, he said, "You know, you can make a lot of money." And when he told me he charged ten and fifteen cents entrance, I said, "What?" I didn't realize it, that I was in terrific shape. See, during the school year I didn't do any wrestling, except train like crazy three, four times a week. And the beginning of the first half of the second year, the same. It was only in the summer of the third year [of medical school] that I started wrestling. At that time, I was wrestling around New York, Boston, Albany, and so forth.

LIEBESKIND: This was the summer after your third year of medical school.

JOHN BONICA: Yeah. And this is the time that this fellow comes, so I hooked up with him. But it really was that I would first, they would attract -- And this was a common thing at the time; it was called the athletic show. They would have a wrestler who was good and who could down anybody. And the matches were for five, seven, or ten minutes or to a finish. And, you know, if you would go into these farmer towns, because I went to Ithaca, [home of] the Cornell wrestling team, and I went to Lehigh [University in Bethlehem, Pennsylvania]. The Lehigh wrestling team who had the eastern championship.

LIEBESKIND: [he laughs] Yeah! Oh, boy.

JOHN BONICA: And so you know, it was -- But I was in good enough shape, John, that the first thing we would do is to challenge anybody with -- I had a 250-pound barbell that I would press ten times. And they would offer, he would offer ten dollars -- remember, in the '30s, that was big money, ten dollars -- and some of these farmers would come and literally try to curl it [lift the barbells from thigh to shoulders], you know. Curling, you know, anybody who curls two fifty is a world champion! And they didn't know how to do it. That would bring the crowd. And then we would open up and say, "Bull Walker, Bull Walker." I used --

LIEBESKIND: Bull Walker was your name?

JOHN BONICA: My name was Johnny "Bull" Walker.

LIEBESKIND: Johnny "Bull" Walker. Was that your name in the circus or in professional wrestling or both?

JOHN BONICA: Most of the professional wrestling was Bull Walker. When I was champion, it was Bull Walker

LIEBESKIND: Johnny Bull Walker.

JOHN BONICA: I got that in Canada. You know, I was Johnny Walker, and because I was big, they called me Bull. So I would, for this I had agreed to play the rough guy. I would grow the beard a couple days and challenge these fellows, and of course the idea, the challenge was that they would take me on for five minutes. I had to beat them in five minutes or they win, say, two dollars a minute, three dollars a minute, four dollars a minute. So they had the advantage that I had to beat them; they didn't have to beat me. And if you've got a fairly good wrestler in five

minutes, it's tough to try to get them down. But anyway, I was really in such terrific shape. We would start at 10:30 in the morning and would go all day until 11:00 at night, and the only thing I did was drink water and salt.

LIEBESKIND: Geez!

JOHN BONICA: And I would lose ten, fifteen pounds that day just from fluid. And you would go out, challenge the guy. If he was a big draw -- you know, if he was very popular, and he was a good wrestler --

EMMA BONICA: [interrupts with package delivery]

JOHN BONICA: I would purposely let him stay, because I would sucker him into a second match.

LIEBESKIND: Oh, I see. [he laughs]

JOHN BONICA: Listen to the psychology. I learned this, you know, I learned it with the mob psychology. You know, when the first match began, my manager said, "Let him stay." I would let him stay, you know; I'd rough him up, but I'd let him stay. And then I would go out and immediately say, "This guy's too tough. I don't want to have anything to do with him any more. Get out of here." All the people said, "You've got to take him on!" The poor guy didn't want it! [he laughs]

LIEBESKIND: [he laughs] He'd had enough!

JOHN BONICA: He hadn't said a word! And all his friends said, "Come on; take him on." And, you know, sometimes the guy said, "No, I'm tired." But ninety-five percent of the times --

EMMA BONICA: Here you go.

JOHN BONICA: Thanks.

EMMA BONICA: Are you through, John?

LIEBESKIND: Thank you. Yes. All set.

JOHN BONICA: So that was the thing, and --

LIEBESKIND: And that would suck him into a second match.

JOHN BONICA: And many times I would do it a third time.

LIEBESKIND: Oh, really?

JOHN BONICA: It would go five, seven, ten, and then would be a finish match, and the finish match would always --

LIEBESKIND: You would kill him! [he laughs]

JOHN BONICA: That was it. If the guy didn't draw, I'd be [he gestures] --

LIEBESKIND: Yeah. Dispense with him quickly. Now, this was in the circus?

JOHN BONICA: Yeah. In house matches, of course, it was thirty minutes, forty-five, an hour to the finish.

LIEBESKIND: Tell me about the championship match when you won the light heavyweight championship.

JOHN BONICA: I'll tell you about that. I used to make, in Brookfield, New York -- one day I made seven hundred dollars at ten cents a throw. And Emma, for two weeks, would take a vacation, and she would sell tickets. And, you know, my mother would accompany her because she couldn't -- we were going out still.

LIEBESKIND: Right. She had to chaperone. [he laughs]

JOHN BONICA: And my mother would be -- and my mother was a kick, you know. She was a tough lady. She would go around and the kids who tried to sneak in free, you see, and she'd go around and, "You can't do that!"

LIEBESKIND: [he laughs]

JOHN BONICA: So it was an incredible experience to see how I could manipulate them [the local challengers].

LIEBESKIND: You became a master of group psychology. [he laughs]

JOHN BONICA: Right. Every, anything I want done, I would have them do it. Sometimes it was so obvious that I was disgusted. I said, "Jesus Christ!" And, you know, in front of me I could see there were well-dressed people -- bankers and so forth and so on -- they'd be just part of the mob. Well, I would go, when I would go to college towns, they would send a 155-pounder and then a 165-pounder, and then the other guy -- I had a nineteen-inch neck, fifteen-inch arm. I can't, you know, really, when I look back and see what I did in those days --

LIEBESKIND: Hard to believe.

JOHN BONICA: For twelve hours, twelve hours I would [wrestle] one after another. One day, the world's record, thirty-six matches. Thirty-six matches! And she [Emma] was there, and sometimes they'd get very rough, you know; they want to mob me. And, again, they would be all against me. "Yeah, get Bull Walker out of there!" And I could see that the heat was too high,

and I'd say to Joe [Ricco], "Go on." And then he'd say, and then he'd turn with them. He says, "Bull Walker --"

EMMA BONICA: Excuse me. What time shall I make [dinner] reservations?

JOHN BONICA: For seven.

EMMA BONICA: Seven?

JOHN BONICA: Seven? Okay?

LIEBESKIND: Fine.

JOHN BONICA: Yeah. What was I saying?

LIEBESKIND: You would get your friend and the mob to turn against you.

JOHN BONICA: He'd say, "Bull Walker, you're wrong." I said, "Joe, I'm right!"

LIEBESKIND: Who was Joe?

JOHN BONICA: The manager. He's the guy --

LIEBESKIND: He deals with the crowd. Right.

JOHN BONICA: And then he would hit me, and the people were happy.

LIEBESKIND: They loved it.

JOHN BONICA: You see? And then I say, "Okay, Joe, please don't get mad at me. You know, you're my friend." And the people would quiet down.

LIEBESKIND: [he laughs]

EMMA BONICA: John, would you excuse me? [brief interruption to find a phone number]

JOHN BONICA: So that's enough of the carnival things.

LIEBESKIND: So you did that for several summers?

JOHN BONICA: Yeah. For four summers. Thirty-eight, '39, '40, and '41.

LIEBESKIND: And now where was medical school in relation to this? When did you--that was after medical school?

JOHN BONICA: No, between.

LIEBESKIND: Oh, that was the summers of each of the medical school [years] --

JOHN BONICA: See, because I had only twelve weeks to make enough money to go to school, keep up, and take care of my family. And so I did that. Now, in the third and fourth year of medical school, I started wrestling house matches [scheduled matches in local arenas] in the Milwaukee [Wisconsin], Chicago, Iowa area. I would go, you know -- It's not the kind of money that they're making now; these guys don't know how to wrestle. But I made a lot of money. I mean, you know, I was very comfortable going to medical school. And I told you that I told the dean [of the medical school at Marquette University in Milwaukee, Wisconsin], and I told my roommate and a couple of other people; but nobody else knew that I was wrestling. [Founded in 1893, the Marquette University Medical School became the independent Medical College of Wisconsin in 1970.]

LIEBESKIND: Why is that? Why did you not want other people to know?

JOHN BONICA: Because, John, there were two of us, myself and a guy in the class after me who was a football player. At that time, and I can think still now, if you were an athlete, you were a dumb dodo. The first day we went to the second year of school, we went into pathology class, and we had a Colombian professor, from Colombia. He was [Latin] American, but he spoke perfect English; but he would have had a Saharan kepi (hat used by the French Foreign Legion), and all the students had to have a kepi, because he was the world's expert in tropical disease. So the first day we went there, he said, "Good morning, ladies and gentlemen" -- there were only about two girls in the class -- He said, "I'm delighted to have you here. I hope you all do well, but I can tell you that next year at this time, one-third of you will not be here." That was--

LIEBESKIND: Oh, geez. Yeah, putting the stress on. Turning the screws.

JOHN BONICA: And everybody turns around, and who do they --? So I didn't want them to know I wrestled. And it was --

LIEBESKIND: But you were doing very well in medical school.

JOHN BONICA: Oh, sure.

LIEBESKIND: Top of your class.

JOHN BONICA: Oh, yeah! The first year I made AOA. You know, I was elected to AOA.

LIEBESKIND: AOA?

JOHN BONICA: Alpha Omega Alpha.

LIEBESKIND: Oh, I see. Okay. That's the honorary [national medical school honor society founded in 1902] -

JOHN BONICA: Yeah. And then they had a local [honor] society, and I made that in the first class. Anyway, so I was happy. So that was the saga with the carnival and the wrestling. The wrestling, of course, was a different time because it was a house match, and of course --

LIEBESKIND: What does that mean, "a house match"? You've used that term.

JOHN BONICA: A house match is a match in a place instead of a carnival in a tent.

LIEBESKIND: Oh, I see, yeah. Madison Square Garden, for instance.

JOHN BONICA: I wrestled in every wrestling place in the city of New York.

LIEBESKIND: And Waterbury, Connecticut, you told me, you wrestled. [Waterbury was Liebeskind's home town.]

JOHN BONICA: Waterbury, Connecticut. I, during my internship [in New York City], I wrestled not only every place in New York, but I went to Connecticut, to Boston, to Washington, D.C. We would take a four p.m. train, get us there at 8:00, rush to the Turner Auditorium -- I remember it -- and at 11:00 we'd catch the 11:00 train, get back by 3:30, by 6:30 I would be up in the OR to start anesthesia.

LIEBESKIND: Good grief.

JOHN BONICA: I think I may have told you that, on two occasions I came up, [to the OR] I couldn't see out of one eye. And the surgeon said, "Jesus Christ." You know, they knew I was wrestling. There was no -- because as an intern we got zero [dollars]. As a chief resident, I got fifty bucks.

LIEBESKIND: [he laughs] I see.

JOHN BONICA: These guys are making thirty thousand a year now, as an intern, and they complain. Anyway, so I had to wrestle. By then, you see, I've got married right after I got out of [medical] school, finished, graduated seventh of June. We graduated ahead of time --

LIEBESKIND: That was '42?

JOHN BONICA: Yeah. We got out at the end of March because they started the rapid -- an internship instead of a year was nine months, but I only did four months.

LIEBESKIND: This was because of the war [World War II].

JOHN BONICA: War. And instead of two years of residency, I did eighteen months. So I did very well, with the exception of these things, but, you know, it was obviously a tough life to try and get [through]. But I was in great shape.

LIEBESKIND: Tell me about the championship match. Was that a big climax to -- I mean, was that like the penultimate of your career, or --?

JOHN BONICA: Well, actually, yes and no, because I already had won the Interscholastic, the Eastern Intercollegiate; then I went to Toronto in '38 and won the light heavyweight champion there, and then I kept wrestling. And I was matched with a very excellent wrestler, Jesse James, a Texan. Good-looking guy. Geez! All the women used to go crazy for the guy. And he was the champ, and I hooked him.

LIEBESKIND: [he laughs]

JOHN BONICA: In Binghamton, New York.

LIEBESKIND: It made you the champion.

JOHN BONICA: Made me champion. And then, obviously, this was, I was just now starting my last year [of medical school], and by November I had to give it up. I mean, I just couldn't keep it up, because as a champion you're in demand, and now they want you in Florida and they want you in South Africa -- I was invited to South Africa and Australia. I said, "The hell with that." So -- but I had friends, we used to go on the train to Washington, and I'd be studying. And all the wrestlers, remember, you know --

LIEBESKIND: Some of them kid you about that, I suppose.

JOHN BONICA: No, no!

LIEBESKIND: They respected that?

JOHN BONICA: Great respect.

LIEBESKIND: Wow. What an experience.

JOHN BONICA: No, it was obviously it's something that, you know, I wanted to be a doctor. Wrestling was a side thing. And although it's a great thing, I had made up my mind that I would be a champion.

LIEBESKIND: Right.

JOHN BONICA: I made my mind up when the guy that beat the hell out of me. When the guy said, "You could be a good wrestler," [voice cracking] I said, "Okay. If I do it --"

LIEBESKIND: You're going to go all the way. Yeah. Let me ask you this. I don't remember whether I've heard you say this or not. Do you ascribe your arthritic condition to your wrestling?

JOHN BONICA: Of course. All the injuries. For example, my hips, when they took out my right hip, they found about eight pieces of cartilage floating around. And when they took the left hip, which was extremely painful, they found twenty-six or twenty-seven pieces of cartilage that had been damaged, you see, and had been floating around. And when John [Loeser] did the laminectomy for my spinal stenosis [narrowing of the spinal canal, pinching the spinal cord and nerves] --

LIEBESKIND: John Loeser. [Professor of Neurosurgery at the University of Washington, IASP President 1993-1996]

JOHN BONICA: -- the ligamentum flavum [elastic ligament forming the posterior wall of the spinal cord], instead of being this thin, was this thin. And this is due to, you know, terrific lifts I used to do with the back.

LIEBESKIND: Yeah. The trauma which you subjected your body to.

JOHN BONICA: You get hypertrophy [increased growth] of the thing, and instead of coming out, instead of growing or at least increasing, hypertrophying outside [the spinal cord], they went in. So when he did the myelogram [radiographic study with dye to detect abnormalities in the spinal cord] --

LIEBESKIND: That caused the stenosis?

JOHN BONICA: --"Geez," he says, "you have [major hypertrophy]." So that, there's no question about it. Then, of course, my, both [rotator] cuffs were torn. You see the [inaudible]. This is one of the [wrestling] holds, of course, and they would pull the thing [arm] up to the back of my neck, and I could hear [the cuff tear] at that time. And it hurt the next day; it hurt a hell of a lot. But two, three days later, it would go away. And I thought that's the end of it.

LIEBESKIND: What do you call it? The rotary --

JOHN BONICA: Rotator cuff [The four muscles and tendons surrounding the shoulder joint are collectively referred to as the rotator cuff].

LIEBESKIND: Rotator cuff.

JOHN BONICA: It's that group of muscles that insert on the humerus [long bone running from shoulder to elbow], and of course they're essential to this movement. And I remember -- this was around '71 or '72, I was -- I came home with a bag of about fifteen pounds of stuff in it, and I straight-armed to put it on my table, and all of a sudden, bonk! I heard the crack, and I lost all the power. And of course I went in and they repaired it, and again it tore again and they repaired it again, and I accepted it. I have no regrets for it. So you know, it's been a tough thing. So that's -- Now we can go on to more important things.

LIEBESKIND: All right! Well, tell me about -- You were talking about medical school. Tell me more about medical school itself. Were there favorite subjects that you had, or --?

JOHN BONICA: I loved anatomy.

LIEBESKIND: Oh, yes. You were starting to tell me that at the beach today.

JOHN BONICA: I would go there on Saturday and just had that kind of thing. I liked pathology. Physiology, unfortunately, we didn't have a very good professor. I liked pharmacology; in fact, the professor, my first paper was -- We didn't have to have a thesis, but this guy got me interested in malaria. He was a famous pharmacologist who wrote a big book on pharmacology, but --

LIEBESKIND: Guyton. [Arthur C. Guyton (1919-2003), was the author of the well-known *Textbook of Medical Physiology*, but was not Bonica's professor at Marquette.]

JOHN BONICA: Guyton I know. Incidentally, he received an honorary doctorate of science from Marquette at the same time as I did. And his son operated on Emma!

LIEBESKIND: Oh! [he laughs] Small world!

JOHN BONICA: Yeah. No, you know, I was serious. No fooling around. And --

LIEBESKIND: Was it your interest in anatomy that made you think you wanted to go into surgery?

JOHN BONICA: Yeah. Because I thought -- and I had, she [Emma] had a very close friend who was married to a well-known orthopedic surgeon, and I admired him. We used to talk every time we went out socially; he would talk to me. I thought, "That sounds like my cup of tea." And as I told you, when I got to St. Vincent's --

LIEBESKIND: Yeah. For the sake of the tape, could we just run through that one quickly? Because you told me that one at the beach today.

JOHN BONICA: Well, we can come back after [we talk about] medical school. The first year I made up my mind, as I told you, to really be a good student. And there was no Saturday or Sunday. I had a roommate in the same room -- two double beds, little Italian fellow -- that I got, and every Sunday he would go to the movies. And he'd say, "Come on, John," and I'd say, "No, I want to study this." And especially anatomy. Christ, I knew [he laughs], when they examined us, and I remember when I took my boards in anesthesia, I had a fellow by the name of Lloyd Mousel [as an examiner; Lloyd H. Mousel was an anesthesia consultant to the Surgeon General during the war and later the chief of anesthesiology at Swedish Hospital in Seattle], who was well known from the Mayo Clinic and later played an important role in my life. But anyway, he said, "Supposing you need to have an operation on your nose. How can you do it with regional anesthesia?" And I looked at him and I said, "I'll tell you. First, the nerves are blocked." And I went through the goddamned thing like it was engraved. The guy looked at me [he laughs], you know, and then I went deeper and deeper.

I knew anatomy. And even now, my knowledge, if you look at the pain book [*The Management of Pain*], you know, I review the anatomy. I have drawings in the new pain book of the nerve supply of joints that you can find nowhere else. I collected them, because it's one of these serious areas of pain, and if you want to see what nerves are involved -- I loved it, you know; I ate it up [he laughs], and maybe overdone it, actually, in some instances. So I enjoyed all the courses, actually, during the first two years, I would say. First year, nothing; I used to go to the gym and spend two hours working out, and that's it. And then work. Study. Every hour until 3:00 in the morning. My friends would tell you. They'd say, "Ah, Bonica, I saw you [studying] when I came back." Because I'm not a -- I don't know what my IQ is, but I'm not a genius, and I wanted to really be a top student. And the only way to do it is just by doing it.

LIEBESKIND: Work harder than anybody else.

JOHN BONICA: You know, it's similar to getting power in your muscles.

LIEBESKIND: That's right.

JOHN BONICA: You've got to do it. The more you are doing, the better it is. So I did very well. "A"s, "A"s, "A"s. I was very proud. For example, I would go home on Christmas, take my microscope to study.

LIEBESKIND: Yeah. [he laughs]

JOHN BONICA: Now, you know, in retrospect, you've got to say you've got an obsession. And it's been my life, John. It's an obsession that bothers me [voice cracking] because if I -- Say, if I'm presented with a problem, I think about it, and I decide after very careful analysis in a very systematic and perhaps scientific way, "Can I do it? Can I do it?" If I say "I do it", no stopping. And I -- [voice cracking]

LIEBESKIND: Yeah. That's what you've done.

JOHN BONICA: And I think [voice cracking] that sometimes I'm a bit touched [neurotic].

LIEBESKIND: [he laughs] That you're touched? Why do you think that? Why would you say that? I mean, come on; I mean --

JOHN BONICA: [voice cracking] It's not normal, for Christ's sake.

LIEBESKIND: You've led a life of such incredible accomplishments, and they couldn't have come in any other way. It had to be that kind of --

JOHN BONICA: Yeah, but, you know, instead of, let's say, working eighty-five [hours a week] -- just like that story, that book --

LIEBESKIND: Yeah. That you're reading now.

JOHN BONICA: Yeah. He works a hundred hours a week. And instead of working ninety hours for forty years, I could have taken one day, and I don't think it would have made that much difference. That's what, the only regret I really have. I could have, although I've enjoyed my family and whatever time we had was quality. So –

LIEBESKIND: Well, listen, you did it the way you did it, and it's been an incredible success, and you can't --

JOHN BONICA: Then the third year [of medical school], you know, things slack up. It's clinical. I loved to see patients.

LIEBESKIND: So that was your first experience seeing patients. I mean, you were -- that must have been amazing for you.

JOHN BONICA: And, you know [voice cracking], when I approach a patient, I like to touch --

LIEBESKIND: Yeah. Put your hands on the patient.

JOHN BONICA: [voice cracking] And I feel emotional.

LIEBESKIND: Yeah. That began at that time, did it?

JOHN BONICA: Oh, yeah. You know, I would take care. I remember I used to give open-drop ether to ladies who were going to have a baby, and an old Irish obstetrician used to -- I got, during the last year, I got an externship, so I could live in a hospital. And I did everything like an intern. And I had a couple friends who were interns -- [coughs] this damned thing bothers me, that I break up.

LIEBESKIND: Hey, it's being true to your nature.

JOHN BONICA: Anyway, I would touch the lady's face and talk in her ear, and almost fell in love with the lady to make her feel quiet, relaxed. And I see guys in medicine -- You know, Emma told you that every time she goes to the cardiologist, I go out crying.

LIEBESKIND: This guy's so good, he reminds you of yourself!

JOHN BONICA: Absolutely.

LIEBESKIND: [he laughs]

JOHN BONICA: [voice cracking] He hugs Emma.

LIEBESKIND: Yeah. He's a human being. Well, it's so rare today, isn't it? Did you learn that? Did someone tell you that, or that was just in your nature to be that way?

JOHN BONICA: No. Just came.

LIEBESKIND: Just came, and it was part of your nature.

JOHN BONICA: And I remember, as an intern, I would always be [going the] extra mile. If I -- I wouldn't leave the patient unless his condition -- until I was satisfied that I couldn't do any more.

LIEBESKIND: John, let me pause here for a minute to say something to you about this. I don't know quite how to express it, but I think this is a very profound issue, because the extent to which what I'm trying to do is do an intellectual history of the field of pain [he laughs], and you're the father of the field of pain, and, you know, the world is going to want to know why are you, why did you become interested in pain? Now, I've heard your stories, and we're going to hear them on this tape about your war experience with the soldiers and so forth. But things don't just begin suddenly when you're twenty-five years old or thirty years old; there's a history. This must go back, you know -- it's in your nature.

JOHN BONICA: Yes.

LIEBESKIND: It's in your nature, and it expressed itself when you were in medical school in this way.

JOHN BONICA: I remember as an intern, I remember so vividly --

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE TWO, SIDE TWO

JOHN LIEBESKIND: Okay. We're rolling now. So you were telling me about --

JOHN BONICA: This old fellow --

LIEBESKIND: Old Italian. Yeah.

JOHN BONICA: -- who was, you know, he wasn't being medicated properly, that kind of thing, 1942, '43, and I felt so distressed. I couldn't sleep. I went to lie down, and I came back and I stood with the guy, trying to talk to him the whole night.

LIEBESKIND: You know, you hear these stories about people in medicine, who can't take the blood and guts in medicine or can't take the pain that other people are experiencing. What do they do? They go off into, I don't know, they go into psychiatry, they go into pathology where they don't have to deal with people or something. But, again, this seems to me very typical of you, John, that this was difficult for you. So what did you do? You faced the problem and you dealt with pain. I mean, that was your answer, to go after it head on.

JOHN BONICA: And the same thing, you know, same thing with obstetrics. The reason -- you've probably already heard -- the reason I got very interested was my wife's first experience, you know.

LIEBESKIND: Your wife's first experience. And this first child [Angela].

JOHN BONICA: Child. She was managed by an American-born [obstetrician] of Italian parents, wonderful guy, very sincere, very passionate, but very strict. He said, "You will gain no more than twenty-five pounds or I'll drop you like a hot potato."

LIEBESKIND: If what?

JOHN BONICA: "If you gain more than twenty-five pounds -- "

LIEBESKIND: Oh, I see. [he laughs]

JOHN BONICA: And then came, you know, I was now chief resident in anesthesia, and of course we had, without a question or doubt, the best surgical anesthesia service in the world. I had the president of the American board, the president of the ASA, [Emery] Rovenstine, who was professor at NYU, Ben Galloway, and so on and so on. [Rovenstine (1885-1960) was chief of Anesthesia at Bellevue Hospital in New York from 1935; he was a leader in the professionalization of anesthesiology and promoted the development of regional anesthesia. He founded the first nerve block clinic in 1936.]

LIEBESKIND: Where was this?

JOHN BONICA: St. Vincent's.

LIEBESKIND: In New York?

JOHN BONICA: In New York.

LIEBESKIND: This was while you were an intern -- a resident, I should say.

JOHN BONICA: Well, yes, because, see, I started in May [1942], which was a little early, and I stayed as an intern May, June, July, August, September. In October, I started my residency. They could convince me, as I told you, that it would be better for me to do anesthesia, because I'd be near the surgeons, I could watch them evaluate, and it made sense. So I said, "Sure, I'll take it." So there were three of us, and after a month, the chief said, "I want you to be the chief resident." And Emma got pregnant, I guess, in September, October -- we were married in June -- because Angela was born in July, July 18. And it was, as I said, the surgical service was terrific. We had big-name surgeons in New York, and they wanted first-class service. And I'll tell you about that, which I think is very interesting, my experiences learning anesthesia. But it was, you know, at the time, the unwritten law, that you don't take care of your family, as a doctor.

So the anesthesiologists had nothing to do with obstetrics. It was the obstetric resident and the obstetric intern. Now, knowing this, the guy who became chief resident of obstetrics at the time that Emma would deliver, was a guy by the name Tom Cavanaugh. I remember these guys, and I see them as if I saw them yesterday. I said, "Tom, I want you to spend a month with me." He says, "Why?" I said, "Look, you're going to go into practice; you're not going to have anesthesiologists deal with pain. I want you to know how to take care of your patient." He didn't know my wife was pregnant! [he laughs]

LIEBESKIND: [he laughs]

JOHN BONICA: So when, of course, it came, the time came near for her delivery, I said, "Tom, that's why I had you do it. I want you to give her the anesthetic. I don't want an intern or anything else." He said, "No question about it." Well, I'll be damned. She is ready to deliver, and he's in the middle of a Cesarean section. But let me go back now. This Italian fellow who was so wonderful -- he had a mustache and a big cigar --

LIEBESKIND: Now, which one was this?

JOHN BONICA: Aiolino was his name, obstetrician. "Hey, Johnny, boy, how ya doing? How ya doing?" Just like a typical New Yorker. "How ya doing? Emma's doing great. Oh, she's a great patient." I said, "I'm going to have Cavanaugh give her the anesthetic." He says, "Not too much anesthesia." I said, "What are you going to give her for the labor?" "Nothing."

You see, let me tell you the story, the background, in two minutes. Between, after the discovery of [surgical] anesthesia [in October, 1846], [James Young] Simpson (1811-1870), who was a

Scottish obstetrician, three months after the demonstration of anesthetic effects of ether, he used ether for delivery. And everybody was against it [anesthesia in childbirth] because it was against the Church and so forth and so on. But he prevailed. And things started well. There was a guy in Boston, who was head of obstetrics at Harvard, [who] also became appreciative [Oliver Wendell Holmes, Sr., (1809-1894), dean of the Harvard Medical School]. But then I call it [1850-1950] the century, the Dark Ages, of obstetric anesthesia. It became into disrepute, and people used all kinds of props. First was nitrous oxide, and then in the early 1910s, Germans started to use morphine and scopolamine, high doses. The patients were out for three days. And, of course, the patients didn't know, they didn't feel any pain, but the babies would come out very depressed. [Carl Joseph Gauss (1875-1957) pioneered this "twilight sleep" method at the University of Freiburg. It was used in the US from about 1910 to the late 1950s.]

Now, having been brought out in this environment, this guy said, "I'm not going to use" -- It was called *Dammerschlaf*; it's in that book. *Dammerschlaf* -- "twilight sleep." And so he said, "Look, she has to tough it out. I want an awake baby." I said okay. And she had a rough time. Oh, she had -- she doesn't complain, even now. She had a very, very rough time.

LIEBESKIND: You were there in with her at that time?

JOHN BONICA: Yeah. And then came the delivery. Cavanaugh was not available. They called the intern; he had just started -- this was the eighteenth of July; he had just started [US internships usually start on July 1]. They, you know, Aiolino, the obstetrician, says, "Give her a little drop of ether just to ease her pain." The kid was so scared, I mean. He started and he went faster and irritated her throat, she regurgitated, she went into spasms, she got blue --

LIEBESKIND: Oh, my God. You were standing there?

JOHN BONICA: I was there.

LIEBESKIND: Oh, my God.

JOHN BONICA: And I thought, "She's going to die." So I pushed him aside. I said, "The hell with this rule." I picked up the tube, which was under the ring, and put it in, and saved my wife and my baby.

LIEBESKIND: Jesus.

JOHN BONICA: And I said --

LIEBESKIND: What a beginning for your interest in obstetric anesthesiology!

JOHN BONICA: "From now on, this is going to be *the* most important thing." [voice cracking]

LIEBESKIND: Yeah. It became a real focus for you.

JOHN BONICA: See, knowing the history that anesthesia was developing in surgery but neglected totally in obstetrics, for so many reasons. I've got a long history in the second edition of this [*Management of Pain*] that goes through these various periods that people went one way or another. Anyway --

LIEBESKIND: You mentioned that there were religious reasons, but didn't you ask, after the war, didn't you meet with Pius XII [(b. 1876) Pope 1939-1958] --

JOHN BONICA: Yeah. He --

LIEBESKIND: You met with him. You were in a group of anesthesiologists.

JOHN BONICA: No. He refuted it [in 1956; the belief that women must suffer in labor because of the original sin of Eve].

LIEBESKIND: He refuted it. Was it part of the Catholic doctrine at the time?

JOHN BONICA: No! No. Listen --

LIEBESKIND: It was thought to be, but it really wasn't?

JOHN BONICA: No, no, no. It's a Judeo-Christian belief that the woman --

LIEBESKIND: You should be born in pain. Yeah.

JOHN BONICA: "Sorrow shall now bring forth--" ["In pain shall you bring forth children." Genesis 3:16] You know. That's the thing. And that's what the Church, that's why the Church, when Simpson published his case that he used ether for this, he not only got the public, but the medical profession and the religious profession and the religious people very much against him. But the guy [Pope Pius] was pretty smart. He said, "You know, it's not necessary." He said, "When Adam gave birth to Eve, he was put to sleep by God." I mean, he told me, he says, "What God did can't be wrong." And that really --

LIEBESKIND: [he laughs] I was just opening your text in there to your introduction, and I saw that quote from Genesis.

JOHN BONICA: So you know, he eventually won the fight. But they still, you know, there are a lot of [people believing that] still. Now, of course, that's why we wanted Pius to refute that. And then I got John to do the same. I met him, and then --

LIEBESKIND: John the Pope? Pope John XXIV? [John XXIII (1881-1963), Pope 1958-63.]

JOHN BONICA: Pope John. And then the fellow who was his next --

LIEBESKIND: So you met with him, did you?

JOHN BONICA: Oh, yeah. Yeah. We had the private audience with the children. Then the fellow who followed him was the cardinal in Venice at the time that I had the cancer pain meeting in Venice; and he was on the dais and gave a talk, and I've got it translated in Volume II of *Advances in Pain [Research and Therapy]*, in which he says it's true that you can have pain, but it's also true that you should not be subjected to it. [This was Pope John Paul I (1912-1978), who served as Pope for only 33 days in the late summer of 1978; he was cardinal of Venice 1973-78. The conference was the first International Symposium on Pain of Advanced Cancer, held in the spring of 1978; the proceedings were published in 1979 as the second volume of *Advances in Pain Research and Therapy*.] And now you see --

LIEBESKIND: He said that while he was still the Cardinal?

