

Percivall Pott: surgeon remembered by his three eponyms

Everyone knows about 'Pott's fracture of the ankle'. All doctors used to be all too familiar with 'Pott's disease of the spine', but today, as tuberculosis is so much less common in the western world, younger doctors may be excused if they are not familiar with this term. 'Pott's puffy tumour', the swelling of the scalp which may develop over an extradural abscess, is nowadays extremely rare – in spite of 2 years working on a neurosurgical unit, I have never seen an example of this condition. Pott enumerated the signs by which it can be differentiated from an extradural haematoma.

This year marks the 300th anniversary of the birth of this unusually talented and interesting surgeon.

Percivall Pott was a cockney, born in Threadneedle Street in the City of London in 1714, the son of a greengrocer. At the age of 15 years, he was apprenticed to William Nourse, one of the two surgeons on the staff of St. Bartholomew's Hospital. At the age of 22 years he became a Freeman of the Company of Barber Surgeons, by the time he was 31 years, he was assistant surgeon at St. Bartholomew's and in 1749 was appointed full surgeon.

Pott was an intelligent, friendly person and, as might be imagined from his eponyms, was also a shrewd clinical observer. In his practice he advised gentleness in treatment and taught against the use of cautery, caustics and irritating applications.

In 1756, at the age of 42 years, while riding in Southwark, Pott fell from his horse and sustained a compound fracture of the tibia. Realizing the serious nature, of his injury, and knowing the danger of rough handling of the fractured limb, which would have been inevitable if he were to be bundled in and out of a car-

riage, he sent for two chairmen from Westminster, purchased the door from a neighbouring shop, then instructed the chairmen to nail this to their poles to fashion a stretcher on which to convey him over London Bridge to his home, near St. Paul's Cathedral. His surgical colleagues, called in consultation, advised immediate amputation (then fairly standard treatment for compound injuries), when his old chief, William Nourse, arrived and advised conservative management. The fracture was reduced, the wound dressed, the limb immobilized and the fracture slowly united.

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During the prolonged convalescence, with his leg immobilized, Pott began to write a series of monographs which were characterized by their literary quality and wealth of clinical observations. They included, among others, texts on hernias, head injuries, hydrocele, fractures and dislocations, and lower limb paralyses.

Numerous original observations may be found within their pages; thus he was first to describe 'chimney sweep's cancer' – carcinoma of the scrotum caused by carcinogenic agents in the soot (not, as previously thought, a hereditary condition). He can therefore be regarded as a pioneer in occupational diseases.

He wrote: 'The fate of these people seems singularly hard; in their early infancy they are most frequently treated brutally, and also starved with cold and hunger; they are thrust up narrow and sometimes hot chimneys, where they are bruised, burned and almost suffocated; when they get to puberty they become peculiarly liable to a most noisome, painful and fatal disease.'

In his 'Remarks on fractures and Dislocations' (1769), Pott gives a detailed description of fracture of the fibula 'within

two or three inches of its lower extremity', together with a clinical drawing and an excellent diagram of a dissected specimen which illustrates the associated dislocation of the ankle joint.

He writes: 'When this accident is accompanied, as it sometimes is, with a wound of the integuments ... made by the protrusion of the bone, it not infrequently ends in fatal gangrene, unless prevented by timely amputation, although I have seen it do very well without. But in its simple state, unaccompanied by any wound, it is extremely troublesome to be put to rights, still more so to keep in order, and unless

managed with care and skill, is very frequently productive both of lameness and deformity ever after.'

How Pott would have been delighted to see today's accurate reduction and screw-plate fixation of this common injury.

By the way, Pott himself sustained a fracture of the lower third of the tibial shaft (on which I wrote my Master of Surgery thesis), and not a 'Pott's fracture'.

Pott's account of paraplegia complicating tuberculous disease of the spine was published in 1779 in a monograph entitled: 'Remarks on that kind of palsy of the lower limbs which is frequently found to accompany a curvature of the spine and is supposed to be caused by it, together with its method of cure.' He gives a detailed account of the destruction of the affected vertebral bodies and intervertebral discs, (with an illustration good enough for a modern text book), as well as of the frequent accompaniment of a paravertebral or psoas abscess. He advised drainage of these collections of pus. There is a good description of the common association with spastic paralysis.

Percivall Pott served St. Bartholomew's as a surgeon for 40 years. He died in 1788. Truly a great clinical observer. **BJHM**

Conflict of interest: none.

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