# EDITORIAL

## THE CHAFF FROM THE WHEAT

FAILURE to observe the simple routine precautions that every anesthesiologist knows so well can be and often is one of the major hazards of the operating room.

That is why every anesthesiologist can afford to read and reread "Ministers of Death," which may well be the timeliest article in this issue of *Anesthesiology* despite the fact that it was written 103 years ago.

By calling attention to quotations published by Gilman shortly after the first use of anesthesia in this country, Burnham has done a real service for our specialty.

The basic value of unbiased clinical observation is periodically rediscovered. Each discoverer, in turn, develops a warm glow of appreciation for the keen insight of his predecessors in the practice of medicine, and realizes that the simple details which are so easy to forget are often the most important part of adequate medical care.

For example, Gilman's first rule, set down 103 years ago, is that "*the patient should not take food immediately before the operation,*" a principle as good today as it was then.

"*The mind of the patient should be as far as possible calm and composed. Quiet around us is of the utmost importance. Loud-talking* [*is*] *likely to interfere with the production of the anesthetic state.*"

A century has gone by since Gilman wrote this, yet today many who enter the operating room still have not learned that this must be one section of the hospital where quietness, dignity and composure are absolute necessities—both for the patient's benefit and for the creation of an atmosphere that promotes more careful work by all concerned.

The basic principles of anesthesiology change little, yet they continue to be violated literally thousands of times a day, with undue hazard to the patient.

"*Care should be taken that the supply of atmospheric air is at all times adequate. There is little doubt but that several of the fatal cases depended upon an inadequate supply of air,*" Gilman also wrote long ago.

Today, the effects of hypoxia are well known, but it is unquestionably true that failure to keep the patient adequately oxygenated is still the principal cause of fatalities in the operating room.

We know that overdosage of the anesthetic agent is another major cause of preventable deaths under anesthesia. Yet it is almost impossible to visit several hospitals in succession without finding one where

overdosage of one anesthetic agent or another is a common or at least a frequent practice.

Gilman wrote about the importance of "*the lessons of caution and watchfulness without which I know these agents are and must be ministers of death.*" In all operations, one person should have charge of anesthesia, and he should think of nothing else. We have arrived at the time when this is not only mandatory, but additional lives will be saved if the person in charge of administration of the anesthetic has one or more capable assistants.

These lessons become ever more vital as we use anesthetic agents that are so much more powerful than those of Dr. Gilman's day. Failure to apply the basic principles so familiar to all of us tends to nullify the real and substantial progress in anesthesiological techniques during recent years.

Today, the anesthesiologist finds himself mired in an endless amount of new information, and I am sure that many of us often wish we could screen out the discussions that are really vital. Gilman's comments are a prime example of separating the chaff from the wheat.