The Scottish Society of the History of Medicine

(Founded April, 1948)

REPORT

OF

PROCEEDINGS

SESSION 1960-61

The Scottish Society of the History of Medicine.

Honorary President	Dr. DOUGLAS GUTHRIE	
President - -	Professor ADAM PATRICK	
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	Dr. W. N. BOOG WATSON	,, 1961
	Mr R. B. WRIGHT	,, 1961
	Dr. ROBERT McGREGOR	,, 1962
	Dr. R. J. PETERS	,, 1962
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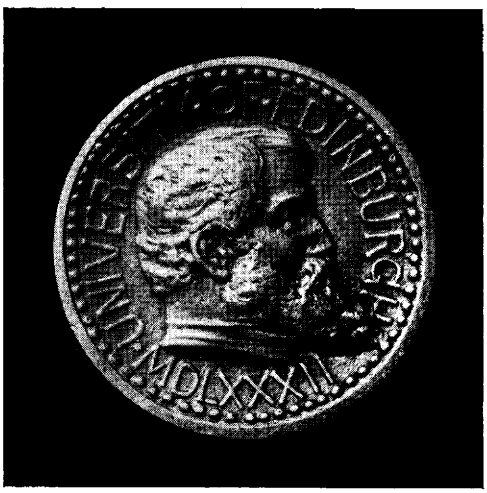

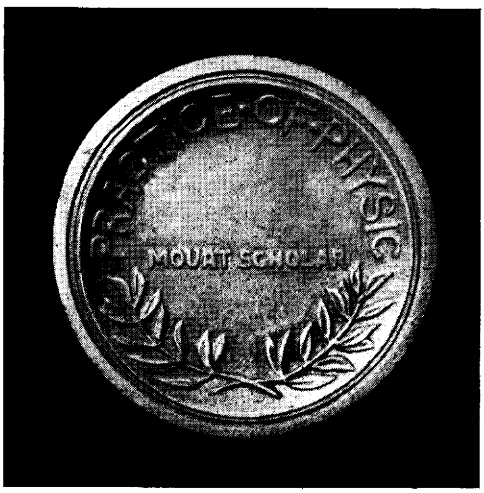

THE MEDALLION OF THE MOUAT SCHOLARSHIP

The Scottish Society of the History of Medicine

REPORT OF PROCEEDINGS
1960-61

It is satisfactory to record that the Society completed another full programme for the session. Membership remains steady and the support given to the meetings has been most encouraging. The papers delivered have been of a high order and in the ensuing discussions time only has been the limiting factor. The Annual General Meeting was held in October at Glasgow when Dr. Armstrong Davison spoke on the Development of Abdominoal Surgery. We had greatly looked forward to greeting Mr. W. J. Bishop at our Thirty-eighth ordinary meeting in March at Edinburgh, but unfortunately illness prevented him coming north to address us, but in his absence his paper on the History of Auto-Surgery was read by his friend and colleague, Mr. G. R. Pendrill. The summer meeting was held in June at Aberdeen in brilliant weather when Dr. W. P. D. Wightman gave a most erudite paper on The Life and Times of Dr. Duncan Liddel and prepared a representative demonstration of Liddel's books for the occasion. We are very glad indeed to be able to print Dr. Davison's paper in full in this Report, together with an extended summary of Mr. Bishop's paper. Pressure of work has prevented Dr. Wightman from submitting his paper meantime but we hope to print it in next year's Report. We are, however, estremely fortunate to have received a paper from Mr. T. B. Mouat—An Eminent Victorian, Frederick John Mouat—and this we are glad to print in the Society's Report this year.

It is sad to have to report the death of two members of the Society during the session. Mr. Walter W. Galbraith died on November 25, 1960, aet 71. He was an original member of the Society and one of its most enthusiastic supporters, being elected a Vice-President in 1951 and serving most acceptably in that capacity for three years. Although his health did not permit him to attend meetings so regularly latterly we will miss his cheery presence in our midst. Sir Ernest Finch died on December 16, aet 76. Although distance precluded his attendance at our meetings he maintained a keen interest in the affairs of the Society during the several years he was a member.

Scottish medical historians, and particularly those living and working in Edinburgh, mourn the loss of two librarians who gave so much of their time and energy to helping in tracking down references and providing other information. Miss Marie Balfour, who since 1942 was in charge of the Edinburgh Room of the Public Library in the city, died on March 29, 1961. There was little about Edinburgh medical history that Miss Balfour was not able to produce for her inquirers, and nothing was too much trouble for her. Dr. Charles A. Malcolm, Librarian to the Society of Writers to the Signet, died in Edinburgh on April 12. He had a very distinguished career as writer, historian and librarian and in 1958 his life work received full recognition when the University of Glasgow conferred on him its honorary degree of LL.D. Although neither Miss Balfour nor Dr. Malcolm was a member of the Society their helpfulness and interest in its activities were such that their passing deserves remembrance.

Four distinguished figures in the world of medicine, three Europeans and an American, whose names were household words and whose work in their different spheres of endeavour was outstanding, died within a short time of one another. Arnold L. Gesell, of the chair of child hygiene at Yale University from 1915-48, died on May 29, 1961, aet 80. His original work on child development opened up a new phase in paediatrics; Jules Bordet, described by Bulloch as " an original researcher of the first rank," and best known for his discovery of the Bordetella pertussis, died on April 6, aet 90. Carl Gustav Jung, one of the founding fathers of modern psychology and of whom the late Professor Alexander Kennedy wrote that he was " physically and intellectually a big man of immense energy and of unshakable integrity," died on June 6, aet 84. Jean-Marie Guérin, collaborator with Calmette in the development of B.C.G. vaccine, died on June 9, aet 89. He saw the vindication of the vaccine, a situation denied to Calmette. Each of these giants is assured of his place in the pages of future books on medical history.

Dr. W. S. Mitchell, our immediate Past President, is to be congratulated on the opening on September 28, 1960, of the magnificent new extensions to the University Library at King's College, Newcastle upon Tyne. He was doubtless responsible for the two descriptive pamphlets, one describing the history of, the other a guide to, the Library and published for the occasion. We would wish him a long and happy tenure of office in his new surroundings. His paper on Dr. George Henderson of Chirnside, delivered before the Society in June, 1957, has just been published in *Medical History* (1961, 5, 277-282).

Dr. Douglas Guthrie remains as indefatigable as ever. His writings during the session included: The Surgeon-Apothecaries and the Physick Gardens of Old Edinburgh (*J.R.C.S. Edin.*, 1960, 6, 28-33); The Deeside Hippocrates—Francis Adams, country doctor and translator of the classics (*Scotsman*, February 25, 1961) and Dr. Francis Adams of Banchory (*Brit. Med. J.* 1961, i, 585), both articles commemorating the centenary of the death of the distinguished Deeside doctor; and Scottish Influence on the Evolution of British Medicine, being the paper he delivered at the first British Congress on the History of Medicine and Pharmacy held in London in September, 1960, and subsequently published in the collected papers of the Congress entitled *The Evolution of Medical Practice in Britain* (1961, 145-161). Dr. Guthrie spent May, 1961, at the invitation of Professor C. D. O'Malley, as visiting professor in the history of medicine at the University of California, Los Angeles, giving a course of lectures there and conducting several seminars. On his return journey via Canada, he made a pilgrimage to the Osler Library, McGill University, Montreal. During his trip he met many old friends of the Society including Professor Marti-Ibanez of New York, Professor Lloyd G. Stevenson of McGill and Professor William Boyd of Toronto, to mention but three. On July 12, on the anniversary of Osler's birthday, he delivered the Osler Oration following the annual dinner of the Osler Club of London. It is to be hoped that this noteworthy address will be published later.

Dr. J. Menzies Campbell has written two papers which have been noticed, one a delightful short note on Children's Books with particular reference to dental matters (*Dent. Mag. & Oral Topics*, 1960, Sept., 3-7), and L'Art dentaire en Grande-Bretagne au XVIII Siecle (*L'Information dentaire*, 1961, June, 853-859). Professor John Craig spoke at the commemoration service held in Banchory to celebrate the hundredth anniversary of the death of Dr. Francis Adams, and contributed a charming note on Adams (*Lancet*, 1961, i, 441-442), and Dr. A. T. Wallace's paper on Professor Sir Robert Philip given to the Society in March, 1957, was published in *Medical History* (1961, 5, 56-64). The Honorary Secretary contributed four papers during the session, Health insurance schemes of the 17th century (*Nursing Mirror*, 1961, 111, v-vi of Supplement);

A gifted country practitioner, Francis Adams of Banchory (Practitioner, 1961, 186, 252-255); the story of common immunisations (*District Nursing*, 1961, 4, 52-54); and William Husband and the introduction of capillary tubes for preserving vaccine lymph (*Med. Officer*, 1961, 105, 305-306).

A well-known member of the Society, distinguished family doctor and experienced medical administrator, Dr. A. F. Wilkie Millar, was honoured by his medical colleagues and others when, on June 1, 1961, he was presented with his portrait in oils. Now enjoying a well-earned retirement the Society's good wishes go to Dr. Millar for a long and happy retirement after some fifty years of whole-hearted service to his profession.

Medico-Historical Notes

The passing, in July 1960, of the Mental Health (Scotland) Act recalls to mind the visit made to Edinburgh in February, 1855, of a pioneer in mental health reform, Miss Dorothea Lynde Dix of Boston, Massachusetts. When she came to Edinburgh in that year she lived as the guest of Mr. and Mrs. Robert Chambers (Chamber's Journal fame) and through the influence of Mrs. Chambers who was an active worker in social welfare, Miss Dix visited the local mental hospitals. She was favourably impressed with what she saw there but was appalled at the conditions obtaining in some of the private " licensed houses " for the care of the insane. She drew the attention of the Lord Provost and other influential citizens to the matter. To cut a long story short, her endeavours were such that a Commission of Inquiry was set up and its report was issued in 1857, followed later the same year by the passing of the Lunacy (Scotland) Act. At the entrance to West House Hospital, Edinburgh, there is a bronze plaque, erected with others in 1935, to the memory of Dorothea Dix.

Reference to this association between Scotland and the United States brings another association forward. On the shores of the Holy Loch, scene of the present controversy on the polaris base, in the little cemetery at Kilmun, lie the remains of Dr. Elizabeth Blackwell, the first woman doctor in the United States, and those of her sister Emily, also a doctor.

In the *Scotsman* of August 20, 1960, there was an article entitled " The One that got away from Burke and Hare." It describes how Walter Abernethy, a young Shetlander, escaped from the clutches of that notorious pair, the story being told by the great-grandson of Abernethy.

The outstanding event in September, 1960, was the First British Congress on the History of Medicine and Pharmacy organised by the Faculty of the History of Medicine and Pharmacy of the Society of Apothecaries of London and extending over three days, September 28-30. This was in every way an unqualified success and augurs well for future congresses. The meetings and social functions were well attended and the Society was represented by several of its members. As already mentioned the theme of the congress was the Evolution of Medical Practice in Britain and the papers delivered have now been published in book form. The Second Annual Report of the Faculty has been recently published and gives an indication of the vigour of this organisation. It should act as a stimulus to those medical centres in the country which still neglect the teaching of medical history in their curricula.

In September, 1860, an Act of Parliament was passed which united the University and King's College in Old Aberdeen and Marischal College and University in the New Town into one University of Aberdeen. To celebrate the centenary of this event a special graduation ceremony and commemoration service was held at the University on September 15, 1960. In the same month, also a hundred years ago, the Council of the Royal College of Surgeons of England placed a memorial tablet over the site of John Hunter's remains in the

north aisle of the nave of Westminster Abbey. Included in the inscription is the following:

> " The Royal College of Surgeons of England has placed this tablet on the grave of Hunter to record admiration of his genius, as a gifted interpreter of the Divine power and wisdom at work in the laws of organic life, and its grateful veneration for his services to mankind as the founder of scientific surgery."

On December 17, 1860, Dr. Clement Bryce Gunn was born in a corner house in St. Patrick Square, Edinburgh. Later, after graduation at Edinburgh University, he settled in general practice at Peebles and became a well beloved figure in the surrounding countryside. As a student he often saw R.L.S. and numbered among his college mates James Barrie, Conan Doyle and S. R. Crockett. Recollection of this centenary which passed practically unnoticed, sent us back to read again, as we had oft times done before, *Leaves from the life of a country doctor*, the reminiscences of Gunn, edited by Rutherford Crockett in 1935, two years after the death of Gunn whom many considered to be the last great representative of the country doctor of the old school. The little book is now, alas, very scarce, in spite of several reprintings, the last in 1947.

The centenary of the death of another great country practitioner, Francis Adams of Banchory, fell on February 26, 1961. The life and work of this remarkable Gideon Gray were widely commemorated. At Banchory a centenary commemoration service was held in the East Church on the appropriate day. The *Aberdeen Press and Journal* added its tribute in an illustrated article in its edition of Saturday, February 25, and in addition to the papers already mentioned, a further appreciation was given by Dr. R. L. Richards (*Scott. Med. J.* 1961, 6, 160-163).

