

In Memoriam

**e Celebrating the Life of Alon P. Winnie, MD,  
Regional Anesthesia and Pain Management Icon**

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**A**lon Palm Winnie (May 16, 1932 – January 18, 2015) was born in Whitefish Bay, Wisconsin, the second of two sons born to Russell (“Russ”) and Evelyn (“Avie”) Winnie. His dad was a famous sportscaster, and was the original voice of the Green Bay Packers, serving in this role from 1929 to 1946. Alon, his brother Griff, and his parents had a seemingly idyllic life, until a triad of tragedies disrupted the Winnie household, beginning with the loss of Russ Winnie to a myocardial infarction at age 49, and 2 years later, Griff’s untimely death at age 25 from a ruptured Berry aneurysm. Then, in 1959 Alon contracted poliomyelitis while working in the second year of a two-year “super internship” at Cook County Hospital on a pediatric ear, nose and throat (ENT) rotation. While these events might have decimated and destroyed many people, Alon Winnie recuperated his upper body strength sufficiently enough to pursue and succeed in an anesthesia residency. From there, he attained status as being one of the founding fathers of the reborn American Society of Regional Anesthesia, and he served as chair of two anesthesia departments over a long and storied career. This is a celebration of his life and accomplishments.

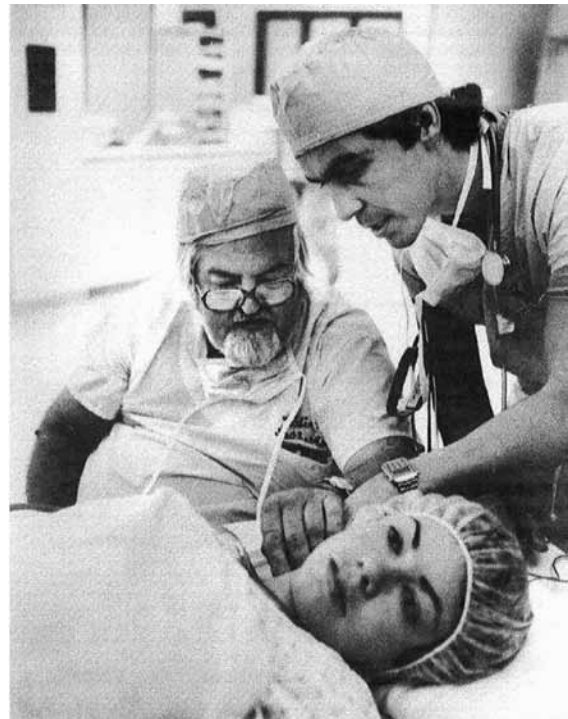


Fig. 1. Dr. Winnie demonstrating the subclavian perivascular technique of brachial plexus block (photo courtesy of Alon P. Winnie, MD).



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Fig. 2. Dr. Ernst Trier Mörch (photo courtesy of Alon P. Winnie, MD).

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## BEGINNINGS

Alonzo Palm Winnie attended Princeton University before matriculating into Northwestern Medical School and completing his medical education in 1958. As a young man, he excelled at athletics and was very creative – writing poetry and music. His father had dreamed of his becoming a physician, so while at Princeton he did complete premedical studies and majored in biology, even though he was at first uncertain about whether he truly wished to pursue a medical career. His passion was to fulfill his artistic calling, and while he did contribute to the development of plays and even to creating the Northwestern Medical School anthem, the unexpected loss of his father and brother within 2 years of each other solidified his pursuit of medicine, and cemented his determination to seek a role where he would be capable of helping others. While a junior at Northwestern, Dr. Winnie received 3 courses of the Salk polio vaccine. Polio was a very real threat, and Alon recalled that as a youngster in Milwaukee, he had been quarantined several times during polio outbreaks. In 1958 he began a 2 year “super internship” at Cook County Hospital in Chicago. At the time, County had some 3,200 beds, and young Alon was exposed to virtually every disease state and condition that affected the human condition. Undecided about which specialty to pursue following the internship, his plan was to fin-

ish the second year of internship and join the Air Force. After enlisting in the Air Force, he was supposed to become a Captain on November 1, 1959, which represented his rank after 6 months. His final rotation before this designation was to become effective, however, was on the ear, nose, and throat rotation in October. Dr. Winnie suspected that it was during this rotation, while treating hundreds of children, that he was exposed to polio.

