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In reply:—Papaveretum may release histamine in some patients, but it had been used previously in this patient without causing any disturbance and was therefore considered to be a suitable premedicant agent in this patient in view of the excellent sedation that it produces. The preoperative cardiovascular disturbances were temporally related to the physical movement of the patient to the operating room and not to the giving of the premedication, and I consider it most unlikely that this agent contributed to the tachycardia and hypertension found before induction, although this possibility cannot be excluded entirely.

The comment regarding anticholinergic agents would be appropriate for atropine, but not for scopolamine. In the dosage used, this agent produces "sedation, amnesia and bradycardia"[1] because of its partial agonist effect and it has been widely recommended as a premedicant agent in patients with pheochromocytoma.[2,3]

Although there are a few case reports of droperidol causing hemodynamic disturbances in patients with pheochromocytoma, the agent has been widely used without causing problems.[4] In this patient there was no evidence whatsoever that this drug contributed to the hemodynamic disturbances, as these were present before use of the agent and were not affected by its administration.

It seems unlikely, therefore, that the agents referred to significantly complicated this case, and I can see no reason to alter my conclusion that magnesium may be a useful agent in the management of pheochromocytoma. Since writing this case report, I have had the opportunity to use magnesium sulfate in another very similar case in which none of the three drugs referred to above were used and in which magnesium exerted an almost identical effect.

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The Origination of Common Eponyms Used in Anesthesia

To the Editor:—Many of the items we use everyday in anesthesia bear the name of the person who invented the particular device. It would seem that your readers would find a brief review of some of these "everyday eponyms in anesthesia" of interest.

Bain Breathing Circuit: J. A. Bain of London, Ontario. He described this streamlined breathing system in 1972.

Berman Airway: Robert A. Berman of Far Rockaway, New York. This is a plastic oropharyngeal airway, described in 1950, similar to the Guedel airway. It has a center bar, rather than a solitary cavity.

Bier Block: Karl Gustav August Bier, 1861–1949. He devised spinal anesthesia in 1899 and intravenous regional anesthesia in 1909, and worked in Kiel and Berlin.

Bizzarri-Guiffrida Laryngoscope Blade: Devised by Dante V. Bizzarri and Joseph G. Guiffrida, both of New York City. This laryngoscope is a modification of the Macintosh laryngoscope blade. The flange has been removed, making it easier to insert into the mouth past the teeth. It was described in 1958.

Cole Endotracheal Tube: Frank Cole. He devised this tapered endotracheal tube while at the University of Nebraska in 1945.

Crawford Epidural Needle: Oral Crawford of Springfield, Missouri. This epidural needle has a short and blunt bevel.

Foregger Machine: Richard von Foregger, 1872–1960. He constructed an anesthesia machine in 1923 and founded the Foregger Company. His son, Richard Foregger, M.D., practices in Milwaukee, Wisconsin.

Guedel Airway: Arthur E. Guedel, 1883–1956. Guedel was a prominent teacher of anesthesiology in the midwest and at the University of Southern California. He devised his airway in 1932 and also described the signs of ether anesthesia in 1920.

Greene Spinal Needle: H. M. Greene of the University of Oregon. Invented in 1923, this needle has a smooth, round point, which is designed to separate, rather than sever dural fibers, resulting in a smaller dural opening and a much slower loss of cerebrospinal fluid.

Huber Point: Ralph L. Huber of Seattle, Washington. Although originally described for hypodermic needles, this tip was adapted by Tuohy for his needle. Thus, the "Tuohy epidural needle, with Huber point" has become popular. Huber patented his hypodermic needle in 1946; his estate was issued other patents in 1955 and 1956.

Hustead Needle: Robert Hustead. Long an obstetrical anesthesiologist in Kansas City, Kansas, he now practices in Wichita, Kansas. He modified the Tuohy needle by making the head of the bevel opening smoother, thus reducing the incidence of the shearing of epidural catheters.

Heidbrink Machine: J. A. Heidbrink. He developed anesthesia machines in the 1920s and founded the Heidbrink Company, which was absorbed by Ohio-Chemical Company.

Miller Laryngoscope Blade: Robert A. Miller. This blade was described by Miller in 1941. He resided in San Antonio, Texas.

Magill Endotracheal Tube: Ivan Whiteside Magill, 1888– , an English anaesthetist. He worked with Rowbothan to develop endotracheal anesthesia in the 1920s.

Macintosh Laryngoscope Blade: Sir Robert Reynolds Macintosh, 1897– . Worked at Nuffield Infirmary, Oxford. He developed his curved blade in 1943.

Mapleson Breathing System: William W. Mapleson of Cardiff, Wales. He modified the Magill Breathing System and described it in 1954.

Murphy Endotracheal Tube: F. J. Murphy, 1900– . He described a red rubber endotracheal tube in 1941. Our modern plastic endotracheal tubes are of the Magill style but still have a Murphy "eye."

Phillips Laryngoscope Blade: Otto C. Phillips, 1917–1981. He described the blade in 1973 in Pittsburgh, Pennsylvania. This is a straight blade with a curved tip.

Quincke Spinal Needle: Heinricus Iranaeus Quincke, 1884–1922. Quincke demonstrated the usefulness of spinal puncture as a diagnostic procedure in 1881 and was a colleague of Bier. Our spinal needles have "Quincke Points."

Robertshaw Endotracheal Tube: Frank L. Robertshaw, English surgeon. He practiced at Manchester, England, and described this double-lumen endotracheal tube in 1962.

Rovenstine Adapter: Emery A. Rovenstine, 1895–1960. He was a well-known teacher and Chairman at New York University and a former President of the ASA, 1943–1944.

Salem Sump Tube: It was named after a small New York town near which it was developed in the early 1960s. It is a modification of the Levin Tube, which was described in 1921.

Sellick Maneuver: B. A. Sellick, Consultant Anesthetist, Middlesex Hospital, London. This maneuver, described in 1961, involved pressure on the cricoid cartilage to occlude the esophagus.

Siker Laryngoscope Blade: Ephraim S. Siker. He devised a mirror laryngoscope in 1956, in Pittsburgh, Pennsylvania. He is a former President of the ASA (1973).

Tuohy Needle: Edward B. Tuohy, 1908–1959. He devised the Tuohy epidural needle in 1944 (originally made for continuous spinal anesthesia).

Weiss Epidural Needle: Jess Weiss of Boston, Massachusetts. This is a Tuohy Needle with addition of wings to the hub. He is a former President of the ASA (1979).

Whitacre Spinal Needle: Roland John Whitacre, 1909–1956. A former President of the ASA (1950), he resided in Cleveland, Ohio. This needle has a sharp pencil-like point, designed to reduce the incidence of post-spinal headache.

I would like to thank Mr. Patrick Sim of the Wood Library–Museum of the American Society of Anesthesiologists, Park Ridge, Illinois, and Mr. Jack Palm, Director, Medical Technique Products, Becton-Dickinson, Rutherford, New Jersey, for their help with this project.

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Use of Petroleum Jelly

To the Editor:—The letter by Quintin *et al.*[1] in the correspondence section of the March 1985 issue of ANESTHESIOLOGY entitld "Decreasing the Incidence of Upper Airway Bleeding When Using a Large-size Nasotracheal Tube" is laudible in many respects. The authors correctly define a problem and suggest a cure.