A Scottish appeal to commemorate Sir Alexander Fleming was launched in Edinburgh on March 17, 1961. The target of the appeal in Scotland is £250,000, which will be added to the amount gathered by separate appeals in England and Wales. Two days later, March 19, was the centenary of the death of Edinburgh-born Sir William Pym, army surgeon and authority on yellow fever. He gained his principal experience in this disease when sent by Sir Eyre Coote to St. Pierre in Martinique to investigate an epidemic which lasted from 1794 to 1796. After retiring from the forces he set up in private practice in Harley Street where he lived until his death.

Dr. Guthrie and others have drawn attention to the contributions made to medicine (and dentistry) by James IV of Scotland, and it is interesting to see that a society bearing his name originated at a meeting of the American College of Surgeons in Atlantic City in 1957. The James IV Surgical Association has been able to establish a travelling professorship and the first King James IV travelling professor was appointed in March, 1961, in the person of the Reader in Paediatric Surgery at Edinburgh University, to visit centres in the United States and Canada.

One hundred and fifty years ago on June 7, 1961, Sir James Young Simpson was born at Bathgate, West Lothian. It is a curious thing that at this time controversy should rage over the exact place of his birth in the town. One group of Bathgate folk maintain that the town's Simpson Memorial Hall is the building in which this pioneer of anaesthesia was born. Another group believes that he was born in a house on the opposite side of the street. The controversy was sparked off by the decision by the Town Council that the present accepted birthplace—the Memorial Hall—be demolished owing to the state of the building. Another link with Simpson has been broken by the closing down of a boys' club in Edinburgh, the Moir Memorial Club, founded in 1888 by the daughter of Dr. John Moir, a close friend of Simpson and who lived in Castle Street just round the corner from Simpson's house in Queen Street.

Another association with Simpson concerns the controversy over priority between Simpson and Waldie. In March 1961, Linlithgow Town Council named a street Waldie Avenue, after David Waldie, surgeon and chemist who is credited by some as being the first person to notice the anaesthetic properties of chloroform. Certainly the people of Linlithgow believe that Waldie was the real pioneer in the discovery of the effects of chloroform since a plaque affixed to the wall of a house in the High Street bears the following inscription:

David Waldie/ Surgeon, L.R.C.S.E. and chemist/ Member of Asiatic Soc. Bengal/ B. Linlithgow 1813. D. Calcutta 1889/ A Pioneer in Anaesthetic Research/ To him belongs the distinction/ of having been the first to/ recommend and make practicable/ the use of chloroform in the/ alleviation of human suffering.

To commemorate the centenary of the opening of Chalmers Hospital, Banff, a new main entrance was opened on July 10, 1961, the actual centenary date of opening.

Ever since the notable visit of the Society to Linlithgow in 1956, matters pertaining to Mary Queen of Scots have had a more than usual interest for members. Our guest on that occasion was Sir Arthur MacNalty and he has recently published a book, *Mary Queen of Scots*: *Daughter of Debate* (1960) in which he shows how the Queen's maladies influenced her behaviour. He has since returned to the fray with a paper on the Maladies of Mary Queen of Scots (*Med. History*, 1961, 5, 203-209). It is four hundred years in August, 1961, since Mary, as a young 19-year-old widow, landed at Leith, and to commemorate that historic month an exhibition of manuscript letters and documents relating to her were placed on view in the Dome Gallery of the Register House in Edinburgh. This exhibition will remain open until after the 1961 Festival. Among the exhibits are a letter from Mary to her mother, written in French and dated 1554, in which the young Queen signed herself " Votre tres humble et tres obeisante fille, Marie "; another from Mary to the Earl of Cassilis in 1562, requesting him to go with her to meet " our gude sister the Quene of England," while yet another exhibit is a book of " The Actes of Quene Marie." The Amenity Trustees of the Palace of Holyroodhouse have recently acquired three panels, the work of Mary and of the Countess of Shrewsbury. Two of the panels are by the Queen herself, one octagonal in shape, the other cruciform in which is depicted a cat and a mouse, the third being the work of the Countess—Bess of Hardwick.

The National Library of Scotland has organised a notable exhibition, Treasures of Scottish Libraries, which opened on July 11, 1961, and will remain open until October 31. The exhibits are drawn not only from the National Library itself, but from fifteen other Scottish libraries, including those of the four Universities, the Royal Colleges of Physicians and Surgeons of Edinburgh, the Royal Faculty of Physicians and Surgeons of Glasgow, the Signet Library, and the Mitchell Library, Glasgow, to mention but some. A visit to this most fascinating exhibition will well repay the visitor. It is impossible to enumerate the contents of the exhibition and it is unfortunate that a catalogue of its contents is not published although a small illustrated brochure is on sale at the National Library. Nevertheless, mention might be made of some of the works on show, particularly those of medical interest, most of which are displayed in Case No. XXX. These include: John of Arderne's Practica chirurgiae, a manuscript written in the 15th century and well illustrated (Glasgow University, Hunterian Museum); Petrus de Abano's Tractatus de venenis, *circa* 1473 (Edinburgh University); Arnold de Villanova's Regimen senum et seniorum, with four other treatises by the same author, *circa* 1500 (Royal College of Surgeons of Edinburgh); Girolamo Cardano's De methodo medendi, Paris 1565; in which Cardan stresses diet and describes his treatment of Archbishop

Hamilton's asthma in 1552 (Aberdeen University); Gilbert Skene's Ane Breve Descriptioun of the Pest, 1568, the first medical book printed in Scotland (National Library); Bernard de Gordon's Lilium medicinae (Royal Faculty of Physicians and Surgeons); Vesalius' De humani corporis fabrica, 1543 (Edinburgh University); Harvey's De motu cordis, 1628 (Edinburgh University); Gaspar Taliacotus De curtorum chirurgia, Venice 1597 (Aberdeen University); Ambroise Parè's Les Oeuvres, Paris 1579 (Aberdeen University); John Hunter's A practical treatise on the diseases of the teeth, London, 1778, showing corrections of text by William Hunter (Glasgow University, Hunterian Museum); Geber's De alchima, Strasbourg 1529, a rare early edition (Aberdeen University); Michael Servetus Christianismi restitutio, 1553, one of the three surviving copies (Edinburgh University); Albertus Magnus Secreta mulierum et virorum, Antwerp, after 1500 ? (Royal College of Surgeons of Edinburgh); Paracelsus Astronomica et astrologica, Cologne 1567 (Aberdeen University); William Gilbert's De magnete, Sedan 1628 (Royal Observatory, Edinburgh). This is indeed an exhibition of treasures and the range covered is extremely wide, ranging from early manuscripts beginning with an eighth or ninth century volume of medical writings, produced in southern France or northern Italy, the earliest Western manuscript in Scotland, to the manuscript of John Buchan's Witch Wood, 1927.

The year 1961 is an important one for the Royal College of Physicians of Edinburgh for on August 16, 1861, a new charter was obtained, which was sealed and registered on October 31 of the same year. Thus this year is the centenary year of the granting to the College of a new charter.

In September, 1960, an International Conference was held at the Royal Institution in London to celebrate the passing of an Act in 1860 for preventing the adulteration of food and drink. This was the first general law covering food to be enacted in any country in the world, and included among its provisions was the power given to local authorities to appoint public analysts. The Association of Public Analysts published an interesting little brochure, *A hundred years of public analysts*, 1860-1960 in commemoration of this first enactment.

A few other medico-historical anniversaries might be mentioned here. The five hundredth anniversary of the birth of Thomas Linacre was celebrated by the Royal College of Physicians of London in 1960, and on December 8, the Linacre Oration was delivered there by Sir George Clark, former Regius professor of modern history at Cambridge. Four hundred years ago, in 1561, Francis Bacon, Lord Verulam, was born and Fallopius published his *Observationes anatomicae.* A hundred years later, in 1661, Stenson described the parotid duct, Malpighi discovered the capillary circulation, and John Evelyn, the diarist, appalled at the smoke and dirt that covered seventeenth century London was moved to write his famous discourse, *Fumifugium*: *or the Smoake of London Dissipated*, which he presented to Charles II, by whose command it was published. In recognition of this tercentenary, the National Society for Clean Air had published a new edition, illustrated with original woodcuts. In 1761, two epoch-making books were published, Morgagni's *De sedibus* and Auenbrugger's *Inventum novum.* One hundred and fifty years ago, in 1811, Sir Charles Bell showed that the anterior spinal roots were motor in function and Heinrich Haeser, the medical historian, was born. In 1861, Lord Herbert, Florence Nightingale's staunchest supporter, died, Sir Almroth Wright and Sir Frederick Gowland Hopkins were born, and one of the great books of medicine, Ignaz Philipp Semmelweis' *Die Aetiologie, der Begriff und die Prophylaxis des Kindbettfiebers* was published at Vienna. On October 4, 1960, the Medical Defence Union, the oldest as well as the largest medical defence organisation in the world, celebrated the seventy-fifth anniversary of its foundation, while fifty years ago, in 1911, Samuel Wilks, physician, and John Hughlings Jackson, neurologist, died.

In the United States, *The American Journal of Public Health* completed its Golden Anniversary volume in December, 1960. This journal is under the able editorship of Professor George Rosen whose writings on medical history are so well known, and whose editorials in the Journal are the first things we read when it arrives. Both Professor Rosen and his wife visited Scotland in August last year and spent a short time in Edinburgh but it was not possible to arrange a meeting of the Society to meet them then. We look forward, however, to hearing an address from Professor Rosen at some future date.

Book Notices

The year covered by this Report has seen the publication of a considerable number of books of medico-historical importance and this feature is to be welcomed as surely indicating a sustained interest, especially in so far as Great Britain is concerned. Once again, however, it is obvious that we can only mention those books which we have perused ourselves or to which our attention has been drawn by members of the Society.

It has been customary to begin these notes with references to autobiographies and there are four which have an appeal, each in a different way. *Memories of a Doctor in War and Peace* (1960) is the outstanding autobiography of a very distinguished woman doctor, Lady Isabel Hutton, whose death occurred at the end of 1960, and the book will be read with profit and a great deal of pleasure; *Microbes, Men and Monarchs* (1960) by Sir Aldo Castellani is a heavy, somewhat humourless book but not without much that is important; *Edinburgh's Child* (1961) by Mrs. Eleanor Sillar is a charming story of the city in the later 19th century with delightful thumbnail sketches of such figures as Drs. John Brown, Milne-Murray, John Thomson, Sir Halliday Croom and Francis Caird; *Ham and Jam* (1960) by J. D. Hamilton Jamieson a well-known dentist and lecturer in Edinburgh and now in retirement, is effervescent with pungent comments, doggerel ditties and sundry diversions; *A Doctor remembers* (1961) by Kenneth Fraser, former Medical Officer of Health of Cumberland, is a lighthearted, racy account full of humour and incident.

Of biographies, *Doctor at Court* (1958) by Wilhelm Treue, translated by Frances Fawcett from the German, gives a good account of doctors in attendance on various former European royal families; *Mary Queen of Scots* (1960) by Sir Arthur MacNalty has already been noted; *Margaret Macmillan, the Children's Champion* (1960) by G. A. N. Lowndes is a competent biography of one who did so much to improve the lot of the child in Britain; *Dr Eurich of Bradford* (1961) by his daughter, Mrs Margaret Bligh, describes the life and work of Frederick William Eurich, a German who was educated at Bradford and Edinburgh University and whose work on anthrax at Bradford was of such far-reaching importance; *McIndoe: Plastic Surgeon* (1961) by Hugh McLeave tells the story of Sir Archibald Hector McIndoe whose name was probably known to more people outside medical circles than any other doctor and whose Guinea Pig Club is world famous: *Beloved Son Felix* (1961) is the journal of Felix Platter as a medical student at Montpellier in the 16th century, translated by Sean Jennett, and gives some details of student life at that time.

There have been several special histories noted. First is the reprinting of William Bulloch's *History of Bacteriology* (1938) which appeared in 1960, and which, although so valuable and authoritative, has unfortunately not been brought up-to-date even ever so briefly; *Doctors and Disease in Tudor Times* (1960) by W. S. C. Copeman is an expansion of his Fitzpatrick Lectures of 1958-59; *The Early History of Surgery* (1960) by W. J. Bishop is a quite first-class general survey of surgery and has much that is fresh to tell; *Essays on the First Hundred Years of Anaesthesia*, vol. 1 (1960) by W. S. Sykes is a series of eight

essays on some of the highlights and incidents in the history of anaesthesia—a book once started difficult to lay down until finished; *St. Peter's Hospital for Stone*, 1860-1960 (1960) by Clifford Morson is a short well told tale with brief biographical sketches of its staff; *The Evolution of Medical Practice in Britain* (1961) edited by F. N. L. Poynter has already been noticed as containing the complete papers delivered at the First Congress on the History of Medicine and Pharmacy organised by the Faculty of the Society of Apothecaries in London in September, 1960; *Medicine and the Navy*, vol. 3 (1961) to which Dr Guthrie has drawn attention is the third volume of the work planned by the late Dr J. J. Keevil and now written by C. Lloyd and J. L. S. Coulter, bringing the story up to 1815; *This is your child* (1961) by Anne Allen and Arthur Morton is the story of the N.S.P.C.C. from its foundation in 1884; *The story of hospital almoners* (1961) by E. Moberly Bell is a very readable account of this group of professional workers, beginning with Mary Stewart, the first lady almoner and appointed to the Royal Free Hospital in 1895.

