Letters

"Yanks" and "Sassenachs"

Emigration has never been officially "encouraged" by the British in Ireland as stated by Aschmann (Letters, 3 Feb.). The purpose of 700 years of British tyranny was not to drive the people out, but rather to keep them in Ireland and, of course, in bondage. Emigration from that country was virtually nonexistent until the famines of 1846–1847, at which time the population of all Ireland was approximately 8 million (it is now 3½ million).

Also, contrary to what Aschmann feels, emigration from Ireland is indeed a blessing in disguise as it exists today. If all of our émigrés were to return from even one of the major overseas Irish "settlements" such as London (which has about ½ million Irish-born or first-generation Irish), it would be disastrous to an economy now smarting from the results of a badly-planned "economic boom" over the past 6 years. Probably the only unfortunate feature of Irish emigration is the brain drain, since a great segment of our professional men do go abroad to escape institutions which have been unchanged since St. Patrick! If these learned people return, they find themselves looked upon as "returned Yanks" or "Sassenachs" (British) and are never really accepted into the fold (or yoke—depending on your point of view) of home-educated and permanently home-based scientists. Such brave men and women generally suffer in silence for a short while and then inevitably return to America, Britain, Australia, or (strangely enough) Africa where their efforts are much more appreciated and rewarded.

Ireland has a very serious brain-drain problem—and the general feeling there is that the return of this segment of our emigrants would, in the long run, be greatly beneficial to the country. They will not, of course, return as long as the attitude towards them—and towards change—which exists in Irish universities remains as it has been since the "drain" started in the 1940's. The return of the skilled and unskilled laborers at this time, however, would be lethal to our government's plans and projections (whatever they may be) for an "economic resurgence" over the next 10 years! These working-class people send home much more money to their families (and bring it home on vacations) than they ever would have seen had they continued the "wearing of the green" instead of emigrating in the first place.

H. DESMOND BYRNE
Department of Entomology, University of Maryland, College Park 20742

The Pill: Early Breakthroughs

The use of The Pill has become such a commonplace practice among women and its production such an important part of the pharmaceutical industry that it may be of interest to examine the circumstances surrounding the discovery of the physiological mechanisms which are involved. Several endocrinologists with whom I have talked have cited different contributions by different people. I was aware of one early study by Somers Sturgis who wrote the following letter modestly describing his discovery that administered estrogens can suppress ovulation. Was there an earlier first?

S. R. M. REYNOLDS
Department of Anatomy, University of Illinois at the Medical Center, P. O. Box 6998, Chicago 60680

From 1936–40 I was a surgical assistant attached to Fuller Albright's Ovarian Dysfunction clinic at the Massachusetts General Hospital. Albright was investigating a hormonal cause for severe primary dysmenorrhea. He gave injections of estradiol benzoate every second or third day, starting at mid-cycle, with no response. It was my task to perform biopsies of the endometrium just before menstruation, which were always secretory in this group of patients. He then began his injections earlier—on the 10th day, then the 6th day, and some girls began to report no cramps at all. As I reviewed my biopsies I found an exciting correlation. The girls who had no cramps showed a proliferative, not a secretory endometrium, and further, they were the only ones receiving estrogen as early as the 6th day. So a secretory endometrium was a necessary factor in dysmenorrhea—had the estrogen merely modified the endometrium?

Kurzrock and Wilson stated in 1938 (*1*) that ovulation was a *sine qua non* of menstrual cramps. Had the early injections stopped ovulation? How? The clue was in Albright's previous work in assays for pituitary gonadotropin in postmenopausal women. He had shown that high levels of FSH (follicle-stimulating hormone) could be reduced (and hot flashes eliminated) by giving estrogen. That which seems obvious today appeared to me then to be a bright discovery; when we gave estrogen early enough in the menstrual cycle, we had inhibited FSH, so no follicle was stimulated, so none could ovulate, and without ovulation we got proliferative endometrium and no cramps. I announced my discovery to Albright's group, and was chagrined to learn *the same* answer had come to him the previous week. Thus this "feed-back" hypothesis was arrived at independently and simultaneously, appearing in publication in 1940 (*2*). At that time it seemed important to us as a way to relieve dysmenorrhea, although we had not fully anticipated the use of this mechanism as practiced today by millions of women to avoid pregnancy by estrogen-induced ovulation inhibition.

SOMERS H. STURGIS
Peter Bent Brigham Hospital, Boston, Massachusetts 02120

References

1. L. Wilson and R. Kurzrock, *Endocrinol.* **23**, 79 (1938).
2. S. H. Sturgis and F. Albright, "The mechanism of estrin therapy in the relief of dysmenorrhea," *ibid.* **26**, 68 (1940).

In Defense of Jargon

Wolfles editorial, "Bad writing" (27 Jan., p. 407) comes at a bad time in my life. I'm just getting used to the sincere ambiguities that underlie much contemporary science writing. Nevertheless, Wolfle's urging for improvement has kicked over a hornet's nest in my private garden of complacency. I must rebut.

Wolfle is right about abundantly bad science writing but wrong about jargon.