The discovery of anaesthesia, in Boston in 1846, was a precious, glorious and entirely American achievement, in which no other country had any part to play whatsoever. Paradoxically, however, its subsequent development, promotion and wider acceptance depended almost entirely on circumstances, on people and on events outside America, and especially in Britain. In essence, the Bostonians — in late 1846 — could only inform their influential friends and contacts outside America and hope that their miraculous invention could be insinuated into, and then accepted by, the minds of medical men the world over.

The American dentist William Thomas Greene Morton¹ was, arguably, the most famous and influential of all the early anaesthetists. Second only to Morton in this respect was the English physician Dr. John Snow² with his meticulous, logical and scientific approach — to which the recent publication of his largely unobserved early researches titled, "On Narcotism by the Inhalation of Vapours,"³ is a most eloquent testament.

In Britain, however, there was a third man — another person who deserved recognition, who was active and influential from the very start, and well before Snow began to make his own unique contributions. This man was James Robinson, (Fig. 1) who was not only the true pioneer of anaesthesia in England, but was also a catalyst for its general acceptance in the United States. Hitherto, Morton's inventiveness and Snow's erudition have combined to eclipse the important part played by Robinson at the time of anaesthesia's introduction in late 1846 and early 1847. The third man, James Robinson, was a British dentist. He was a remarkable man by any yardstick and had enormous influence on anaesthesia at its formative, and therefore most vulnerable time. Until very recently, his contributions to early anaesthesia have been almost completely overlooked. This international symposium is an ideal occasion on which to give an account of these contributions.

From the historical point of view, the links
Fig. 1. James Robinson (1813-1862). Rarely has a person who has done so much been so overlooked by so many for so long.

between anaesthesia and dentistry in the late 1840's were extremely close. Indeed, it would be correct to say that anaesthesia would not have been introduced in the ways in which it was had it not been for dentists and dentistry. For in Boston, where the whole process effectively began (and in Britain as well), it was dentists who were the true pioneers of anaesthesia — even though dentistry at the time was held at arms length, and was disdained by the medical professions in both countries.

Anaesthesia began in Boston, and was introduced by the dentist William Morton who, on September 30, 1846, first used ether anaesthesia\(^1\) for dental extraction in his own practice in Boston, Massachusetts. Two weeks later he gave the first public demonstration of ether for surgery.\(^4\) It was this demonstration which established anaesthesia. It took place in Boston on the 16 October, 1846, at the Massachusetts General Hospital. For this present purpose it is enough to note that among those present,\(^1\) in addition to Morton, were Professor John Collins Warren (the surgeon who performed the operation), George Hayward (Professor Warren’s second-in-command at the Hospital) and Henry Jacob Bigelow, a young surgeon who had recently joined the staff of the Hospital. I will return to these three men a little later.

Initially, Morton — to gain financial advantage — attempted to conceal the true nature of the ether.\(^5\) Despite the initial enthusiasm generated by his use of anaesthesia, the secrecy with which he surrounded his invention was repugnant to most people. Morton was vilified for attempting to restrict the use of his humanitarian discovery and to benefit financially from such restriction.\(^6\) Morton’s reputation was not the only casualty of this unfortunate approach, for his gauche attempt at secrecy was one of the principal factors which led to a more or less muted reaction to the introduction of ether in America, the very country in which anaesthesia had been born. In these circumstances, the response of the medical professions in other countries to the discovery of ether anaesthesia was to be a most important factor in fostering its general adoption during its earliest days. Essentially, this means the reaction of doctors in Europe — especially those in France and Britain. The initial reaction of French doctors to the news of anaesthesia’s invention was lukewarm and dismissive,\(^7\) and so it was the reaction of the British doctors which was to condition the acceptance of ether anaesthesia outside Boston.

It is convenient to gather together the threads of the story at the time of anaesthesia’s introduction to Britain. The first anaesthetic ever given in England was administered in a small, private house in central London\(^8\) which at the time was the home of Dr. Francis Boott, who was an expatriate American doctor.\(^9\) It was Boott to whom the news of ether’s introduction in Boston some two months earlier, had been sent. The house has since been demolished, but its site is commemorated by a plaque\(^10\) which records that England’s first anaesthetic was
people dignifying themselves as surgeons, dentists or chemists before a virtually unprotected public. Robinson later became deeply committed to the creation of a proper and professional structure for dentistry. It may well have been during his apprenticeship with a man described as both a surgeon and a chemist — and who was quite likely to have been neither — that the need for the reform of his chosen profession first occurred to him.