On the philosophical side of medicine a special welcome is accorded to Dr R. Verney's anthology of Osler's addresses and called *The Student Life* (1957) which has been reprinted (1960) and now contains a short biography of Osler by the compiler. It is good to know that this prince of physicians still holds a place in the hearts of students, medical and other, today; *The Purpose and Practice of Medicine* (1960) is a selcetion of twenty of the writings and addresses of the late Sir James Spence of Newcastle, a profound thinker and wise counsellor as well as great paediatrician. A sympathetic memoir by his friend Sir John Charles tells us much of this extraordinarily gifted man.

Medical education is constantly under review and rightly so, and *Medical Education: Annotated Bibliography*, 1946-55 (W.H.O.) is an extremely valuable reference book containing some 2,500 references and brief annotations together with an author index.

In the nursing world, *Friend within the gates* (1960) by Elizabeth Grey is a new biography of nurse Edith Cavell and was published on the anniversary of her death, October 12. Edith Cavell's remains lay buried for four years in an unobtrusive grave in Belgium before being brought back to England in 1919 and reinterred at Norwich. *Florence Nightingale's Nurses* (1960) by Lucy Seymer is the history of the Nightingale Training School at St. Thomas's Hospital, is well written, uniquely illustrated and deserving to be read not only by nurses but also by doctors; *The Nightingale Training School, St. Thomas' Hospital*, 1860-1960 (1960) is a privately printed account which was on sale at the Nightingale Centenary Exhibition held at the Doulton Hall, Albert Embankment, from June 17 till July 10, 1960. It was fifty years ago on August 10, 1960 since F.N. died. *A History of the Nursing Profession* (1960) by Brian Abel-Smith is an important, well documented and scholarly review of the development of the nursing profession brought right up-to-date.

From Australia comes *References to Australia in British Medical Journals prior to* 1880 (1961) by Ann Tovell and Bryan Gandevia. The references comprise articles, news paragraphs, editorial comments and other items referring to Australian medical practice, and listed under each journal consulted. Dr. Gandevia is an active member of the Section of Medical History of the Victoria Branch of the British Medical Association. We regularly receive reports about the activities of this Section from Dr Murray L. Verso, the Honorary Secrtrary. It is a very real pleasure to us to send the Society's warmest greetings to the Section and wish it every success.

Several volumes published in the United States are worthy of attention and briefly reviewed. 400 *Years of a Doctor's Life* (1947) by Professor George Rosen and Mrs Rosen, although published several years ago has recently come into our hands. It is a fascinating anthology of autobiographies of doctors, well-

known and not so well known, the whole divided into sections dealing with early years, school days, the medical student, the practice of medicine, scientist, scholar and teacher, the doctor marries, the doctor as patient, the doctor goes to war, writing and politics, reflections on life and death—an excellent book for the bedside library. Another anthology, *Great Adventures in Medicine* (1956) edited by S. Rapport and H. Wright, comprises a collection of the most significant and dramatic writings from the field of medicine beginning with the Hippocratic Oath and ending, though not chronologically, with Alexis Carrel on the mystery of death. *Young Endeavour* (1958) by W. C. Gibson of the University of British Columbia, deals with the contributions to science made by medical students over the past four centuries and covers anaethesia, anatomy, bibliography, cardiovascular system, chemistry, digestion, endocrines, infection and pathology, lymphatics, nervous system, and physics and optics—a most revealing and remarkable book. *Fellowship of Surgeons* (1960) by Loyal Davis is a history of the American College of Surgeons and recalls a book read several years ago, *Fifty Years of Medicine and Surgery* (1934) by Franklin Martin, a prime mover in the foundation of the College. *Surgeon's Gloves* (1960) by J. Randers-Pehrson is a small monograph with over 200 references and written competently. *The Reluctant Surgeon* (1960) by John Kobler is a biography of John Hunter, based upon extensive reading as indicated by the bibliography quoted, but the inclusion of imaginary conversations and the lack of references in the text detract from the work and are inclined to irritate the reader. Three valuable books, scarce at least in this country for a long time, have now been printed in Dover paperbacks and readily obtainable here; *From Magic to Science* (1958) by the late Charles Singer has an autobiographical preface by the author in this new printing; *Classics of Medicine and Surgery* (1959) collected by C. N. B. Camac, was originally *Epoch-making Contributions to Medicine, Surgery and the Allied Sciences* (1909) of which Osler in a letter to Camac said, " You will have hard work to keep within the limits of 400 pages . . . Let me know if I can be of any help in getting pictures, etc. What title ? All important, consult Welch." *Source Book of Medical History* (1960) by Logan Clendening which Major in his Clendening Lecture of 1958 described as " a voluminous scholarly work, which should be in the library of all physicians interested in medical history."

Sigerist was probably the greatest figure among medical historians and two volumes entitled *Sigerist on the History of Medicine* and *Sigerist on the Sociology of Medicine* are two magnificent collections of some of his writings. Both were published in 1960. The former, edited by his friend and colleague, Professor Marti-Ibanez of New York, is a group of 27 essays selected by Sigerist himself before he died. This group reveals the essential humanity of the man, his simplicity and yet his skilful analysis of events and men, his humour and yet his complete dedication to ideals and conclusions which may not always have been acceptable to others. Here he discusses the social history of medicine, there bedside manners in the Middle Ages, here living under the shadow of his own afflictions, there a light-hearted essay on the spelling of proper names, in particular his own. The second volume, *On the Sociology of Medicine*, edited by Milton L. Roemer, contains some thirty-one papers and essays representative of his contributions towards a better understanding of the social functions of medicine. Thus, in his essay on the Medical Student and Social Problems he says, " Let us not forget that medicine, after all, is a social science, the physician's task being to keep his fellow men socially adjusted or to readjust them as the case may be," and in the Physician in Modern Society he writes, "And so we are beginning to see the place that the physician is holding in modern society. We see him as scientist, educator, and social worker, ready to co-operate in team-work, in close touch with the people he disinterestedly serves, a friend and leader who directs all his efforts toward the promotion of health and prevention of disease

and becomes a therapist when his previous efforts have broken down—the social physician protecting the people and guiding them to a healthier and happier life." It might, indeed, be suggestedthat this book should be required reading for all students during their course in public health and social medicine. Both books reveal the work of a gifted and well-stocked mind. *A Prelude to Medical History* (1961) by Felix Marti-Ibanez is a most attractive introduction to medical history. The book in fact consists essentially of the lectures delivered by the author to students at the New York Medical College. Its great appeal lies in the simple objective approach to the subject, the reader not being burdened with details of dates, etc., but easily carried forward by the writer's obvious knowledge and enthusiasm for his subject. Finally, Dr. Guthrie following his return from Canada drew attention to a novel by Wilder Penfield, O.M. *The Torch* (1960) which has not yet appeared in this country. It deals in scholarly fashion with the life and times of Hippocrates.

The Thirty-Seventh Meeting and Twelfth Annual General Meeting

The Thirty-Seventh Meeting and Twelfth Annual General Meeting was held on Friday, October 28, 1960, in the Bloch Lecture Theatre, Royal Faculty of Physicians and Surgeons of Glasgow, Dr. W. S. Mitchell, the President, in the chair. The Society's Annual Report for 1959-60 was presented and formally adopted. The Honorary Treasurer in presenting his annual statement of the finances showed that these were, on the whole, satisfactory. A short account of the First British Congress on the History of Medicine and Pharmacy at which the Society was well repreented, was then given. On the motion of Dr. A. T. Sandison, seconded by Dr. E. H. Duff, Professor Adam Patrick was unanimously elected President, Dr. Mitchell demitting office after holding the Presidency for three years. He and Mr T. B. Mouat were elected Vice-Presidents, and Professor Stanley Alstead and Mr C. H. Kemball elected members of Council, the Honorary Secretary and Treasurer and members of Council eligible for re-election being re-elected.

Professor Patrick in thanking the Society for his election as President, warmly thanked Dr Mitchell and Mr A. L. Goodall and Dr M. H. Armstrong Davison, retiring members of Council, for all that they had done to uphold the honour and prestige of the Society.

The President then called upon Dr Armstrong Davison to read his paper on:

THE DEVELOPMENT OF ABDOMINAL SURGERY

Despite the attitude of a noisy group of reactionaries, including such people as the great physiologist Magendie and the egregious Dr. Gream, at its first blush, anaesthesia appeared to be a tremendous boon to suffering mankind: "the deepest furrow in the wrinkled brow of agony was smoothed for ever." More people accepted operation, and more extensive operations were soon put into practice, yet the results were disastrous; the mortality from operation increased beyond all bounds and the spread of infection soon became epidemic in proportion. Admission to a hospital for a surgical operation became almost tantamount to a sentence of death, and the fear of the knife, temporarily removed by the boon of unconsciousness, returned with redoubled force. In such circumstances, there

was no possibility of any great advance in the scope of surgical operations, nor in the benefits of surgical treatment. The turning point came only after twenty years when, in July, 1867, Joseph Lister read his remarkable paper, " On a new method of treating compound fractures, abscess, etc., with observations on the conditions of suppuration," at the Dublin meeting of the British Medical Association. Once again, the reactionaries raised their voices in noisy calmour, and the acceptance of Listerism was delayed. Hence it was that the great developments of surgery did not begin until the last quarter of the nineteenth century, and the peritoneal cavity remained a forbidden land for all but the bravest or the most foolhardy, the wisest or the most ignorant, until antisepsis and its successor, asepsis, had become universal articles of surgical faith.

Strangely enough, the history of true abdomincal surgery is little longer than the span of life allotted to man on biblical authority, and there are those alive today who were born before the era of intra-peritoneal intervention. Still more strange, however, was the rapidity of its growth: in the short period of fourteen years between 1876 and 1889, nearly all the great milestones of abdominal surgery were passed, and little has remained to succeeding years but the consolidation of territory already won.

Nevertheless, isolated examples of abdominal operation can be found in the distant days before the introduction of anaesthesia and antisepsis, and a surprisingly large number of these interventions was successful. Success in these cases depended largely on two factors: the phenomenal resistance of the patients—I had almost said, victims—to pain and shock, and the absence of infection. This latter was again due to two factors: first, the relative infrequency of operations, which greatly limited the spread of infection by the surgeon's hands and instruments, and, secondly, an appreciation on the part of certain surgeons of an empirical tradition of surgical cleanliness, extending back to Guy de Chauliac, Theodoric and beyond, and of whom Sir Thomas Spencer Wells was the last great example.

It is not, I think, surprising that the earliest essays in true intra-abdominal surgery were made in connection with parturition. Man, conscious of his own guilt, is more likely to proceed to heroic measures, both practical and financial, in order to save the woman who suffers in bearing or the child that is to be born. Yet, the first sign-post along the way, the Roman *Lex Regia*, was dictated by economic reasons, and not from a more worthy emotion. This law, ascribed to the semi-legendary King Numa Pompilius, who had followed Romulus on the throne of Rome, later became, under the Emperors, the *Lex Caesarea*, and it contained the exhortation, " Si mater pregans mortua sit, fructus quam primum caute extrahitur." The operative word, in both senses, was, of course, " mortua," and there seem to be no examples in ancient Rome of " Caesarian " operation being performed on the living mother. Pliny the Elder, who would scarce have let such a sensational story slip by, has only this to say (Bostock and Riley, 1887):

" The children whose birth has cost their mother her life are evidently born under . . . favourable auspices; for such was the case with the first Scipio Africanus; the first, too, of the Caesars was so named from his having been removed by an incision in his mother's womb. For a similar reason, too, the Caesones were called by that name. Manilius, also, who entered Carthage with his army, was born in a similar manner."

Here we see the origin of the myth that Julius Caesar, who, of course, was not the first of the Caesars, " was from his mother's womb untimely ripped," but, although Pliny may have been right about the origin of the name Caeso from caedo (I cut), yet he is certainly wrong about the patronym Caesar, for this undoubtedly means " hairy," and has as little to do with the operation in question as it has to do with the Carthaginian word for an elephant, which has also been called upon to explain the origin of the name.

It is worth while to recall that Asklepios himself was delivered by Apollo from the womb of the dead nymph, Koronis; and other famous people who are said to have entered the world in a similar manner are the Doge, Andrea Doria; the English king, Edward VI; and Pope Gregory XIV.

It may be that the ancient Indians were more advanced in this particular branch of surgery than were the Greeks and Romans; at any rate, Soshruta (Graham, 1950) directs that, if the knife is to be used, it must be in such a way as not to cut the living child, for then both mother and child *may* be destroyed; while, on a less scientific plane, the possibility of successful Caesarean section on a living woman is mentioned in the Talmud and in Persian mythology.

