

THE UNIVERSITY OF WISCONSIN  
STATE OF WISCONSIN GENERAL HOSPITAL  
MADISON

January 6, 1939

Dr. Virginia Apgar  
617 W. 168th Street  
New York City, New York

Dear Doctor Apgar:

I understand that you have started in to rob cradles. This is a grave disappointment to me. There are plenty of eligible bachelors already in their long trousers, especially in New York City. Why, then, should you go to the cradles of Texas for your interest in the opposite sex? It may be, however, that you are simply helping to train the oncoming generation early. In that case, I shall have to admit the soundness of your activities.

This is to put in a good word for Doctor Wellwood Nesbit, whom you will remember as the head of the E.N.T. department at Wisconsin General. You as a native New Yorker probably do not appreciate how scared we of the midwest are when we go to the great city. Nesbit tells me that he has to come to your institution; namely, Presbyterian, to do a tonsillectomy next Wednesday. Whether he acts it or not, he will be scared to death and it occurs to me that you could probably make life much easier for him on that day if you were to know about his predicament.

Whether you ever gave an anesthetic for him for tonsillectomy or not, I do not remember. I should say, therefore, that under ordinary circumstances he does an extremely rapid and neat Sluder type of operation. It is a distinct advantage for such an operation to have the patient thoroughly anesthetized and well relaxed. He is a very tolerant individual and will not object to waiting a few minutes for the anesthetist to have the patient thoroughly ready.

Far be it from me to suggest how you should conduct an anesthesia for him if circumstances were to permit you to take care of it yourself, but I could say that the method which I have found most applicable has been to thoroughly relax the patient with ether rather rapidly, changing to a mouth hook, once I am ready for him to start, and blowing nitrous oxide-oxygen and ether rapidly through the mouth hook to maintain deep anesthesia until I am sure that he has control of the situation, then I have cut off the ether, holding it with nitrous oxide-oxygen while a large part of the ether blows off. Conducted in this way, it has been possible to handle all youngsters very satisfactorily for him without any intubation. The mistake made is always in keeping the closed mask on long enough to get a thorough saturation of the blood. Of course, one does not aim at a thorough saturation of all the tissues. By such a technic, most of his patients, even though having some light premedication, are able to spit when they leave the operating room. If the youngster is too old for this technic, he will have no objection to nasal intubation, taking the tube out for removal of the adenoids if any.

I hope you will pardon me for any suggestions as to how to handle him from a technical standpoint. Probably you would do it much better without any suggestions from me. The main point is that I wanted you to know that he would be

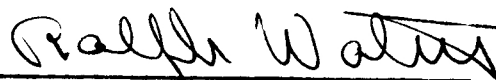
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there so that if you found it convenient, you could sort of welcome him to your institution. I know it will make him feel much happier about the whole thing. Anything that you can do to make a fellow physician happier, you will be rewarded for in the Great Beyond.

The Waters family greatly appreciated your holiday greetings and I think I need not say that the department looks forward to coming visits from the whole crowd at Easter time with a great deal of pleasure.

With kindest personal regards, I am,

Yours,

A handwritten signature in cursive script that reads "Ralph M. Waters". The signature is written in dark ink and is positioned above a horizontal line.

Ralph M. Waters, M. D.  
Department of Anesthesia.

RMW:vmh