ABRAHAM COLLES: A TRIBUTE*

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It was a characteristic and a graceful gesture on the part of the president to request that this session of the British Orthopaedic Association should open with a short tribute to the memory of a Dublin surgeon who in his lifetime was the unquestioned leader of his profession, and who after death has enjoyed for more than a century an eponymous immortality. That tribute, in my humble view, should most fittingly have been paid in this assembly by my old schoolfellow and colleague, Arthur Chance, who has worn the mantle of Abraham Colles for so many years as Professor of Surgery at the Royal College of Surgeons in Ireland and as surgeon to the hospital in which Colles spent a lifetime of service to the sick poor of Dublin who for more than two centuries have there been the beneficiaries of Dr Steevens’s charitable bequest.

Colles, a man of exceptional modesty, would, I think, have been surprised to know how many after his death would seek to write his biography. Off-hand, one can think of Robert McDonnell, of D’Arcy Power, of Percy Kirkpatrick—the revered and beloved doyen of our profession in Dublin to-day—and of Arthur Rocyn Jones, whom we have long since forgiven for his innocent slip in ante-dating the birth of our younger sister College in Lincoln’s Inn Fields! Where so many have set down all the facts it would be an idle task on my part to weary you with their repetition. In the short space allowed me, let me rather give you a picture of the milieu in which Colles lived and worked at the beginning of the last century.

There is a letter still extant written by William Pulteney, Earl of Bath, to a friend of John Hunter recording how, having driven down from London, and seeking a surgeon in Bath who might bleed a travelling-companion suddenly taken ill in his coach, the noble Earl was told “that there was none could do it but a man who lived three miles off, who was a good Physician, bled every Man and Calf in the neighbourhood, and was a pretty good Surgeon for he had been originally a Sow-gelder.” Such stories travel fast, and that one was used by a London playwright a few years later, who gave one of his characters, a physician, the line expressing his contempt of Hunter’s philosophical speculations: “Great in the noble art of gelding sows.”

Such was the popular estimate of the surgeon’s art in the days when, according to his first biographer, the youthful Colles was turned to his vocation of surgery by the accidental finding of an illustrated anatomy in a deserted out-house near his Kilkenny home.

You are all familiar with the assurance of Tristram Shandy that “they manage these things better in France.” Some forty years before the young Colles’s introduction to anatomy, the grant by Louis XV to his first surgeon, Georges Mareschal—the son of an Irish father and a French mother—of a royal charter establishing the École de Chirurgie at Paris (1731), had freed the surgeon from the educational and social shackles laid upon him by the Messieurs of the Faculty. Henceforth, the surgeon was no longer a lowly tradesman, but stood a free man “of the profession of surgery only.” To the Paris school later came two Irishmen—Sylvester O’Halloran and William Dease—seeking there a professional education which, under the penal laws of the period, was denied them here at home. Profiting by their continental experience, on their return to Ireland, these two men were the prime movers in securing a Royal Charter (1784) for the foundation of the Royal College of Surgeons in Ireland. The motto, or legend, beneath the College coat of arms to-day—Concilium manuque—was the motto of the barber-surgeons of Paris. Dease was Dublin’s first professor of surgery. Before obtaining his Letters Testimonial from the College in 1785, Colles had taken Dease’s

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lectures at the Surgeons’ School, in which he was destined to succeed him as Professor within the decade to follow.

The stamp of the Paris teaching was evident in both men’s written and practical work. The surgeon’s craft was no longer an empirical accomplishment to be practised by an unlettered journeyman or barber. In his school at the Jardin du Roi, Pierre Dionis had pointed the way, eagerly followed by Jean-Louis Petit in the Collège de S. Côme: a deeper knowledge of anatomy as applied to the art of surgery was to be the foundation stone of the surgeon’s training. In that path Dease and Colles followed faithfully. Their anatomy was not that of Vesalius with its wholly systemic approach; nor had it the philosophic, comparative purpose of the biologist, John Hunter. Our Dublin anatomists were men of more pragmatic mould. Practical and practising surgeons all, they taught a surgeon’s anatomy—the anatomy which to-day is called “applied.” Colles was the first in the English-speaking world to place the French method clearly before his fellow-teachers in his Treatise on Surgical Anatomy (1811). To that small book, so highly praised by D’Arcy Power, Arnold Henry’s artistic Extensile Exposure (1845) stands in the direct line of succession.

Their surgery was a mechanical art, based wholly on their knowledge of anatomy as applied to their art. The scope of their practice was limited by necessity. They treated injuries, wounds, fractures, dislocations and broken skulls; they excised superficial tumours, and applied strong nitric acid to piles. The “capital” operations—those which bore the most immediate risk of fatality—including the release of the strangulated hernia, the ligation of the larger arteries for aneurysm, and lithotomy. To the surgeon in every hospital was allotted the care of “the venerable” and, up to the time of Richard Bright’s recognition of nephritis (1827), any and every discomfort associated with the act of micturition.

