Andreas Vesalius showed that the lethal effects of pneumothorax could be avoided if the lungs were rhythmically inflated by blowing air into the trachea by means of a reed or tube. The literature contains many allusions to the use of tubes placed in the trachea for purposes of resuscitation. John Snow administered an anesthetic to a rabbit through a cannula tied into a tracheotomy opening. In 1869, Friedrich Trendelenburg applied Snow’s technic to the human being, using an inflatable cuff around a tube. William MacEwen of Glasgow first used tracheal anesthesia. He used a metal tube which was introduced into the trachea by the sense of touch. MacEwen abandoned the method after the death of a patient. During the latter part of the nineteenth century several workers began to use endotracheal anesthesia in occasional specific cases of especial difficulty. Franz Kuhn began to use the method seriously and consistently. He appreciated all the possibilities of intubation such as the prevention of foreign material being aspirated into the trachea and using the tube as a means of removing secretions. Barthélemy and Dufour of Nancy, in 1907, used the technic which has become known as “endotracheal insufflation.” Meltzer and Auer carefully investigated insufflation and encouraged C. A. Elsberg to apply it to the human subject. Elsberg preached and practiced the use of Chevalier Jackson’s laryngoscope for introducing the endotracheal catheter. In 1913, Jackson advocated laryngoscopic intubation. Development of machines to administer anesthetics and skill in intubation has increased the usefulness of the endotracheal technic.

References:

F. A. M.


"The foundation of any specialty is dependent, I suppose, first upon men, second upon publications, and third upon organizations through which men meet for mutual development by exchange of ideas. . . . In January, 1913 I began the general practice of medicine in Sioux City, Iowa. . . . A majority of us, occasional 'surgeons,' depended upon each other to act as anesthetist as occasions demanded. . . . Probably three reasons contributed to my early interest in, and special attention to anesthesia. First, the results of anesthesia which I observed were variable and offered something of a challenge. Second, extra-curricular experience in the administration of anesthetics while a student in Cleveland, together with occasional opportunities to observe the use of nitrous oxide by the extremely skillful dentist, Charles K. Teter, had developed in me an unusual interest in the subject. And lastly, one of the more 'surgical' surgeons returned from an eastern trip in 1913 with a nitrous oxide apparatus (the first in Sioux City) the use of which he offered to me in other cases if I would anesthetize his patients. . . . A desire to study was the natural outcome of this enforced special interest. . . . It was with considerable joy, . . . that I discovered the introductory number of the Quarterly Supplement of Anesthesia and Analgesia appended to the October 1914 issue of the American Journal of Surgery. . . . Almost simultaneously with the appearance of the quarterly supplement, the textbook of Gwathmey and Baskerville became available. Gwathmey with McMeehan's help had begun the organization of an American Association of Anesthetists in 1912. . . . Papers by Ira McKesson