Shortly thereafter, he woke up one morning feeling achy and overall miserable. He had a severe backache and his clothing bothered him. He approached his chief of internal medicine, who referred him to the infirmary and then to the emergency room at County. Lumbar punctures were performed, seeking a bacterial cause for what seemed to be an impending meningitis. These returned each time with no identifiable cause for his complaints. Then, while attempting to get out of his bed, he noted that he could not bear his own body weight. He called out to his roommate, and several of the interns brought Dr. Winnie emergently to the attention of Dr. Ernst Trier Mörch, then the chief of anesthesia at County.

On October 26, 1959, Dr. Mörch and a chief resident in surgery performed a tracheotomy on Alon Winnie under lidocaine local anesthetic, since he had become

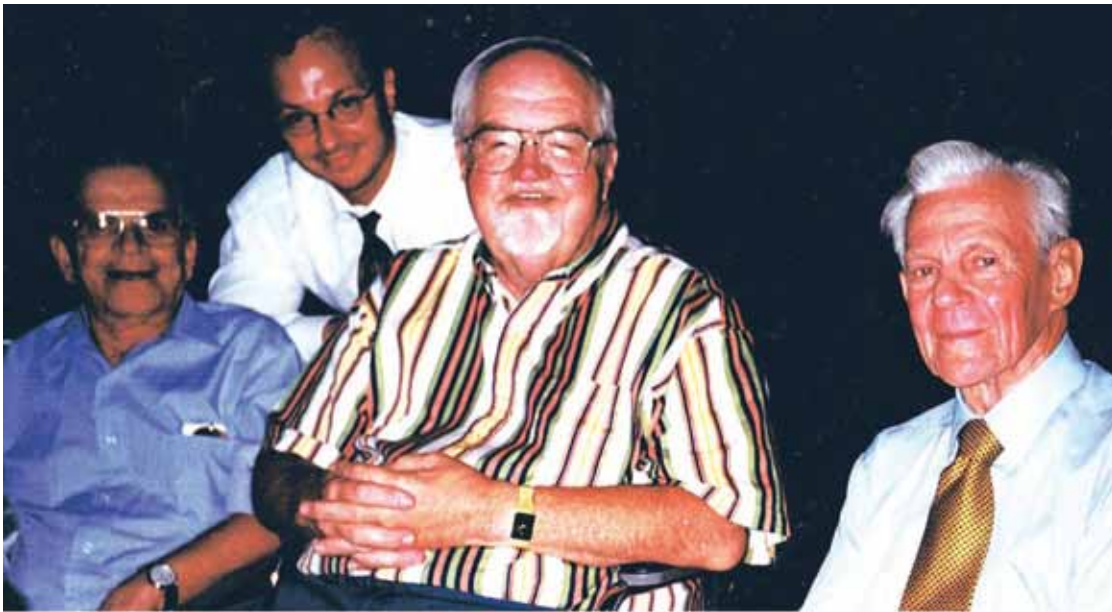


Fig. 3. Drs. Zairo Vieira, Alon P. Winnie, Vincent Collins, and Kenneth D. Candido (June 8, 1999) (photo courtesy of Kenneth D. Candido, MD).

severely short of breath as the paralysis was rapidly ascending. Dr. Winnie was then placed on a positive-pressure ventilator that had been invented by Dr. Mörch – the Mueller Mörch Piston Respirator, and the County interns took turns sitting by Winnie’s bedside to assure that the device functioned appropriately, literally keeping him alive in the process. After about a month receiving positive-pressure ventilation, he was transitioned to a rocking bed, which permitted him to have a daily reprieve from the ventilator. After about an additional one month, the tracheotomy tube was discontinued, and Alon recovered his upper body strength sufficient to undertake a program of intense physical rehabilitation. Ultimately, he recovered to a motor level of paralysis of approximately T-7, while maintaining his sensory nerve function, as polio affects anterior and not dorsal spinal nerve roots.

