

Nova et Vetera

JOHN ABERNETHY, 1764-1831

The centenary of the death of John Abernethy on April 20th recalls that for the first quarter of last century the surgical practice in London was almost equally shared by two men who differed from each other as much physically as they did mentally. Astley Cooper, tall, handsome, genial, speaking with a broad Norfolk accent, a great operating surgeon, was the idol of students at the United Borough Hospitals; John Abernethy, "podgy," of somewhat ordinary appearance, whimsical, caustic, and no lover of operative surgery, was rather respected than loved by his pupils at St. Bartholomew's Hospital. Both alike were perfectly honest, and both were ethically correct at a time when charlatan-ism was rampant and professional jealousy ran so high that duels were not infrequent. Both were great teachers—Cooper the more practical, Abernethy the more philosophical. Both derived from John Hunter, and the very fact that they were so opposite serves to show the greatness of the master teacher, for no other single mind could combine all his qualities.

The success of Abernethy must be attributed in great measure to his personality. With an early bias towards the Bar, he seems to have drifted into surgery almost by accident, and in 1779 was apprenticed to Sir Charles Blicke, an assistant surgeon to St. Bartholomew's Hospital. Elected assistant surgeon himself at the age of 23, he had to wait twenty-eight years before he came on to the full staff as surgeon. During all those years he had few opportunities to operate, for as assistant surgeon he only had charge of beds when his senior was away on holiday, and there were no special hospitals to which he could attach himself. Astley Cooper was more fortunately placed, for, by nepotism in its best sense, he came on to the full staff at Guy's Hospital at the age of 32, and quickly developed into a great operating surgeon.

Abernethy, like all his contemporaries, based his work on human anatomy, but, unlike many, he used anatomy as a guide to physiology, as it was then understood, and was among the first of those who may be called surgeons with the mind of a physician. He taught in later years that many surgical problems might be solved by looking

for constitutional defects or weaknesses; in other words, that the body worked as a whole, and that the old fable of "The Belly and its Members" was literally true. He ran his hobby too hard, but it had a kernel of truth, and was useful to the overfed and sedentary Londoners who formed the greater number of his patients.

By sheer good fortune, and early in his career, Abernethy was brought in contact with Dr. David Pitcairn, who recognized that there was a general desire in the profession for better and more scientific medical teaching. Dr. William Hunter had gathered round him in Windmill Street a brilliant collection of teachers—John Hunter, William Hewson, William Cumberland Cruikshank, John Sheldon, and Matthew Baillie—who taught

both by example and by precept, and were laying the foundations of scientific surgery in a manner which had never previously been attempted in any country. The success of Percivall Pott as a lecturer probably suggested to Pitcairn and Abernethy that it might be advantageous to the hospital if regular courses of lectures were given by members of the staff. Pitcairn taught medicine, and was the first to make known that valvular disease of the heart was a frequent sequel of rheumatism; Abernethy undertook to teach anatomy, physiology, and surgery, and presently Thomas Wheeler proved himself an able apothecary and a first-rate teacher of field botany. The governors of the hospital entered heartily into the scheme, built a lecture theatre and a dissecting room in 1791, and regularized the old-standing custom of clinical teaching in the wards for all who chose to pay the

required fee. The school was an immediate success, and its reputation was enhanced by a succession of brilliant physicians, surgeons, and teachers, amongst whom were Drs. John and Peter Mere Latham, Dr. Samuel Gee, Sir Lauder Brunton, Sir William Lawrence, Sir James Paget, Sir Richard Owen, and Sir William Odling.

The successful launching of the new school was due chiefly to Abernethy's lectures, which were so dramatic that he soon drew crowds to listen. Pettigrew says that his method of entering the lecture theatre was often irresistibly droll—his hands buried deep in his breeches pockets, his body bent slouchingly forward, blowing or whistling, his eyes twinkling beneath their arches, and his lower jaw thrown considerably beneath the upper. Then he would cast himself into a chair, swing one leg over an arm of it, and commence his lecture in a most



JOHN ABERNETHY, F.R.S.

