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Contributors

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· ANESTHESIA DON'TS*

BY JOSEPH E. LUMBARD, M. D. NEW YORK

ANESTHETIST TO THE HARLEM, THE GENERAL MEMORIAL, THE RED CROSS, AND THE LYING-IN HOSPITALS. MEMBER A. M. A., FELLOW N. Y. ACADEMY OF MEDICINE.

General.

1. Don't use ether or chloroform that is not transparent, colorless, neutral in reaction, or which leaves a residue upon evaporation.

2. Don't forget that the selection of the proper anesthetic is as important as its administration.

3. Don't forget that it is always your duty to use the safest anesthetic at your command.

4. Don't use an inhaler which cannot be sterilized.

5. Don't let convenience preclude safety in the selection of chloroform instead of ether, or ethyl chloride instead of nitrous oxide.

6. Don't forget that morphine, if properly used in well selected cases, especially in alcoholics and athletes, is a valuable adjunct to a smooth narcosis, but should be given at least one-half hour before beginning the anesthesia.

7. Don't assume because your patient has been anesthetized once without bad results that you do not have to be on the alert in future administrations.

8. Don't forget that there may be danger although the patient has no organic disease.

9. Don't forget that the excessive use of tobacco will often prevent a smooth narcosis.

10. Don't always expect a smooth anesthesia with patients who are "bad travelers" on land or sea.

11. Don't forget that no one anesthetic will do for all cases under all circumstances.

12. Don't be governed by percentages or the amount of anesthetic used, but by the condition of the patient.

13. Don't forget that the respiration is the most important thing to watch, no matter which anesthetic is employed.

14. Don't forget that the depth of respiration is the most trustworthy of all signs.

15. Don't forget that the greatest factor in safety lies with the experience of the anesthetist more than with the anesthetic or inhaler used.

*Read before the Washington Heights Medical Society, October 24, 1911.

Columbia University

16. Don't forget that there is always a chance for any patient to act badly and possibly die under the anesthetic.

17. Don't forget that oxygen added to ether or chloroform will often make a narcosis safe that would not be so otherwise.

18. Don't forget that it is easier (and much safer) to add to than to subtract from when administering anesthetics.

19. Don't be afraid to give anesthetics in chronic cardiac, pulmonary, and renal conditions.

20. Don't forget that most trouble in the administration of all anesthetics comes from using too much.

21. Don't forget that the color of the ear is a very good guide for the beginning of cyanosis.

22. Don't resort to intratracheal or rectal anesthesia when simpler and safer methods will accomplish the same purpose.

23. Don't expect to relieve mechanical obstruction in the respiratory tract by hypodermics.

24. Don't watch the operation, even if you can do so without neglecting your patient; it does not inspire the surgeon's confidence.

25. Don't attempt to secure deep anesthesia in empyema cases; use just as little of the anesthetic as possible.

26. Don't forget that surgical shock may apparently deepen the anesthesia and cause alarming symptoms.

27. Don't forget that it is illegal to have a nurse administer an anesthetic in the State of New York.

Chloroform.

1. Don't let the surgeon hurry the anesthetist, especially when using chloroform.

2. Don't have too much covering on the mask when giving chloroform. Always give the patient plenty of air.

3. Don't administer chloroform with the patient in the sitting posture.

4. Don't advise long or deep inspiration when using chloroform.

5. Don't forget that the majority of deaths under chloroform have occurred during the first period of its administration.

6. Don't forget that while the toxic effects of chloroform often show themselves very suddenly, they may be delayed for days.

7. Don't assume because you have used chloroform with good results in obstetrical cases that you may use it promiscuously in all other cases. Chloroform is not free from danger in obstetrical cases. 8. Don't use chloroform in obstetrical work when the uterine contractions are feeble and the fetal heart cannot be heard.

9. Don't use chloroform in a small room lighted by gas.

10. Don't lose sight of the eye reflexes when giving chloroform.

11. Don't administer chloroform by a closed inhaler.

12. Don't charge a patient up with chloroform, as is so often done with ether.

13. Don't use chloroform for the removal of tonsils and adenoids.

14. Don't forget to add a few drops of ether when using chloroform.

Ether.

1. Don't forget that ether is a stimulant, while chloroform is a depressant.

2. Don't forget that ether usually gives warning of approaching danger which chloroform is not apt to do.

3. Don't forget that ether has a larger latitude for safety than chloroform; but do not abuse it.

4. Don't rely on this comparative safety of ether and allow its administration by a novice unless absolutely necessary.

5. Don't forget, generally speaking, that ether is much safer than chloroform and certainly should have first choice, other things being equal.

Nitrous Oxide.

1. Don't be alarmed at slight cyanosis when using nitrous oxide.

2. Don't forget that jactitation, when using nitrous oxide, calls for more oxygen.

3. Don't forget that nitrous oxide can be given safely at any age.

4 Don't forget that nitrous oxide and oxygen is the safest anesthetic known, but is not always satisfactory to the surgeon.

5. Don't fail to have a witness when inducing anesthesia, especially when using gas. Many law-suits have resulted because this precaution was not taken.

6. Don't forget to empty the bladder before giving gas to children, as they often urinate while under its influence.

7. Don't forget that nitrous oxide is the safest anesthetic for short operations and examinations.

8. Don't expect a good anesthesia when using nitrous oxide on alcoholics.

Relation to Patient.

1. Don't starve or purge a weak patient too much prior to anesthesia.

2. Don't forget to secure the patient's confidence before commencing the administration of the anesthetic and begin very slowly and quietly. Allow neither talking nor noise in the room. You will thus contribute to a smooth narcosis.

3. Don't forget to ask the patient if he is accustomed to sleep with his head high or low and govern yourself accordingly when administering the anesthetic.

4. Don't forget that the nose, mouth, stomach, bowels and bladder should be empty before beginning anesthesia.

5. Don't forget to have teeth, nose and buccal cavity clean before giving the anesthetic.

6. Don't forget to keep the patient warm at all times.

7. Don't forget to wash out the stomach when it is full. The anesthetic will act more quickly and more safely.

8. Don't forget that the change of posture may add greatly to the patient's comfort and safety.

9. Don't forget to give a drug friend his usual dose before anesthetization.

10. Don't worry about the pulse if the respiration and the color of the face are satisfactory.

11. Don't be alarmed when the pulse is a little weak or rapid. Look for the cause and remedy it.

12. Don't go over the safety line in trying to relax the abdominal muscles in acute conditions.

13. Don't forget to withdraw the anesthetic immediately when you have a widely dilated pupil, fixed eyeball and eyelids partly open. This means that too much has been given.

14. Don't forget that a dilated pupil with a moving eyeball means that not enough has been given.

15. Don't forget to drain the mucus from the mouth by means of a gauze wick or suction apparatus.

16. Don't deceive children about to be anesthetized.

Don't forget, first, last, and all the time, to keep your whole attention fixed on the administration of the anesthetic.

GRAHAM COURT, 1925 SEVENTH AVENUE.



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