

ROYAL OPERATIONS

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Based on a lecture given at the Medical School in Malta on the 31st July 1974.

A study of the surgical histories of Kings and Queens of the past can be recommended as a rewarding hobby for any surgeon. In the often detailed documents that have been handed down to us comes a wealth of information about medical and social customs of former times which well repay study. Perhaps by recording a few of these case histories the author will persuade others to go back into the warmth of the past and to escape for a short time from the cold reality of modern surgery.

A Queen's Rupture

Caroline of Ansbach, wife of George II of England, ascended the throne as a pretty young girl. Six children and innumerable banquets later, at the age of 55, and at the time of her fatal illness, she was no longer particularly attractive and had become grossly obese. Severe abdominal pain and vomiting commenced on Wednesday, November 9th 1736. In those days, even a Queen would not readily consult a surgeon and so she submitted herself to the apothecary's bleeding, purging and medicines, including Sir Walter Raleigh's cordial and Duffy's elixir, which were the popular cure-alls of the day. Her symptoms persisted and on the Thursday and Friday she was bled and purged again. Only then did she consent to call in a surgeon. She was examined by John Ranby, Surgeon to the King, who discovered, to his horror, an enormous strangulated umbilical hernia. Other surgeons were called to the sick bed and in consultation Ranby discussed the two possible lines of

treatment. These were either to incise boldly through the neck of the sac or to carry out the lesser procedure of lancing the fundus of the hernia in order to release any of the pent up fluid therein. Ranby favoured the latter and in this he was no doubt correct. In those pre-anaesthetic days, in the presence of obstruction in a grossly obese patient, he realised that incising the neck of the sac would release coils of distended intestine into the wound which it would be impossible to reduce. The decision was taken and the following day Ranby gingerly incised the dome of the hernia. A little blood-stained fluid escaped but, as we can well imagine, there was little relief of the symptoms. The following day, the Sunday, we were told that "the lips of the wound began to mortify" and the Queen's doctors despaired of her survival. Caroline called her husband to her bedside and was heard to tell him that when she died she expected him to marry again. George was beside himself in misery and in tears; between his sobs he was heard to say "no, I shall never marry again, I shall simply live with other women". The next few days of continuous pain were borne with great bravery by the royal patient. On the Wednesday the strangulated coils of intestine within the hernia ruptured, soaking the royal bedclothes, sheets and mattress with excrement but without any relief of her suffering. Caroline died on the Sunday, the 11th day of her illness, her last words being to her daughter, Princess Emily; they were "pray". Nowadays, one would be disappointed to lose a feeble old patient with a strangulated hernia, yet only 20 years ago the first lady in the land in the prime of her life, treated by the best that medicine in those days could offer, died

miserably of this simple abdominal emergency.

A Royal Sebaceous Cyst

In 1820 King George IV of England consulted Astley Cooper of Guy's Hospital because of an inflamed sebaceous cyst of the scalp. Cooper wisely advised against its removal while in its infected state. The following year Cooper was summoned to Brighton and the King demanded that the cyst should now be removed there and then at one o'clock in the morning. Cooper wisely said "Sire, not for the world now, your life is too important to have so serious a thing done in a corner". The King was persuaded to have the operation performed in London — during daylight! This was duly carried out at Carlton Palace and Astley Cooper was assisted by his old chief Henry Cline. George bore the operation without a murmur and indeed requested that there should be no hurry in its performance. His recovery was uneventful apart from an attack of gout. After the operation he said to his surgeons "What do you call this tumour?" To which Astley replied "a Steatoma, Sire" The King said "Then I hope it will stay at home and not bother me again". For this small but important service to the King, Cooper was made a Baronet, becoming Sir Astley Cooper. As he had no son of his own the title passed to his adopted nephew and the line of succession still continues to this day!

Sir Astley Cooper was perhaps the hardest working surgeon the world has ever seen. He would invariably rise at six o'clock in the morning even in the depths of winter, often at five or even four a.m. After dressing, he would go straight to his private dissecting room where he would carry out his own dissections or experiments for two or three hours. He would then breakfast on tea and rolls and then see a continuous stream of patients at his house until lunch time. He would then hurry in his coach to Guy's Hospital, go round his wards surrounded by his adoring students, lecture for one hour, then spend the time until evening seeing patients or carrying out private operations. After

dinner he would sleep for a few minutes then off again to lecture or visit and seldom home until midnight. One is hardly surprised that he died without issue — there is a limit to what a man can crowd into a day!

