

chitis. The pneumococcus responded more easily to chemotherapy. *H. influenzae* infection required ampicillin in the order of 1 g. six-hourly, and was more effective by injection than by mouth. The intervals between infections were longer with this dose than with 250 mg. A serious problem was that only about one-third of patients were unable to concentrate ampicillin in the sputum to the required level. Antibodies to *H. influenzae* were present in a titre of 1 in 40, or over, in all of 20 patients with purulent sputum and in half of 20 more with mucoid sputum, but were absent in the controls. He suggested that antibody-testing may be of value in sur-

veys to show where *H. influenzae* came into the picture.

Anti-smoking Clinics

Dr. D. A. SMYTH spoke of results at an anti-smoking clinic where one-third of patients gave up smoking and others reduced it. Peak expiratory flow rate readings were improved. He felt that social pressures to smoke were far more important than nervous factors. Dr. S. KAY described the frustrations of the general practitioner who could not persuade his bronchitics to stop smoking, or to move from industrial to rural areas. He

suggested that the Wright meter should be widely used so that patients would eventually request its use, in the same way as blood-pressure measurements.

Dr. C. M. FLETCHER, summing up the meeting, said that the general practitioner was in a better position than anyone to study chronic bronchitis. He could help particularly to investigate such problems as its prevalence in Britain compared with the rest of the world, and the fantastic differences in different social classes. He would like to see surveys of large numbers of patients over periods of time with measurements of sputum volume and ventilating capacity.

MEDICAL HISTORY

William Jeaffreson (1790–1865): Surgical Pioneer

JOHN A. SHEPHERD,* V.R.D., M.D., CH.M., F.R.C.S., F.R.C.S.ED.

One hundred years ago there died William Jeaffreson, a practitioner of East Anglia who in his time made surgical history. He was born in 1790 at Wickham Market and educated at Bury St. Edmunds. He studied medicine at Guy's and St. Thomas's Hospitals, and qualified M.R.C.S. in 1812. Throughout his whole medical life he practised in Framlingham, Suffolk.

In the isolated part of the country in which he worked Jeaffreson might well have remained an obscure country practitioner. East Anglia, however, was surgically very much alive in the early nineteenth century. The main centre of activity was Norwich, and the reason for this activity was the extraordinarily high incidence of urinary calculus in the adjacent counties. Men such as Yelloly and Crosse were acknowledged authorities on vesical calculus. The frequency of the disease has been attributed to factors such as deficiency of milk in the diet of children, and to a general lack of vitamin-A. About 1910 a reduction in this abnormally high incidence of stone formation was explained by a change in East Anglia to mixed farming instead of the limited-crop farming of previous generations (Thomas, 1949). The Norwich Hospital was, in the first half of the nineteenth century, the most celebrated institution in Great Britain for the treatment of stone. The Norwich surgeons were in active communication with the famous lithotomists Civiale, Heurteloup, and Costello. Norwich led London in adopting the new methods of lithotomy advocated by French surgeons.

Jeaffreson, undoubtedly a man of great intelligence and possessed of great technical skill, almost certainly would know of the work of the Norwich surgeons. He went to London in 1833 and saw Costello operate. He thereafter "lost no opportunity of manipulating on the dead body as well as in a rough machine which I had made as nearly as I could to resemble the human bladder" (Jeaffreson, 1834). Soon he reported to the *Lancet* his first successful case of removal of a bladder-stone by the lithotrite. He subjected the patient to 37 sittings, and humbly admitted that Costello could have done it better. He must have shown "great tenderness in the use of the instruments," as otherwise it is doubtful if the patient would have returned so often. He recorded other successful

cases in the next few years, and was honest enough to admit to his failures. He acquired great skill in the operation of lithotomy, but he was ready to send some patients to the acknowledged experts. He brought Heurteloup (who prac-



FIG. 1.—Portrait of William Jeaffreson from a photograph given to the *British Medical Journal* in 1897 by his son, Mr. Cordy Jeaffreson.

tised alternately in London and Paris) to Framlingham to operate on a local worthy (Cope, 1951).

Expert as he must have been in the specialized art of lithotomy, his claim to surgical fame lies in another direction. In 1836 he was the first surgeon in England to remove an ovarian cyst with survival of the patient. For some years Jeaffreson had been interested in the challenging problem offered by the condition of "ovarian dropsy." This simple tumour was well recognized, and it was known that its progressive enlargement would lead inevitably to a lingering death. He had made a post-mortem examination on a fatal case and had decided that

* Consultant General Surgeon, Broadgreen Hospital, Liverpool.

the operation was a feasible one. He knew of the successful cases reported by John Lizars, of Edinburgh, in 1823, and by Nathan Smith, in America, in 1821. He was not aware that John Hunter had, in 1763, suggested that the operation might be done through a small incision. He did not know of the successes reported by the American McDowell in 1817.

On 8 May 1836, having found a promising case, assisted by his friend Mr. King, of Saxmundham, Jeaffreson made a small midline suprapubic incision about an inch and a half (4 cm.) in length. He withdrew 12 pints (6.8 litres) of fluid and then extracted the collapsed cyst. The pedicle was tied and the ends of the ligature were cut short. The skin was closed with two sutures; the deeper layers were not included. Recovery was complete by the fifteenth day.

