

**SURGERY, PAST, PRESENT, AND  
FUTURE AND EXCESSIVE MORTALITY  
AFTER SURGICAL OPERATIONS; TWO  
ADDRESSES TO THE BRITISH MEDICAL  
ASSOCIATION, 1864 & 1877**

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Surgery, past, present, and future and excessive mortality after surgical operations; Two  
Addresses to the British Medical Association, 1864 & 1877 by T. Spencer Wells

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**T. SPENCER WELLS**

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**SURGERY**  
**PAST PRESENT AND FUTURE**  
**AND**  
**EXCESSIVE MORTALITY**  
**AFTER SURGICAL OPERATIONS**

**TWO ADDRESSES**  
**TO THE**  
**BRITISH MEDICAL ASSOCIATION 1864 & 1877**

**BY**  
**T. SPENCER WELLS F.R.C.S.**

**SURGEON TO THE QUEEN'S HOUSEHOLD PROFESSOR OF SURGERY AND PATHOLOGY**  
**TO THE ROYAL COLLEGE OF SURGEONS OF ENGLAND ETC.**



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TO THE  
PRESIDENT AND MEMBERS  
OF THE  
BRITISH MEDICAL ASSOCIATION  
THESE ADDRESSES  
ARE RESPECTFULLY DEDICATED

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## ADDRESS IN SURGERY.

*Delivered at Manchester on Thursday, August 9, 1877.*

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MR. PRESIDENT AND GENTLEMEN—

When I received from the President of the Council of this great Association the unanimous request of the Committee of Council that I would deliver this Address, and was further assured that I was thus invited at the suggestion of a deputation from Manchester, I felt that any hesitation on my part might appear ungrateful, or as if I did not appreciate a great honour. So, without wasting your time by apologies, and simply thanking you for the exceeding kindness of your greeting to-day, I will ask you to consider with me how, as an Association, how in each of our branches, how, individually as well as collectively, every one of us may assist in the advancement of the

### SURGERY OF THE FUTURE;

how the art and science of the present, which we have received from our forefathers and our teachers, and as far as we could have improved, may be so handed down that our followers, taught by our success, warned by our failures, knowing where our knowledge is defective, our methods faulty, may so work and so observe that in each succeeding year surgery may become more perfect as an art, more exact as a science, and more honourable as a profession.

It is almost impossible to estimate the state of surgery of the present day, still more so to look forward to what surgery



may become, without some review of its condition long ago and of the progress made during the existence of this Association.

It is one of the remarkable coincidences of English history that the reigns, nearly equal in duration, of the two Queens, Elizabeth and Victoria, have been the two ages most distinguished by the rapidity and extent of national development. Elizabeth mounted the throne after the death of her sister Mary, accelerated by disappointment at the termination of supposed pregnancy in dropsy, which was no doubt ovarian, and, treated according to ignorant routine by successive bleedings. Treated with the knowledge now at command, the destinies of England might have been strangely altered. (*Note 1.*) Elizabeth reigned forty-five years, and in her time, surgery, though already chartered as a profession, was neither an art nor a science. For the most part it was carried on as a trade, after the fashion of the country farriers of our day. Indeed, it was unanimously agreed by the Queen's Commissioners that it was unlawful for surgeons to administer internal remedies even in cases of wounds. (*Note 2.*) 'Bokes of Chirurgerie' were collections of sayings and nostrums. Life was rude, living was unwholesome, and death came early. The people perished by scurvy and sweating sickness; they were killed or scarred by small-pox; their blood was poor, and the barbers bled them. Fighting-men began to suffer from gun-shot wounds, and their blood gushing from arteries cut in hacking amputations, was staunched by 'chokebands,' by boiling pitch, or by hot irons. The first impulse towards improvement came from Ambrose Paré. But men long looked suspiciously on his new practice of tying bloodvessels in amputations. And so as an art surgery—an exception to the general progress—stood almost still, even long after Harvey's great discovery, and scarcely any important advance, beyond such manual dexterity as that of Cheselden, was made until the time of Hunter. His noble work is thus epigrammatically acknowledged by the philosophical Malgaigne:—'Surgery, which in the Middle Ages scarcely ranked above a common trade, and grew to be honoured as an art in the hands of Paré and Petit, was raised by Hunter to the dignity of a science.' (*Note 3.*) What it has become since, and is now, we may perhaps best see by rapidly tracing its development parallel with the history of

our Association, which may almost be said to be the offspring of the age of Victoria.