For the first authenticated and successful Caesarean section, we must pass on to half a century after the fall of the last remnant of the Roman Empire; let me quote from Harvey Graham (1950) the case of Jacob Nüffer a Swiss sow-gelder:

" In the year 1500, his wife went into labour. Her pains were protracted but she could not deliver herself. All the local midwives were brought to her assistance, but the thirteenth of them was as little successful as her twelve sisters. In despair, and despite the acid comments of the village matrons on the impropriety of the whole business, Jacob called in two lithotomists. These gentlemen were good at removing stones from bladders, but they could not shift this difficult child from its mother's womb. Jacob knew nothing about midwifery, but he had his sow-gelding instruments, and he did the obvious things. The baby was delivered by this primitive Caesarean section and lived. So did Jacob's wife. She lived to the age of 77, still at the village of Sigershauffen, and after this first difficult baby, was delivered naturally of one pair of twins and four other children."

This case reminds one very forcible of the account of a Caesarean section in Uganda, described by Felkin in the Edinburgh Medical Journal of 1884 (Gould and Pyle, 1897). The operation was crudely performed, haemorrhage being checked by a hot iron. The sutures were made by means of seven thin, hot iron spikes, resembling acu-pressure needles, closing the peritoneum and skin. The wound healed in eleven days, and the mother made a complete recovery. More remarkably still, Gould and Pyle (1897) record several instances of Caesarean section performed by the mother herself, and in two at least of these cases, the mother survived. Even more extraordinary are the nine cases which they mention of the operation being performed accidentally, in each case by the horn of a cow which had attacked the unfortunate mother, and, in some of these cases, it is recorded that both mother and child survived.

Nevertheless, in spite of Nüffer's rash intervention, Ambroise Paré (Graham, 1950) advised very strongly against the operation, writing, " Je ne conseillerai jamais de faire tel oeuvre ou il y a si grand péril sans nul espoir." This remark caused Paré's friend, François Rousset (1535-1590 ?), to write the first book on Caesarean section, " Traité nouveau de l'hystérotomotokie ou enfantement césarean " (Paris, 1581), in which fifteen successful cases in the previous eighty years are described.

Another advocate of the operation was Geronimo Scipione Mercurio (1550-1616). Studying under Arantius of Bologna (1530-1589), who was the first person to record a case of pelvic deformity, Mercurio saw a living child delivered from a dead woman in 1578, and he had also seen two living women who were alleged to have undergone this operation successfully. His text-book for midwives, " La commare o riccoglitrice " (Venice, 1596) was the first Italian book on obstretrics, and not only contains the first printed illustration of the operation on a living patient, but the accurate textual description proves that he had himself undertaken this hazardous intervention, and there is no doubt that he deserves a high place in the history of abdominal surgery.

The works of Rousset and Mercurio popularised the idea of Caesarean section, and the operation was frequently carried out in the years that followed, nearly always with fatal results, although successful cases were reported in his " Opera " by Daniel Sennert (1572-1637), who is otherwise chiefly remembered for his belief in witchcraft, and by Hendrik van Roonhuyze (1663).

William Smellie (1697-1763), the founder of British obstetrics, and the first to describe the so-called Erb's palsy (Morton, 1954), was naturally interested in the question of Caesarean section. In his " Treatise on the theory and practice of midwifery " (London, 1752), he reports three unsuccessful cases of his own and also refers to the first successful case to be recorded in the British Isles. The honour of this case goes to Ireland, the date was 1738, and the " Dame Trotula " of the occasion was a certain Mary Donally, " an illiterate woman, but eminent among the common people for extracting dead births." Both mother and child survived. The first woman in England to survive the operation was Jane Foster; she was 41, and had sustained a fractured pelvis, leading to deformity with narrowing of the pelvic outlet. The operation was carried out by James Barlow of Lancashire in 1793 (Graham, 1950).

These successful cases were, however, exceptional; the mortality from Caesarian section remained at almost one hundred per cent, and, by the end of the eighteenth century, the question of whether this operation was ever justifiable had become a controversial issue, and was debated in the spirit of the times; that is to say, with vehemence and virulence; the debate remained undecided at the time of the introduction of antisepsis three-quarters of a century later.

Coming to the second main root of abdominal surgery, viz. ovariotomy, we may, I think, discount the statement of Athenaeus of Naucratis in his " Deipnosophistae," that "Adramyttes, King of the Lydians, was the first man who ever castrated women and used female instead of male eunuchs." In which case, it is not a little strange that the successful removal of the human ovaries was first, apparently, also performed by a sow-gelder; but, while Jacob Nüffer may be regarded as an heroic and compassionate man, a similar eulogium cannot be enunciated for the happily anonymous ruffian who, according to the Dutchman, Johan Weyer, spayed his own daughter in order to inhibit her amorous propensities. In parenthesis, we may note that Weyer (1515-1588) had as the publisher of his " De praestigiis daemonum " (Basle, 1653) that Oporinus who, twenty years before, had published Vesalius' " De fabrica "; Weyer's book is well remembered as the foundation of medical psychiatry.

The exact operation carried out by Robert Houstoun of Glasgow (?-1734) in 1701, and published in the Philosophical Transactions of the Royal Society in 1726, has long been argued and will never be definitely decided. Houston, the son of a Visitor of the Faculty of Physicians and Surgeons of Glasgow, himself attained to that honour in 1691, and it is to his energies that the Faculty is obliged for its library. His life is described in considerable detail by Lawson Tait in his " Diseases of the ovaries " (Birmingham, 1883). The patient, a woman of 58, suffered from an ovarian dropsy; the surgical intervention comprised an incision some three inches in length and the evacuation of the contents of the cyst, which was of " so monstrous a bulk that it engrossed the whole left side from the umbilicus to the pubes, and stretched the abdominal muscles to a great degree." Houston does not say that he removed the cyst-wall and ovary, but the facts, that he described the cyst as growing from the *left* ovary, and that the woman, who survived for thirteen years, was completely cured, are at least suggestive, and were considered to be proof of ovariotomy by Lawson Tait, although others have differed from him in that opinion.

The surgical technique of ovariatomy was described in 1771 by J. C. A. Theden, Surgeon-General of the Prussian Army, and a further brief account was also written by Hartman d'Escher, then a student at Montpellier, in 1807 (Graham,

1950). Neverthleless, despite these writings and the fact that Houston's case must have been known to the brothers Hunter, and that both of them, at one time or another, advocated ovariotomy, at least in theory, more than a hundred years passed until the case of Jane Todd Crawford, successfully operated on by Ephraim McDowell of Danville, Kentucky, in 1809.

I may say that I am glad that this courageous patient's name has been preserved, and I am rejoiced to think that, as reportad by Fleming (1959), the Kentucky State Medical Society, recognising her claim to immortality, in 1935 " to buried merit raised the tardy bust."

Ephraim McDowell (1771-1830), was born in Virginia in the year which also saw the birth of Sir Walter Scott. After commencing the study of medicine in the United States, he travelled to Edinburgh, where he was a student during the years 1793 and 1794; in the following year, he began practice in the small town of Danville, Kentucky. In addition to his renown as an ovariotomist, he was a lithotomist of repute, claiming 31 cases with only one death. Although he never obtained a medical degree, he must be remembered as one of the most famous sons of the Edinburgh Medical School.

The story of the operation on Mrs. Crawford is so well known that I may be forgiven for epitomising it in a few words. She was 47 when she was seen by Dr. McDowell on account of the huge ovarian cyst from which she was suffering: McDowell advised its removal, and, despite the physical disability under which she laboured, she rode the 60 miles to Danville on horse-back; it will be recalled that, at operation, McDowell found that the muscles of the abdominal wall were severely contused as a result of her having rested the great tumour on the saddle-horn during the ride. The removal of this cyst, which, with its contents, weighed 22½ lb., was accomplished in an operation lasting about 25 minutes, and recovery was so prompt and so complete that, on visiting her five days afterwards, McDowell, " much to his astonishment," found her making her bed. The good lady survived to the age of 78, thus beating Houston's patient by a good seven years.

McDowell subsequently operated on a number of cases of ovarian cyst, his total score being 13; in one of these, the operation could not be completed; of the remainder, four died, and eight were successful.

Soon others were following in the footsteps of McDowell, and successful cases were reported by Emiliani of Faenza in 1815, Chrysmar of Issy in 1820 (Graham, 1950), and Nathan Smith of Yale in 1821 (Smith, 1822). The latter is also remembered for his classical descriptions of typhoid fever (Smith, 1824) and osteo-myelitis (Smith, 1817), and as the first in America to perform below-knee amputation (Smith, 1825). Nathan Smith (1762-1829), a native of Massachusetts, had studied medicine at Harvard, Glasgow, Edinburgh and London. Before going to Yale, he had held the posts of lecturer in anatomy, surgery, chemistry, and the theory and practice of physic at Dartmouth Medical School, filling, as Oliver Wendell Homes remarked, not a chair, but " a whole settee of professorships " (Major, 1954).

In 1825, John Lizars (1787 ?-1860) published his " Observations on the extraction of diseased ovaria," a work which, rather surprisingly, did much to popularise ovariotomy in Britain. Lizars, who subsequently (1831-1839) became professor of surgery in the Royal College of Surgeons of Edinburgh, was not completely honest in his paper on ovariotomy: for he published, without comment, a paper which had fallen into his hands by Ephraim McDowell, alluding, however, to certain cases of his own. These cases were four in number: in the first, he had been unable to complete the operation, and of the other three, one died.

The first successful ovariotomy to be performed in England was done by William Jeaffreson, of Framlingham in 1836 (Graham, 1950); and the patient

was indeed lucky, because Jeaffreson's foresight in first carrying out the proposed operation on the cadaver of a patient who had died of a large ovarian cyst might well have had disastrous consequences in those pre-antiseptic days. London's first success did not occur until 1842, and it was in that year, too, that Charles Clay (1801-1893) of Manchester, the man who was to coin the word " ovariotomy," began that career, which entitles him to the name of the Father of Ovariotomy, by removing successfully a cyst weighing 36 lb. in an operation lasting only ten minutes. By 1864, he had reported 111 cases with 34 deaths, and he went on to perform 395 such operations with a total mortality of only just over 25%.

In this connection, I wish to draw your attention to an interesting article published last year in the Irish Journal of Medical Science by Mr John B. Fleming of Dublin. In the year 1844, a Mrs Williams of London presented a piece of beautiful French pottery to Dr Frederic Bird " . . . in grateful acknowledgement for the vast skill and tender care he evinced in removing a large Ovarian Tumour weighing 36 lbs. on the 28th of January 1844 by which she has been saved from an early grave." This fine Limoges-style dish is in the possession of W. Hamilton Kenny, Esq., of Dublin, and bears, engraved on a medallion embedded in its centre, the words which I have just quoted.

It is interesting to notice that, in Bird's description of this operation, it is recorded that " Scarcely an expression of suffering was uttered by the patient, who, possessed of much moral courage, bore the operation with admirable fortitude."

Mrs Williams was the third successful case operated on by Bird, who was obstetrical physician to the Westminster Hospital; his brother, Golding Bird, is remembered as the author of an important book on " Urinary deposits " (1844), and was a pioneer in static electro-therapy.

Although by far the largest group of intra-abdominal interventions in the days before anaesthesia and antisepsis is covered by Caesarian section and ovariotomy, some essays were also made in the field of general surgery. The earliest case of which I can find any account is that of a knife-swallower named Matthius who, in1502, allowed a knife nine inches long to elude his grasp and disappear into his stomach. After seven weeks, it is related, the knife could be felt through the abdominal wall, and a barber-surgeon of Prague, one Florian Mathias, cut down on the object, withdrawing the knife, which he found to be " altogether rusted " (Gould and Pyle, 1897).

A somewhat similar story concerns a youth of 22, called Grünheide, who, in 1635, accidentally swallowed a knife while attempting to make himself vomit after a drinking bout (Thorwald, 1957). Three weeks later, in an operation lasting three-quarters of an hour, Daniel Schwabe of Königsberg succeeded in removing the foreign body by incising the abdominal wall and drawing the stomach into the wound by means of a hook. The stomach and abdominal wall were sutured, and the patient recovered, living for a further eight years. The knife found its way into the anatomical museum of the University of Leyden.

Similar cases were reported in 1691 and 1720 (Gould and Pyle, 1897). In the former case, the knife had remained in the body for 31 months, and " the horn haft of the knife was considerably digested." In 1755, Nedham of Norfolk reported the case of a boy of thirteen who had been run over and eviscerated. He removed no less than 57 inches of damaged and protruding small intestine, but the boy subsequently recovered.

Of much greater importance was the work done by Daniel Carl Theodor Merrem (1790-1859) of Giessen, and reported in his "Animadversiones quaedam chirurgicae experimentis in animalibus factis illustratae " (1810). Merrem had operated on three dogs, excising the pylorus and anastomosing the stomach to

the duodenum. Two of the dogs survived, one for nineteen days; the other was alive and well 47 days after the operation, when it was stolen from his laboratory.

The first attempt at gastrostomy was made in 1846 by Charles Emmanuel Sédillot (1804-1891), professor of surgery at the French School of Military Medicine at Strasbourg, and was reported in the Comptes rendus of the Académie des Sciences for that year; unfortunately, the patient died, but Sédillot achieved a successful gastrostomy in 1849.

