

Appendix. Additional Members of the Peking University Clinical Research Program Study Group

Department of Anesthesiology and Critical Care Medicine, Peking University First Hospital, Beijing, China: Jun Li, B.S.Med.Tech., Guo-Jin Shan, associate B.S.Med.Tech., Qiong Ma, associate B.S.Med.Tech., Hao Kong, M.D., Da Huang, M.D., Chun-Mei Deng, M.D., Yi Zhao, M.D., Xue-Yi Zheng, M.D., Yue Zhang, M.D., Ph.D., Dan-Feng Zhang, M.D., Mu-Han Li, M.D., Ph.D., Xin-Quan Liang, M.D., Chao Liu, M.D., Shu-Ting He, M.D., Si-Ming Huang, M.D., Si-Chao Xu, M.D.

Department of Anesthesiology, Beijing Shijitan Hospital, Capital Medical University, Beijing, China: Xiao-Yun Hu, M.D., Run Wang, M.D., Li Xiao, M.D., Jing Zhang, M.D., Wen-Zheng Yang, M.D.

Department of Anesthesiology, Peking University Third Hospital, Beijing, China: Wei-Ping Liu, M.D., Wen-Yong Han, M.D.

Department of Anesthesiology, Peking University People's Hospital, Beijing, China: Yao Yu, M.D.

Department of Anesthesiology, Beijing Hospital, National Center of Gerontology; Institute of Geriatric Medicine, Chinese Academy of Medical Sciences, Beijing, China: Hong-Ye Zhang, M.D., Zhen Hua, M.D., Jing-Jing Zhang, M.D.

Peking University Clinical Research Institute, Peking University Health Science Center, Beijing, China: Ping Ji, Ph.D., Qin Liu, M.P.H., Shu-Qian Fu, M.P.H., Xian Su, M.P.H., Xiao-Yan Yan, Ph.D., Yong-Pei Yu, Ph.D., and Mei-Rong Wang, M.D.

ANESTHESIOLOGY REFLECTIONS FROM THE WOOD LIBRARY-MUSEUM

O'Dwyer's Intubation Set Disrupts Diphtheria's Dyspnea



Derived from the ancient Greek *diphthera*, or “leather hide,” *Corynebacterium diphtheriae* formed a leathery laryngeal pseudomembrane that often obstructed the airway. Diphtheria outbreaks devastated entire institutions like the New York Foundling Hospital (NYFH) on Manhattan's Upper East Side. NYFH physician Joseph O'Dwyer, M.D. (1841 to 1898), developed an intubation set (*lower right*) to prevent lethal asphyxiation from diphtheria and to circumvent the need for pediatric tracheostomy, which was associated with a high mortality risk. The technique he invented in 1885 involved the operator placing a mouth gag in an awake, restrained child and digitally lifting the epiglottis while blindly intubating the larynx with a metal cannula (*upper right*). O'Dwyer meticulously elongated and reshaped the tube over a decade to prevent tissue erosion and expectoration with cough (*left*). Initially ridiculed but ultimately revered, the O'Dwyer Method laid the groundwork for future acceptance of tracheal intubation during general anesthesia. (Copyright © the American Society of Anesthesiologists' Wood Library-Museum of Anesthesiology, Schaumburg, Illinois.)

Melissa L. Coleman, M.D., Penn State College of Medicine, Hershey, Pennsylvania, and Jane S. Moon, M.D., University of California, Los Angeles, California.