

tool to quantitatively assess the effect of any patient or environmental covariate (*e.g.*, genetic influences, barometric pressure) on the time course of labor. Understanding the causes of interindividual variability in physiologic responses, disease progression, and response to therapy is a central theme to 21st century biomedical research. Debiec *et al.*¹ have provided an important tool to perinatal and pain medicine to probe root causes of such variability in progress of labor and the pain it causes.

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References

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2. Friedman EA: Primigravid labor. *Obstet Gyn* 1955; 6:567–89

■ ANESTHESIOLOGY REFLECTIONS

The Horton Intercooler



Surgeon-manufacturer Karl Connell (1878–1941) was alarmed by the fatal explosion in Boston resulting from static ignition of cyclopropane vapor delivered by one of his Connell DeLuxe anesthesia machines. He collaborated in 1939 with a Massachusetts Institute of Technology professor of engineering, J. Warren Horton, and a Lahey Clinic anesthesiologist, Phillip D. Woodbridge, to produce the “Horton Intercooler” (*see above*). This device used its metal casing, woven metallic bracelets, spring clamps, and often a drag chain to provide high-resistance electric coupling of the patient, the anesthesiologist, the operating room table, and the anesthesia machine to the conductive flooring. Once nonexplosive gases were introduced as general anesthetics, use of the cumbersome Horton Intercooler waned. (Copyright © the American Society of Anesthesiologists, Inc. This image appears in color in the *Anesthesiology Reflections* online collection available at www.anesthesiology.org.)

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