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extrapolated to mean a vital discipline of medicine. Some analysis and a cogent synthesis are called for.

The term anesthesia is beset by another problem, namely the fact that aesthesia and aesthetics connote refined taste, sense of cultural values and courteous and decent living. The increasing absence of aesthetics in the expanding metropolises of the world would lead one to declare that they are all suffering from anesthesia. Further anesthesia has usually aimed at reversible inhibition not only of sensation but also of movement and consciousness. Surely we need to replace the illogic of anesthesia by a logical concept.

A medical dictionary of the third millennium lists 61 modes of anesthesia, the cardinal feature of each of them being reversible inhibition of some neurones in central craniospinal axis or in the peripheral nerves which are nothing but dendritic/axonal extensions of central neurones themselves. The concept of nerve fibre creates an illusory dichotomy between the bodies of the nerve cells in the craniospinal axis and their reach to the farthest periphery of the body through the so called nerves. An act as simple as the instillation of anesthetic drops into the eyes to measure ocular pressure or a brachial plexus block basically affect nothing but neurones, albeit away from the main cell bodies. One can safely conclude that the target cell in all the 61 forms of anesthesia is the neurone. The logical step is to allow the new term aneuronia to replace the illogical term anesthesia. Needless to say aneuronia is a mother term to allied words such as aneuronist, aneuronology, aneuronic, and so on. If a cytologist deals with cells, an aneuronist deals with neurones in effecting their reversible inhibition to facilitate a procedure.

It comes as a surprise to realize that the science of aneuronology (anesthesiology) doesn't engage itself in either diagnosis, investigation or treatment of any medical condition. So where do we put this global discipline?

We need to recognize aneuronology as 'facilitatory medicine' that assists diagnosis (examination under anesthesia) investigation (CT scan/MRI of a child) and of course surgery. Advances in aneuronia have facilitated the advances in surgery, but it is not the other way round. The only invasion that an aneuronist inflicts on the human body is a prick into a vein or the spinal theca, a catheter in the epidural space or intubation into tracheobronchial tree.

We submit that the 9-lettered aneuronia in comparison with the 10 lettered anesthesia is more evocative, elegant, euphonic, etymologically correct and educative. It directly indicates the neuronocentric basis of the aneuronal science. The new term ushers in eusemantics<sup>[1]</sup> in a branch which in the last 150 years has matched its progress with another discipline namely, radiology.

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## Replacing the illogic of anesthesia by the logic of aneuronia

Sir,

May we be allowed to declare at the outset that the word anesthesia is illogical and is in need of being replaced by a more logical, comprehensive, etymologically correct term. Skinner in his the origin of medical terms expands on anesthesia as follows: "Greek *-an* privation, plus *aesthes*, sensation; plus suffix *ia* indicating a condition in which there is absence of sensation. So defined in 1721 by Bailey, for a defect in sensation observed in certain paralyzed individuals." It should be obvious that the taken-for-granted term anesthesia was born in permanently paralyzed humans and for reasons best unknown, has been

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