JOHN BONICA: Yeah.

LIEBESKIND: And then he became the Pope.

JOHN BONICA: And then when he became the Pope, I was in South Africa when he became Pope. I said, "I'm in."

LIEBESKIND: Right. [he laughs]

JOHN BONICA: And this guy --

LIEBESKIND: Who was he now? Pope what?

JOHN BONICA: He was Pope John the twenty-fourth. No, no, no, no; he was Pope John Paul [I].

LIEBESKIND: The present one is John Paul II.

JOHN BONICA: Second. So this was John Paul I. And if you see the second volume of it, his picture's in the front. He's there with me.

LIEBESKIND: This is which, the *Advances in Pain Research*?

JOHN BONICA: Yeah.

LIEBESKIND: That's one on the cancer meeting in Venice. Yeah.

JOHN BONICA: Yes. The one that -- yeah. So that's the story then, and I can tell you, I made up my mind, as long as I lived, I was going to change this, and I've done it. Not only with my own [practice], I kept talking. I had the first complete twenty-four-hour, seven-day-a-week, 365-day coverage in obstetric anesthesia in the world, in 1948 in Tacoma.

LIEBESKIND: I didn't follow that. Do that, run that by me again. You had the first twenty-four-hour service in -- ?

JOHN BONICA: Up to 1965, '70, most departments neglected obstetric anesthesia. They didn't give a damn about it. It didn't pay and so forth, all kinds of arguments. And when I went into the army, after the experience that I had with Emma, I went to -- we had a small, we had five sections at Madigan [Army Hospital in Washington state]. Section 5 was for the post, that is, the people, to take care of the people and their families.

LIEBESKIND: Where is Madigan, by the way?

JOHN BONICA: Madigan is in Fort Lewis, ten miles south of Tacoma. Fort Lewis during the war was the biggest military hospital, military installation in the world. Three hundred thousand -- Madigan was the largest military hospital, 7,700 beds. Five units.

LIEBESKIND: This was where the people shipped out to the Far East, to Japan and so forth?

JOHN BONICA: Yeah. We were -- Letterman [Hospital on the Presidio base] in San Francisco and Madigan in Seattle-Tacoma -- were the two embarkation and debarkation points. And we would get all of the, well, half of the injuries from the Far East. They would go to, when they got injured --

LIEBESKIND: Either Letterman or Madigan.

JOHN BONICA: To local regional hospitals in Japan -- not Japan, but the regional area, and then they would be shipped [out]. And we would get -- we [Madigan] opened in May of 1944. And that's another story; it's fantastic. As far as my experience is concerned, it was a very big hospital. And one of the first things I did, I went to [Section] 5, I said to the OB nurses, I said, "We're going to have coverage. I know we're short, but we're going to have coverage of every time you have somebody in labor" -- because there weren't many, you know. "I want to be called and I want to be sure that somebody takes care of these poor women." And Emma had the first continuous caudal [anesthetic, local injection into the sacral portion of the spinal canal] ever given in the Northwest.

LIEBESKIND: Is that right?

JOHN BONICA: Emma! Come over here.

LIEBESKIND: [he laughs] We need your testimony.

EMMA BONICA: Yes?

JOHN BONICA: I'm telling them your experience in St. Vincent's and then what happened in Madigan with your caudal.

LIEBESKIND: Which one did you like better?

EMMA BONICA: Which one did I like better? [she laughs] That's pretty elementary!

LIEBESKIND: [he laughs] Now, think about it carefully!

EMMA BONICA: The caudal anesthetic, of course! I mean, the minute he put the needle in, I had no pain. It was gone; it was just like magic.

JOHN BONICA: I put the needle in when I injected the drug.

EMMA BONICA: And, you know, some people are afraid that's going to hurt the baby, and [their daughter] Charlotte, who's a professor at Columbia, she's the one--

LIEBESKIND: She's the product. [he laughs]

EMMA BONICA: She's the professor. She's the product! [she laughs]

JOHN BONICA: Well, she couldn't get over it, you know, that she was in contractions --

EMMA BONICA: Oh! It was -- I was talking to John, and, you know, he was so busy -- He told you how many rooms he had [to cover]. So he had to leave me. And I'm telling you, I was having really, really, really severe pain at that time. It was bad at the beginning, but when he left me, there was no one there who could inject me. And I had to wait. And it was pretty rough, I tell you.

JOHN BONICA: But then I re-injected and it got better.

EMMA BONICA: Oh, of course!

JOHN BONICA: And then, of course, she had the thing for the other two babies.

EMMA BONICA: You know, you guys, why don't you turn this [AC lower] -- oh, it's closed [the window].

JOHN BONICA: No, no, we want it closed. And that's the story about that beginning. I don't know if you want to talk any more about [my] internship. I had a great time at St. Vincent's. I became very good friends with Cardinal Spellman. [Francis Joseph Spellman (1889-1967, archbishop of NY from 1939, and later Cardinal)] I gave him an anesthetic, and she, when she had Angela, he, they arranged, in the new Spellman Pavilion --

EMMA BONICA: I had a choice of Italian Provincial --

LIEBESKIND: [he laughs]

EMMA BONICA: -- or Duncan Phyfe [American furniture designer (1768-1854)]; they had these suites.

LIEBESKIND: This was what, for the christening?

EMMA BONICA: No!

JOHN BONICA: No!

LIEBESKIND: Oh, this was for being in the hospital! I see.

EMMA BONICA: Yeah, for being in the hospital! They had these wonderful, luxurious quarters, you know.

JOHN BONICA: They had just opened it.

EMMA BONICA: They had just opened it and here was lace curtains.

JOHN BONICA: And he said, "Any daughter of Mrs. Bonica gets the top."

EMMA BONICA: And I did. Okay. Is that all you wanted to know?

LIEBESKIND: Thank you. [he laughs]

JOHN BONICA: And then, you know, he [Spellman] would send her, I remember, candy and flowers. And then there was a very rich person that I gave an anesthetic to, and she was so appreciative that she gave me a doll that sang. It was a beautiful thing. And she says, "I want you to give this to your child." So that, you know –

Oh, let me just mention my experience as a trainee. I got there [St. Vincent's], and half of the staff were in the army, so everybody was very short [handed]. And the only thing they [the anesthesiologists] did cover is the surgery. Well, the first day, the chief gave me a lecture. He said, "These are the basic principles of anesthesia," and so forth and so on. He said, "We watch them, take blood pressure. If you have any problems, you call me," and so forth. I said fine. Next day, I start to induce a patient. I asked Dr. Ben Galloway, who was then the chief; I supposed he'd given the anesthetic. He said, "Give them." From then on --

LIEBESKIND: You were on your own.

JOHN BONICA: On my own. And I remember about the third month, I had a lady that was about 450 pounds, and she had an acute abdomen. And it was 3:00 in the morning. I called Ben Galloway. He said, "John," he said, "you know, I worked fourteen hours yesterday. I'm so tired." He was elderly. "I really can't make it." So I called the next guy in line, and he gave me the same story. So I fumbled and anyway, I gave the lady a spinal, which was really a hazardous, brave thing to do, but she got along all right. And that made me the big-shot.

LIEBESKIND: [he laughs]

JOHN BONICA: Because everybody, all the [nurses], everybody said, "Jesus Christ, you gave her a spinal, opened the abdomen, and she got along!" Anyway, so I did very well by the time I

left. And incidentally, it was in '43 that continuous caudal [anesthesia] became, was introduced. Up to that time, caudal was used occasionally for labor. But there was a guy by the name of [Robert A.] Hingson [(1913-1996)], very famous guy in obstetric anesthesia, who was at the Staten Island public health hospital. And he was the anesthesiologist and [Waldo B.] Edwards was the obstetrician, and they published a series of cases. [Hingson RA and Edwards WB: Continuous caudal anesthesia during labor and delivery. *Anesthesia and Analgesia* 21 (1942): 301-311.]

And that became *the* procedure for painless childbirth because it provided good pain relief and the patient was awake. You don't worry about regurgitation, because at that time the most frequent cause of death from anesthesia was aspiration of gastric contents. And so that became very widespread, and I went there to observe them for about four or five days; and I came back and I started doing [continuous caudal] at St. Vincent's. So when she had -- when we were at Madigan, I was an expert.

LIEBESKIND: By that time. [he laughs] So why hasn't it become -- I mean, it's commonly used, but it's not used --

JOHN BONICA: Caudal?

LIEBESKIND: Yeah. I mean, why don't they use it for everything?

JOHN BONICA: Because that study that I did changed things. You see, caudal means that you anesthetize from here down.

LIEBESKIND: From the middle of the abdomen.

JOHN BONICA: Yeah. From T-10 [tenth thoracic vertebra]. Because the pain from uterine contraction during the first stage of labor, it's the contractions which cause the dilation of the cervix, and that, as you know, is the adequate stimulus for visceral pain. That is distention, and actually there's actual tear, injury, to the cervix. And, of course, during the second stage, the pain is due to the fact that the presenting part -- the head, normally --

LIEBESKIND: Usually the head.

JOHN BONICA: -- is on the perineum [tissues between vagina and anus] and it stretches, and this is very painful. So this -- now in 1900 already, they had used spinal from here down, and caudal, a year later, caudal was used for delivery, single-shot caudal.

LIEBESKIND: Now that's high -- that blocks you from higher up?

JOHN BONICA: No, caudal is from the lower, from the lower part of the spine, from the caudal canal, up. And that was very, very popular. At the same time, around 1920, somebody said, "You can do the same thing by making a puncture in the lumbar region." And [A.M.] Dogliotti, who I mentioned yesterday, started to investigate epidural or peridural anesthesia, where he put the needle [into the intervertebral spaces] in the lumbar, thoracic, and even the cervical region,

and by injecting outside the dura [membrane covering the spinal cord], he was able to do a segmental type of anesthesia. Now, [Henry] Head [English neurologist (1861-1940)], in 1890, '93, made observations on the visceral nervous block, as you know, and he wrote a nice little book. [Head H. On disturbances of sensation, with especial reference to the pain of visceral diseases. *Brain* 16 (1893): 1-133.] And on the basis of three cases, he decided that the cervix, the uterus is supplied by [nerves from] the tenth, eleventh, and twelfth thoracic [segments of the spinal cord], and the cervix is supplied by the sacral segments.

Thirty years later, [John G. P.] Cleland, who was at McGill and who was just a generalist from Oregon City, Oregon, did a study, an exceptional study for that time, in which he used the reflex motor response as an indication of whether you've blocked the afferent input or not and said that the primary pathways were T-11 and -12 and that the cervix was [innervated] through unknown sacral segments. [Cleland JGP. Paravertebral anesthesia in obstetrics. *Surgery, Gynecology and Obstetrics* 57 (1933): 51-62.] And that was the picture. Well, with -- in the late 1940s, I started to do epidurals, and I did segmental epidurals, and I realized that I could do a segmental epidural and block only T-10 to L-1 [first lumbar vertebra] and get rid of the pain of uterine contractions. Now, if the cervix were supplied, if the cervix is the primary cause of distention, and the noxious input from the cervix is the primary cause of the pain of uterine contractions --

LIEBESKIND: And if it's supplied by the sacral --

JOHN BONICA: And if it's supplied by the sacral, you shouldn't have it. And I said, "This isn't so." So I got together with a very close friend of mine, an obstetrician, and I said, "I want to start this study, and it's going to be very laborious." Later on, when we don't have this [tape going], I'll show you. I took these women, and I would specifically block T-10 and T-11 and wait and see how she got along. In the next patient I would block T-11 and T-12. In the next patient I would block T-12 and L-1.

LIEBESKIND: Progressively do it. Yeah.

JOHN BONICA: It became evident that all the nerve supply to the cervix and the body of the uterus is T-10 to L-1. And I published the first article in a throwaway journal, because-- throwaway called *What's Doing?* published by Abbott [Laboratories] -- and the reason I published it there was because they paid \$20,000 for the color pictures that you saw.

LIEBESKIND: Oh, I saw those credited in your book to Abbott. Yeah.

JOHN BONICA: Yeah. You know, I couldn't get anybody else -- [he laughs]

LIEBESKIND: Sure.

JOHN BONICA: I sent it to *Anesthesiology* --

LIEBESKIND: It looked like artists' drawings. Those are beautiful.

JOHN BONICA: I sent it to *Anesthesiology* and they said, "First of all, what the hell do you want to work with pain?" Anyway, I published it, and then I continued, you know. And now, in '77, we finished it; we had these large numbers of cases. Now, that has changed completely because now the technique is -- see, well, I'm going ahead of the story. During the '50s, caudal was the big thing. Then, people -- I wrote an article in the mid-'50s saying that epidural can be used instead of caudal, and if you block from here down, you can do it gradually, so you can first block the main segments, and then you can block the others. [Clinical evaluation of segmental peridural block. *Journal of the Michigan State Medical Society* 53 (Feb 1954): 167-78.] And so people started doing that. Well, there's been many modifications, but the ultimate now is to do continuous infusion which you block T-10, L-1, and then gradually you block them. And that obviously means that, instead of using, let's say, 15 cc's of solution as a single injection or even in continuous caudal, you use four or five cc's and you get the same thing. And the big advantage is that the woman --

LIEBESKIND: The woman comes out of it better.

JOHN BONICA: -- doesn't have numb legs during the first stage. She can get up, and, in fact, some of our women walk around. So that's the story about the epidural, and I don't know, if you [want to] see these techniques of paravertebral block where you --

LIEBESKIND: Should I put this on pause?

JOHN BONICA: Yeah.

LIEBESKIND: Hold on. We're going to take a pause here.

[pause]

LIEBESKIND: Hold on. You're referring here to your monumental book, *Principles and Practice of Obstetric Analgesia and Anesthesia*, Volume One, a two-volume work published in 1967 [Davis Publishing].

JOHN BONICA: Right. You see, by injecting the nerve exactly as it comes out of the syringe, with only 2 cc of solution, you've got to be right on the nerve. This is the technique I used. You see, first, and then two, and then this, and this, and this, and this [shows illustrations]. I have a paper which summarizes that. I was able to show that in fact the receptor pathways are, as I said, as you saw in that illustration.

LIEBESKIND: So this has had a big impact on --

JOHN BONICA: Well, it changed, obviously, it changed --

LIEBESKIND: It changed the way people --

JOHN BONICA: And now, I also have -- now, [John] Cleland was the first to use this. But he did not -- he was an obstetrician and he was in general practice, and the poor guy was struggling

to try to get people aware of the fact. He and I, while I was doing this study, he and I corresponded, and, in fact, he would come up and I'd see him. And he tried to convince people to do that. Now, he used that technique, the paravertebral block, in '33 to show that T-12 and L-1 --no, T-11 and T-12 -- were the primary, and T-11 and L-1 --

LIEBESKIND: T-10 and L-1.

JOHN BONICA: -- L-1 are the secondary pathways. And then he suggested that for the pain in the perineum, you could do a caudal. Well, people wouldn't buy it. Nobody bought it except Bonica.

LIEBESKIND: [he laughs]

JOHN BONICA: I bought it. And we used -- that's the technique that I used on Emma. And, anyway, right here, see? See, these. [pages turning] Now it's true, now, you see, you can block the nerve. Well, the next page has this. See, if you put the needle here, with 2 cc of solution, you'll block.

LIEBESKIND: Just 2 cc's will do it. Right.

JOHN BONICA: What he [Cleland] did, he injected five, and that's too much because it spills over. I showed early on in my study that, if you inject 5 cc's, it will spill about two segments. So by doing that, it shows that these are the segments for the contraction pain, these are the segments for the perineal pain, and some of the patients will have pain in the thighs. And this is due to pressure. You see, for example, here, you notice that the most severe pain is in the lower back and here, and of course with the delivery, the most severe pain is in the perineum. But they will have some pain here, and this is due to the pressure of the presenting part of the head on the other sacral nerves. But it's not as important.

And now, with the technique that we use, obviously, you cover those with dilute solutions. I tell you, obstetric anesthesia in the last ten years has undergone tremendous modifications. Now, we're using -- originally, we used to use one percent lidocaine or a quarter percent bupivacaine [local anesthetics] and Marcaine [a trade name for bupivacaine]. Now, we're using 0.065 of bupivacaine, one-fourth the concentration, by continuous infusion, with opioids. And that does the job.

LIEBESKIND: Now, the use of opioids in there, that goes right back to Tony Yaksh's work, doesn't it? I mean, he was -- [Yaksh is a noted pain researcher and Professor of Pharmacology at University of California San Diego.]

JOHN BONICA: Oh, sure. I mean, he started the whole thing. And then, of course, there was about ten years ago there were a flurry of papers where they tried just opioids, and they're not just strong enough to take care, but if you combined them with dilute solutions --

LIEBESKIND: Then you can use less of both.

JOHN BONICA: You can see the big advantage of that is, number one, that you decrease the risk of toxicity. Even if you inject the damned thing in the vein, it's not going to do --

LIEBESKIND: The opioid.

JOHN BONICA: No, no, the local anesthetic.

LIEBESKIND: No, the local anesthetic. At that low concentration. Yeah.

JOHN BONICA: Because if you inject 10 cc's of quarter percent Marcaine into a vein that goes to the heart, then that's cardiac arrest, see? And the other thing is the patient can move her legs and she can -- So there's been a big modification in obstetrics. And of course, because it was one of my major objectives, obstetrical pain and regional [anesthesia] were my big issues. You know, I wrote, I kept after my guys. I mean, I wrote an article in *JAMA* in '55 saying that anesthesiologists should get involved. [Bonica JJ and Mix GH. Twenty-four hour medical anesthesia coverage for obstetric patients. *Journal of the American Medical Association* 159 (Oct 1955): 551-554.]

LIEBESKIND: Get involved in obstetrics?

JOHN BONICA: And people from Spokane called me. They said, "Bonica, you're a son of a bitch. You're trying to get us to go into the delivery room, you know, that's a lot of crap." They don't make any money out of it, and so forth and so on. I got letters, poison letters, out of it.

LIEBESKIND: Geez.

JOHN BONICA: And, of course, when this [*Principles and Practice*] came out in obstetrics, it's what it is in the book in pain, because, you see, in comparison, if you -- I have Shnider's book on obstetric anesthesia. [Shnider Sol M and Levinson Gershon. *Anesthesia for Obstetrics*. 3<sup>rd</sup> ed. Williams and Wilkins, 1993.] What he talks about is a technique. You do this, this, and that. Here, what you do is --

LIEBESKIND: It's got data. It's got --

JOHN BONICA: No, no. But here, you see what the hell goes on during pregnancy -- ventilation, circulation -- and you have to have these in mind. Because some of these changes, you know -- A guy--a wonderful guy who died, his name is Crawford, from England, who was the chief obstetrician in the United Kingdom. He called a pregnant woman "the third sex." And he said, "You know, our physiology is different than the woman and it's different than the man. And so she's different." And I think there was very real truth to that. [Ed: Bonica is probably referring here to Dr. J. Selwyn Crawford, an obstetrical anesthetist in the UK, and a member of the Medical Research Council.]

LIEBESKIND: [he laughs] Truth to that, huh? Yeah.

JOHN BONICA: That's true. And all my writings -- the books, particularly -- it has to have, the beginning is: How good is it [the anesthetic technique] to relieve pain? What are the effects on the mother? And then when we talk about effects, we talk about, for example, what are the effects on the heart, what are the effects on the blood flow? What are the effects on respiration? What are the effects on these various things in order for you to do [the least harm]?

Incidentally, these are original illustrations from my own dissections. There's no anatomy book that has the epidural space showing, the venous plexus [linking networks of veins] as this. I wish I could have done it in color. I insist that if the fellow [the illustrator], he's got to be -- not a technician, but he's got to be a doctor. You know. And about caudal block, clinical evaluation. How good an anesthetic is it? Effects on the mother: respiration, circulation, what does it do on labor? How does it affect labor? And each technique, same pattern. Then, you talk about, after you're aware of these things, the effects on the fetus and newborn, directly or indirectly through the mother, what happens to the mother.

Then you talk about the technique. And the technique is not just saying, "Put the needle here." Here's an illustration, again from original dissections of the caudal canal. Lots of anesthesiologists don't understand that these holes, antesacral parameter -- when you inject the drug into the sacral canal, a lot of it will spill out, like this.

LIEBESKIND: Through one of the other parts. Yeah.

JOHN BONICA: Through the sacral canal, and you lose it. It has no value. So if you put the catheter higher up, less is -- and that was shown by dye contrasting. And then, you see, every step has to [pages turning] be described, the problems that you encounter, and so forth.

LIEBESKIND: That's how a bible is made. The details.

JOHN BONICA: Well, no, but I think that, you know, if you're going to have a book, a comprehensive book, on any topic, I think you should have the fundamental information that's essential that applies to that. It's like talking about a book on internal medicine. You say, okay, you have malaria. "These are the symptoms, in a few lines, and then you give them quinine."

LIEBESKIND: Give them quinine. [he laughs] John, let me stop it right here because we're at the end of this tape, just about, and we'll put another tape on there.

JOHN BONICA: Sure.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE THREE, SIDE ONE

JOHN LIEBESKIND: All right, it's March 10th, and it's five of five, and we're beginning our second tape today with John Bonica. Go ahead, John.

JOHN BONICA: Okay. We talked about my internship, which was a nice experience. I learned a lot, but I left because most of the people didn't do regional anesthesia; I didn't have much experience in spinal or epidural. I learned that by myself in the [military] service, and I'll come back to that later. But that was a big deficiency in my training. Let me then talk to you -- after finishing my internship and eighteen-month residency, in May 1944, I was sent to Carlisle Barracks for military training.

EMMA BONICA: A hell of a place.

JOHN BONICA: Carlisle Barracks, Pennsylvania.

EMMA BONICA: God, it was foul there.

JOHN BONICA: It was hot.

EMMA BONICA: It was hot. They wouldn't rent us a room because we had Angela. But I said, "She's a good baby. Please?"

JOHN LIEBESKIND: [he laughs]

EMMA BONICA: One night we pulled our mattresses out on the porch, because it was so hot I thought I'd die.

JOHN BONICA: But everybody, all the doctors that went into the service --

EMMA BONICA: They were hot, too.

JOHN BONICA: -- had to have this. I don't remember what it was, six weeks, but, you know, they really gave you packs and fifty-mile walks, shooting, going under the wire with real bullets shooting over your head. Because most of the people -- this was now getting very hot in the Pacific, early 1944, and so they were anxious to get doctors overseas. And I remember that in the introductory discussion at Carlisle Barracks, the commanding general said, "99.9 percent of you fellows will be overseas within the next two weeks, because you're badly needed." So I went through, and of course, at night we would get back tired, hot; and Angela was one year old, less than one year old.

JOHN LIEBESKIND: This was your first baby.

JOHN BONICA: First baby. And they said, “Those who are going to the West Coast, do not drive because you will not be able to make it. You will have only five days to get to your post on the West Coast.” And sure enough, I get orders, “Proceed to Hoff General Hospital, Santa Barbara, California.” [Hoff General Military Hospital consisted of some 100 temporary buildings, 1942-46; after the war ended, most of the buildings were moved or bulldozed.]

JOHN LIEBESKIND: What’s the name of it?

JOHN BONICA: Hoff.

JOHN LIEBESKIND: Hoff.

JOHN BONICA: H-O-F-F. At Santa Barbara, California, in a pool of medical officers for overseas duty. Obviously, we were very stressed, and I said to Emma, “You’re going to come with me.” And we drove --

JOHN LIEBESKIND: From Texas to Santa --

JOHN BONICA: No, no, no. From Pennsylvania.

JOHN LIEBESKIND: Oh, Pennsylvania this was! Yeah.

JOHN BONICA: Middle of Pennsylvania to Santa Barbara in five days.

JOHN LIEBESKIND: Geez.

JOHN BONICA: And I remember that, when we went to Flagstaff [Arizona], they said, “Whatever you do, don’t cross the California desert in the daytime. You’ll die,” you know. I had a baby, Angela. Nice! [he laughs] But anyway, we made it, and I don’t want to go into detail, but it was a horrendous experience, because there were no freeways then. And I reported to Hoff. At that time, well-trained people got first lieutenant. Now they get major. “First Lieutenant Bonica reporting.” He says, “Bonica? I don’t see you here. I don’t have you on the list.” He said, “Why don’t you hang around? Maybe in a few days, you’ll get additional orders.” Well, by good fortune, I had first cousins in Los Angeles.

JOHN LIEBESKIND: Yes, I know you’ve talked about them.

JOHN BONICA: So I said, “Wonderful. I’ll go and see my cousins.” [he laughs] So we went back and forth. Emma stayed with them, and I would go back to Santa Barbara. And then, about the fifth day, I get an order from the Surgeon General: “Proceed urgently to Ft. Lewis, Washington, U.S. Army Hospital, unnamed.” [Madigan was named in October of 1944.] I went to --

JOHN LIEBESKIND: Unnamed. [he laughs]

JOHN BONICA: Unnamed. I said, "What does this mean?" He said, "That means that it's a hospital, one of the hospitals [for those] going overseas, that doesn't have a name." [he laughs] "So they're waiting for you. You'd better get going!" So, in two days, we drive all the way up. And obviously, I was convinced that I was going overseas, but I insisted that they'd be with me until the last minute. And the first thing, of course, first of all, I looked at the map, and the latitude of Ft. Lewis, which is between Olympia and Tacoma, is the same as Portland, Maine; and I had wrestled in Portland, Maine. And I said, "Oh, my God, this is going to be hot and cold." [he laughs] But they said, "You know, that's the port of embarkation." They said, "There must be a unit waiting for you to get there."

JOHN LIEBESKIND: "Don't worry about the weather there; you're not staying long." [he laughs]

JOHN BONICA: So we looked at the map and we saw that Olympia was the capital of the state! I said, "Guess we won't have any trouble getting a place to sleep as soon as we get there." So first thing happened, we arrived on a Sunday afternoon in Olympia, and I stopped at the outskirts of the town, and they said, "Oh, yes, the best hotel is the Capitol Hotel, the best hotel around." So he told me how to go. He says, "It's on the main highway going to Ft. Lewis. Stop there." I went in, I said, "Do you have a room?" Guy looked at me, he said, "What?" I said, "Do you have a room for the baby and my wife and myself?" He said, "I don't think you know what's going on here." I said, "What's going on?" He said, "There's 300,000 soldiers and their families, and this town has 20,000 people."

JOHN LIEBESKIND: I see. [he laughs]

JOHN BONICA: He says, "We don't have any room." He saw my ears. That was -- I hadn't had them fixed yet. They were big. He said, "You must be a wrestler." I said, "Yeah." He says, "I'll tell you," he said, "there's a guy in town who's a professional wrestler; his name is Glenn Stone. Maybe he can help." But we decided to go to the post. He said -- they suggested, they said, "Go to the post." I went to Madigan, I mean, to Ft. Lewis, and there's a big entrance. Information, I go there, and it's chaos. You know, 300,000 people -- chaos! The post is about forty acres, fifty acres; it's a big place. They said, "We don't have any room for you. We don't know any such hospital." I said, "Maybe it's one of the hospitals [for] going out." He said, "No, we don't have any record." So I said, "What do I do?" He says, "Well, why don't you go to the officers' mess? There's a place across the street. They will give you one night to stay. And try to get a room. And then we'll try to find out where the hell you belong." So we went, we registered, and they said, "One night only." And then I went back to the post. I can't find out where the hell I belong. So I forgot --

JOHN LIEBESKIND: Sometimes you wonder how we won the war. [he laughs]

JOHN BONICA: I forgot to tell you -- I skipped the most important part -- because then, when the man in the hotel told me about Glenn Stone, I said, "How do you get there?" I went there where he lived; he gave me the directions. And he wasn't home. But I went by mistake into a farmhouse, that was the house of the chief track man for the railroad. And a lady came out and I said, "I'm looking for Glenn Stone." She says, "He lives there, but I guess they're not home." I

says, "We're looking for a place." She says, "Well, gee, I wish I could help you, but I already have a couple that we're putting up." And she said, "Why don't you go ahead to the post?" This was before I went to the post. "See if you can get a place to live, and then come back tonight."

JOHN LIEBESKIND: If they can't help you at the post.

JOHN BONICA: "We'll be glad to have you to dinner."

JOHN LIEBESKIND: Oh, oh. I see.

JOHN BONICA: "We'll be glad to have you for dinner." So, on the way up, I didn't say that I stopped at every single motel, everything filled. No vacancies. Then I went beyond the post to Tacoma. Nothing. So we went back to the officers' quarters and put our bags there, and Emma and I were thinking, "Should we go back to that nice family?" Because I had talked to her; she was in black clothes, dark skin, and I said, "She's either Mexican or Italian." And I spoke to her in Italian, and she said, "I'm Italian." And so immediately she invited us, "Have dinner with us." And Emma and I were contemplating, "Should we go back?" Well, we finally said, "Let's go." You know, I was embarrassed. Anyway, we went back, and these people had been waiting -- this was now about 7:30 in the evening -- had been waiting. They had a big, long table, rabbits and chicken and sausage and everything. And they had a terrific -- it was a feast! [voice cracking]

JOHN LIEBESKIND: A feast. Yeah.

JOHN BONICA: And in the course of the conversation, she says, "You know, there's another Italian family across the way next to Glenn Stone," the wrestler. She says, "I want you to meet her." Emma goes there -- I didn't go. Emma goes there with Angela. Angela is now just barely a year old. And the lady didn't have any children. She said, "Oh, what a sweet child." Anyway, to make a long story short, because we don't want to prolong this, we told her about the problem with the housing. And she says, "You know what? We have a nice room here, and we'd be delighted to have you."

JOHN LIEBESKIND: Isn't that beautiful? [he laughs]

JOHN BONICA: So that was a great relief. We went back to the post. The next day, I'm looking for the damn [hospital] where I belong.

JOHN LIEBESKIND: Your assignment.

JOHN BONICA: And after about an hour of really going around, somebody said in one of the offices, "Hey, there's a new hospital just being built north of here. Maybe that's the place!" I said, "How do you get there?" And sure enough, you go about two miles north, and there's this brand new hospital.

JOHN LIEBESKIND: That's Madigan.

JOHN BONICA: Un-named yet. Unnamed yet. I walk in and talked to the adjutant, "Bonica reporting." He says, "Where the hell have you been?"

JOHN LIEBESKIND: [he laughs]

JOHN BONICA: I said, "What?" I'm thinking, "This guy's been waiting for me to go overseas, and they're holding the boat." He says, "Let's go to the commanding general." We went there, and he gave me the same thing. "Where the hell have you been?" And I still don't know what the hell's going on.

Then they take me to the chief of surgery, who was a Virginian who had trained at the Mayo Clinic. His name was Duderman. He says, "Bonica! God damn it," he says in his Virginia accent, "we've been waiting for a week for you. You were supposed to be here a week ago, because we're going to start operating next Monday!" This is Tuesday. I said, "What do you mean?" He says, "What do you mean, 'what do you mean?'" I say, "Is this -- am I supposed to be here?" He says, "Yes, you're supposed to be here. We've got eleven operating rooms, and we're waiting." I said, "Who's the chief [of anesthesia]?" He said, "You're the chief."

JOHN LIEBESKIND: [he laughs]

JOHN BONICA: I tell you, I almost fainted.

JOHN LIEBESKIND: What a thrill!

