Filling in the Blanks

NONE of us could imagine delivering an inhalational anesthetic in the absence of oxygen. It wasn’t always that way. In this issue of Anesthesiology, George S. Bause, M.D., presents the unlikely history behind the recognition that specialized equipment is necessary to deliver both oxygen and anesthetics in a controlled manner.1 This article and its attendant cover image provide a platform for introducing a new feature in Anesthesiology (fig. 1).

As a specialty, we are fortunate to have an incredible collection of books, images, and artifacts housed in the Wood Library-Museum in Park Ridge, IL. As a journal, we often have pages that are incompletely filled with print. One plus one now equals a journal feature that has mutual benefit to the two organizations and, more importantly, will enrich the reader’s experience in Anesthesiology.

My interest in this topic began with the assignment to become editor of the Classic Papers Revisited (CPR) section of Anesthesiology. Inaugurated in 2001 by Srini Vasa N. Raja, M.D., and Michael M. Todd, M.D., the CPR section is devoted to telling the story behind discoveries that have had a major impact on the practice of anesthesiology. The task of identifying peer-reviewed publications that reported these discoveries and finding the authors who wrote them has been extraordinarily rewarding. Without these insider’s perspectives, the story could have been lost on how enflurane, isoflurane, sevoflurane, and desflurane were invented.2 Also, potentially lost was the story of how a regular anesthesiologist had the extra bit of insight andazaar that arose in the early days of anesthesiology, when regulatory agencies had less to say about how anesthetics might be used (see fig. 1). We hope you enjoy this new feature of the Journal, and we hope that these images will serve to fill some of the blank spaces in our collective consciousness of how we evolved as a specialty.

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References

2. Terrell RC: The invention and development of enflurane, isoflurane, sevoflurane, and desflurane. Anesthesiology 2008; 108:531–3
Fig. 1. Chloroforming or etherizing safecrackers. While working in antebellum Baltimore, German merchant Abraham Oberndorf, Jr., received US patents for his toy, umbrella, and ladder designs. Naturalized as a citizen by the Confederacy at the outbreak of the Civil War, he served as a Private in Company H of the 10th Alabama Infantry. After the war, he worked in Kansas as a farmer and then a banker. In the latter capacity, he filed two patents for safeguarding bank vaults from thieves. On June 23, 1896, Oberndorf received US Patent No. 562,767 for his Safe Attachment. Hung inside “any safe or vault,” this invention uses a fan-blade to sense the concussion of a safecracker’s explosive. The triggered release of a spring-loaded hammer then strikes a bullet cartridge, the explosion of which shatters a glass bottle of a “stifling and poisonous gas”... “like chloroform or ether...” Any thief who persisted would suffer “death or insensibility.” —George S. Bause, M.D., M.P.H., Honorary Curator, ASA’s Wood Library-Museum of Anesthesiology; Clinical Associate Professor, Case Western Reserve University.