

Death of a pioneer surgeon

One hundred years ago, on June 14 1905, Johann von Mikulicz-Radecki died, at the early age of 55 years, and the world lost a pioneer surgeon at the height of his achievements.

Mikulicz (his name is usually thus shortened, at least in English language publications) was born in Czernowitz, then part of Austria, now Poland, in 1850. He studied medicine at the University of Vienna, qualified in 1875, at the age of 25 years, and became assistant to Theodor Billroth, one of the founders of modern scientific surgery, who 'fathered' a school of professors of surgery, which included Wölfler, Czerny, Eiselberg and Gusenbauer, but no star brighter than Mikulicz. In 1882, Mikulicz was appointed professor at Cracow, then Königsberg in 1887, and finally to the chair of surgery at Breslau, in 1890, where he spent the rest of his career.

His contributions ranged over a wide field. He was an early pioneer of aseptic, in contrast to antiseptic, surgery, which accounted for at least part of his success. He introduced that symbol of 'modern' surgery, the face mask, in 1897, and, after a visit to Halsted's clinic in Baltimore, popularized the use of sterile surgical gloves. He showed, much to the relief of the theatre staff, that there was no need to use the much disliked carbolic spray of Lister, and also replaced the unpleasant and toxic carbolic acid with iodoform for use as an effective antiseptic agent.

Mikulicz introduced the electrically illuminated oesophagoscope, devised a drainage operation for the nasal sinuses, was interested in the surgery of joints, introduced an operation for rectal prolapse and described the syndrome to which today his name is eponymously attached, of enlargement of the lacrimal glands associated with a generalized lymphadenopathy.

However, it was as an abdominal surgeon that he is best remembered. In 1884 he made the first attempt to repair a perforated gastric ulcer. The patient died 3 hours after surgery, but Mikulicz wrote:

'In face of the powerlessness of previous treatment, every physician and surgeon must consider the question of whether in cases of stomach or intestinal perforation one ought to open the abdomen, suture the perforation, and by thorough cleansing of the peritoneal cavity try to stop the threatening or already established peritonitis.'

In fact, it was not until 1891 that Ludwig Heusner, of Wuppertal, had a successful outcome, suturing a perforated gastric ulcer in a man aged 41 years. The operation was performed in a private house, by candle light.

In 1887 Mikulicz described his operation of pyloroplasty, successfully used in a young man with pyloric stenosis. In this, a longitudinal incision was made the length of the stricture and then sewn up transversely – a procedure which is used to this

day to deal with strictures anywhere along the length of the alimentary tract. In fact, WH Heineke had already described the procedure the previous year, so the term 'Heineke–Mikulicz operation' is used.

In 1895, Frank Paul in Liverpool described his operation for obstructing cancer of the colon, then a condition with a formidable mortality. The tumour was mobilized outside the abdominal cavity, resected, and the divided ends brought out as a double-barrelled colostomy. Three years later, Mikulicz carried out a similar procedure, which we call the Paul–Mikulicz operation.

In 1905 Mikulicz developed cancer of the stomach. When he lay dying, he got his favourite, and indeed most famous protégé, Ferdinand Sauerbruch, one of the fathers of chest surgery, to prepare his obituary, which Mikulicz read, approved and signed. He died on June 14, aged 55 years. **BJHM**

Figure 1. Johann von Mikulicz-Radecki (Royal College of Surgeons of England collection).



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