In view of the common occurrence of acute appendicitis, it is surprising that the medical profession was so slow in recognising this complaint. The first definite case to be described was reported by Saracenus in 1642 (Thorwald, 1957) as an abscess which erupted through the abdominal wall. Mestivier (Garrison, 1921), too, in 1759, opened a similar abscess; the patient died, and, at autopsy, a burst and suppurating appendix was seen, but this pathological evidence failed to make any impression. James Parkinson (1755-1824), author of the celebrated " Essay on the shaking palsy " (1812), not only gave the first account in English of appendicitis (1812), but also described the connection between suppurative appendicitis and general peritonitis. Other notable workers in this field were, in France, Jean Baptiste Louyer-Villermay (1776-1837), whose " Observations pour servir á l'histoire des inflammations de l'appendice du caecum " (1824) described two fatal cases of peritonitis due to perforation of the appendix, François Mélier (1798-1866), who, in 1827, described chronic appendicitis, and Baron Guillaume Dupuytren (1777-1835); and, in Germany, Puchelt and Goldbeck, these latter being responsible for the term " perityphlitis " (Thorwald, 1957).

In 1848, Henry Hancock (1809-1880), surgeon to the Charing Cross Hospital, operated on a case of appendix abscess which was not pointing through the abdominal wall: he merely drained the abscess without removing the appendix, and the patient recovered. Subsequently, Willard Parker (1800-1884), professor of Surgery at Columbia University, incised appendix abscesses in 1864 and 1883, and other workers, notably Levis and Sands, reported similar successes, but the later history of appendicitis belongs to the post-antiseptic period.

Sédillot, Hancock and Parker had the benefit of anaesthesia in the conduct of their cases, but surgeons were still ignorant of the cause of infection when, in 1857, Gustav Simon (1824-1876), later successively professor of surgery at Rostock and Heidelberg, performed a splenectomy for laceration of that organ and, in 1869, a nephrectomy (Garrison, 1921). This latter operation was undertaken for the cure of an ureteric fistula, the result of section of the ureter during ovariotomy by another surgeon. Nephrectomy was first, however, performed by Erastus B. Wolcott (1804-1874) of Benton, New York, in 1861, although, in this case the kidney was removed almost accidentally. The patient, a man of fifty, had a large mass, which Wolcott thought was a cyst of the liver, in the right hypochondrium; it was not until the lump had been removed that it was discovered to have been a kidney affected by a malignant growth. The patient died of sepsis fifteen days after operation (Thorwald, 1957). Simon was more fortunate: his patient Martha Krebs, after a long and stormy convalescence, was eventually discharged from hospital fit and well, four months after the operation. Encouraged by this success, Simon again undertook nephrectomy, but his second case died of sepsis after a digital exploration of the wound on the 21st postoperative day. Other major operations of the anaesthetic, but pre-antiseptic, era which deserve mention are the hysterectomies by Burnham in 1853 and Kimball in 1855, and the drainage of the gall-bladder by Bobbs (1868), all in America, the splenectomy by Péan in 1867 in Paris, and the hysterectomy by Koeberle in 1869 in Copenhagen (Garrison, 1921).

As is well known to you, antisepsis was slow in acceptance, but it had become pretty generally practised by the end of the 1870s, and, some ten years

later, it began to be superseded by asepsis, first employed in von Bergmann's clinic in Berlin in 1886 (Cope, 1953). These developments revolutionised abdominal surgery, and truly tremendous is the list of achievements between 1876 and 1892.

First, we have the successful Caesarean section performed by Edoardo Porro (1842-1902) on a young woman called Covallini in 1876. Porro had been appointed professor of obstetrics at Pavia in the previous year; pondering on the apparently inevitable mortality of almost 100% associated with Caesarean section, he had reached the conclusion that many of the fatalities were due to haemorrhage from the uterine wall, which, following the precepts of François Rousset, had never been sutured. In this connection, it is curious to read today the dictum of Fleetwood Churchill in 1872 (Kerr et al., 1954): " No sutures are required in the uterus; as it contracts, the wound will be reduced to about 1½-2 inches and the lips will come into apposition, if it be healthy."

Giulia Covallini had a deformity of the pelvis which rendered operative interference imperative, and when, at operation, Porro was faced with serious haemorrhage, he decided to extirpate the uterus and adnexa. Although the patient had a stormy convalescence, the operation was a complete success, and Porro's operation, Caesarean section with hysterectomy, became extremely popular and saved many lives. The idea of careful suturing of the uterine wall was first put forward by Ferdinand Kehrer, whose operation is now, somewhat anomalously called the " classical " Caesarean section, in 1881, and by Max Sänger, who introduced the lower segment operation in the following year. In 1878, James Marion Sims (1818-1883), whose greatest achievement had been the perfection of an operation for vesico-vaginal fistula, repeated Bobbs' operation of drainage of the gall-bladder, and Lawson Tait consciously imitated him in the following year (Cope, 1953). Three years later, Carl Langenbuch (1846-1901) performed the first cholecystectomy. At the same time, operations on the stomach were beginning to be contemplated or attempted. In 1879, Jules Péan (1830-1898) excised a carcinoma of the pylorus, but the patient died, and a similar operation was undertaken, also unsuccessfully, by Ludwig Rydygier of Kulm (Thorwald, 1957); in this latter case, death ensued on peritonitis caused by an accidental laceration in the duedenum. In 1881, Christian Albrecht Theodor Billroth of Vienna (1829-1894), assisted by Mikulicz and Wölfler, successfully excised the pylorus in a woman of 43. anastomosing the stomach to the duodenum by the method now known as the Billroth I operation. However, Billroth was only on the fringe of success: his second case, in 1883, and his third, in 1884, both died. Meanwhile, Anton Wölfler (1850-1917), Billroth's assistant, had devised and carried out the operation of anterior gastro-enterostomy, doing this in 1881 in a case of inoperable carcinoma of the pylorus. In 1885, Viktor von Hacker (1852-1933) developed from Wölfler's operation the modern posterior gastro-enterostomy (Cope, 1953). Realising the difficulty which might be caused by trying to anastomose the stomach to the duodenum after a wide excision, Billroth combined Wölfler's gastro-enterostomy with his own gastrectomy, closing both stomach and duodenum. This operation, known as the Billroth II, was successfully performed for the first time in 1885 (Hacker, 1885). Pólya's modification was not described until 1911. It is worth recording that E. A. Pólya, who was born in 1876, disappeared in 1944 during the siege of Budapest by the Russians and it is believed that he was murdered by the Nazis. Until 1924, the operation of gastrectomy was almost entirely reserved for malignant disease; it was then that Hans Finsterer, in his forty-eighth year, advocated his own modification of Pólya's operation for the treatment of simple peptic ulceration (Cope, 1953).

Curiously enough, although Sir Jonathan Hutchinson (1828-1913), of " Hutchinson's teeth " fame, had successfully operated on a case of intussusception

as early as 1871, bowel surgery was slow in developing. Emil Kocher (1841-1917) had recommended the removal of part of the sacrum to facilitate excision of the rectum as early as 1874, but the operation was not put into practice until it was developed by Paul Kraske (1851-1930), whose name is connected with it, in 1886; the combined abdomino-perineal approach was first practised by Vincenz Czerny in 1883, an operation which was developed particularly by Ernest Miles (1910), Grey Turner (1920), and W. B. Gabriel (1929); while the synchronous combined attack was due to the work of H. B. Devine (1937-38). The first colostomy was performed by Karel Maydl (1853-1913) in 1888; and resection and suture of the large intestine was popularised by C. B. Lockwood (1856-1914) in 1891.

In 1887, J. W. Taylor of Birmingham made the first attempt to sew up a perforated peptic ulcer (Cope, 1953, but, although several others, including Mikulicz, also attempted this operation, the first to have a successful outcome was not achieved until the case of Ludwig von Heusner (1846-1916) in 1892 (Kriege, 1892). Johann von Mikulicz-Radecki (1850-1905) is also remembered, among other numerous achievements, as the first to make use of the electric oesophagoscope, which he used in 1881, the year after the description of the instrument by Leiter.

In 1889, Knowsley Thornton, himself a pioneer in both ovariotomy and splenectomy, was able to report twenty-five cases of nephrectomy by the trans-abdominal route with a mortality of only 20%, and this figure is worth comparing with the statistics given for ovariotomy by Sir Thomas Spencer Wells, who, as one of the great provers of abdominal surgery, deserves a few words of biography. Born at St. Albans in 1818, Spencer Wells, after a period of apprenticeship to a surgeon-apothecary, studied at Trinity College, Dublin, and at St. Thomas's Hospital. After a further six years spent in the navy, he visited Magendie in Paris, and, finally, settled in London. In 1873, he was able to report 500 cases of ovariotomy with 373 recoveries: no mean feat in the days before antisepsis. Spencer Wells, of course, although he did not follow a fully aseptic technique, was a great believer in surgical cleanliness, even in the early days of his surgical practice. By the beginning of the 1870s, he had shewn that ovariotomy could be such a safe operation that Robert Battey of Augusta, Georgia (1828-1895), in 1872 recommended and performed this operation for the relief of dysmenorrhoea. Such a development was only too likely to lead to abuse, and soon Friedemann was undertaking ovariotomy for the cure of nymphomania (Graham, 1950), a method of therapy which places him on a level with the anonymous Dutch sow-gelder with whom the story of ovariotomy begins.

In 1886, when Willard Parker and Krönlein had, between them, already operated on three cases of appendix abscess, Reginald Heber Fitz (1843-1913), professor of pathological anatomy at Harvard, described the morbid anatomy of the inflamed appendix, introduced the word " appendicitis," and urged that treatment should be surgical. In the following year, Thomas George Morton (1835-1903) of Philadelphia, son of that unhappy dentist, William Thomas Green Morton, who had demonstrated the practicability of ether anaesthesia forty years before, successfully diagnosed and removed a suppurating and perforated appendix (Woodbury, 1887). It is true that J. R. Hall had removed a perforated appendix successfully two years before, but, in that case, the operation was undertaken under a mistaken diagnosis. Morton went on to remove an appendix in a less advanced stage of inflammation in 1888, and, in 1889, Charles McBurney (1845-1913) reported seven cases of appendicectomy with six cures, and defined the well-known " McBurney's Point." The first to advocate the early removal of the inflamed appendix was John Benjamin Murphy (1857-1916) of Chicago, an old pupil of Billroth, inventor of Murphy's button (1892) and one of the founders of arterial surgery, being the first to carry out successful suture

of the femoral artery in 1896. In April, 1889, Murphy operated on a patient with typical appendicular pain who was already in hospital suffering from a broken leg; within eight months, Murphy had operated on approximately 100 cases in the very earliest stages of the disease (Thorwald, 1957). Sir Frederick Treves (1853-1923) in London was the first to remove an appendix in the interval between acute attacks, which he did in 1888 (Thorwald, 1957).

Thus, by the 1890s, all the great landmarks of abdominal surgery had been passed, and all that remained was to consolidate techniques and to extend the scope of operations as the benefits of improved diagnosis, surgical techniques, anaesthesia and resuscitation began to emerge. It is because there were few or no great landmarks left to be overtaken that the abdominal surgeon has descended from the pedestal of pre-eminence in the medical profession which he so deservedly occupied from 1880 to 1920.

Although they are no part of the theme of this paper, I cannot pass in silence the developments in the field of antibiotics, which have revolutionised surgical treatment; in blood transfusion, arising in particular from the discovery of the ABO blood groups in 1900 and the rhesus factor in 1940, with both of which the name of Landsteiner is intimately connected; nor the developments in anaesthesia, of which the most important are the popularisation of the endotracheal technique by Sir Ivan Magill, and the introduction of curare by Harold Griffith of Montreal. With these resources at his back, the abdominal surgeon, meticulous in his technique, is not limited by the time or the extent of the operation which he sets out to perform, and the safety of his interventions today is indicated by the fact that the mortality of gastrectomy is now only about 2%.

He is a rash man who dares to prophecy: an example of the sort of pit into which the hasty prophet may fall is to be seen in the remarks of Sir John Erichsen, who, in 1873, wrote:—

" We have carried the art of surgery to the highest degree of perfection of which, as an art, it is susceptible . . . we can scarcely believe that much remains for the daring of the boldest to devise or the skill of the most dextrous to accomplish in the extension of operative surgery." Yet, nearly all the great events which I have mentioned, occurred in the fifteen years after these words were written. Nevertheless, I shall venture on one prophesy, and it is this: within the fore-seeable future, developments in internal medicine, even if these should include the medical cure of cancer, will not reduce the quantity of abdominal surgery. The introduction of penicillin, despite gloomy fore-bodings by certain surgeons on its effects on surgical practice, has not in fact limited, but rather has actually increased the number of patients who come to operation. Future developments in medicine will have a similar result, and, for many years yet to come, we shall, in the words of the late Professor Grey Turner, be giving patients with abdominal disease " that chance which only operation can offer."

