and the adult-derived paradigm of the general anesthesia triad is not completely relevant to neonates. Whatever the outcome of the neurotoxicity studies, we should not be afraid to rethink what anesthetic technique provides the best outcome in neonates.

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References

ANESTHESIOLOGY REFLECTIONS

The Rohrig Dropper Device for Ether or Chloroform

Practicing later as an eye-ear-nose-throat, or EENT, surgeon, John George Rohrig (1883–1933) received his medical doctorate from the University of Iowa in 1909. That same year, he reported his design for a dropper can (left) for ether or chloroform. The large-diameter screw cap allowed rapid reloading of the can with liquid anesthetic. A conical valve permitted finger-control of continuous drop by drop administration of ether or chloroform from the vented can. Dr. Rohrig touted his dropper can as safer than the traditional “flooding” of a gauze-covered wireframe mask surface—a practice he criticized as alternately exposing the patient to “pure ether vapor” or “pure air.” Better known for the Rohrig tonsil enucleater (right) that he patented a decade later, EENT surgeon Rohrig would pass away at the tender age of 50 years, just four days after emergency surgery for his perforated gastric ulcer. History did not record whether or not Dr. Rohrig was anesthetized with his namesake ether dropper. (Copyright © the American Society of Anesthesiologists, Inc. This image also appears in the Anesthesiology Reflections online collection available at www.anesthesiology.org.)

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