

Texts and Documents

CORRESPONDENCE BETWEEN SIR WILLIAM GOWERS AND SIR VICTOR HORSLEY

by

J. B. LYONS

SIR WILLIAM GOWERS'S clinical prowess is legendary and his published writings are among the classics of British neurology. Some of his letters to Sir Victor Horsley have been preserved among the latter's papers.* They illustrate the conflict between physicians and surgeons over the question, then unsettled, of the operative treatment of tic douloureux, and the difficulties that faced nineteenth-century neurologists who had no ancillary aids to differentiate intracranial tumours from vascular or inflammatory lesions or to facilitate localization. They allow us to picture Gowers's irritation when Horsley was away and could not be contacted and they contain a surprising comment about Henry Head.

Gowers and Horsley became acquainted when the latter entered University College Hospital, London, as a medical student in 1878. Their professional relationship became closer when Horsley was appointed to the staffs of University College Hospital and the National Hospital, Queen Square, in 1885 and 1886 respectively. Their collaboration in 1887 led to the first successful removal of a spinal meningioma and relief of paraplegia.

Horsley's consuming interests were neurophysiology and neurological surgery. His surgical practice dealt largely, but never exclusively, with nervous disorders. Inevitably, patients whose complaints were of a more general nature were referred to him. And now and then those who wished to have his opinion had 'medical' rather than 'surgical' ailments.

This could not have pleased the physicians and when Gowers wrote about a patient with 'gouty-rheumatic arthritis' he did not conceal his surprise that Horsley should be consulted.

50, Queen Anne St,
Cavendish Square,
London. W.

Ap 11

Dear Horsley

This letter opened was handed to me by Dr. Stroyan of Aldershot the brother of the patient who said that he had opened it, knowing it contained only the medical history & being at a loss to conceive why the patient was sent to you. It is indeed not quite clear. But I suggested to the patient who *reciprocated* with *spontaneity* & *desire* that the letter ought to reach you & that you should see him at least once—more, of course, if you see reason for action. It seems a case

*The punctuation and spelling in these letters are as in the original documents.

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of pure primary extreme gouty-rheumatic arthritis, especially in the cervical spine, with irritation of the nerves & secondary rigidity of the muscles.

The pat. is at room 72 Langham Hotel. R. Stroyan. I am to meet the brother again at 4.30 tomorrow Friday. I think it is proper & it is desired by the patient that you should see him. If the time suits you shd see him for 20" before at least to perceive things. If the time does not suit perhaps you cd. see him earlier & me afterwards or leave a note. I fear the meeting must be at 4.30.

Sincerely yrs
W. R. Gowers

You understand that the letter to you has come into my possession solely to send on to you & was received open.

An operation by Rickman Godlee at the Hospital for Epilepsy and Paralysis, Regent's Park, on 25 November 1884 attracted general attention to the feasibility of removal of brain tumours, but diagnosis lagged behind technical prowess. The differentiation of tumours from granulomata remained difficult. This was especially so with syphilis, and until the Wasserman Reaction became available brain tumours were subjected to therapeutic tests with mercury. Even Gowers's clinical acumen did not enable him to circumvent the customary ritual and when it did patients and family practitioners were reluctant to agree to operation

50 Queen Anne St,
Cavendish Square,
London. W.

Sep. 22

Dear Horsley

A case of c.t.—urgent for operation—was admitted to the Male Cont. ward—name Waby. Please if possible see him tomorrow & operate as soon as you can—if you think fit. I saw him Feb. & heard of him in May last. Then only fits l. sided beginning by a sensation at tip of tongue passing to back, apparently medial but followed by twitching (sic) l. angle of mouth & very marked deviation of *jaw* to l. I wrote then about probable operation but it seems only now consented to when complete l. hemiplegia has developed. No optic neuritis at any time. Plenty of anti-s. treatment without result. These are the essential facts. I only saw him for a few minutes today—I went to see if he had come in thus I might inform you

Sincerely yrs,
W. R. Gowers

50, Queen Anne Street,
Cavendish Square, W.
Sept. 28

Dear Horsley

What am I to say today to Waby I hear you have not operated. Please reply

Yrs
W. R. Gowers

50 Queen Anne St
Oct 6

Dear Horsley

I wonder if you have got any lessons from Wabys case. I always try to get *something* new to

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me from every carefully observed case (& indeed for Each visit to the Hospital)

I wish you wd. return me these 'wonderings' with any remarks that occur to you.

Sincerely yrs

W. R. Gowers

Both Gowers and Horsley were men of strong personality and the latter in particular did not mince words. In reply to the surgeon's telegram

TO { Gowers
50 Queen Anne Street

Surprised and pained at last two months
treatment of patient astonished at telegram
operation first Stage fixed already
for Monday letter follows Victor
Horsley

Gowers explained his predicament:

50, Queen Anne St.,
Cavendish Square,
London. W.
Sunday Sept. 29

My dear Horsley,

Your telegram was a relief to me. It was indeed only partly intelligible & I could have wished that the commencement had been less so.

