

Correspondence

Anesthesiology and Obstetrics

To the Editor:—It was most kind of Duncan E. Reid, M.D., Chairman of the Department of Obstetrics and Gynecology, Harvard Medical School, to render "An Obstetrician's View of Anesthesiology" (*ANESTHESIOLOGY* 26: 377, 1965). In paragraph two of his essay, Professor Reid noted, "... the introduction of agents to relieve pain during labor and delivery marked a milestone both in the history of Anesthesiology and of Obstetrics when Sir James Y. Simpson first introduced chloroform."

Knowing your keen interest in the history of anesthesiology, I am surprised you did not point out to Professor Reid that Boston is the home of obstetrical anesthesia. On April 7, 1847, Dr. N. C. Keep administered (successfully) sulphuric ether for childbirth in a case of natural labor. Dr. Walter Channing used Davis's solid forceps to deliver a twenty-three year old primigravida on May 7, 1847. She was Dr. W. E. Townsend's patient and he administered ether anesthesia by sponge.

I believe Dr. Keep became the first Dean of the Harvard Dental School. He also achieved fame in the trial of Professor John W. Webster (Professor of Chemistry, 1827, resigned, 1850) for the murder of Dr. George Parkman (Dr. Oliver Wendell Holmes in 1847 became the first Parkman Professor of Anatomy and Physiology, the chair being named in honor of Dr. George Parkman). Dr. Keep identified mineral teeth removed from Dr. Webster's assay furnace as those he had made for Dr. Parkman to wear at the dedication of the new medical school building in Grove Street.

Dr. Walter Channing should be well known to Professor Reid. In 1815 he was appointed lecturer in Obstetrics at Harvard (previous to 1815 there was no official instruction in obstetrics).

In 1818 Dr. Channing became Professor of Obstetrics and Medical Jurisprudence. He held this post until 1854. In May 1847, Professor Channing published a pamphlet on

etherization in childbirth. This was followed by a second enlarged edition in July and a full book in September 1848. In truth, Professor Reid's predecessor (and founder of the department Dr. Reid now directs) would appear to deserve the credit given to another.

JOHN B. STETSON, M.D.
Department of Anesthesiology
Indiana University Medical Center
Indianapolis, Indiana

To the Editor:—Had the editorial called for an historical review, of course, I would have been remiss not to recognize Walter Channing's many contributions to obstetrical anesthesia. As one lists his many attainments, one must include also that he was the first Dean of Harvard Medical School and that he founded the Boston Lying-in Hospital nearly 15 years prior to the introduction of anesthesia into obstetrics.

Actually, what I had in mind was to indicate that an obstetrician-surgeon (at that time surgeons were often engaged in obstetrics) had been responsible for developing and instituting a new anesthetic chloroform for use in medicine, surgery and midwifery. Had I intended to relate the subject of anesthesia only to obstetrics it would have been permissible and, indeed, necessary to say that Dr. Simpson was the first to introduce anesthesia—both chloroform and ether—into obstetric practice. In fact, Dr. Channing, who was a close friend of Dr. Simpson, was careful to point out that Simpson was the first to administer ether in obstetrics and states on page 89 of his book, *A Treatise on Etherization in Childbirth*, "Professor Simpson, who introduced ether into midwifery practice, says. . . ." In his book Dr. Channing alludes to etherization as being a generic term commonly used at the time and lists several anesthetics under ether: "(a) chloric ether—a solution of chloroform, (b)

compound ether—a solution of chloroform in sulphuric ether, and etc.” These differences prompted Dr. Simpson to point out in a controversy that ether and sulphuric ether are two terms not at all synonymous. He suggested the word ether on the monument in the Boston Public Garden was, pharmacologically speaking, erroneous. Regardless of this aside, Dr. Simpson administered sulphuric ether in obstetrics before it was used in Boston as he reported in the *Edinburgh Medical Journal*, March 1847.

This was not the only time the question of priority had arisen over obstetrical anesthesia. In a little known publication, “The Journal of the Gynecological Society of Boston” with Dr. Horatio Storer as one of its first editors, a lesser known controversy is recorded. It all started in 1869, a year prior to Dr. Simpson’s death, when this beloved physician was made “Honorary Burgess” by his fellow citizens of Edinburgh, and he was given a key to the city. The topic of his discussion was a general review of the discovery and development of anesthesia. Unfortunately, no mention was made of ether! When Dr. Simpson’s remarks were published in the American literature certain members of the Boston medical hierarchy turned their guns on him for what they considered a calculated omission on his part. One of the major characters wounded by Dr. Simpson’s oversight was Dr. Jacob Bigelow, whose son Henry had participated in the first surgical procedure under ether. What apparently annoyed the doughty Scot most were Dr. Bigelow’s remarks to the effect that the “introduction of anesthetics in obstetrical practice is a matter of limited importance.” Dr. Simpson, in fiery rebuttal, made some comments as valid today as they were nearly a century ago. He said: “. . . the application of anesthetics to midwifery involved many more difficult and delicate problems than its mere application to dentistry and surgery. New rules required to be established for its use—its effects upon the action of the uterus, upon the state of the child, and upon the parturient and puerperal state of the mother, etc., all required to be accurately studied. . . . Moral and religious questions also came to be involved, and required to be duly answered. . . .”