Engraved in 1827 by William Bromley, A.R.A., from the portrait by Sir Thomas Lawrence, P.R.A., now in St. Bartholomew's Hospital.

outré manner. Many of the lectures dealt with the constitutional origin and treatment of local diseases, a subject of which he never tired, and (says Dr. Peter Mere Latham, one of his pupils) he taught it with all his enthusiasm. "He so reasoned it, so acted it, so dramatized it, and then in his own droll way he so disparaged the more laborious researchers after truth, calling them 'the doctors,' and so disported himself with ridicule of every system but his own, that we accepted the doctrine in all its fullness. We should have been ashamed to do otherwise. We accepted it with acclamation, and voted ourselves by acclamation the profoundest of medical philosophers at the easy rate of one half-hour's instruction. The great Lord Chatham, it is said, had such a power of inspiring self-complacency into the minds of other people that no man was ever a quarter of an hour in his company without believing that Lord Chatham was the first man in the world and himself the second, and so it was with us poor pupils and Mr. Abernethy. We never left his lecture room without thinking him the prince of physiologists and ourselves only just one degree below him." This facility in lecturing appears only to have developed slowly, for Abernethy was essentially a shy man, and in the early part of his career as a lecturer he often had to leave the theatre to collect his thoughts.

Many of the stories of his brusqueness were undoubtedly due to this shyness, but towards the end of his life he became more whimsical and was less tolerant of patients whose illnesses were due, in his opinion, to their own loss of self-control. He was, too, a good economizer of time, so that he was always punctual, and had little patience with those who were prolix or overlong in describing their symptoms. Realizing that "time is money," he never kept his hospital patients waiting, and would refuse a consultation or cut short a garrulous person that he might

be in his out-patient room as the clock struck the hour. He was no respecter of persons, and on occasion could be downright rude, as when he was consulted by H.R.H. Frederick, Duke of York. Abernethy stood before his august patient whistling, and with hands in his pockets. The Duke, in astonishment, said, "I suppose you know who I am?" "Suppose I do," said Abernethy, "what of that? Cut off the supplies, as the Duke of Wellington did in his campaigns, and the enemy will leave the citadel." In like manner Lord Tennyson used to tell of a Lincolnshire farmer who came complaining of discomfort—weight and pain—in his head. The doctor said, "How much ale do you take?" "Oh, I taakes my yale pretty well." Abernethy (with great patience and gentleness): "Now then, to begin the day, breakfast; what time?" "Oh, at haafe past seven." "Ale then, how much?" "I taakes my quart." "Luncheon?" "At eleven o'clock I gets another snack." "Ale then?" "Oh, yees, my pint and a haafe." "Dinner?" "At haafe past one." "Any ale then?" "Yees, yees, another quart then." "Tea?" "My tea is at haafe past five." "Ale then?" "Noa, noa." "Supper?" "Noine o'clock." "Ale then?" "Yees, yees; I taakes my fill then, I goes to sleep arterwards." Like a lion aroused, Abernethy was up, opened the street door, shoved the farmer out, and shouted after him, "Go home, sir, and let me never see your face again. Go home, drink your ale, and be damned." The farmer rushed out aghast, Abernethy pursuing him down the whole length of Bedford Row with shouts of "Go home, sir, go home and be damned." Yet if Abernethy was merciless to patients of this class, he was unsparing in his attentions to those who were deserving of his pity, and he died a comparatively poor man.

D'A. P.

LONDON VOLUNTARY HOSPITALS COMMITTEE

We have received from the honorary secretary of the London Voluntary Hospitals Committee a copy of the report (printed substantially in full below), containing an account of several matters of interest to hospitals which have recently been under discussion between that committee and the Central Public Health Committee of the London County Council.

CONFERENCES WITH THE CENTRAL PUBLIC HEALTH COMMITTEE

The London Voluntary Hospitals Committee has now been in existence for a year. It was specially set up for the purpose of consultations with the London County Council under Section 13 of the Local Government Act, 1929, the elections taking place in accordance with a scheme drawn up by a Joint Committee of King Edward's Hospital Fund, the Conference of Teaching Hospitals, and the London Regional Committee of the British Hospitals Association. A broad interpretation has been placed upon Section 13, both by the committee and by the Central Public Health Committee of the London County Council. To quote a recently published report of the latter body to the Council:

"The voluntary hospitals representatives, for their part, have disclaimed any wish to press for a strict reading of the section where small matters are concerned, and we on our part have readily acceded to their wish to be consulted at an early stage on all matters of moment. Mutual desire was expressed, and agreement came to, that the machinery of Section 13 of the Act of 1929 should be used for exchange of information to the advantage of both the public and the voluntary hospitals services."

