Thomas Jonnesco - A Nominee for Nobel Prize, 1924

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In 1924, the Faculty of Medicine, at that time pertaining to the Bucharest University, decided to nominate Thoma Ionescu - aka Thomas Jonnesco, for the Nobel Prize for Medicine or Physiology.

His entry as nominee was registered by the Nobel Foundation under the number: 30/1924, one out of 102 nomination sent that year. Thoma Ionescu had nine proposals enlisted in the Nobel archive, all sent by the Medical Faculty Staff of Bucharest University, as follows:

Nomination for Nobel Prize in Physiology or Medicine
Year: 1924 / Number: 30
Nominee: Thomas Ionnesco
Profession: Prof. topographical anatomy
University: University of Bucharest
City: Bucharest / Country: ROMANIA (RO)
Nominee in 9 nominations. Nominators:
1. D. Ionesco, 30-0
2. I. Balacesco, 30-1
3. A. Jiano, 30-2
4. E. Juvara, 30-3
5. N. Gheorghiu, 30-4
6. D. Manolesco, 30-5
7. N.C. Paulesco, 30-6
8. E. Juvara, 43-1
9. D. Manolesco, 57-2

Motivation:

Work on the anatomy, physiology and surgery of the neck and chest sympathicus.

Professors Ernest Juvara, surgeon, and Dimitrie Manolesco, ophthalmologist, have both nominated the same year, 1924, the Romanian bacteriologist Victor Babes, as well.

Thoma Ionescu has been nominated only once, just two years before his premature death. A fact contrasting with the case of German surgeon and scientist August Bier (1861-1949), nominated continuously, starting from 1906 until 1936. Bier disagreed vigorously, yet unsuccessfully with Ionescu on the matter of the cervical rachianesthesia, introduced by the Romanian Professor. Nominated several times, the proposals for August Bier were not the same every time. However two of them are rather notable: for introducing spinal anesthesia and the treatment of hyperemia. Interestingly, one of the reasons for which the German scientist presumably had not received the Nobe prize, was his advocating for homeopathy, a fact regarded with caution by the Swedish Committee.

Surely, it is pure speculation to think if Thoma Ionescu’s nomination would have included his praised cervical rachianesthesia (regarded as „general spinal anesthesia”), his winning chances would have increased, and if he had teamed with Bier, maybe their common contribution to progress of anesthesiology would have been more appealing to the Nobel Scientific Board. And all this, despite the public controversy they had on spinal anesthesia. Jonnesco wrote in 1909:

“At a meeting of the German Society of
Surgery in Berlin in April, 1909, Professor Bier of Berlin is reported to have said that the method of general spinal analgesia described by me at the Congress of the International Society of Surgery in Brussels in September, 1908, must be rejected, and, Professor Rehn of Frankfurt is reported to have said that experiments on animals showed that considerable danger attended such injections if made higher than the lumbar region as recommended by me. These pronouncements, which seem to be without appeal, prove once more that the method described by myself and my assistant, Dr. Amza Jiano, was too novel and too hardy to be accepted without opposition. I have never doubted that this would be so, but the facts which I am about to state will prove the conviction that this condemnation on a priori grounds is mistaken, and I am firmly convinced that my new method of general spinal analgesia will, in a short time, be universally accepted.” (3).

Let us not forget that in 1906, two scientists with radical different views on the neural networks were equally awarded by the Nobel Foundation: Ramon y Cajal and Camillo Golgi. However, history of science was on Cajal’s side.

It must be mentioned that just few surgeons were awarded the Nobel prize, and at least until 1924, only two surgeons stand out: Emil Theodor Kocher (1814-1917) and Alexis Carrel (1873-1944). Kocher received the prize in 1909 for his contribution regarding thyroid pathology: „for his work on the physiology, pathology, and surgery of the thyroid gland”. So, the surgery of the neck field was already approached by Nobel Committee. In 1912, Alexis Carrel was awarded for his famous vascular suture technique: „in recognition of his work on vascular suture and the transplantation of blood vessels and organs” (1).

Thoma Ionescu’s prevalent ideas on the surgery of neck and chest sympathetic, as well as his constant preoccupation to disseminate his research in the French, English and German literature are quite remarkable (4). Two articles were published in German in the very year of his death, 1926, and both papers were focused on cardiac physiology, sympathectomy and the role of cardio-aortic nerves (5,6).

Thoma Ionescu was, as an accomplished anatomist and surgeon, a pupil of the French school of medicine, thus French medical historians always gave him prestigious credit (7). Could nominations from French professors increased his chances for the Nobel prize? One would never know, if Thoma Ionescu tried himself such an attempt. However, nine years later, in 1933, another Romanian Professor, Ion Cantacuzino, microbiologist, was nominated for the Nobel as well, but his recommendations came from French professors of the Reims University (1).

Instead of a conclusion

A person who nominates a scientist for the Nobel prize is a sort of „sales agent”, and the way in which the contributions of the nominee are displayed, plays always an important role. In other words, his contributions must be spectacular, able in this case to generate a shift in medical science, to dramatically change earlier achievements, to set up a medical breakthrough.

For example, a neurosurgeon like Harvey Cushing (ten times nominated), could have been introduced as „the Columbus of the pituitary gland” and his revolutionary innovations in neurosurgery of the early twentieth century could have been emphasized, then perhaps, the prize would have been secured. Unfortunately, the nominations were too simplistic, not-so-convincing: „work on brain surgery” (8).

If Thoma Ionescu would be nominated as a „father” of general anesthesiology, as an innovative surgeon, whose method allowed surgery on thorax and parts of the upper body, and praised as a useful method, long before the emergence of intravenous anesthetics, and by adding Ionescu’s bold commentaries on endeavouring this technique, then perhaps his nomination could have had a better outcome (9,10) ...
References