In 1830, at the age of 17 and when his apprenticeship was completed, Robinson evidently thought that he could or should improve on his training, and he immediately enrolled as a student at Guy’s Hospital, London for a period of some months. On leaving Guy’s, he enrolled for a while as a student at the London University. On completion of these further studies he set up a small dental practice in central London, but later — as he became more successful — he moved to the larger premises at which he was to spend the rest of his working life. The house (its present-day address is 14 Gower Street, London, WC2) was Robinson’s principal residence during his most creative and influential years: it still stands today in virtually its original form, both inside and out.

At the time when Robinson entered dental practice, dentistry in Britain was unrecognisable as the profession which we know today. The great majority of so-called dentists were unscrupulous charlatans who combined their dentistry with a whole variety of other occupations. The several contemporary accounts of dentistry at the time accord with Robinson’s own recollection, when he later wrote that “Falstaff himself never possessed a more heterogeneous or nondescript army than those who now compose the majority of dentists in England.” A dental journal of 1844 described most contemporary British dentists as being “...low, vulgar and ignorant men who not only practise as dentists but do so publicly, drenching the papers with advertisements and hawking their valueless aid and worse goods with unblushing effrontery. ...” This dismal view is confirmed in the writings of Alfred Hill, the
distinguished historian of British dentistry, who a few decades later recalled that “The overwhelming proportion of dentists at this time were mere tradesmen, and sadly lacking in scientific knowledge.” To emphasise this, it is possible to construct a list, from such sources, of some of the trades which so-called dentists then relied on, and to which their exodontia was just a useful additional source of income earned by crude and thoughtless care. These included chimney sweeps, chemists, blacksmiths, decayed tradesmen, quack doctors, failed doctors, old clothesmen, travelling showmen, cobblers, bakers, watchmakers, brewers’ clerks, milkmen and itinerants (tramps).

But amidst this awful list was a leavening of inspired, thoughtful, and in every way excellent dental practitioners — determined to raise the status of their calling and to create a profession. One of this number, indeed head and shoulders above most others, was James Robinson. As a result of the efforts of these few ethical and professional dentists was born the Reform Movement of British dentistry. Robinson was one of the most active of those involved in this movement, and he accomplished much in the name of dental reform and improvement. In 1842 he proposed the founding, in London, of the first British society at which ethical dentists could exchange professional knowledge and views. This was open only to those who did not combine their dentistry with any other work and who did not advertise themselves. Understandably, attendances were sparse and the society did not prosper. In 1843 he founded and edited the first British journal devoted exclusively to dentistry, namely, the British Quarterly Journal of Dental Surgery. This was short-lived, but in the following year the irrepressible Robinson produced another similar journal named “The Forceps.” This survived for some 15 months and then ceased publication, largely on account of the lack of interest among most other dentists. Later in his career, in 1856, Robinson was a founder member, and first President, of the short-lived College of Dentists. This College disbanded soon after dentistry was incorporated into the Royal College of Surgeons of England in 1859. One of the College of Dentists’ activities was to found, in 1861, the National Dental Hospital in London. Robinson was instrumental in this hospital’s creation and supported it enthusiastically.

There were several other dental achievements and honours which Robinson obtained, and these attest to the leading place he occupied in British dentistry in the mid-1840’s. In 1846 he was awarded an Honorary Doctorate of Dental Surgery by the Baltimore College of Dental Surgeons. This was, at the time, the only proper society of dentists in the world. Robinson had written a number of articles for their journal and was acknowledged to be an international authority on dentistry. In 1848 he was appointed Surgeon Dentist to the Royal Free Hospital — one of the great teaching hospitals of London, and a year later he was appointed Surgeon Dentist to Queen Victoria’s husband, His Royal Highness Prince Albert.

(Prince Albert made several visits to the house in which Robinson lived and worked, and each visit caused a flurry of excitement in the household and among Robinson’s apprentices who also lived and worked there.) Clearly, by the late 1840’s, James Robinson had become one of the most prominent dentists in London, and was well-known and successful. He had a reputation as an eminent and progressive dentist, and was living and working at his house which was then numbered 7 Gower Street.

