By 1914 a Chicagoland dentist–anesthetist named Edward S. Barber, D.D.S., was promoting his protocol for use on dental patients under “nitrous-oxid [sic] and oxygen” whose complexion had turned “a greenish color which is a forerunner of nausea.” Barber recommended halting the anesthetic and, once the patient opened his or her eyes, leaning the patient forward in the dental chair. Barber would then have his lady assistant hold a kidney basin in her left hand and a sponge in her right. After the patient’s face was sponged with cold water and the patient’s neck draped with a cold, wet towel, Barber would use his own torso to force the patient “downwards so that the stomach comes in contact with the knees and the head is lowered as far as possible.” Note in Barber’s staged photograph (above, courtesy of the Wood Library-Museum) how the dentist uses his left hand to cradle the patient’s forehead and his right to hold a broken ammonia ampoule under the patient’s nose. To ensure that this “anesthetic nausea” protocol could be observed, Barber refused to anesthetize corseted ladies, because “the body cannot be pinched up enough to compress the stomach sufficiently and expel the gas.” (Copyright © the American Society of Anesthesiologists, Inc. This image appears in the Anesthesiology Reflections online collection available at www.anesthesiology.org.)

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