The meetings which have taken place between representatives of the two bodies are referred to by the Central

Public Health Committee as "interesting and helpful." The committee has been assured by the chairman of the Central Public Health Committee that the committee receives the earliest information it is possible to give concerning the schemes projected by the Council.

The committee has kept in touch with its constituent hospitals by means of a series of reports, which have also been sent to the members of the area committees and Non-localized Special Hospitals Committee, by whom the central committee is elected. No occasion has yet arisen to call together the area or other committees for consultations, as the London County Council decided at an early date to postpone the area organization of their own services that had been foreshadowed.

Grants to Voluntary Hospitals

Among matters which have been discussed by the committee with the London County Council are questions relating to the financial policy of the Council in regard to voluntary hospitals. The committee has ascertained that there is no present likelihood of the Council departing from their existing practice of not making capital grants to voluntary hospitals. As regards maintenance, while the Council are not disposed to make grants for general maintenance, they are willing that payments for specific services required by the Council and rendered by voluntary hospitals to the sick poor should be continued, and that the application of this principle should be, if possible, extended. It will be remembered that this distinction was also drawn by Lord Cave's Committee. The Council have agreed to the committee's request that as an interim arrangement contributions to voluntary hospitals of similar amounts to those contributed by the late guardians in 1929 should be paid for the year to March 31st, 1931, by the Council, on the understanding that the payments are without prejudice to whatever financial arrangements the Council may decide to make after that date.

The committee's representatives at their last conference with the Central Public Health Committee strongly urged that the Council should not rigidly insist upon themselves treating all patients chargeable to them, if there were a choice of voluntary or Council accommodation. The Council took the view that it is their first duty to keep their own beds occupied, and that, while they cannot pay voluntary hospitals for services they can themselves supply, they adhere to the principle as to grants for specific services rendered at their request.

The Council have submitted to the committee for its observations their proposals for scales of salary and conditions of service for medical staff, nurses, stewards, and clerical staff.

Pathological Service for Council Hospitals

The provision of pathological laboratories at the Council's hospitals has been discussed with the committee. The Council have in mind as an ultimate ideal a well-equipped and adequately staffed laboratory in every general hospital, and one or more central laboratories for the specialized pathological work requiring expert knowledge and elaborate equipment. Their immediate proposals provide for the establishment of five "group" laboratories, suitably located, capable of dealing with the more specialized pathological work. The first of these "group" laboratories will be ready to function this month. Two others will be completed in three or four months' time. The last two will be ready for use towards the end of this year. The late Metropolitan Asylums Board had already provided adequate laboratory services at the northern and southern "group" laboratories for the special hospitals, and also for the production of therapeutic serums at Belmont Laboratories. The committee cordially agreed with the view that it was most desirable to provide an adequate pathological service for every general hospital dealing with acute cases, and recommended that in the formation of "group" laboratories advantage should be taken of existing pathological departments of the voluntary hospitals, though the Council did not eventually see their way to adopt this suggestion.

The committee was, at an early stage, given an opportunity to consider the rates of pay proposed by the Council for pathologists and technicians, and was able to arrive at an understanding concerning the very few cases in which its views differed from those of the Council. The Council have recently published details of their decisions in this matter.

Medical Education in Council Hospitals

A memorandum was prepared by the committee, at the invitation of the Council, upon the use of municipal hospitals for medical education, and upon the methods of staffing that the committee would recommend. It was submitted that the appointment at the municipal hospitals of resident house-physicians and house-surgeons would prove of the greatest value in the post-graduate education of recently qualified men and women. The Council concurred in this suggestion, and provision has already been made for such appointments. The committee also recommended that the present consultant services at municipal hospitals be extended, and that an advisory board or boards be constituted by the Council for the purpose of recommending consultants for appointment by them. The Council, however, decided that the existing arrangements shall be continued and reconsidered in a year's time, when further experience has been obtained. Opportunities for students to visit municipal hospitals for the purpose of studying diseases more often seen in those institutions than in voluntary hospitals have been much appreciated. Therefore the committee suggested that such opportunities should be extended by encouraging closer co-operation between teaching and municipal hospitals wherever possible. This suggestion was accepted by the Council.