JOHN BONICA: And he said, "We have a load of soldiers who've just come in from the Pacific, and we've got to take care of them. We'll triage; some of them will be going nearer their home, but some of them will be operated here. And we've got to run eleven operating rooms." I said, "Who do I have to help?" Two nurses. They were excellent! He says, "I'm assigning twenty corpsmen. Between now and Monday, you train them --"

JOHN LIEBESKIND: Get them ready. [he laughs]

JOHN BONICA: "Get them ready." And I can tell you, we had fourteen-hour sessions. I taught these guys how to take blood pressure, signs, you know. I gave them a crash course. And comes Monday, we started. And what we did was, the nurses and I would induce the patient with [sodium] pentothal, put them to sleep, give them ether, because ether, you know, stimulates -- your respiration doesn't depress so much -- and intubate them, and I said, "You watch the bag and take the blood pressure every five minutes." We made a chart. I said, "You chart the systolic, diastolic. If it goes below this point or above this point, you call me." And Christ, you know, one minute after things started, you start getting yelling, "Room 5!" I had --

JOHN LIEBESKIND: There were eleven of these rooms?

JOHN BONICA: Yeah. I had this Griffin gal --

JOHN LIEBESKIND: You must have had roller skates on! [he laughs]

JOHN BONICA: I had to [move fast]. Anyway--

JOHN LIEBESKIND: Who was this Griffin gal?

JOHN BONICA: Griffin gal, [she was a] terrific anesthetist.

JOHN LIEBESKIND: She was a nurse?

JOHN BONICA: Nurse. Wonderful. She became the godmother of Angela [actually of Linda, Bonica's second daughter], as a matter of fact. And this was what we did. And, you know, this was a time -- and we're going to stop after this --this was a time, you know. After about two weeks of these crazy, chaotic things, because some kids, you know, they wouldn't know that the ether vapor -- they would [he laughs] twist it the wrong way and increase the concentration! The patient starts to drop. I said, "There's got to be some way." I was up all night. Well, I had heard from [Emery] "Rovie" Rovenstine that he used a lot of regional anesthesia. And I said, "That must be it." And --

JOHN LIEBESKIND: You had already done some of this.

JOHN BONICA: I had a book --

JOHN LIEBESKIND: I mean, you had done this for obstetrics.

JOHN BONICA: I had done a little spinal, caudal, but not lots of other things, like brachial, lumbar, blocks. So I got this book, and I taught myself. And after I started the cases, I would run to the autopsy room, put a needle where it said to put a needle. I put in a little methylene blue [dye that reacts to the presence of oxygen], I'd dissect the thing and see if we've gotten the spot fixed. And I did this for about two months. And then I started. I would get there at 6:00, and by 7:30 when we started operating, every case was anesthetized, with brachial [injection near the brachial plexus, a network of spinal nerves extending from the neck to the upper arm], with spinal, with sciatic this and sciatic that [the sciatic nerve extends the length of the leg from the lumbosacral spine], and --

JOHN LIEBESKIND: What did you have to put in? What drug were you using? Lidocaine?

JOHN BONICA: Procaine. Lidocaine hadn't been invented [Lidocaine, a faster-acting and longer-lasting local anesthetic than procaine (or novocaine), was developed in 1943 and marketed in 1948]. And that was the problem, because procaine lasts an hour and a half, two hours, and, you know, these reconstructive -- we were a center for reconstruction of injuries of the limbs -- and I would do a brachial, perfect anesthesia, and in the middle of the operation I would get called to run --

JOHN LIEBESKIND: Do it again.

JOHN BONICA: -- and do it. And just soon thereafter, I came across -- I was going crazy -- because in the meantime, I get, three weeks after I got there, a telex from the Surgeon General, "In addition to your other duties, you will be in charge of pain control. In addition to your other duties, you will be in charge of inhalation therapy. In addition to your other duties, you will be in charge of the blood bank." The anesthesiologists during the war --

JOHN LIEBESKIND: Meanwhile, sweep the floor! [he laughs]

JOHN BONICA: "In addition to your other duties, you will start a school for medical officers for three months and for nurses for six months." This all came within a month's time.

JOHN LIEBESKIND: Jesus!

JOHN BONICA: You know, I was -- And so, you know, Duderman was a wonderful guy, and he said to me, "Look, Bonica, we're going to have one of the best surgical departments in the army, and you're going to help me make it. And if you don't, if you're a flake, I'm going to give you orders in twenty-four hours, due west."

JOHN LIEBESKIND: [he laughs]

JOHN BONICA: I got the message. And I was up until 3:00 every night, studying. I wrote the first comprehensive monograph on anesthesia in this country in 1944. [Bonica's *Manual of Anesthesiology for medical students, interns, and residents* was printed in January 1945.] I still have copies. It was --

JOHN LIEBESKIND: Now, what was that?

JOHN BONICA: It was for the class, and then it was distributed by the Surgeon General to other [army hospitals].

JOHN LIEBESKIND: It was like a textbook, the beginnings of a textbook.

JOHN BONICA: Three hundred pages.

JOHN LIEBESKIND: A three-hundred-page textbook.

JOHN BONICA: Yeah. And I've got copies. It was privately printed by Madigan and the Surgeon General used it.

JOHN LIEBESKIND: There was no prior textbook in anesthesia?

JOHN BONICA: There was a little [booklet]; it was called *Fundamentals of Anesthesia* [written by a subcommittee of the National Research Council and published by the American Medical Association in 1942.] But it was like fifty pages. Gave you the signs and so forth. Didn't talk about regional anesthesia. So

--

JOHN LIEBESKIND: Now, it's interesting that the Surgeon General asked you to be in charge of pain control.

JOHN BONICA: Yes!

JOHN LIEBESKIND: There was a focus already on that? That's amazing to me.

JOHN BONICA: Yes. The reason was that in '32 -- no; in '30, '36, and '39, three major articles appeared in the *JAMA* or in *Anesthesia and Analgesia* about the use of diagnostic and therapeutic nerve blocks. One was written by [Philip Dudley] Woodbridge from New England, one by [Henry S.] Ruth from Philadelphia, and the other one by Rovenstine from Pennsylvania. [Ed: The articles cited have been tentatively identified as: Woodbridge PD. Therapeutic use of regional anesthesia. *Current Research in Anesthesia* 9 (1930): 109-117; Ruth HS. Experimental nerve block for the relief of pain in inoperable carcinoma. *Hahnemann Monthly* 68 (1933): 1-9; Rovenstine EA and Wertheim HM. Therapeutic nerve block. *Journal of the American Medical Association* 117: 1941: 1599-1603.]

That, plus the books that had been written by Livingston in '43 [*Pain Mechanisms*. New York: Macmillan, 1943], in which he talked about causalgia --

JOHN LIEBESKIND: William [K.] Livingston [(1894-1966), surgeon and pioneer pain researcher at the University of Oregon]?

JOHN BONICA: Yeah. You know, he wrote that little monograph, and he said, you know, "I've gotten a lot of good results by injecting these things," and then [Rene] Leriche was translated in '39 into English [*The Surgery of Pain*, published in London in 1939. Leriche (1879-1955) was a French surgeon who used sympathetic nerve blocks and sympathectomies to treat injuries beginning in World War I.]

These were the only things on pain. So people said, "Christ, you guys are in anesthesiology and you inject these nerves -- you can help." Of course, that's another story, which we can talk about in the next session, how the transition was.

JOHN LIEBESKIND: I mean, that was really the beginning of an attention to pain as a problem within anesthesia.

JOHN BONICA: Yeah. Right. So anyway, I was busy.

JOHN LIEBESKIND: You were darned busy. [he laughs]

JOHN BONICA: I was busy, but I was happy there.

JOHN LIEBESKIND: Well, you had your family there, so -- [he laughs] You finally found a place of your own, or did you live with this Italian --

JOHN BONICA: No. We lived with them for about a year, and then we found a place. But they were wonderful. It worked out so well.

JOHN LIEBESKIND: You became lifelong friends.

JOHN BONICA: Yeah.

JOHN LIEBESKIND: Sure.

JOHN BONICA: So that was the beginning of the army career. And it worked out well. You know, I taught myself regional anesthesia. The first three brachial blocks failed completely. And I said, "Geez, there must be something wrong." And then I got it and then I didn't miss one, out of a hundred and fifty cases. And the other thing that happened, I came across a German article on tetracaine, Pontocaine [brand name for tetracaine hydrochloride, a spinal anesthetic], in which they said that they were doing local, regional blocks lasting three, four hours. In this country, Pontocaine was being used topical and for spinal. But because the endoscopists were using large doses -- and this was about ten times as toxic as procaine on the milligram-per-milligram -- they had a lot of deaths. So they had not used it for regional. The Germans said you shouldn't use two percent; you use 0.1 percent or 0.15 percent. So I got Winthrop-Stearns to do it --

JOHN LIEBESKIND: That's a drug company?

JOHN BONICA: Drug company.

JOHN LIEBESKIND: To make a more dilute solution?

JOHN BONICA: Which is now Sterling Drug [manufacturers of Bayer aspirin in the US, acquired by Eastman Kodak in 1988]. And I did it. In the first brachial block case, I did it [the block] at 7:30 in the morning. I went back at six that night to make rounds and the guy's in a state --

JOHN LIEBESKIND: And the guy's still asleep. Isn't that wonderful?

JOHN BONICA: No, I said he was paralyzed.

JOHN LIEBESKIND: Oh, I see. [he laughs]

JOHN BONICA: But then I went back; you know, I stayed around. I went at 8:00 pm; he says, "I can feel it now." And that solved my problem. Christ, after that, I was doing tetracaine blocks for facial reconstructions. And it was the savior, because sixty-five, seventy percent of the procedures on the limbs, on the lower part of the body, was done with brachial.

And then I wrote -- I did them at Madigan, and I finished them in Tacoma, the clinical study, real clinical study, not in the dogs, in humans, in which I first -- We knew we had already established the anesthetic equivalent or anesthetic index, which is if you use the equivalent concentration, the anesthetic concentration, how long will it last? And then I did a study in which -- at that time, intravenous procaine was being used for treatment of a variety of types of pain, and so forth and so on in the late '40s, early '50s. And I did a study in which I had

volunteers who were corpsmen, and also patients who were getting this stuff [Pontocaine], to – [with] informed consent, scientific stuff -- and I would drip a certain rate, until the patient started to have the very first sign of toxicity, either confusion, or they would start slurring, and I would immediately stop, give a little pentothal to sedate them. And I did, I don't know how many cases, about 150 cases.

JOHN LIEBESKIND: This was intraspinal?

JOHN BONICA: No, no. IV [intravenous].

JOHN LIEBESKIND: Oh, this is IV. Oh. Okay. I'm sorry, I missed the point.

JOHN BONICA: IV. And determined the toxicity ratio [for IV Pontocaine], which was ten to one. The anesthetic index was fifteen to one. And I wrote a very big review paper published in 1951 on it, that really started -- Dan Moore and I started to use it, and other people started to use it. [Bonica JJ. Use of pontocaine for regional anesthesia; an analysis of 3000 cases. *Current Research in Anesthesia and Analgesia* 30 (Jan-Feb 1951): 1-15; and 30 (Mar-Apr 1951): 76-88.]

JOHN LIEBESKIND: So what is this compound again? What do we know it as now?

JOHN BONICA: Pontocaine.

JOHN LIEBESKIND: Pontocaine.

JOHN BONICA: Yeah. Until bupivacaine came along [1955], or Marcaine [brand name for bupivacaine].

JOHN LIEBESKIND: This was the one, the long acting.

JOHN BONICA: This was the drug, long-acting drug, because it was terrific. You know, I'd do a brachial block, the patient would be so happy. And I did another study which was never published. I had all these cases that would require at least three or four plastic procedures or reconstructive procedures on the limbs. And I alternated. The first would get a block of general anesthesia. Second time, the other. Third time, the other. And at the end of the thing, I said, "I want you to tell me which you think is a better drug." Nine to one, regional [preferred to general anesthesia]. You know, those guys were awake, and for about twelve hours they didn't have any pain; whereas, when they got general, as soon as they woke up, they had severe pain.

JOHN LIEBESKIND: Well, I don't know if this is the time because it's getting late in the day. But one thing that just popped into my mind is, here you're a young man, you're getting your first exposure in treating patients with pain problems; and both from the standpoint of the obstetric work at St. Vincent's, and now with the regional anesthesia here at Madigan, it's all acute pain.

JOHN BONICA: No, but I got --

JOHN LIEBESKIND: So this is what I'm saying --

JOHN BONICA: No, no, no. Wait a minute. When I got that order, everybody -- neurosurgeons, orthopedic surgeons, reflex sympathetic dystrophies, post-amputation pain, causalgia --

JOHN LIEBESKIND: Because you haven't said anything about this.

JOHN BONICA: Oh, sure.

JOHN LIEBESKIND: Oh, so this is also part of what you saw at Madigan.

JOHN BONICA: Yeah. And --

JOHN LIEBESKIND: This is where you --

JOHN BONICA: Of course! Of course.

JOHN LIEBESKIND: -- first became exposed to chronic pain.

JOHN BONICA: And, you know, I had case records. I kept very good -- we were using a sort card [system] that had a punch card, that was easy to put data. It was about this big. And by the time I got through Madigan, I had over a thousand cases. And then, by the time, 1950, I had two thousand cases.

JOHN LIEBESKIND: Of pain. Of chronic pain.

JOHN BONICA: Chronic pain.

JOHN LIEBESKIND: With secondary nerve injury or whatever, causalgia and so forth.

JOHN BONICA: And I don't have a copy of the tetracaine paper; but it was so long, because I went through the history and the pharmacology, and then I reported my results. And it put, I mean, it changed regional anesthesia, because Dan Moore who was -- I don't know if you know him.

JOHN LIEBESKIND: No.

JOHN BONICA: He was my dearest friend up here -- he was chief of anesthesia at [Virginia] Mason Clinic. And he and I --

JOHN LIEBESKIND: Mason Clinic? Where's that?

JOHN BONICA: In Seattle. It's the best private clinic in Seattle. That's where Emma and I go for cardiac work.

JOHN LIEBESKIND: Had enough for now? It's 5:30. Let's stop now. This has been a very long session. Okay, we're going to stop for now. Thank you.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE THREE, SIDE TWO

JOHN LIEBESKIND: All right. I think we're ready to go. Today is March 11th, 1993, Thursday, and it's quarter of three, and we're resuming our interview with Dr. Bonica.

JOHN BONICA: Okay.

LIEBESKIND: And, John, seems to me where we left off, pursuing this chronologically for a little while longer, is you were finishing with the army, you were at Madigan, and you were getting ready now to, I guess, go over to Tacoma.

BONICA: Right.

LIEBESKIND: To where you started private practice there, is that right? Tell me about that. I'd like to hear.

BONICA: Well, I think I mentioned yesterday, I had all these offers and decided to go back to Washington -- I had two jobs there, one at [Virginia] Mason Clinic [in Seattle], which is a deluxe place, and one at Tacoma General, before I left with all these other jobs [job interviews on the East Coast]. But my preference was the Mason Clinic, because it's a very first-class thing. But by the time I came back -- Before I left, they said, "In five years, we'll make you a partner." By the time I came back, they said, "We're not making anesthesiologists, physiatrists, [or] pathologists partners." I said, "Goodbye."

LIEBESKIND: Oh! [he laughs]

BONICA: The chief surgeon was a very good friend of mine; he had come to Madigan as a consultant. I had given anesthesia [for him], and he wanted me very badly. He said, "What do you mean, goodbye?" I said, "I have another job." "Where?" "Tacoma [General]." He really got upset! [he laughs] Anyway, I was in Tacoma, and that was an interesting beginning because the nurses and the hospital administrator and there were about four or five people were practicing, that had been in the army with me, they really were looking forward to [my coming] - - and the nurses, nurse anesthetists, were so anxious to have me around. And so the first day --

LIEBESKIND: You were among friends and admirers.

BONICA: Yeah. Until the first meeting. The first staff meeting I attended, they introduced me and I made a little spiel, said, "I'm going to make rounds on every patient; I'm going to talk to the nurse who's going to give the anesthesia and decide what's the best way to do it. And, of course, I'll be available for any problems." I took the job on a full-time basis, ten thousand dollars a year.

LIEBESKIND: [he laughs] Ten thousand dollars a year. This is 1945?

BONICA: Forty-seven. February of 1947.

LIEBESKIND: So you stayed at Madigan until just before --

BONICA: No, I was at Madigan until December of '46. Then I went home [to New York]. I told you I was making these rounds; and finally came back the day before my birthday, 16th of February, my 30<sup>th</sup> birthday. So anyway, I got up and made the spiel and said, "I'll take good care of the patients." And immediately one tough Irishman got up. His name was Murphy. He said, "Dr. Bonica, I know you guys. I don't want you to go near my patients. I'll take care of them." His wife was a nurse anesthetist.

LIEBESKIND: What was he? He was an M.D.?

BONICA: No, he was a surgeon. Big, big surgeon. I said, "If you want, I'll assign the best nurse you want." And that really took me. And immediately, the then most senior surgeon, who was respected, got up and said, "Well, there may be some of us who perhaps don't realize the value of an anesthesiologist, but you certainly can take care of *my* patients." Another interesting comment was a very old guy, interestingly, had been in Germany. He was of German descent; must have been seventy then and he had worked with Bier, August Bier, in 1900, who discovered spinal anesthesia. He was the guy who discovered it. And he went there to learn spinal anesthesia. [Bier (1861-1949) was chairman of surgery at the University of Berlin from 1907.]

LIEBESKIND: At the what?

BONICA: He went to Germany, this [R.A.?] Koons fellow, and he got up and he said, "Dr. Bonica, I'm glad to see you here, but do you mean to say you're going to spend your whole day pouring ether?" [both laugh] With those comments -- Anyway, I was very anxious to, first of all, sell the specialty, and, secondly, I wanted to sell obstetric anesthesia and regional anesthesia.

LIEBESKIND: You were the only anesthesiologist there, I assume.

BONICA: Yeah. There were two fellows in Seattle and myself, the only three in the whole northwest part of the United States. Anyway, so what I did was I stayed in the hospital every other night for the first year, so that I got everybody alert. If a lady came in in labor, I would talk to her and say, you know, "I'd like to take care of you;" and many of them hesitated, but some of them went ahead. So I did the continuous epidural. And the obstetrician would come an hour later, and I said, "Okay, let's go. The patient's ready, been ready for an hour."

LIEBESKIND: [he laughs]

BONICA: He said, "She's awake! She's talking to me!" "I know, but she's anesthetized." And, you know, little by little that -- And the other thing I did was, I would ask the emergency room people to call me as soon as a limb fracture or limb injury came, so I could slip in a brachial [or] caudal [block injected into the sacral portion of the spinal canal] because I wanted

them sold. And, again, the same thing. They would come in and they'd expect me to have the pentothal [general anesthesia], and they'd say, "Let's go." I'd say, "The patient's all ready for you, Doctor. You can do anything you want." At first, they didn't know --

LIEBESKIND: People hadn't seen regional anesthesia.

BONICA: And little by little, of course, it sold out. Within a year, if I went into an orthopedic room for a hand or arm case and the patient was asleep, they'd say, "What's the matter? What's wrong? Why did you put him to sleep?" So it sold fast, and within three years, we attracted virtually every obstetric patient. We took them from St. Joe's -- [the] Catholic women who wanted to go to St. Joseph's Hospital, which was our competition, a big hospital -- were insisting. And what I did was, of course -- I did the work; but I also offered all those local groups, PTA groups and various of these fraternal orders, that I would be glad to give them a talk about pain, particularly obstetrics, and so forth. And the PTA, usually I gave the OB business and also talked about pain, so that --

And then another thing I did about a year after I started, of course, within six months one of the interns was finishing -- this was February -- he finished in June, and he said, "I'd like to have training with you." So he became my first resident. His name was [P.H.] Backup.

LIEBESKIND: Backup? [he laughs] That's a good name for an assistant!

BONICA: From Vermont. And so, within three years, I had a very strong program. The second year I got it [the residency program] approved, and I taught these guys --

LIEBESKIND: You were up and running.

BONICA: And of course people learned. I was writing all these articles -- as you've seen on the CV -- ten, fifteen articles on regional anesthesia the same year. I hadn't had time to during the war, so I waited until I was settled and I had enough cases. I didn't fool around with a hundred cases; I had to have a thousand or so. So --

LIEBESKIND: [he laughs] Where again -- you know, we talked about this yesterday -- but where does chronic pain come in here? I mean, because that seemed to be what you stood for so prominently early on.

BONICA: I think we should go back then and talk about chronic pain. As I told you, I got this order, not having had anything about pain. I knew --

LIEBESKIND: This was the order from the Surgeon General, "In addition to your other duties, take care of pain"?

BONICA: So I looked for literature. I said, "Do you have any books on pain?" And the only book was Livingston, and Leriche -- we didn't have Leriche. I finally got a copy, and I read that thing and I read -- there were no articles. In fact, when I tried to submit some of the articles that appeared in *Anesthesiology* to surgical journals about cancer pain, they said, "Not interested."

And a lot of the stuff -- And you know, I should tell you that around '48, I started to contact [William K.] Livingston --

LIEBESKIND: Bill Livingston.

BONICA: Yeah.

LIEBESKIND: In Portland [Oregon].

BONICA: Yeah. He wanted me to take over the department, and I said, "No, I'm all set."

LIEBESKIND: He was what, a surgeon?

BONICA: Surgeon. He was chief of surgery. He was chairman of surgery. And so he got Fritz [Frederick P.] Haugen from Philadelphia [to head the anesthesiology department], and then we became -- You know, I used to go down about once a month. One of the things I did there, there used to be an Italian wholesale wine guy, you know -- Washington State is state-controlled liquor, and you can't get good wines. I would go down there and load up.

LIEBESKIND: [he laughs]

BONICA: But anyway, we -- one of the points in talking to Bill, because at that time I was talking to him about an international society, and he said, "It's a great idea, but I don't think you'll get maybe fifteen, twenty people in the country for the society."

LIEBESKIND: This was what year? This would be '48?

BONICA: Forty-nine, '50. And in one of these discussions, I said, "You had all this stuff. Why didn't you publish?" And he says, "I tried to publish, and the only ones that would [take his research articles would] be the little journals in the West Coast." You see his bibliography. He says, "So I decided to write the book." And the book [*Pain Mechanisms*] is a series of articles. And then, and when I try to send, you know -- in *Anesthesia*, I could only talk about blocks, but I wanted to talk about the concept, and I wanted to diffuse it. [The articles were] turned back.

So I decided that, what the hell, and all the series I'd done -- series of reflexes and dystrophies and this and that -- I included in the book [*The Management of Pain*. Philadelphia: Lea & Febiger, 1953]. And the book is -- see, the difference between the first edition and second edition [is] that I have series of cases I cite, and then I cite an example for each condition, which I didn't do this time. Anyway --

LIEBESKIND: What was he like, by the way, Bill Livingston?

BONICA: A big, jolly guy. Nice guy. I guess, he was a little bit aloof. I think that -- when he first met me, he looked at anesthesiologists like only surgeons looked at anesthesiologists. And then when he read -- he helped me, he read some of the stuff that I was writing for the book.

LIEBESKIND: For *The Management of Pain*.

BONICA: Then he started to have a little different attitude. I had him and Fred Haugen help me, just proofread to pick out stuff. And so that's the story about the publications. Anyway, going back to Madigan, there's no question about that we got people, a lot of people, with injuries, amputations, injuries to major nerves, causalgia and so forth, and they would send them to me. Well, I had read now these review articles that I mentioned to you yesterday, published about the use of diagnostic and therapeutic blocks for pain. And then I reviewed Livingston and Leriche --and I tried to do it. And, of course, you know, if I got somebody with one of these cases -- I had seventeen cases of causalgia. Just perfect. When I read --

LIEBESKIND: [Willem] Noordenbos? No. [Noordenbos (1910-1990), a Dutch neurosurgeon, wrote the short book, *Pain* [Elsevier, 1959], that influenced the ideas of Melzack and Wall.]

BONICA: No. 1864.

LIEBESKIND: Not [Henry] Head.

BONICA: No, the guy who first used the word causalgia. A neurologist in Philadelphia. [Silas Weir Mitchell (1829-1914), important 19<sup>th</sup>-century American neurologist who used the term "causalgia" in his 1872 book, *Injuries of Nerves and their Consequences* (Philadelphia: Lippincott).]

LIEBESKIND: It'll come to me.

BONICA: Never mind. You know, they would respond and it worked. But then I would get somebody with a really mangled thing, and I tried blocks and they wouldn't work.

LIEBESKIND: Were you trying for sympathetic blocks or brachial plexus?

BONICA: [I tried] sympathetics; I tried brachial plexus, to see if -- I mean, if somebody said, "I have phantom-limb pain," I wanted to see what would happen if I blocked the sympathetics. And then I would block the brachial plexus. Now, these worked, but these other cases baffled me, and I knew that many of them had major psychological problems, so I would ask the psychiatrist to see the guy and ask the orthopedist to consult. I mean, I would ask them, just like in the traditional thing.

LIEBESKIND: What do you mean, "in the traditional"?

BONICA: Well, the traditional way of getting a consultation is, you write or you call the guy up and you say, "I've got this case; would you see him?" And he sees the guy in the isolation of his office or the ward, and he writes a note. So that's what I did.

LIEBESKIND: You started that way.

BONICA: I started that way. And after about two months, I was spending three, four hours, first of all, trying to decipher the handwriting --

LIEBESKIND: [he laughs]

BONICA: Then trying to -- I would have, frequently, two, and sometimes three or four guys, see the patient.

LIEBESKIND: Now, wasn't that unusual?

BONICA: It was three-pronged --

LIEBESKIND: Yeah, but wasn't that unusual, John? I mean, how many people would send a patient of theirs to three or four other consults?

BONICA: Yeah, but I perceived that this guy had severe emotional problems. You know, you could tell, just working out, working with the patient. I used to work them up --

LIEBESKIND: It's not only that you perceived it, but I mean you noticed it and you put some emphasis on it, where a lot of people would ignore that side of the patient.

BONICA: Well, anyway, so I said, "Jesus, I'm not going to make it." And of course I kept thinking about Duderman saying, the "Due West" business. So I talked to the guys, each of them. There was a neurologist, psychiatrist, orthopedic surgeon, internist, that would help me. They knew less than I did. [he laughs] I had at least read these things. They knew less. So I found that it was very time consuming to try to get one guy to see one patient, and we had a lineup. So I said, "Let's have, if we can, lunch a couple of times a week and talk. While we're eating, we talk about this guy."

LIEBESKIND: Who would you bring in? Would you bring in the psychiatrist, the neurologist?

BONICA: Yeah, yeah, the person who saw the patient. I said, "Instead of -- write the note"-- because that was necessary, to have a record -- "but we want to talk together." And within a week or two weeks it became so evident that this was the place. In fifteen minutes, we could exchange back and forth. I would ask the guy, "What do you think?" and this guy would say, "Well, you know --" this and that.

LIEBESKIND: So how many would come to this? Would it be just the two of you, or would it be sometimes more?

BONICA: No. There'd be three or four. Myself and at least two, sometimes three. And later --

LIEBESKIND: Do you remember any of these people who were there at the beginning? I mean, by name? Who were some of those?

BONICA: One was Carpenter, who's in San Diego, I think. Most of these are retired. Jacobs.

LIEBESKIND: Now, who was Carpenter? What was his specialty?

BONICA: Orthopedist. Jacobs was a general surgeon, who was very good. I told you he's the guy who only had one hand.

LIEBESKIND: Oh, he only had one finger and one thumb.

BONICA: And Horowitz was a psychiatrist; interesting story about him. I have them [written] down. But anyway, so --

LIEBESKIND: This was the world's first pain clinic at lunch! With Horowitz and these other two guys.

BONICA: So then, you know, it became known in the hospital. And so the young people used to come. And so we would have regular -- as regular as we could, you know; we would be planning a session for Tuesday, and then that morning we'd get notice that the ship came in with seven hundred [wounded] guys. Anyway, so this came out --

LIEBESKIND: This was still at Madigan?

BONICA: At Madigan. I started getting the group together -- I got there in May; I started getting the group together in October. Those three months I tried the traditional business, and in October I started, and by early '45, we were meeting fairly regularly. And so, you know, I said, "This is terrific, and everybody's fairly happy and impressed with the thing, and the young guys --"

LIEBESKIND: Hold on now. Let me interrupt you to ask you this. I mean, you know, this is a momentous occasion in the history of pain treatment. Here you are, you've recognized the necessity of the interdisciplinary approach; you've brought these people together so that you can hold a conference on pain problems. Did you have a concept then of how tradition-breaking, how tradition-setting this was? I mean, did you have a concept -- did you articulate it at all?

BONICA: There was no question about that I saw it as a totally different thing, and I knew that it was much more fruitful, much more efficient. And that's what got us on, and it grew and it grew. And the people --

LIEBESKIND: When was the first time you wrote down anything about that? Was it in *The Management of Pain*? Or did you have an article that said --

BONICA: Well, no. I went -- I'll tell you the story about that, because that's part of the pain story. I started to talk about -- well, in Tacoma, I had, I would give the Pierce County Medical Society a talk on pain.

LIEBESKIND: What county?

BONICA: Pierce County.

LIEBESKIND: Pierce County Medical Society.

BONICA: Oh, hell, you know, I covered, between talking to different medical groups, pediatricians and so forth, and talking to PTA groups, lay groups, I was giving three, four talks a week.

LIEBESKIND: A week.

BONICA: A week, yeah. And the other thing that I'll tell you that I started, that I don't want to forget, is that after we got known, about the third year, I started to invite big names in anesthesia and pain --

LIEBESKIND: From around the country.

BONICA: Yeah. And I -- one of the men of the [hospital] board of directors was the owner of the newspaper. [Probably the *Tacoma News-Tribune*.] I said --

LIEBESKIND: In Tacoma?

BONICA: Yeah. I said, "Mr. Powers, I need help." He said, "Sure." I had given him an anesthetic and he was happy. I said, "I need one of your key people. I'm going to have these visitors come, and I want them to have an interview, and I don't want the back page, or a little thing like that. I'm sure this [belongs on the] news page. Front page! With a picture of the visitor." And the guy would say, "Geez, Tacoma has a terrific department."

LIEBESKIND: [he laughs]

BONICA: [he laughs] And, you know, within two, three years, everybody --

LIEBESKIND: You were the catchment [area] for the whole Northwest. [he laughs]

BONICA: Emma would go to the bank and [they'd] say, "You are Dr. Bonica's wife!"

LIEBESKIND: [he laughs]

BONICA: Anyway. So it [the multidisciplinary approach] worked well in the army, and I tried to sell it. In '49 I met Duncan Alexander. [Frederick Archibald Duncan Alexander, b. 1908, was an early pioneer in pain management in the 1940s and 1950s, but suffered from alcoholism and died in relative obscurity.]

LIEBESKIND: That name is very familiar.

BONICA: That name is familiar because he's an honorary member [of IASP]. He was probably the most brilliant anesthesiologist. He had independently thought about the same things. And in

1947, a little after me, he started a group at McKinney VA Hospital in McKinney, Texas. And in '49, I had an exhibit on the thing at the ASA meeting [American Society of Anesthesiologists], the national meeting, and he came and we met, and he said, you know, "You're stealing my stuff."

LIEBESKIND: [he laughs]

BONICA: And I said -- and so we became very close friends. He was so brilliant. And, you know, a lot of people quote Rovenstine, who was one of the big guys; and there's the annual [Rovenstine] lecture of the ASA, as the big gun, and he was supposed to have been a big influence on pain.

LIEBESKIND: Rovenstine?

BONICA: But he was talking about nerve blocks, not the pain thing --

LIEBESKIND: Right. Duncan Alexander from Texas.

BONICA: And unfortunately, the guy was addicted to alcohol --

LIEBESKIND: Really?

BONICA: And then he became addicted to nitrous oxide.

LIEBESKIND: Oh, Jesus.

