



IMAGINING IN TIME

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Goldie Brangman Remembers the Operation to Save Dr King

In September 1958 the Rev Dr Martin Luther King Jr was stabbed and nearly assassinated. Surgeons at Harlem Hospital in New York City removed a 17.8-cm (7-in)-long letter opener from Dr King's chest. Certified Registered Nurse Anesthetist Goldie Brangman remembers this event because she participated in Dr King's anesthetic. This article correlates Brangman's

memories with published accounts of the event. It also places the event within the context of the modern civil rights movement that Dr King led.

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The 50th anniversary of the 1965 Voting Rights Act was in 2015. This landmark legislation banned literacy tests and poll taxes that had prevented many poor and black people from registering to vote. The 1965 Voting Rights Act and the 1964 Civil Rights Act, which banned discrimination in workplaces and public accommodations, formed the central legislative achievements of the modern civil rights era. Congress might never have enacted these bills had it not been for the efforts of the staff at Harlem Hospital in New York City, including at least one Certified Registered Nurse Anesthetist (CRNA), 7 years earlier in saving the life of the leader of the civil rights movement.

On the evening of Saturday, September 20, 1958, the Rev Dr Martin Luther King Jr awoke in a bed in Harlem Hospital. Dr King had just survived an emergency thoracotomy.¹ Earlier in the day, Dr King had autographed copies of his first book *Stride Toward Freedom*, in which he described the boycott that ended discriminatory seating on transit buses in Montgomery, Alabama (the birth of the modern

civil rights movement). From the line of autograph seekers, there emerged a 42-year-old woman, who was later found to be mentally ill.² The woman drove a sharp letter opener deep into Dr King's chest. Four surgeons would operate for hours to remove it.

Goldie Brangman, CRNA, was there, and she remembers that day well. Ms Brangman worked at Harlem Hospital for 45 years and directed its nurse anesthesia educational program. Ms Brangman also became the first, and thus far the only, black president of the American Association of Nurse Anesthetists. By telephone from her home in Honolulu, Hawaii, she shared with me (EK) her memories of the surgery that saved Dr King's life. Her memories are correlated with published accounts of the event.

Lifesaving Treatment at Harlem Hospital

Hugh Pearson,³ a New York journalist, wrote a short book describing the background and details of this near catastrophe. According to Pearson, shortly after Dr King's

arrival at Harlem Hospital, law enforcement officers, dignitaries, and newspaper reporters crowded the normally busy emergency room. Among the crowd was New York Governor Averill Harriman, who faced reelection in just 6 weeks. Harriman needed the votes of black people, and he "did not want King to die on his shift," Pearson^{3(p72)} wrote. At the same time, the governor was concerned that Harlem Hospital might not be up to handling a complex operation like the one Dr King would need. Asked about this, Ms Brangman said that financially Harlem Hospital was the "adopted child of Columbia-Presbyterian" Hospital. However, she added, "Columbia-Presbyterian's residents came to us" to learn trauma surgery.

Dr John Cordice was then the chief of vascular surgery at Harlem Hospital. He and his associates were confident of their ability to manage Dr King's surgery, and they wanted to operate right away. They argued that to move a man with a knifelike object in his chest was unnecessarily risky. But, before they could even roll Dr King's stretcher out of



Martin Luther King at Harlem Hospital together with his mother and his wife, Coretta.
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the emergency room, they had to convince Governor Harriman not to order that Dr King be transferred to Columbia-Presbyterian or Mount Sinai Hospital.

Word of the event spread quickly because Dr King was famous, and pressure mounted to treat him. Hugh Pearson wrote: "It was as if the president of the United States had arrived." Governor Harriman feared that Harlem Hospital was not fit to treat Dr King, but he also wanted to show respect for the black community by endorsing Harlem Hospital and its staff. Finally the chief of surgery, Dr Aubre Maynard, arrived in the emergency room. It was a Saturday afternoon, and Maynard had been at the movies. Dr Maynard assured the governor that Dr King would be well treated, and he persuaded

the governor to let him and his staff perform the operation.^{3(pp69-82)}

Dr King was then taken to the operating room (OR) where there was only a little bit less turmoil. Thinking back, Ms Brangman said, "To this day I don't understand why they allowed so many people in the OR."

