1. Introduction

In 1958, one of the most fortuitous meetings in the history of resuscitation occurred: Dr Peter Safar from the United States, and Dr Bjørn Lind from the Stavanger hospital, both attended a conference of Scandinavian anaesthesiologists, in Norway.

Together with Dr James Elam, Peter Safar, in a remarkable series of studies in Baltimore, had confirmed that life-saving resuscitation could be performed with expired air, mouth-to-mouth or mouth-to-mask [1,2]. But how to train people in this skill? The situation only arose as a dire life threatening emergency—not a time for practical training by the uninitiated. There was a clear need for training manikins. Bjørn Lind had an idea: a Stavanger publisher and toymaker, Åsmund S. Lærdal, might be able to help (Fig. 1). Actually, Åsmund Lærdal was favourably predisposed towards this challenge. He had saved his own 2-year-old son Tore from drowning, by grabbing him from the water just in time and clearing the boy’s airways. He had designed and produced his first medical training aids, a series of very realistic imitation wounds. Discussing this concept with Dr Per Strömbläck, chief physician of the Swedish Red Cross, Åsmund had been told about the new mouth-to-mouth method that had been developed in the U.S.

Bjørn Lind felt that Åsmund Lærdal should go to the U.S. to discuss the making of a manikin with Peter Safar. Lærdal went in November, and the meeting resulted in an instant, life-long friendship. “We were like brothers, inspired by the same mission”, said Safar later.

The task at hand was extremely complicated. A manikin must resemble an unconscious person, have airways that could be obstructed and cleared, a head that could be turned, a chest that could move with inflation, and be easy to transport. Another requirement was that many people should be able to practise in quick succession, without fear of contamination.

But not only did Åsmund Lærdal possess—and guard closely—a thorough knowledge of soft plastics: he had amply demonstrated his ability to develop an enterprise combining a very sound footing with a sense of purpose and meaning beyond profit and growth.

“Time is our most valuable asset, and we must use it well” he declared as a very young man, telling his fiancée about his dream of earning enough to be able to give half of it away. Right from the start of his own enterprise in 1940, he had identified important needs and then become the dominant supplier. Often several steps ahead, he habitually started developing new
products long before the old ones were outdated. He discussed his visions with his employees, sought out professionals who could advise him, and made friends with quite a few of them.

Although he grew up in the 1920s years of the depression, he invested in education, going to Copenhagen to study marketing and advertising. He always sought impressions and inspirations from other cultures: as a 20-year-old he went on his first bicycle trip abroad, all the way to Italy, and in 1936 he cycled alone to Moscow (Fig. 2).

His first business venture was commissioning and publishing books, most of all for children, and manufacturing wooden toys. There was plenty of wood in Norway.

In 1949, he flew to the States for the first time. Tourist class (Fig. 3). “It does not make sense to just sit away all that money”, he said. He was looking for new opportunities, and found them in soft plastics. Although this new material was jealously guarded, he managed to bring it home and start experimenting.

Struggling to master the new medium, at first he baked samples in his wife's oven. Undaunted by endless complications, he had ‘the doll sensation of the century’ ready for production a year later. ‘Anne’ was a huge hit, all over toy-starved, post-war Europe (Fig. 4).

“Good toys are vitamins for children” he said. And followed up with the cheap, durable Tomte cars, also made of soft plastic (Fig. 5).

However, as competition grew, he looked around for new areas, applying the company knowledge of soft plastics to making the imitation wounds for the Civil Defence—and so we have reached the time of his trip to see Per Strömback in Gothenburg. The Swede inspired him to start experimenting with a resuscitation mask. He made a prototype, tried it on his wife and son, and decided he needed to learn more—just around the time when Safar and Lind met for the first time.

For long periods, Björn Lind and Åsmund Lærdal were in almost daily contact. Almost 2 years work went into the development of the manikin, which had to meet all requirements and at the same time be reasonably priced. It is much more meaningful to deliver 10,000 dolls at 1000 kroner each, than 1000 at 10,000 kroner each, Lærdal said later. The details of the design of the manikin were to be the reasons for its success in overcoming natural psychological reticence. By the attitudes of the time the manikin had to be female. Men would loathe to practice mouth to mouth ventilation on men. Åsmund chose the face modelled
on the death mask of a renowned girl who had been found drowned in the River Seine in Paris. The death mask had become famous because of the girl’s wistful, enigmatic and peaceful countenance. She was beautiful but not sexy. The clothes that the manikin was dressed in was also a master stroke—a track suit was attractive and embodied a concept of fitness. Putting the manikin in a dress would have been a disaster (Figs. 6–8).

By May 1960, Resusci Anne went to New York for the first time, and was presented to Peter Safar and the American Red Cross. At the same time, Åsmund Lærdal met another pioneer for the first time, Dr Archer Gordon.

The specialists were impressed by his product—but in this first year, Lærdal sold one doll in the U.S. At half price.

In Norway, however, things took off. Bjørn Lind and his colleague Ivar Lund joined forces to convince the profession of the importance of mass training in resuscitation. The breakthrough came when a group of banks donated 650 manikins to primary schools. Dr Lind followed the training and published his findings, that children learned just as well as their teachers [3].

This enterprise attracted international attention, and Norway emerged as a pioneering country in the history of life-supporting first aid.