BONICA: I remember talking to him in '50. I said, "Duncan, I'm going to write a book." And originally I had thought that I would write a four-hundred-page book, talking to the anesthesiologists, saying, you know, "You can do this as part of your job. You can help a lot of people; a lot of people you can't help. You've got to get some help." Well, when I started to investigate and I would ask people, "What do you know about the physiology?" and so forth and so on, and, you know, outside Duncan Alexander, nobody. They were just [nerve] block people, including Manny Papper, who's a big gun. [Emanuel Papper (1915-2002) was chair of anesthesiology at Columbia-Presbyterian in the 1960s and, from 1969-81, dean of the University of Miami School of Medicine.]

And so that's the time I decided [to write more than] six hundred pages. I said, "What I need is a comprehensive book," and so I read the stuff. And I'd like you to have a copy.

LIEBESKIND: Sure.

BONICA: I want you to read chapters 2 and 3, which is physiology.

LIEBESKIND: Early physiology.

BONICA: Look at the stuff that I cite. I went back into the 1800s and so forth.

LIEBESKIND: German literature and so forth.

BONICA: German literature and so forth and so on. And so obviously, when the book came out, I got a call from Duncan Alexander. He said, "You son of a bitch!" He said, "It's so wonderful! I threw the book up in the air!" I have his review, which appeared in *Anesthesiology*. Three pages. You know, he said, "This is it."

Anyway, so that's how we got started. As I said, I tried to, locally first, and of course I had the advantage of a town of 150,000, and I could follow patients. You know, they weren't lost. I said, you know, "One of the things" -- after I got going -- "one of the things you have to promise me -- I want to, you better come back and see me."

So I was able to, you know, I used to get [patients with] herpes, you know, such a terrible thing [post-herpetic neuralgia, a severely painful condition that persists after recovery from shingles]. Everybody says, "Oh, you can't do anything." I, in the army, started blocking them, sympathetic block. And I saw right away that it aborted the vesicles, shortened the duration of the acute phase, and I followed some of these patients a year or two, and in Tacoma, I followed patients for ten years. No postherpetic neuralgia. And in the second edition, I have analysis of all my cases. And it shows I've broken it down to those who I saw within a week of the attack, those who had [been seen after] two, three weeks, something like that, and there was a definite correlation --

LIEBESKIND: The sooner you got it --

BONICA: -- sooner I got it --

LIEBESKIND: -- the better the effect.

BONICA: And so this, you know -- Pretty soon I was inundated. People in town, you know, each orthopedic surgeon -- I used to get a lot of reflex sympathetic dystrophies [Bonica's own term for causalgiaform disorders] in kids. I remember a little girl, six years old, was swinging, fractured both ankles -- I mean, both femurs -- and [was] treated by one of the best orthopedic surgeons; and the third day she started complaining of severe pain, and he asked me to see her. And you could see one foot was normal, one foot was swollen, cyanotic, sweating, and so forth. I put her asleep. I knew that she was too young to try to do a series of blocks. So I was so sure of myself by then that I injected sixty percent phenol in small amounts --

LIEBESKIND: Neurolytic?

BONICA: Yeah. Neurolytic block. So I did it under anesthesia. So --

LIEBESKIND: John, before you go on, I want to get back to what you think, what you consider the kernel of the idea that Alexander was saying, that you and he were on the same track. I mean, what was it? It wasn't just an interest in pain generally; it was a, was there some --

BONICA: No, it was in the sense that we both independently came to the conclusion that this is a very complex -- and as I've said for too long, it's the most complex human experience, in my view. You can't cite me anything that you feel that's more complex, that involves your past life, your current life, your family, your interactions, and so forth. And it's a complex thing.

LIEBESKIND: So is this complexity, recognizing pain for all its complexity -- this is the --

BONICA: Yeah. And I said, you know, "There is no [one person] -- I don't care how bright he is --" and this was in 1949. I started to write local articles. No matter [how smart you are], you need people -- so that this was in Tacoma --

LIEBESKIND: You need the other kinds of experts.

BONICA: Within a month I got into Tacoma, I've got the orthopedic surgeon, the psychiatrist. We started a team. In private practice, that's tough, because frequently, obviously, you want to have the referring physician, and sometimes it would have to come out that the guy goofed, you know. He procrastinated in dealing with the problem, and I would do it diplomatically; say, you know, "It's easy to mistake this for something," and do it. And then it worked very well. And hell, if I could have stopped practicing anesthesia and do it. But then I got a couple of people interested, and then, as soon as -- we'll come to that -- after the book was published, I made a tour of Europe and the next year a tour of South America and the next year in Southeast Asia. I started to get people to come [to learn his methods]. And they were only interested in regional anesthesia and pain. And a lot of these guys, like she [Emma?] was saying, [Mitsuhiro] Nishimura in Tokyo, he came in '54 [Professor Nishimura is now at Osaka University].

So you know, I was going to try to get Duncan Alexander to come to Tacoma, because he had been at this VA hospital. Well, to go back, he was professor of anesthesia at [SUNY] Albany, and he got fired --

LIEBESKIND: For substance abuse.

BONICA: Then he got a chance from Stu Cullen in Iowa City, when Cullen was there. [Cullen (1909-1979) was chair of anesthesiology at the University of Iowa and later at the University of California San Francisco.] And they found him one day breathing nitrous oxide, and he had to quit; they got rid of him. So I remember when we had the annual [ASA] meeting in 1953, he came to Seattle. And I was so happy to have him and have him at home and really extend everything, because I knew the guy was pretty --

LIEBESKIND: By that time you were good friends.

BONICA: Yeah. And you know [voice cracking], the guy got drunk --

LIEBESKIND: Oh, Jesus.

BONICA: -- locked himself [in], and I never saw him for the duration of the meeting.

LIEBESKIND: How sad. What a tragedy when that happens.

BONICA: He gave a talk [at the Second IASP World Pain Congress in 1978] in Montreal, called “The Genesis of the Pain Clinic.” And he talks about --

LIEBESKIND: Where was this? The congress? The second world congress? It’s in the book?

BONICA: It’s in the abstract. I think it’s the second or third [talk] -- no, it’s second. I’ll check. And he talks about --

LIEBESKIND: That’s the one [the proceedings book] I’m the co-editor with you and Madame Fessard on that. [Denise Albe-Fessard (1916-2003), an important French physiologist, was the first President of IASP (1975-78.)]

BONICA: No, but it’s in the abstract. He didn’t write that.

LIEBESKIND: He never wrote it up. Just an abstract.

BONICA: No. You know, he wrote a chapter in a book published in ’54, in which, you know, he talked about it. He said, “Blocks are okay, but, you know, they have limited use.” And he put it in proper perspective. This was after my book came out. And he had a guy, by the name of Lewis in Sacramento, that was his star pupil; they were good friends.

Anyway, so following that through, after the book -- of course, you know, the book was published [in 1953] -- came out in September -- and by January I had invitations from virtually every medical center in western Europe. They wanted to -- because it really made an impact. And of course with the reviews that [came out] both in the United States and Britain, as well as in some of the other countries, so that’s what I did. You’ll see in my curriculum vitae “The Role of the Anesthesiologist in The Management of Pain,” and “The Multidisciplinary Pain Concept.” In England, in Denmark, in Italy, in France, the same talk.

LIEBESKIND: This was right after the book came out.

BONICA: The same talk.

LIEBESKIND: Sure.

BONICA: And I’m sure that people can criticize me, but my purpose was -- because they had invited me, not because of anesthesia, although most of the people were in anesthesia departments. I got invited by the Royal Society of Medicine. And that was the pitch, and try to sell.

LIEBESKIND: This was hammered away in the book itself, right? I mean, this was --

BONICA: Well, in the book, it says early on that it’s a complex issue and you need a lot of people involved.

LIEBESKIND: But this idea sort of started there, and then really --

BONICA: And then I talk about --

LIEBESKIND: You elaborated it.

BONICA: -- the pain clinic and how it's different from the nerve-block clinic.

LIEBESKIND: Where? In the book?

BONICA: In the book. But it's -- you know, I didn't emphasize it. I should have given it a chapter, a whole chapter. If you want -- what I'm telling you now is written in chapter 9 of the new book. It tells you the chronology.

LIEBESKIND: In which new book?

BONICA: My new book.

LIEBESKIND: Oh, in the second edition [of *The Management of Pain* (1990)].

BONICA: Chapter 9. It tells you just exactly what I just told you about my experience at Madigan, how I got involved and so forth. So, by 1965, the [gate control] theory came out, and I was excited --

LIEBESKIND: The gate theory.

BONICA: Yeah. And I was excited. I said, "Maybe this'll help." But, you know, I was getting discouraged because in 1962 -- in 1960, there was Bonica; and Livingston, Haugen, and a neuropharmacologist, were taking, studying, they actually were doing it as a research project and were the first people to get funded by the NIH [National Institutes of Health] at that time [for pain research].

LIEBESKIND: Who was the pharmacologist? Stotler [W. K. Stotler was an anatomist]?

BONICA: Peterson. So we were the only two. Then, in '62, Crue started his program at City of Hope [Medical Center, a free-standing comprehensive cancer center, founded in 1913 in Duarte, California. Benjamin L. Crue (1925-), a neurophysiologist, was the second president of the American Pain Society.] Now, I don't know what, you know, what connection he has [with Bonica], because I had given talks in California -- all over the country. I went all over the country and tried to push this idea. And everybody said, "Geez, it's a terrific idea." But by 1965, nothing had happened. And, honest to goodness, I was about to give up.

LIEBESKIND: You were getting discouraged.

BONICA: You know, Livingston had almost predicted this because he said, you know, “You’re not going to get people interested. I tried to talk to people about my ideas; they --”

LIEBESKIND: Why do you think this is?

BONICA: Because I think it’s [that] people -- I tried -- I thought about that question more than virtually anything else. Why? I think that [Paul] Bucy [(1904-1993)], who was the editor of [*Surgical*] *Neurology*, I think, wrote an editorial in which he said, “I understand that NIH is being asked to fund pain research. Why should we spend money on pain research?” This is a neurologist now. This is an editorial.

LIEBESKIND: Good grief!

BONICA: In *Neurology* in 19 -- in the late ‘60s or early ‘70s.

LIEBESKIND: Well, what was his problem?

BONICA: He said, “What is there to study about pain?” He says, “You know, guys, [Henry] Head has studied pain” -- who was it? Head, we were thinking about -- “and other guys” -- Leriche had studied pain -- but everybody thought, “What’s so important about it?” I said, “What’s important?” I said, “The fact is that about twenty-five percent of the American people are disabled with pain, and it costs a lot of money.” You know, I started to get data in the late ‘50s, and there was [he laughs] hardly any.

LIEBESKIND: There wasn’t much going there. I can’t believe that about Bucy, though -- I mean, a neurologist, a famous neurologist. [Bucy was in fact a neurosurgeon, but did neurological research with Percival Bailey (1892-1973) and others at the University of Chicago.]

BONICA: Yeah.

LIEBESKIND: Sheesh!

BONICA: And let me tell you that. See, I’m getting blanked out when I think of these names. The head of orthopedics at Columbia read one of my articles, because I was invited by, oh, it used to be a good, very good -- not throwaway -- journal, very serious, but was free -- used to give it to the residents. If I look on my CV, I’ll find it. But I was invited to start [a series] -- we had a week’s session. Each day we’d talk about this and this, and this in pain, and it would be published and they would get good response; and as I said, I got good response, but nothing happened. Nobody. I said, you know, “This is what is needed.”

LIEBESKIND: Do you think it has anything to do -- I mean, does it have to do that it’s a soft subject somehow? There’s all this psychology involved, and people are afraid of that, they don’t want to deal with that?

BONICA: No, I think --

LIEBESKIND: It's feelings; they don't know how to measure it. It's not like heart rate or --

BONICA: Well, I -- most people, including doctors, said, "Pain is a symptom of disease, and that's it. So what do you want to know about it?"

LIEBESKIND: Right.

BONICA: But pain is a symptom of disease, and it's a different -- and it has an important biological function in a small percentage of the patients, who are warned before they get into trouble. But most of them get it after they got into trouble. So to go on, you could see, as I say, by looking at my CV, in Japan, I had a big article. And fortunately, in '68 -- I was about to give up -- I was encouraged by the Melzack [and Wall] theory. I thought maybe this was going to stir things. And, of course, it did. It did it scientifically.

LIEBESKIND: In basic science. Yeah.

BONICA: Yeah. But who the hell -- clinicians? Who -- [he laughs]

LIEBESKIND: So how about Sweet? He was in on that early. Did you meet and talk to him at all? [William H. Sweet (1910-2001), Professor of Neurosurgery at Harvard, Chief of Neurosurgery at Massachusetts General Hospital 1961-1977, was an early leader in the American Pain Society. James C. White (1895-1981) was his predecessor as Chief.]

BONICA: Oh, sure. No, I talked to White early on, and I talked to Sweet. They wrote their book [*Pain: Its Mechanisms and Neurosurgical Control*. Springfield: Charles C. Thomas, 1955] the year after my book came out, '54. That's an outstanding book. You know, they were interested. But I'll bet you that if you talk to Bill [Sweet], that his response was, you know, "So what? You're giving us a big talk on headache and this and that. So all right; okay. It becomes a problem we have to deal with, but why do you want to study it? Because we know everything."

LIEBESKIND: [he laughs]

BONICA: That's the fact. Because Bucy implied that in his editorial. He says, "We know everything there is to know. Why the hell do you want to --?"

LIEBESKIND: I should get a hold of that article by Bucy, huh?

BONICA: Oh, yeah. I've got to, well, you know, it means that somebody has to search for that journal.

LIEBESKIND: Which one was it? One of the neurology ones.

BONICA: Well, he was editor-in-chief. And it must have been in the early '70s.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE FOUR, SIDE ONE

JOHN LIEBESKIND: Part of the tape; we should be there in a second. I think we're okay now. This is the next tape. It's 3:35 on the 11<sup>th</sup>. We're continuing.

JOHN BONICA: I can't think of the guy's name. But anyway, he was a chief, big orthopedic surgeon, world renowned, and he wrote, "Bonica is trying to deal with patients with pain by committee."

LIEBESKIND: Yeah.

JOHN BONICA: He said this was a committee. And you know why? He hadn't read -- it was obvious from the comments that were surrounding that statement that he didn't know what I was talking about. He just didn't bother.

LIEBESKIND: Where did he publish that? That was an article that he wrote or something?

JOHN BONICA: I don't know. And, you know, those -- anyway, I was about to give up, and all of a sudden I get the first [international fellow], was Gross -- remember Gross?

LIEBESKIND: Dieter Gross [of Frankfurt, first President of Deutsche Gesellschaft zum Studium des Schmerzes]. Yeah. German.

JOHN BONICA: He had come from Germany in '59. I already had trained [Hans Ulrich] Gerbershagen, who came to me after he had full training, and he was an assistant professor or subprofessor at Mainz, to learn pain [Dr. Gerbershagen is now director of the DRK Schmerz-Zentrum (Pain Center) in Mainz]. And he went back, and we had a big opening and a lot of newspaper things, and Dieter thought, "Terrific; this is the way to do." And then I got things from Japan, and I got a call, I got an invitation from the Minister of Health and Education in Japan to make the tour of Japan to talk about advances in pain and so forth. And so things started to --

LIEBESKIND: Now, when was this? This was in --

JOHN BONICA: Late '60s. And that encouraged me; but I can tell you, I was that far from saying, "The hell with it. I'm going to pay attention to anesthesia and forget about all this."

LIEBESKIND: At this time, had you already moved over to [the University of Washington in] Seattle?

JOHN BONICA: In '60, I moved.

LIEBESKIND: In 1960, you moved to Seattle. Were you able to do things in Seattle in a different way than you had been doing in Tacoma? I mean, after all, it was an academic department, and --

JOHN BONICA: Well, the first-- I got there, I became chairman the first of July of 1960. I took over the first of September, and I was running both departments for three years.

LIEBESKIND: Back and forth from Tacoma to Seattle -- is that right?

JOHN BONICA: Yeah. Well, because I was getting, I was making \$65,000 a year in Tacoma, and the chairman's salary [at the University] was \$21,000. So what I did, I asked the dean. I said, "Look. I can't do it. If I had to do it -- I'm sorry; I'd like to do it. I think this is a great opportunity." And let me tell you that one of the biggest reasons was for the pain business, to bring it to the academic table. But what I did, I said, "Let me take my salary, I'll split it, I'll add two more positions," because I had six faculty when I got there, and I said, "I'll talk to my partners." We had a contract; I was the chairman of the group there. High powered terrific service and so forth and so on, and really neat. But it was the best service in the Northwest, and we were doing all of the obstetric anesthesia in Pierce County and so forth and so on and I had this.

Now I'd been visited by all of the big shots. [Philip R.] Bromage [now Professor Emeritus of Anesthesiology at McGill] came in '53 and so forth and so on. And so, you know, I, it took me five months to make up my mind to take the job [in Seattle]; but I finally talked to my group [in Tacoma], and we had a contract whereby everybody got a salary of \$12,000, and then the profits would be divided according to points that people had. And the chairman got five points. If he was on a hospital committee, the guy got so-and-so-many points; if he went to [a meeting], gave a paper. And I was trying to really develop an academic program in a private practice. And it worked because, you know, I think the papers that we published, oh, nearly a hundred papers by the time I got to Tacoma.

LIEBESKIND: By the time you got to Seattle.

JOHN BONICA: To Seattle. So anyway, that, I think, dropped from sixty-five to about thirty-five, but I was able to manage. And I did it. And at '63, I cut the thing off [left Tacoma] and I went on a salary, and my cut time on salary was \$30,000. And I was able to do it. And one of the things I did was I started the partnerships at the university. At that time, everybody who did private cases kept the money, and I said, "I can't do that because I've got guys at Harborview [Hospital], their work, they get no money from the county. But the guy at the university will get a fee. So what we're going to do is pool it and split it." [Harborview Medical Center, formerly King County Hospital, is Seattle's public hospital, established in 1877.]

And that started what is now a \$50 million partnership, not in anesthesia, but anesthesia gets \$12 million. Fantastic. So that got me a lot of courage. I became really excited. And, of course --

LIEBESKIND: Were there any anesthesiologists there when you arrived, or you were the founding chairman of that department, right? At Seattle?

JOHN BONICA: Oh, sure. I can tell you very briefly, the university was [founded in] 1869 [The University of Washington actually opened, with one professor, in 1861]. The medical school started in 1946, and I immediately became clinical professor in anatomy.

LIEBESKIND: Is that right?

JOHN BONICA: Yeah.

LIEBESKIND: While you were in Tacoma?

JOHN BONICA: Yeah.

LIEBESKIND: Oh, I didn't know that!

JOHN BONICA: And I used to go help, I'd go around the world, and some guy says, "Bonica, I remember when you used to stick those big needles in the cadavers."

LIEBESKIND: [he laughs]

JOHN BONICA: And then you turn them, you know; I showed the application of anatomy, as far as anesthesia was concerned. And then they had a service at Harborview -- they only had a Harborview; they didn't have a university hospital. And in '59 the university hospital was built, and in '54 they developed a division within the department of surgery. And that was the trend.

LIEBESKIND: A division of anesthesiology.

JOHN BONICA: And Lucien Morris, who had been at Iowa, and with [Ralph] Waters at Wisconsin, the father of all fathers, was the chief, and he's a very good guy but he's a little bit rigid. [Ralph Milton Waters (1883-1979) is considered the founder of academic anesthesiology, based on his emphasis on science and professionalism and teaching of generations of young residents, beginning at Wisconsin in 1927. Lucien Morris is Professor Emeritus of Anesthesiology at the Medical College of Ohio.]

He wanted to -- he didn't have the resources to do research and to do clinical; he tried to do everything. And he neglected the clinical part, and the surgeons got mad. And, you know, I tell everybody I went there because of academia, but the basement of my program is patient care, next is teaching, and the frosting is the research. And that's how you have to go. In fact, the first five months I didn't do anything, except be in the operating room and kick the surgeons, I got them in line.

LIEBESKIND: [he laughs] Right.

JOHN BONICA: Anyway, so he [Morris] quit, you know. They just weren't supporting him. And he quit in February --

LIEBESKIND: He was head of the division.

JOHN BONICA: Yeah. The next day, he called me. He says, "I just quit, and I should tell you that they just made up a list, and you're on the top of the list." I said, "Are you kidding?" All right. And the next day, Henry Harkins, who was the chairman of surgery, called me. [Henry N. Harkins (1905-1967) was the founding chair of surgery at Washington, 1947-64.] He says, "Can I come down to Tacoma and talk to you about" -- as if I didn't know -- he says, "Lucien Morris quit, and I wanted to get your ideas how we can build a good academic department." So Emma -- he came to my house, a lovely house in Tacoma, too -- and she made a lovely lunch, and as he was -- we were talking about academia and he said, "What do you need?" And I said, "Simple. People, space, and you need money."

LIEBESKIND: [he laughs]

JOHN BONICA: "If you have these things and the people are good, you get it." He says, "Well, you know --" I said, "Look, Henry, you're not going to get anybody today, unless you give it [the division] departmental status." And he looked at me, and he said, "If we gave you departmental status, would you come?" I said, "Henry, you can't afford me."

LIEBESKIND: [he laughs]

JOHN BONICA: He said, "I know--I was told what your salaries are, and I just can't afford it." I said, "I know you have a list of people," and they had some very outstanding people. Some of them were chairmen; one guy was the chairman at Duke [University in North Carolina]. Anyway, in May he called me -- I was doing a visiting professor[ship] at Columbia with Papper -- and he called me, and he says, "Well, we looked at everybody. We want you." So I went, you know, I really realized that the school was terrific. And then --

LIEBESKIND: You could really accomplish something.

JOHN BONICA: So I took the job under these conditions and made things -- The first year I solicited \$150,000 for the department, non-specific grants. And we got a research training grant, and little by little, you know, after I got the clinical area really strong, I got strong clinicians; the surgeons made it and I said, "Now, this is it, anesthesia." And then, of course, I started calling, I recruited [Theodore N.] Finley, who was at CVRI [Cardiovascular Research Institute] [established in 1958] at [the University of California] San Francisco; cardiopulmonary -- he's a pulmonary physiologist, because they didn't have a pulmonary lab, a pulmonary therapy service, which was incredible to me. So I got him up there, I took one of my very rare research salaries and got a non-anesthesiologist. And at that time --

LIEBESKIND: He was what, a physiologist or a Ph.D.?

JOHN BONICA: He was a pulmonary physiologist.

LIEBESKIND: A Ph.D.?

JOHN BONICA: Oh, yes. And he had done some good work. And I had just finished a big study in Eskimos who used to come to Tacoma Indian Hospital [also known as Cushman Hospital, this facility had closed by 2003] to get their [surgical pneumothorax, introducing air to collapse the affected lung]-- they had tuberculosis and two, three lobes involved, and I used to give the anesthesia. And I did a study which was published in *JAMA*, and then another version was published in *Anesthesiology* in which I showed that, using a certain amount of pressure, the patient got worse. And I thought, "This must be increasing the shunt in the collapsed lung." And then we went to the lab with Ted and we proved it. That was, I think, among the first studies on the shunt. [Bonica JJ, Wilson JF, et al. Effects of surgical pneumothorax on pulmonary ventilation. *Anesthesiology* 22 (Nov-Dec 1961): 955-961; Bonica JJ, Green HD, et al. Factors which affect ventilatory function during surgical pneumothorax. *JAMA* 180 (Apr 1962): 185-189; Finley TN, Hill TR and Bonica JJ. Effect of intrapleural pressure on pulmonary shunt through atelectatic dog lung. *American Journal of Physiology* 205 (Dec 1963): 1187-1192.]

Anyway, things were going along, and in '65 I was president --'66 I was president of the American Society. I was heavily involved with the World Federation [of Societies of Anaesthesiologists], I was taking care of the department, and I still was going around. And, you know, I never accepted an invitation to just give lectures. I said, "If I give a lecture, I want to have a chance to go in the operating room and show these guys how to do it." And I tell you, that was something.

LIEBESKIND: [he laughs]

JOHN BONICA: In Buenos Aires, they gave me a guy -- I had just invented a new endobronchial tube, and they wanted to see how it worked. I put it in; I had no problem. I said, "[Start] the machine." The mistake I made, I thought everything was all ready. He says, "We don't have a machine."

LIEBESKIND: [he laughs] It's a respirator?

JOHN BONICA: No! That machine [ventilator?] -- when people woke up, to control ventilation! Well anyway, so those were fun things, you know. They give you a curve.

LIEBESKIND: It looks like we're leading up here to the Issaquah -- Yeah.

JOHN BONICA: I'm coming to that.

LIEBESKIND: Yeah. I mean, this is, we're getting there now. You're building up your courage, despite Livingston's warning.

JOHN BONICA: In '65, I was asked to be a member of the anesthesiology training committee of the National Institute of General Medical Sciences [NIGMS, established 1962]. I had been given the responsibility of supporting anesthesia. Papper had spent six months as full-time consultant to the thing, and he was my, one of my lieutenants on this national committee, so he and I were close. So we developed different things. We had a clinical training program, a

research training program, and then we developed that Anesthesia Research Center of Excellence [Program], of which there were five -- we got one of the five programs. That lasted about ten years, and then they dropped it -- but, anyway.

So I was involved in the NIH, and I became very good friends with, not only Stone, who was director of the Institute, but a guy by the name of Ed Lee, who was an internist. [Frederick L. Stone (1915-1998), was the second director of NIGMS, 1964-1970. Edgar Lee, Jr., was later dean at Case Western School of Medicine in Ohio.] And he was associate director and in 1970, they had a big symposium on trauma. And, of course, he knew about the work that I had done; I had contracted with the army after the war to evaluate different types of anesthesia in normal people and then I bled people, volunteers, to see what had happened. I would never be able to do it now; it was a scary kind of --

Anyway, they knew I was interested in trauma from that viewpoint, as to how to manage it, and so they invited me. And during the meeting I said to Ed, I said, "Ed, we've gotta have this kind of a meeting for pain." Of course, he knew I already had, in '66, '67 or sixty, I don't remember - - the committee had a session of different areas that we should think about in anesthesia, and of course they knew that I was interested in pain, so they asked me to talk about pain—back [in history and the] future. And then I gave a talk about future research, what is needed. So with that, he said, "Gee, that's a terrific idea." I said, "Fine." So we talked to Fred Stone, who was the director. He said, "Go ahead." This was in August of 1972.

LIEBESKIND: Sixty-two?

JOHN BONICA: Seventy-two. And --

LIEBESKIND: He promised you support for such a meeting at that time, is that right?

JOHN BONICA: He said, "If I want --" See, I had always had that idea about an international group. And I said -- I didn't tell him -- I said, "This is a good time. If I can swing it, I'll get these guys together and then propose it." So after due consultation with the director, he said, "You go ahead." I said, "What's my budget?" He says, "Anything you think [will bring in] the people that you need to cover the subject well." So I went back and I said, "Look, it's going to be between eighty and \$100,000." He says, "We'll have that much." The trauma symposium had cost more. So I got on the phone, I called Pat [Wall], I called this guy, I called this guy, I called you and so on. I said I wanted to have a good meeting. And Louisa [Jones, later Executive Director of IASP] got the place, the one -- She told me --

LIEBESKIND: The nunnery in Issaquah! [he laughs]

JOHN BONICA: The nunnery -- I said, "Oh, my God," you know, "nine dollars a day, with three full meals." And, anyway, so --

LIEBESKIND: Even then you had the blessing of the Church, see? [he laughs]

JOHN BONICA: So we made the program [the International Symposium on Pain took place at the Providence Heights Conference Center (a former convent) in Issaquah, Washington, outside Seattle, in May, 1973].

LIEBESKIND: Now, who did you consult in terms of -- I think, if I remember correctly, when you called me, you said that Ron Melzack had told you about the work that we were doing. I mean, you couldn't know everything everybody was doing.

JOHN BONICA: No, but I knew a lot of the people.

LIEBESKIND: I'm sure you knew a lot, but did you know certain key people?

JOHN BONICA: And I asked people that I had, you know, that I knew. I said, "Tell me, you know. I want to cover it from the periphery to the top." [he laughs]

LIEBESKIND: Were there certain people that you consulted with most -- I mean, you relied on most?

JOHN BONICA: I really don't remember. I'm --

LIEBESKIND: Anybody in Seattle?

JOHN BONICA: Not really. [Ted] Ruch, yeah, I talked to Ruch about it. [Theodore Cedric Ruch (1906-1980?) was chair of neurophysiology at Washington.]

LIEBESKIND: Yeah. But he didn't come, did he?

JOHN BONICA: No. But he had already -- he had retired. But anyway, you know, I wanted some vigorous people who were young and vigorous and new and doing exciting work. So well, we got through --

LIEBESKIND: Had you met Pat and Ron Melzack? Had you met them by that time?

JOHN BONICA: Yes. I had met them in Florence, because [Paolo] Procacci and [Carlo A.] Pagni had set up a meeting. [Procacci was Professor of Internal Medicine and Director of the Pain Center at the University of Florence; Pagni is in the Department of Neurosurgery at the University of Turin, and the author, with Valentino Cassarini of a pioneering work, "Central Pain: A Neurosurgical Survey." (Cambridge: Harvard University Press, 1969.) Both were long-time friends of Bonica.] There's a little book out that I co-edited with them at that meeting. [Pagni CA, Bonica JJ, and Procacci P. *Recent advances on pain: Pathophysiology and clinical aspects*. Springfield IL: Charles Thomas, 1974.]

LIEBESKIND: Pat was there?

JOHN BONICA: Pat was there.

LIEBESKIND: Ron also? Melzack?

JOHN BONICA: I don't --

LIEBESKIND: Maybe just Pat.

JOHN BONICA: Just Pat, I think. And, of course Pagni, Procacci -- I knew the guys. So we, I thought about it. I talked to -- Ray was not involved in pain, but he was a great scientist.

LIEBESKIND: Ray Fink. [B. Raymond Fink (1914-2000) was Director of Anesthesia Research at the University of Washington from the mid-60s until 1984 and a close colleague of Bonica.]

JOHN BONICA: Yeah. And so I asked him to help out because he had developed three big symposia on molecular mechanisms of anesthesia. And he had --

LIEBESKIND: He was a practiced hand at putting on these kind of big meetings.

JOHN BONICA: And Louisa had worked with him, you know.

LIEBESKIND: Now, what role did -- what was Louisa doing at that time?

JOHN BONICA: Louisa was my editor. [Louisa Jones had joined the Department of Anesthesiology as manuscripts secretary in 1967.]

LIEBESKIND: Oh, she was your editor.

JOHN BONICA: Yeah.

LIEBESKIND: For the whole department?

JOHN BONICA: She was editor for the department, but, you know, I was writing heavily. I was finishing that book -- oh, no, I'd finished that book. But when she came, I was working on a book. And, of course, I was publishing quite a few odd chapters, papers. Anyway, she --

LIEBESKIND: So you asked her to help out?

JOHN BONICA: Oh, yeah.

LIEBESKIND: With respect to --

JOHN BONICA: And I knew that she would, you know, she had been with me now about six years, five years, something like that.

LIEBESKIND: By 1972, '73? She'd been there that long.

JOHN BONICA: So we had, geez -- [by] December, the whole thing [was] complete, everybody's coming. I was so happy. In February, I got a call. Ed -- Fred Stone and Ed Lee had quit at NIGMS, and DeWitt Stetten became director.

LIEBESKIND: DeWitt Stetten? [DeWitt "Hans" Stetten (1909-1990) was trained as a biochemist. He was Director of NIGMS 1970-74 and deputy director of NIH 1974-79, serving as a senior scientific advisor until his death.]

JOHN BONICA: Stetten. DeWitt Stetten. He's a good scientist, neuro -- I don't remember what areas. But he called -- You know, I had met him because I still was on their committee. He called me. He said, "John, we just got word that we've been shellacked." He said --

LIEBESKIND: By Congress.

JOHN BONICA: "They cut off --"

LIEBESKIND: Appropriations.

JOHN BONICA: "The most I can give you is eight to \$10,000."

