



The Eleventh Cowlshaw Symposium 2016

ABSTRACTS and BIOGRAPHICAL NOTES

The 13th Kenneth Fitzpatrick Russell Memorial Lecture

MATTHEW BAILLIE'S *MORBID ANATOMY*, ITS SEQUEL AND THE MELBOURNE 'CONNEXION'

Baillie, Matthew (1761-1823): *The Morbid Anatomy of some of the most important Parts of the Human Body*. (London: Longman, Rees, Orme & Co., 1833)

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Baillie, Matthew (1791-1823): *The Works of Dr Baillie, to which is prefixed an Account of his Life, collected from authentic Sources by James Wardrop*. (London: Longman, Hurst & Co., 1825. 2 vols. in one)

GC

Matthew Baillie's *Morbid Anatomy*, published in 1793 when he was 32, offered a new approach to the understanding of disease by systematically describing the morbid appearance of each organ at autopsy and correlating these findings with a case history: it was perhaps the first example of the modern concept of pathology.

Born in 1761 to Dorothy Baillie, the sister of John and William Hunter, Baillie commenced his university education in Glasgow at the age of 13 and following his father's death in 1779 went to live with William Hunter in London.

Matthew Baillie began as an anatomy lecturer in 1782 and remained so for some 16 years: as a lecturer he soon attained considerable eminence, being remarkable for the order and method of his style and the clearness of his delivery.

The 1793 book contained no illustrations: between 1799 and 1802, Baillie issued in ten fascicules, *A Series of Engravings accompanied with Explanations which are intended to illustrate the Morbid Anatomy of some of the most important Parts of the human Body*. Baillie wrote: "The order of the

engravings will correspond very much with that of the description of diseased changes of structure in my book upon Morbid Anatomy; but the two works will be independent of each other....so that a person may possess the one work, without being obliged to purchase the other”.

William Clift, then in his early twenties, provided the drawings from which the engravings were made: utilising them, three engravers were employed to provide the printed illustrations. William Clift’s very own copy of *Morbid Anatomy* was discovered by Professor Ken Russell in 1953, when he rescued it from the flooded basement of the old Medical Library at the University of Melbourne!

Like his father, **Peter Burke** is a graduate of the Melbourne Medical School. As an undergraduate he attended the ‘voluntary’ lectures on Medical History delivered by Professor Ken Russell. He was later to work closely with Ken during his time as a Demonstrator in the Anatomy Department of Melbourne University. Post-FRACS Peter worked in England in the NHS obtaining his FRCS (Eng.) and also the Diploma in the History of Medicine of the Worshipful Society of Apothecaries. Returning to Melbourne, Peter was appointed to the RACS Archives Committee in 1979, again working closely with Ken Russell, until the time of his death. Peter has retained an active interest in the field of medical history: currently he is Specialty Editor in Surgical History for the *ANZ Journal of Surgery*.

FOTHERGILL’S DISEASE

Fothergill, John (1712-1780): *The Works of John Fothergill...with some Account of his Life by John Coakley Lettson*. (London: for Charles Duffy, 1784)
CF 17

Frazier (Philadelphia) was the person associated with the extradural approach for fifth nerve root section for trigeminal neuralgia in the early 20th Century. In 1928 on trigeminal neuralgia and under the subheading ‘Clinical Conceptions’ he wrote: “I have nothing to add to that description of Fothergill of the year 1776. We should accept Fothergill’s picture as a faithful portrayal of the disease.”

Fothergill was a highly regarded physician in mid-18th-century London. In a paper presented to the Medical Society in London (1773) entitled *Of a Painful Affection of the Face*, he gave a clear description of what we now recognise as trigeminal neuralgia and the condition became known as Fothergill’s Disease. It appears that he was unaware of the work of Nicolas André of Paris. André had seen some similar cases. He was impressed with the facial contortions that accompany an attack and gave us the term *tic douloureux*. He saw and treated it successfully in 1732. He was assisted by Georges Marechal, *premier chirurgien* to Louis XIV and Louis XV. This was at a time when the precise functions of the nerves ramifying through the face were unknown.

