had earlier attracted my attention. . . .
Ira McKesson was the Toledo Technical
Appliance Company. He led the life of a multiple personality. . . . It
was through informal visits of McKes-
son and W. Hamilton Long of Louis-
ville to McMechan’s home, then in
Cincinnati, that the Interstate Associ-
ation of Anesthetists was organized.
The first meeting was held in Cincin-
nati in 1915. . . . In 1916, the Surgery
Publishing Company copyrighted the
first of a series of American Yearbooks
of Anesthesia and Analgesia to be
edited by McMechan. . . . The second
volume did not appear until 1920 and
no further volumes exist. In the for-
tward to volume two . . . appears the
following: So far no Anesthesia Founda-
tion has eventuated although re-
cently some forward-looking manufac-
turers of anesthetics and apparatus
have united to finance a National
Anesthesia Research Society which, it is
hoped, if it can serve its expectations,
will sooner or later become a founda-
tion. The name ‘National’ was soon
turned to ‘International.’ . . . The
first number of Current Researches in
Anesthesia and Analgesia appeared in
August, 1929. It continued under the
editorship of McMechan until his death
in 1939. . . . In addition to the or-
ganization of the Interstate Association
of Anesthetists (1915) McMechan’s
stimulus was instrumental in the ini-
tiation of other regional societies in
many parts of the United States and
one in Canada. The year 1926 was a
memorable one both for the McMechans
and for anesthesia in general. In that
year the old American Association of
Anesthetists became the Associated An-
esthetists of the United States and
Canada with the purpose of serving as
a parent organization to the Interstate
(its name now changed to Midwestern),
the Canadian, the Pacific Coast, the
Southern and the Eastern Associations.
The Quarterly Supplement appearing
with the American Journal of Surgery
was discontinued in that year. . . .
There is little doubt in my own mind
that the contributions toward the abo-
lition of pain in the world made by
the McMechans from 1912 to 1930
were unequaled. Until 1930 we who are
now considered ‘older anesthetists’
were content to delegate all the labor
of organization and the conduct of
organized effort to one man. The need
for a Section of Anesthesia in the
American Medical Association, for a
National Board of Certification, for a
modernized journal of anesthesiology
and other advances was evident to
those within and outside the specialty.
. . . In casting about for a vehicle
through which to apply newer methods
. . . [the] old New York Society was
expanded to become The American So-
ciety of Anesthesiologists, Inc. . . .
Through the tremendous interest, en-
thusiasm and energy of Dr. Paul Wood,
the reorganization and expansion was
launched with a minimum of difficul-
ties. . . . A Section on Anesthesiology
is now included in the scientific ses-
sions of the American Medical Asso-
ciation. A National Board of Anesthesi-
ology, Inc. stands ready to certify as
competent those anesthetists who pass
its examinations. A creditable journal,
Anesthesiology, is published six times a
year by the American Society of An-
esthetists, Inc.” 2 references.

F. A. M.

NEVEU, RAYMOND: The Introduction of
Surgical Anesthesia in France. J.
(Oct.) 1946.

In France, Jobert de Lamballe was
the first to use ether for surgical anes-
thesia. He first attempted etherization
on December 22, 1846, but was unsuc-
cessful; however, he did succeed in
anesthetizing a patient two days later.
Malgaigne and Velveau used ether and
reported their cases in January of 1847.
Soon after these reports the use of ether was introduced in all surgical services throughout France. Much zeal and ingenuity were shown by physicians and manufacturers in contriving appliances for use in anesthesia. The use of ether in midwifery was reported in February, 1847. French physiologists studied the problem of anesthesia and contributed greatly to the improvement of anesthetic methods. Gerdy, Longet, Flourens, Figuier, Soubeiran and other names appear in the early contributions. Early reports of fatalities following the use of chloroform caused it to be abandoned in favor of ether. Improvement in technics made the use of chloroform safer and it was again used by the pioneers in surgical anesthesia. 2 references.

F. A. M.


It is not known through what channels the news of the use of ether for surgical anesthesia first reached Germany. Only a short time elapsed between the first use of ether for surgery and its use in obstetrics. Heyfelder was probably the first surgeon in Germany to perform surgical operations on patients anesthetized by ether. Schuh, Behrend, Halla and Hammer each used ether within a few months of its introduction in the United States, and its use by other physicians spread rapidly. VonSiebold's presentation of a paper on etherization contributed much to the acceptance of anesthesia, and his paper must be regarded as one of the classics of medical literature. The term "general anesthesia" was never accepted in Germany. Physicians called the method "Narcose." Chloroform became more popular than ether and its popularity continued until early in the twentieth century. 2 references.


Many of the technics and agents which have aided in widening the field of usefulness of anesthetics were first introduced in Germany. O. Witzel of Düsseldorf first advocated the use of ether by the open drop method. The endotracheal technic of administering inhalation anesthetics was pioneered by the German surgeon Franz Kilhun of Cassel. He described most of the basic principles of endotracheal anesthesia as it is used today. Alfred Kirstein of Berlin invented a forerunner of the direct-vision laryngoscope. Gustav Killian of Freiburg modified Kirstein's laryngoscope and made it possible to pass a tube more easily into the trachea.

German investigators were pioneers in the development of local, spinal and regional anesthesia. In 1884, Carl Koller demonstrated the use of cocaine for local anesthesia of the eye and Jelinek of Vienna used it for anesthesia of the nose and throat. Carl Ludwig Schleich, in 1892, introduced a new technic of local anesthesia in an effort to increase the safety of injected cocaine by injecting low concentrations of local anesthetic drugs. Heinrich Braun, an early worker in the field of local anesthesia, suggested the use of adrenalin in local anesthetic solutions to decrease the rate of absorption of the drug. The German chemist, Alfred Einhorn, synthesized novocaine which proved to have a low degree of toxicity and his became the standard by which other local anesthetics are evaluated.

In 1908 August Bier attempted to produce anesthesia by the intravenous infusion of procaine. In 1898 he combined the technics of Corning and Quineke to demonstrate the feasibility of producing surgical anesthesia by the