

reason that large institutional purchasers of care can have a greater influence than individuals. At the moment, any sensible national standards must be characterized "by considerable flexibility, even inconsistency in administration, to keep the program viable." An important point is that quality of care should not be confused with comprehensiveness; the authors call for acknowledging that a regionally-interconnected hospital system would permit high-quality enforceable standards within each grade or category of institution.

The authors reserve their major attack for the Medicare law's exclusion of the services of hospital-based specialists from coverage under Part A, the hospital insurance plan. Calling the separation of Part A and Part B a "blunder," the authors write convincingly that a change is necessary for the reason that "the present law has arbitrarily intervened in the normal development of health services organization." They assert: "The law should permit hospitals and physicians to determine their relations in accordance with their judgment of medical and hospital effectiveness, which may vary with the character and role of the institution. It should not impose administrative burdens on the hospital that have no qualitative or cost savings purpose, as it does now."

In the chapter analyzing the present law's cost-reimbursement formula, it is suggested that a major problem for Congress in the years ahead will be to review the use of individual hospital costs as the basis for payment. "In no other realm of economic life today are payments guaranteed for costs that are neither controlled by competition nor regulated by public authority, and in which no incentive for economy can be discerned." With respect to the containment of hospital costs the authors discuss a number of hopeful suggestions and conclude by recommending, in effect, a public regulatory mechanism at the state level of government. Any regulatory mechanism raises the issue of whether hospitals should be treated as public utilities. Naturally, the public-utility concept is controversial but, at the very least, it is worthy of substantial discussion and further research. The authors soundly recommend as a minimum that the matter of regulating costs be tied in with statewide planning of hospital facilities.

The need for planning of medical care facilities is "obvious and urgent." Although it is still too early for an evaluation of the genuine effectiveness of the Metcalf-McCloskey Act (1964) in New York, the authors apparently approve of such efforts toward legally-sanctioned rationalization of facilities, and advance a theory of positive planning, discussing the potential of Medicare as an aid to planning. Although Medicare certainly was not designed as a hospital planning law, it "assumes a rational health care system with the right patient at the right place at the right time—home, hospital, and doctor's office."

Two dominant trends, accelerated by Medicare and Medicaid and other legislation, are evident: (1) The hospital will become capable of providing

the full spectrum of care and (2) it will become a part of an integrated regional complex of medical care institutions. Along the way, as the future materializes, there will be numerous dissatisfactions with particulars and some strong resistance to change. The trends obviously involve a surrender of autonomy by some institutions and shifts in decision-making power. Nevertheless, the authors are optimistic, and make sensible recommendations for dealing with the issues that inevitably will arise. They conclude that Medicare involves heavy burdens for all in the health sciences but that the legislation represents "a magnificent opportunity." The law's "influence extends far beyond its formal boundaries. It can serve as a fulcrum and lever for guiding and moving the organization and financing of American medical care along avenues that represent a better future for all."

As diverse interests strive for this "better future," in a volume of this kind, one might have hoped for a fuller discussion of the concept known as "creative federalism" (pages 268-271) and an analysis of administrative law problems when governments and private, voluntary institutions join together, as in the Medicare legislation, to accomplish tasks of huge magnitude relating to public welfare. But, in fairness, an analysis in depth of the dilemmas of administrative law in a political democracy complicated greatly by the interaction of the Federal and state governments properly belongs in another book yet to be conceived and written. The book by Professor and Mrs. Somers should serve well as a foundation for future discussion, research and the making of policy.

ARTHUR F. SOUTHWICK
Professor of Business Law
Graduate School of Business
Administration
The University of Michigan
Ann Arbor, Michigan

From Boston to Dumfries—The First Surgical Use of Anaesthetic Ether in the Old World. By THOMAS W. BAILLIE. Pp. 36. Published by: Robert Dinwiddie & Co., Dumfries, England, 1966.

This little book has a subtitle "The first surgical use of anaesthetic ether in The Old World." As an alternative your reviewer would suggest "Scotland forever." It has been generally accepted that following Morton's administration of ether in Boston in October 1846, ether was given in London on December 19, for the extraction of a tooth by Dr. Boot, and on 21st for Liston to amputate a leg. A legend persists in Dumfries, however, that priority belongs to their Royal Infirmary (fig. 1). Dr. Baillie, anesthetist to this distinguished institution, claims that the honor of staging "The first public operation" (nature unspecified, but under ether) should go to his hospital because of ether given there by Dr. Scott on December 19. This



FIG. 1. Dumfries and Galloway Royal Infirmary in 1846.

booklet will spread the interesting story, but the evidence presented will do nothing to upgrade the legend to historical fact. The claim is presented with admirable fairness but too many blanks are left for it to convince those not subject to local sympathies and enthusiasm. The records of the Infirmary cannot be traced, so for contemporary evidence Dr. Baillie has had to rely on the local newspaper. We are told the Dumfries Courier of 4 January 1847 gives an account of Liston's operation adding, "We hope to give further particulars on this very interesting subject." In London, the following week there is a second communication on ether as well as an editorial on "surgical operations without pain." On January 18 the same newspaper reports in full on the first operation under ether in Edinburgh, and yet only then, a month after the administrations in London, spares only one sentence for news which must have been momentous for local readers—"We understand that several minor operations have been performed in Dumfries Infirmary under sulphuric ether." No dates, natures of operations nor names are given.

From here we skip a full quarter of a century to when Dr. Scott (still at Dumfries) in a letter to the *Lancet*, put in "a prior claim to Dr. Liston in this matter." The letter (15 October 1872) is reproduced in full, but it does not cite any evidence to support his claim that 25 years previously he administered ether on December 19. No operation is mentioned, and the letter does not include any reference to Dr. Boott whose administration, in London, on that very date has never

been challenged. The book has something of the fascination of a detective story. Dr. Baillie shows that the Cunard paddle steamer *Arcadin* docked in Liverpool on December 16. Dr. Fraser, the ship's surgeon who had seen ether given in Boston, was homeward bound to Dumfries, where Dr. Scott was a boyhood friend, and Dr. Baillie's researches show that "Dr. Fraser could have reached his home town at least twenty-four hours before the operation on the 19th December 1846." Dr. Baillie starts off persuaded that Dr. Scott gave ether in Dumfries on that date, but the only basis for this can be local legend built up partly on Dr. Scott's own claim made 25 years after the event.

The case would have been made stronger if Dr. Scott's claim on a controversial issue had been made earlier, and if it had been supported by someone else present "at the first public operation in *The Old World*," and if the nature of the operation had been specified, as was the practice at the time. Dr. Boott, a minor but hitherto assured figure in the history of anaesthetics, is dismissed from the picture somewhat summarily. In the introduction it is acknowledged that "a private experiment the painless extraction of a lower wisdom tooth, was carried out (under ether) in his study in London on December 19; on the other hand, Dr. Scott, whose claim to have operated on same date is much more nebulous, has a whole chapter devoted to him, headed "The First European Anaesthetist."

PROF. SIR ROBERT MACINTOSH
Oxford, England