### CHOOSING A CAREER

After trying, and failing, to walk using crutches, Alon became resigned to the fact that he would spend the remainder of his life in a wheelchair. He married his wife, June, who had been a nurse instrumental in assisting him with that recovery, and ultimately they had 3 children, sons Alon P. Winnie, Jr. and Russell, and a daughter Debbie. Dr. Mörch, meanwhile, had moved on from County and was replaced by Dr. Vincent J. Collins, an anesthesiologist who had moved to Chicago from St. Vincent’s Hospital in New York City. Collins was intent on starting an anesthesia residency program at County, which up to that time was devoid of any such program. The trouble was, besides the usual administrative red tape that needed to be navigated through, he had no resident applicants. That is, until he met Alon Winnie. Alon had always enjoyed anesthesia, and although his real loves were surgery and obstetrics, he soon realized that excelling at either of those specialties from a wheelchair would be virtually impossible. He therefore agreed in 1961 to serve as the first Cook County anes-



Fig. 4. Drs. Gabor Racz, Theodore Hartman, Kenneth D. Candido in Lubbock, Texas (2003) (photo courtesy of Kenneth D. Candido, MD)



Fig. 5. Surviving ASRA Founding Fathers in 2007. Included in this photo are Drs. Daniel C. Moore (not a Founding Father); Jordan Katz; L. Donald Bridenbaugh; P. Prithvi Raj; Alon P. Winnie (photo courtesy of Kenneth D. Candido, MD)

thesia resident, and not only did he master techniques of general anesthesia, including orotracheal intubation, from the chair, he also cleverly devised and designed surgical tables to accommodate his needs, including creating one with a round hole centered in the mid lumbar area, so that he could wheel underneath it, and place a spinal block in a recumbent patient. He used a periscope to look over the ether screen to observe the surgical field, to determine blood loss and to gauge his anesthetic techniques to the surgical trespass.

Dr. Collins was also instrumental in tweaking Dr. Winnie’s interest in regional anesthesia and pain management. While in New York, Collins had established a pain program at Bellevue Hospital, and he transferred his knowledge and skills over to County, with Dr. Winnie taking a special interest in the anatomical foundations of pain. In fact, it was while at County that Dr. Winnie was sent to the anatomy laboratory, and during his neck dissections he un-

covered the fascial sheath concept which was one of his major discoveries. Winnie determined that the roots and trunks of the brachial plexus are housed between the posterior fascia of the anterior scalene muscle and the anterior fascia of the middle scalene muscle. This led to him and Collins publishing their seminal paper on the subclavian perivascular brachial plexus block (1). The fascial space was deemed to be a water-tight compartment, and led Winnie to further propose single-injection techniques to block the nerves of the brachial plexus, and later, the lumbar and sacral plexuses, respectively. Additionally, the subclavian perivascular technique was touted as an alternative to classic supraclavicular blocks, which were associated with a reported incidence of pneumothorax anywhere from 0.5% to 6% in the published literature (2).

While perhaps not as popular as Winnie's concepts of single-injection brachial plexus block, his "3-in-1" block of the obturator, femoral, and lateral femoral cutaneous nerves using an inguinal approach also developed somewhat of a following (3). Before leaving County, Drs. Winnie and Collins, and Dr. Zairo Vieira created a tour-de-force in regional anesthesia and pain management that had its foundation in emphasizing the anatomical basis for performing nerve blocks using primarily local anesthetics.

## EPIDURAL STEROIDS

While the use of epidural steroids had been in place since at least 1953 in Europe to manage primarily symptoms associated with multiple sclerosis, Gardner at the Cleveland Clinic had used them in the early 1960s for treating radicular type pain (4). One of the surgeons from the Clinic, Theodore Hartman, joined County in the early 1970s and sought out Dr. Winnie for the injection of steroids on one of his patients. Soon, Winnie and Hartman had begun to formally study the use of methylprednisolone, both epidurally and intrathecally, to manage radicular symptoms (5). They noted that pain relief in presumptive herniated disc-related pain would be effectively treated if the symptoms were noted early in the course of the presentation, and were treated with the corticosteroids in a timely fashion. It was a presumptive diagnosis, of course, because the original work of Winnie and Hartman predated the routine clinical use of computed tomography (CT) scans for imaging the lumbar or cervical spine, and magnetic resonance imaging (MRI) had yet to evolve for clinical use.

