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 McKesson and W. Hamilton Long of Louisville to McMechan’s home, then in Cincinnati, that the Interstate Association of Anesthetists was organized. The first meeting was held in Cincinnati 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 foreword to volume two . . . appears the following: So far no Anesthesia Foundation has eventuated although recently some forward-looking manufacturers 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 foundation. The name ‘National’ was soon changed to ‘International.’ . . . The first number of Current Researches in Anesthesia and Analgesia appeared in August, 1922. It continued under the editorship of McMechan until his death in 1933. . . . In addition to the organization of the Interstate Association of Anesthetists (1915) McMechan’s stimulus was instrumental in the initiation 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 Anesthetists 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 abolition 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 anesthesiaology 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 Society of Anesthesiologists, Inc. . . . Through the tremendous interest, enthusiasm and energy of Dr. Paul Wood, the reorganization and expansion was launched with a minimum of difficulties. . . . A Section on Anesthesiology is now included in the scientific sessions of the American Medical Association. A National Board of Anesthesiology, 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 Anesthesiologists, Inc.” 2 references.

F. A. M.


In France, Jobert de Lamballe was the first to use ether for surgical anesthesia. He first attempted etherization on December 22, 1846, but was unsuccessful; however, he did succeed in anesthetizing a patient two days later. Malgaigne and Velpueu 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, Floreens, 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 Kühn of Cassel. He described most of the basic principles of endotracheal anesthesia as it is used today. Alfred Kirke of Berlin invented a forerunner of the direct-vision laryngoscope. Gustav Killian of Freiburg modified Kirke'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 Schleieh, 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 adrenaline 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 Quincke to demonstrate the feasibility of producing surgical anesthesia by the