

The seven incumbents of the lectureship are presented in pen-pictures, drawn with understanding of the contemporary scene and supported by the reproduction of portraits—four of them by Raeburn. The influence they exerted both at home and abroad—in science, medicine, and industry—is closely followed and discussed, and there emerges from this collection of articles a well-co-ordinated, fully documented book which makes a real contribution to the history of science and of medicine.

JAMES D. LOUDON.

THE ETHER CONTROVERSY

The First Anesthetic. The Story of Crawford Long. By Frank Kells Boland, M.D. (Pp. 160; illustrated. \$3.) Athens: University of Georgia Press. 1950.

The story of the discovery of surgical anaesthesia in the U.S.A. is well known in Britain, and many are familiar with the fact that the belated claims made by Crawford Williamson Long, of Georgia, led to some feeling in the South that their hero had not been given due credit for his part in the discovery. The author of this book is president of the Crawford W. Long Memorial Association. In the publisher's announcement on the dust-cover we are advised that Dr. Boland "has continued his studies and researches with the determination to establish Crawford Long as the real discoverer of anaesthesia." This is not an encouraging introduction to the book. History is not written in that way, and the statement makes the author's work suspect. On p. 106 Dr. Boland says: "We may be going out of the way slightly to build up Dr. Jackson's chances of deceit, but the case calls for imagination to match his methods. . . . The whole motive is to present Long as the discoverer, the originator, of surgical anaesthesia; Jackson as the messenger to Morton; and Morton as the public demonstrator of medicine's greatest gift to humanity."

The main facts are so well known as scarcely to merit repetition here. In 1840 Long, then aged 25, set up in practice in Jefferson, Georgia, and in December, 1841, or January, 1842, he introduced sulphuric ether to the young men of the town for the purpose of giving them amusing entertainment—as a substitute for the nitrous oxide used at such parties. On March 30, 1842, he used ether as an anaesthetic for the removal of a superficial tumour from the neck of a young man named James Venable. Three months later he removed a second tumour under ether from the neck of Venable. By October, 1846—the month in which Morton gave his famous demonstration in Boston—Long had performed eight operations, none of a major character, under ether anaesthesia, and after that date he performed at least twenty-one similar operations. But, although Long made no secret of what he had done, he did not publish his cases until 1849, by which time surgical anaesthesia was in use all over the world. Morton gave his demonstration at the Massachusetts General Hospital on October 16, 1846. At the end of the previous month he had discussed the question of anaesthesia with C. T. Jackson, a noted geologist, who was also notorious for his attempts to steal the inventions of others. In the "ether controversy" which later resulted it was never very clearly established whether at this interview Jackson had actually advised Morton to try ether. In any case, Morton had certainly been experimenting with ether, but had not so far performed an operation on a patient under its influence.

Dr. Boland sets out to show that the ubiquitous Jackson had, at some time between 1842 and 1846, been in Georgia and had there heard about Long's use of ether. That being accepted, he also asks us to accept the fact that Long—despite his own admitted failure to publish any of his cases—was directly responsible for Jackson's suggesting ether to Morton, and hence to the establishment of ether anaesthesia in both hemispheres. Unfortunately for his case, he produces no shred of evidence that Jackson had ever heard of Long or his work.

The introductory chapters of this book do not on the whole indicate a sound and comprehensive knowledge of the history of anaesthesia. Many of the sources quoted are second-hand; and although an imposing bibliography, containing many first-class works, is appended, Dr. Boland does not show real familiarity with these books. There are a number of minor errors—including the caption "William H. Morton" below the portrait of W. T. G. Morton. While this book adds accounts of a number of interesting events in the life of C. W. Long, it does not fundamentally alter the accepted position: Long was the first to give ether by inhalation for a surgical operation, but he had no place in introducing ether anaesthesia to the world.

E. A. UNDERWOOD

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The History of Pharmacy. Catalogue of an exhibition held during the Festival period May 4 to September 28, 1951, at the Wellcome Research Institution. (Pp. 59. 3s.) London: Geoffrey Cumberlege. 1951.

The Organization of Bones. By Professor P. Lacroix. Translated by S. Gilder, B.Sc., M.B. (Pp. 235. 25s.) London: J. and A. Churchill. 1951.

Diseases of the Fundus Oculi. With Atlas. By Professor A. Fuchs, M.D. (Pp. 381. 112s. 6d.) London: H. K. Lewis. 1951.

The Anatomy of the Gorilla. Edited by W. K. Gregory. (Pp. 259. 97s. 6d.) London: Geoffrey Cumberlege. 1951.

A Field Surgery Pocket Book (Revised). Memoranda mainly based on experience in the 1939-45 war. Prepared under the direction of the Director-General of Army Medical Services. (Pp. 187. 4s.) London: H.M.S.O. 1950.

The Individual and His Religion. By Professor G. W. Allport. (Pp. 163. 12s. 6d.) London: Constable. 1951.

