in our statement "especially on respiration". We should have emphasized that this referred to the respiratory pattern rather than the respiratory exchange.

GORDON M. WYANT
Saskatoon, Canada

NITROUS OXIDE BYPASS
Sir,—There are still numbers of anaesthetic machines in use which have a bypass for nitrous oxide as well as one for emergency oxygen. The control levers are identical, and it can easily happen that in the stress of an emergency the wrong bypass is opened when it is intended to inflate a patient's lungs with oxygen. At least one fatality has been caused in this way. I suggest that lives may be saved if every anaesthetist who uses a machine that has a nitrous oxide bypass takes steps to have it removed.

H. R. YOUNGMAN
Cambridge

BOOK REVIEW

The Century of the Surgeon. By Jurgen Thorwald. Published by Thames and Hudson. Price 25s.

The author speaks in the first person as though he personally were present at the birth of the new ideas and the practice that flowed from them. In this way he has been able to clothe the bare facts with the warmth of the human feelings and the heat of the human passions that their advent engendered. A very vivid and exciting narrative is the result. He begins with the pre-anaesthetic period when the pain of stone, of intestinal obstruction, of peritonitis, had to be suffered until death put an end to it. The great blessing of anaesthesia, strange to say, was a mixed blessing. It naturally led to an enormous increase in the number of surgical operations and a very high death rate. Septicaemia, pyaemia, gangrene claimed their victims by tens of thousands. In 1847, only one year after Morton had successfully used ether as an anaesthetic, Semmelweis inaugurated the washing of hands in chlorine water as a precaution against puerperal fever. He was appointed Professor of Midwifery in Buda-Pesth in 1855 and the mortality from puerperal fever went down to 0.39 per cent. Meanwhile at Wurzburg, where "the powers that be" would have none of Semmelweis's new-fangled ideas, the mortality from puerperal fever was 26 per cent. Semmelweis recognized puerperal fever as a form of septicaemia, so that not only did tens of thousands of women die in childbirth but a much greater number of men and women died unnecessarily from septicaemia following surgical operations because of the refusal of the majority of the members of the medical profession to see the light.

In 1867 Lister gave his address on "The Antiseptic Principle in the Practice of Surgery" at the meeting of the B.M.A. in Dublin. In spite of opposition and ridicule the idea was gradually accepted and conquered wherever surgery was practised, transforming the hospitals from stinking charnel houses to pleasant places where suffering was mitigated and health restored.

The book has many lessons for us. It shows the terrible price in human lives that has to be paid for certain common human characteristics—the pride, jealousy and stupidity more particularly of "the powers that be". It is a powerful illustration of the oneness of mankind, the brotherhood of man; it shows that the great ones of the earth are obscure people who get on with their work, always opposed, generally ridiculed, more often than not despised, but as a rule only honoured when they are dead. No nation has a monopoly of them; here we have Semmelweis, a Hungarian, Lister, an Englishman, Pasteur, a Frenchman, and Koch, a German, all making contributions of inestimable value to mankind.

This is a book alike for the layman and the doctor.

E. Falkner Hill