To find and remove the weapon, the surgeons had to make 2 incisions: 1 intercostal and 1 vertical. This fact left Dr King with a "cross-shaped scar he would joke about for the rest of his life."^{3(p108)} Next the surgeons had to remove 2 ribs and the manubrium of the sternum. Dr Cordice told Pearson that they "marveled at the strength"^{3(p108)} of the would-be assassin when they found that the letter opener had penetrated the sternum. Its tip was dangerously close to and between the innominate artery and the aorta.

With the slightest movement of the long blade⁴ or of the patient, both vessels could have easily been slit open. Ms Brangman confirmed this: "Every breath would move the blade." She asserted: "The time saved by doing it then and there at Harlem Hospital really did save King's life."

Ms Brangman also recalled some details of the anesthetic. Dr Helene Mayer, an Austrian-born anesthesiologist, began the anesthetic. Ms Brangman said, "It would have been GOE delivered through a Heidbrink anesthesia machine." GOE stood for gas (nitrous oxide)-oxygen-ether, a blended anesthetic technique that had been developed a few decades earlier. With GOE anesthesia, small amounts of ether were added to as much as 70% nitrous oxide in oxygen to provide muscle relaxation



Goldie Brangman, CRNA, MEd, MBA. 1973-1974 President of the American Association of Nurse Anesthetists.

Photo courtesy of the American Association of Nurse Anesthetists Archives.

and permit close control over anesthetic depth. GOE anesthesia was described in a 1939 text as “the best all-round method thus far devised.”⁵ Ms Brangman called GOE “our standby, the first thing we looked to until spinals came along.”

In the 1950s anesthesia for thoracic surgery did not necessarily include mechanical ventilation or paralysis. Ms Brangman agreed, saying: “You bagged them in those days; you could sense [respiratory] changes like compliance that way.” Monitoring included manual blood pressure determinations and, according to Ms Brangman, “listening, looking, and feeling. You had your hand on the patient the entire time.”

She added that once the knife was removed, “Dr Mayer stood up, and I sat down.” In other words, Ms Brangman finished Dr King’s anesthetic.

Nurse Anesthesia in 1958

Ms Brangman held Dr Helene Mayer in high regard. Together with 7 other CRNAs and 16 student nurse anesthetists they “did everything that came through the door,

including the ‘traumas and hearts.’” They worked with what they had. Recalling that Harlem Hospital had never owned a new anesthesia machine, she said Dr Mayer “stood up for us. She would go to [the equipment manufacturer] Foregger and order equipment and use it right away, so the hospital could not return it.”

Furthermore, Dr Mayer treated CRNAs and anesthesiologists as equals. Her 2 strongly held beliefs were: “if you were an anesthetist, you were an anesthetist,” and at Harlem Hospital “there was no second-class anesthesia.” Ms Brangman said Dr Mayer “made a whale of a difference.”

Influence of Dr King

Many people wondered what might have happened if Dr King had died that day. In 1958 King was 29 years old and only 4 years into the campaign that one of his biographers said “would redefine our country’s destiny.”^{6(p7)} The surgeon, John Cordice, told an interviewer: “I think if we had lost King that day, the whole civil rights era could have been different.”⁴

Ten years later Dr King was assassinated. During that decade-long interval, segregation was banned on all means of interstate transportation; segregation in Birmingham, Alabama, schools and businesses was ended; and Congress passed both the Civil Rights Act of 1964 and the Voting Rights Act of 1965.

Dr King was recognized as the guiding moral influence behind these changes. In 1964, King was named *Time Magazine’s* Man of the Year and presented with the Nobel Peace Prize. A national holiday was proclaimed in his honor in 1986,⁷ and a Martin Luther King Jr Memorial exists on the National Mall in Washington, DC. In 2002 one of King’s many biographers asserted that Martin Luther King Jr should be considered “the greatest

American who ever lived.”^{6(p ix)}

Although the operation to save Dr King was memorable, it was not a watershed event for Harlem Hospital. Ms Brangman said, “We still had to fight for everything we needed. It would be years and years before we were on an equal footing with the 32 other hospitals in New York City.” Together with Dr Mayer and the other CRNAs, Goldie Brangman continued to do everything that came through the door including the traumas and hearts.

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