Modern Treatment Year Book 1951. Edited by Sir Cecil Wakeley, K.B.E., C.B., M.Ch., D.Sc., P.R.C.S., F.R.S.Ed., F.A.C.S., F.R.A.C.S. (Pp. 360. 17s. 6d.) London: Baillière, Tindall and Cox. 1951.

Royal College of Surgeons of England: A Record of the Years from 1901 to 1950. Edited by E. Finch, F.R.C.S. (Pp. 79. 5s. paper cover; 8s. 6d. bound.) London: Royal College of Surgeons of England. 1951.

The Normal Encephalogram. By L. M. Davidoff, M.D., and C. G. Dyke, M.D. 3rd revised ed. (Pp. 240. 42s.) London: Henry Kimpton. 1951.

The Manchester School of Obstetrics and Gynaecology. By J. W. Bride, M.D., B.S., Ch.B., F.R.C.O.G. (Pp. 26. 3s. 6d.) Manchester: John Sherratt. 1951.

Cost Accounting for the Pharmaceutical Industry. Report of the Costing Committee appointed by the Council of the Association of British Pharmaceutical Industry. (Pp. 109. 25s.) London: The Association of British Pharmaceutical Industry. 1951.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—October 18, 5.30 p.m., "Plastic Operations and Orbital Surgery," by Miss Jean M. Dollar.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE, 26, Portland Place, London, W., October 18, 7.30 p.m., "Schistosomiasis and Some of its Problems," presidential address by Sir Neil Hamilton Fairley.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—October 18, 4.30 p.m., lecture-demonstration in neurology, by Dr. A. S. Paterson.

SOCIETY OF MEDICAL OFFICERS OF HEALTH.—At Tavistock House, Tavistock Square, London, W.C., October 18, 5.30 p.m., installation of Dr. W. G. Clark as president and delivery of presidential address.

Friday

BIOCHEMICAL SOCIETY.—At London Hospital Medical College, London, E., October 19, 2 p.m., 301st meeting. Scientific papers will be read.

BRITISH INSTITUTE OF RADIOLOGY, 32, Welbeck Street, London, W.—October 19, 5 p.m., meeting of medical members; 6.30 p.m., "The Saturation Current at High Radiation Intensities," by Mr. J. W. Boag, B.Sc.

EDINBURGH UNIVERSITY.—At Obstetrics Lecture Theatre, 60, George Square, Edinburgh, October 19, 5 p.m., "Premature Rupture of the Membranes: Its Bearing on Maternal Fertility and Foetal Outcome," Macarthur Postgraduate Lecture by Professor Nicholson J. Eastman (Johns Hopkins University, Baltimore).

FACULTY OF RADIOLOGISTS: DIAGNOSIS SECTION.—At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., October 19, 2.15 p.m., "Paediatrics in Radiology—The Skull," by Dr. J. Blair Hartley.

INSTITUTE OF CHILD HEALTH (University of London).—At Hospital for Sick Children, Great Ormond Street, London, W.C., October 19, 5 p.m., "Obstructive Bronchitis and Bronchiectasis," Alex. Simpson-Smith Lecture by Professor E. D. Churchill (Harvard University).

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—October 19, 5.30 p.m., "Erythemas," clinical demonstration by Dr. A. D. Porter.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., October 19, 10 a.m., "Malignant Disease of the Prostate," by Mr. J. D. Fergusson; 11 a.m., "Gonorrhoea," by Dr. A. H. Harkness; 11.15 a.m., "Stricture of the Urethra," by Mr. J. E. Semple; 2 p.m., "Anaesthesia in Urology," by Dr. T. A. B. Harris; 3.15 p.m., demonstration of x rays, by Mr. F. R. Kilpatrick; 5 p.m., "Infertility in the Male," by Mr. A. R. C. Higham.

LONDON UNIVERSITY.—At London School of Economics and Political Science, Houghton Street, Aldwych, London, W.C., October 19, 5 p.m., "Technological Change and Human Relations," second university lecture in sociology by Professor Georges Friedmann (Paris). (See also October 17.)

●POSTGRADUATE MEDICAL SCHOOL OF LONDON, Hammersmith Hospital, Duane Road, W.—October 19, 2 p.m., "Joints and Synovial Fluid," by Dr. D. V. Davies; 4 p.m., "The Composition of the Body," by Professor R. A. McCance, F.R.S.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh, October 19, 8 p.m., "Facial Expression," by Mr. R. Urquhart.

ROYAL SANITARY INSTITUTE.—At Stockport Town Hall, October 19, 10 a.m., "The Prevention and Control of Infectious Diseases," by Dr. J. Yule.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Bedford.—On September 30, 1951, to Jean, wife of Dr. P. D. Bedford. M.R.C.P., Oxford, a son—Anthony Peter.

Gladwin.—On October 6, 1951, at High Wycombe, Bucks, to Dr. Barbara Gladwin (formerly Mulvaney), wife of Eric Gladwin, a son.

