the Renaissance on, a new approach to the problems of health and disease developed. When William Harvey published his discovery of the circulation of the blood, the theory of physiology, based on anatomy, replaced the older concepts. Morgagni applied the anatomic approach to the science of pathology. Methods of perceiving anatomic lesions on the living patient were developed. When physicians began to think in terms of anatomy their attitude toward surgery changed. Pain and the danger of infection prevented the development of surgery. General anesthesia freed the surgeon from one bond and the other was broken by Lister who introduced the method of antisepsis.

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At the Mayo Clinic the greater part of the work in dentistry requiring anesthesia is done under local anesthesia. Occasionally the patient’s physical condition indicates that a general anesthetic agent be used. In choosing the general anesthetic agent to be used, the dental surgeon must consider the operative procedure as well as the patient’s condition. For simple operations of short duration and if muscular relaxation is not essential nitrous oxide and oxygen or pentothal sodium can be used. For more difficult or longer operations the intratraeheal administration of ether combined with other anesthetics produces satisfactory anesthesia. Nitrous oxide with oxygen may be used as the sole anesthetic or as an induction for ether. Pentothal sodium is useful for simple procedures and the simple apparatus for its administration eliminates bulky equipment from the field of operation. Control of bleeding is somewhat troublesome. Recovery from pentothal is slower than from nitrous oxide so more rest rooms and nursing attention are necessary.

Combination of anesthetic agents is being used with increasing frequency. Pentothal induction followed by nitrous oxide, oxygen and ether is a pleasant method for the patient. Use of the intratraeheal tube is the method of choice for maintenance of deep anesthesia. In dental surgical operations the patient’s throat is packed with gauze after intubation. Physical examination of all patients who are to be anesthetized is carried out for the Section on Dental Surgery at the Mayo Clinic by an internist. The results of the examination govern the manner of procedure. 3 references.

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The centenary of the introduction of ether into surgical practice is also the one hundredth birthday of the controversy over who shall be called the discoverer of anesthesia. A fitting way to celebrate the centennial would be a sincere effort to come to an agreement and settle the differences of opinion. The history of the discovery of anesthesia is similar in basic outline to the story of the discovery of penicillin. In the case of anesthesia, Wells, who originated the idea, has received less recognition than Morton who introduced the method. In the case of penicillin, Florey and his co-workers have never denied Fleming the credit for his discovery. Although Wells’ attempt to introduce anesthesia into surgical practice failed it was a step along the road to success. It gave Morton warning of the mistake of removing the inhaler too soon. It made the Boston medical men more receptive.