

as an anæsthetic to a volunteer patient, thereby giving a new impetus to the advance of surgery. And yet anæsthesia could not guarantee the speedy recovery of the patient after the operation. Mortality remained alarmingly high. In many cases convalescence was retarded or even denied existence by the complications of suppuration, septicæmia, erysipelas, and gangrene. In those pathetic days, "rescue-operations" were only performed, with remorse and trembling, when the patient's life was in grave danger. There came into the lime-light one of the most glorious benefactors of the human race, whose usefulness is continued even rejuvenated beyond the span of his earthly existence and whose very name is a golden thread running through the whole world and linking it together in a single sentiment, a single devotion—Lord Lister. By introducing the technique and the creed of antiseptics into surgery, he changed his craft from a dangerous gamble to a safe and merciful art.

The question of diagnosis continued to prove vexingly elusive. Less than fifty years ago, the word "perityphlitis" intrigued the surgeon's mind. To our modern ears it sounds barbarous and cowardly. Let us clear the stage for Reginald Fitz of Boston, who traced the origin of the disease from the appendix, stressed its diagnosis, and laid down its treatment. "For all practical purposes, typhlitis, perityphlitis, perityphlitic tumor and perityphlitic abscess mean inflammation of the vermiform appendix; the chief danger of this affection is perforation; perforation in the great majority of cases produces a circumscribed, suppurative peritonitis, tending to become generalised; in the light of our present knowledge, the surgical treatment of this lesion offers the best chances for the life and future health of the patient, and the progress of the disease needs to be watched with knife in hand."** How modern this sounds, yet it was written over half a century ago. To his colleagues Fitz was the pathologist rather than the physician. The story is told how he was called in consultation to the sick-bed of a surgical friend, ill for nearly a week with appendicitis. The patient in his toxic state imagined that he was dead and that Fitz had arrived on the scene to perform the post-mortem. So frightened was he that he got better on the spot.

In this country, Sir Frederick Treves at the London Hospital was one of the pioneers in the surgical treatment of appendicitis. He taught that the appendix should be removed during a quiescent period when peritonitis had become circumscribed. Yet time and again, especially in children, delay proved fatal. Treves must have suffered many disappointments, many heart-breaking rebuffs, but none so cruel, none so fiendish as the loss of his own daughter through this dread disease, before the knife could save her.

In June, 1902, elaborate preparations were being made for the coronation of Edward VII with exceptional splendour and magnificence. At 10 a.m. on June 24th it was suddenly announced that the King suffered from perityphlitis, and that the coronation was postponed. The story is this: On June 13th, while at Windsor, the royal patient had a sudden attack of abdominal pain, which Sir Francis Laking and Sir Thomas Barlow diagnosed as appendicitis. Five days later Treves was called in consultation. In the course of the next few days the temperature came down and the local swelling and tenderness gradually subsided, and by June 21st the King had sufficiently recovered to return to London. That same evening, however, the temperature rose suddenly, and a large, painful swelling appeared in the right iliac fossa. Early on June 24th Lord Lister and Sir Thomas Smith saw the patient, and immediate operation was urgently recommended. The King,

however, was obstinate. "I must keep faith with my people and go to the Abbey." The distinguished physicians and surgeons were desperate. The fate of the nation was in the balance, and the honour of their profession was at stake. But all pleading was in vain. The loyalty of the King could not be shaken. "I must keep faith with my people and go to the Abbey." Then Treves raised himself to his full height, and the eyes of the Empire were fixed upon him. The very ether had a thousand ears to drink in his words and a thousand tongues to proclaim his words unto all mankind. And as he spoke, the whole army of medicine was in league with him, pressing at his heels, eagerly, triumphantly, to sustain his courage, if it should falter, to warm his heart, should it grow cold. There was a sudden silence, dramatic, ominous, as before the storm. "But I must keep faith with my people and go to the Abbey." And cruel the reply, "Then, Sir, you will go as a corpse."

Sir Frederick Hewitt gave the anæsthetic, and Treves in unshaken faith in Lister's gospel operated upon his King. And a great hush descended upon the nation which had ceased to breathe. An abscess was laid open, filled with decomposing pus, and two large drainage tubes were inserted. Nothing was reported about the appendix which was probably not disturbed. The operation took nearly 40 minutes and not 5 as was stated in *The World* of July 2nd. The temperature was normal two days after the operation. The weight of responsibility on Treves' mind must have been enormous. It is recorded that he did not go to bed for seven nights. May I read you an extract from the *Daily News* of June 25th, trying to explain the nature of the King's illness to its lay-readers? "Perityphlitis is inflammation of the tissue surrounding the kidney—round about the kidney in contradistinction to inflammation of the kidney, and it is extremely difficult to say till the operation has taken place whether the case is perityphlitis or is inflammation of the kidney itself." The King made an uneventful recovery.

Thereafter, appendicitis became a fashionable disease, which filled the surgeon's pocket with happiness. Treves' practice became overwhelming, and he waxed fabulously rich so that he could afford to retire in the glory of his strength.

My time is drawing to a close, and so is your patience; of the telling of tales that go down into the innermost parts of the belly there is indeed no end, but the hour is late. Just one more story told by Lord Moynihan.†† A woman had her appendix removed. Three years later the scar burst, bringing forth 34 strips of gauze one by one. Apparently at operation the surgeon had given instructions—piously obeyed—that one strip of gauze should be introduced every day. As, however, he had foolishly omitted to order daily removal of these dressings, in the fulness of time the patient accumulated in the darkness of her abdomen 34 strips of gauze, over which the wound healed. One final word to the Nurses. Some of you may have read the fine tribute paid to your calling by the President of the Royal College of Surgeons‡‡: "As one who had had a measure of success in his profession he bore his honours guiltily, because so much of what he was supposed to have done had really been done by the nurse." In society your figure has taken its place as perhaps the most dignified upon which the eye of the historian can dwell. Spending your lives in the service of disease and suffering, ever near the Dark River, often overworked, usually underpaid, not always kindly treated—while discoveries come and go and theories are born and die—you remain the eternal guardian of humanity.

†† Abdominal operations, 1926, i, 48.

‡‡ *Brit. M. J.*, 25.4.31.

** *N. Y. Med. J.*, 1888, xlvii, 508.

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