By 1788 it was settled that there are 12 cranial nerves but the different functions of the 5th and 7th cranial nerves awaited the work of Charles Bell in 1821. André treated his patient with a neurectomy of the infraorbital nerve and it became recognised that such procedures would give 1 to 2 years’ relief. It was thought that resection of the ganglion (trigeminal) was needed for more lasting relief. Open operations on the Gasserian ganglion were developed by Carnochon (1856) in New York and Rose (1890) in London. These operations had a significant level of mortality. Hartley in New York and Krause in 1892 reported an extradural approach to the Gasserian ganglion via the temporal squama and this was followed by the refinement of root section rather than Gasserectomy. This remained the procedure of choice for most

surgeons in the early part of the 20th Century.

Walter Dandy, a brilliant surgeon and a somewhat contrary figure, proposed root section via the posterior fossa. He maintained it was quicker and easier. His figures were impressive at a time when most surgeons had 20% to 30% mortality for operations in the posterior fossa. Dandy noted many instances of vessels indenting or displacing the 5th nerve and felt this was likely to be relevant for the aetiology. This has become the most commonly accepted cause of trigeminal neuralgia today.

Microvascular decompression was popularised by Peter Jannetta of Pittsburgh. Interestingly he presented his first cases while working with Rand at UCLA. Rand maintained that Gardner (Cleveland) was the instigator of the modern procedure. Rand worked with Gardner and to complete the connection with the earliest of the modern surgical history Rand was a pupil of Frazier.

Brian Brophy is a graduate of Melbourne University (1971). A Gordon Gordon-Taylor prize winner, he trained in neurosurgery in Adelaide and subsequently in Toronto, Oxford, Duke and Johns Hopkins Hospitals. He retired in 2012. At that time he was Associate Professor at Adelaide University and Director of Neurosurgery at the Royal Adelaide Hospital. During his career he was State Chairman RACS (SA), President of the World Society of Stereotactic and Functional Surgery and Senior Examiner in Neurosurgery (RACS).

JOHN PRINGLE and THE FOUNDATION OF MODERN MILITARY MEDICINE

Pringle, Sir John (1707-1782): *Observations on the Diseases of the Army*. (London: printed for A. Millar, D. Wilson and T. Durham, and T. Payne, 3rd edn, 1761)
C 391

John Pringle Bart., MA PRS, is considered the father of military medicine. Whilst Ambrose Paré and Jonathan Letterman have been afforded the same appellation, Paré's fame rests on the surgery of war wounds and Letterman's fame on his organizational genius during the American Civil War.

Pringle's monograph extends to over 400 pages and is concerned with the diagnosis, management and, most importantly, the prevention of the diseases that afflict soldiers during encampment, and the proper management of military hospitals. Whilst the management of war wounds and retrieval of the injured were important in their own right, the greatest loss of life was before and after battle due to diseases such as dysentery, hospital or jail fever and pneumonic infections.

The monograph is divided into three parts. It begins with an analysis of the diseases recorded contemporaneously in his personal medical journals as seen in those armies to which Pringle was attached in his role as physician to the commander of the British army in Flanders in 1742 and thereafter in his military service as surgeon-general of the English army until 1758.

Part 2 is a classification of diseases 'most incident to an army', relating them to ambient temperatures, moisture, putrid air and want of cleanliness. This section contains his most insightful comments regarding the steps required to prevent disease in an army.

Part 3 is, he states, written for the medical practitioner, wherein he delves in more detail into dysenteries

and fevers. Of particular interest are his long chapter regarding malignant, jail or hospital fever (now recognized as typhus) and his subsequent chapter 'Observations of the Itch', without making the connection between the two.

Campbell Miles retired in 2007 as head of vascular surgery at The Alfred Hospital, Melbourne, little realizing that he would be recruited to the role of ASC Co-ordinator at the College. After managing eight Congresses and having run out of new ideas, he retired from the post. Currently, he is the chair of the College's Heritage and Archives Committee and secretary of the Surgical History Section. In retirement he finds the reading of history a particular joy.