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The Thirty-Eighth Ordinary Meeting

The Thirty-Eighth Ordinary Meeting of the Society was held on Friday, March 3, 1961, in the Hall of the Royal College of Surgeons of Edinburgh, Dr.

W. S. Mitchell, Vice-President, in the unavoidable absence of the President, in the chair. Reference was made to the recent centenary commemoration of the death of Dr. Francis Adams and Dr. Mitchell recalled the dramatic unveiling of the long lost bust of Adams by Professor John Craig when the Society had its first meeting in Aberdeen in the summer of 1951.

In the absence through illness of Mr. W. J. Bishop who was to have addressed the Society, his paper was read by Mr. G. R. Pendrill. The subject of the address was:—

SOME HISTORICAL CASES OF AUTO-SURGERY

(The following is an extended summary of the paper).

The subject of auto-surgery, self-performed operations, is a curious byway that has never, so far as I know, been adequately explored. Gilles (1933) and Frost and Guy (1936) have recorded a few cases and the latter authors have given a brief survey of the literature. It is probable that the great majority of cases of auto-surgery are not reported at all and published reports are very difficult to trace. Very few papers have been indexed under such headings as auto-surgery and in some cases the title of the published report gives no indication that a self-performed operation is in question. Many cases are reported only in newspapers. In these circumstances a complete review of the literature of auto-surgery is hardly possible; the cases to which I shall refer have been collected over the course of many years and the majority of them have been encountered by chance when I have been looking up other subjects.

Nearly all cases of auto-surgery fall into one of four major groups:

1. Surgeons who have operated on themselves.
2. Normal individuals who have operated upon themselves in order to obtain relief from unbearable pain or in the absence of medical aid.
3. Psychotics and sexual perverts who have performed mutilating operations upon themselves. There are a great many records of cases of this kind from the Church Father Origen onwards, the most frequent mutilation being amputation of the genitalia. A typical case is that reported by W. Golding of Wallingford in 1797. This concerned an unmarried bricklayer 25 years of age, who, " in a fit of religious enthusiasm made an incision into his scrotum and removed both testicles." Good summaries of this aspect of the subject are provided by Gould and Pyle (1900) and Millart (1902).

   The case of Van Gogh's ear is known to everyone. Perhaps one should also include in this class operations carried out on themselves by alcoholics. One of the most remarkable of these was the man brought into the General Hospital at Birmingham in 1885 suffering from delirium tremens, and without his right foot. He had been left alone in a second floor room and had deliberately cut off his right foot with a carving knife. The foot was found in the room with the boot still on. After completing the operation the man had jumped into the street and he was found walking on the bleeding stump.
4. Feeble minded or extremely ignorant persons who have attempted the surgical correction of some obvious disease or abnormality. A classical case of this kind was that reported by Frost and Guy (1936) of a Czechoslovakian of 49 who performed a right orchidectomy on himself with a pocket knife. He insisted that his only reason for doing so was the conviction that an operation was necessary, for which he was unable to pay. Some months later and when the self-performed castration wound had not completely healed he again operated upon himself for an inguinal hernia. He pulled out a loop of intestine and finding an area that looked " rotten," cut it off. The patient was patched up at the Cook County Hospital and

the resected loop of intestine was found to be a segment of the jejunum about four and a half inches in length. According to the psychiatrists who examined the man he was feeble minded but not commitable.

One or two other types of mutilating procedures may be mentioned in passing. A number of prehistoric cave paintings in France and Spain depict fingerless hands and some authorities regard these as examples of ritual mutilation. Some present-day primitives perform ritual amputation of fingers but it is difficult to believe that Stone Age man would have handicapped himself in this way. According to Janssens (1957) the cave paintings are more likely to show deformities resulting from frost-bite or from some vascular disorder of the extremities. There is also that well-known sect, the Skoptze of Russia, who castrate themselves and who might well be included in Group 3 above. None of these mutilating operations are, however, necessarily self-performed and they will not be further considered.

Neither shall we consider mutilations by soldiers in order to escape service although there are many records of such cases. The eight convicts of Buford, Georgia, who broke their own legs with sledgehammers as a protest against their conditions of work can hardly be considered to have practised auto-surgery, and neither can the thirty prison inmates who disabled themselves by severing their heel tendons with razor-blades (*Times*, August 1, 1956).

There is one other class of operation that has been excluded from this survey, namely procedures carried out purely for experimental purposes. Notable examples are the late Sir Henry Head's division of his own sensory nerves and the cardiac catheterizations carried out upon themselves by Fritz Bleichroeder and Werner Forssman.

The following review is confined to cases of auto-surgery coming within groups 1 and 2, *i.e.* operations performed upon themselves by medical men or by laymen in the absence of medical aid or because of unbearable pain.

GROUP I.

Auto-Operations by Medical Men

Paul Reclus (1890 and 1912) was surgeon to Hôpital Broussais. He pricked the index finger of his right hand when resecting a tuberculous rib. A tumour developed on second phalanx. Verneuil wanted to amputate, but Reclus injected 2 per cent cocaine and held the bistoury and curette in his left hand. Grating of curette on periosteum caused sensation " d'insecurité stomacale."

Reclus referred to two other cases. The first an unnamed sanatorium doctor who, in 1895, removed ingrowing toenails under cocaine, each foot being done on separate occasions.

The second, Mehmed-Said, a Turkish student at Val-de-Grace, who in 1912 resected his scrotum for a troublesome variococele.

Henri de Breslau (1911) was a surgeon in Napoleon's army and a protegée of Larrey. In the retreat from Moscow, Vilna was reached in a temperature of 30° R. frost. Abandoned in a field all night and despoiled of everything except his shirt, he was taken to hospital at Vilna, where he amputated all his toes, which were frost-bitten and gangrenous. Recovered and became head of the French military hospital at Königsberg. Was at Waterloo and finally became doyen of the Faculty of Medicine at Munich.

Thorek (1913) of Chicago was founder of Int. Coll. Surg. During a goitre operation at Wisconsin he was pricked by needle when local doctor was closing the incision. Cellulitis and temperature of 104° subsequently developed with

delirium. He ordered his wife to get cocaine solution, scalpel, bichloride and dressings and then made two inch incisions in hand and forearm and inserted drains.

Hertzler (1938) suffering from an abscess of neck following erysipelas had pain which became unbearable. He prepared a local anaesthetic and instruments and placing a looking glass on the kitchen table proceeded to hunt for the abscess. An incision behind the facial artery failed to locate the abscess so he made another in front of this vessel. " I bored a dissecting scissors into the depth of my neck until the abscess was reached, then I hooked an index finger in each handle of the scissors and gave a violent jerk. This made an opening as wide as the blades of the scissors were spread. I put in a rubber tube." His whole procedure was complicated by the fact that the eye on the side of the abscess was swollen and shut and he had to work with one eye. " Ever since that experience when I open an abscess I know that the patient is going to have immediate relief and a nice sleep. I had many a chuckle over this experience. The nerve of it was not in making the opening but in the viewpoint. I was but a kid but I knew anatomy better than any one else available. Besides, it was in the small hours of the morning and I had endured that throbbing for days and that was enough. Enough to me always has been enough. I was generally regarded as a modest kid but I was plenty cocky under the skin."

Appendicectomies of Alden, Kane, Sarbulescu and Herr

Kane, a surgeon of Philadelphia, aged 60, following his compatriot Bertram Alden, operated on himself for appendicitis. These cases were reported in the newspapers but I have not seen any accounts in professional journals.

G. Sarbulescu, a Rumanian surgeon, published auto-observations on an auto-appendicectomy under local anaethesia in 1933. He carried on his work up to the moment before operation and there was no special preparation. Novocaine was used and the operation was quite painless. He got down from the table without assistance and walked into his own room.

37 years old Theodor Herr of Hamdorf, Germany, removed his own appendix. He used a large injection of novociane and performed the operation on a table, half-sitting and half-lying, with his feet in a stirrup, his head supported by little bags of sand. He took 4½ hours. " Immediately afterwards I went home and looked after myself for the next 2 days."

Herniotomies of Tzaicon, Regnault and O'Neill

Alexander Tzaicon who was Chef de Clinique to Professor Juvara at Jassy, operated on himself for inguinal hernia under spinal anaesthesia with strychnine and stovaine. His chief stood by and probably gave some assistance. A long account is given in *Presse Méd.* with illustration. Post-operative pain experienced was ascribed to the anaesthetic but Tzaicon made a perfect recovery and 13 years later contributed a further article on the treatment of hernia.

Jules Regnault, chief of surgical clinic at Hôpital St. Mandrier at Toulon had a left inguinal hernia on which he operated himself. Cocaine and sub-cutaneous injection of morphine was used for anaesthesia. Several accounts of this operation were published. He took note on sensibility of different structures and was able to make the gesture of " playing the mandoline " on the nerve filament crossing the external pillar of the crural arch without feeling any pain.

In 1933 Dr. Evan O'Neill, a surgeon of Erie, U.S.A., successfully operated on himself for inguinal hernia under local anaesthetic.

Clever de Maldigny (1824) Assistant Surgeon of the Royal Guard had had five operations for lithotomy. He carried out his self-performed operation in front of a mirror. " I raised the scrotum with the left hand and at the same time

stretched the skin of the perineum and in the place where one ordinarily makes the incision for stone I forced the point of a bistory in perpendicularly until it met the stone which was caught in the neck of the bladder. This done, I rested for a few seconds and then incised the tissues and inserted my fingers into the wound, expecting to touch the foreign body; but as the point of the bistoury only cut as it was brought towards the exterior, the division was incomplete. After another moment's rest I again inserted the instrument into the wound and completed the division. Then, at first with one finger and then with two, I was able to search and was soon able to pull out a calculus as big as a large walnut. The operation over, urine flowed in abundance and I dressed myself with compresses soaked in an emollient concoction and perfectly relieved I sunk into a deep sleep. The next day I was as calm and as happy as if I had never suffered." Visited by Beclard. The stone originated in a piece of sponge left at a former operation.

Sir Geoffrey Keynes in his Harveian oration referred to a story that was current in 1651 that William Narvey operated on himself for stone. Keynes remarks that Harvey would have smiled sardonically at this story. I wonder whether Lady Conway had heard of Jan de Doot's operation in the same year. On the other hand, we know that Harvey amputated limbs and excised tumours and if a blacksmith could take out a bladder stone so could the discoverer of the circulation.

GROUP II

Auto-Operations by Normal Individuals for the Relief of Pain or in the Absence of Medical Aid

There are at least two records of bladder stones being removed by non-medical sufferers. One of these is the extraordinary case of Jan de Doot, the young blacksmith of Amsterdam, who, on 5th April, 1651, removed a calculus weighing a quarter of a pound from his own bladder by suprapubic incision. This case was reported by Nicholas Tulp and illustrated in his book of 1652. The young man had already had two operations for stone and in this instance he was assisted by his brother. Vinegar (?) was used, as an anaesthetic. De Doot's feat was commemorated by a painting in Boerhaave's old laboratory at Leyden and by engravings. The stone, enclosed in a case, and the knife are also preserved at Leyden, and were exhibited at the International Congress of the History of Medicine in 1906 and 1927. Some accounts say de Doot cut himself in the linea alba above the pubes. Tulp says he made the incision in the perineum and that he made three cuts before the wound was large enough for him to insert two fingers and dislodge the stone. De Doot is said to have composed some verses in Dutch: " In the year of our Lord 1651 urgent necessity gave Jean de Doot the courage with a painful stab in his body to draw with unfaltering hand this stone through the incision of his belly with God's help on the 5th day of the 4th month."

The case of Schnallhier (1715) was reported by Walther on information supplied by the surgeon August Grossman. The patient was a cooper's apprentice aged 21 who had a severe attack of colic and was unable to pass water for three days. On the fourth night suffering much pain, he took a blood-letting iron left behind by his cousin and made a transverse incision between the scrotum and the membrum. Water spurted out in gushes and gave considerable relief. He felt the stones with his fingers, enlarged the incision and removed more than 200 pieces. He then felt a large stone but before he could get it out he had to enlarge the incision still further. He washed out sand and grit and looked in his mother's sewing cabinet for a needle but not finding one omitted this. Surgeon called on second day and he was cured within 6 weeks, being left with a small fistula.

Colonel Martin of the East India Company sent an account of his case to Sir Joseph Banks and to Dr. Monro of Edinburgh (1798). He suffered great torment from bladder stone and introduced a file after injecting water into the bladder to bring the stone to its neck. The file was not thicker than a straw and was introduced between the flesh and the stone, keeping his body inclined against a wall. When he pushed the stone from the neck of the bladder, he had to wait. Once he had a spasm of the urethra which fixed the file so that it could not be moved. The spasm lasted 10 minutes and when it relaxed blood and many small pieces of stone came away. Sometimes he used the file ten or twelve times a day. By this means he was able to resume an active life and had a daily gallop of 8 or 10 miles before breakfast. He said his method required " very little address." This case was brought to the notice of Warren Hastings, who records in a letter that he mentioned it to Percival Pott " who showed by his looks and silence that he did not believe it."

