

## Eponymous yet anonymous

‘Non-toothed forceps, please,’ requested the registrar.

‘Gillies?’ enquired the scrub nurse.

‘Whatever,’ came the reply.

In a single word, one of the founders of plastic surgery had been relegated to anonymity.

‘Have you completed your rotation through plastics?’ I enquired tentatively.

‘Last year.’

Ever hopeful, I asked whether he had ever heard of Harold Gillies. The reply was negative. ‘McIndoe?’ I ventured.

‘Great tennis player – won Wimbledon a couple of times.’

Deciding that this avenue of conversation had little prospect of success, I turned my attention to the anaesthetist, who was trying to reposition the endotracheal tube using the forceps designed by Sir Ivan Magill, the anaesthetist who worked closely with Gillies and McIndoe.

‘Do you know who gave the first public demonstration of general anaesthesia?’

A hesitant reply emerged through the ether: ‘Humphry Davy, I think.’

I imagined Henry Morton wincing in his grave, although I suspected that Horace Wells might well have managed a wry smile in his. Mulling over whether my interest in the history of medicine was a strange quirk, I resolved not to pursue the matter. The conversation changed to talk of surgical rotations, on-call rosters, and whether the Springboks would remain a world force this coming season.

Perhaps this historical indifference is an isolated aberration, I thought. The other four theatres in the complex housed a number of other specialties and, as I left my own theatre, I decided to try to allay my nagging concern. Under the watchful eye of the infection control nurse, I wandered into the adjacent orthopaedic theatre. A glint of polished steel reflected the light.

‘What benefit of orthopaedic surgery are you conferring upon the population today?’ I enquired bravely.

‘Osteotomy.’

Obviously a disciple of James Syme, who was reputed never to waste a word, a drop of ink, or a drop of blood. One glance at the saturated sterile drapes, however, revealed that the last-mentioned attribute had escaped this particular surgeon. I wondered if he could write.

‘Still using a Macewen’s osteotome, I see.’

‘Who?’ came the Syme-like response.

‘Using prophylactic antibiotics?’

‘Penicillin.’

‘Alexander Fleming would be pleased.’

For just the briefest of moments, I thought I saw a spark of recognition in the orthopaedic eyeball. ‘Is he the drug rep?’

A bead of sweat dripped into the same eyeball and extinguished the spark.

Dispirited, I left before I was tempted to enquire of the anaesthetist whether she knew of Macewen’s work on endotracheal intubation. By this time, my wanderings were being

viewed with some concern by the infection control nurse.

Prostatic chips were swarming within a Bigelow’s evacuator in the urological theatre next door as the surgeon attempted to ensure that the previous owner of the prostate should be returned to a urine flow of which a horse might be proud.

‘Clever chap, Bigelow!’ I enthused about the simple, time-honoured instrument. The bewildered expression, apparent even behind the mask, revealed all ignorance of this brilliant surgeon and teacher who had occupied a chair at Harvard for 33 years. Dare I ask about lithotomy, a procedure mentioned in the Hippocratic Oath, and a position so steeped in the history of medicine and entrenched in urological surgery? I decided not.

By now, the infection control nurse was approaching with furrowed brow. Attack seemed the best form of defence. I assured her that I was following Listerian principles and would happily carry a spray of carbolic if she could supply the equipment. Grasping the opportunity afforded by her bewilderment, I ducked into the obstetric theatre.

Opportunities abounded – Semmelweis, Trendelenburg position, caesarean section, James Young Simpson and chloroform, Sims and William Hunter. A brief yet forceful tap on my shoulder caused me to turn. The infection control nurse was not amused; she suggested in a manner defying reply that I was breaching infection control principles by my theatrical vagrancy. I left as the wedding guest accosted by the ancient mariner in the epic rhyme by Samuel Taylor Coleridge – ‘like one that hath been stunned and is of hope forlorn’. The infection control nurse – she who must be obeyed – followed until sure that I had exited the theatre complex.

Perhaps just as well. The remaining theatre was home to the general surgeons wielding Langenbeck retractors, Spencer Wells and Moyhihan forceps, McIndoe’s scissors and numerous other eponymous instruments. They were otherwise occupied within the pouch of Rutherford Morrison belonging to a patient complying with Courvoisier’s Law.

I retreated to my office and sought solace in one of the many dog-eared texts on the history of medicine.<sup>1</sup> The drought predicted by Sir William Osler had arrived: ‘It is a dry age when the great men of the past are held in light esteem.’

The above is fabrication – but, in my experience, not far removed from the truth. Of all professions, medicine must be the one possessed of the most numerous eponyms. Yet, from student to specialist alike, ignorance abounds of the great men and women of the past, and the discoveries, procedures and instruments to which they have given their names. In addition to books on the history of medicine, I am fortunate indeed to possess the sixth edition of Hamilton Bailey’s *Emergency Surgery* printed in 1953.<sup>2</sup> The magnificent use of the English language aside, the text is replete with hints, useful suggestions, and tips not based on the science, but the art, of medicine. Perhaps therein lies the root of historical indifference. We are science-driven, everything must be evidence-

based, there is no room in the modern medical arena for gut feeling and instinct; a situation recently regarded as a regime of truth and an example of microfascism.<sup>3</sup>

Guthrie, in the preface to *A History of Medicine*, laments the lack of systematic teaching of medical history in the undergraduate curriculum. The reason, he suggests, is that early medical practice is regarded as quaint and at times amusing, now obsolete and of little value to the modern profession.

Undoubtedly, Sir William Osler would be saddened that modern medicine has forgotten many of his aphorisms. We have surely overlooked the fact that '... by the historical method alone can many problems of medicine be approached profitably'.

Is it not time to move out of the Dry Ages?

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### REFERENCES

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