

Original Articles.

A BIT OF PROFESSIONAL REMINISCENCE,
ETHERWISE AND OTHERWISE.

BY BENJAMIN EDDY COTTING, M.D., A.M., A.A.S., ETC.

*Ex-President Massachusetts Medical Society; Assistant¹ at the first Public Demonstration of Sulphuric Ether for annulling Pain during a Surgical Operation at the Massachusetts General Hospital, October 16, 1846.*MY FIRST CASE AFTER GRADUATION.²

IN the autumn of 1837, having previously taken my medical and other degrees at Harvard University, and having joined the Massachusetts Medical Society — then, as now, the two essentials for one intending to become a regular physician in Massachusetts — I took an office in Boston, temporarily, that I might again hear medical lectures, walk the hospital, occasionally attend a dispensary-patient, and, having no ambition to become a city doctor, that I might more easily find, as at length I did find, what I most hoped for, permanent residence in a reasonably large suburban country-town.

A few days after I had taken my room, I unexpectedly received a request to visit a middle-aged gentlewoman — in order, as I supposed, to assist in a charitable enterprise in which I knew her to be interested. I found, however, to my surprise, that she wished professional advice. Her ailment proved to be a mammary scirrhus infecting the entire organ, and apparently ready to break out externally into a cancerous ulcer. As gently as I could, I suggested that the whole organ must be removed without delay. Such was the practice then, and may be now, though it has varied much in the interval. On rising to leave, I was asked to consider the visit as strictly professional, and to make note of it, as she would probably wish to call me again. I left gratified, but somewhat astonished.

A few weeks later, she sent for me again; in the mean time she had consulted Drs. Warren and Hayward and other eminent surgeons and older medical men, and had received, presumably, similar opinions and advice. On my arrival this time, she took me into her parlor, and having locked the door, approached me with upraised finger and said in earnest and solemn tones, "I do not ask you to say whether you can do the proposed operation as well as the eminent men I have consulted; but I do ask you to tell me plainly, *upon your honor*, whether you think you can do it *well*."

On my admitting, calmly as I could, that I did think I could do it *well*, she told me to come early the next week and perform the operation.

Now, here was a trying situation for a young practitioner with his first notable patient. Friends, especially young professional friends, and some older ones, strongly urged me not to attempt so serious a matter, suggesting that, leaving out the possible return of the disease with ultimate fatal result, there was the possibility of imperfect performance, the risk of loss of self-possession in case of unexpected emergencies, and other like chances. Dr. Hayward alone emphatically said, "Of course you'll do it — and I will be present to render any needed aid!" In truth, I had already, while a student, performed quite a number of severe surgical operations in almshouse practice, some of magnitude, severity and danger, quite equal to that

proposed; and therefore hesitated less than if it were a first trial. Besides, I intended to, and did actually, repeat dissections and perform this operation on the subject to further qualify for this occasion.

Well, the day arrived. Four physicians, Drs. M. S. Perry, Wiley, Carpenter and Wellington, came as assistants (to hold the patient); and Dr. Hayward, true to his word, was there also.

The patient — never one of more self-possession or of greater self-control — was afterwards said to have involuntarily struggled forcibly, and to have groaned vociferously, fearfully affrighting all in the house. The operator, however, proceeded, unmindful, as was his duty, of the struggles, and literally deaf to the groans, and rapidly finished the amputation. Dr. Hayward managed the sponges and tied the arteries, a half-dozen or so. The bleeding was considerable, but not excessive. The cutting portion had taken but a few seconds; rapidity was then as essential as dexterity.

The arteries were tied, and in tying the arteries one string was cut off close to the knot, and the other brought down and out at the nearest convenient place, for easy removal later, and to guide to the surface slight oozings, if any; then, the arteries tied and the wound wiped dry, the integuments were brought over the cut surface, and secured at their edges by two very small superficial stitches of thread, except at one point where the skin involved in the disease had been removed; here the wound was left to granulate. Then a layer of old-fashioned sheet-lint, suitably shaped, laid over the whole wound. Over all a soft compress to support the parts was secured from above downwards by a soft roller bandage. Such were the simple dressings — the usual ones — in those days. Household nursing, more valued then than now, accomplished the rest to perfection.

This patient "did well," as the phrase is. There was no after-hemorrhage, hardly a drop of oozing, no constitutional disturbance to speak of; the dressings were gradually removed (by daily clippings), and new supplied as needed. The ligatures all came away within four or five days, without resistance, and the wound healed by first intention, throughout, except at the small excised portion, which granulated normally and healed rapidly.

The operation was satisfactory to all parties. In less than a fortnight the patient was about the house; and before the season was over she was engaged in her usual avocations and in society as a well woman. The disease never returned.

Such was surgery in the hands of an ordinary medical man sixty years ago; for this operation was performed nine years before the discovery of anesthesia. Other cases were like unto it; for this was merely an ordinary case — only remarkable that it fell to a young beginner, so early in his career, and perhaps in that it was successful, by chance, on many of the points which have since been too unequivocally attributed to new processes in detail. Certainly Nature sometimes seems to favor the uninstructed and inexperienced, and fortunately does the healing for them.

But what of the patients? one may ask. No mortal man can ever describe the agony of the whole thing from beginning to end, culminating in the operation itself with its terrifying expressions of infernal suffering.

