

productivity, endangered species displaced by flooding, summer lakeside recreation, and electrical power for tens of millions of voting Americans.

It is precisely the lack of easy answers that leads Powell, late in the book, to break away from history altogether and write what could be called speculative nonfiction, predicting the future of Glen Canyon Dam—and of the American West in general. We go 10, 20, 50 years into the future, and watch climate change and drought afflict the region, dams fill with silt, and whole cities go thirsty, their lights fading into darkness. At times, the book verges on the apocalyptic: “One day every trace of the dams and their reservoirs will be gone, a few exotic grains of concrete the only evidence of their one-time existence.”

While Powell’s vision of the future is not always convincing, *Dead Pool* ends as a historically important, well-timed, and memorable addition to the growing library of books about water and the West.

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## Something for the Pain

Reviewed by Ruth Levy Guyer

BEFORE THE ERA OF ANESTHETICS, walking to the operating room resembled “going to a hanging,” in the words of one surgeon. So imagine what surgery was like for the hapless patient.

The changes that accompanied the advent of anesthetics in the 1840s—particularly in Britain and the United States—are the focus of Stephanie Snow’s *Blessed Days of Anaesthesia*. Anesthetics affected the practice and evolution of general surgery, dentistry, and military medicine, and altered childbirth. They also brought about social changes, as people came to understand that experiencing physical pain was not crucial to a moral life; indeed, sometimes a pain was just a pain.

The earliest anesthetics—ether, chloroform, laughing gas—had distinctive strengths, weak-

nesses, and uses. Dentists favored laughing gas—a short-acting agent—for their quick procedures. Ether required careful titration by a specialist. Chloroform was the easiest to use but also the most commonly associated with overdosing, addiction, and death.

Over many decades, the merits of anesthetics on the battlefield remained controversial. Were they too flammable for use near gunfire? Might their depressant effects hamper recovery in the severely traumatized? “The smart of the knife is a powerful stimulant and it is much better to hear a man bawl lustily than to see him sink silently into the grave,” wrote the British chief medical officer of the Crimean War in 1854, but others believed there were limits to how much trauma one shocked soldier could endure.

In the United States during the Civil War, anesthetics had a second use. Soldiers suspected of malingering were lightly anesthetized and then assigned tasks. Those who performed successfully were dispatched back into battle. Not until the 1880s, Snow notes, did the “concept of traumatic or post-traumatic neurosis become established as a medical category of disease,” accounting for soldiers who were physically able but psychologically scarred.

The elite revered anesthetics. Charles Darwin self-experimented with chloroform and in 1850 gave it to his wife, Emma, during labor, writing that he “kept her in a state of insensibility of 1 & 1/2 hours & she knew nothing from first pain till she heard that the child was born.” Physician John Snow, a central figure in the book and a distant relative of the author, administered chloroform to Queen Victoria during the births of her eighth and ninth children in the 1850s, giving rise to debate in *The Lancet* and other publications between those who found the use of anesthetics for normal birth dangerous and irresponsible and those who embraced the practice.

Anesthetic compounds were initially easy to purchase. Asthma and toothache sufferers self-administered them. Muggers and robbers used them to stun their victims. Individuals caught in

**BLESSED DAYS OF ANAESTHESIA:**  
How Anaesthetics Changed the World.

By Stephanie J. Snow.  
Oxford Univ. Press.  
226 pp. \$34.95



*First Operation Under Ether*, by Robert C. Hinckley, 1881–94

compromising situations claimed to have been etherized to “account for being in disreputable places and company.”

In the 20th century, “the needle . . . replaced the mask,” Snow writes, and researchers developed many new compounds with single effects—analgesia, amnesia, muscle relaxation, sedation—and fine-tuned their uses, making surgeries and dentistry safer.

The story of anesthesia is fascinating, a mix of surprising social consequences, engaging philosophical debates, curious personalities, experiments gone right and wrong. But Snow, a researcher at the Center for the History of Science, Technology, and Medicine at the University of Manchester, is too often a stiff stylist, and frequent insider asides and digressions detract from many of

the interesting tales she tells.

Today anesthesia is integral to Western medicine, though some—myself included—elect to forgo it when we can (in the dentist’s chair; during childbirth), realizing that every drug has unpredictable side effects. Others, of course, take anesthetics *for* the side effects. The 19th-century transcendentalists, for example, saw self-experimentation as a path to spiritual enlightenment. “You expand like a seed . . .” wrote Henry David Thoreau. “You exist . . . like a tree in the winter. If you have an inclination to travel, take the ether; you go beyond the furthest star.”

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