

## Correspondence

Anesthesiology  
51:179, 1979

### Origin of the ASA Classification

*To the Editor:*—In his Editorial, Dr. Keats, in commenting on the 1962 change, reports that “From public records, we do not know who proposed them,” and seems to imply an “indignity” to the profession by this change, a comment that I believe to be inappropriate.<sup>1</sup> The modification in the “Classification of Physical Status” as used by Dripps, Lamont and Eckenhoff in their study, “The Role of Anesthesia in Surgical Mortality,”<sup>2</sup> appeared to me to be a desirable clarification and simplification of the original ASA Classification of Physical Status. I proposed, by introduction of Resolution No. 6 to the 1962 ASA House of Delegates, that this classification be substituted for the 1941 classification. This resolution appears as a part of the 1962 annual report of the ASA Committee on Clinical Anesthesia Study Commissions.<sup>3</sup> The House of Delegates approved the Resolution and recommended its publication in the ASA Newsletter and in ANESTHESIOLOGY.

The 1962 ASA Classification of Physical Status was published in ANESTHESIOLOGY the following year.<sup>4</sup>

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#### REFERENCES

1. Keats AS: The ASA Classification of Physical Status—A recapitulation (editorial). ANESTHESIOLOGY 49:233–236, 1978
2. Dripps RD, Lamont A, Eckenhoff JE: The role of anesthesia in surgical mortality. JAMA 178:261–266, 1961
3. Proceedings of the ASA 1962 House of Delegates 507-1.1, page 1
4. New Classification of Physical Status. ANESTHESIOLOGY 24:111, 1963

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### Interpretation of Data

*To the Editor:*—In his editorial on the ASA Classification of Physical Status,<sup>1</sup> Dr. Keats notes the high correlation of poor preoperative status with death ascribed to anesthesia, reported in a recent study.<sup>2</sup> Keats suspects that physical status assessment is often improperly weighted with considerations of anesthetic and operative risk. This does not necessarily follow. If the deaths in question were primarily a result of anesthesiologic error, and if errors were made at a uniform rate in all patients regardless of physical status, then those of poor status would be most bound to suffer an excess mortality, since they were in worse shape to begin with. In that case a positive correlation would imply that the trainees—who administered the anesthesia in the above-mentioned study—probably rated the patients' physical status quite appropriately but nevertheless went on making the usual number of mistakes.<sup>3,4</sup>

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#### REFERENCES

1. Keats AS: The ASA Classification of Physical Status—A recapitulation (editorial). ANESTHESIOLOGY 49:233–236, 1978
2. Marx GF, Mateo CV, Orkin LR: Computer analysis of post-anesthetic death. ANESTHESIOLOGY 39:54–58, 1974
3. Harrison GG: Death attributable to anaesthesia. A 10-year survey (1967–1976). Br J Anaesth 50:1041–1046, 1978
4. Lauwers P: Anesthetic death. Acta Anaesth Belg 29:19–28, 1978

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