

journals. As one of the basic scientists who prepared a review article for this issue said to me, “Before I started writing, I looked through a few issues of your journal. It’s amazing how strong the contrast is between practical information and pretty basic research.” In the past few years we have expanded and will continue to expand content that can immediately guide clinical practice and serve as practical review for clinicians. And we will continue to apply innovations to better translate the importance of basic science work to the busy clinician. But this tension will remain, and we will not stop publishing important, definitive fundamental science that advances our understanding.

I will end with a thank you and an apology. Thank you to Alex Evers and his faculty, who submitted many manuscripts in all sections of the Journal that provide a clear view of one outstanding research environment. My apology is to the physician scientists who authored many of these manuscripts if my comments above suggest I hold them (and me as a phy-

sician scientist) as lesser scientists than those with a PhD degree. Nothing could be farther from the truth. I believe physician scientists uniquely combine both worlds, leading to generation of meaningful questions and solutions to our patients’ problems. Finally, like the candidates, let’s all strive to push back the point where we honestly have to say, “I don’t know!”

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ANESTHESIOLOGY REFLECTIONS

Hart’s Chloroform Analgesia by “Reynolds Obstetrical Inhaler”



According to Lawrence M. Hart, D.O., of Seattle, “no more chloroform” should be added to the “Reynolds Obstetrical inhaler than will be absorbed by the gauze, otherwise a drop of the anesthetic may flow into the patient’s nostril and cause serious discomfort.” With ether or particularly chloroform, obstetrical use of this rabbit-ear-like nasal inhaler (*above*) peaked between 1910 and 1920. According to Washington osteopath Hart, late in the first stage or early in her second stage, a laboring mother-to-be should be prompted to “place the instrument to her nostrils at the beginning of each pain and to inhale as long as the pain lasts.” Dr. Hart considered this analgesic safe for the parturient because “the inhaler will drop from her hand at the beginning of narcosis.” (Copyright © the American Society of Anesthesiologists, Inc. This image also appears in the *Anesthesiology Reflections* online collection available at www.anesthesiology.org.)

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