Before this Association was founded the daily practice of surgery was guided by a knowledge of what Hunter and Scarpa had done as to the ligature of arterial trunks. Resection of joints had been frequently though not commonly performed. Bell's teachings of the different nerve-functions had been universally accepted. Auscultation and percussion had been gradually perfecting diagnosis among those who were then about entering into practice. The vegetable alkaloids were beginning to take the place of the coarser materials previously used as remedies. Almost coincidently with the formation of this Society, in 1832, there began to be spoken about vaguely, and as curiosities, things which are now so universally practised that probably very few of those who listen to me recollect how very recently they have been accepted as part and parcel of surgical practice. I am not one of the oldest here, but I can well remember when lithotrity was a novelty, when the subcutaneous section of tendons was absolutely new, when orthopædic surgery was unknown, when the torsion of arteries was spoken of as a barely possible substitute for the ligature, when the radical cure of hernia was scoffed at as a French delusion, when the treatment of aneurism by compression had hardly even entered into the professional imagination, and the study of uterine pathology was only just opened up by the introduction of the speculum as a means of investigating the condition of the mouth and neck of the uterus.

In 1832, when it was resolved to form this Association, and at the succeeding meetings in 1833 and 1834, all these things were new and almost untried. In 1835, at Oxford, Costello publicly demonstrated lithotrity as a novelty before the assembled members, and I think we may fairly date the establishment of that operation, now so carefully and generally practised by so many of our associates, from that meeting. (*Note 4.*)

In 1836 the Association met for the first time at Manchester. Crosse, of Norwich, was the first surgeon to give a retrospective address. In it he mentions as a recent discovery that of the *trichina spiralis* by Owen. He makes the first notice of the chloride of zinc in cancer, and doubtfully hopes that the use of the speculum even in this country may become general. He

states that in this year there is the first known example in Great Britain in which both mother and child were saved by the Caesarean operation, done by Knowles of Birmingham.

And here for a moment let me ask you to recall to mind the man who forty years ago was speaking to the Association as I now speak, not with his power, but to an audience enormously increased in numbers and influence. Crosse lived till 1850. I did not know him personally, but friends of mine who did speak of him as a man upright in character, earnest, natural, joyous, communicative, a fellow-worker with his pupils, of intense and untiring energy, priding himself upon gaining a most exact information of the progress of surgery, self-reliant, rapid in judgment, ready in action, calm and dexterous as an operator, yet with a strong conservative tendency as regards the knife, and most scrupulous in his attention to even the minutest details in the management of his cases. A clear and accurate writer, an industrious contributor to periodical literature, the good he did lives after him, especially in the impetus which he gave to the study of the direction, sanitary condition, and improvement of hospitals.

After Crosse, the next retrospective surgical address was by James, of Exeter, in 1839. In this he alludes, as a great novelty, to the fact that a member of our Association, Jeaffreson, of Framlingham, had successfully extirpated an ovarian cyst through a small incision; and also mentions that King, of Saxmundham, had repeated the operation on another patient with an equally good result. In 1840, at Southampton, Dodd, of Chichester, in the address on surgery, gives an account of the recent experience of Dieffenbach and Liston in operating for strabismus as something new, and reports that lithotrity does not seem to make any great advance in the favour of the profession in this country; and in 1843, at Leeds, William Hey said that 'the rage for dividing muscles and tendons is somewhat moderated.' In his own words, 'The past year has been signalised by the successful performance of several operations for the removal of ovarian tumours from the abdomen. Dr. Clay, of Manchester, has recorded five cases, of which three were successful, and Mr. Wulæ, of London, one successful case.' The William Hey who gave this address on surgery was the third in the line of the