Another of his unique contributions was the identification of adrenal medullary extracts used to treat cancer-related pain conditions. The extracts were carefully cultured and were reinjected into the subarachnoid

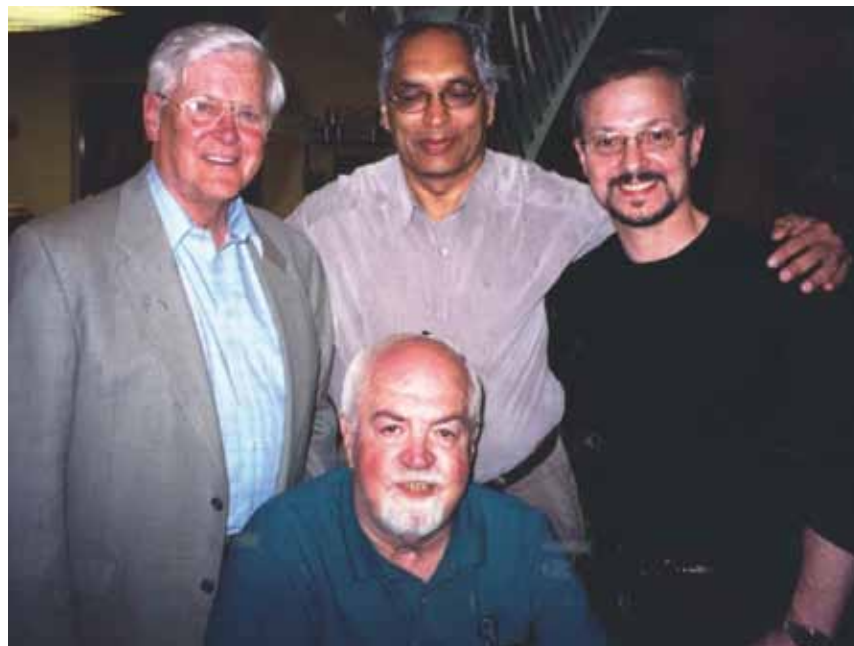


Fig. 6. Drs. Gabor Racz; Somayagi Ramamurthy; Kenneth D. Candido; Alon P. Winnie (photo courtesy of Kenneth D. Candido, M.D)



Fig. 7. Drs. Alon P. Winnie; Kenneth D. Candido; P. Prithvi Raj (2012) (photo courtesy of Kenneth D. Candido, MD)

space of a small number of patients, who each showed a significant reduction in pain and opioid requirements. Due to the delicate nature of the process of cell harvesting and cultivation, however, the technique did not acquire a large following or a significant role in common clinical practice (6).

In 1972 Dr. Winnie left County to become the chair of anesthesiology at The University of Illinois at Chicago, where he remained until 1989. In 1975, he and 4 other regional anesthesia and pain management experts joined forces to re-create the American Society of Regional Anesthesia. The other 4 members of this erudite group included Drs. Jordan Katz, L. Donald Bridenbaugh, P. Prithvi Raj, and Harold Carron.

Alon was the first president of ASRA and served in this capacity for 5 years. In addition to his duties as ASRA president, Dr. Winnie served as president of the Chicago Society of Anesthesiologists (CSA) and for one year as president of the Illinois Society of Anesthesiologists (ISA). When his good friend and colleague, Dr. Joseph Dannemiller died, Dr. Winnie became the director of the Dannemiller Memorial Education Foundation (DMEF) in 1984. The DMEF was instrumental in developing educational programs and seminars for thousands of aspiring anesthesia trainees as well as for seasoned veterans who were preparing for primary or recertification examinations. In 1989 he became the medical director of the Pain Management Center at the University of Illinois, and then returned to chair the County Department of Anesthesiology in 1992, where he stayed for almost a decade.