At precisely the same time, Dr. Francis Boott, the expatriate American doctor who had retired from active medical practice, but who still kept in contact with medical colleagues in both Britain and America, was living a few hundred yards away from Robinson at number 24 Gower Street. Thus, it is quite understandable that, when Francis Boott set out to arrange his own trial of ether anaesthesia, he should have turned to his near neighbour, the energetic and enthusiastic London dentist, James Robinson. As it happened, Francis Boott acted wisely when he chose James Robinson to help him set up this trial, which was to become the first use of anaesthesia outside the United Kingdom.
States of America, and also the catalyst to ether’s widespread adoption. Together, Boott and Robinson considered how they could best organise their own trial of ether. They had several tasks, of which the most challenging was the creation of a suitable inhaler for the ether. Boott and Robinson only had a word-picture of Morton’s original Boston inhaler, and would obviously have needed to devise their own. Nonetheless, within a few hours they had improvised a rudimentary ether inhaler. It was part of a Nooth’s Apparatus, which had been designed for the domestic manufacture of soda-water. It had three glass chambers, and each of these could be separated from the others. Robinson and Boott at first only used the lowermost conical chamber, which suited their requirements perfectly.

Figure 2 shows the only illustration which exists of the original vapouriser, and even this shows the first of the several modifications which Robinson and Boott made — in this instance — to the valve. Contemporary papers ascribe the apparatus to Robinson, although he was undoubtedly aided and abetted by Dr. Boott. This simple vapouriser was used during that first weekend for Boott and Robinson’s earliest cases. That of their first patient — a Miss Lonsdale, whose molar tooth had been extracted — was entirely satisfactory, and there was clearly no shortage of patients available to Robinson and Boott, for several more trials with ether were made by them at Boott’s home during the weekend.

Robert Liston was — at the time — preeminent in the London surgical scene. He had been invited by Boott to see what was going on, and was sufficiently impressed with what he saw to obtain a modification of Robinson’s inhaler, and it was this modified version (known as Squire’s Inhaler) which was successfully used by a man named William Squire two days later for Liston’s famous case, at London’s University College Hospital, of amputation first performed under general anaesthesia, a case which received enormous publicity in Britain, in America, and throughout the rest of the English-speaking world. Despite this initial success, however, the later results which were obtained with the Squire’s ether inhaler were unpredictable and unsatisfactory.

Within a few days, Robinson further modified his inhaler and added the uppermost chamber of the Nooth’s Apparatus, and also sponges to his own device. This he did in order to provide anaesthesia for more prolonged surgical operations. Thereafter Robinson’s inhaler, in competent hands, was reliable and produced satisfactory operating conditions. Armed with this modified, and now efficient inhaler, Robinson became adept at giving ether for dentistry and for prolonged surgical operations. He rapidly gained a reputation as the most skillful administrator of ether anaesthesia in Great Britain. This reputation is apparent from several medical journals of the time. For example, early in January, 1847, The Medical Times reported a horrendous story. “At University College Hospital Mr. Liston attempted the operation of amputation of the forearm with the assistance of Mr. Squire’s apparatus; but after endeavoring to produce insensibility for 10 minutes without success the arm was amputated with the usual amount of

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Fig. 2. The only illustration of the inhaler with which James Robinson (aided and abetted by the expatriate American Dr. Francis Boott) gave the first anaesthetic ever to be administered outside the United States of America.
pains. It was not only that Liston was impatient; it was mainly because, by this time, he was beginning to think that ether could not always produce insensibility. Again, at University College Hospital, we can read that "...a woman was to have a breast tumour removed by Mr. Liston. After inhaling the vapour of ether for upwards of twenty minutes without any sensible effect, the operation was performed with the usual amount of pain." At this point, James Robinson was sent for as he had obviously and quickly established himself with a reputation as a successful anaesthetist. The journal then continued, "After this a woman was operated on for partial closure of the mouth. Mr. Robinson superintended the inhalation of the vapour using his own apparatus: the patient became insensible in two minutes and the operation was completed before she was aware that it had begun."

