

Sir Benjamin Collins Brodie: a distinguished surgeon

This year marks the 150th anniversary of the death of a distinguished surgeon, whose lifetime saw the introduction of anaesthesia into practice but who died before the advent of antiseptics.

Benjamin Brodie was born in Winterslow, near Salisbury, in 1783. He was privately educated by his father, who was the local rector, and a graduate of Worcester College, Oxford. At the age of 18 years, Benjamin was sent to London to train in medicine and found, thanks to his father's teaching, that he was better and more broadly educated than his fellow students. He attended John Abernethy's surgical lectures at St. Bartholomew's in 1801 and 1802 and dissected under James Wilson at the famous private Great Windmill Street Anatomy School which had been founded by the Hunter brothers, William and John.

In 1803, Brodie enlisted as surgical pupil to Everard Home, surgeon at St. George's (and brother-in-law of John Hunter). He was obviously a bright young man as Home appointed him his house surgeon and demonstrator in anatomy in 1805. In that year, Benjamin obtained his Membership of the Royal College of Surgeons. At the end of these appointments, Brodie became Home's private surgical assistant as well as helping William Clift with Home's researches in comparative anatomy at the Hunterian Museum at the Royal College of Surgeons.

In later years, Brodie strongly defended Home against the accusations that Home's publications in this field were plagiarised from John Hunter, who had died in 1793, many of whose papers Home had destroyed after Hunter's death. We shall probably never know the truth of this controversy. In 1808, Brodie was elected assistant surgeon at St. George's Hospital, where he served as senior surgeon until he retired in 1840 to make way for a younger man.

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In 1820, Brodie accompanied Everard Home, then the serjeant surgeon, and Astley Cooper of Guy's to Windsor Castle to see King George IV in consultation. The problem was a large infected sebaceous cyst of the scalp. Cooper was strongly against operation at this stage because of the risk of erysipelas – that dreaded complication of surgery, a spreading infection now known to be caused by the streptococcus.

The following year, Cooper was summoned to see the King at the Royal Pavilion in Brighton and ordered to remove the cyst there and then. Cooper persuaded him to have the operation in London – preferably by Home – but the

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King insisted on having Cooper. The operation was performed by Cooper at Carlton Palace (now the site of the Royal Society) with Home, Brodie and also Cooper's old chief, Henry Cline, in attendance. Apart from an attack of gout in the patient's big toe, the operation was a success and Cooper was made a baronet.

Benjamin Brodie himself became the King's personal surgeon in 1828, attended him in his final illness in 1830, and became serjeant surgeon in turn to William IV and to Queen Victoria. He was created a baronet in 1834. Brodie, as was usual in those days, was a truly 'general surgeon'. He published a major treatise *Diseases of Joints* in 1818, described the chronic abscess of bone ('Brodie's abscess'), which he treated by trephine drainage, and adopted a conservative approach to treatment of bone and joint diseases. He wrote a textbook on the urinary organs and another on nervous diseases.

He described Brodie's serocystic disease of the breast ('phyllodes tumour') and gave the first description of intermittent claudication in man – it had already been described by a French veterinarian in the

horse. Bladder stone was a common disease in those days. Brodie disliked the operation of lithotomy, which involved opening the bladder base through a perineal incision (naturally, in those days, without the benefit of anaesthesia), and soon adopted the newly developed technique of lithotripsy (now called lithotripsy). This was introduced by Jean Civiale of Paris in 1824, and was effected by passing a crushing instrument into the bladder via the urethra; the very first example of what is now called minimal access surgery. Brodie's numerous physiological studies included the demonstration that stimulation of the vagus nerve resulted in the secretion of gastric juice.

In 1844, Brodie was elected President of the Royal College of Surgeons, having served for many years as examiner and member of Council. He was an

enlightened administrator and introduced important improvements in the hitherto self-perpetuating election of council members and in the examination system. He advocated, for example, that there should be a preliminary examination in the basic sciences before the clinical tests. Brodie married a lawyer's daughter in 1816. They had four children – the eldest, also called Benjamin, inherited the title and became a distinguished chemist.

Brodie died at his country home in 1862 (his 80th year), of what was stated to be 'a shoulder tumour brought on by a riding accident'. He was buried in the local churchyard at Betchworth.

Brodie was a successful, cool and steady operator. However, he considered prevention more important than operative surgery. He was especially regarded as a brilliant diagnostician. This was helped by his retentive memory; it was seldom that some previous case he could recall did not shed light upon some difficult clinical problem when in consultation. Truly a great surgeon. **BJHM**

Conflict of interest: none.