I believe I may safely boast that I have read every surgical paper published in Dublin in the first half of the nineteenth century. The use of the trephine figures largely in these surgical records. Not the least interesting was the discovery of the medico-legal point that a verdict of murder from a blow on the head was not considered tenable by the Irish judiciary of the day unless the skull of the deceased could be shown to have been fractured. It was a useful point for the defence in days when shillelagh-fighting ranked with cock-fighting as a national pastime! Formal indications for trephining were usually accepted as two—namely, depressed fracture and extradural haemorrhage. In the fully conscious patient, one observer records, “it is a dread ordeal, cruel and fearful to behold.” Another recommends that the patient should be seated in a chair for the operation; then follows the purest gem of understatement I have ever read: “In general, if the patient be not unruly, two assistants will suffice.”

Ever conservative in his patients’ interest, Colles used to warn his students that they should be cautious in the use of the trephine. “The depressed fracture,” he stated, “will often recover, although epilepsy may be the consequence later.” Therein he anticipated Hughlings Jackson’s observation by more than forty years.

Yet, under necessity, he could be prompter than his fellows. Lecturing on strangulated hernia he made this assertion: “One thing is certain: the result of the French rule of operating within twenty-four hours after its occurrence is infinitely more successful than ours who wait longer. If the operation is necessary the sooner it is done, the better.”

The treatment of hydrocele in those days was an expensive procedure, doubtless reserved for private patients. Here is Colles’s recommendation: “You inject the hydrocele, after tapping, with as much port and water as will equal the quantity of serum you let out, or nearly so. This should be retained in the tunica vaginalis till the patient gets faintish, and then withdrawn. Then keep the patient in bed for ten to twelve days, and he is ultimately perfectly well, as far at least as the hydrocele is concerned.”

This treatment Colles had learned from John Collins Warren, the founder of the Massachusetts General Hospital. Among Colles’s papers I found a note from Warren which
carries so much alcoholic content that I cannot refrain from quoting it in full: "This gentleman's hydrocele was large enough to hold a quart of water, too hard to distinguish the testicle, and perfectly opaque. He had been told that injection was the proper mode of operating and he wished me to practise it, which I therefore did. The fluid of the hydrocele being discharged by trochar and cannula, near a quart of port wine and water was injected without causing pain. No pain being brought on, a pint and a half of brandy, with two drachms of the sulphate of zinc, was injected. This caused a little pain, and the injection having been thrice practised, I would not proceed with it."

The patient, one is not surprised to learn, had a little fever the next day, with a swollen scrotum, but eventually made a satisfactory recovery. Poor Gibbon, the historian, one recalls, after a "life of autumnal felicity," had a much less happy close following the aspiration of his hydrocele.

Lithotomy was then the crucial test of the surgeon's skill. Daunt and Dease were eighteenth century lithotomists of repute, their expertise acknowledged as far afield as London and Paris. Here, too, Colles showed the hand of the skilled workman, using but three instruments—a scalpel, a grooved staff and a forceps. Emphasising the need for constant practice if one was to acquire the requisite manual skill, he used to tell a tale of his old master replete with sly, but kindly, humour: "Old Mr Dease was in the habit of constantly performing the motion his hands would take in this manoeuvre; even at the dinner table, while speaking to someone, he might be often detected moving his knife and fork as if pushing the scalpel and staff on together, without thinking of what he was doing."

Sir D'Arcy Power has credited Colles with having ligated the innominate artery. On this clue I searched all available records for Sir Gordon Gordon-Taylor, but could find no record of his ever having done so. He ligated the first stage of the subclavian on two occasions, in 1811 and 1813, both patients succumbing to post-operative infection later. With characteristic honesty he recorded his experience in detail (1815) so that "every one who reads these accounts should be unbiased in drawing his own inference from the facts." His record concludes with his courageous reflection: "Although this operation has not yet proved ultimately successful, yet I think we should not despair. The history of surgery furnishes parallel instances of operations now generally adopted which, in the first few trials, failed of success." He lived to see his words come true.

Though Dease had been the founder of the School, Colles raised its reputation to the heights. He was in no sense a dashing figure. Of "about the middle size," he had what Aubrey called "a good Eie," grey in colour and given to easy twinkling with quiet humour. He was a shrewd, kindly man, deeply attached to his own fireside and utterly absorbed in his work. For over thirty years as Professor of Surgery he held the students' unbounded confidence as no other teacher in Dublin could do (Kirkpatrick 1924). Two things above all they prized in him—his truthfulness and his honesty. The man who did not hesitate to tell them: "Gentlemen, it is no use mincing the matter; I caused this patient's death" was imbued with a scientific humility rare in his or our generation.

He died the undisputed head of his profession, having twice refused a baronetcy. He had well merited such distinction, but, the simplest of men to the last, declined it.

REFERENCES


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