Wells was quite shocked when Dr. W. T. G. Morton and Professor Jackson announced the discovery of their 'compound letheon' (sulphuric ether aromatized) as an anesthetic after a successful demonstration in Massachusetts General Hospital on October 16, 1846. Soon after this announcement, Morton and Jackson quarreled as to who was the real discoverer, and who owned the patent rights, etc. . . . In May 1847, the General Assembly of the State of Connecticut passed resolutions stating that Wells was the discoverer of anesthesia. . . . It seems ironic that the fame and honor due Wells for arousing the medical and dental world to the discovery of anesthesia were not forthcoming until after his death. . . ." 25 references.

J. C. M. C.

KRAFKA, JOSEPH, JR.: *Long, Eve and Dugas: The Ether Controversy.* J. M. A. Georgia **33**: 330–334 (Nov.) 1944.

"Few controversies in medical history have been accorded the attention given that of anesthesia. Except for an occasional dissenter, the medical profession now credits Crawford W. Long with the first use of ether in the performance of a surgical operation. . . . That his reputation had spread to some distance is shown by the fact that he was in 1848 called to Augusta by Dr. Paul F. Eve to address the medical students at the Medical College of Georgia. . . . To one acquainted with the medical history of Georgia during this period, Dr. Long's dereliction in delaying publication of his findings is not difficult to understand. . . . The Southern Medical and Surgical Journal was founded by Milton Antony at Augusta, Georgia. . . . Eve . . . assumed the editorship in 1845. . . . It is interesting to follow the ether-chloroform controversy during the period 1849 to 1853 as presented by the data in this journal. The first publication on ether appears in the 1847 volume. As editor, Eve had a wide acquaintance with the leading physicians in the United States. . . . Eve does not seem to have become seriously interested in anesthesia until 1848 corresponding with the visit of Long. . . . It is doubtful if Eve recognized the significance of Long's claim. . . . With the resignation of Eve as professor of surgery in 1850, Dugas succeeded to the control of both the school and The Journal. He became editor in 1853 and at once wrote to Jackson for a paper on ether anesthesia. . . . Dugas, as editor, says: 'We regard it as an honor to be favored with the contribution of the great discoverer of anesthetic properties of sulphuric ether.' How he could have overlooked Long's claim is amazing since in his section on 'publications received' . . . he acknowledged the report of the Hon. E. Stanley's discovery of ether. . . . The A. M. A. refused to enter the dispute, which had become highly involved and rankling of charlatanism. The transactions of the A. M. A. for 1847 . . . carry an extensive account briefed from the report of Bigelow in which he lists, as an appendix, one hundred and fifty-four operations performed under ether and chloroform. Eve reported case histories but no mention of Long's claim was made. The Transactions for 1848–49–50–51–52–53–54 make no reference to Long. He was not to be recognized until Marion Sims, after an accidental meeting with Wilhite, established his case of priority in 1877.

J. C. M. C.

THOMPSON, EDITH E., AND CULLEN, S. C.: *Anesthesia for the Woman About to Deliver.* J. Iowa M. Soc. **34**: 487–490 (Dec.) 1944.

"The discussion of anesthesia for the obstetric patient is confined in this

paper to a consideration of the agents and technics suitable for the relief of pain and for relaxation at actual delivery. . . . Safe anesthesia for the parturient woman must be also safe for the fetus. . . . There are five anesthetic technics from which a choice can be made. These technics are inhalation, intravenous, regional and local, spinal, and rectal. The selection of agent and technic will necessarily be determined by the whereabouts of the patient, the proficiency of the available anesthetist, and the agents at hand. . . . Inhalation anesthesia has the advantages of ease of administration, flexibility of level of depression, adaptability to numerous agents with different properties, rapid elimination, unlimited action, and cooperation of the patient can be retained or abolished depending on the level of the anesthesia. The principal disadvantage of the inhalation technic is the fact that the drugs used with it enter the maternal blood stream and ultimately that of the baby. Depression of the fetus is in direct proportion to the concentration in the mother and the length of the anesthesia. . . . Anesthesia induced by the administration of barbiturates intravenously is pleasant for the patient, rapid in onset, and non-explosive. It is not easy to administer properly, however, because two individuals are usually required, one to administer the drug and one to control the airway. Of the two, the latter is more important. The level of anesthesia is not readily controlled, it is adaptable to only a few agents, and the elimination of the drug used is dependent on the ability of the liver to detoxify it and the kidney to excrete it. The drug is present in the maternal blood stream and consequently capable of causing fetal depression. Cooperation of the mother is not possible.

"Local infiltration of the perineum or pudendal nerve block will provide perineal anesthesia and relaxation. Unless there is sufficient absorption of the agent to cause a reaction in the mother, there is no interference with the baby by this technic. . . . Single injection caudal anesthesia will also give perineal anesthesia and relaxation and may also give some relief from contraction pain. . . . The disadvantages of continuous caudal anesthesia seem, on the basis of experience and reports in the literature, to be associated with the attempts on the part of the enthusiasts to extend the use of this technic beyond the limits of rationality. . . . Spinal anesthesia is easily administered, causes minimal interference with the baby, gives complete perineal and labor pain relief, and does not depress uterine contraction except in unnecessarily high levels. It has the disadvantage of being limited in length of action and must be administered at the proper time to effect pain relief for the delivery of the baby. . . . The rectal technic is chiefly advantageous for amnesia and analgesia in the early stages of labor and rarely is satisfactory for anesthesia for the delivery without complementation with some other technic. . . . In anesthesia, as in obstetrics, the best results will be obtained by the best trained individual and by his ability to adapt these tools to any particular situation. A good forceps and a strong pair of arms do not make a good obstetrician, and a good gas machine and a potent gas do not make a good anesthetist." 3 references.

J. C. M. C.

FRAZIER, JAMES: *Continuous Caudal Analgesia in Obstetrics; A Review of the Literature.* Kentucky M. J. **42**: 345–348 (Nov.) 1944.

"Continuous caudal analgesia is a very great forward step in the problem of obstetric analgesia, being relatively simple to use, offering complete relief from pain in labor, being harm-