Our patient in the above related case writhed beyond

¹ Gallied for looker-on.² Suggested by the papers presented at the Ether Memorial, written for, and read at the request of the manager, on the second or adjourned day of the Memorial, December 9, 1896.

the restraining power of strong and experienced men, and groaned, to the horror of the terrified household; and afterwards, to the day of her death, could not think of the operation without convulsive shudders. Often did she hold up her hands, exclaiming, "Oh, that knife! that awful knife!! that horrible knife!!!" Even on her death-bed, to which she was brought years later by another and entirely different malady, she more than once raised her wasted and enfeebled hands and faintly gasped the same words.

From one case learn the whole story: they were all alike, full of dreaded horrors to patients, and not without terrors to operators.

The ether discovery is *the* discovery in medicine — nothing like it before or since, and probably never will be. But it is fast becoming a thing of the "old time," and is now already out of the half-century, asserted to be so exclusively filled with all the good things.

Of course, anesthesia is the "great thing" of the age, or of any age; its benefits, however, should deter us from needlessly underrating and smiling at the shortcomings of our forefathers, lest we be laughed at for our own unbounded pretensions by those who shall come after us, and that, too, within less than another fifty years?

Soon after the ether discovery I performed a similar operation for a patient who declined to take ether; she knew she could bear it without flinching, and did not wish to have her mind clouded or her senses benumbed. The first cut—a rather long one—was borne pretty well; but the second was too much for her. She raved and stormed, roared out heavy groans and heart-rending shrieks. The operation would have had to be abandoned had not sufficient muscular force been provided for, quietly, in advance. She was held during tetanic-like spasms, and the operation was completed while she was in a position, almost that of opisthotonus. Her outcries aroused the neighbors, who rushed in in numbers to know what the occasion might be. In due time she recovered. But she never ceased to regret her mistake. Her case was often used in advocating anesthesia, and did much to establish the administration of ether in the neighborhood.

In perfect contrast to this case, I removed for another patient a large mammary tumor, under ether, and when, a year or two later the disease began to return, she insisted upon a second operation, which subsequently she required to be repeated a third and a fourth time. She declared that she would rather wake up out of unconsciousness into the knowledge of a larger but healthier and less painful wound; but at last, when after several years, apparently gained by the operation, and there being nothing left but exposed ribs and intercostals, and these beginning to show disease, she quietly settled down into a contented resignation to her fate. Ether had certainly given her several years of comparatively comfortable life.

As we left the amphitheatre on October 16, 1846, one of the foremost of the younger men called to me (by surname without prefix) saying: "If you get anything new on this matter please let me know it at once. This is a *big thing*. Whoever gets astride of this horse *first*, may ride around the world! I'm going to try it." And he *did* try it effectively; and if he at a later date more notably completed the circuit, his royal progress was due as much to his own special achievements in surgery as to the speed of the particular nag he then mounted.

I associated much with the first experimenters of etheric anesthesia. Its first days did not pass as smoothly as now thought. There were sceptics who declared the whole thing a sham, a hazardous humbug. "They'll kill somebody yet," was the frequent prediction. The discoverer was persecuted in every direction. Having had as a patient a hysteric young woman who went into convulsions on inhaling the ether, he was summoned into a criminal court to answer to the charge of malpractice; and, had this been his first patient, no one would have dared repeat the experiment, or allowed it to have been made, and the world would have lost its greatest boon. By such a narrow chance did the discovery escape failure. Threatenings were rife, and the public was greatly agitated against the then-called reckless experiments. But some strong men were convinced and outspoken. Successful results were too numerous and overwhelming. The facts were soon widespread, and everybody resorted to the practice when needful.

The envious declared that such a discovery was too great for any one man to have the credit of. "Providence never intended such a glorious honor for any one individual," said they; and immediately set about relieving Providence from any such imputation.

Fortunately, the mills of time are slowly grinding out the truth in these matters, and the crown is gradually and securely resting on the head of the real discoverer.

RECOLLECTIONS OF SURGERY BEFORE THE USE OF ANESTHETICS.¹

BY T. M. MARKOE, M.D., NEW YORK.

WHEN the proposal to use anesthetics in operations began to be discussed in the surgical professional world, it soon became evident that there were two opinions on the safety, availability and wisdom of the measure. One party, mainly comprising the younger men, was warmly, even enthusiastically, in favor of giving the plan a trial, and the other, embracing many of our best and most eminent practitioners, felt hesitation as to its expediency, and some even opposed the proposal as dangerous and unjustifiable. The opposition contended that, in the first place, the prolonged etherization was a menace to life in itself, some cases having been reported, in which death had been directly due to the effect of the anesthetic, independent of operation or manipulation. Secondly, it was thought that, as the whole nervous system was under the paralyzing influence of the anesthetic, the circular coats of the vessels would lose their contracting power, and that, by reason of this want of contracting power, the blood-vessels would not retract and contract, as we usually observe them to do after section, and that therefore there would be much more active and less manageable hemorrhage than there would be if the nerves retained their sensibility. Thirdly, it was suggested, that, after the depressing effect of the anesthetic, and the nervous and stomach disturbances following its administration, the reparative processes would be less prompt and less perfect than they should be and that therefore primary union would be more rarely attained, and that suppuration would be a common result, even after the most trifling incision.

¹ Read before the Clinical Meeting of the Staff of the Massachusetts General Hospital, December 1, 1896.