Cooper was the first surgeon to ligate the abdominal aorta. This was no piece of surgical adventure or showmanship since he had already shown by experiment that the aorta of the dog can be successfully ligated. A beautifully injected specimen still exists demonstrating the efficient collateral circulation which develops around the site of occlusion. His patient was a Charles Hutson, 38 years of age, who had a rapidly enlarging and leaking iliac aneurysm. The operation was carried out on the evening of June 24th 1817. The abdomen was opened and within a few minutes Cooper turned to his audience saying "gentlemen, I have the pleasure of informing you that the aorta is now hooked upon my finger". The patient died 40 hours after the operation; the circulation had indeed been adequate in the normal limb but on the side affected by the aneurysm the collaterals had obviously been damaged and the limb become ischaemic.

Royal Bladder Stones

We turn now to the extraordinary story of the English surgeon who operated on two European Kings for stone in the bladder.

The history of bladder stone itself is full of fascination. Cutting for the stone is, of course, mentioned in the Hippocratic Oath and again in the writings of the ancient Hindus. Up to the sixteenth century stones were removed by lithotomy through the perineal approach. The patient was held in the lithotomy position by strong assistants. The perineum was massaged with grease to render it more pliable and the surgeon would then sit facing his victim with his knife gripped between his teeth, rather like a pirate about to board a ship. Two fingers of the left hand were inserted into the rectum in order to fix the stone against the perineum. The surgeon then took the knife from his mouth with

his right hand, thrust it into the perineum, dropped the knife on to the floor, and then hooked out the stone with his finger or else with a hook. Because of the few instruments required (a knife, a hook, and four or five muscular assistants,) the operation was known as the "Aparatus Minor". In the sixteenth century the formidable operation of the "Aparatus Major" was introduced, in which the wound in the perineum was torn open with fierce retractors, often with serious complication of haemorrhage, extravasation of urine and tears into the rectum.

In the seventeenth century, an extraordinary thing happened. We all know the French nursery rhyme "Frère Jacques, Frère Jacques, dormez vous? dormez vous?" but perhaps fewer realise that Frère Jacques was, in fact, a French lithotomist. Indeed his name was Jacque Baulot and he was born in 1651 of humble parents. He served as a trooper in the French cavalry, from which he wisely deserted; he then adopted a religious habit and became an untrained itinerant lithotomist. Apparently purely by chance he hit upon the lateral perineal approach to the bladder which traversed the base of the prostate and which gave roomier and safer access. In one session at Versailles he performed no less than thirtyeight lithotomies without a single death.

Over the centuries attempts have been made to evacuate bladder stones though the urethra but it was not until 1824 that Civiale of Paris developed a satisfactory apparatus to crush the stone per urethram, the lithotrite. A young surgeon called Henry Thompson of University College Hospital London, came over to Paris, studied Civiale's methods and took a lithotrite back to London with him; he was to gain international fame by operating on a King of Belgium and on an Emperor of France.

In 1862 Leopold 1st of Belgium came to London to visit his niece, Queen Victoria. He was an old gentleman of 73 but while on his visit he developed the severe symptoms of bladder stone. He consulted dear old Sir Benjamin Brodie, the serjeant surgeon, who, interestingly enough had been present many years be-

fore when Astley Cooper removed George IV's sebaceous cyst. Brodie gave the King excellent advice; to go home and call in Civiale of Paris. Civiale made two attempts to remove the stone with his lithotrite but each attempt was not only unsuccessful but was followed by severe pain, fever and bleeding. Langenbeck of Berlin, then at the height of his professional success, was summoned and made four further attempts, but each was again unsuccessful and accompanied by violent catheter fever. Henry Thmpson, then only in his early forties, was called from London. Thompson crushed the stone and removed it without bleeding, pain or fever; he received a fee of £3,000, he was knighted by his delighted Queen and overnight achieved universal fame. In fact, no one was more surprised than Thompson at this success and it was only some years later, when the work of Pasteur and Lister had become well established, that he realised why his patient had made such smooth progress. On being summoned to Brussels, Thompson had not unnaturally ordered a new lithotrite and used it fresh from its wrappings; presumably this was the first time that a sterile instrument had been passed into the Royal bladder. It is perhaps worth reflecting on what twists of fate fame often depends.