LIEBESKIND: Oh, geez!

JOHN BONICA: I said, "Dr. Stetten," I said, "I'm committed for over \$85,000." He says, "Well, I'm sorry. Maybe you'll have to cancel it." And, obviously, I said, "This is it." But I kept talking, and I went to see the dean, who was Van Citters --

LIEBESKIND: Who was what?

JOHN BONICA: His name was [Robert] Van Citters [a cardiologist]. Big, tall guy. And I had been the guy -- I had been the chairman of the committee that picked him up as dean.

LIEBESKIND: I should get his name. Can I get the spelling of his name?

JOHN BONICA: Van, V-A-N, Citters, C-I-T-T-E-R-S. Did terrific research in Africa. He put an electrode in a camel and determined the change in pressure while they were--he made a film they used to show. Anyway, I told him the story. He said, "Don't cancel it." He says, "It's a great opportunity." He said, "I'll tell you what. I'm going to start the kitty off with \$10,000" -- right off the bat -- "if you need more, I'll do it." With that, I got encouraged, and I called people. Now, some companies I had worked with, and I never took money. I did a lot of research for local anesthetics, new local anesthetics. I did it, you know -- they came with \$10,000, \$15,000 --

LIEBESKIND: You called in your due bills.

JOHN BONICA: And one company -- and again I have a mental block said, "I'm going to give you 30,000 bucks." I said, "You don't have anything that has to do with pain!" He says, "Yeah, but I know you're building a good department, and I want to help you." He already had given

me some money at the start. And so, Christ, within three weeks we had over \$90,000. Over \$90,000. I don't know -- Louisa knows all the figures. And so --

LIEBESKIND: You went out and did it! [he laughs]

JOHN BONICA: We did it and no question about it. If you recall that, when I opened up the Congress, I said, "One of the most important things we want to do is to start an international society on pain." Because -- you know, it had come from my experience in the army. I said, you know, "Pain is not neurology. The neurologists think that pain is their domain. And it's not psychiatry, and it's not -- it's everybody." And I said, "What you need is people could talk some [to each other]." Because, you know, I've written so much of this stuff, the problems that have existed, the fact that people, neurophysiologists talk to neurophysiologists and nobody else, and they never talk to the guy who might have a good idea for them to apply to their research. So that was it. That was the beginning.

LIEBESKIND: Now, you had this idea ahead of time to create this international association. Did you just present that *de novo* at the meeting, or did you kind of sound out some people ahead of time? Did you know that some of the people were behind that idea? I mean, did you check with somebody like, I don't know, Pat Wall or somebody --

JOHN BONICA: Yeah. About a half a dozen people.

LIEBESKIND: Yeah. You discussed it with them before they came to Seattle.

JOHN BONICA: Maybe more than that.

LIEBESKIND: Well, that's good politics. That's laying the foundation.

JOHN BONICA: John, that's the circus.

EMMA BONICA: John? [brief interruption to discuss a dinner invitation]

JOHN BONICA: No, you know, I used this in Tacoma in the army --

LIEBESKIND: The psychology. [he laughs] How to control a mob.

JOHN BONICA: When I had to have a discussion on something, we had to have the shill -- you know, in the carnival it's called a shill -- he's the guy that's part of the crowd, but he's a part of the audience, and, "Oh, hey, hey, hey --"

LIEBESKIND: Good idea!

JOHN BONICA: Oh, yeah. And you know, I obviously, I'd like to get -- and, of course, Louisa and I had talked about this, and I had talked to Ray about this, and you know I talked to the dean, that that was one of the reasons, and he thought it was such a great idea, because it was very important, this issue, to him.

LIEBESKIND: Did you ever come across anyone who opposed the idea, as you were talking --

JOHN BONICA: No. Nobody ever came to me and said, "I think it stinks," or "I don't agree with you" or anything. I'm sure [he laughs] they thought about it.

LIEBESKIND: Where was Livingston? Was he, had he died by this time?

JOHN BONICA: He died, yeah. Otherwise he would have been there. His son, his son, you know --

LIEBESKIND: Ah. [Robert B.] Livingston, the neurophysiologist [(1918-2002), founded the Department of Neurosciences at the University of California San Diego.]

JOHN BONICA: Neurophysiologist. I've had a correspondence, nice correspondence, in the past. So that's, you know, the story about the IASP from then on -- we can talk about that. But obviously the same thing, you know, immediately I thought about an American pain society.

LIEBESKIND: Yeah. Tell me about that.

JOHN BONICA: Well, I called -- who the hell was the guy -- the Association of Research in Nervous and Mental Disease, he was president of that association, and I developed a meeting on pain. Were you there?

LIEBESKIND: Yeah.

JOHN BONICA: I don't remember if that was before or after [that meeting was in 1980]. But no, I --

LIEBESKIND: There were, one of the things in Issaquah that you wanted was you wanted local, regional, national chapters to get started. And so right after people went home -- of course Bert Wolff, already had something going, I think, in some group he used to get together with in the East Coast, the Eastern, and then we started one in the west. [B. Berthold Wolff, a New York psychiatrist, had organized the Eastern Pain Group as early as 1964, and served as the first President of the American Pain Society 1978-80.]

JOHN BONICA: He -- I, knowing this, I called him, and then I don't know how Bill got involved, but the three of us --

LIEBESKIND: Bill who?

JOHN BONICA: Bill Sweet. We were there, and then I had one of my operations, at their first meeting, and I sent Ray [Fink] to --

LIEBESKIND: Right. And that was the one in Chicago [March 6, 1977, at the O'Hare airport].

JOHN BONICA: I don't remember that.

LIEBESKIND: Yeah. That was a meeting in Chicago where the thing really first got started. You were not there. Louisa was there and Ray was there. In fact, Ray represented you at that meeting.

JOHN BONICA: Right. And, you know, I did the same thing when I went to these various countries.

[brief interruption and pause]

LIEBESKIND: We're going again. It's 5:00 on the eleventh, and we took three-quarters of an hour to go to the market, and now we're back at work. And John, I want to focus more on the IASP and the APS, and the early days and the key decisions that had to be made. It seems to me that one of the decisions that you had to make early on that you made, was a very courageous one, had to do with the journal, whether you wanted to start a journal. And you said, right at that Issaquah meeting, that you --

JOHN BONICA: I said we need a society, and a journal [devoted] exclusively to pain, and it must be multidisciplinary, interdisciplinary. Those things. I didn't even mention, you know -- we worked out the title of the IASP at the discussion. People wanted --

LIEBESKIND: What were some of the suggestions?

JOHN BONICA: Well, some of the suggestions were the International Association for Pain Research, and, of course, that would have kind of eliminated the clinicians. And the International Society for Pain. And we finally -- International Association for the Study of Pain, which really implies both clinicians and --

LIEBESKIND: That's right. "For the study of" is all scholarship of all sorts. That's right.

JOHN BONICA: Yeah.

LIEBESKIND: Watch the cord here, Emma. Thank you. Yeah, so you knew from the beginning. Weren't you at all concerned that a journal could be a financial drain or something on the society? I mean, were you confident that that would --

JOHN BONICA: Well, no, you know, in preparation for the symposium, I looked around -- and [found] Raven Press; of course, [Alan] Edelson's [company] at that time was a little, dinky thing that finally sold for about \$300 million.

LIEBESKIND: Is that right? [he laughs]

JOHN BONICA: Oh, yeah. I mean, I think that the--at that time he was just beginning, and he was so glad to be included because he didn't -- we didn't have a journal, and he included [the

proceedings of the Issaquah symposium as a volume of] *Advances in Neurology*, volume four. But, you know, out of that we got a good group to have the proceedings.

LIEBESKIND: Did he want to publish the journal, too? Raven Press?

JOHN BONICA: Yes. He wanted to publish the journal.

LIEBESKIND: Why did you not give him that?

JOHN BONICA: I think that since Pat was going to be the editor and Noordenbos was close [to Wall], and he expressed a very cordial relationship with Elsevier, we decided to go ahead with Elsevier. But it was actually, I think it was -- I don't remember if we had a bid at the very beginning. Subsequently, we had bids all the time, and --

LIEBESKIND: Somebody told me that the contract that actually we had with Elsevier was not very favorable one.

JOHN BONICA: No.

LIEBESKIND: -- and that we could have done better.

JOHN BONICA: No. I was -- you reminded me of things. I said, "We should own the journal." And Pat was negotiating, Noordenbos and Pat were negotiating with Elsevier, and they said, "We don't want to do it [share ownership]." And I said, "We'll get somebody to do it." But they prevailed, you know. I said, "Okay. If you want to do it that way," I said, and particularly this became a very major issue that caused serious problems between Pat and myself and others, when Elsevier wanted to charge a[n] IASP member money to reproduce some of the material.

LIEBESKIND: Oh! I see.

JOHN BONICA: Now it comes back. I said, "If they charge, we quit." And so they backed off.

LIEBESKIND: You mean, if somebody wanted to reproduce, reprint something from there, they were going to charge them.

JOHN BONICA: Yeah. They wanted to charge, you know, a lot of magazines -- I get five requests a week to reproduce from the book on pain. And, you know, it cost me a lot of money; it cost me about \$30,000 for the illustrations. And, obviously, a lot of people would charge. But, you know, I don't charge. I think that, in the long run, it's good for pain, it's good for the book. And most of the people request for teaching purposes or -- So if it's in the -- For example, you see, the obstetric book by Shnider, about twenty percent of the illustrations come from my book. And, of course, it gives prestige to --

LIEBESKIND: Sure. It's an advertisement for your own book. Sure.

JOHN BONICA: So that was a certain thing. Then, you know, we went along and realized that they were making an awful lot of profit --

LIEBESKIND: Elsevier.

JOHN BONICA: Elsevier. And Louisa did a lot of investigating, and we put up the thing for bid, and that's when --

LIEBESKIND: This was much more recently now.

JOHN BONICA: Yeah. Well, it was about ten years ago that the bids started to come, and we got a good, we got the profits. But at the beginning, it wasn't so. So I think that the journal should be owned by the society. I said that at the very beginning.

LIEBESKIND: Well, Pat is also -- another strange thing seems to me is that Pat has been the editor this long. I think it's, you know, he's been a wonderful editor, but I think it's probably good to switch editors now and then and probably even healthy to include Ron Dubner as a co-editor. [Ronald Dubner, Chair of the Department of Oral and Craniofacial Biology at the University of Maryland School of Dentistry, served as editor of *Pain* and then as editor-in-chief until 2003.]

JOHN BONICA: Well, he is.

LIEBESKIND: He is a co-editor.

JOHN BONICA: He's not co-editor. He's editor.

LIEBESKIND: Well, there are two editors, yeah. That's right.

JOHN BONICA: What I'm saying is that he really does -- [is] the editor for the Americas, which is great. I was very much for that. I was -- tell you one of the -- Pat and I have always gotten along very well. And at a point where peers were castigating him for using the nerve lesion [in animals] --

LIEBESKIND: Yeah. [To study] the autonomic. Yeah.

JOHN BONICA: He was attacked, and at one point in the--I don't know if you were there, in the board or Council. People attacked him, and I got up and I said, "Look, that's when we need it." And I really defended him, and I said, "I know that you might say it's cruel to the animals, but the choice is, if you don't find the information that you need, it's going to be cruel to the patient. And who should you favor?"

LIEBESKIND: And, indeed, now, it seems to me there is some progress being made in this area. I mean, not just basic science, but it seems to be getting ready to go over into the clinical domain, with these different models of neuropathic pain that have taken off from what Pat started.

JOHN BONICA: No, I was convinced that this [was an important] line of research, and I kept encouraging him. I said, "This is what I mean." I've admired him greatly because, you know, there are very few people in basic sciences that are so interested in the clinical aspects of what they're doing. For a guy to spend ten days in a cancer hospital and seeing patients, or to go in to an emergency room and see what's going on, that's what we need. Because, you know, when Dick Chapman came [to Washington], he was just finished, got his Ph.D. [C. Richard Chapman, a psychologist, is currently Professor of Anesthesiology and Director of the Pain Research Center at the University of Utah.] Carl Eisendorfer, who was chairman of psychiatry and he recommended him to me, and he said he was interested in pain, and I asked him about pain. [Eisendorfer, a well-known gerontologist, was later chair of psychiatry at the University of Miami] And it was very obvious that he was slanted [toward basic research], and I said, "Dick, I want you to come to this conference where we have the patients." And after six months, he came and he says, "I've changed my view of this problem 360 degrees." And that's, I think -- I mean, that's the basic idea of the society.

LIEBESKIND: Exactly. Bring clinicians and basic scientists together. Sure. Absolutely.

JOHN BONICA: And, you know, as I say, what you just said, people now are doing, trying to emulate what happens to human beings and studying them in animals. And that's going to provide near the answer, not quite the answer. The personality, the mind, and so forth and so on, it's not the same; but it's much better getting a little rat to do certain things. Now, I think that the little rat is absolutely essential. It's the brick -- I keep talking about the brick for the building --and you need --

LIEBESKIND: The building blocks. Yeah.

JOHN BONICA: -- a lot of bricks. So I hope that we continue. And the fact that, you know, I told them, I wrote a note to Mike Long on that article.

LIEBESKIND: The *National Geographic*.

JOHN BONICA: He cited a number of cases of very dramatic, very appealing kind of cases. But I said, "After I read this article, you talk about people not getting adequate pain relief, but you don't give any optimism to the reader." And I listed a number of things that he should have mentioned, like the formation -- he doesn't mention the IASP. I said, you know, "Here's a formation that started with about three hundred people; now five hundred; the journal." There used to be just one journal; now there's about fifteen journals.

LIEBESKIND: All around the world.

JOHN BONICA: There used to be one book or two books. Now there's umpteen classic books. And that is, I think, a sign of at least some advancement. It doesn't mean that we're at a stage we can cure everybody, but I think you have to give -- in a story like that, it's very important to balance it with optimism.

LIEBESKIND: Sure. It's reality. I mean, there have been major advances made. That's got to be part of the story. How about your thoughts about the early organization of the IASP, and the first officers that were to be elected and so forth and so on? Tell me a little bit about your thinking about that.

JOHN BONICA: I had the advantage --

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE FOUR, SIDE TWO

JOHN LIEBESKIND: It's 5:15 on March 11. We're continuing.

JOHN BONICA: As I said, I had the advantage of having had an extensive experience from the very beginning of the World Federation of Societies of Anaesthesiologists, composed of 93 national societies. And we do in the organization what worked --

LIEBESKIND: But was that an organization, the World Federation, was that an organization that got started after all the regional, national societies? [WFSA was founded by 28 member societies in 1955.]

BONICA: Yes.

LIEBESKIND: But this was the other way around. This was top down instead of bottom up.

BONICA: Right. Right. Of course.

LIEBESKIND: But you did have that, too, to go on.

BONICA: But the general framework was that the World Federation has a European section and a North American section, Latin American section, and Asia or Australasia section. And they meet, the main group meets every four years and these groups meet every four years in between, see. And in fact, the emblem I took from the WFSA.

LIEBESKIND: The logo for the IASP.

BONICA: The logo for the IASP to show the world an appropriate -- we talked about that-- what kind of logo. It's very difficult to try to put into a logo all the things that we want to signify.

LIEBESKIND: Wasn't Procacci involved in trying to make a logo for the IASP?

BONICA: Yeah.

LIEBESKIND: I seem to remember at some of those early Council meetings that he was always coming in with some artistic design.

BONICA: Yeah. You know, he's an astute art historian.

LIEBESKIND: Yes. Well, his whole family, I know, Procacci --

BONICA: The advantage is he reads German very, very well. A lot of early history on pain is in German.

LIEBESKIND: So again, how about when you, thinking back to Issaquah, what were your ideas as to who would be the leaders of this organization and how was that going to -- How did you envision that would get started?

BONICA: Well, you know, I didn't have any specific ideas. I actually had the image the same as the other organization, which I knew very well; there's a president; instead of a council, it's a board. And it was very important to represent developing countries as well as developed countries. Not to stack it with just Americans.

LIEBESKIND: All American.

BONICA: It was very important.

LIEBESKIND: And to represent the different fields.

BONICA: Yeah. You're asking me things that I thought about just twenty years ago.

LIEBESKIND: Yeah! That's right. This is an anniversary coming up.

BONICA: So the organization was pretty developed along the same lines with the same ideas, with the hope that we would be able to nurture exchange of ideas among people. One of my disappointments, frankly, is that we don't give enough time to the plenary sessions. Originally I had thought that the whole first morning be plenary, at least half of the day, and then the other half of the day -- because neurophysiologists tend to meet with the neurophysiologists, and, you know, if you're going to do that at the IASP, you might as well stay in the Society of Neuroscience, for God's sakes. I fought like hell not to encroach on that.

LIEBESKIND: Well, as I think back to the Issaquah meeting, that was entirely plenary.

BONICA: Right.

LIEBESKIND: What was it, five days? Five days of meetings?

BONICA: Six days.

LIEBESKIND: Six days of meetings. Geez. And it was all plenary. Everybody sat there through the whole thing.

BONICA: That's right. And I think that --

LIEBESKIND: What do you remember of the different talks from that? Just to -- not, you know -- think back on Issaquah now, the twentieth anniversary, I mean. Whose talks stand out in your mind? Do you remember some of those?

BONICA: Well, I know Pat Wall talked. He gave the special talk. "Battle Against Pain," or something like that. No, I was very pleased with everybody, and I don't remember specific --

LIEBESKIND: Well, there are a couple of incidents that I remember; I wonder if you remember as well. There was a sad incident where a young, if I recall correctly, a young Italian doctor was visiting and he wasn't a speaker, but he was sitting in the back row, and right in the middle when Melzack was showing this --

BONICA: He fainted.

LIEBESKIND: He fainted! They had to take him to the hospital. Melzack was showing his trephination film that the Peace Corpsmen -- must have disturbed this fellow, and he fainted. They carted him off to the hospital.

BONICA: [he laughs] I've seen the thing happen elsewhere.

LIEBESKIND: With that same film?

BONICA: Yeah.

LIEBESKIND: Gee! [he laughs]

BONICA: It's a very dramatic film. No, I remember the fact that everybody was very happy with the setup, the fact that the way it was organized--

LIEBESKIND: Well, you had us in prison there. We couldn't get away except for Bill Mehler. He snuck away and went fishing one day, came back with a salmon, you remember that? [he laughs] [William R. Mehler (1926-1992) was Professor of Anatomy at the University of California San Francisco.]

BONICA: Yeah.

LIEBESKIND: But I think he was the only one who escaped from the nunnery.

BONICA: You could have escaped. But I thought that was one of the great things about that meeting, because if it was in Seattle --

LIEBESKIND: Oh, yeah. People would go off and -- that was a stroke of genius to put it out there. [he laughs]

BONICA: And not only because of that, but also the ambience, the food, the facilities to relax in the evening. I remember they had pool and basketball, games and so forth and so on.

LIEBESKIND: Now, were you telling me before on the earlier tape that Louisa had found that place?

BONICA: Yeah.

LIEBESKIND: And she found it at a great bargain, huh?

BONICA: Yeah.

LIEBESKIND: That could be afforded with the limited budget that you had.

BONICA: She did all the scouting. Oh, yeah.

LIEBESKIND: How far was that from Seattle? I don't remember now.

BONICA: It was about twenty miles.

LIEBESKIND: On the outskirts.

BONICA: And it's in the middle of a large -- you know, that convent owned hundreds of acres so that --

LIEBESKIND: Was it still owned by the convent at that time?

BONICA: Yes.

LIEBESKIND: It was. But they rented it out as a conference center.

BONICA: They rented it out and they were trying to sell it for \$5 million. I wish I had some partners; I would have grabbed it, because probably now it's worth about thirty. They just couldn't, they didn't have enough nuns, and they had to close it up. But, as you recall, the beautiful furniture had been donated by rich Catholics in the Seattle area. It was -- I thought it was unusual. I didn't think that we'd ever have another meeting place that would have the advantages and disadvantages [he laughs] of that one.

LIEBESKIND: [he laughs] I remember another incident there. I wondered if you know where Pat got up and made a fuss about some talks on acupuncture. He didn't like those talks.

BONICA: Yeah. He was brutal.

LIEBESKIND: Yeah. I thought so.

BONICA: I remember that very much, and I told him so. I said, "You know, I think that while I realize that it was appropriate from a scientific viewpoint," he could have done it in a more soft way. You know, I had just come back from China myself, if you recall. I went to China just before the meeting, just before the meeting [with a group of scientists to learn more about acupuncture]. So I thought it was very rough.

LIEBESKIND: Yeah, I knew some of those guys. There was David Bressler [a clinical faculty member at UCLA], and there was a fellow named [Samuel] Jacobs from Santa Barbara who gave one of those talks. I don't remember his first name.

BONICA: Is Bressler still down there?

LIEBESKIND: He's down there. He does clinical work. I see him once in a while. He works with patients, and, you know, he hasn't been part of academics at all. He's on the outside giving lectures and so forth, and holistic medicine approaches and this and that. That fellow Jacobs actually committed suicide a few years later. I don't think it had anything to do with this; I don't know anything about it. I did hear that, a few years after the Issaquah meeting, he actually bumped himself off.

BONICA: Oh, my.

LIEBESKIND: Yeah. He was one of those guys who did some of that acupuncture work at that time. He wasn't very good.

BONICA: I think that I can sum it [Issaquah] up: it was a very appropriate and auspicious beginning of the IASP, and I tell you, of all the things that I've done, [voice cracking] this is the proudest thing.

LIEBESKIND: I'm sure of it. Yeah. Well, I think it makes good sense that you would single that out, that anyone would, for a career achievement.

BONICA: I did, I turned the American Society around and made it a scientific society. Everybody knows that.

LIEBESKIND: The American Society of Anesthesiologists.

BONICA: I think that my impact on obstetric anesthesia has been overwhelming, and I'm very proud from the viewpoint of patient care. Other people now -- because more and more people are getting the kind of things I talked about twenty, thirty years ago, and they're getting [the] benefit, which is gratifying even to the individual anesthesiologist. You know, in the book [*The Management of Pain*] in the first edition, I speculate about regional anesthesia preventing morbidity, but didn't have any data except my clinical observation at Madigan. As I told you, when I did that study of brachial plexus block, one with general, one with regional -- it was very obvious that there was a big difference. But those, I think, regional anesthesia -- I think Dan Moore and I were the two torches in the '50s. Nobody did regional. And we were recognized but--there was a society founded back in '22 by Labat, who was the French surgeon who came here and introduced regional anesthesia --

LIEBESKIND: Who came --?

BONICA: Labat. Gaston Labat. [1876-1934].

LIEBESKIND: He came here and what?

BONICA: -- and introduced regional.

LIEBESKIND: -- introduced regional anesthesia.

BONICA: First he went to the Mayo Clinic, and he wrote his book there, beautiful book. [*Regional anesthesia: its technic and clinical application*. Philadelphia: WB Saunders, 1922] And then he went to NYU, and that's how he influenced the NYU people, including Rovenstine. And he had organized the American Society of Regional Anesthesia in 1922 [1923], and in 1937 it fused with the American Society of Anesthesiology. And in 1965, Alon Winnie [Professor of Anesthesiology at Northwestern University Medical School] and myself and a couple others revived that society. And I was very proud to have the first, with Dan Moore, my best friend, the first Labat Award.

And then I went to Italy the next, two years later -- and [received] the first Karl Koller Award. He's the guy that showed the, taught the anesthetic properties of cocaine [as a local anesthetic; Koller (1857-1944) used cocaine for eye surgery in 1884]. He's the ophthalmologist in Vienna. So those have been very important and, to me, very gratifying things. But by far, I would hope that, and I think it's up to the younger people, and sometimes I'm concerned about the emphasis on the national societies and de-emphasis on the IASP. I'm concerned about the fact that a lot of people in Germany belong to the German society. but don't belong to the IASP.

LIEBESKIND: Yeah.

BONICA: And I would hope that things -- we'll do the right things to continue this [international growth]. It should be a really, and maybe in the future even more important, like the United Nations is becoming more important [he laughs], in these little skirmishes in Bosnia and so forth. So --

LIEBESKIND: How about the officers now? We were starting to talk about that when we took our break. Tell me a little bit about that. Now, your thought was you didn't want to be the first president of the IASP. Why is that? Everyone expected that you would be the first president.

BONICA: No. I think that, God, you know, I didn't need another accolade. I had had by then a lot of accolades. And I didn't --

LIEBESKIND: You wanted what was best for the society, I'm sure.

BONICA: Yes. Yes. But I thought it would be best. I think that if I said, you know, if I had somebody, and I'm sure that if somebody had nominated me and they closed the thing and I'd be president, I would have -- I was prepared to refuse it.

LIEBESKIND: Is that right?

BONICA: Oh, yeah. Oh, no question about it. Because I think it would have been improper for me, because I think that, although it was my idea and so forth and so on, and whatever I did, I

think that I didn't want people to think that this was something that I did to aggrandize my name. And as I told you, the other very important reason I wanted was I thought to show -- because when you get basic scientists and high-powered clinicians, clinicians usually overpower you guys when you come to, say, a[n] interdisciplinary group. You know, you admire a big surgeon like [Michael] DeBakey. You are the equivalent of DeBakey in your field -- [b. 1908, an important American heart surgeon and innovator.]

LIEBESKIND: Yeah. [he laughs]

BONICA: But people don't know John Liebeskind like they know DeBakey.

LIEBESKIND: That's right.

BONICA: And that's, you know, you have to accept it.

LIEBESKIND: Sure.

BONICA: And I felt that it would have been bad to have a clinician right off the bat. I wanted to show that we wanted basic scientists. And, of course, we didn't want an American, because I think, you know, everybody says, "You guys take over." And although, because we put up the most money [he laughs], maybe we should take over; nevertheless, I think it's wrong. And I thought, you know, I had to talk to Madame [Albe-Fessard] quite a bit to convince her.

LIEBESKIND: To convince her? Really?

BONICA: Oh, yeah. She says, "You know, I have trouble speaking, and no, I'm busy," and so forth and so on. And I said, "But if you want to do good for the society, you've got to accept it."

LIEBESKIND: And she did.

BONICA: And I told her, I said, "Look." She says, "I don't have [administrative] help." And you know, all the work that we did would come under our [the IASP] name. There's no hint that Louisa or I -- and I think that that was the real proper thing to do.

LIEBESKIND: Meanwhile, you had nine full years of being an officer -- as president elect for three years, as president, and then as past president, to see that this transition would take place.

BONICA: Yeah. And then, you see, as I told you last night, once I think that I've done what I can do I don't want to hang on. I've seen disaster in anesthesia when old guys like [John] Lundy -- I mentioned it to you yesterday -- keep hanging on. [John Lundy (1894-1973) was head of the Department of Anesthesiology at the Mayo Clinic. He developed the concept of balanced anesthesia.] And you've got to have fresh people. You've got to encourage them --

LIEBESKIND: You've got to encourage the young to come in. It seems to me that's what you did very magnificently with respect to the IASP. There's probably an awfully lot of people--

certainly I, and many others, who I'm sure can trace the beginnings of their own careers to, you know --

BONICA: I wanted to do as much as I could. Once I got there [through his three terms], I said to Louisa, "Now, you want to ask me, you have any important questions, I'd be delighted." Last year or two years ago -- it's not the whiskey -- Ulf --

LIEBESKIND: [he laughs] Lindblom [Professor of Neurophysiology at the Karolinska Institute in Stockholm, sixth President of IASP (1990-1993)].

BONICA: Lindblom wrote me a nice letter. He said, "We'd like to have your input." And I told him, I told him just what I said, you know. I did what I could, and I think that I'll be glad to. "If you have a very important issue and you want to get my opinion, I'd be delighted to drop things and give it to you, but I don't want to be heavily involved in that." Because, you see, I'm going to deprive somebody else from participating --

LIEBESKIND: Some young person, maybe.

BONICA: And now I get a heart attack and die, so what happens? There's a void. So I think that's very important in developing it.

LIEBESKIND: Were there other people at that time other than Mme. [Albe-] Fessard as the first president? Were there other people, vice presidents -- I know we had a whole series of vice presidents then, or other officers -- that you tried to, you know, you tried to advance for their positions? I mean, was Louisa the first treasurer or secretary or something? [Louisa Jones served as Treasurer of IASP 1973-1983 and was appointed Executive Director in 1984.]

BONICA: No, Louisa was the logical person because she -- first of all, we were broke at the beginning, so I was paying her salary, and, in fact, I paid her salary for the first ten years [he laughs], I think, of the organization. I paid part of the salary, anyway. And I knew that she was talented enough and I knew I was nurturing her. And although I hated to hear it [that she would be working full-time for IASP], to be deprived of her help. Nevertheless, for her sake, I wanted her to go ahead and do it, and I told her so. And I think that very few people could have done the job that she's done.

LIEBESKIND: Yeah. And she's been so devoted.

BONICA: Devoted. And she's got pride. I wish she could lose some weight! [he laughs] But going back, one of the things I have to tell you about, and maybe I shouldn't record it, was the fact that -- we were talking about editors. When we, in Issaquah, I think I talked to people; I said, I asked Pat, "Would you be the editor [of *Pain*]?" you know, [recruiting him]. He says, "Yes." And then he said, "I'd like you to be editor of the reviews." So I said sure. I write a lot of books, so -- Now, I did the damndest things that I could to get people to write reviews, and one of the best reviews was written by your student --

LIEBESKIND: Dave Mayer.

BONICA: -- Dave Mayer.

LIEBESKIND: Mayer and [Donald D.] Price. [David Mayer, following his postdoctoral fellowship with John Liebeskind, became Professor of Anesthesiology at the Medical College of Virginia, from which he recently retired. Donald Price, who worked for a number of years with Mayer at MCV, is Professor of Oral and Maxillofacial Surgery in the Department of Neuroscience at the University of Florida School of Medicine in Gainesville.]

BONICA: That was a classical thing. And that's what I wanted to --

LIEBESKIND: I have to tell a little history myself. May I interject some? I'm supposed to be the interviewer. But if you recall, you asked me to do that chapter, and the one time in my life -- it was maybe the single time I can think of in my life when I really let myself down and I didn't meet the deadline, and I got behind. I was so anxious, and I called you up and you were very disappointed. And I said, "Look --"

BONICA: I don't remember that.

LIEBESKIND: I remember this distinctly, because I never felt worse in my life. I felt the whole weight of the world on my shoulders. And I said, "Look, let me at least try to get somebody else to do it." And I called Dave Mayer, who was my student, and he and Don Price did it, and that's where that article came from. [he laughs]

BONICA: I had forgotten.

LIEBESKIND: Sure. You wouldn't remember that, but I remember that.

BONICA: But I did the best I could with the reviews. It was one of the hardest jobs I had.

LIEBESKIND: Like pulling teeth.

BONICA: And one of the most distressing. I've had two distressing experiences with Pat. One was the fact that he asked [Harold] Merskey [Professor Emeritus of Psychiatry at the University of Western Ontario and the leader of the original IASP Task Force on Taxonomy], before talking to me, to take over. I was ready to give up the reviews, because I said, "I'm busy, and I think somebody else should have it." He didn't give me the courtesy of saying, you know, "John, I'm going to ask, since you are busy--" He didn't and I didn't say a word.

LIEBESKIND: That's not correct.

BONICA: Well, I learned [about it] from Merskey. The other thing was that he immediately called me and said, "I'd like you to be in place as chairman of the advisory committee." I said, "Great!" And he says, "Suggest some names --"

LIEBESKIND: For the journal? Advisory committee to the journal.

BONICA: Yeah. I said great. And he said, "Suggest some members of the committee." I said, "Noordenbos," you know, all the people who could make good broad judgments without a lot of work.

LIEBESKIND: These are like the associate editors or something, is that right?

BONICA: No, as part of the advisory committee -- that if there was a major problem coming up, issues, you know, "Should we do this or do this?" -- that this group would be consulted and would give advice. And I thought senior people would do it. Well, first of all, he never -- I kept writing to him--I said, "Please tell me what our responsibilities are." No answer. "Please tell me. I gave you names; who's going to be [the] members of the committee?"