At the end of January, 1847, some six weeks after ether anaesthesia's first use in Britain, The Medical Times stated, "Mr. Robinson's success in inventing a most perfect apparatus cannot be questioned." Other equally enthusiastic remarks make it clear that, at the time, some people in Britain thought that ether did not really produce insensibility, and they also emphasise the reassuring effect which James Robinson's anaesthetic expertise had on these doubters. "The results have now been witnessed by hundreds of the profession, and they have acknowledged that it really exerts the influence attributed to it by our American brethren, and that it may be employed without danger or difficulty." At the end of January, 1847, The Medical Times described Robinson as "a gentleman who has had more experience in the administration of ether than any other in the kingdom." Such unreserved enthusiasm for James Robinson, and for his innovative skill in administering the still strange and novel process of ether anaesthesia, was essential for its acceptance into Britain. Even Robert Liston himself — as we have seen — was on the point of abandoning its use and reverting to his former methods because of the inability of his anaesthetists to regularly produce insensibility with ether. We can imagine the shambles, literally the shambles, he must have witnessed as he tried to operate during what we now know as the "stage of excitement" of unmodified ether anaesthesia. Anaesthesia, at this stage, was sustained virtually entirely by James Robinson's success in the administration of ether using the apparatus which he had perfected. This success Robinson could repeat time and time again.

But there was a "bandwagon" effect, and many others tried to imitate Robinson's work by hastily designing their own inhalers and using them to try and produce unconsciousness. Almost all did more harm than good, for only one man is reported to have succeeded in emulating Robinson's skill, and this man went on to lay the foundations of the speciality of anaesthesia upon the ground which James Robinson had prepared in those first six weeks. This man was Dr. John Snow. John Snow's interest in anaesthesia was aroused very early and, some eight days after Robinson had first used ether in London, he called on Robinson at his Gower Street home to see the new-fangled process for himself. As a result, Robinson was able to write to a medical journal just before the end of December, 1846, and say that "I again operated this morning with the most perfect success, in the presence of my friends — Mr. Stocks, Mr. Snow, and Mr. Fenney." In this way, in the house on Gower Street, and with James Robinson's help, John Snow began his renowned career as the world's first and most influential specialist physician anaesthetist.

Snow's approach was cautious, reasoned and scientific: Robinson's was pragmatic and empirical, but nonetheless effective. While Snow was pondering the subtleties of anaesthesia and had determined to put them on a scientific footing, Robinson, with his simple approach and (it must be said) no small amount of luck, was able to demonstrate anaesthesia's reliability and effectiveness to influential but sceptical doctors.

Within a matter of weeks, Snow supplanted Robinson as anaesthesia's champion, but Robinson did not abandon his interest in the subject. He continued to be actively involved in
its propagation, and remained aware of the developments which Snow, and others, were making. When, in November 1847, Simpson (in Edinburgh) introduced chloroform, John Robinson corresponded with Simpson about the agent and began to use it in his own practice. Within four weeks (that is by mid-December 1847), Robinson had invented his own chloroform apparatus. It was an effective inhaler in Robinson’s hands, and the editor of The Lancet described it as being “remarkably ingenious.”

John Snow himself drew attention to it when first writing up his own, more sophisticated chloroform vapouriser some four weeks later.

On several occasions between 1849 and 1856, Snow went to Robinson’s practice on Gower Street to give chloroform to patients while Robinson extracted teeth. Clearly, the two men knew of each other, professionally if not socially, over a period of nine years. At one time Snow, who obviously had more than a nodding acquaintance with Robinson, recorded his high opinion of him in the following words, “Mr. Robinson has had great experience and deservedly earned a high reputation connected with the administration of ether and chloroform.” In due course, we will come to yet another appreciation by Snow of Robinson’s achievements in anaesthesia.

During Robinson’s very active and progressive period in anaesthesia — which lasted some 4 months — he was kept very busy indeed. His involvement with ether anaesthesia was considerable and, judging from the contemporary accounts which are still available, no one was more involved and committed to its welfare in those earliest days than James Robinson. Seemingly, every day Robinson demonstrated his skill with ether in his own practice in Gower Street. In addition, he administered ether anaesthesia before onlookers, who were arguably sceptical of the whole thing, at several London teaching hospitals, of which University College, King’s College, Guy’s, and the Westminster Hospitals were mentioned by name. He also demonstrated ether at a number of private homes, including his own, Dr. Boott’s and Lady Blessington’s. The accounts of these demonstrations made at private homes in London are to be found in Robinson’s own textbook of ether anaesthesia.

