

Society Reports

BRITISH MEDICAL ASSOCIATION

(Victorian Branch)

SECTION OF MEDICAL HISTORY

At a meeting of the above Section held on 9 June 1958, Mr. C. Officer Brown delivered a paper on the 'History of Thoracic Surgery', illustrating his talk with lantern slides. He pointed out that although Hippocrates knew how and when to drain an empyema, little progress had occurred over the centuries, and in 1896 Paget had predicted that it was unlikely that much further advance would take place in the surgery of the chest and heart. The speaker then traced the work of Sauerbruch and others in developing first the negative pressure chamber and later the positive pressure chamber early in this century. In spite of the advances made in the treatment of war wounds during the First World War, civilian chest surgery continued to carry a high mortality for many years. In the last twenty-five years, however, chest surgery has grown hand in hand with the development of anaesthesia. Dr. R. H. Orton, now Director of the Department of Anaesthesia at the Alfred Hospital, was one of the pioneers in the development of anaesthesia for chest surgery. The improved methods of radiological diagnosis, the popularizing of bronchoscopy, and the development of blood transfusion, chemotherapy, and physiotherapy had each played a major part in increasing the safety of operations on the chest.

Mr. Brown then outlined the development of a number of individual procedures, including artificial pneumothorax, phrenicectomy, thoracoplasty, lobectomy, and pneumonectomy.

Among the people mentioned who played a part in these developments were Brauer, Friedrich, Wilms, and Sauerbruch in Germany; Morrison Davies, Tudor Edwards, J. E. H. Roberts, and Price Thomas in England; and John Alexander in the United States.

Surgery of the lungs provided the training ground for a new type of thoracic surgeon and a new type of anaesthetist, with the result that an increasing range of operations on the chest came into favour. These included operations for diaphragmatic hernia by the transthoracic route and various operations on the oesophagus. Professor E. S. J. King of Melbourne did pioneer work in oesophageal surgery but the war interrupted this work in 1939.

Mr. Brown then traced the development of cardiac surgery from the stage of extra-cardiac operations on the great vessels, blind intracardiac surgery, circulatory occlusion under hypothermia, the use of cross circulation techniques, and finally the use of pump oxygenators with the subsequent phenomenal development of open-heart surgery.

The paper concluded with mention of a number of contributions made by Australians to the development of chest surgery in this country. These contributions included work on hydatid of the lung by J. D. Thomas, S. D. Bird, Fred Bird, and Hamilton Russell in the days before adequate anaesthesia or a real knowledge of respiratory physiology existed; thoracoplasty for tuberculosis by Hugh Trumble,

Society Reports

Henry Searby, and Fred Colahan; lobectomy by Sir Henry Newland and Mr. Brown himself; the first closure of a patent ductus arteriosus in Australia by Ben Edey in Sydney in 1941; shunt operations for Fallot's tetralogy in 1947; shunt operations for coarctation of the aorta in 1948 at the Alfred Hospital; the introduction of mitral valvotomy to Australia by Frank Mills of Sydney; the introduction of hypothermia to Australia at the Royal Children's Hospital, Melbourne, by Russell Howard in 1955, and the first use in this country of the pump oxygenator to close a ventricular septal defect by Kenneth Morris at the Alfred Hospital in 1957.

The meeting of the Section held on Monday, 8 September 1958, was devoted to the exhibition by the President, Professor K. Russell, of a large series of lantern slides dealing with illuminated medical manuscripts and other matters of artistic and historical interest.

NORWEGIAN SOCIETY FOR THE HISTORY OF MEDICINE

At the meeting held on 6 November 1958, the Chairman, Professor Axel Stroem, M.D., gave a survey of the activities of the Society since its foundation in 1956. Professor Stroem was re-elected Chairman and Bernhard Getz, M.D., Anatomical Institute, University of Oslo, continues to hold the office of Secretary.

Professor Niels Danbolt read a paper dealing with three outstanding Norwegian physicians by the name of Boeck, namely the physiologist Peter Bianco Boeck (1798-1877) and the dermatologists Carl Wilhelm Boeck (1808-75) and Caesar Boeck (1845-1917). Professor Danbolt gave an interesting survey of the Boeck family and its participation in Norwegian cultural life during the nineteenth century. The Boecks contributed not only to medical science, but also took an active part in botanical studies and in politics.

Peter Bianco Boeck was the first lecturer in physiology at the University of Oslo, and he was also appointed lecturer in veterinary diseases. Wilhelm Boeck is known outside Norway for his famous contributions to the understanding of leprosy (on which he worked with Danielssen) and for his peculiar treatment of syphilis, the so-called 'syphilization'. This therapeutic method was demonstrated for British physicians during a visit to one of the London hospitals for venereal diseases and also to Sir Johnathan Hutchinson during his stay in Norway.

Caesar Boeck was professor of dermatology at the University of Oslo from 1895 to 1915, succeeding his uncle Wilhelm Boeck. He was an outstanding teacher and also made important contributions to dermatology. His name is widely known in connexion with the so-called benign multiple sarcoidosis, a disease of which he gave a detailed and classical description both with regard to the clinical and histological picture. Professor Boeck also took a great interest in art, especially in painting, and wrote noteworthy articles on this subject.

BERNHARD GETZ