



Original Article

George Bernard Shaw on Anesthesia

Theodore A. Alston, MD, PhD^{a,*}, Daniel B. Carr, MD, AM^b^a Department of Anesthesia, Critical Care and Pain Medicine, Massachusetts General Hospital, Harvard Medical School, Boston, MA^b Departments of Anesthesiology, Medicine, and Public Health and Community Medicine, Tufts University School of Medicine, Boston, MA

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ABSTRACT

Recipient of the 1925 Nobel Prize in Literature, George Bernard Shaw (1856–1950) was an influential critic of the health care establishment in the United Kingdom. Although skeptical of many medical and surgical procedures of the early 20th century, he respected the value of anesthesia, and he advocated its administration by Frederick W. Axham, a medical doctor whose registration was suspended as punishment for providing anesthesia for a bonesetting procedure. In 1924, when a friend needed surgery, Shaw offered to pay the extra fee for the optional anesthesia.

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Born in Ireland and working mostly in England, George Bernard Shaw (1856–1950) started his writing career as a music critic, but he evolved into an influential social critic (Figure 1). His astute and eloquent social observations were awarded the 1925 Nobel Prize in Literature. The award did not explicitly mention his comments on health care, but that subject is prominent in much of his work.^{1,2} He spoke often of surgeons, and he had pithy thoughts on anesthesia. His words offer an articulate, if characteristically distinctive, perspective on anesthesia in the early twentieth century.

The Doctor's Dilemma of 1911 is the best known of Shaw's medically relevant writing.³ In Shavian custom, the play was superficially offered as a theatrical tragedy, but it is more aptly seen as a darkly humorous medical satire. Shaw also wrote a provocative nonfiction essay as a preface to the theatrical work of fiction. Shaw was skeptical of many of the medical, surgical, and psychiatric practices of his day, but he did believe that anesthesia was no humbug (Figure 2).⁴ He publically defended Frederick W. Axham (1840–1926) when that British doctor was controversially stricken from the medical register for providing anesthesia care to a patient undergoing “bonesetting” by a celebrated but unregistered practitioner, Herbert A. Barker

(1869–1950).^{5,6} Furthermore, Shaw had still-timely comments on his own experience as a patient receiving ether.⁷

The Doctor's Dilemma

The title has a double meaning. The protagonist doctor has only enough medicine to save one of two patients. Another dilemma is that doctors are portrayed as having financial and other incentives to provide suboptimal or unwarranted care. In Shaw's provocative words, “That any sane nation, having observed that you could provide for the supply of bread by giving bakers a pecuniary interest in baking for you, should go on to give a surgeon a pecuniary interest in cutting off your leg, is enough to make one despair of political humanity.”³

One of the historically interesting features of the play is that it was a backlash against clinical overenthusiasm for miraculous scientific and pseudoscientific cures of health problems that, certainly at the time, were better combatted through hygienic measures rather than by potions. For instance, the German bacteriologist Robert Koch (1843–1910) received the 1905 Nobel Prize in Medicine “for his investigations and discoveries in relation to tuberculosis.” Indeed, Koch discovered the responsible bacillus. However, Koch's prematurely enacted and prematurely hailed treatment of patients with tubercle bacillus extracts in 1890 had proven only harmful.⁸ Shaw was therefore skeptical of the often dangerous and poorly controlled immunotherapies of the early 20th century.^{9,10} Accordingly,

* Corresponding author.

E-mail addresses: talston@mgh.harvard.edu (T.A. Alston), daniel.carr@tufts.edu (D.B. Carr).