In 1872 Sir Henry Thompson, together with Sir William Gull, leading physician of the day, was called to Chislehurst, then a little town outside London now an outer suburb of the metropolis, to see the exiled Napoleon III. He had suffered for many years from the severe symptoms of the bladder stone and indeed his illness must have played at least a part in the French defeat in the Franco-Prussian war of 1870 in which Napoleon had been Supreme Commander. The stone was crushed at two sessions under Chloroform administered by Dr. Clover, one of the pioneers of anaesthesia. The Emperor died three days after the second application of the lithotrite. Post mortem showed gross bilateral pyonephrosis and half the stone still lying within the infected bladder.

Thompson was an interesting man. He was born in relatively humble circumstances, his father being a corn merchant,

and young Henry started life serving behind the counter in his father's shop. He did not become a medical student at University College Hospital until the age of 24, but after qualifying he progressed with extraordinary rapidity and became the first specialist urologist in Great Britain. Apart from his eminence in this field (for example, he crushed more than 1,000 bladder stones with the lithotrite), he was a man of many parts. He was a distinguished painter, who exhibited in the Royal Academy, an authority on pottery, a pioneer of cremation, a notable cook, a distinguished conversationalist, and one of the first surgeons in London to visit patients by car. He was even the father of the modern fashion for medical novels, in that he wrote a book called "Charlie Kingsley's Aunt" about the escapades of a young medical student which was based very largely on his own experiences. He was well named by Sir Zachary Cope "The Eminent Victorian".

Royal patients and their management

What must it be like to be called upon to treat a Royal patient? Naturally success brings with it international fame and in Great Britain, an undisclosed sum of money paid from the Privy Purse. Failure, however, must be disastrous, although not as dreadful now-a-days as in the time of Blind King John of Bohemia, who in the Middle Ages, had his surgeons drowned in the River Danube when they failed to restore his sight.

The Royal patient will prove to be, without doubt, brave, polite and grateful. When Lord Lister drained the axillary abscess of Queen Victoria (incidentally the first time that a sterile tube drain had ever been employed) she said, as only Queen Victoria could possibly have said, on recovering from the anaesthetic, "A most unpleasant task, Lord Lister, most pleasantly performed". Her bravery and politeness were only in the tradition of her predecessors, poor Queen Caroline and King George II who bore their operations, without an anaesthetic, with extraordinary stoicism.

How should the Royal patient be treated? To this we can only turn for advice to the late Lord Dawson of Penn who well deserved his nickname "Physician of Kings" from the extraordinary number of members of European Royal families who were his patients. His very first Royal consultation was Edward VII whom he attended in his terminal illness of chronic bronchitis complicated by cor pulmonale in 1910. When Edward asked this young man how he proposed to treat him, Dawson replied, no doubt to the consternation of his more senior colleagues, "Sire, I shall treat you in the best possible manner, in the same way I treat my patients in my wards at the London Hospital". This must indeed be the answer; the Royal patient is much safer if managed by standard and routine treatment than by attempts at taking short-cuts or by sparing the indignities of some examinations and nursing procedures.

Our former and much loved senior surgeon at Westminster Hospital, Clement Price Thomas, knowingly or unknowingly followed the precepts of Lord Dawson of Penn when he was called upon to perform a pneumonectomy on George VI, in 1952. The operation was carried out just like any other operation performed by this Master surgeon. He operated with the assistance of his registrars and house surgeon, using the rather battered operation table brought over from his theatre at Westminster Hospital. Just like in any other routine operation, all went smoothly.

This operating table, now looking even older and more tired, is still in daily use at Westminster Hospital but now bears a proud inscription on its plinth, which we are always glad to show our visitors, commemorating its Royal patient.

The author of this paper does not envy the responsibility of a surgeon called upon to perform a Royal operation, nor does he deny him the honours which he so richly deserves following its successful outcome. Indeed, each time he removes a sebaceous cyst from a scalp he breathes a sigh of relief at its conclusion that the patient is just an ordinary citizen of the great City of London and not George II of England.