He recorded the case in the *Transactions of the Provincial Medical and Surgical Association* (Jeaffreson, 1837). Just before the publication of the case his son William, then a medical student aged 18, communicated the success to the London University Medical Society, and this provoked a lively discussion (*Lancet*, 1836-7). The tumour was preserved and shown in 1895 to the members of the East Anglian Branch of the British Medical Association by another son, Dr. George Jeaffreson, then President of the Branch. A cyst is preserved in the museum of St. Bartholomew's Hospital and there is evidence that Sir James Paget was given this by Jeaffreson. This is almost certainly the cyst removed in 1836 (Fig. 2).

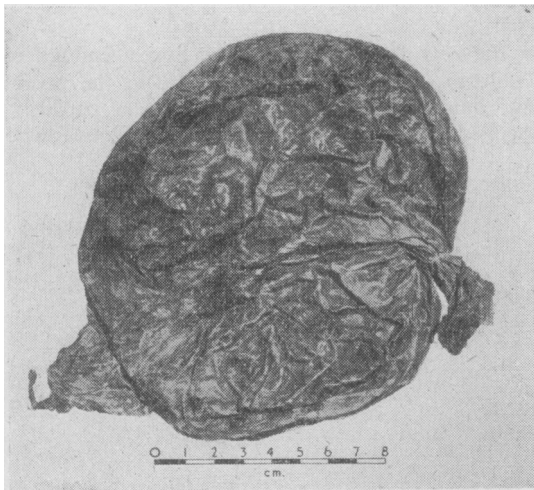


FIG. 2.—Cyst which is well authenticated as that removed by Jeaffreson in 1836. Allowing for contraction of the cyst after tapping and subsequent shrinkage in preservation, this was obviously a very large tumour (in the museum of St. Bartholomew's Hospital).

The propriety of attempting such an operation was very much questioned. Despite numerous successful operations by Charles Clay from 1842 onwards, it was to be many years before Spencer Wells, by his intensive attack on the problems of ovariectomy, made the operation acceptable in orthodox surgical circles. Jeaffreson must be given great credit for his boldness in attempting the procedure. He encouraged his colleagues, King, of Saxmundham, and Crisp, of Harleston, to attempt the operation, and soon both of these general practitioners in Suffolk had successes. These men attempted something new despite intensive criticism from the great London surgeons. The country surgeon had, of course, the great advantage that he operated in simple surroundings in the patient's home and that infection was unlikely. The metropolitan surgeon in a large hospital had little chance of success in such a bold endeavour in the septic atmosphere which prevailed. Jeaffreson's operation was the first of a handful of such successes which were achieved in the next 20 years. These recoveries kept alive a movement to establish ovariectomy as a sound practice. This movement, by its final acceptance,

was to lead to the rapid development of abdominal surgery from about 1865 onwards (Shepherd, 1965).

Jeaffreson favoured the short incision as opposed to Lizars, Clay, and others, who earned the title of "belly rippers" by advocating a long incision. Jeaffreson cut his ligature short when he dealt with the pedicle of the cyst: for many more years most surgeons who attempted ovariectomy left a long ligature protruding from the wound, as was the custom in major amputations. In later years Jeaffreson stressed that the short incision was perfectly adequate provided no adhesions were present, but he admitted that in certain circumstances extension of the incision might be necessary. He is said to have done four more successful ovariectomies, but records of these have not been found.

He continued, in a less dramatic way, to serve the small community in and around Framlingham throughout the rest of his life. He was noted for his sympathy, his charity, and his great skill. His reputation was such that the Royal College of Surgeons honoured him in 1844 by electing him a Fellow. He visited London frequently and kept throughout his life in close touch with all advances in medicine and surgery. In London he was accepted as a leader of a brilliant coterie of medical men in East Anglia.

Jeaffreson was a founder member of the Eastern Provincial Medical Association, which eventually amalgamated with the Provincial Medical and Surgical Association. This, of course, was the precursor of the British Medical Association. In June 1897, in a special number of the *British Medical Journal* celebrating Queen Victoria's diamond jubilee (*B.M.J.*, 1897), he was remembered by the publication of the portrait which is reproduced here (Fig. 1).

In his prime Jeaffreson was tall and handsome and "remarkable for the dignity of his aspect and bearing." In his fiftieth year he had a severe illness and thereafter was compelled to make his visits in a closed carriage instead of on horseback. Fortunately there was no impairment of his mental faculties until his death in his seventy-fifth year.

William Jeaffreson married Caroline Edwards, whose mother was Anna Corday, the cousin of Charlotte Corday, who murdered Marat during the French Revolution. They had 11 children, of whom three became doctors.

In the beautiful and historic church of St. Michael, in Framlingham, on the north wall of the nave there is a simple but elegant memorial tablet. It is inscribed: "In memory of William Jeaffreson, F.R.C.S., 1844. An eminent operator in surgery who died November 8th 1865 in his seventy-fifth year. And of his wife Caroline (Edwards), daughter of George and Anna (Corday) Edwards, who died in 1863." Below is an identical tablet in memory of his third son, George Edwards Jeaffreson, who died in 1911, having practised in Framlingham for 50 years. The clock in the church tower was presented by Sir Henry Thompson, the urologist, in memory of his father, who lived in Framlingham. It was William Jeaffreson who, as Henry Thompson's family doctor, interested Thompson in medicine, and probably persuaded him to become a doctor and so to take up his subsequent career of great distinction.

Mrs. Birt, of Newbury, a great-granddaughter of William Jeaffreson, has very kindly provided me with details of the Jeaffreson family. Dr. W. J. F. Hanbury, Curator of the Museum of St. Bartholomew's Hospital, has given me details and the photograph of the specimen preserved there.

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