LIEBESKIND: Yeah. This was at the very outset, the beginning of the journal that --

BONICA: No, no, no, no. No, no.

LIEBESKIND: This was years later.

BONICA: This was ten years later. This was only about eight years ago.

LIEBESKIND: Oh, I see.

BONICA: And the next thing I see that the masthead had everybody's name, and he had me as chairman of the advisory committee, once, and then, subsequently, there was no mention. So I wrote to him, and I said, "Tell me what you want to do with the advisory committee. I mean, I noticed that we were, my name was on the masthead, and now I'm not. I don't know if it's continued, or what." No response.

LIEBESKIND: Peculiar.

BONICA: Well, I wrote him a letter, and I really hit him between the eyes and the upper gastro and his testicles.

LIEBESKIND: [he laughs]

BONICA: I'm not kidding. I said, "You know, I've been a good friend, I've defended you, and this and that. I nominated you." I said, "I didn't deserve this kind of treatment, and I have to learn from secondhand --" Well, he wrote a very terse response, "Dear John," he says, "I'm sorry. I know and you know that you're the founder and the beginning of" -- you know. I don't know what he used -- "Sincerely, Pat."

And that was, those were two unpleasant things. Because I'm very fond of him. I admire him as a guy, as one of the people in the field, that really can make a major impact on bridging the science with the clinical and encouraging other people to do it. Well, you know, now we're -- I have forgotten that, of course, and we're on good terms. But that really bothered me.

LIEBESKIND: Well, I don't think politics has ever been Pat's [he laughs] strong suit.

BONICA: Well, that's not politics; that's courtesy. Basic human courtesy. I think that sooner or later we should -- of course, I think he probably needs that job more than any of the others, because I don't know if he's still doing research.

LIEBESKIND: I think he is.

BONICA: Yeah?

LIEBESKIND: Well, I don't know. You mean the job of editor?

BONICA: No, no, no, no. Yeah. What I'm saying is that all this time that he's been very busy with the lab and he's doing -- I guess he's got a good gal to do the job. And there's one question about it in my mind, that I don't think that he really -- he reads the articles, the original articles, and decides on merit, but he doesn't do very much editing or suggestions, and I notice from the book. You know, I've written -- he asked me to be a member of his clinical advisory committee for the book --

LIEBESKIND: For his book. The textbook. [Wall PD and Melzack R, *Textbook of Pain*. New York: Churchill Livingstone, 1984 (first edition)].

BONICA: --my name is on the book, I've sent manuscripts, not a word has been changed. And that means that he doesn't see it or he doesn't read it. And that's not the kind of book you should have.

LIEBESKIND: Right.

BONICA: You know, the big book [*The Management of Pain*]. Every word that's in that book, I went over. And I changed and did this. And I think that that's the job of an editor. And I don't know, you know, I haven't had that much experience about articles in *Pain*, whether, in fact, he does the real editorial thing. I have a lot of experience with the editors of *Anesthesiology*, and, boy, those guys would come back with notes on the side and --

LIEBESKIND: That's not common in neuroscience. Most editors don't do that.

BONICA: No?

LIEBESKIND: They don't act really as editors; they act as reviewers. It's accepted; it's not accepted. They make decisions, but they don't do real editing work. I'm sure there are exceptions, but most of the journals I deal with, you don't get that. Of course, *Science* you do [get it], the journal *Science*. But that's about the only one that I've ever published in that -- In the old days, the *EEG Journal*, they had an editor way back; that's when I was still a student. And boy, we sent in a manuscript there, we got back more comments than we'd sent -- we had more text than [what] we had sent originally. But that's very unusual.

[interruption while they close the door]

BONICA: So, well, I've gone back to that issue. He's been editing twenty years; that's a long time. You see, I've stayed away from influencing IASP. Because, as I told you, that's my philosophy. Once I decide that I've done as much as I can, in the jobs given to me, then I quit. And I only help -- and I make it clear to everybody -- that if you want my opinion, my advice, I'll be glad to take time out to really give it to you. But otherwise, I'm not going to come to you and say --

LIEBESKIND: Were you consulted when -- I remember some years ago there was going to be a world congress, an IASP world congress in Japan [in 1987]. And then there was some thought the Japanese were at odds with each other there; they were having some -- were you consulted on that? What was that all about? I never heard that story.

BONICA: What it was about is that -- yeah, I was. Did you go to the meeting?

LIEBESKIND: No; which one?

BONICA: In Kyoto.

LIEBESKIND: Yes.

BONICA: The Council [meeting].

LIEBESKIND: That's right. Sure. I think Melzack was the president at that point, wasn't he?

BONICA: I think that what happened was that --

LIEBESKIND: [Toshikatsu] Yokota [Professor of Physiology at the Medical College of Shiga].

BONICA: Yokota took it upon himself to invite [IASP] and make it appear that he had the whole society or the national chapter behind him, and in fact it was found out that they were very much against him. And if he had a meeting there, there would have been a split.

LIEBESKIND: Oh, gosh.

BONICA: And that would have been disastrous. So I wasn't in on the decision-making.

LIEBESKIND: I think Ron Melzack was. I think he was the president at that time. And that's when the meeting was held in Seattle [actually in Hamburg, Germany]; it was a fallback position or something. Yeah. Tell me about the APS then. So you missed that first meeting because you were in the hospital, but --

BONICA: I, through all kinds of things, I responded. I worked very actively in the formation of APS. But I had been president of the IASP. I mean -- you want to be president of this and this?

I said, "Look. I'll be glad to stay on the board." The board for a while, they made it an honorary board, and that was enough. But I think that it's very bad for a guy like me, in my position at that time -- I could have said, "Look, I want to be president of this society. I helped to start it." But that wouldn't be proper.

LIEBESKIND: It seems to me that one of the key issues in the early days of the American Pain Society was its relationship to the IASP. I think there was some tensions there that I recall from those early days as to --

BONICA: There was no tension at the very beginning, because it was Wolff, Sweet, myself, and a couple others, and we had a good relationship. I remember in [at the Third IASP World Congress in] Edinburgh [in 1981], we had a meeting of the APS and we were talking about -- there was an issue there. It was an important issue.

LIEBESKIND: Did it have to do with holding an APS meeting in the year of the congress or something like that?

BONICA: That was one of them.

LIEBESKIND: And there was an issue of a journal -- was it an issue of the journal --

BONICA: No, no, no.

LIEBESKIND: *The American Pain Society Journal* or anything?

BONICA: No. It'll come to me. But it had to do with board certification [for pain specialists].

LIEBESKIND: Oh, yeah, board certification.

BONICA: There was a --

LIEBESKIND: Gerry Aronoff [Gerald Aronoff, MD, is medical director of Carolina Pain Associates at Presbyterian Orthopaedic Hospital of Charlotte, North Carolina] and Ben Crue and that -- and all those guys were wanting the APS to get involved in that.

BONICA: The board. I had nothing to do with the development of the American Academy [of Pain Medicine, a board certification body for medical pain specialists founded in 1983], because I was against that. I felt that because, you know, it's opposite to my basic --

LIEBESKIND: The pain medicine group. Yeah. You're talking about the American Academy of Pain Medicine. Doctors only. Right.

BONICA: Yeah. If you split [off] doctors versus all the other people that are involved -- you're going against the basic principles of having this kind of a thing. And at that time I so stated. I remember we had a discussion about a couple issues. But I continued -- you know, at that time I was still fairly active in the IASP, and so I, for no reason: number one, because I was busy;

number two, I didn't think it was proper for me to be a big-shot in the American Pain Society; number three, I thought that there were other people that would never get IASP recognition, that could get recognition from APS, which would be an important issue. And for these reasons I said, you know, I stayed back. I went to meetings, I contributed, but I never, I didn't feel that I needed to be in the board, I needed to be this and that.

LIEBESKIND: Well, you know, there was a vote taken in Seattle at the meeting of the Western Pain Society that John Loeser hosted [in 1977]. I think it was the third meeting of the Western Pain Society. I hosted the first one [in 1975] and then Ben Crue hosted the second one, and then there was the one in Seattle -- we had a boat ride and everything. And it was at that meeting that the Western Pain Society voted to join with the Eastern to form the American Pain Society. And that was where things really started for the American Pain Society. I think that was --

BONICA: But the American Pain Society was started long before that. Oh, come on --

LIEBESKIND: Well then, I don't remember it. Yeah, let's see--

BONICA: Oh, yeah, you're talking about '84 in Seattle.

LIEBESKIND: No, no, no. No, I'm talking about -- no, no, a meeting of the Western Pain Society, our little chapter.

BONICA: When?

LIEBESKIND: Well, the first, that would have been in --

BONICA: You said at the time of the Seattle meeting?

LIEBESKIND: No, no. This was a meeting of the Western Pain Society.

BONICA: Oh!

LIEBESKIND: Not of the IASP.

BONICA: Oh, oh, oh! I wasn't there.

LIEBESKIND: Oh, sure you were.

BONICA: Was I?

LIEBESKIND: John Loeser ran the meeting. It's the Western Regional Society. Well, anyway, there was a vote taken at that time.

BONICA: You know, I encouraged regional groups, but the crucial point has to be that you have to collaborate and be close and interact with all the other groups to form a strong national society and have similar guidelines, similar objectives, except it's easier, for example, to have,

set up an educational refresher course or meeting on the West Coast by people in the Western Pain Society, than to have somebody from New York come here. So I think that I was very much, and every time somebody said -- I remember that at one point the Massachusetts people said, "We're going to start a Northeast Society." They were originally part of the Eastern Pain Association. I said, "Great! But I hope that you do it, become one of the --"

LIEBESKIND: It'll all be part of the APS.

BONICA: Right.

LIEBESKIND: Which does exist. They're one of the regional sections of the APS. The New England Group.

BONICA: Right. And the thing that I don't see, and maybe it's because I'm not near it -- I wonder how much communication and coordination there is among the various groups, regional groups --

LIEBESKIND: Of the APS. Yeah.

BONICA: See, the American Pain Society should take the leadership to have a committee made up of the presidents or the secretaries or whatever you want of each of these --

LIEBESKIND: Each of the regional -- yeah.

BONICA: -- and the American Pain Society to discuss the issues -- "What are we going to do?" -- but should be, you know -- It would be wonderful, for example, to have a coordinated program, scientific program, take one major topic by the western group that might attract even people from the east and different things, so it would be more coordinated rather than haphazard. I think that's -- I don't know; I haven't seen that. And I haven't been able to, you know -- the last two years I've been almost disabled and I haven't been able to do anything, but even before that, you know, with the book and all these other things, I haven't gone to many of these Western Pain Society --

LIEBESKIND: Well, you can't go to everything. John, we're coming to the end of this tape. Maybe let's stop for now and if you want, we can put another tape on, or we can just call it a day now.

BONICA: It's up to you.

LIEBESKIND: Well, it's 6:00, and I think we'll end this tape, and we'll see what we decide.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE FIVE, SIDE ONE

JOHN LIEBESKIND: All right. We should be recording now, and it's March 12th. It's 2:30 p.m. and we're resuming the interview with Dr. Bonica. John, talk to me a bit about research and some of the important things that you've done and your philosophy about that, and about teaching, also.

JOHN BONICA: One of the primary reasons I gave up a very lucrative practice in Tacoma and went to Seattle, [was] because I thought that would give me an environment to really encourage research in anesthesiology in general, but particularly in pain and in obstetrics and regional anesthesia, which are the three which have been my three major interests. I've always admired basic research by scientists like yourself, which, as I've mentioned over and over again, are the building blocks that are essential for the base of our knowledge. But I think, eventually, you have to go and do some of this research on human beings.

LIEBESKIND: Absolutely.

EMMA BONICA: John? Where are you?

[pause]

LIEBESKIND: Okay. We're back. It's 3:00. We've just had a little lunch, and you were just starting to talk a little bit about research and your ideas in that area and your thoughts about that and about education in the area of pain.

JOHN BONICA: Yeah. I think that it's important for me to first give you my concept of an academic clinical department in a major university. It's my firm belief that you have to have a spectrum of people who, on one end, are very strong clinicians and outstanding teachers. They may do research and they may collaborate on research, but not really come up with new ideas. At the other end, you need basic scientists, Ph.D., M.D., who are doing pure research. And in between, the eighty percent is a spectrum of people who can devote from, say, forty to fifty to sixty to seventy percent of their time to the three activities that are so essential for success in an academic department -- that is, patient care, teaching, and research. I think that it's important to have a strong clinical department, in my view, as a base [that] has to have first-class patient care because --

LIEBESKIND: That pays the bills.

BONICA: After all, I said, what is the National Institutes of Health and what is the objective of research? There's no question about that we need to devote a certain amount of our resources to research that acquires knowledge, that has no relationship to the welfare of people.

LIEBESKIND: No *immediate* relationship.

BONICA: No immediate. But in the biomedical field, I think that the ultimate goal is to provide new information that helps people from their pain and suffering. And, consequently, you have to have this kind of a mix and you have to have a leader who can bring together these kinds of things. And this is what I did at Washington. When I was offered a department, I told George Aagaard that my --

LIEBESKIND: He was the dean?

BONICA: The dean. [George Aagaard (1913-1997) was the second dean of the Washington Medical School, 1954-64.] I told him that I will build my department. It's no question about it in my mind, that the first year was devoted solely to myself and the few people I had with me to improve patient care and to improve the teaching. And we were able to do that. And then I started to add the research aspects to it. And it was my firm conviction, after studying other departments -- and I should mention that in my process of thinking about taking the job, I went to visit [Robert D.] Dripps at Penn and Papper and Cullen and other people. [Dripps (1911-1973) was chair of anesthesiology at the University of Pennsylvania 1943-1972.] And then I also visited other departments, like Oregon, that really were clinical departments with virtually no research.

And I told the dean that I would need two faculty for each clinical position. In other words, if we needed on any particular day twenty people to cover the clinical area, we have to have forty people. Some of these other additional people are Ph.D.'s; they're part of the research. So that was my philosophy and it never waived. Surgeons, of course, once the university hospital got started, they got more and more and they pressed for more operating rooms and I said, "I need another faculty, two other faculty." And so this, with this philosophy that I told you about --

LIEBESKIND: You were able to persuade people to support this. The dean supported this.

BONICA: One of the things that really alarmed me when I went to Washington in 1960 -- I remember, the school was started in 1946. By 1960, the school had become one of the top fifteen, twenty academic programs in medicine. And I was absolutely flabbergasted that the department of medicine had the largest number of faculty and they only spent one month a year taking care of patients. And even that month, it was a bother for them, you know. And the same thing with the surgeons.

And I remember I chewed out a surgeon; I said, "Look, I want you to teach your interns. But I don't want you, when you finish your abdominal operation, to leave an intern who has never, who has never seen how to close an abdomen, for you to rely on him to close the abdomen that would take him an hour and a half, when it should have been done in fifteen minutes." I was pretty rough with him. Harkins had already had told them, had prepared them, so I had a good entrée into this. And, you know the department now has, oh, almost a hundred full-time faculty. And --

LIEBESKIND: In anesthesiology?

BONICA: No.

LIEBESKIND: For surgery.

BONICA: No, no, no.

LIEBESKIND: I'm sorry.

BONICA: One hundred in the anesthesiology department, not anesthesiologists. There are at least fifteen Ph.D.'s: [Margaret] Byers, [Richard] Chapman, [W. K. "Willie"] Dong, and so forth because it's a balanced program. [Byers and Dong are neurobiologists. Byers is Research Professor of Anesthesiology and Biological Structure at Washington; Dong is currently Research Assistant Professor at the Beckman Institute at the University of Illinois.] And that could be detected when we competed for the anesthesia research center grant; this became evident and their report said, "This is a well-balanced program," because they've got on one end these basic scientists and so forth. So I felt that my job as chairman would be, first, to initially develop the department in such a fashion to recruit people. As I told you, in the second year, I recruited Finley, who was a pulmonary physiologist, and Tom came, who was in the midst of great things-

LIEBESKIND: Tom Hornbein. [Thomas F. Hornbein (b. 1930), a well-known researcher on brain function, is a Professor of both Anesthesiology and of Physiology and Biophysics at Washington and succeeded Bonica as Chair of the Department (1978-93.)

BONICA: -- and inspirational. And I think Tom already had a worldwide reputation in basic research, and [was] young; and so many other people. And in '71 we got Chapman as a person who would be able to do pain research. Now, I felt that, as a leader, I should be in the operating room and be an example to my other faculty, how to teach residents. One to one. None of that business walking out. If you start the case with a new resident, you stay there until the case is finished. You should look them over, use your judgment as to when to interfere, when to suggest, when to do this. And teaching -- the only, I think, department in the whole United States that had developed a program calling the triple T's -- teaching teachers how to teach. And I got Dick Ward to take two years on an NIH fellowship at Seattle University, to get a master's in teaching. [Richard J. Ward, now retired, was Professor of Anesthesiology at Washington.]

LIEBESKIND: Is that right? A master's in teaching?

BONICA: Teaching. And to tell the rest of the faculty -- you know, every week he would report and say, "These are the basic principles of teaching," and he would point out the errors and so forth and so on. So, as a teacher, as I said, both in the classroom -- and I felt I needed to, again, provide the leadership to show that this is not for the junior guy to do, but for the chairman and for the senior faculty. Unfortunately, now, Tom [Hornbein] has gone the other way and he is selecting brand-new people who come from England to teach, let's say, on resuscitation or the pharmacology of local anesthetics and so forth.

I think a good program is senior faculty, have the junior faculty attend the lecture, so they could learn how to do it. And so that was that area. And then I said -- I felt that we needed people who would build the blocks. But I also felt that a lot of the things that we were, I was thinking about in obstetrics, in regional anesthesia, in pain, I had to become involved. And, you know, I had looked at -- by then, as a sort of researching for the book -- I had admired [Charles Scott] Sherrington and all of his work in the 1890s. [Sherrington (1857-1952) won the 1932 Nobel Prize for his research on neuronal function; he wrote the classic work, *The Integrative Action of the Nervous System* (1906).] And then Henry Head, doing what I believed should have been done -- clinical observation, very astute clinical observation, and out of the clinical observation he came to certain concepts, the nerve supply to the stomach and so forth and so on.

And so when we -- The anesthesia research center had eight sections -- respiration, circulation, metabolism, bioengineering. I got a Ph.D. bioengineer out of, fresh out of his school in Brooklyn. I brought him out there and he's gone up there now. He's now left us and is one of the heads of bioengineering. [Ed: This is probably Roy W. Martin, now Research Emeritus Professor of Bioengineering and Anesthesiology at Washington.] And the three sections -- I was head of the section on regional anesthesia and obstetric anesthesia and on pain. And so I got this very large -- it was a grant that was actually a contract, ten-year contract, from a research and development command of the U.S. Army. As a result of my work in that again, earlier work, publication, they were interested in trying to see if you did regional anesthesia in a severely wounded person, was it better or was it worse?

LIEBESKIND: From the standpoint of recovery and --?

BONICA: So I developed a long-term study, and somebody gave me the idea of approaching the sheriff to go to King County jail. And we went there, we discussed the issues, and they [the prisoners] agreed to have these studies. I said they would be paid fifty dollars per study and we would like to have them repeat the study. You know, I would select not somebody who was going to be out, but somebody who was going to be there for a while so that the same individual, by participating [in] six or seven or eight of the studies, so he was his own control.

And what I thought that we needed to do was to see what different levels of sympathetic block threatened the organism. And so these are healthy, young, eighteen-to-thirty-five [-year old] volunteers, who had catheters all over the place. I mean, it was the most comprehensive evaluation in measuring chronic output, stroke, BP, and ventilation, blood gases, and so forth and so on. And we started simple [blocks] --spinal, epidural, and so forth. And contrary to what everybody believes, [which] is that the higher the block, the more the drop in blood pressure because you're increasing the number of aortal segments; but, to, frankly, to my surprise and [interest], I found out that as long as you stay up to T-2, the guy was able to mobilize his own homeostatic intrinsic and extrinsic controls, and nothing happened to his blood pressure! And we did forty-three studies with over eight hundred volunteers. And then we started with good risk patients, and then we wanted to go to patients with poor risk.

LIEBESKIND: Patients who were poor risk?

BONICA: Poor risk. Based on the evidence --

LIEBESKIND: Based on the healthy set of volunteers.

BONICA: And I was -- all those studies were -- I wrote the protocol, I supervised them, but I wanted to give my junior faculty the opportunity. So I would be there, they would start, we had excellent technicians, catheters all over the place, controls, had the rest period, and it really was amazing to see a young guy, who had hardly almost not moved his arms, who was high block, and his blood pressure was perfect! Sometimes anyway, then we -- short, I'm cutting this short - - but there were three papers that I personally did and that was, first, the level of blockade, secondly, the effects of epinephrine, how it interacted, because epinephrine has a beta and allergic reaction on the heart, and this may help and in fact [may] make things worse. And then I went to the file where we read all kinds of studies, that the Boston group [Henry Beecher's?] had done with bleeding patients, volunteers.

So I would do, these were sixteen-hour studies starting at 6:30 and 8:00--9:00. We would do a T-5 epidural, first control, then take the measurements, another rest period, inject the drug, and then as soon as you inject, you take every five minutes, you take measurements and of course continuous arterial pressure and so forth. After that was done and we waited another two hours for the block to wear off, and then we would repeat the whole thing, new set of measurements, and then we gave them the rest period; and then we took thirteen percent, ten milliliters per kilo body weight, which, according to the chart, was thirteen percent of the volume and considered by the people in the shock field, as moderate, mild to moderate hemorrhage. And we did it with spinal and of course you saw a marked difference. This guy who had gone through with a T-5 block without any incident, boom! And then I did one with the spinal, one with epidural epinephrine, and the epinephrine helped in this case.

LIEBESKIND: But without the epinephrine, the blood pressure went to the floor.

BONICA: The next group, now, this is the same guys three weeks later. We're doing the study and taking the blood, measured the parameters at ten and twenty minutes after the bleeding. Then we'll re-inject exactly the same dose, get the same response, you see that --

LIEBESKIND: Radical studies. Probably couldn't do those today, huh?

BONICA: We had five out of seven had a systolic drop in twelve seconds. And I tell you, they were protected, by the way. Three anesthesiologists taking care of the patients, the subject. And there was no way [the subjects were at risk], and we had -- I said, you know, "You watch this and you watch this," and it was very obvious. We dropped after the seventh study; we had done fifteen of the others. After the seventh study we quit, because it was dangerous. And it showed that here is a human being, healthy, unmedicated, seems to get along very well, but you stress him with just a small hemorrhage, and you make him a very great AS-3 or -4 risk. And so it was an exciting --

LIEBESKIND: What's that stand for, AS-3?

BONICA: ASA has a grade, one is the status --

LIEBESKIND: American Society of Anesthesiology. [The ASA Physical Status Classification of patient risk was initially developed in 1941.]

BONICA: This is a long, long time [in use]. Anyway, these were some of the various regional anesthesia [studies]. [See: Bonica JJ, Berges PU, and Morikawa K. Circulatory effects of peridural block. I. Effects of level of analgesia and dose of lidocaine. *Anesthesiology* 33 (Dec 1970): 619-626; Bonica JJ, Akamatsu TJ, Berges PU, Morikawa K, and Kennedy WF Jr. Circulatory effects of peridural block. I. Effects of epinephrine. *Anesthesiology* 34 (June 1971): 514-522; Bonica JJ, Kennedy WF, Akamatsu TJ, and Gerbershagen HU. Circulatory effects of peridural block. I. Effects of acute blood loss. *Anesthesiology* 36 (March 1972): 219-227.]

Then, of course, I told you about doing regional anesthesia and determining the endocrine response. And of the forty-three studies that we did in this group that were completed with all the data, I'm the first author in about five or six. Because I wanted -- this was a chance for me, number one, to teach my junior faculty how to do some of these studies, number two, my name was last, and that was the thing that really impressed the faculty. I don't know if I mentioned that. I did mention it earlier; I was going to mention it.

LIEBESKIND: I'm last on all my publications. Yeah. Build up the careers of the young people.

BONICA: Yeah. Right. Young people. In obstetrics, of course, all of these studies they did on pain pathways required a tremendous amount of time on my part, and then, of course, with Dick coming in --

LIEBESKIND: Chapman.

BONICA: I gave him the pain program to take care of. I was now, you know, being involved in the IASP, and so I had to kind of give some of this material to other people. And, you know, a number of my faculty and our chairman got their start this way because I felt that -- I remember one guy, well-known anesthesiologist in New York City, he had a law, a rule, that any publication that came out of his department is going to have his name on it, even though he had nothing to do with it. And I said, "We have a rule" -- Tom Hornbein was very tough on my criteria -- "you get your chance. And if you have anything to do, you [your name] can be last. But if you have nothing to do --" you know.

So you know, with the double catheter technique, I showed the response. I helped -- my grants helped [Kent] Ueland, who was an obstetrician; and on the basis of those researches, he was made chairman at Stanford, on the basis of the research that he did at Washington, in which, for the first time, he did these kind of comprehensive measurements in parturients undergoing Caesarian section as well as vaginal delivery. [Ueland (1931-2001) became chairman at Stanford in 1977. See: Ueland K Akamatsu TJ, et al. Maternal cardiovascular dynamics. VI. Cesarean section under epidural anesthesia without epinephrine. *American Journal of Obstetrics and Gynecology* 114 (Nov 1972): 775-780.]

And in regional anesthesia we looked at -- I attracted two [of the] best pharmacokineticists in local anesthetics, [Geoffrey T.] Tucker [now Professor of Pharmacokinetics and Pharmacogenetics at the University of Sheffield in the UK] and [Laurence E.] Mather. Mather is [Professor of Anaesthesia and Pain Management] with [Michael] Cousins [Head of Anaesthesia and Pain Management at the Royal North Shore Hospital in Sydney, New South Wales; Past President of IASP (1987-1990)]. I brought him from Australia just when he got his Ph.D., brought him up there to do it. And then Tucker --

LIEBESKIND: M-A-T-H-E-R.

BONICA: Yeah. Laurence Mather. He's now a full professor. And Tucker, who came from England, first came to the [Virginia] Mason Clinic. They had a grant and then that expired, so we took him over. They did the most important and most comprehensive studies on pharmacokinetics of local anesthetic. They're the world's authorities on it. [See: Tucker GT and Mather LE. Clinical pharmacokinetics of local anaesthetics. *Clinical Pharmacokinetics* 4 (Jul-Aug 1979): 241-278.]

I felt that this was a way of nurturing people and making it a great department. And at the same time, I said, you know, if I had heard that somebody had a problem in the operating room, because he was talking on the telephone, I brought him in and chewed him out. So the department, without sounding boastful, when I left it, you know -- I had started with a thousand square feet of space, quarter of a million dollars' budget, six faculty, five residents, and one secretary. When I gave it to Tom, the budget was \$4 million, eighteen thousand square feet of space, fifty faculty, sixty-five technicians --

LIEBESKIND: Some transformation! [he laughs]

BONICA: Let me tell you how I dealt with not only -- See, I had to deal not only with the dean, who was a good friend and supporter, I had to deal with the administrator of the hospital. And I had Harborview, which was the county, and the VA hospital. And when I went there, they were getting full coverage and Harborview was paying the department thirty thousand a year and VA was paying eight thousand for a full-time assistant professor. And I had to pay him twenty-two thousand dollars.

So after about six months -- this is going back now at the start, to give you an idea of my *modus operandi* -- I would go to [K. K.] Sherwood [the Harborview hospital administrator] and say, "Dr. Sherwood, you know, we have five operating rooms upstairs, we need at least three anesthesiologists to have the minimum of coverage," because I was insistent on that one point. And I said, "It costs me right now about fifty thousand dollars. And I can't continue doing this." He said -- he was rough; he tried to scare everybody. He looked at me and he said, "We're not going to give you fifty thousand dollars."

I had already talked to Aagaard. I said, "George, I'm going here and this is what I'm going to do." He says, "That's pretty rough." I said, "George, if you want me to build this department the way I think it should be built, you've got to give me license to do this. Otherwise, I'm going to go back to Tacoma." And I wasn't kidding! Because I wasn't going to be just like Morris

before me -- the guy was beating his head against the wall and nothing happened. So I told Sherwood, I said, "Dr. Sherwood, today's Tuesday. By Wednesday I expect you to give me your answer. If the answer is no, Monday you will get no anesthesia." He said, "You can't do that!" I said, "You're goddamned right -- I can't do it!"

LIEBESKIND: [he laughs]

BONICA: No, just like that. And I did exactly the same thing with Dr. [Donald E.] Nolan at the VA. I said, "You're paying eight thousand dollars to somebody." And he was paying a nurse anesthetist fourteen thousand; can you imagine that? And he said, "We don't have any money." I said, "Sorry. I don't have any money, either. The school can't give me any money and this is my choice. I mean, the choice is to give you first-class service or not to give you first-class service. And in order for me to give it to you, you've got to pay your way." And so this was within the first six months I got there. So, you know, people got the word.

LIEBESKIND: They wouldn't mess with you after that. [he laughs]

BONICA: And now, yeah, Tom is getting from the VA an incredible amount of money, as a result. So those are some of the things that, as far as my academic career. I always kept at least one day a week in the operating room; I love to give obstetric anesthesia. I could do obstetric anesthesia every day. And why? Because the patient is hurting, oh, you know, screaming. And I go there and I talk to them, pat them on the hand, and I say, you know. Once I put a thirty-gauge needle in the skin, from then on they don't feel anything. That's most anesthesia, right? She [Emma] had blood drawn at Mason Clinic. They took a twenty-two-gauge needle, zoom, zoom, zoom, zoom. For three days she had pain.

I learned a long time ago that you need a thirty-gauge needle to make the wheal. Then, I take a twenty-two gauge needle for the spinal, very sharp. I have a very dilute solution of, say, tenth of a percent lidocaine instead of one percent. And I flood the area, that I go in and out. Then, when I put in the eighteen-gauge needle, they don't feel anything. I get it in and I love to see their face when --

LIEBESKIND: When the pain goes away. [he laughs] Sublime.

BONICA: It's a terrific feeling.

LIEBESKIND: John, this is fascinating. Let me switch gears on you now. What I want to do very briefly is go over a few points that we touched on yesterday and see if we can just amplify a little bit. And then I want to get into a series of kind of questions to get your opinion on a number of things. The first point that I want to go into -- looking back, you told me yesterday about this Dr. Duncan Alexander and his ideas, and as you know, I'm very interested in kind of tracing the history of these ideas. I want to make sure I understood that you said that you and he independently basically came up with these ideas about pain -- I assume you're talking about chronic pain -- as a complicated process, not, you know, just simply related to the extent of injury, but with all the psychological factors and so forth. Did you also mean to imply --

BONICA: He started the idea in '47, and he was chief of anesthesia --

LIEBESKIND: Did he have a publication on that?

BONICA: No. In '54, '55 he wrote a chapter in a book edited by [Donald E.] Hale called *Anesthesiology* [Philadelphia: Davis, 1954]. It was pain control, you know. And he mentions -- he doesn't say when he started -- but he mentions the fact that there's a difference between using nerve blocks as a nerve blocker and using the broad concept.

LIEBESKIND: The broad approach.

BONICA: It's, you know, it's not as if he didn't have the same kind of breadth that I felt was needed, but he had the idea. And if he had been well, I'm sure that it would have sailed. I'm sure that he would --

LIEBESKIND: Did you see his, or hear about his stuff at that time? Did it influence you at all, or your ideas were --

BONICA: No.

LIEBESKIND: -- developed completely independently of that?

BONICA: I saw [his work].

LIEBESKIND: And he saw yours.

BONICA: See, I developed, if you go back and read chapter nine --

LIEBESKIND: I have it. I made a note of that, yeah.