Although John Snow’s famous work, “On the Inhalation of the Vapour of Ether,” is the most renowned of all the early works on anaesthesia, it was not published until 7 months after the first textbook on the subject appeared. The first published textbook of anaesthesia was written by James Robinson and was entitled, “A Treatise on the Inhalation of the Vapour of Ether.” It was published in late February, 1847, and attracted encouraging reviews from medical journals of the time. A facsimile edition of the work was published in 1983. Robinson’s original text is unique, for it provides the only lengthy account of the earliest days of anaesthesia in Britain to be written at the time when the events were actually happening, by one of those most closely involved. (Incidentally, Robinson was the first person in Britain to suggest the use of oxygen in association with anaesthesia. This he did in a letter to The Lancet, in March, 1847, but his observation was too late for inclusion in his book.) In his book Robinson recorded only his simple and clinical observations. Having no scientific data to present in support of ether’s importance, Robinson, somewhat naively, described how ether had been administered by him, not only to ordinary folk, but also to the social elite of London. Some of these aristocrats had seen the use of ether at Dr. Boott’s home in Gower Street and in various London hospitals. A number of demonstrations were also made — by Robinson — early in January, 1847, at the fashionable London salon which was the home of Lady Marguerite, the Countess of Blessington. She was one of London’s leading, and somewhat notorious, society hostesses of the time. Several of her close friends took part in the so-called experiments with ether inhalation at Lady Blessington’s home, of which Robinson made so much in his book. No surgery was performed during these episodes. (Those who inhaled there included, among others, Prince Napoleon Bonaparte, who seems to have taken a very close interest in ether.)
anaesthesia in England. He not only inhaled the ether on two occasions himself, from Robinson, but also witnessed its use at Boott’s Gower Street home, at several London teaching hospitals, and at Gore House. At the time he was living in exile in London, but a few years later returned to France to be proclaimed Emperor Napoleon the Third.

In the later years of his life Robinson also had a house on the outskirts of London (in Kenton, Middlesex), and it was here that he died in March 1862.5 He was then aged 48. The circumstances of his death will sound incredible to our ears today. Two days earlier, while walking in his garden, he had used a pocketknife to prune a branch from a tree. As he did so, the knife slipped and accidentally punctured his femoral artery. There was not much external bleeding, but he retired to bed. During the next 36 hours or so — even though he was attended by two doctors who had been summoned by his wife — he slowly exsanguinated and died. No treatment other than the passive observation of haemorrhage seems to have been suggested. James Robinson left a widow; they had no children. Robinson’s grave is in Highgate Cemetery in central London, and is in very poor condition being now completely overgrown.

There were fulsome obituary of Robinson in the British Medical Journal,62 The Lancet63 and the dental journals in Britain64,65 and America.65 This must say something about the advances which had occurred in dentistry during Robinson’s professional life. As we now know, many of these advances were brought about to no small extent by Robinson’s own efforts. When he embarked on his professional career, it would have been inconceivable for a dentist who was not medically qualified to have merited an obituary in any medical journal whatsoever. Robinson, however, richly deserved such recognition, not only for his achievements in Dentistry, but also for all that he accomplished for Anaesthesia in its earliest days.

His most auspicious involvement with the specialty lasted from late December, 1846, until sometime towards the end of April, 1847. That is a period of some four months, beginning with the very introduction of ether anaesthesia. He administered the first anaesthetic ever given in England. He was instrumental — and was probably the guiding light — in devising the first anaesthetic apparatus ever used in England. He demonstrated the process of ether anaesthesia to William Squire and Robert Liston, and thereby ensured that a convincing demonstration of its use for major surgery would soon afterwards take place. Not being content with having given the first successful anaesthetic in England, Robinson went out of his way to gain more experience of ether anaesthesia. It would seem from contemporary journals that he lost no opportunity to show how genuine the new-fangled (and initially dubious) process was. In addition, on many occasions, he was called in by eminent medical men to give ether; he was obviously their preferred choice as an anaesthetist in these earliest days. He developed his apparatus into something which was, for a time, considered to be the most perfect device for administering ether anaesthesia. (It was superseded only by John Snow’s apparatus, and by no other.)56,66 He demonstrated ether anaesthesia to the leading doctors in London, and was the first person to show John Snow what happened during etherisation. He made simple, clinical observations of the events which occurred during anaesthesia and, drawing on these, suggested methods of administering ether safely and effectively. He was the first person in Britain to suggest the use of oxygen with anaesthesia.

