Although anaesthetists have an active role in the peri-operative journey, many patients still have little understanding about their role or the concept of how anaesthetics work. They entrust us to keep them safe whilst they sleep, and we strive to abide the Association of Anaesthetists’ motto ‘in somno securitas’ (translating to ‘safe in sleep’).

Anaesthesia has evolved over time into an increasingly safe practice for our patients. Since its advent, the evolution of anaesthetic practice has allowed increasingly complex surgery to be performed on patients with more comorbidities. ‘Waking Up Safer?’ is an anaesthetist’s record written by Professor Berend Mets to better inform the public about anaesthetic practice. He draws upon his personal experience, whilst tracing historical and scientific developments in the world of anaesthesia. Professor Mets chronicles the stories of many notable individuals whilst illustrating how anaesthesia has progressed - making this book an interesting read for budding or current anaesthetists to better understand how practice has changed.

Having practiced anaesthesia in England, South Africa and the United States, Professor Mets has been able to use his experience and knowledge to compare and contrast anaesthetic practice in various countries and explain how anaesthesia has changed throughout his career. ‘Waking Up Safer? An Anesthesiologist’s Record’ is Professor Mets’ first book. Opposite he provides two excerpts.

Sally El-Ghazali
Chair, Association of Anaesthetists Trainees Committee

A Brief History of Anaesthesia

As early as December 21 of 1846, just two months after Morton’s demonstration, Dr John Liston performed the first operation under ether anaesthesia in London. Liston was known for his speed. Amputating a butler, Fredrick Churchill’s, leg in an amazing 25 seconds. As the amputated leg fell to the floor, noting the success of the ether anaesthetic in alleviating pain, he turned to the assembled audience in the theatre and declared, “This Yankee dodge beats mesmerism hollow.” Liston was reputedly so lightning fast, that at one amputation, before general anaesthesia was available, he cut through a patient’s leg as well as his assistant’s fingers - before anyone could stop him. Both subsequently dying from sepsis. In the audience, someone witnessing this tragedy, died of shock. The first recorded operation with 300% mortality.

Senior House Office Anaesthetics (undergoing a viva voce at the Royal College of Surgeons)

A pathology specimen, drowned in formalin, was thrust across the table, by one of my two examiners. “Dr Mets, how would you anaesthetize this child?” the examiner asked, adding in a gruff voice, “if, you knew what is evident from this specimen.” (He was referring to the fact that there was no way of knowing that this lethal tumour was there, hovering over the larynx, as it would be impossible to see this in the child by just looking at him and no radiological way of identifying the problem preoperatively). I looked at him, and took a deep breath, because what I was about to say might not sit well with the demanding examiner. I said, “Sir, I would not anaesthetize this child, until I was sure that I had secured the airway, I would rap the child in a blanket, to restrain it, and place the breathing tube without anaesthesia.” A pregnant silence ensued, I waited anxiously for a response. “Yes” he said “that’s what they should have done.”

Excerpts from ‘Waking Up Safer? An Anesthesiologist’s Record’ with permission from the publisher, SilverWood Books, Bristol.