There is no reason to doubt Martin's story because there are detailed records of at least two similar cases. Rodman (1813) refers to the case of E.M. who had long suffered from stone and gravel. In 1803 a worm-like calculus, an inch in length, had been extracted from this man's urethra by incision. After this the urethra anterior to the opening had coalesced, leaving only a small hole at one angle as an outlet for urine. When particles of sand collected in the membranous portion of the uthethra the patient obtained relief by introducing a piece of catgut or a small wire-like catheter which dislodged the particles and permitted a dribbling discharge of urine. At length Rodman performed lithotomy but 10 months later particles of sand again began to appear and in July 1805, Rodman cut out another calculus as large as a sparrow's egg which had formed in the perineum. More trouble arose later and Rodman made a file and a borer which were passed through a silver tube introduced at the perineum. With these the patient filed and drilled the stone and brought away large quantities of calcareous matter. Great relief was experienced and his health improved subsequently. In February 1806, he suffered violent purging after drinking great quantities of small beer and this carried him off.

Patterson (1884) reported the case of a retired draper who, in 1845 at the age of 17, had fallen with his legs astride an iron bar thereby sustaining a double fracture of the left leg, rupture of the urethra, laceration of the perineum and was left with a perineal fistula. In June 1872, the patient complained of pain in the bladder and the next month he again called his doctor and told him that if the doctor introduced his finger through the fistula he would feel the stone. The doctor at once felt the calculus. His finger entered a large irregular cavity in the stone and the patient explained the presence of this by saying that he had introduced a chisel with which he attempted to break up the mass and had managed to remove about 1 ounce. The doctor went home to fetch forceps. During his absence while the patient was walking about the room in great pain, the stone suddenly burst through the perineum and fell heavily on the floor breaking into two pieces. When expelled, it weighed nearly 14½ ounces, which with the portion removed by the chisel, made the calculus one of some 15½ oz. Patient was left with a sinus and passed his water with difficulty, but lived for 11 years after the passage of the stone.

Slovick described a case of this kind in the *B.M.J.* as recently as April 1950 under the heading of Amateur Urology. Patient was a man of 61 who had a urethral stricture and had suffered from severe attacks of painless haematuria and retention. In one of his attacks of haematuria he had treated himself by stuffing an ointment consisting of Zambuk and petroleum jelly into his urethra. The haematuria ceased immediately, but two days later the man developed acute retention which caused him great agony. He bent a solid brass stair rod into the shape of a urethral bougie and filed it until it was smooth. Using his ointment

as lubricant he inserted this into the urethra and pushed it into the bladder and thus relieved himself. No ill effects were reported up to the time of the recording of the case. The patient explained that he knew he was taking his life into his own hands, but that he was " Fed up with hanging around hospitals."

Before leaving the realms of urology, a case of attempted self-circumcision may be mentioned in which a patient of Remondino used a huge pair of scissors (1900).

Blair (1718), in a letter to Dr. Mead, reported the case of Ralph Valians, a tiler of Perth, who had laboured long of hydropsy. Neither physicians nor surgeons would meddle with him, being called too late, and his life was despaired of. He lay down in his bed and pierced his belly with a penknife and let out such an abundance of water that all the bed was wet round him, upon which he recovered by degrees, lived 12 years after and died of a quite different distemper.

The case of Samuel Johnson. The manuscript book of Dissections of James Wilson, preserved at the Royal College of Physicians of London contains the report of his postmortem examination of Dr. Johnson. " Wednesday, December 15, 1784. Opened the body of Dr. Samuel Johnson for Mr Cruickshank in the presence of Dr Heberden, Brocklesby, Butter, Mr. C. and Mr White. He died on Monday evening preceding. About a week before his death Mr. C. by desire of his physicians scarified his legs and scrotum to let out the water which collected in the cellular membrane of those parts. Dr Johnson being very impatient to have the waters entirely gone, on the morning of the day on which he died repeated the operation himself, and cutting very deep lost about 10 ounces of blood; he used a lancet for this purpose; he was in too weak a state to survive such an apparently trifling loss."

Baillou (1640) the celebrated Parisian physician, who gave the first description of whooping cough and introduced the term " rheumatism," mentions the case of a young man who was suffering from an abscess of the tonsil. Feeling suffocated this man relieved his distress and cured himself by opening the abscess with a dagger. A similar case (if it is not the same) is related in another part of Baillou's works of a boy of 10 years of age who drank too freely of hippocras and during the night was ill with a suffocating sore throat. Overcome with pain he incised the part with a dagger and there was a profuse flow of blood which cured him.

Thomson (1895), described a case of auto-operation at a meeting of the Ulster Medical Society. A woman of 70 who had a swelling on the left side of her abdomen and which she wished to have removed but which was not believed to be the cause of her condition. She was so convinced that it should be removed that she decided to do so herself. Standing over a basin, with a pair of scissors, she cut down on and removed the tumour and in doing so opened the abdominal cavity and wounded part of the mesentery. When Thomson was summoned, a portion of the intestine was protruding He returned the bowel into the abdominal cavity and carefully united the wound. A good recovery ensued. The tumour which was about the size of the closed fist, was a fatty one and was probably in the abdominal wall, but in removing it the patient had opened the peritoneum.

Talbot (1912) in his book *In the Shadow of the Bush*, describes the case of a man gored in the abdomen by an elephant and who replaced his bowels, which had been partially torn out, inserted a small calabash to keep them in place, then drew the skin overall and sewed it across. The shape of the calabash could be clearly seen but he had quite recovered and was able to do hard labour.

Reisel (1685) refers to a man of 25 near Esslingen, who concealed for 12 years a hernia as big as a man's head. He asked a ploughman who had undergone an operation to tell him how it was done. He pressed back the intestine and tried to cut the scrotum with a knife, but found it was not sharp enough and so he took another from the bread basket. With this he made a long wound in the scrotum,

took out one of the testicles and cut it off. The patient was found on the bed with blood everywhere. The wound was dressed and the man recovered beyond all expectation and later he married.

Murphy (1887) records a case in which the radical cure of hernia was performed by an unusual method. A man of 58 had suffered from a reducible inguinal hernia for 16 years, for which he had from time to time worn a truss. He could usually reduce the hernia but one night failed to do so. He suffered soon afterwards much pain and vomiting and showed all the symptoms of strangulation. Taking a razor the man cut right through the sac, removing two large pieces of omentum and almost cutting completely through his right spermatic cord. There was considerable haemorrhage from the artery of the divided cord. Murphy completed the operation and the man recovered perfectly.

Chughtai (1940) of Quetta quotes the case of an Anglo-Indian railway shed man aged about 48 who had a ventral hernia the size of a big orange for some 6 years. He cut the protruding part with a sharp pair of scissors, sutured the skin with an ordinary needle and thread and carried on his usual routine. He stated that he sterilised the instruments by boiling, and had washed his hands. On the 4th day, presuming that the wound had healed, he took out the stitches. Soon after he had a fit of coughing and the wound gave way, part of the intestines gushed forth but he kept them back with the pressure of his hands. There was a transverse wound about 4 inches long though all the layers including the parietal peritoneum at the level of the umbilicus and nearly half of the small intestines was protruding out of the abdomen. The gut was replaced with great difficulty and the peritoneal cavity was closed. The two recti were approximated and sutured and the abdominal wall closed, a drainage tube being inserted and removed after 48 hours.

Caesarean Sections

This special group is the most numerous—some 12 cases in all. A notable one is that reported by Benjamin Moseley in 1789. It concerns a negro woman in Jamaica in 1769. Being in labour, she performed the operation with a butcher's broken knife. She cut through near the linea alba on the left side and in doing so incised the child's right thigh. The child was delivered by the actions of his own struggling, but he died on the 6th day with the jaw falling (tetanus). The woman was sewn up by a negro midwife and then again by the plantation surgeon. She attempted the same operation again a year or two afterwards, but was prevented from doing so. She had previously borne 3 children all with natural and easy births.

A similar case was reported by Thomas Cawley (1785) in a letter to Robin Adair. Maybe this case was the same as Moseley's, but it differs in a few details.

Madigan (1884) describes the case of a woman of 34, who laid open her abdomen and uterus with a razor and plucked out a fully grown male child. A considerable portion of intestine protruded but was uninjured. The abdominal wound was just over 5 inches and extended from an inch above the umbilicus perfectly straight downwards. The uterine wound engaged the upper third anterior surface and the entire fundus. There was no bleeding and the uterus was firmly contracted. The child was dead and the woman died from peritonitis.

Guggenberg (1885) refers to a woman who performed Caesarean section with a razor, making 3 incisions. Although the child died, the patient recovered. She had had 7 children previously.

One of the most astonishing cases, is that of Baliva and Serpieri (1886). A peasant woman of Viterbo, aged 23, had an illegitimate pregnancy at full term. She opened her abdomen on the right side with a common kitchen knife. She amputated first an arm, then the head of the foetus and completely emptied the

womb and extracted the placenta. She bound a broad bandage tightly round her body, hid the foetus in a straw mattress, dressed herself, attended to some domestic duties and went in a cart to her sister. On returning home, having walked about for 5 hours, she vomited and fainted. The doctors were called in 13 hours after the infliction of the wound. The bulk of the intestines had been protruding for 6 hours. The doctors performed abdominal toilette, replaced the viscera, introduced drainage tubes and sutured the wound. No unfavourable symptoms occurred and later it was reported that the woman was perfectly well and walking about.

Sandford (1951) tells of the case of a female African of the Kitosh tribe, who carried out Caesarean section in her 10th pregnancy, using a safety razor blade. The incision was 8 inches long and made from 3 separate cuts. Intestines were not damaged. The child was living on admission to hospital but both buttocks had been amputated (this happens in almost every case), and it died on the 3rd day. The mother recovered after a stormy convalescence.

Now as to amputations. The earliest of these takes us back to the time of Herodotus and concerns the soothsayer *Hegesistratus.* This man was taken prisoner by the Spartans and condemned to death. He was set with one foot in the stocks which were of wood but bound with iron bands. With an iron implement, he cut off the front portion of his foot so that he was able to draw it through the hole. He escaped and obtained a wooden foot, but was eventually again captured by the Spartans and immediately put to death.

Nebel (1740) records the case of a 13 year old girl of Geuberg near Heidelberg. She had a swelling on her right cheek bone, which cleared up, but shortly afterwards another bluish pustule erupted on her right foot between the big toe and its neighbour. The inflammation spread rapidly and the whole leg was involved as far as the knee with gangrene and necrosis. A Heidelberg surgeon was prepared to amputate the foot, but the girl was seized with convulsions and it was thought that she would die. She took a kitchen knife with which her mother had been peeling an apple and cut through the gangrenous flesh above the knee and quickly separated it at the joint as far as the two major tendons below the knee. She succeeded in cutting through these also just before her mother returned to find the girl holding up the severed foot. The surgeon cauterized the wound and the girl recovered, and afterwards went around on crutches seeking alms.

The *Lancet* of October 7, 1865 had an account of a boy of 12 of Grenoble who plunged his arm into a hole in a tree to get at a bird's nest. His wrist was caught tight and at that moment, the branch broke and he remained suspended by the hand. Thus he remained for some time in great agony, when at last he seized a billhook which hung by his side and severed the hand at the wrist. He arrested the haemorrhage by pressure and returned home. He was admitted to the Grenoble hospital, where, by a little trimming, the surgeon made a good stump.

The *News Chronicle* of September 19, 1951, reported the case of a deep-sea diver who was trapped 27 feet underwater at Holyhead docks. Two fingers were caught by a wire rope. Trapped and unable to control the air valve in his diving suit, Owen gave the signal to be hoisted up. One finger was torn off but he was still caught, so he cut off the other finger with his diving knife and was then pulled to the surface. " Keep cool " were his first words as he reached the surface and assistants took off his diving suit. He had brought up all his gear and tools and walked unaided to the hospital.

Our next self-operator is the famous *Paul Kruger.* In 1845 when he was out hunting, his rifle exploded and his left thumb was blown off and the hand left in a terrible state with veins torn and muscles exposed. The flesh was hanging in strips. " I bled like a slaughtered calf." He tied a handkerchief over the wound and when he got to his waggon, applied some turpentine. Two joints

of what was once the thumb had gone but it appeared that it would still be necessary to remove a piece of bone. He took a knife intending to perform the operation, but it was taken away from him. A little later he obtained another knife and removed what was left of the thumb. " The worst bleeding was over, but the operation was a painful one. I had no means by me of deadening the pain, so I tried to persuade myself that the hand on which I was performing this surgical operation belonged to somebody else. The wound healed very slowly." The women sprinkled finely powdered sugar on it and from time to time Kruger removed dead flesh with his pocket knife. Gangrene set in after all and black marks rose as far as the shoulder. All remedies seemed useless. Then they killed a goat, took out the stomach and cut it open. He put his hand into it while it was still warm. When it came to the turn of the second goat the hand was already easier. The wound took over 6 months to heal and before it was quite cured he was out hunting again.

