Although definite figures are lacking to substantiate this claim, it is my impression that the field of obstetric anesthesia has been neglected by anesthesiologists.”(1) Virginia Apgar’s powerful opening statement for an article written in 1955 on “the role of the anesthesiologist in reducing neonatal mortality” was a call for action. Although most celebrated for her work in neonatal resuscitation with the ubiquitous Apgar score, Virginia Apgar was an anesthesiologist who made other influential contributions to medicine, most notably in obstetric anesthesia education.

Apgar’s statement came during a time when maternal and infant mortality in America were still considerably higher than in many European countries.(2) Obstetric anesthesia was a sorely neglected field, from a combination of lack of trained anesthesiologists and what Apgar called “an apparent lack of interest [from anesthesiologists] in the problems of the perinatal period.”(1,2) In 1949, after her appointment as the first female professor at Columbia’s College of Physicians and Surgeons, Apgar made obstetric anesthesia a priority and instituted a two month rotation in obstetrics for anesthesiology residents at Presbyterian Hospital.(2) Sol Shnider and Frank Moya were two residents who became prominent figures in obstetric anesthesia research and training. According to interview transcripts of Shnider and Moya, Apgar expanded the agents and techniques available for obstetric anesthesia.(3) In a 1942 report, she detailed a new anesthetic for “poor risk Cesarean section patients – local infiltration to the peritoneal layer, then pentothal intravenously for the peritoneal and uterine incisions.”(4)

Apgar’s initiatives in obstetric anesthesia education were not surprising given her previous achievements as director of the Division of Anesthesia at Columbia University. She had been appointed by her mentor, Dr. Allen Whipple, who had encouraged her to become an anesthesiologist after her surgical training because his previous female protégées had not found success as surgeons. Archived documents of the division’s anesthesia report from 1938-1949 reveal the challenges of her responsibilities and her dedication to teaching. In 1945, she described “too little teaching of the surgical residents, and too much teaching of the medical students without adequate supervision.”(4)

Virginia Apgar’s career spanned a historical and dynamic period in medicine, a period that included the development of anesthesiology as a medical subspecialty. Apgar evolved with the changing face of medicine, ascending the gender and career biases of the time to become one of the leading figures in the history of obstetric anesthesia.