

The first issue of the *British Journal of Surgery*

One hundred years ago, July 1913, saw the publication of the first issue of the *British Journal of Surgery*, the first, and still the most prestigious journal of general surgery in this country. Its first editorial committee, under the chairmanship of Sir (later Lord) Berkeley Moynihan, reads like a surgical 'Who's Who' of the time.

A short foreword by Sir Rickman Goodlee KCVO, the then President of the Royal College of Surgeons, states: 'Some apology is perhaps called for in these days when the surfeit of medical literature placed before the enquiring student almost destroys his appetite by its very abundance. But, if justification is needed, it

may be found in the fact that, while in all other countries, in both hemispheres where the study of surgery is most active, there are special journals devoted to the subject, in Great Britain alone the progress of surgical thought and enterprise is for the most part only recorded in publications which embrace the whole subject of Medicine and whose pages are largely occupied with general matters of local interest... It shall include the best and, as far as may be, only the best British surgical work of the day.' (How Sir Rickman would be amazed to see the number of different technical journals on the racks of his College library today.)

Next comes a splendid photograph of Lord Lister, followed by a 1-page obituary of the great man who had died the year before (Ellis, 2012). Then, with no further ado, straight into the technical surgical papers.

These were exciting days for surgery. General anaesthesia, principally with ether and chloroform, was now well established and reasonably safe. Surgeons were well trained in the details of the technique of aseptic surgery. No part of the body remained unexplored and even stab wounds of the heart had been successfully repaired.

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The great bulk of the papers in this first volume are clinical reports of series of cases together with individual records of interesting or rare clinical problems. The only article on experimental surgery is a massive 63-page treatise by Ernest Hey Groves of Bristol, entitled 'An experimental study of the operative treatment of fractures', which was carried out on cats and rabbits.

A series of articles that were to become a regular feature of the journal for many decades was entitled 'Visits to surgical clinics at home and abroad'. These fascinating accounts give a vivid picture of clinical practice in the leading centres of the day. They include Victor Horsley at the 'National Hospital for the Paralysed and

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Epileptic, Queen Square', Sir Arbuthnot Lane, plating fractures at Guy's Hospital, Dr Lambotte's fracture clinic in Antwerp and Professor Rutherford Morison at Newcastle upon Tyne. His operating list, at the Royal Victoria Infirmary, comprised first a Bassini repair of an inguinal hernia using catgut sutures, removal of a torn medial meniscus of the knee in a coal miner, suture of a transverse fracture of the patella and a posterior gastro-enterostomy for a chronic posterior gastric ulcer. This was followed by a laparotomy for suspected cholecystitis where a normal gall bladder was found – this being in the days before cholecystography. Finally, a block dissection of the neck was performed for secondary deposits from a carcinoma of the tongue. A remarkable range of procedures today, but not at all unusual in 1913.

An interesting series, which sadly was discontinued many years ago, was 'Instructive Mistakes'. Surgeons could confess, anonymously, to technical errors from which they and the surgical fraternity as a whole could benefit.

The honour of having the first clinical paper published in the new journal fell to Mr David Newman, surgeon at the Glasgow Royal Infirmary. Its title was

'Renal varix and hyperaemia as causes of symptomless haematuria'. In 1913, apart from clinical history and examination, the special investigation of the urinary tract was limited. Plain radiography of the pelvis and abdomen could reveal calculi as radio-opaque shadows in about 90% of cases. Cystoscopy, of course, was highly effective in the diagnosis of bladder pathology. Moreover, in cases of haematuria, the observation of blood escaping from one or other ureteric orifice, or collecting urine separately by bilateral ureteric catheterization, would allow localization of the bleeding source to one or other kidney.

Newman describes patients with symptomless haematuria who were found to have abnormal intrarenal vessels or small growths in the renal pelvis when the suspect kidney was surgically explored by longitudinal section

of the organ along its relatively avascular plane. How the author would have relished modern investigative techniques such as contrast-enhanced computed tomography and treatment of vascular anomalies by percutaneous transfemoral artery embolization.

I found the most interesting paper in this first volume to be that of a young English Professor of Surgery in Cairo, Owen Richards, in which he reviews his 22 splenectomies for massive examples of 'Egyptian splenomegaly', with recovery in 18 of his patients. Few imagined when the first issue of the *British Journal of Surgery* appeared in April 1913 that the Great War was just a few months away. This same Owen Richards, now an Royal Army Medical Corps surgeon in a casualty clearing station, in France, was to report in this journal the first account of a successful resection for multiple perforations of the small bowel from a gunshot wound, which he carried out on 15 March 1915. His report did much to overturn the previous, almost always lethal, advice, which was to treat such wounds conservatively. **BJHM**

Conflict of interest: none.

Ellis H (2012) Joseph Lister: father of modern surgery. *Br J Hosp Med* 73(1): 52