A more recent case of amputation on the part of an explorer—a class that might be expected to provide a number of self-operators—is that of *Peter Freuchen*, the well-known arctic explorer and author who was caught in a blizzard with the temperature 54° below zero. He dug a small depression and put his sledge on top covered with lumps of snow. Later he woke up with his beard frozen to the runner of the sledge. In freeing his beard he tore away whiskers and skin. The left leg was also useless and without feeling. He crawled for three hours and was found by Eskimos. The foot swelled to the size of a football and the toes disappeared completely in a balloon of blue skin. Pain was agonising. Eskimos skinned lemmings and put warm skin on the rotting foot and decayed flesh later peeled off. Gangrene did not spread beyond the toes but they were all bared to the roots. Freuchen could not stand the sight of these so he fitted a pair of pincers around a toe and hit the handle with a heavy hammer. The pain was excruciating. An Eskimo girl offered to bite off the rest! Freuchen fitted pincers round the next toe and this time it did not hurt so much. " Perhaps one could get used to cutting off toes, but there were not enough of them to get sufficient practice." Later he had to have his left leg amputated in hospital in Copenhagen.

The last case which I shall mention is recorded by the famous James Syme in his *Observations in Clinical Surgery*, 1861. A young man suffered from hip disease and had experienced relief from the application of the cautery. After going home there was a return of symptoms and he applied to several practitioners for a repetition of the remedy. This the dcotors would not do, so at length, driven to despair, he resorted to the remarkable expedient of sitting down upon a red hot poker.

We have now surveyed the records of some 40 of these cases of auto-operations by medical men and by laymen. What can be said about this do-it-yourself surgery ? With regard to the surgeons who have operated upon themselves, one is reminded of the saying that the physician who prescribes for himself has a fool for a patient. One or two of the surgeon operators were in much the same position as the lay patients in that they were suffering from very painful disorders and under unusual circumstances in which they could not obtain professional assistance. Notable examples are Henri de Breslau's amputation of his toes during the retreat from Moscow and Clever de Maldigny's lithotomy. In the latter case, Clever had already submitted himself to five operations and may perhaps be excused for not entrusting himself yet again to any of his colleagues. With these exceptions, the auto-operators could easily have called upon other surgeons and it is not easy to exclude an element of exhibitionism from their operations. Most of them—unlike the lay operators—enjoyed the benefits of anaesthesia. The other operations in group 2 carried out by men and women not possessed of any medical knowledge provide evidence of

extraordinary fortitude and resolution. It is true that some individuals abandoned their attempts at self-surgery after making a tentative incision, but others carried out repeated manipulations and cut themselves with iron fortitude. Self-surgery has been carried out with the crudest instruments—table knives, razors, axes, etc. There are hardly any attempts at cleanliness and, of course, most of the operations were carried out in conditions which completely precluded any such niceties. The recovery rate is, of course, remarkable. All the patients in this series survived with the exception of one of the Caesarean sections.

The subject of auto-surgery has many aspects. One that may be of considerable importance is the medico-legal. Are those who operate on themselves liable for prosecution for mayhem ? In actual fact most of our auto-operators have been hailed as heroes. Some, like Jan de Doot achieved extraordinary notoriety and were commemorated in many ways. There are probably many cases of operations performed upon themselves by explorers, men trapped in mines or ships, and so on, which do not get reported. This also applies to operations performed by medical men. I am quite sure that many of those present must know of such cases. What lessons are to be drawn from this very incomplete study ? I myself do not know except to say that one cannot help but be impressed by such striking examples of human folly, courage and endurance and by the capacity of the body to withstand assault and injury.

The question of pain sensitivity is very interesting. All the operations performed by laymen and women were done without any anaesthetic and many of them must have entailed indescribable pain.

In conclusion, I should like to quote a comment on auto-surgery made by one of the medical journals à propos of Paul Reclus' self-operation—" Where skilled surgical aid is obtainable the practice is not to be recommended, even though the world be enriched with moving pictures of drama showing human nature in one of the highest conceivable positions of acquired self-control and resolute bravery."

The Thirty-Ninth Ordinary Meeting

The Thirty-Ninth Ordinary Meeting was held on Saturday, June 3, 1961, in Aberdeen. After members and guests had met for an informal lunch, the Society was constituted for business in the Senate Room, King's College, Professor Patrick in the chair. Dr. W. P. D. Wightman read a paper on The Life and Times of Dr Duncan Liddel (died 1613), and arranged a representative demonstration of some of the books in the Liddel collection. Unfortunately owing to pressure of work Dr Wightman has not been able to prepare his paper in time for publication here but we hope to reproduce it in full in next years Report together with a list of the books presented in the demonstration.

Following Dr Wightman's paper, Professor Craig made a few remarks on Francis Adams and told how, following the 1951 meeting he had been in correspondence with Professor Singer who had given him Adams' little volume of Boethius' *Consolations of Philosophy*, on which the old scholar had written (in translation) "A Book of gold. I have read it, re-read it, and read it yet again for nigh on 40 years and, if I live, oft will I read it yet. Francis Adams 1852." The book now handed to Aberdeen University Library by Professor Craig was on display at the demonstration. It is a small duodecimo edition printed at Leyden by Plantin in 1590.

Following the meeting, through the generosity of Dr Wightman, tea was served in the new Crombie Hall of Residence adjacent to King's College.

Instead of publishing a short summary of Dr Wightman's paper now, it is a pleasure to print instead a paper prepared for the Report by Mr T. B. Mouat, one of our Vice-Presidents, on

AN EMINENT VICTORIAN

FREDERICK JOHN MOUAT, M.D., Hon. LL.D. Edin., F.R.C.S. (1816-1879

While Frederick Mouat's life and work in the development of medical education in India merits the attention of the student of medical history, he is of special interest to Edinburgh alumni as a fellow graduate and donor of the Mouat Scholarship.

Born at Maidstone in 1816, the second son of James Mouat, M.D., Surgeon to the XV (King's) Hussars. The father died on the voyage home from India in December 1848. They were descendants of a Shetland family of which several members had served and died in India.

Frederick's older brother James—later to become Surgeon-General Sir James Mouat, K.C.B., was awarded the Victoria Cross for his action in saving the life of a dangerously wounded officer under enemy fire, after the charge of the Light Brigade at Balaclava (October 26, 1854). He was the first medical man to gain that distinction.

Frederick Mouat studied in Paris with the intention of entering the Army but changed to medicine and joined his brother who already was a student at University College Hospital, London. After taking his M.R.C.S. in 1838, he continued his studies in Edinburgh where he graduated M.D. in 1839—the title of his Thesis being " On the Brain as the Organ of the Mind."

He was appointed Assistant Surgeon to the Bengal Establishment in January, 1840. His regimental service was of short duration as after he had drawn up a detailed memorandum on the productive resources of India, Lord Auckland, in 1841 appointed him Professor of Chemistry and Materia Medica at Calcutta Medical College. He was also Secretary and later Principal of the College from 1841-1853.

Elected a Fellow of the Royal College of Surgeons of England in 1844, he obtained recognition of the Bengal College by the Royal College of Surgeons and by the University of London. He remodelled the system of clinical teaching, wrote a Handbook of Anatomy in Hindustani, and translated the London Pharmacopoeia into Hindustani and Persian.

As Chemical Examiner to the Government he served on the Select Artillery Committee, and it is of interest to note that Mouat, in conjunction with Colonel Edward Ludlow, invented a method of damp-proofing percussion caps with which the troops that took part in the China Expedition under Sir Hugh Gough, were supplied; and that Mouat carried out experiments on field rockets in the laboratory of the Medical College—he must have exercised considerable restraint in the selection of his targets !

Appointed Secretary to the Council of Education of Bengal in April, 1843, he produced in 1846 a scheme, on the lines of London University, for Indian Universities. In 1854, Sir Charles Wood recommended what was essentially Mouat's scheme, which was adopted by the Council of Education and by the Indian Government.

From the Professorship of Chemistry, Mouat passed in 1845 to that of Medical Jurisprudence and in 1849 he became Professor of Medicine, and, on the opening of the Medical College Hospital in 1853, *ex officio*, first Physician.

Mouat's fine Atlas of Anatomical Plates with letterpress in English and Hindustani was published in 1849 by order of the Government. There is a copy in the Library of the Old University.

He was gazetted Inspector-General of Prisons in Bengal in December 1855, and introduced, with success, remunerative labour as a way to reform prisoners and make prisons self-supporting.

Some months after the outbreak of the Mutiny, Mouat, in November, 1857, was made President of a Committee to explore the Andaman Islands in search of a suitable site for a convict settement to which mutineers, who had not deserved capital punishment, might be transported. His report, published in 1859 records that the exploration was successfully completed in spite of the hostility of the natives which led to several encounters in which Mouat and other members of his party were wounded. Port Blair, on the east side of So. Andaman, was finally selected and subsequently used as an Indian Penal Settlement. A harbour, on the west side, opposite Port Blair, was, by order of Lord Canning, named Port Mouat.

Mouat's interesting book on the Andaman Islands, which describes the adventures, misadventures and results of the expedition, was published in 1863 —he was then a Fellow and Member of Senate of Calcutta University which had been founded in 1857.

He was a fluent speaker in French and Hindustani as well as in English and when he left India he presented a large part of his library to Calcutta University.

Mouat retired on December 3rd, 1870, with the rank of Deputy Inspector-General, and on this occasion the Mohammedan and Hindu communities presented addresses recapitulating the good work he had done in the development of Indian education which had been begun by Lord Macaulay under Lord William Bentick's administration.

Some years after he had left India a biographer wrote (1)

> " The name of Mouat stands alongside those of Macaulay and Bentick, Wood and Canning in the spread of English education and the origin of the Universities in India."

After Mouat's return to England he became a Local Government Board Inspector—an appointment he held till 1887.

In 1871 he visited the Battlefields of Northern France and thereafter published a Report on the Ambulance Service.

On November 7th, 1876, Mouat was present, as representative of the Local Government Board, in the Tower of London, when restoration work on the ancient Chapel of St. Peter ad Vincula necessitated removal of the pavement of the chancel, under which many noble victims lay.

The various sites of burial had been recorded and the skeletons of Anne Boleyn, Monmouth and several others were all found and identified. The recorded lair of Katherine Howard was, however, empty—her bone had disappeared completely (2).

Mouat's book—The Death Tribute of England to India was published in 1875; and his last major work—Hospital Construction and Management (with H. Saxon Snell) in 1883.

During the intervening years of government service he made many contributions to the Lancet, to Blue Books on Prison Reforms, Suppression of Crime, etc. and medical statistical reports on the work of the various prisons and Poor-law Infirmaries which were under his supervision. He was President of the Royal Statistical Society from 1890-1892, and wrote a History of the Society.

In 1883 he founded and endowed the Mouat Scholarship in the Practice of Physic at Edinburgh University—an annual award of £58 and a medallion bearing the donor's likeness (see photograph).

The degree of Hon. LL.D. Edin. was conferred on Mouat in 1886. He died at his home in Kensington on January 12th, 1897. His brother James survived him by two years. Both were married but without offspring. Frederick's first wife predeceased him, and in 1889 he married Margaret Kay, a widow with

Portrait of FREDERICK J. MOUAT
(From an Original in the Royal College of Surgeons of England)

a family, who survived him. He adopted her children who took the name of Kay-Mouat, and members of that family still live in the Channel Islands. The bust of Frederick Mouat by H. Thornycroft, R.A., is in the library of the Medical School, University College Hospital, London. His brother James's V.C. and other medals and decorations are exhibited in The Royal United Service Institution, Whitehall.

I am indebted to Miss J. Dobson, Anatomy Curator, Royal College of Surgeons of England for the reproduction of Frederick Mouat's portrait and photostat copy of his biography, by Captain B. D. Banu, I.M.S., in the *Medical Reporter* (Calcutta), 1894, 3, 314, (1).

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ADAM PATRICK, *President.*

H. P. TAIT, *Hon. Secretary.*

As we go to press we have just heard of the sudden death of Mr. W. J. Bishop on July 27, 1961. An appreciation of Mr. Bishop will be given in next year's Report.

The Scottish Society of the History of Medicine.

CONSTITUTION.

1. The Society shall be called "THE SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE," and shall consist of those who desire to promote the study of the History of Medicine.

2. A General Meeting of Members shall be held once a year to receive a report and to elect Office-Bearers.

3. The management of the affairs of the Society shall be vested in the Office-Bearers, who shall include a President, one or more Vice-Presidents, a Secretary, a Treasurer, and not more than ten other Members to form a Council. The Council shall have power to co-opt other Members who, in their opinion, are fitted to render special service to the Society.

4. All Office-Bearers shall be elected annually. The President shall not hold office for more than three successive years, but shall be eligible to serve again after one year. Not more than eight Members of Council, or two-thirds of the total number, shall be eligible for immediate re-election.

5. The Annual Subscription shall be fixed from time to time by the Council and reported to members of the Society.

6. The Secretary shall keep brief Minutes of the proceedings shall prepare Agenda, and shall conduct the correspondence of the Society.

7. Meetings shall be held at least twice yearly, and the place of meeting shall be in any of the four University centres, or elsewhere, as the Council may decide.

8. This Constitution may be amended at any General Meeting of the Society on twenty-one days' notice of the proposed amendment being given by the Secretary, such amendment to be included in the Agenda circulated for the Meeting.

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