MARRIAGES

Alban-Jones—Lewys-Lloyd.—On September 8, 1951, at St. Mary's, Llanfair Caereinion, David J. A. Alban-Jones, T.D., M.R.C.S., L.R.C.P., to Delyth Lewys-Lloyd, B.A.

Martin—Bolam.—On October 4, 1951, at Upton Parish Church, Chester, Leonard Geoffrey Cadoux Martin, M.B., B.S., to Rosemary Janet Bolam, Stock—Lunt.—On September 29, 1951, at Manchester, Stuart Stock, F.R.C.S.Ed., to Freda W. Lunt, M.B., D.C.H.

DEATHS

Alexander.—On October 3, 1951, at 3, Minster Road, Bromley, Kent, Douglas Reid Alexander, M.C., M.R.C.S., L.R.C.P., D.P.M.

Babington.—On September 27, 1951, Gladys Mary Joan Babington, M.B., B.S., of 24, Devonshire Gardens, Margate, aged 69.

Campbell.—On September 29, 1951, at 169, Commercial Street, Lerwick, Shetland Islands, James Campbell, M.B., Ch.B.

Carlton.—On October 3, 1951, Charles Hope Carlton, M.C., T.D., M.Ch., F.R.C.S., of 86, Brook Street, London, W., and 19, Westbury Road, London, N.

Carter.—On September 30, 1951, at 20, Sidmouth Avenue, Newcastle, Staffs, George Archibald Carter, F.R.C.S.Ed., aged 74.

De Boynville.—On October 3, 1951, at Smugglers Mead, Stourpaine, Dorset, Vivian Chastel De Boynville, M.D.

Griffiths.—On October 2, 1951, at Kidderminster, Worcs, John Crisp Griffiths, M.D., D.P.H., aged 80.

Jenkin.—On September 26, 1951, at his home, Trimmers Field, Hindhead, Surrey, Nelson West Jenkin, M.B., B.Ch., aged 69.

McMillan.—On September 30, 1951, at Hove, James Clarke McMillan, M.B., B.Ch., D.P.H., of 20, Hurst Way, South Croydon, Surrey, aged 60.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Recurrent Angioneurotic Oedema

Q.—What is the likely cause of, and what treatment is advised for, recurrent attacks of angioneurotic oedema affecting feet, face, or tongue in a man of 55? Attacks have been occurring for the last three years and are resistant to antihistamines, adrenaline, oral calcium, peptone injections, auto-haemotherapy, and sedation. The patient is otherwise in good health.

A.—The most likely cause of recurring angioneurotic oedema in a man of 55 is sepsis. The teeth should be x-rayed to exclude apical infection, the antra and sinuses should be investigated, and the alimentary tract examined to exclude cholecystitis, appendicitis, and diverticulitis. In almost all cases, however, such septic foci are only one factor, and the nervous element of stress and strain is often more important. Histamine ionization is sometimes of value; a jelly or solution containing 1% histamine acid phosphate is ionized into the skin of the arm or leg until a headache or generalized flush is produced. This is repeated three times weekly on six or eight occasions. Most cases respond to antihistamines provided these are given in sufficiently big doses—that is to say, up to 800–1,000 mg. in 24 hours—but adrenaline in repeated doses is usually more efficient at the time of attacks.

What Makes Hair Grow?

Q.—What factors influence the growth of human hair? Why do I have to shave off a greater length of beard than usual when I have been up for most of the night? How does the hair regulate itself to a constant length for different sexes and sites, and return to its normal after shaving or cropping?

A.—Genetic factors determine the distribution of hair follicles, the innate character of hair and its colour, although some of these genetic factors may operate through the endocrine glands.

The growth of hair other than lanugo hair is influenced primarily by endocrine factors and particularly the oestrogen-androgen balance at birth, puberty, menopause, and in old age. Testosterone (androgen) stimulates the growth of the hair on the face, pubes, axilla, limbs, and body. Testosterone also increases the toughness, greasiness, and depth of colour of the scalp hair, as has been shown in the treatment of Simmonds's disease, but the effect of a prolonged excessive androgenic stimulus is to cause loss of scalp hair—for example, in Cushing's syndrome. Oestrogens favourably influence scalp hair. With thyroid deficiency there is loss of hair from the eyebrows and later from the body, and the scalp hair becomes thin and dry. Although thyroid will abolish these changes, a good deal of the effect can be achieved with other hormones, and it is possible that the thyroid acts via the adrenal glands. Other factors may secondarily influence the growth of hair, such as nervous and emotional, circulatory, nutritional, and toxic factors, as may trauma and radiation.

Certain dystrophies of hair growth, particularly one termed monilethrix, which is a familial inherited disorder, suggest that there is a periodic nocturnal and diurnal variation in growth. In monilethrix the hairs are regularly beaded, suggesting that during the period of sleep and rest there