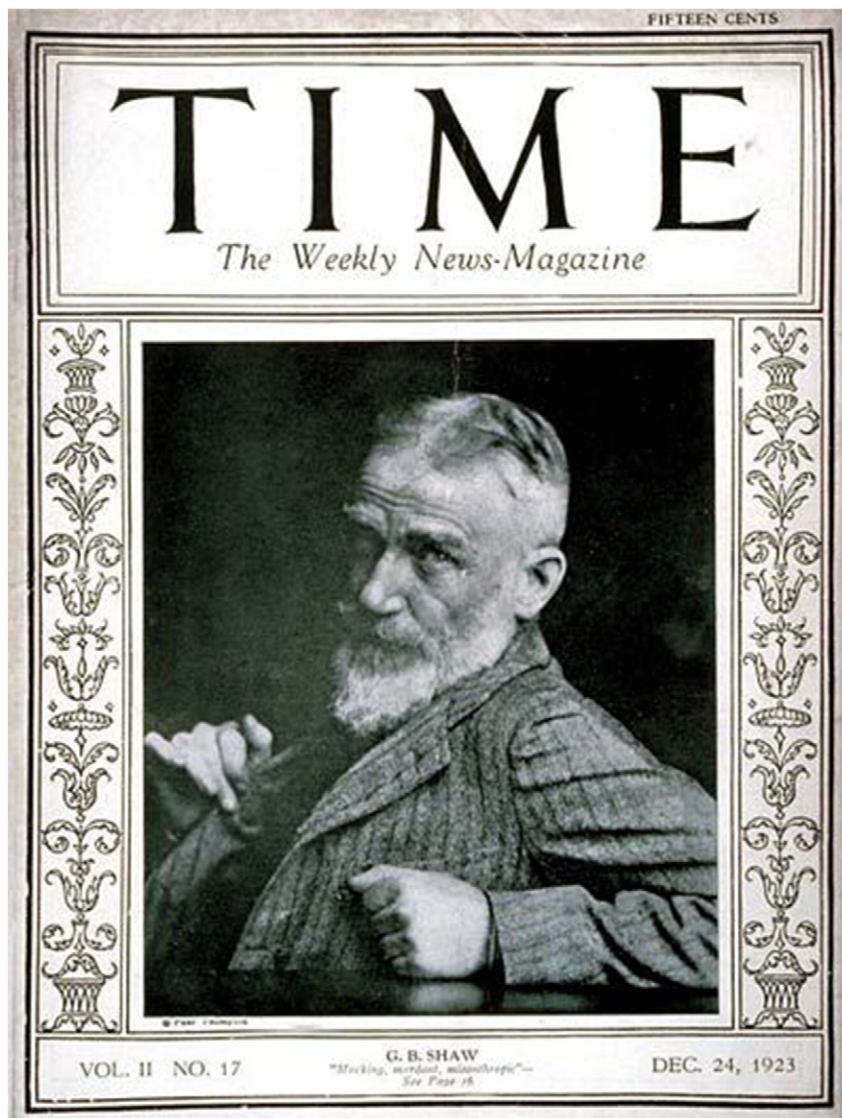


Fig. 1. Bernard Shaw in the American press in 1923. In character, he is suspected to have remarked, “Americans adore me and will go on adoring me until I say something nice about them.” He decried alcohol and advocated the civil rights of women, and those views were consonant with the 18th and 19th US Constitution amendments of circa 1920. A cofounder of the London School of Economics, he was a fervent socialist, including with regard to health care. That philosophy was lively in the 1920s as well as now.

in one of many comic touches, his characters denounce some fellow named Bernard Shaw as a notoriously morals-free “anti-vaccinationist.” Meanwhile, Louis Dubedat and the other patient constituting the theatrical doctor’s dilemma were dying of tuberculosis, and they were competitors for the one available vial of a hastily pronounced vaccine-type cure.

As well as Shaw’s medical practitioners, Shavian surgeons also come up with supposedly miraculous therapies by means of pseudo-scientific presumption. Accordingly, surgeon Cutler Walpole of the play takes it upon himself to offer nearly everyone a surgical extirpation of the “nuciform sac,” a supposedly troublesome nut-shaped fold somewhere in the intestinal tract. Sir Patrick Cullen, the senior physician in the play, is retired from practice but makes pointed comments, and he fears that anesthesia facilitates unwarranted surgery. He explains that Mr. Walpole and his like have “found out that a man’s body’s full of bits and scraps of old organs he has no mortal use for. Thanks to chloroform, you can cut half a dozen of them out without leaving him any the worse, except for the illness and the guineas it costs him.” In addition to bits of the uvula and the tonsils, there is the nuciform sac, which is “quite the fashion.” “People pay

him [Walpole] five hundred guineas to cut it out. They might as well get their hair cut for all the difference it makes.” However, you cannot “go out to dinner now without your neighbor bragging to you of some useless operation or other.” Sadly, “chloroform has done a lot of mischief. It’s enabled every fool to be a surgeon.”

Surgeon Walpole of 1911 was foreshadowed by a surgeon named Paramore in *The Philanderer*, a play written by Shaw in 1893 but not staged until 1902 because of British censorship.¹¹ Paramore supposedly discovered a novel liver feature upon vivisection of “only three dogs and a monkey.” He promptly diagnosed a fatal abnormality of this hepatic feature in a wealthy man who become his future father-in-law. Before the wedding, the putative liver scourge was sadly discredited by competing doctors by means of vivisections of additional laboratory animals, including a camel.

Current-day questions as to the values of many surgical procedures, from tonsillectomies to hysterectomies to spinal fusions, indicate how often Shaw’s insights foreshadow much current health services research.

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