

3. Cyna AM, Andrew M, Emmett RS, Middleton P, Simmons SW: Techniques for preventing hypotension during spinal anaesthesia for caesarean section. *Cochrane Database Syst Rev* 2006;CD002251
4. Dyer RA, Reed AR, van Dyk D, Arcache MJ, Hodges O, Lombard CJ, Greenwood J, James MF: Hemodynamic effects of ephedrine, phenylephrine, and the coadministration of phenylephrine with oxytocin during spinal anesthesia for elective cesarean delivery. *ANESTHESIOLOGY* 2009; 111:753–65
5. Langesaeter E, Rosseland LA, Stubhaug A: Continuous invasive blood pressure and cardiac output monitoring during cesarean delivery: A randomized, double-blind comparison of low-dose *versus* high-dose spinal anesthesia with intravenous phenylephrine or placebo infusion. *ANESTHESIOLOGY* 2008; 109:856–63
6. Ngan Kee WD, Lee A, Khaw KS, Ng FF, Karmakar MK, Gin T: A randomized double-blinded comparison of phenylephrine and ephedrine infusion combinations to maintain blood pressure during spinal anesthesia for cesarean delivery: The effects on fetal acid-base status and hemodynamic control. *Anesth Analg* 2008; 107:1295–302
7. Allen TK, George RB, White WD, Muir HA, Habib AS: A double-blind, placebo-controlled trial of four fixed rate infusion regimens of phenylephrine for hemodynamic support during spinal anesthesia for cesarean delivery. *Anesth Analg* 2010; 111:1221–9
8. Stewart A, Fernando R, McDonald S, Hignett R, Jones T, Columb M: The dose-dependent effects of phenylephrine for elective cesarean delivery under spinal anesthesia. *Anesth Analg* 2010; 111:1230–7
9. Ngan Kee WD, Khaw KS, Ng FF: Comparison of phenylephrine infusion regimens for maintaining maternal blood pressure during spinal anaesthesia for Caesarean section. *Br J Anaesth* 2004; 92:469–74
10. Heesen M, Köllhr S, Rossaint R, Straube S: Prophylactic phenylephrine for caesarean section under spinal anaesthesia: Systematic review and meta-analysis. *Anaesthesia* 2014; 69:143–65

ANESTHESIOLOGY REFLECTIONS FROM THE WOOD LIBRARY-MUSEUM

Salt's Portable Ether Inhaler



Patented on March 5, 1847, this portable ether inhaler was manufactured by a cutlery and surgical instrument firm, M. Salt & Son of Birmingham, England. To prepare the inhaler for use, the physician or dentist had to simply: (1) remove the top, add ether to the main cylinder's sponges, and then replace the top; and then (2) partly or completely open the aeration holes at the base (left). In *The Pharmaceutical Journal* of London, this inhaler was noted to provide “the alternate admission of air and ether” so that “vapour may be regulated without the necessity of removing the apparatus from the [patient’s] mouth.” When Salt’s portable ether inhaler was not in use, both its top and bottom ends could be sealed—a clever design ensuring both economy in ether use and fewer spills inside the jacket pocket of the etherist. Apparently, spilling this “Salt” was not bad luck! (Copyright © the American Society of Anesthesiologists, Inc.)

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