Probably because he had been his pupil Storer, whose sympathies were with Simpson, made editorial comment on the controversy: “The communication from Prof. Simpson, of Edinburgh, which we to-day publish, in answer to the uncalled for, ungenerous, and unjust attack by Prof. Jacob Bigelow, of this city, will be read with interest by all, whether within or without the profession, who delight to see false currency nailed to the counter.

In what might be regarded as Dr. Simpson’s farewell to Boston medicine (for he died a few months later), he fired his final blast at Dr. Bigelow. He first attempted to soothe his opponent for not mentioning ether. “If you or anyone else had felt as nervous and timid as I did on rising to address the public meeting you would not be astonished at anything I did allude to or did not allude to. . . .” He concluded his remarks in a rather firm fashion: “However, you allude in your letter, Sir, that I was not the *first man* to inhale a vapor to such an extent as to destroy sensibility. Most certainly I was not, and certainly I never was so intensely foolish as to claim to be so.” After a review of the history of anesthesia, Dr. Simpson continued: “There has lately been raised in Boston a monument in commemoration of it being the birth-place of anaesthesia in dentistry and surgery in 1846. But have the erectors of this monument cut upon it the names of either of your fellow-citizens, Dr. Morton or Dr. Jackson, as the first investigators, or the names of Warren and Heyward, as the first Boston hospital surgeons who operated upon a patient under the influence of sulphuric ether. . . . I have been informed that there does not yet appear upon the monument the name of a single American chemist, dentist, or surgeon. Is it so? You have the monument. Have you not had the man or men?” In fact, the latter statement was consistent with a remark attributed to Dr. Oliver Wendell Holmes who, fed up with the original ether controversy, suggested they inscribe on the monument, “Ether or Either!”

In conclusion, I would like to say that no matter how many studies are undertaken to settle controversy and correct errors of fact, one always wonders just how much of all his

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tory is truly fact and how much legend which human nature is reluctant to let go.

DUNCAN E. REID, M.D.
*Professor of Obstetrics and Gynecology
Harvard Medical School, Boston*

Acknowledgment

To the Editor:—Upon re-reading the article "The Anesthetists in Thomas Eakins' 'Clinics'," which appeared in the September–October 1965 issue of ANESTHESIOLOGY, page 663, I am distressed to find I failed to include the permissions to reproduce "The Gross Clinic"

and "The Agnew Clinic." Permission to use "The Gross Clinic" was granted by courtesy of the Jefferson Medical College of Philadelphia (photographed by the Philadelphia Museum of Art), and to use "The Agnew Clinic" by the University of Pennsylvania.

I would appreciate your publically acknowledging this omission.

JAMES E. ECKENHOFF, M.D.
*Professor of Anesthesiology
University of Pennsylvania School
of Medicine
Philadelphia*

INTRAVENOUS LIDOCAINE Intravenous injection of lidocaine was done in 100 cases. Ages of subjects ranged from 10 to 75 years. Thoracic surgery was done in 30 per cent of this series. Intravenous injection of lidocaine under nitrous oxide anesthesia significantly stabilized the anesthesia. Injection at a rate of 400 to 500 mg./hour did not cause either adverse effects on circulation or intoxication, whether given intermittently or by the drip method. Its combined use with succinylcholine materially diminished the dose of succinylcholine with good maintenance of muscular relaxation. The postoperative analgesic effects were difficult to maintain, but the waking was quick without untoward complications. (*Nishimura, N., and Setoya, K.: Intravenous Injection of Xylocaine (Japanese), Tokyo Surg. Ther. 10: 485, 1964.*)

PROLONGED LOCAL ANESTHESIA ON 12 healthy volunteers a new local anesthetic, LAC-43, was tested in a double blind study using bilateral ulnar nerve blocks. The chemical structure of the compound is closely related to mepivacaine. An 0.25 per cent solution of the local anesthetic was compared to 1 per cent mepivacaine and 0.25 per cent tetracaine. All solutions contained epinephrine 1 to 200,000. Blocks with LAC-43 with epinephrine lasted for eight hours, two to three times longer than blocks with one per cent mepivacaine with epinephrine. The duration of the blocks was increased if an 0.5 per cent solution or larger amounts were used. Under these circumstances ulnar nerve blocks lasting lasting 20 hours (10 ml. of an 0.5 per cent solution) and intercostal nerve blocks up to 15 hours duration (4 ml. of an 0.5 solution) could be produced. In mice LAC-43 is about four times as toxic as mepivacaine; compared to tetracaine the toxicity is about the same. The new local anesthetic is stable and can be autoclaved. Maximal recommended doses are: 20 ml. of an 0.5 per cent solution, and 40 ml. of an 0.25 per cent solution. (*Albert, J., and Löfström, B.: Bilateral Ulnar Nerve Blocks for the Evaluation of Local Anesthetic Agents, Acta Anaesth. Scand. 9: 1, 1965.*)