Maternity Beds for Teaching Purposes

The committee discussed with the Council the shortage of obstetric beds at teaching hospitals for instructing medical students. The suggestion had been put forward

by responsible committees inquiring into kindred matters that some arrangement should be made whereby cases in rate-supported hospitals might be made available for medical students. A subcommittee was appointed, and several eminent obstetricians, not themselves members of the committee, were co-opted to serve on it. The medical schools were also consulted. The recommendations of the subcommittee subsequently formed the basis of a discussion with the County Council. The Council, while stating that the existing maternity units in their general hospitals were not of sufficient size to be suitable for teaching purposes, and were fully used for the training of nurses, acquiesced in the principle of allowing the teaching of students in connexion with their maternity beds as and when satisfactory arrangements could be made and suitable units were available.

Inquiries have been made regarding responsibility for providing in-patient accommodation for maternity cases as between the County Council and the metropolitan borough councils, grants for this purpose having been made in the past by the Ministry of Health. It has been suggested by the Council that voluntary hospitals seeking maintenance grants towards additional maternity beds should make their applications to the borough councils, as being the maternity and child welfare authorities in London.

Mental Treatment

The committee arranged two conferences, which took place at the Board of Control in connexion with the Mental Treatment Act, 1930. Representatives of the Board outlined the facilities provided by the Act for treating mental patients in voluntary hospitals, and drew attention to the power of the county authorities to contribute to the cost. The Board has been requested to keep in touch with the hospitals, and to forward details of their requirements regarding the accommodation to be provided when available.

Through Lord Riddell's illness the committee has for some months been deprived of its chairman, who has, however, now returned to active affairs. Sir Henry Jackson has been elected deputy chairman, and has acted as chairman in Lord Riddell's absence. Mr. E. Vernor Miles is the honorary treasurer, and Dr. Geoffrey Evans the honorary secretary.

WEST LONDON POST-GRADUATE COLLEGE

SIR HENRY SIMSON ON POST-GRADUATE OPPORTUNITIES

The opening session of the West London Post-Graduate Medical College was held at the West London Hospital, Hammersmith, on April 15th, when Sir HENRY SIMSON, the dean, delivered an address on the importance of post-graduate study, and explained the system of education pursued at the College. He began with a reference to the impending reconstruction of West London Hospital, whereby extended accommodation will be available for patients, with provision for paying patients, for whom there will be a sliding scale of fees. He mentioned that the medical staff of the hospital had given a donation of 500 guineas towards the building fund.

Several methods were available, Sir Henry Simson continued, for the man in practice who desired to take up some form of continuing education. One of the oldest systems was for the young doctor to become assistant to, or partner of, an older practitioner; another was for him to obtain a post as house-physician or house-surgeon in a hospital. But the value of the first of these methods depended, obviously, on the experience of the senior and his ability or willingness to impart it; while as to the second, only a limited number of appointments were available. There were other ways open, of much more importance to the generality of medical men. A method which had been for many years well recognized on the Continent, particularly at Vienna, was the setting up of

a great post-graduate school. The school at Vienna had a high reputation, and attracted doctors from all parts of the world; a large hospital of over 1,000 beds was attached, with all the leading medical men of Vienna on its staff, and there were excellent laboratories and every facility for research. A great imperial post-graduate college on these lines, situated in London, and staffed by the leading men in the profession, was certainly the ideal, and he hoped that for the credit of the profession such an organization would come into existence. But the financial undertaking would be very large, and in London especially there would be difficulty in securing staff, because the undergraduate schools attached to the great hospitals absorbed the available teachers. A second method was through such a development as the Fellowship of Medicine, housed at present in the premises of the Royal Society of Medicine. The Fellowship was undoubtedly doing a very valuable work, and its secretaries were in touch with all the London hospitals, where intensive courses were arranged throughout the year. It suffered, however, from the fact that it could not supply all the facilities for instruction under one roof. The third method was the one made available by the West London Post-Graduate College, started many years ago by the late Mr. Leonard Bidwell. It offered, what the great majority of practitioners most wanted, a place where they could go and examine a large number of cases of many different kinds of disease.