BONICA: -- and it tells you how it worked. Now, you know, I was ecstatic that there was somebody else.

LIEBESKIND: Sure. Thinking the same way.

BONICA: The same way. And of course I tried to encourage him, but Jesus Christ --

LIEBESKIND: Yeah. Sad, sad story. Is he still alive?

BONICA: Oh, no. He died. He was made honorary member of the IASP. I remember him.

LIEBESKIND: A second point: you spoke about an orthopedist who had written something, that "Bonica is trying to practice medicine by committee."

BONICA: Jesus Christ. I can't think --

LIEBESKIND: Well, we can trace that down another time if you can't think of his name.

BONICA: He was chairman of orthopedics at Columbia.

LIEBESKIND: And he wrote something. It was an editorial or something? Yeah.

BONICA: He wrote somewhere that "Bonica is trying to manage patients with pain by committee."

LIEBESKIND: Talk to me about that concept a little bit, managing a medical problem by committee. Why was that so terrible to him?

BONICA: Well, you know, he called a group, the meeting of the group.

LIEBESKIND: No, no, I understand, but what did he think was so wrong with that, even if it was managing by committee? What does that mean?

BONICA: Well, he, first of all --

LIEBESKIND: Not being a doctor, I need that explained --

BONICA: No. First of all, he was egotistical, because he was world renowned and, in fact, [President John F.] Kennedy (1917-1963), before [Janet G.] Travell got to Kennedy and helped him, he had been taken care of by this guy. And it didn't help him. And when Travell was named physician for Kennedy, he raised holy hell. He tried to stop it. [Ed: Bonica is possibly referring here to Frank E. Stinchfield (1910-1992), Chairman of Orthopedics at Columbia 1956-76. Janet Travell (1901-1997), a pioneer in the treatment of myofascial pain, was Kennedy's personal physician; she used low-level procaine injections to relieve his back pain and advised him to use a rocking chair.]

LIEBESKIND: It's not Osterholt?

BONICA: No, no. Oh, John, I know his name. Well, anyway, he just didn't understand. What his idea was that pain is a symptom and you work up the patient as a doctor, and why do you need somebody else to help you do that? You know, his simplistic view of things -- I mean, it implied, that's my conclusion -- my conclusion is that he didn't understand that, because early on I wrote, "There's no doctor intelligent enough to manage complex pain alone." And that you have to have a team of people --

LIEBESKIND: Representing the different disciplines.

BONICA: It may be three people, two people, four people, five people, you know, when you -- We had a patient that -- you know Dick Black?

LIEBESKIND: Yes. Sure.

BONICA: He saw this patient when--he was a great disappointment to me; I'll tell you about that. He saw a patient who had had forty-two back operations. Now, you would think that after the third or the fourth, the guy would say, "Well, there's something wrong here." But what did Dick think? "Oh, this guy missed something," or, "He didn't do the procedures right --"

LIEBESKIND: Try again.

BONICA: Try again! Now, John Loeser got one that -- [he laughs]

LIEBESKIND: He broke the record.

BONICA: In fact, Dick got her to empty all her medications. She was taking, I think, seven or eight medications and it was like thirty pills a day. And he has a slide of these.

LIEBESKIND: The brown bag syndrome. [he laughs]

BONICA: Whatever you'd call it. Dick was, you know -- I thought -- just a moment aside for this issue, and I should --

LIEBESKIND: Well, we can close it if you want to. Feel free to talk.

BONICA: Well, you know, he was in the department of neurosurgery under [Arthur] Ward --

LIEBESKIND: Dick was? I thought he was an anesthesiologist.

BONICA: Just a minute!

LIEBESKIND: Okay.

BONICA: He was in the department of neurosurgery and he was doing neurophysiology. And, you know, we were running the clinic and he came and attended a couple of clinics, and then he came to me and he said, "I'd like to do pain work." I said, "Fine." He said, "But I need a specialty," he said, "and I think that anesthesia would be the easiest," because it was at that time the shortest; you know, at that time it was two years. I said, "Dick, I'd be delighted. I'll give you a residency." And he was a very good resident. He learned, I taught him techniques --

LIEBESKIND: Smart guy.

BONICA: -- that a lot of guys didn't get, and I taught him. And so I said, "Jesus Christ, my prayer has been answered." I said, "Here is a guy who's a neurophysiologist, gonna be a pain physiologist, then going in to anesthesiology." I thought, "Wonderful."

I had developed a neurophysiologic laboratory for a guy by the name of Anibal Galindo, who got his Ph.D. with [Kresimir] Krnjovic [Chair of Physiology and Director of Anesthesia Research] at McGill. He had been an old friend of mine, who in '59 invited me to Bogota [Colombia] to participate. I was doing at that time respiratory work and circulatory work and there was a big

symposium on circulation and I was invited there. And I heard, you know, he sounded like, he spoke English, and he said, "I'd like to go to the United States and get further training." And when he -- I talked a bit about pain, and he said, "I'd like to do that." So I called Krnjevic and other people. I said, "You want to get a Ph.D. and come to Washington?" But he decided [on] McGill, because, I think, he couldn't come into the United States. Anyway, he went to McGill. He did very good work, got his Ph.D., and I lured him in. And we was doing very high, first-class work. And just by that time, he started on the Anesthesia Research Center, which started in September of '68. He, I got him, he got about fifty-eight thousand dollars this session. And so he bought, you know, sophisticated equipment, terrific, and he was doing very good work.

And then, about four years later or three years later --something like that, four or five years later -- he and his wife decided to go back to Colombia because somebody promised him that they would build an institute, neurological institute, where he could work. So they went. I had been in Colombia; I said, "Anibal, better be careful because, you know, they'll promise you this," and for sure, that's what happened. And in a year and a half, he came back. By that time I had his job filled, so he went to Miami, and he's been in Miami since. [Dr. Anibal H. Galindo is an anesthesiologist in Florida.] But anyway, just was then that Anibal left, and I said to Dick, "Here's a lab."

LIEBESKIND: Here it is, a whole lab set up for you.

BONICA: The most sophisticated stuff. And he put a big sign, "Pain Research Laboratory." It's on the fourth floor. And every once in a while Ray or somebody would come to me and say, "You know, we never see Black in the lab." But Steve Brena had come, and I had to ask him to be the manager of the pain clinic, to do the day-to-day work, and I would go and visit the patients, consult, and head, you know, all this -- [Stephen F. Brena is now Clinical Professor of Rehabilitation Medicine at Emory University.]

LIEBESKIND: This is Steve Brena?

BONICA: Brena. And Brena got enamored by [Wilbert] Fordyce and pretty soon he thought that every patient we saw was a behavioral problem. [Fordyce, Professor Emeritus of Psychology and Rehabilitation Medicine at Washington, pioneered behavioral modification of chronic pain in 1968.] And at one point, I said, "You know, I got calls from orthopedists referral people saying, 'Hey, I sent you a patient, and he comes back and he tells me this, this and that.'" Anyway, he almost destroyed the program! And I said, you know, "I'm sorry, I love you," you know, he had trained with me in Tacoma for two years.

LIEBESKIND: Who, Brena?

BONICA: Brena. Right after I invited him in '63 in Seattle, two years later he came and spent two years learning regional anesthesia and pain. He went back [to Italy], big hospital in Turin with Dogliotti, and then he got screwed by his friend [Enrico] Ciocatto, so he came -- he wrote to me in '67 -- he said, "I want to come back." So I, since he was very interested in pain, I said yeah. So it was just that time that I was getting busy and I couldn't do it [the Pain Clinic], so I

said, "You take care of it; I'm available." Well, within four years he was doing bad things. So by then --

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE FIVE, SIDE TWO

JOHN LIEBESKIND: Okay.

JOHN BONICA: And he goofed.

LIEBESKIND: And you're saying, "Darn it all." [he laughs]

BONICA: Darn it all, you know, he goofed, and his trouble -- he was doing very good work with the patients.

LIEBESKIND: You're talking about Dick [Black] now.

BONICA: Dick now. But he had about five or six nurses as mistresses. And his life was going up and down.

LIEBESKIND: His life was all messed up.

BONICA: His wife came to me and I talked to him, and the guy looked square in the eye and said, "I'm innocent. I didn't do anything." And John Loeser came to me. He was the first to talk to me. "John, Dick is, you know, bad business." And I took him in my office. He faced me and denied it! And then I talked to the nurses down there and they confirmed what John had said. So I said, "Dick," I said, "I expect to have a nice letter of resignation." When he left, he told everybody that he quit because Bonica -- anyway --

LIEBESKIND: What a disappointment. Yeah.

BONICA: And, you know, he was brought to [Johns] Hopkins by the chairman of the department of anesthesia, who was a dear friend of mine, and he [the chair] never called me to ask me. Big mistake from somebody like that, big position. Anyway, so that's the story. Now, we were talking about more important things.

LIEBESKIND: Okay, well, concerning the American Pain Society -- You mentioned yesterday a meeting that, where this sort of hot issue got discussed about whether they would do, whether the APS should or should not be involved in board certification. And Crue was involved in that discussion probably and we thought maybe Jerry Aronoff was. What do you remember about that? And what was your position on that?

BONICA: I remember vividly where I'm sitting and guys all around me and, you know, everybody talking. I said, "Look, the main reason I started the IASP and started this society is to have all health professionals interact, and you do that, you're going to put a skim in the works." Well, you know, nothing came out of it, but then you know, independently, I had nothing to do [with the plans to start a board certification group].

Crue never talked to me except that I said, “If you’re going to have ”-- I mean, after he had already decided, I said – “if you have to have an Academy on Algology --” and he wrote to the head of one of the big dictionaries. He [the lexicographer] said, “You can’t use ‘algology’, because it has to do with algae.” I said, “But, you know, that’s the proper word.” Because I had used the word ‘dolorology’ in the first edition of the book. And of course I knew then that it was a Latin and a Greek word [*dolor* from Latin and *ology* from Greek], but I thought that it would be easier for the average doctor to understand it. But then in the very late ‘50s, early ‘60s, I started using the word ‘algology.’ I think Brena has mentioned this a couple of times. And that’s all I know. And they did [form the group], and you know, I have not attended one meeting -- [he laughs]

LIEBESKIND: Of the American Academy of Pain Medicine.

BONICA: I paid [dues]. And about a year and a half ago, I wrote a letter to this guy who was president [of AAPM], from the University of Milwaukee medical school.

LIEBESKIND: Sridhar Vasudevan? Oh, oh, Abrams?

BONICA: No, no.

LIEBESKIND: Yeah, Sridhar Vasudevan. Sri. [President of Wisconsin Rehab Medicine Professionals in Milwaukee]

BONICA: Sridhar Vasudevan. It was a formal letter. I said, “I’d like to ask for a senior or emeritus or retired [credential].” Because I, you know, I wasn’t going to the meetings. I never liked the idea; I didn’t want to encourage it. So the guy wrote me a letter and said he didn’t know me. And I wrote him a real letter.

LIEBESKIND: [he laughs]

BONICA: You know, “I was one of the guys that, despite my hesitancy, I was one of the first guys that founded the [American Pain] Society.” And I’ve never, you know, I mean, how many meetings can you go? So I’ve never been to one.

LIEBESKIND: But what was your position early on about the whole process? I mean, I hear what you’re saying is that you disapproved of the idea of the M.D.s segregating themselves from the others and so forth. I understand that. But what about just the whole idea of board certification, that the American Pain Society would be involved in it?

BONICA: Well, John, when I talked to John -- you know, we talk a lot --

LIEBESKIND: John Loeser.

BONICA: Yeah. He said, “I’m going to go ahead and join, because there will be boards and I think that it might bring pain into the spotlight.” And that kind of helped convince me that maybe it might be meritorious to have this society. I mean, you know, if you have boards in pain

-- pain medicine, as they call it now -- people would -- I think, among the medical profession, it would become better known.

LIEBESKIND: To have it officially boarded by the AMA group and so forth.

BONICA: Yeah. And you know, I guess then I was convinced by the fact that physiatrists went through that same thing. You know, they've got boards in physiatry [physical medicine and rehabilitation], but they've got even more people involved like vocational therapists and physical therapists.

LIEBESKIND: John, another question about APS. Were you aware at all, in the early days of the APS, of any particular problems or areas of concern that people had about how things were going with the APS?

BONICA: No.

LIEBESKIND: How about in the area of its relationship to IASP -- whether it would be autonomous or whether it would be really an affiliate of the IASP?

BONICA: Oh, well, that came up early on, and I said, "Look, if there's going to be a society, it's got to be a chapter of the other. We're the largest group, and if the American Pain Society goes on its own and divorces itself from the IASP, you'll kill IASP."

LIEBESKIND: Correct.

BONICA: And I was very strong in that view.

LIEBESKIND: Where did that come from? Where was that --

BONICA: I don't know. You know, I really -- you must remember, John, that in 1980 and '81, when this was going on, or even before that -- well, it started in '75, when I got, started to break the hips -- and I had an operation every goddamned year, eleven of them.

LIEBESKIND: Eleven operations on the hips?

BONICA: Eleven operations on the hips. The first one on the right side in '70, osteotomy [bone realignment]. The glue wasn't too good. Then my very dear friend Kay Clausen -- [who] was a member of the pain clinic and now is dean at someplace else -- said, "Look, have an arthroplasty [hip replacement]." [Dr. Kathryn Clausen was associate dean for medical education at Ohio State University; she retired in 2001.] Then I kept having pain there, then I started to have pain here, and I begged for an arthroplasty here. "No, don't have a replacement, because radiologically it looks like a perfect fit, so I don't want to sacrifice it." And they did an osteotomy. Not only didn't it help the pain, but it didn't heal. So they had to go in and put a bone graft to heal. So now, it's the third procedure and I still had severe pain. Every movement. I finally convinced them to do it and he was going to do it both hips at the same time, and he started on the left, and because of the several operations, there was a lot of bleeding.

LIEBESKIND: You're saying this because this was all the time when the APS was getting started. You weren't there to --

BONICA: Yeah. For example, I wasn't there in Lisbon [for an IASP Council meeting. I missed a couple of [IASP] Council meetings, I missed a whole bunch of American Pain Society meetings. And I got in touch by phone.

LIEBESKIND: John, talk to me about the IPF [International Pain Foundation]. Tell me about your feelings about that.

BONICA: Well --

LIEBESKIND: There were some rough times there.

BONICA: You know.

LIEBESKIND: Well, I know, but we're putting this --

BONICA: You know that I thought, when we met early on -- I had had the idea even earlier than when we met, because I felt that, you know -- all of the major problems, health problems, that a non-governmental agency like the American Cancer Society, American Heart Association and so forth and so on [have been organized to work on], and I thought this was what we need to get funding. Here is the cancer society with millions and millions of dollars each year. So we met and we talked and we were enthusiastic --

LIEBESKIND: This was that meeting with Bob Wald, who you met at the airport that time you were coming through L.A.

BONICA: Yeah. Right. And then, you know, I was very serious, trying to get the thing [started], and that meeting when I broke down --

LIEBESKIND: Yeah.

BONICA: I was so [voice cracking] goddamned mad, you know.

LIEBESKIND: What's your recollection of that? What was that all about? I mean, why did you get so upset?

BONICA: Because they were bashing me.

LIEBESKIND: I remember. [he laughs] Sure.

BONICA: You know, for Christ's sakes, people can make mistakes. But both Loeser and Melzack are so -- I couldn't tolerate it. And, you know, my emotion goes like this. I either cry or I get mad as hell and I hurt people.

LIEBESKIND: [he laughs]

BONICA: And that time, you know, I really would have hurt both of them. And both of them were inexcusable.

LIEBESKIND: I can't even remember what the heck the discussion was all about at that time.

BONICA: I don't remember. I don't, either. I remember that they both pounced on me.

LIEBESKIND: Loeser? I don't remember Loeser.

BONICA: Oh, yeah, yeah. He backed [down].

LIEBESKIND: It was [Michael] Cousins, I think.

BONICA: Oh, Loeser was involved, and maybe Cousins. Was it Cousins or Melzack?

LIEBESKIND: It was both of them, I think. Well, yeah --

BONICA: I was all for it and I thought when we had organized --

LIEBESKIND: Well, we made a lot of mistakes [he laughs], and that wasn't a good job for me to try to get an organization like that off the ground. [Liebeskind was the original head of the short-lived International Pain Foundation, which lapsed for lack of significant funding and was absorbed by the IASP.]

BONICA: But, John, the point that I'm trying to make, that Melzack would have probably done the same thing. I mean, what the hell does he know about fundraising? He would have had to consult somebody, and if the guy gave him an idea and he went through with it and it flopped, like it would flop, so what? You know, you're getting, you're trying to get expert advice and the advice was not the best.

LIEBESKIND: I think one of the basic issues had to do with the relationship between IPF and IASP. And I think a lot of these guys were very concerned that the IPF was operating outside the IASP, it wasn't fully under the control of the IASP, and I think that made them scared, I think.

BONICA: But that was the very beginning. I mean, I was for that, because the American Cancer Society is not --

LIEBESKIND: It's not run by--

BONICA: It's not run by the oncologists. The American Heart Association is not run by the cardiologists. I felt that, you know, from a psychological viewpoint, when they know that this is part of a big organization that has money, they won't want to give them money. "You've got

your parent society.” And I felt that the best way to do it is to launch a real strong campaign by having, you know, appropriate first information -- try to get some national exposure. You see, with this article that [Mike] Long is doing --

LIEBESKIND: For *National Geographic*. Yeah.

BONICA: You see, this kind of thing really is going to bring -- these are the kinds of information, you know -- subsequently, you know, the *New York Times* wrote big articles and others. And I know that early on, before the IASP, I had NIGMS -- did a documentary on various centers and they focused on a certain topic. And when it came our turn, they focused on pain. And it made a major impact. In fact, the producer, lovely gal, told me, she said, you know, they had as many letters for that to repeat it --

LIEBESKIND: This was way back, before the IASP.

BONICA: Yeah. Right. And Helen Neal had written. That was the very first, that little book in which she mentioned my interest and so forth and so on. [*The Politics of Pain*. McGraw Hill, 1978.] And she and I had many discussions. In her book, she talks about them. And I thought that if we could get some high-powered guy to write stories at intervals, you see. That’s why, you know, I’m very busy, but if somebody calls me and says, “I’m doing a story on pain,” I’ll drop things and cooperate.

LIEBESKIND: And I know, I can well imagine how much you must get of that, because I get a lot of it and you must get ten times. So I’m well aware of it.

BONICA: So I feel that the public is not aware, still not aware, of the magnitude of the problem. I would hope that the Long article will help. And I hope that my suggestion to include mention of the IASP and mention of the journal does it.

LIEBESKIND: Are the other things about the IPF that you’d want to say at this time? It was a sad experience; a lot of mistakes got made. People lost their tempers here and there, and so forth. I’m not quite sure what happened in the end, but --

BONICA: Well, I think that, frankly, I like Cousins very much, but he wanted to be the boss. He wanted to have everything under his wing and that’s when he suggested that the IPF be part of --

LIEBESKIND: The IASP.

BONICA: I was very much against it. And I think it was the wrong thing to do because, I mean, unless something happens that it’s revived in the original form, I think it’s going to die. And that’s why I feel very uncomfortable, you know. I don’t know who the hell put my name as president --

LIEBESKIND: [he laughs]

BONICA: But it wasn't a big favor, I'll tell you that. Well, you know, I don't have --

LIEBESKIND: Something needed to be done.

BONICA: John, I, frankly, I'm 76 and I've got to take care of this gal [Emma].

LIEBESKIND: Sure. Absolutely.

BONICA: I haven't paid much attention to her. I *have* paid attention to her, quality time with my family, but lots of times she knows I'm busy writing and I could help her and she doesn't ask me. And then I'm tired out [voice cracking] and I feel guilty about it.

LIEBESKIND: Right. I can understand that.

BONICA: And I feel that, you know, at my age, the hell with it. I don't know how much longer I have to be around, but I really am -- As I told you, I'm exhausted psychologically.

LIEBESKIND: What does that mean? Yeah.

BONICA: I mean, you know, I --

LIEBESKIND: You're not looking for new challenges. [he laughs]

BONICA: No. No. You know, I got, geez, my publisher says, you know, "This big book on OB [anesthesia] is wonderful," he said, "but I think maybe what you need is also a little monograph," which I already had written in '80. I wrote him back, I said, "You can get a monograph, but not from me." No, there's no question about it. That's the end of my writing. I promised myself that, you know. She doesn't believe it, because I've said it before and I've gone back on my word, because people call me and, you know, all these years I've been so obsessed with the pain field.

LIEBESKIND: Well, I think I have a question in here about that, about what you feel your -- what has been the impact of the sacrifice that you've made? Obviously you've worked very hard and there's been an impact of that on you and your family and so forth and I think you've expressed that very well here.

BONICA: Well, you know, I think that the time and the effort are, at least, the product is evident--

LIEBESKIND: Yeah. Absolutely. It will endure.

BONICA: --and I think of people, not knowing my character, think that maybe I can sit down and write, you know. One of my chapters goes through ten drafts until it's perfect, in my way. And lots of people don't do that because they say, "Okay, it's good enough." So it's been -- but I have no regrets. I'm happy, and probably knowing what I know and going back, say, forty years, I would have done the same thing. Because I was discouraged, as I told you, in the late

'60s. I saw no evidence of my -- to all the efforts that I was making, trying to get people interested in pain. And God, I remember going before the Senate and pleading, telling them about pain and talking to NIH people, trying to convince them, talking to health professionals in so many countries, about what a serious problem it is.

LIEBESKIND: You strove so hard for so long and then in '53 you come out with this book, and then until the end of the '60s, 1970, that's over fifteen years, you're struggling --

BONICA: That's right.

LIEBESKIND: -- trying to sell this story, and now after that, you know, things, as you say -- first in Europe and then you started with these tours and so forth --

BONICA: You know, it was just the right thing for me to be energized -- when somebody really stuck ten -- [he laughs]

LIEBESKIND: Ten pins in you. [he laughs]

BONICA: No, ten batteries, [he laughs] because I saw that it would come to pass.

LIEBESKIND: Well, let me ask you this. Turning to the other side now, you've been so marvelously vindicated and you know, so many recognitions, so many honors -- Is there one that you would single out that meant more to you, one honor or recognition, some event that meant more to you than all the others?

BONICA: No.

LIEBESKIND: With the Pope? [he laughs] You were knighted in Italy, your home country! I don't know; what would it be? The Bonica lectures, the series of Bonica lectures.

BONICA: It's very difficult.

LIEBESKIND: You don't feel comfortable with that. [he laughs] There certainly have been many such honors. Okay, I want your opinion on a bunch of issues now that I think are kind of meaty, interesting issues. This business about the problem of providing sufficient education about pain to medical students and to residents. Do you feel that you solved that problem at the University of Washington?

BONICA: No.

LIEBESKIND: And why not? How can that be? What is the nature -- see, we've got --

BONICA: Because it's the nature --

LIEBESKIND: What is the nature of the problem?

BONICA: It's an international problem.

LIEBESKIND: I understand, but what is the nature of that problem and why couldn't it be solved? You, the fount of this information, and who had so much success on your own campus in getting your department built and so forth, what were the arms you couldn't twist to get this job done?

BONICA: Well, the problem was that just as I got there -- remember that I had three requests to accept the job: departmental status, more time to teach the medical students, and adequate resources to have an academic staff. And more time I got, I don't remember, six weeks' clerkship, six weeks, and within three years all, the whole country goes in a revolution; I think two or three years or four years, I don't remember. The curriculum is changed. You've got a core curriculum, and then these guys get -- and we got caught in that. And you know, you can't argue when the guy says, "Look --"

LIEBESKIND: It was the whole school. It wasn't just your department or program; it was the whole school.

BONICA: Look, medicine is the foundation of the doctor. We don't get [he laughs] very much time for medicine. So it was that problem. And I think this has occurred worldwide. And there's, you know, there's no way that you can fight that. Now, obviously, I think we're having an input because a number of people -- John was associate dean for curriculum --

LIEBESKIND: Loeser, yeah.

BONICA: -- for a short period of time, and even with that he couldn't [change the curriculum]. He couldn't. In order to be objective, to be an effective associate dean, he couldn't say, "Let's give pain six weeks and medicine two weeks."

LIEBESKIND: [he laughs] Right.

BONICA: But, you know, I think the students are made aware. There's no question about that the whole school looks at the pain program as an important program, clinically, teaching-wise, and research-wise. Some of the basic scientists, like physiologists don't think that we're doing enough studying molecular biology, and therefore you have to start there. And I agree, you know; you can't argue with me. I said, "Let's do molecular biology and cellular biology, but also look at the human being." Because in the final analysis, looking at the molecules, you're trying to solve that problem in a sick human being.

And you know, when [George] Aagaard had pain from his cancer, he came to me. He didn't go through his doctors. And that was a big compliment, that he said, "You know, I'm getting confusing vibes as to how to handle this." And I told him, "Look, don't be afraid to take methadone; don't be afraid to take morphine, take the morphine. You deserve it, and you should do it." And I convinced him to do it. And the guy now --

LIEBESKIND: It might be good for your tumors to do it! [he laughs]

BONICA: That's right. As a matter of fact [he laughs], I mentioned it at that time. So I don't, it's difficult, and I think that the way, I think the way to do it is to get the postgraduate residents, surgery residents, any residents -- to get them --

LIEBESKIND: If you can get the different disciplines all to agree. The anesthesiologists I guess do a good job of this now in their residency, but they all --

BONICA: Oh, sure. But let me tell you, see, the acute pain service now -- At first when I started this big movement, I was at the Mayo Clinic, I told you that. They were giving me fifty milligrams of Demerol and Tylenol and so forth, and I said, "Throw them in the sink." And I was supposed to give the keynote talk to the American Society of Regional Anesthesia in San Francisco. And I said, "Jesus Christ, all these years I've been talking about chronic pain; and here I have acute pain and it's not being solved." So I wrote --

LIEBESKIND: Right. What year was this?

BONICA: In the late '70s. I wrote a paper and asked Terry Murphy to give it. And then I talked to Brian Ready to get interested in this, and, you know, here's a good example. [Terence M. Murphy, an anesthesiologist and long-time Bonica associate at Washington, died in ?1997. L. Brian Ready, also an anesthesiologist, is in private practice in Tacoma.] It was my idea --

LIEBESKIND: They ran with it.

BONICA: They ran with it.

LIEBESKIND: You lateraled the ball to them and they ran with it.

BONICA: There was no mention; the paper was by Ready. He just said "Bonica." And I'm so pleased because look at the guy; the guy has acquired an international reputation. Very appreciative. So I think that, when they make rounds, the surgical resident is getting convinced that it's a better way to do it and the specialties are convinced -- the internists unfortunately, for example, the internists [are less convinced]. You know, I, in that chapter on cardiac pain, I had included, I wrote half, the first half, which was neurophysiology and so forth -- and the cardiologist, who was head of cardiology at the VA hospital in Denver, called, and he wasn't the principal author, but I was the co-author, but I wrote the [first half] -- and I had written the fact that if a patient comes in that has excruciating pain, the best way to treat him is to do a cervical thoracic sympathetic block, because it stops the pain right away. He said, "I never heard of that thing, and I won't accept it." So I had to remove it from there, but I've got it in my chapter.

LIEBESKIND: [he laughs]

BONICA: But, you know, again, internists, they look at that. You see, to them, pills are easy to do. Stick a needle here?

LIEBESKIND: In the throat. Right.

BONICA: My God, for something that I can give a drug in the vein or --?

LIEBESKIND: Well, this next question is very much like the one before it, and we touched on it yesterday; but what more can you tell me? Why is pain so disregarded? Doctors aren't cruel; they're nice people, most of them. They want to help others; why do they ignore pain?

BONICA: I think it's the fact that they're educated to the fact that lots of people think that [pain is a symptom] -- it's not what we know; it's such a complicated, emotional problem and physical problem. And if we could only get it in and convince them, and I think we're making headway, there's no question about it. It's slow.

LIEBESKIND: Do you find, by the way, that nurses are more receptive to ideas about pain? Are they more willing to learn, ready to learn about this?

BONICA: At first, no, but once you show them, they're much more ready to go through. That's been my experience. You know, when I first started in Tacoma, I was doing continuous spinals for cancer pain for the last two or three weeks of the patient's life; when I said, you know, "Look" -- this was at the beginning, when there was only one or two of us [anesthesiologists] -- I said, "I can't be here all the time." I said, "You [the nurses] have to re-inject them."

LIEBESKIND: "What, who, me?" they said. [he laughs]

BONICA: Well, I went to the chief nurse and I said, "Look, this is the problem. There's no way that she could goof, because if I tell her to, she's intelligent enough that if I say, 'Inject only a cc,' nothing's going to happen. Nothing's going to happen." And they followed through right away. The same thing -- Ready has the same thing. At first, "Wow, can't do it." As a matter of fact, remember, I did continuous epidurals with local anesthetics in 1949 to '50. I had pain [patients] that opioids were not effective enough, because it was that kind of reflex business that, from the hyper-stimulus-response [in the spinal] cord, that it -- And I said to Ready, "Please add 0.0125 percent lidocaine." He says, "The nurses wouldn't touch it." I said, "For Christ's sakes, it's now forty years that I've been getting this!"

LIEBESKIND: [he laughs]

BONICA: And now, you know, he finally convinced them that the combination [works]. But he had a hell of a time because they were worried about [overdosage] -- and, again, it's ignorance. One of the things that we have been at fault -- we, the medical profession as a whole -- is to leave orders and really not explain to the nurse what the hell the orders are, to take five minutes and say, "Look, I'm ordering this; it's a new drug, and this is what it does." Because the guy is busy, and he's expecting her to follow it through. And the nurse, naturally, says, "Geez, I've never done this." They're naturally hesitant.

LIEBESKIND: Reticent. Yeah.

BONICA: So I think that's why I've said all along that we've got to teach the doctors, the students, and the lay-people, simultaneously. We've got to bombard them to make them aware in a different way. And if, you know, if the IASP, John, you see -- you have five thousand members. If you could ask each guy to donate five hundred dollars or a thousand dollars as a donation, one-time donation over, say, a two-year period, you're going to end up --

LIEBESKIND: You'll have half a million dollars.

BONICA: No! [he laughs] More than half a million dollars.

LIEBESKIND: Five thousand times a hundred. Five hundred thousand.

BONICA: I'm talking about a thousand.

LIEBESKIND: Oh, a thousand! Right. That's right. That's \$5 million.

BONICA: You have a kitty like that and then you say, "Okay, we're going to spend a million and a half to educate the people at this," and, you know, there's so much that can be done to, let's say, [with] residents, to -- I've been thinking, for example, of asking the publishers to take chapters [of his books] and sell them for cost to students, to residents -- just sell them for cost, to educate so that they could be --

LIEBESKIND: Certain key chapters from books. Yeah. Great idea. John, what do you see as the biggest problem facing the field of pain today? Very broad question. What comes first to your mind?

BONICA: Well, the biggest problem is to, well, we just got through talking about it --

LIEBESKIND: Yeah. The education.

BONICA: -- to get people duly informed of the magnitude of the problem, what it does to people. You know, people will say, "Somebody committed suicide because he had too much pain." First of all, you know, that's against our thesis; we should be able to control that pain. But the fact of the matter is that it is -- people read about it; they're impressed for thirty seconds; forget about it, it doesn't affect them. Now, on the other hand, when I was affiliated with that XX[inaudible], you know, she used to send me letters. God, I cried.

LIEBESKIND: This was the woman who was trying to promote the use of heroin in cancer pain treatment. [This was in the early 1980s, a grass-roots movement eventually leading to HR 5290, the Compassionate Pain Relief Act of 1984; strongly opposed by the Reagan administration, it was defeated in the House of Representatives by 300 votes.]