Throughout his distinguished career, Alon was the recipient of numerous awards and distinctions. Among those, the following should be noted:

1. The Morris W. Crowell Memorial Poetry Award (Princeton University, 1954)
2. Distinguished Service Award, ISA (1974)
3. Humanitarian Award (Military Society of Anesthesiologists, 1980)
4. Gaston Labat Award (ASRA, 1982)
5. William O. McQuistan Award (ISA, 1983)
6. Book of the Year Award (The Anesthesia Foundation, 1983 – 1984)
7. Ellis Gillespie Lectureship (Faculty of Anaesthetists, Royal Australasian College of Surgeons, 1984)
8. Nils Lofgren Award (Astra Pharmaceutical Products, Inc., 1987)
9. The Francis "Joe" Dannemiller Memorial Education Foundation Award (1992)
10. Benjamin G. Covino Memorial Lectureship (Harvard University Medical School, 1993)
11. Carl Koller Award (European Society of Regional Anesthesia, 1997)
12. Bernard H. Eliasberg Medal (The Mount Sinai Medical Center, NY, 1998)
13. Ralph M. Waters Award (ISA, 1998)
14. Outstanding Service Award, Alumni Association, Feingold School of Medicine, Northwestern University (2003)
15. Distinguished Service Award (ASRA, 2005)



Fig. 8. Drs. Daniel C. Moore and Alon P. Winnie (2007) (photo courtesy of Kenneth D. Candido, MD)



Fig. 9. Drs. Kenneth D. Candido; Bernard Abrams; F. Michael Ferrante; Roberta Shapiro; Alon P. Winnie in 2005 (photo courtesy of Kenneth D. Candido, MD)

He served on the editorial boards of 8 different journals and wrote 111 original peer-reviewed publications, two textbooks, 35 textbook chapters, and dozens of letters to the editor. His contributions to regional anesthesia and pain management, in addition to the aforementioned, include collaborating with Dr. Steven D. Waldman to author the first textbook dedicated to interventional pain management (7).

Dr. Winnie was a pioneer and created a lasting legacy. His charisma was infectious, and the numerous friends and acquaintances he cultivated were largely due to his magnanimousness. He influenced a generation of professionals with his emphasis on teaching and research in regional anesthesia and pain medicine. His creativity and productivity stimulated the formation of pain management centers throughout the country, and overseas as well. He was highly regarded among his colleagues and peers, and maintained close professional relationships between himself and those he considered his closest confidants, including Drs. Raj and Racz, among others.

#### **IN RETIREMENT**

After Dr. Winnie left clinical and academic practice, he continued to stay busy, writing and lecturing, until his post-polio syndrome had affected his ventilatory status to the point that he was frequently fatigued and short of breath even with minimal exertion. I was recruited in 2005 to administer anesthesia to him for a colon resection after cancer was detected in his large intestine. As might be expected, the stress of preparing to anesthetize a living anesthesia legend was not something I would wish upon anyone. Gratefully, he survived the ordeal, and lived 10 more years while admittedly battling numerous health conditions. Dr. Winnie was a heavyweight champion fighter, who never relinquished his love of living, and who maintained his sense of humor and passion in all his endeavors. His greatest passion was in helping young physicians to attain their goals and dreams of pursuing careers in regional

anesthesia and pain management. He was a vibrant leader and a staunch defender of physicians' rights to practice interventional pain medicine, including supporting some of the more innovative approaches to address pain. He was fond of saying, "Those who forget the past are condemned to repeat it" (George Santayana). That was how he lived his life – using the lessons of the past to avoid subjecting his patients and his trainees to committing the mistakes of those who passed before him.

Alon Winnie died on January 18, 2015, in Glenbrook Hospital in Glenview, Illinois. He passed during a Sunday football game featuring the Green Bay Packers, his favorite team, with his entire family surrounding him while the game played on the television screen in his room. As if a message from his father, looking down from somewhere above, the game went into overtime, and Alon lasted until the final whistle. His legacy continues long after the fans left the stadium and will continue to do so for many more seasons to come.

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