MEDICAL ETHICS: CHANGES OVER 200 YEARS

Percival, Thomas (1740-1804): *Medical Ethics, or a Code of Institutes and Precepts, adapted to the professional Conduct of Physicians and Surgeons.* (Oxford: John Henry Parker, 1849)
C 378

In 1792 Thomas Percival produced a code of medical ethics for doctors attending patients at the Manchester Infirmary. Over the next few years he added to this work and in 1803 produced an edition, which was published as *Medical Ethics*. To the code of ethics for hospital patients he added a code for private and general practice, a code for collaboration with apothecaries and a section devoted to requirements of the law in specific circumstances. He also produced "Notes and Illustrations" to accompany the main text.

This code became the underlying directive for hospitals in the United Kingdom and the United States of America. In the early 19th century the American Medical Association produced a code of ethics, which they acknowledged was based on Dr Percival's book.

There are many facets of the book, which have particular relevance today. Percival advocated a strict audit of all patients treated and their outcomes. He said that this should be regularly discussed with colleagues. He spoke about the requirements of a doctor treating patients in detention. On issues at the beginning and the end of life, Percival wrote about abortion and he described the requirements to allow a patient die with dignity and free from pain.

Our book was published in 1849 and it is really a reprint of the edition published in 1803. Our book belonged to Dr William Bland. In 1832, while serving as a naval surgeon in India, Bland fought a duel and killed his opponent. Duelling was illegal, so he was arrested, tried and sentenced to transportation to New South Wales. His contribution to the developing colony was outstanding. He remained a prominent figure in New South Wales politics and in medical practice until he died in 1868. He was given a state funeral.

John Royle commenced a dedicated commitment to the College in 1972 when he first joined the Board of Examiners. This was followed by a period on the Court Of Examiners. Contemporaneously he served on the Victorian State Committee followed by 12 years on Council. When he completed his term as President in 1996 he had given 24 years of continuous service to the College. Spending so much time in the Spring Street building in the 70s and 80s he became quite knowledgeable about what he likes to call the College Treasures. Sir William Dargie and Paul Fitzgerald (both of whom painted portraits of College presidents) separately visited the College to

see the portraits. Ray Chapman and John showed them around. John learned a great deal about the portraits from them. With a small collection of antique silver at home, John was fascinated by the collection housed in cabinets around the College. He obtained from the then archivist the provenance of many of these items. He gave his first talk on the silver, portraits, and other artefacts at a Court of Examiners dinner in 1994. He called his talk “Treasures of the College”. He gave other talks on “The Treasures” at Council dinners and a Vascular Surgical Meeting. John took friends and colleagues on tours of the College, showing the various items in the rooms where they were housed. He studied the background to the Cowlshaw Collection so that he could speak to guests about the magnificent collection in the Council Room. He took the attendees at the inaugural Cowlshaw Symposium in 1996 on a tour of the College Treasures. He produced a booklet entitled *Tours of the College* in 2004 so that others could learn about the background of many of the artefacts and then they could take people on similar tours. Since then we have established a Museum and thanks to Geoff Down this now is a highlight of tours and displays.

A GLORIOUS REVOLUTION: DID BRITISH NAVAL MEDICINE INFLUENCE ‘MODERN’ MEDICINE?

Sanctorius, Sanctorio (1561-1636): *De statica medicina et de responsione ad staticomasticem*. (Hagæ-Comitis: Adriani Vlacq, 1657)

C 415

Lind, James (1716-1794): *An Essay on Diseases incidental to Europeans in hot Climates, with the Method of preventing their fatal Consequences*. (London: John Murray, 1788)

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Blane, Sir Gilbert (1749-1834): *Observation on the Diseases incidental to Seamen*. (London: Joseph Cooper, 1785)

C 63

Pringle, Sir John (1707-1782): *Observations on the Diseases of the Army*. (London: for A. Millar, D. Wilson and T. Durham, and T. Payne, 3rd edn, 1761)

C 391

How did a small island, of no great population, and which had, for the most part, played an insignificant role in seventeenth-century Europe, transform itself, in the space of sixty years, into a great naval power with an immense empire? Following the Glorious Revolution in 1688, where William of Orange seized the crown from James II, the ideology of liberty was founded on a highly organised bureaucracy. Warfare and taxes reshaped the English economy.

