should be so far as possible a test of sound practical knowledge and skill. 2. If possible, there should be only one Diploma. Multiplicity of diplomas would prevent the establishment of a definite standard. 3. Experience of the long delay between the establishment of the Diploma in Public Health in 1885 and its general recognition fifty years later as the essential test for doctors who wished to take up state medicine, and, by contrast, the rapid establishment of the diplomas offered by the Royal College of Obstetricians and Gynaecologists which awarded, without examination, diplomas of suitable grades to recognised gynaecologists, convinced the Association that it was important that the Diploma in Anaesthetics at the outset should be held by the senior teachers of anaesthetics. . . . In 1935 the Home Secretary appointed a departmental committee under the chairmanship of Lord Wright to take evidence and to make recommendations concerning the duties of coroners. The Association was permitted to give evidence on the problems connected with deaths under anaesthesia. A booklet of evidence was submitted to the Committee, and at the subsequent hearing the three representatives were well received, their views were approved and in due course the Committee's recommendations embodied the points which they had raised. . . .

"Since its inception the Association has encouraged its members in each medical centre to use it as their representative body. . . . A variety of problems of local or of personal interest have been submitted to the Council, and advice or action by the Council or by the Association in general meeting has followed, as might be suitable. . . . The trend of policy has appeared to some members to be in the direction of providing a service of trained anaesthetists, working under good conditions at satisfactory rates of pay, rather than to concentrate on the provision of numbers of specialists in independent practice. . . . During the War it became evident that many specialists in anaesthetics in future years would not necessarily be members of teaching hospitals and that the Association, if it were to be fully representative in future planning, must comprise among its members many who were not eligible under the original rules. After full consideration, the membership rules were altered to extend the permitted maximum number of members (hitherto fixed at one hundred and fifty) and to provide for fellows as well as members. This has been an acceptable development.

"The finances of the Association, with careful husbanding by Dr. Mennell, have grown steadily, with the result that when the Royal College of Surgeons offered accommodation and secretarial facilities in Lincoln's Inn Fields the Association was able to take advantage of the plan. . . . With the inauguration of its own journal, 'Anaesthesia,' now added to the amenities of the Association under the experienced editorship of Dr. Langton Hewer, anaesthetists may have confidence that they possess the means of discussion and representation, a diploma to ensure a sound standard of work, and a hope which will enable the specialty to progress alongside the other departments of medicine on the best lines in the new circumstances which the advent of the National Health Services will reveal."

F. A. M.

MARSTON, A. D.: CENTENARY OF ANAESTHESIA IN GREAT BRITAIN. Anaesthesia 1: 9–17 (Oct.) 1946.

The centenary of anesthesia will be associated with gratitude and thanksgiving to the pioneers who made freedom from pain the common heritage of mankind. The whole credit for the

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introduction of anesthesia cannot fairly be given to any one man. The discovery was due to the uncoordinated efforts of a number of workers. Crawford Long used ether on March 30th, 1842 but did not give public demonstrations of his discovery, nor did he describe his technic in the medical literature of his day. Horace Wells had nitrous oxide administered to himself on December 11th, 1844, but his public demonstration was a failure. William T. G. Morton successfully demonstrated the use of ether on October 16th, 1846. The first administration of anesthesia in Europe took place nine weeks later in London. Mr. Robinson, a dental surgeon, administered ether and extracted teeth from a patient on December 19th, 1846. The use of ether spread throughout England and the continent of Europe.

The Association of Anesthetists of Great Britain and Ireland are erecting a memorial tablet to commemorate the centenary of anesthesia. The plaque "keeps the memory of four British pioneers," Henry Hill Hickman, James Young Simpson, John Snow and Joseph Thomas Clover.

The Association of Anesthetists of Great Britain and Ireland have instituted an award to be known as the "John Snow Medal," for those rendering signal service to the specialty of anesthesia. 13 references.

F. A. M.

MALLINSON, F. B.: *Curarization Compared with Other Methods of Securing Relaxation in Anaesthesia.* *Anaesthesia* 1: 17–21 (Oct.) 1946.

A sufficient overdose of any fully potent anesthetic will solve the problem of relaxation but only to the detriment of the patiənt. Even with the use of nupercaine and improved spinal technics, and with the establishment of sound technics with cyclopropane, the position in regard to relaxation is far from satisfactory. By complementing light (1st and 2nd plane) anesthesia with curarization satisfactory relaxation can be obtained.

Since publication of a previous paper the author made several observations in light of further experience. (1) In the earlier paper he stated that "relaxation with curare was accompanied by contracted gut." Closeı observation suggests that the impression of contracted gut may owe its origin to the profound relaxation produced by the curare, with the result that the intestines lie quietly in the bottom of the wound. (2) Dosage of curare sufficient to cause intercostal and diaphragmatic paralysis has not been found necessary. (3) For short operations the author now uses anesthesia in plane 1, whereas in the previous paper he stated a preference for plane 2. (4) There was no variation of effect of intocostrin other than that which can be expected from any drugs. due to the natural variation of susceptibility of patients. (5) Curare has been found invaluable for prolonging the relaxation when spinal anesthesia has lasted insufficiently long.

A series of tables comparing the operations, risk, age, agents, degree of relaxation, dosage of curare, postoperative vomiting and postoperative pulmonary complications in 200 anesthesias, accompanies the text in the original article. In half of the cases intocostrin was used to produce relaxation and in the other half more commonly used methods. The prospect seems hopeful that with the introduction of curare a great advance in anesthesia has been made. 15 references.

F. A. M.

HUNTER. A. R.: *Local Analgesia for Abdominal Operations.* Anaesthesia 1: 22–25 (Oct.) 1946.

It has been assumed that the rectus muscles were the most important in

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