

PROFESSIONAL REVIEW.

A SHORT HISTORY OF SURGERY.

We have pleasure in drawing attention to "A Short History of Surgery," by Sir D'Arcy Power, K.B.E., F.R.C.S. Eng., Honorary Librarian of the Royal College of Surgeons of England, published by John Bale, Sons & Danielsson, Ltd., 83-91, Great Titchfield Street, London, W.1, price 3s. 6d. net.

The author states in his preface that one of the objects he had in view when writing this history was to interest his readers sufficiently to make them wish to read the older writers, and he has, therefore, given extracts from their works which may be sufficient to whet the appetite. In our opinion he has entirely succeeded in this aim and at the same time he has, in 82 pages, given us a clear, concise and interesting survey of the history of Surgery from 2000 B.C. to the present day. It requires a master mind and a master hand to accomplish so difficult a task.

EARLY SURGERY.

"Little if anything," Sir D'Arcy Power tells us, "is yet known of Sumerian surgery. The systematic excavations at Ur show that the early Babylonians were highly skilled in the mechanical arts and had a large literature written in cuneiform characters upon tablets of clay. There is little doubt, therefore, that a fortunate find may at any time give details of the surgery they practised."

"Such a find has been made recently in connection with surgery when Egypt was at its zenith, about 2000 B.C. . . . It is the work of a skilled surgeon who had seen war service and had so scientific a mind that he had no use for the charms and amulets which strangled Egyptian surgery in later times when the exorcist came first, the physician second, and the surgeon third in popular estimation. . . . The writer followed a settled plan, which was both sensible and practical. He first made a diagnosis and then said that he could either cure the condition, attempt to cure it, or that it was incurable—in which case he would have nothing to do with it. He examined wounds with his finger, using no probe; he reduced a dislocation of the lower jaw by the method still in use; his splints were made of wood, of linen or of linen soaked in glue or impregnated with plaster; when bandages were wanted, he directed that they should be obtained 'from the embalmer.' Wounds were closed with adhesive plaster. The pulse was counted after an injury to the head to ascertain the condition of the heart. A depressed fracture of the skull might occur without tearing the scalp, and an injury to the brain, he taught, was sometimes followed by loss of speech and by paralysis of the limbs. He seems to have met with aneurysms—probably traumatic—and he recommended that swellings which would now be called tuberculous cold abscesses should not be incised."

All this knowledge possessed and related in detail in a papyrus written about 1700 B.C., and based, apparently, upon a still older roll.

Reference is made to the early surgery of China, Japan and India, to the Greek, Roman and Arabian methods, and to the early development of hospitals, the history of which has been traced by Dr. George Parker back to the sixth century B.C.

"The influence of early Egyptian surgery may perhaps have survived into Greek times, for it is difficult to suppose that the Hippocratic writers could have invented a similar system entirely afresh. . . . The Greek surgeons excelled in the observation of facts, normal as well as abnormal. They recognised that curvature of the spine followed injury in some patients and was associated in others with tubercles in the lungs and mediastinum. They filtered or boiled the water used in the washing of wounds; poultices

they applied near but not over a wound; linen dressings were to be made of new material; wine and oil were the usual applications, and it was expected that wounds would heal by first intention. The hands and nails of the surgeon were to be kept clean. The skull was trephined when necessary, but care was to be taken in using the instrument lest the brain be injured and convulsions and palsy ensue. Diseases of the eye were studied and ectropion and hypopyon were treated by operation."

Concerning Roman surgery, "the discoveries at Pompeii and Herculaneum have enriched the museum at Naples with a wealth of surgical instruments designed for a variety of operations. Many of these instruments differ but little in shape and design from those at present in use. . . ."

"This era of civilisation gradually declined and finally ended on the fatal day in December, 640, when the Saracens entered Byzantium and scattered the books in the library. The later Roman period, therefore, is known as the Byzantine period."

A hospital at Baghdad, in A.D. 977, had a staff of twenty-four physicians, an administrator (who was responsible to the *cadi* or magistrate), and trained cooks to prepare the diets. There were special wards for fevers, eye cases, accidents, and various other diseases. At Cordova there was actually an examining board to license State physicians and the hospital staffs.

At Bimariston hospital at Cairo, founded by Kalaoum, Sultan of Egypt, in 1284, "there were wards for every disease then known, with laboratories, baths, lecture rooms, a dispensary, and a library with five assistants to care for the books. There were convalescent homes with allowances for those recovering, and the hospital had an income of £25,000 a year. Parts of this hospital still remain and, being reconstructed, are still used as a modern eye hospital with male and female wards, operating theatre, X-ray, and other installations. It seems not unlikely, therefore" (says the author), "that the initial impulse towards the foundation of Christian hospitals came from the knowledge of those Moslem institutions learned during the crusades."

THE RENAISSANCE.

The surgical renaissance began in that part of Southern Italy known as Magna Græcia, where the tradition of Greek medicine had never been completely lost. "Here, in 529, St. Benedict of Nusia founded a Monastery at Monte Cassino and established his Rule of 'Prayer, Study and Help for sick brethren.' He ordained a 'medicus' to each monastery and a place in the cloister where the sick could be treated."

At Salerno, the seat of several Benedictine monasteries, a school of medicine grew up gradually, the renown of which was world-wide. "Women, as well as men, were freely admitted, and there is still a perennial discussion whether Trotula—the Dame Trot of nursery fame—was a lady or was only the students' name for a well-beloved text-book on the diseases of women."

Very interesting are the details given of the work of William of Salicet (1201-1277). "He was an ordained priest and practised at Bologna and Verona. His 'Chirurgia' was written in 1275, and in it he taught that wounds need not suppurate, for he used simple dressings of white of egg and rose water instead of ointments. He recognised arterial bleeding by the spurting of the blood, and understood the value of crepitus in the diagnosis of fractures. He used the knife instead of the cautery, recommended the suture of divided nerves and tendons, and gave directions for the repair of a wounded intestine."

The earliest surgeon in England of whom we have any first-hand knowledge is John Arderne (1307-1380?). Many of his manuscripts survive, in one of which he gives a graphic account of a case of cancer in a priest of Colstone,

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