The Navy system was expanded and reformed. By concentrating its military resources in the navy, Britain could both defend itself and project its power across the oceans as well as threaten rivals’ ocean trading routes. The changes affected the medical community with regular surgeons and physicians appointed.

Institutional conflicts occurred between the College of Physicians, with their educated judgement, and the Lords of the Admiralty, who were encouraged by medical empiricism. The Physicians wanted to limit the influence of the empirical and practical sort of curative medicine performed by the Barber-Surgeons’ Company and the Society of Apothecaries.

It was not possible nor desirable to apply humoral therapeutics for each serviceman. Medical empiricism was legitimised by naval medicine leading to the development of standardised diagnosis and treatment.

For the civilian population the restructuring of the naval medical establishment and the scientific revolution meant: a new career structure for doctors, a framework for investigations into public hygiene and clinical problems, the changing role of the hospital, the movement of medicine in a “clinical” direction and the ‘rise of the surgeons’.

Philip Sharp graduated from The University of Sydney in 1973 (with a Blue in rowing in 1967) gaining his FRACS in 1979. In 1983 he spent a year in Cape Town dealing with thirty stabbings every night. He was surgeon to New South Wales gaols for many years and does forensic work for the New South Wales Police Force. He has been the Chair of the Section of Surgical History. His interests include art, music, history, literature, red wine and sport, especially rowing, cycling and rugby.

SIR THOMAS BROWNE and THE *HYDRITOTAPHIA URNE-BURIALI*: OSLER, RELICS and BIBLIOGRAPHY

Browne, Sir Thomas (1605-1682): *Hydriotaphia: Urne-buriall, or a Discourse on the sepulchrall Urnes lately found in Norfolk, together with The Garden of Cyrus.*

(London: for Hen. Brome, 1658)

C 89

CF 55

Keynes 94

The most famous literary work of the Norfolk physician Sir Thomas Browne is undoubtedly *Religio Medici* (1643). Many editions of that work and his numerous other literary efforts have been acquired in the Cowlshaw Collection. It can be argued that much of the enthusiasm for Browne’s works, especially in the early 20th century, most particularly amongst the medical profession stems from the expressed adulation of Sir William Osler (1849-1919) about this author. Osler, accepted as the North American “Father of Modern Medicine” and later Regius Professor of Medicine at Oxford, remains an inspirational figure, and his bibliophilic enthusiasm infected many of his acolytes. Indeed the Cowlshaw books include a presentation copy of a Browne title to Leslie Cowlshaw, the original collector. Aspects of this transmittable passion will be discussed in this talk. The volume *Hydriotaphia: Urne-buriall*, although less famous than *Religio*, in this context, is of great interest. This philosophical discussion on ancient funeral remains presaged an extraordinary series of events surrounding Thomas Browne’s own skeletal remains, in the late 19th and early 20th centuries. Osler was directly involved with these craniological investigations. Other famous individuals involved included Sir Arthur Keith (1866-1955), Curator of the Hunterian Museum at the Royal College of Surgeons, and the Australian anatomist Sir Grafton Elliot Smith (1871-1937). Further to the enthusiasm stirred by Osler can be considered the bio-bibliographic efforts of a young English surgeon, Geoffrey Keynes (1887-1982). His Thomas Browne publications were used and noted by K.F. Russell in his creation of the Cowlshaw collection catalogue. Keynes’ efforts prefaced a distinguished surgical career, pioneering blood transfusion, conservative breast surgery and thymic surgery; as well as further long bibliographic pre-eminence.

Graham Stewart is a Rural General Surgeon, practising in Armidale NSW. He holds the position of Associate Professor in Surgery at the University of New England and teaches in the Joint Medical Program course that is run in conjuncture with the University of Newcastle. He is currently chair of the Section of Surgical History of the College.