Certain difficulties stood in the way of the practitioner desiring to undertake post-graduate training. The general public, to begin with, had not been educated to recognize the value of post-graduate education. A certain number of people were inclined to say that a man could not be a really good doctor because he found it necessary to go back to the hospital for instruction. In America, where the public were fully alive to the importance of post-graduate study, the contrary was the case. Several post-graduate societies were established in the States, and practically every year 200 or 300 members of those societies came over to Europe together and made a tour of the important medical centres. The idea of the American patient was that unless his doctor took advantage of one of these tours every now and then, he could not be a progressive man, alive to modern developments in medicine. A further difficulty of the general practitioner was to secure time for post-graduate study. He was uncertain of his hours, and could not always get away for a scheduled course. All sorts of emergencies might hold him up. Moreover, to take a short intensive course was expensive, not on account of fees, but owing to the arrangements he had to make for his practice to be carried on in his absence. His annual holiday seemed too precious for a fortnight of it to be earmarked for post-graduate work. Altogether the special circumstances of the general practitioner were best met by a large general hospital, easily accessible, and with large out-patient and casualty departments. Any of the undergraduate teaching hospitals in London would meet this need were it not for the impossibility of effectively combining undergraduate and post-graduate teaching. The undergraduate wanted lectures and elementary instruction in diagnosis. The graduate did not so much want lectures; discussions on prognosis and treatment were likely to be of far more value to him than the comparatively simple matter of diagnosis.

It was with this idea in mind that Bidwell conceived the plan of the West London Post-Graduate College. Only graduates were allowed to attend hospital practice there, and every day, from 10 to 5, the departments were available for continuous instruction by different members of the staff. Special facilities were given to practitioners in the neighbourhood of the hospital, who, on taking a yearly ticket for a small sum, were enabled to spend an hour or two in the hospital at any time they happened to be free. Sir Henry Simson pointed out the large area served by the hospital—the whole of London west of Hyde Park Corner—and said that the present handicap, lack of accommodation, would, he hoped, soon be remedied under the energetic lead given by the chairman of the hospital, Sir William Wells.

England and Wales

Centenary of Leeds School of Medicine

The centenary of the Leeds School of Medicine will be celebrated by the University on June 30th and July 1st. The ceremonies include a civic reception by the Lord Mayor of Leeds (Dr. Arthur Hawkyard), an honorary degree congregation, a visit to the Leeds General Infirmary, a dinner, and a ball. The celebration marks the centenary of an institution known successively as the Leeds School of Medicine (1831-84), the Medical Department of the Yorkshire College (1884-1904), and the School of Medicine of the University of Leeds (since 1904). Among the founders were T. Pridgin Teale, sen., still quoted in surgery; sons of the famous William Hey; and C. Turner Thäckrah and Sam Smith, whose researches on the relations of industry and disease had a substantial influence on the passing of the first Factory Acts. There has not been any period in which a distinguished name has been wanting, and within living memory T. Pridgin Teale, jun., Clifford Allbutt, Wheelhouse, Jessop, McGill, Mayo Robson, and Moynihan (the last two being still members of the School) have all contributed largely to the progress of medicine and surgery. The century has witnessed a very great consolidation of academic and clinical interests and a substantial increase of accommodation and equipment for teaching and research in all branches.

Home Ambulance Service

It is apt to be forgotten that the extensive organization of an efficient ambulance service is largely a post-war development. This fact is strikingly brought out in the twelfth annual report of the Home Service Ambulance Committee of the Order of St. John and British Red Cross Society for 1930, which contains a brief historical survey of recent progress. In 1906 a Government committee was set up to inquire into the provisions that existed for dealing with accident and sudden illness in the streets of London, and reported that 60 per cent. of the street casualties outside the area of the city were transported to hospital by some mode of conveyance other than by litter or ambulance. It found that improvised vehicles such as carts and cabs had been utilized for conveying patients with fractures of the spine, skull, and pelvis, and concluded that more than a third of the seriously injured or incapacitated were transported by means likely to aggravate their condition. In the large provincial towns arrangements for invalid transport were, as a rule, equally unsatisfactory. Plymouth, for example, had no motor ambulance for civilian needs in 1914, a few hand-propelled litters being used by the police in cases of accident. In that district to-day there is a large three-storied central ambulance station and substations at Devonport and Stonehouse. In 1921 the number of cases dealt with was 3,020; in 1929-30 the number was 24,826. Before the war conditions in country districts were even worse than in the towns, since patients confined to bed had little hope of treatment outside their own homes. Strenuous efforts have been made by the Home Service Ambulance Committee to organize efficient services in rural areas, not only by providing vehicles at selected stations, but in linking up invalid transport with first aid. The meritorious work of the auxiliary branches—the first-aid road service and the mobile x-ray service—have been frequently referred to in these columns. According to the report a new mobile x-ray outfit has been designed by the committee's radiographer, which is considered to be as efficient as the stationary installations in the x-ray departments of the