With Treatment Recommendations. Circulation 2010; 122(16 Suppl 2):S250–75


*(Accepted for publication October 18, 2012.)*

**Regarding William T.G. Morton**

To the Editor:

I read with interest the July 2012 psychological analysis of William T.G. Morton, developed nearly 150 yr after his death. I was pleased the authors gave readers wiggle room relative to their opinions about the article *via* phrases such as: “Retrospective psychiatric evaluations are inherently speculative and not diagnostic…” “…a historical review of a person’s life cannot make a reliable diagnosis…” and “…there is good reason to wonder whether a retrospective psychological analysis is valid.”

None of us were alive when Morton was, and we must depend on the documents generated by others in developing opinions about the man. The authors have referenced several recognized histories, but the list is far from all-inclusive of what has been written about Morton, and others, during the nascent days of anesthesia.

Nearly all references by the authors regarding Morton’s alleged lapses came from the articles by Charles T. Jackson. Jackson, Morton’s Letheon co-patent holder, was Morton’s main antagonist during controversial discussions about who deserved primacy for the discovery (to first observe and make known) of safe, reproducible, anesthesia. From my reading, it seems that Jackson was maniacally driven in his efforts to be recognized for any significant discovery and was willing to devote considerable time, energy, and resources to accomplish that goal, most often by usurping the efforts of others. Jackson tried to lay claim to era breakthroughs such as Beaumont’s gastric studies (1838), Morse’s telegraph (1844), Schonbein’s guncotton (1845), and finally, Morton’s ether (1846). Jackson was not a disinterested or objective source about Morton.

Elizabeth Whitman Morton was also not disinterested but was fully supportive of Morton as a husband and doctor until the end of her life. In 1896, Mrs. Morton shared many memories, including how seriously Morton took his medical studies, rising daily at 4:00 a.m. to study the boney anatomy of the skeleton in their bedroom before going to his dental practice. Later, for months, every spare hour was spent in experiment (with ether). Morton then observed humans, including himself, under ether’s influence nonsurgically before finally beginning to use it in his dental practice. Mrs. Morton described how she tried to dissuade Morton through the night October 15, 1846, from keeping his appointment at the Ether Dome the next day. In her mind, the potential benefits of the planned experiment were far outweighed by the risks of failure, perhaps even the patient’s death, potentially followed by a charge of manslaughter. Finally, Mrs. Morton mentions her husband’s volunteerism providing anesthesia in the (Civil) War. Mrs. Morton does not seem to feel Dr. Morton was an antisocial narcissist.

Regarding the authors’ statement that Morton was derelict in not further developing a specialty in anesthesiology, there were not specialties in anything at that time, although the surgeons and nonsurgeons were fairly distinct. The fact that it took nearly 100 yr for the specialty to be established in medicine is not due to Morton’s lack of interest. After Ether Day, Morton continued to devote his clinical efforts to anesthesia-related activities, while Horace Wells, later acknowledged by the American Dental Association and American Medical Association as the discoverer of anesthesia, began other projects unrelated to anesthesia or dentistry after his December 1844 demonstration at the Ether Dome.

If indeed Morton was as narcissistic as the authors suggest, their statements such as: “…full of confidence and probably had an inflated self-image…” “…expected the accolades to come …quickly and easily…” and “…there was little thought to providing pain relief during surgery as part of Morton’s own personal agenda…” might be valid. At this time, I remain unconvinced.

**Daniel L. Orr II, D.D.S., M.S.(Anesth.), Ph.D., J.D., M.D., University of Nevada, Las Vegas School of Dental Medicine, Las Vegas, Nevada. daniel.orr@unlv.edu**
References

3. Morton EW: The discovery of anaesthesia. McClure’s Magazine, September 1896, 7-4
4. American Dental Association: Transaction of the fourth annual meeting, Niagara Falls, New York, 1864
5. American Medical Association: Transaction of the 21st annual meeting, Washington, DC, 1870

(Rejected for publication October 19, 2012.)

In Reply:

Dr. Orr’s letter reemphasizes the inherent speculation of a retrospective psychiatric analysis. The diagnoses of narcissistic personality trait/disorder and antisocial personality trait/disorder were an attempt to make sense of William Morton’s actions. Because Dr. Orr disagrees with some of the supporting evidence that we used, what follows is a response to Dr. Orr’s points.

William Morton’s “alleged lapses” were criminal acts of embezzlement, falsification of documents, and abandonment. Joseph and Henry Lord,1 lawyers hired by Charles Jackson, compiled affidavits and newspaper articles that chronicled William Morton’s “lapses.” This evidence is factual, whereas Charles Jackson did use this to undermine Morton’s claims. Dr. Orr states that Jackson was maniacal in his pursuit. We have proposed that Charles Jackson possibly had attention deficit hyperactivity disorder.†

William Morton received the appellation “Doctor” as an honorary degree. Although enrolled as a student at the Massachusetts Medical College of Harvard University, he did not complete his studies. After Ether Day, he largely abandoned his dental practice to promote himself as the sole discoverer of ether as an anesthetic. His demonstrations at the Massachusetts General Hospital on October 16 and 17 were his first and last documented clinical efforts in anesthesia.

Morton printed a circular and relayed to his wife that he provided ether anesthesia to wounded soldiers at the Battle of Fredericksburg. Thomas Thurston, who was in charge of the surgical field hospital at Fredericksburg, wrote: “In that circular, he claims to be employed as the general, if not almost universal, administrator of Chloroform and Ether. He boasts of being omnipresent in the army, particularly at Fredericksburg. I never heard of Morton’s administering Ether or Chloroform while I was there. I know that he is hoodwinking the unsuspecting.”

George Weisz’s text demonstrates that medical specialization had indeed started in the 18th and early 19th centuries.3 The American Medical Association was founded in 1847.

We did not label Morton “derelict” for not furthering the development of anesthesia as a specialty. The purpose of this article was to explore the reason why, after Ether Day, Morton did not continue to provide anesthesia at the Massachusetts General Hospital and was not forthcoming with the composition of the inhaled gas. We think the labels or categorization of narcissistic and antisocial are more descriptive of who William T.G. Morton was.

Ramon F. Martin, M.D., Ph.D.,* Sukumar P. Desai, M.D.*
*Brigham and Women’s Hospital, Boston, Massachusetts. rfmartin@partners.org


References

1. Lord JL, Lord HC: The ether controversy. Littell’s Living Age 1848; 17:491–522
2. Thurston T: To “Sir”, Boston Medical Society, Countway Library, Jan 8, 1864, c70.2

(Rejected for publication October 19, 2012.)