THE ART OF THE ITINERANT BONE-SETTER

Paré, Ambroise (1510-1590): *Œuvres complètes d'Ambroise Paré revues et collationnées sur toutes les éditions... par J.-F. Malgaigne.* (Paris: Chez J.-B. Baillière, 1840-41. 3 vols)
C 369

Of the practice of medicine in ancient Egypt, Herodotus noted in the 5th century BC: “The practice of Medicine they split up into separate parts, each doctor being responsible for the treatment of only one disease. There are, in consequence, innumerable doctors, some specialising in disease of the eyes, others of the teeth, others of the stomach and so on”. In Europe, the persistence of itinerant surgical practitioners was favoured by the Church in the 11th and 12th centuries.

Among the itinerant practitioners in 15th century France, Joseph-François Malgaigne lists incisors for stone, herniotomists, couchers for cataracts, tooth pullers, drug vendors, dosers and bone setters. A copy of Malgaigne’s book on the works of Ambroise Paré, published in 1840-41, is held in the Cowlshaw Collection. A bone-setter was an empirical practitioner who claimed the power of diagnosing and setting fractures, reducing dislocations and relieving painful and stiff joints. Bone-setters considered their craft to be a natural gift and both men and women could possess this gift. As a consequence, most had no education beyond an apprenticeship, as noted by Percival Pott in his book on the treatment of fractures. (Three of his books are also held in the Cowlshaw Collection.) It was believed to be inherited so that whole families became known as bone-setters. One famous family was descended from the Welshman Evan Thomas, whose son, Hugh Owen Thomas, is well known to modern day orthopaedic surgeons for Thomas’s test for fixed flexion deformity of the hip and the Thomas splint.

Alan Thurston graduated MB ChB in 1972 with distinction in anatomy and the David White Prize in Clinical Surgery. He trained in orthopaedic surgery and was admitted as FRACS in 1980 and FNZOA in 1982. Awarded a Research Fellowship in Oxford and graduated MSc (Bioengineering). Appointed as Senior Lecturer at the Wellington School of Medicine in 1982. Awarded the Broadfoot Memorial Essay Prize, 1985, the A.B.C. Travelling Fellowship in 1986 and the Douglas Iverach Postgraduate Fellowship in Medicine in 1991. Awarded the Kenneth Russell Memorial Medal by the RACS, 2002. Honorary Surgeon to three Governors General of New Zealand over 15 years. Promoted to Associate Professor 1996. Clinical practice is limited to hand, wrist and elbow surgery. Other areas of interest include amputations and amputee rehabilitation. Research interests include biomaterials and the biomechanical aspects of amputee stumps and prosthetics.

THE QUEST FOR THE SOURCE and TERMINATION OF THE NIGER

Gwynn, Stephen (1864-1950): *Mungo Park and the Quest of the Niger.* (London: John Lane The Bodley Head, 1934)
C954

Scottish surgeon Mungo Park's instructions were very plain and concise. He was directed by The Association for Promoting Discoveries in the Interior of Africa, on his arrival in Africa, "to pass on to the river Niger, either by the way of Bambouk, or by such other route as should be found most convenient: That he should ascertain the course, and, if possible, the rise and termination of that river. That he should use his utmost exertions to visit the principal towns, or cities in its neighbourhood, particularly Tombuctoo and Houssa; and that he should be afterwards at liberty to return to Europe, either by the way of the Gambia, or by such other route as, under all the then existing circumstances of his situation and prospects, should appear to him to be most advisable." Leaving a medical career behind him Mungo Park sailed from Portsmouth in May 1795 in pursuit of the quest to find the source and termination of the river Niger and solve the greatest mystery of the time. This is the story of this and the subsequent fatal expedition of 1805.

Richard Lander is an orthopædic surgeon in Palmerston North, New Zealand. His professional interests are in surgical education, adult hip, knee and spine surgery. He is currently the Executive Director for Surgical Affairs in New Zealand, and is the present convenor of the Cowlshaw Symposium. He has an interest in the early exploration of Africa.