BONICA: Yeah. The letters she would get from children or husbands [about] how the mother died in agony. And despite the fact that -- and then the other major problem is to get the government to recognize it [pain as a problem]. What they're doing is not enough. I've tried so hard to, first, when I was chairman of the NCI [National Cancer Institute] committee and

chairman of the NIGMS committee, to get a committee that would focus on pain only. And, you know, out of that came [a program for] neurologic disease at MSKCC [Memorial Sloan-Kettering Cancer Center in New York – a bunch of us did that. But you know, it [the proposal] was sent to the White House. What happened? It's -- when I look back -- and, you know, I've got everything saved, and they're [the boxes] at Bekins Storage -- and now what I want to do is after I get through and I've had enough time doing nothing, I'm going to take those files --

LIEBESKIND: Editing your own files.

BONICA: -- And throw away what I don't need. For example, my senior senator from Washington, who was head of the Ways and Means Committee [Warren G. "Maggie" Magnuson (1905-1989), senator from Washington 1944-81, chaired the Senate Commerce and Appropriations Committees for many years and was a major supporter of health legislation] -- he would say, I contacted and made friends with his first assistant; and the guy would call me and says, "Testify." I would be there. First of all, he'd be there, and one other member of the committee. It'd be put in the *Congressional Record*, but who the hell read these? The only thing I have that I will keep as a memento -- about six or seven or eight years ago, the guy that took -- who was the senator from Washington?

LIEBESKIND: He had a kind of a nickname, didn't he? I know who you mean, because I've heard you mention him so many times. With an H?

BONICA: I guess it's part of getting old.

LIEBESKIND: [he laughs] It's creeping up on me early.

BONICA: I can't come up with it. But the fellow that followed him -- I've got it all now -- I'll send you a copy -- that this was now head of NCI that's now, all now at --

LIEBESKIND: Oh, I know who you mean, yeah. Guy who just stepped down as head of the cancer institute. [Samuel A. Broder, appointed head of NCI in 1989, now Chief Medical Officer of Celera Genomics.]

BONICA: He was asked, the question was, "One of the professors at the University of Washington says that you're not spending enough money on research on cancer pain." And at that time they were spending about a million and a half, some of which was clinical trials, which was not basic research. And he said, "No, we're going to spend the same as last year, because we want to spend most of our money on prevention and cure." And, unfortunately, no one asked, "Dr. So-and-So, what are you going to do between now and twenty years from now when you find the prevention? What about those millions of patients that will be suffering, because you haven't done enough research?" That's right.

LIEBESKIND: Yeah. John, what about some of the economic issues that face pain clinicians today? I'm thinking specifically of the problem that I've heard described for me, about how certain treatments and diagnostic approaches are reimbursed and others are not or are not so readily reimbursed; and that therefore some doctors might be prone to use a procedure or a

diagnostic or treatment procedure, knowing that it can be reimbursed, even though it might not be the right one, or not use one that they should use because it isn't reimbursed or something like that? Do you see that as a major problem?

BONICA: It is a major problem. And let me tell you the story that John Loeser and Bill Fordyce faced with the [Washington State] Department of Labor and Industry. They didn't want to pay for the rehabilitation programs, and then they got enough data --

LIEBESKIND: This is in the state of Washington.

BONICA: -- they got enough data to show that they were rehabilitating, I don't know, sixty percent of the patients. And they showed that if they were rehabilitating one [percent], they'd break even. Now, they can't have enough people.

**END OF TAPE**

## JOHN J. BONICA INTERVIEW

### TAPE SIX, SIDE ONE

JOHN LIEBESKIND: Let's just check and make sure we're on target here.

[pause to check tape]

LIEBESKIND: Okay. We're back.

JOHN BONICA: As I say, we had --

LIEBESKIND: It's a quarter to five; we're still at the interview.

BONICA: -- we made a lot of effort at doing research and reporting it [cost-effectiveness]. But tell me what effort we've done to go to major insurance companies --

LIEBESKIND: Yes. Yes. Absolutely.

BONICA: -- and have a session. You know, if you could show an insurance company that they can save money, no matter how expensive the procedure is -- you know, if they pay for MRI [magnetic resonance imaging], two thousand bucks, it's because somebody's shown them that with that technique, they're able to make diagnoses that would be difficult to make with any other, something else. And, you know, we have neglected getting workshops or whatever you want to do it. I'm sure that these insurance companies have annual meetings, you know. They talk to themselves about this.

And somebody, you know, a committee of the APS, for example -- because it applies to the United States, since this is not a problem, not such a problem, so much international as national. Get an APS committee or task force, or whatever you want to call it, and investigate how you can get on a program where the major insurance companies that pay for medical services have a meeting and, you know, when you show how many millions of people are involved, how much it costs the country, and what you could do -- I mean, have solid evidence -- and, you know, I think that Bill and John have that fairly solid evidence. And I think this is one of the areas. I don't think it should be IASP, because, as I say, the problem of payment is different in each country. But the American Pain Society and all of -- I would say we're going to -- what do you call it when you assess a guy, each member is going to be [asked for] a hundred bucks?

LIEBESKIND: Tithing. [he laughs]

BONICA: To inform and educate the insurance companies when they [have their meeting].

LIEBESKIND: Oh, the clinicians would go for that. They'd go for that because they'll make more back in --

BONICA: Because, you know, remember that these insurance companies are headed by intelligent people, and obviously if they get a bill for 150 bucks and the guy says, you know, "He injected a little needle here and he did this, and that's it;" he [the insurance reviewer] says, "What the hell is this? I thought a doctor used an injection and it cost me five bucks or ten dollars," or whatever. "Why should he charge me \$150?" He doesn't know what the hell the procedure's about. So this is a matter of education. And I should tell you that Bill Fordyce has been involved in this. And I think that he had a meeting that I was supposed to go to, and I was sick and couldn't make it, in Seattle about three months ago, four months ago, related to this. But it's a serious problem because I've heard a lot of guys say, "Jesus, I can't get paid for this procedure."

LIEBESKIND: And so they do something else that they can get paid for.

EB: Excuse me. What time do you want to eat?

LIEBESKIND: You tell us.

BONICA: Five thirty. [Pause for brief interaction with Emma]

EB: All right. Five thirty, dinner on the table.

LIEBESKIND: We're grinding down here. Got a few more questions. All right, John. These are just brain-teasing questions, if you've still got the energy for it.

BONICA: Sure.

LIEBESKIND: What do you consider the most important or interesting controversies that have been in the field of pain -- some of the ideas that we have had controversy about? What would you --

BONICA: Give me an example.

LIEBESKIND: Well, gate theory, you know, has certainly been controversial from the scientific standpoint. How about from the clinical standpoint? Are there certain procedures or approaches in pain management that have been particularly controversial?

BONICA: Well, obviously, acupuncture and the alternative therapies. On the other hand, I think we have neglected those areas. Soon after [President Richard] Nixon came back [from China in 1972], we asked the head of NIH, Marston, to appoint a committee and I was asked, John Hogness suggested, that I be named president of this so-called National Commission on Acupuncture. [Robert Q. Marston (1924-1999), was NIH Director 1968-73, and later president of the University of Florida. John Hogness, now with the American Academy of Arts and Sciences, was president of the Institute of Medicine 1971-74 and later president of the University of Washington 1947-79.] We had three meetings and it died. And it died because the American doctors that were involved that we invited -- Wall was there and Melzack and some other people. I know Katz, I think, was there.

LIEBESKIND: Ron Katz was there. [Ronald Katz was for some time director of the pain management center at UCLA and is now professor emeritus of anesthesiology.]

BONICA: But chiropractors, for example, they've been hollering that they do good; and now evidence is coming that in certain conditions they do better than our – [than] we do, and we should incorporate them. But those are minor controversies. Scientific controversies, of course -- I think that the [gate control] theory --- that caused a brief controversy that, I think those guys pooh-poohed it, Schmitt and all those guys. [Francis O. Schmitt (1903-1995), founder and chair of the Neurosciences Research Program at the Massachusetts Institute of Technology 1962-74.]

LIEBESKIND: [Ainsley] Iggo. [b. 1924 in New Zealand, Iggo, best known for his recordings from C-fibers in the 1950s, is Professor Emeritus of Veterinary Physiology at the University of Edinburgh and a past President of IASP (1981-84)]

BONICA: Iggo; they must, in their own souls, say how wrong they were, because the basic concepts were valid. So if --

LIEBESKIND: Some of the details may have been wrong.

BONICA: Some details were wrong. And I think that there was a very important milestone in advancing research. So you know, you took one of the leads, and bang! Look what's come out of there. So there's been controversies. But I think that that brings to mind that I remember that I had appointed a scientific committee to look at some of these issues, and also an ethics committee to look at the issues. The ethics committee --

LIEBESKIND: This was in the IASP?

BONICA: Yeah. The ethics committee came and I think was productive, but, you know, it's more difficult to appoint a so-called neutral committee to evaluate a scientific issue. You know, in other words, at this point in time, I think the IASP is mature enough to look at what's going on and suggest adding directions for research -- I said that in my presidential address. I said we need to encourage young people to get research, more research going. We've got to encourage them, nurture them, to go in research directions. You know, I don't know if that's possible, because people become provincial or, you know, they insist on espousing their own ideas. But I think that you could get a working group to say, "Where are we going? Let's evaluate. What have we really accomplished?" But I think it's very important that that committee should have in mind that the ultimate goal of all of these efforts is to help people.

LIEBESKIND: Help people. Absolutely.

BONICA: And so I think you should encourage basic research, but also should think of--for example, going back to what we said about Wall and his severe criticism [of acupuncture research]. That was improper because, you know, I was in China and I saw, and I don't believe that acupuncturists can do maybe five percent of what they say they can do, but that five percent may be very crucial.

LIEBESKIND: That five percent's worth looking at.

BONICA: You see? That's what I mean about it, so that you would encourage people. You know, Chan [C.] Gunn, for example, has this idea [for a journal article]. He sent it to Wall and he sent it back, I guess -- was it Wall or [Harold] Merskey? I think it was Merskey that returned it and they never published it. [Chan Gunn is founder and president of the Institute for the Study and Treatment of Pain in Vancouver, British Columbia; Merskey was the longtime editor of *Pain Research and Management*, the journal of the Canadian Pain Society.]

The point of the fact of the matter, John, is that I've seen, and you've talked to John and you've talked with Murphy. We've had patients that had other therapies, no benefit; this guy comes in with his little needles, no holes, zoom, zoom, zoom, and the patient is better.

LIEBESKIND: I used to ask Theresa Brechner in front of my class when she gave a lecture, I said, "All you people down at the UCLA pain management center, when you have pain problems; who do you go to?" And she said, "Oh, that's easy -- this is Tran, the acupuncturist." [he laughs] [Brechner, who headed UCLA's Pain Management Center for a time, now practice in Bakersfield, California.]

BONICA: No, but, you know; and of course Chan was devastated.

LIEBESKIND: When that got returned?

BONICA: Returned and, you know, I would have put it -- I put the thing in the book just because I wanted to encourage them. I knew that guy, he's an intelligent guy; he gets invitations from Europe and all around the world except the United States! [he laughs] And that's it. So that's an area that the IASP, I think, and perhaps even the larger chapters, could look at. What's going on in these cases?

I just got a letter from Craig, who is senior editor at Raven Press -- I'm the editor-in-chief, you know; the only thing I do is he sends me programs [of conferences for publication] and I look at it and say, "This has merit," you know, "provided you get good manuscripts," and so forth and so on. I just got two programs that I want you to look at. One of them by [Jörgen] Boivie, [(b. 1939), Professor of Neurology at the Karolinska], first-class guy, and got all the big-shots, and they talk about touch, pain, and temperature and sensation, following the work of the old man --

LIEBESKIND: [Yngve] Zotterman. [(1898-1982), Professor of Physiology at the Royal Veterinary College in Stockholm until 1963, a pioneering neurophysiologist and a leader in the field until his death]

BONICA: Zotterman, yeah. And I think it's a good program. Then there's a program with Kathleen Foley and other people are involved about sickle-cell crises. [Kathleen M. Foley is Attending Neurologist in the Pain and Palliative Care Service at Memorial Sloan-Kettering Cancer Center (MSKCC) in New York, and Professor of Neurology, Neuroscience and Clinical Pharmacology at Weill Medical College of Cornell University. She is widely recognized for her

delineation of cancer pain syndromes and work with the WHO Cancer Pain Relief Program and with the Project on Death in America.] You know, I think it's a very important subject, but the way they've got it scheduled, it's helter skelter, as far as I'm concerned.

LIEBESKIND: It's not a focused effort?

BONICA: And the thing is that [the program includes] [Charles E.] Inturrisi, "Pharmacokinetics and Pharmacodynamics of Opioids." [Inturrisi is Professor of Pharmacology at Weill Medical College of Cornell University.] You know how many times he's given that talk?

LIEBESKIND: [he laughs]

BONICA: I mean, you know, I don't think that, since six months ago when he gave the last talk [he laughs], things have changed that much.

LIEBESKIND: You're saying people should start focusing more on these kinds of problems, these clinical problems and so forth -- get organized a little.

BONICA: Well, yes. Yes, yes, yes, yes. You know, I think that these two sessions, one on central pain and Bristol-Myers, and the other one on hyperalgesia, were very important. But what happens? Two months after the hyperalgesia symposium, a group in Italy -- or Europe, I guess it was -- has the same thing!

LIEBESKIND: Same thing. Yeah. These topics get hot and then everybody wants to talk about the same thing; everybody wants to put on their own meeting.

BONICA: And you know --

LIEBESKIND: It's hard to stay a step ahead these days. [he laughs]

BONICA: Not only that, but people are being inundated with so many books, and, of course, those who are serious about really doing a good job, they buy everything they can and some of the books are worthless.

LIEBESKIND: John, in starting to wind this down, I need your help on two important matters. One, who do you think I should interview? Who else, given that I want to focus on the key ideas and the people who put forth these ideas that have changed the way we think about the subject of pain, either from a basic science standpoint or from a management standpoint? I mean, who are the people whose ideas have impacted most heavily on the field, that you think I should interview?

BONICA: Well, you know, I mean, the natural things are Wall, Dubner, you know, people in your class that -- somebody better interview you. [he laughs]

LIEBESKIND: I'll do it in the mirror some day. [he laughs]

BONICA: No, no. I'm serious. On the other hand, it might be worthwhile, before it gets too late, to get people like Sweet to get some of -- because he's seen the span, you know. He's got long-range --

LIEBESKIND: Lot of years there.

BONICA: And I think that you should do that soon.

LIEBESKIND: Yes. He's an old man. Getting frail.

BONICA: He's frail, and so forth. But, gee, I'd be glad to give you names, but I think that John Loeser is a solid guy. Later on he's going to be one of the -- I think that it would be better to do it after he gets through with his presidency. [he laughs] It would be [more valuable] to take it [then]. I think it would be useful.

LIEBESKIND: How about within the clinical domain -- the way we treat patients? Different treatment approaches or diagnostic approaches -- I mean, how about someone like Fordyce, for example?

BONICA: Absolutely. But Fordyce is going to give you a bias; I mean, there's no question about that, you know. I would think, at his age, he would see his domain in proper perspective. I haven't talked to him recently, but I don't think he's changed very much. And I think that it's very important --

LIEBESKIND: He's had this central theme of the operant approach, and he's pushed that all his life.

BONICA: I mean, it's changed over time, because, you know, the first time that his concept was given at a meeting, I gave it at Florence at that meeting in '72 that I told you [about], Pat Wall was there, and that's the time I was developing the program for Issaquah. And they should have invited him. They didn't invite him; they asked me if I would give it for him. And I talked to him, and he was upset.

LIEBESKIND: Yes. And rightly so.

BONICA: And the same thing happened, you know, when I developed the program for the Association for Research on Nervous and Mental Disease. He was offended that he wasn't invited, and I perhaps should have had him. But I elected to get Dick Chapman because I wanted -- that was Dick and John [Loeser] I wanted to put in the limelight of national people. And, you see, there was Melzack, which was a natural thing, and unfortunately Melzack really doesn't prepare his presentations. And he talks, very interesting talker. But anyway, I think Fordyce would be an important guy. And I think, again, he's, I guess, mature now, late sixties.

LIEBESKIND: Are there other clinicians who stand out in your mind around the world, in this country, in Europe, who've had an idea that's been novel or that have influenced the field in some way?

BONICA: I think that Procacci is a very deep thinker and has a very good view of this. It would be difficult to get it out.

LIEBESKIND: I'd have to do it with a video camera, because he talks with his hands more than his mouth. [he laughs]

BONICA: Talking about clinicians and then, of course, he's a good neurologist --

LIEBESKIND: Ulf Lindblom. Yeah.

BONICA: Yeah. You're talking about clinicians, now. That's why I mentioned him. Maybe I'm thinking about Germany --

LIEBESKIND: Well, I'm trying to get at -- what are the ideas? It's not just that they're good people but, you know, here are the ideas. We could lay these ideas out. Where is it that, you know, the key -- what are the ten most -- you know, here's a list of the ten most important ideas in the field of pain that have had the most impact on the way we treat patients. Well, there's the concept of pain as a chronic disease. J.J. Bonica. There's the concept of the multidisciplinary approach to pain management. J.J. Bonica. There's the concept of, I don't know -- you know, there are these kinds of ideas about --

BONICA: Well, obviously, if you -- that's one way, one track. The other track, I thought that this was for, like, a biographical kind of thing.

LIEBESKIND: Well, that's also true, but I want the biography to surround the person who has done the, had these ideas. It's not just biography for its own sake. It's the people who had these key ideas. If there were certain techniques, if there was an approach to, I don't know, a particular drug or a surgical approach that you could say, "Well, Rosomoff invented percutaneous cordotomy," or I don't know, something. [Hubert Rosomoff, a neurosurgeon, is Medical Director of the Rosomoff Comprehensive Pain Rehabilitation Center in Miami, Florida. Percutaneous cordotomy is interruption of the lateral spinothalamic tract to relieve pain, using percutaneous electrodes.] Well, so you could say, "That has had a great influence," or Fordyce, who has brought --

BONICA: Fordyce, no question.

LIEBESKIND: There's no question.

BONICA: No question about it.

LIEBESKIND: He's had a major impact. Whether he's a hundred percent right or wrong, he's had a major impact.

BONICA: That's right.

LIEBESKIND: On the way many people think about the treatment of chronic pain.

BONICA: And many people are helped by his method.

LIEBESKIND: So I'm looking for other examples like that, you know.

BONICA: Well, let me give it thought. This kind of thing at this late time when the brain cells are getting tired -- no, no, I'm only kidding. No, you know.

LIEBESKIND: Well, I'll be in touch with you on this.

BONICA: You know, what I do with something like this, you know, go down the list, and I'll choose two hundred. And then I'll go into those two hundred and bring it down to seventy-five.

LIEBESKIND: Well, what you need to bear in mind is not only the name of the person, but what is the idea, what is the identity of the idea that you associate that person with? How would you characterize in a few words, what would you say the concept is that that person is responsible for? See, that's really what --

BONICA: Concept, Melzack and Wall, you know [snaps fingers], no question about it.

LIEBESKIND: Right. Got it. Absolutely. Sure.

BONICA: I don't know what, say, [Manfred] Zimmermann and some of the other guys have contributed to it. [Zimmermann is Professor Emeritus of Neuroscience and Pain Research at the University of Heidelberg in Germany.] Travell, with the myofascial pain -- that [interview] you've got to do fast. [he laughs] She's still in good shape, but she's 93.

LIEBESKIND: Well, some of the things that we focus on today, that I don't remember we focused on so much years ago is now acute pain, and you've told me a bit here today, this afternoon about where some of those ideas of focusing on acute pain management came from-- cancer pain, you know, and why focus on that? You told me yesterday in the interview where some of those ideas came from. Pediatric pain -- now, that's not something we've talked about, but all of a sudden a lot of people are talking about pain in children, you know, these little premature infants, you know. I'd like to trace that kind of an idea --

BONICA: There's no question about it.

LIEBESKIND: -- and who's responsible for putting that forward.

BONICA: When I wrote that book, the first edition [*The Management of Pain*], I thought about exactly what should be included. When I talked about cancer, I reviewed every major cancer book. Nothing! Nothing there [on pain]. And so I had to rely on my own experience and so forth. It's amazing that it has, you know, been an obsession provoked, in part, by the fact that it's been neglected. Here are so many cancer hospitals -- I was in Italy, and at the first international symposium [on Pain of Advanced Cancer in 1978] --

LIEBESKIND: Right. In Venice.

BONICA: I asked a question of the oncologists. I said, "How many of you have records about the patients' pain?" And only one guy got up, [A.] Venuti. And this guy had the first hard data on which, with different lesions --

LIEBESKIND: Right. The different kinds of cancers.

BONICA: And then Kathy [Foley], which was her first presentation -- that was another nurturing kind of thing. I don't know if she told this, when she gave my lecture [the Bonica Lecture]. She said that, when she got to be a resident [in Neurology at New York Hospital], her chief was [an] alumnus of University of Washington. [Fred Plum, Anne Parrish Titzell Professor and Chair of Neurology at Cornell 1963-98, was also the founding editor of *Annals in Neurology*.] I knew her. She said, "I want to take Bonica's book and read it." And that's how she got interested in pain. But she made the observations; she had the data. The first. I had data on my own cases and actually cited case reports.

But it's surprising to go through and, say, patients with heart disease pain -- pain and heart disease -- you know, it happened three hundred years ago [and they] talked about it. But look at the cardiology textbook. They talk about the pain as a symptom; they tell you what the patient says. But do they tell, I mean -- you would think that a modern textbook on cardiology would take the stuff that -- that guy that worked with Willis --

LIEBESKIND: Yeah. Foreman? Bob Foreman.

BONICA: Foreman. Yeah. You'd think that --

LIEBESKIND: They'd incorporate that. [William D. Willis is Director of the Marine Biomedical Institute at the University of Texas Medical Branch in Galveston, a major center of research on the neurophysiology of pain. Robert D. Foreman, who has done extensive research on the neurophysiology of cardiac pain, is now Professor and Chair of Neurophysiology at the University of Oklahoma Health Sciences Center. See (among other work): Foreman RD, Blair RW, and Ammons WS. Neural mechanisms of cardiac pain. *Progress in Brain Research* 67 (1986): 227-243.]

BONICA: -- they'd incorporate that, a very logical thing, and it really confirms what people have observed for two hundred years.

LIEBESKIND: Right. It's not there.

BONICA: Why?

LIEBESKIND: I don't know.

BONICA: You would think, you know – [looking at books] here’s [Eugene] Braunwald, *Heart Disease* [4<sup>th</sup> edition, Saunders (1992)]; [J. Willis] Hurst, heart disease [*The Heart*, numerous editions]--

LIEBESKIND: Big, fat books – nothing [on pain].

BONICA: And, you know, you’ve got to take -- you know, I’ve noticed, in surgery of course -- I went to the trouble to take all the big textbooks and actually had Chen [Lido Chen, an anesthesiologist?], who’s in Los Angeles -- do you see him?

LIEBESKIND: No.

BONICA: I said --

LIEBESKIND: He’s disappeared.

BONICA: “You’ve got to do me a big favor. You’ve got to go through and tally up all the number of pages devoted to pain in each of these books.” Seventeen and a half, in fourteen thousand pages.

LIEBESKIND: [he laughs]

BONICA: What the hell conclusion can you come to there? I think pain is very important. And they go into the greatest detail about a minor technical procedure, but the most important thing, from the patient’s viewpoint, they don’t talk about. And that’s what we’ve brought -- I mean, of all the things, John, the most important and the most urgent issue is for us to really have people who are interested in putting the time and effort to really educate and inform the public and the physicians.

LIEBESKIND: We keep hammering away at it. John, do you have any comments for me on the nature of this interview? Do you feel that it accomplished the objectives that you had for it?

BONICA: I didn’t have any objectives.

LIEBESKIND: Okay. Are there suggestions?

BONICA: I mean, I didn’t know what you want. I mean, I know what the general objective is, to have a record of somebody’s ideas about this, and I think we’ve covered it very well. We could go into great detail about things, I think, but overall, I’m very happy.

LIEBESKIND: Are there suggestions for improvement, as I go on to interview Sweet or Fordyce or some of these other people you’ve suggested? Are there ideas that you would -- Not everyone’s going to go for four days. I mean, usually I have two hours or something.

BONICA: Not only that, but I think that we spent a great deal of time on my childhood and the wrestling, and that really is of interest --

LIEBESKIND: It's of interest for you; that kind of thing is not going to be of interest to most people.

BONICA: No, a lot of people are interested in the what-makes-Johnny-run? I mean, if you ask Sweet if he played lacrosse --

LIEBESKIND: [he laughs] But, well, there are going to be practical issues. I might not be able to go, even if I wanted to, to go for four or five days to speak to everybody.

BONICA: No, that's what I'm saying. I think that if you, you've got to look at the major focus, what you want to get out of it, concepts, what was done --

LIEBESKIND: I mean, for example, I'm going in May, I'm going to be at the Bristol meeting. I already called Bert Wolff. I'm going a day early and interview him that evening. I'll have a couple hours with Bert. We'll have dinner together and then I'll take out the machine and interview Bert for a couple of hours about the APS. I told the APS I would do Bert Wolff this evening. So, but that's going to be the more typical way of doing it, I think, to have a couple hours at most. So we'll have to focus in; I'll have to have some specific questions. I've got a whole list here of fifteen questions. I don't think I asked you more than two of them.

BONICA: Let me look at them.

LIEBESKIND: Well, I didn't want to show you before; you're welcome to look at it now. [he laughs] But these are just different questions that I developed, but with you, we just kept talking. It was great. I'll put this on pause for a second.

BONICA: Most of these --

LIEBESKIND: Well, we got at them. I didn't ask you those questions, but we got at most of this stuff in a different way. Yeah, that's what I mean. No, I think we covered a lot of this material. There's one down there I'd love to have you talk about -- what you consider -- maybe it's number eleven or twelve or something. I'll look over your shoulder here -- yeah. What are the traits in a scientist or speaking of a clinician that you personally most esteem? Or then -- this is the follow-up -- what are the faults or flaws or weaknesses in scientists or clinicians that trouble you the most? I mean, what's good and what's bad? What are the characteristics that you would mention?

BONICA: Well, I think you have to separate this as two parts, the individual as the investigator and the individual as clinician.

LIEBESKIND: Absolutely. Well, that's why I say you can either answer together or separately.

BONICA: I think the investigator, to me, I told you, is -- you're a good example, Wall is a good example -- that is, you had one area and you attacked it with force. And that, I think, is --

LIEBESKIND: Focus.

BONICA: Focus. It's a biased thing for me because I looked at pain as a whole problem and I went all, you know, persistent, persistent, persistent. And I think, I mean, even if you fail, you've got to continue, and I'm glad that I didn't give up in the late '60s, because I think I would have been, I think, disappointed with my life. So I think that, in the clinician, I think that -- what is the clinician's most important viewpoint, in management of patients with complex pain problems? And my view is that, first of all, he's got to be a human being with compassion, because if you, and I've seen, we've both seen people, if you go to a doctor and you say, "Tell me about your pain" and so forth and so on, very cold manner and you write it down, you don't look at the patient when he's talking to you, that's bad business. I mean, while he's talking to you, you better try.

LIEBESKIND: Got to focus on him.

BONICA: Focus on him. And sometimes you have to touch him.

LIEBESKIND: Touch him. That's what you talked about the other day. Yeah.

BONICA: Touch him and say I understand how he felt and how bad it is. And then, you know, continue to follow through. And very important: never, never, never give the patient an idea that you're too busy and she's taking too much time, or, you know, some people will go on and on and on, and you have to be diplomatic how to cut her short and change the subject. Say, "You know, that's very interesting, but I think there's another aspect of the problem that I'd like you to talk about." So those are the things. I think, obviously, the individual --

LIEBESKIND: Some of those things are hard to teach. It's hard to teach somebody to be compassionate. [he laughs] They've got to start with that.

BONICA: I think it's easy to teach it.

LIEBESKIND: Do you?

BONICA: Because you have to have the guy see you do it. I mean, you know, when the resident's watching me do an epidural on a woman who's in labor, I don't, you know, I don't say to him, "You've got to ask the lady to get on her side and talk to her, and I'll come in and do this." I've got to do it. He's got to see me do it and talk to her while she's on her back, telling her, explain to her in detail what we're going to do, and then talk to her and say, "Look, I'm going to explain to him what I'm doing to you. You can listen, and I want you to tell me if you have any pain," and in the meantime, I'm touching her. And so, you know, this is highly effective, particularly if the next guy he sees doesn't do that.

LIEBESKIND: Right. He can see the contrast.

BONICA: You can see the contrast in the patient's response. So I think, obviously, you can't do that in a classroom with fifty people, but I think you can talk about them and stress them.

LIEBESKIND: Are there clinicians that you've seen, either people who are mentors to you or people that you were a mentor to, your residents or colleagues who you would single out? Who you would say, "Yes, when I think of a really compassionate clinician --"

BONICA: I told you, her cardiologist.

LIEBESKIND: Her cardiologist. That's right. Emma's cardiologist. Absolutely.

BONICA: I look at the guy and I cry.

LIEBESKIND: [he laughs] Yeah. He's so good. Yeah.

BONICA: [voice cracking] Terrific. I see --

LIEBESKIND: And he's not a pain doctor, but he's a cardiologist.

BONICA: He's gone and one of his partners gets [to see] her. And I see the difference.

LIEBESKIND: You see the contrast. How about in the pain field? Is there someone that you would single out or are there a lot of guys too numerous to mention?

BONICA: John, for example, sounds rough, but he takes the time to talk to you --

LIEBESKIND: John Loeser.

BONICA: Talk to the family. And Emma will tell you that every time he operated on me, it's a big comfort.

LIEBESKIND: She was talking about this last night at dinner or the other night. Yeah.

BONICA: He could, you know, he could improve things by -- he sounds gruff.

LIEBESKIND: He sounds gruff. [he laughs] That's just his manner.

BONICA: That's his manner, and I wish I could educate him [into] just being a little more gentle. And then, of course, I've seen doctors treat patients as if they were cadavers.

LIEBESKIND: Yeah.

BONICA: I think we've made headways, John.

LIEBESKIND: I think we have, too.

BONICA: And I want to end up, when I look back thirty years or forty years and see what's happened, no question in my mind that we made fantastic advances.

LIEBESKIND: John, it's fifty years for you. Forty-three to '93.

BONICA: That's right. But in the last quarter-century, it's fantastic when you think about it. And, you know, it's not only us, but the new technology that permits us to do things. So I think that, I would hope, that the newer generation would continue *and* even be more forceful *and* look at the qualities of people who you admire. I go back to Pat Wall being in the cancer ward and watching patients. On the other hand, I see Ed Perl, I don't think -- I don't know if he ever saw a patient and really took care of them. I guess in physiology you can't, but there's a big difference, as I can see. [Edward R. Perl (b. 1926), now Kenan Professor of Cell and Molecular Physiology at the University of North Carolina, is best known for his identification of and research on the nociceptive nerve fibers]

LIEBESKIND: Well, thank you very much.

BONICA: Oh, incredible.

LIEBESKIND: This has been incredible.

BONICA: Terrific. Terrific.

LIEBESKIND: I think we've covered an awful lot of ground.

BONICA: I'm so glad that we made this tape.

LIEBESKIND: Well, what I'm going to do is I'm going to copy these tapes. I'm going to send you a copy right away. And I'm going to get my secretary going on making a transcript; that's going to take a while.

BONICA: Don't ask me to read it! [he laughs] I'll take it to Filicudi in September.

LIEBESKIND: [he laughs] But I want you to have a copy of it; that's all I'm saying.

BONICA: Oh, yeah, sure. [asks Liebeskind to convey a message to a colleague]

EMMA BONICA: Will you guys start washing your hands? We're going to eat in three minutes.

LIEBESKIND: We're going to end this interview. The whole interview is over! We're finished. Thanks a lot.

**END OF TAPE**

**END OF INTERVIEW**