He also ensured that anaesthesia was both widely and well publicised. He contributed articles in the medical press,67,68,69 and similarly wrote articles or letters in the lay press.70,71 The wider lay press coverage, important in maintaining the impetus of the discovery soon after its introduction, frequently referred to Robinson’s pioneering work with ether anaesthesia. In addition, he demonstrated ether insensitivity to leading members of London “society” whose support for the process would have carried no small weight with the general public.
Robinson also made a lengthy defence of ether anaesthesia when, a few months after its introduction, four deaths were attributed to its use during surgical operations. Robinson (anticipating John Snow's approach in later cases) analyzed each of the reports and was able to refute the criticism of ether by showing that the deaths were due to the surgical procedures themselves and not at all to the effects of the ether anaesthesia. His views were published in Britain and — later — were given prominence in the United States.

As if this was not enough, Robinson also wrote the world's first textbook on anaesthesia. All these endeavours were performed in about four months, and in addition to Robinson's daily work as a dentist, since it was principally by his skill as a dentist that he had to earn his living.

Viewed with the perspective of history, the most important of all his many contributions to early anaesthesia was his ability to succeed with ether anaesthesia when others, and by that I mean a large number of others, had failed. It is difficult to underestimate the significance of Robinson's consistency and success in administering ether anaesthesia, especially where others had failed to do so. His expertise in this regard had a most reassuring effect on Robert Liston and others in Britain. As a result, Liston decided to persevere with the use of anaesthesia instead of following what may well have been his own inclinations and abandoning the process. That this effect on Liston was important for the acceptance of anaesthesia in Britain cannot be doubted.

It is not widely appreciated, however, that this was also an important consideration in America, where ether anaesthesia was not, at first, generally accepted outside Boston. When the news was received that ether had been enthusiastically adopted by leading surgeons in London, the faltering support for anaesthesia gained momentum in America, and the possibility that its use might be abandoned there, for a while at least, was removed. The evidence for this statement, which has not previously been widely publicised, can be found in the writings of three Americans and one Briton — each of whom had unquestionable authority for the views they put forward.

Professor John Collins Warren was, as we saw, the first surgeon in Boston to operate under ether anaesthesia. Warren dominated the American surgical scene and was, at the time, excellently placed to tell of the beginnings of anaesthesia in the United States. He hinted at the problem when he wrote, "As is frequently the case in this country, the new home product was not received with the enthusiasm it would have been had the same emanated from one of the great European clinics." George Hayward, who was Warren's second-in-command in Boston (and a few days after ether's first use succeeded Warren as Surgeon-in-Charge at the Massachusetts General Hospital), was more precise, and proclaimed, "It is remarkable that the only spot in Christendom in which the discovery was received with coldness . . . was in our own country . . . The course of the scientific men of Europe was widely different." Henry J. Bigelow was, as we saw at the beginning, a young surgeon newly on the staff of the Massachusetts General Hospital at the time of ether's introduction. Later he achieved great eminence. He was in a unique position to observe and record the events as they occurred. He wrote directly of the problem and said that, " . . . so soon as the discovery received the confirmation of European testimony . . . opposition rapidly subsided." (To which it is only necessary to add that this confirmation came from Britain, rather than from any other European country.)

But the point was articulated most clearly by no less an authority than the meticulously observant Dr. John Snow — the world's first physician anaesthetist. Snow was thoroughly familiar with Robinson's work on anaesthesia, and kept himself informed of all the developments in America. He expressed his opinion in the following words, "Considerable opposition was made to the inhalation of ether in America, soon after its introduction, and it seemed likely to fall into disuse, when the news of its successful employment in the operations.
of Mr. Liston, and others in London, caused the practice of etherisation to revive. Mr. Robinson, dentist, gave much time and attention to the exhibition of ether in London on its first introduction, and was on the whole very successful. This was not generally the case, however, with other operators during the first six weeks of the new practice.  

Thus, James Robinson's efforts — judged by strictly impartial, authentic and impeccable contemporary accounts — sustained anaesthesia not only in Britain but, paradoxically, in the United States as well. I have no doubt that, without Robinson's intervention and energy, the early history of anaesthesia would have been very different indeed. My intention has not been to rewrite the history of the beginnings of anaesthesia in either Britain or America, nor to deny that credit which will always be due — and given — to other, and hitherto more famous names. I have wished only to highlight the crucially important part which James Robinson played in establishing anaesthesia, to reveal some overlooked pages in the history of its earliest days, and to explain why Robinson's pioneering achievements should be accorded due recognition.

James Robinson's life exemplified that most attractive notion — and arguably one of the most worthy, but elusive, of all personal qualities — the zeal of truly disinterested devotion to a cause. Rarely, I think, has a person who has done so much been so overlooked by so many for so long.

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