What the treatment of the patient has been during the last two months I do not know. On Thursday Sept. 19th I received a letter stating that he had become much worse. I wrote urgency (sic) that he should telegraph at once regarding admission, if he were will to undergo an operation should this be thought necessary. He did so & came up on Saturday the 18th I saw him on Sunday the 19th & called at once at your house, where I learned that you were away & would return at 11 on Monday. I sent a letter to you asking you to see the case if you could, on Sunday evening. On Tuesday evening I wrote to ask if you had seen the patient. I received your reply on Wed. morning, saying you had done so, that you feared the tumour was malignant, that it might be too late, & repeating emphatically as your own Conviction, that which I had said of *the importance that not a day should be lost in such a case*. I sent an answer by hand at once giving reasons for thinking that there was a fair chance that the tumour was not malignant & that an operation was the only chance for life.

To this letter I received no reply. To enquiries at the hospital the only answer was that nothing had been heard from you or seen of you. The patient meanwhile was getting steadily worse. At last on Saturday morning, I sent a note to you begging to know your decision. The messenger brought back a written statement—your address—& 'Comes back Monday night at 11 and leaves early Tuesday morning see anyone Wednesday'

I sent at once to Mr. Ballance conceiving that he would of course be in town. He was away until Tuesday night. At the Hospital at 3 p.m. nothing had been heard from you. I am glad to learn today that a letter was received from you by the last post on Saturday regarding the operation. This patient has become febrile & delirious without apparent cause & his state is evidently such as to involve less prospect of life than last Wednesday. Still he does not otherwise seem less fit & the optic discs are still perfectly clear.

truly yrs

W. R. Gowers

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Three other letters relating to brain tumours illustrate Gowers's careful appraisal of clinical signs and his readiness to advise operation as soon as the advancing progress of disease justified it.

V. Horsley Esq.

50, Queen Anne St,
Cavendish Square,
London. W.
19th December 1894.

My dear Horsley,

I should like to know your opinion about Rigden's brother. Rigden would tell you that I frankly recognised that your desire for the omission of the bromide has been justified by its results. The chief point seems to me to be—considering the absence of evidence of destruction of part of the motor convolutions, the locality of the tenderness, and the absence of optic neuritis,—Do you think there is a small growth in the cortex close to the ascending frontal, or a growth in the membranes over it, very slightly and very slowly compressing?

Then—has the fact that the first spasm, in the last fit, occurred in the face any significance with regard to the preceding sensory aura in the hand in that and all the other attacks and the minor seizures? i.e. as to upper or lower arm region? The tenderness suggests upper, does it not?

You have never told me if to your knowledge (I do not want you to go further) the hemanopia in Mrs. Hopecraft was recognised. I should much like to know whether, if it was not, it would have made any difference to your opinion. Only answer as you can without trouble.

Sincerely yours,
W. R. Gowers.

50, Queen Anne St.,
Cavendish Square,
London. W.

Dear Horsley

I have seen yesty. a case that I fear will turn out like Rigdens. A stout girl of 17—for some months once a month about sudden weakness R hand followed by brief tingling. Four days ago evidently R convn. with slight t. biting—aura, playing piano—R hand would not go down—then sense of twitching in face, loss of c. for a few seconds then came to on floor, with face arm & leg tingling got up walked out of the room then allright save for brief general headache.

No headache no op. neuritis.

What more wd you want before operating? Of course op. n. would suffice but one can't propose it yet to friends though I have to a cousin doctor.

Yrs.
W. R. Gowers

50, Queen Anne Street,
Cavendish Square. W.

Jan 8

Dear Horsley

I am glad you are going to operate on that man, but I hope you have formed a free opinion. I feel a most definite bias but it is one of the cases in which one feels that a merely slight descent of a heavy scale has great *weight* & one fears that the weight of the scale may have too much influence since its descent is not far. Do you understand the simile? I fear it is obscure.

But it is really an example of an important type—possible syphilis & urgency to act *as soon as ever the absence* of result from treatment is *just* definite enough. I hear you think it is very

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likely a large tumour. I suppose you will do the second part, here, as soon as is proper. Can you tell me when?

Sincerely yrs
W. R. Gowers

Harris [Wilfred Harris, R.M.O., National Hospital, 1895] was right about my inconsistency. I felt from the first it might be for operation, but then seemed a brief arrest of the neuritis—only illusory. Note that the mental disturbance makes the slightness of the headache less significant—substitutional.

Paroxysmal trigeminal neuralgia was known to Galen and to Avicenna; its characteristic features are depicted on a thirteenth-century carving in Wells Cathedral; Mareschal attempted to cure it surgically, André of Paris named it *tic douloureux* in 1756 but nineteenth-century doctors remained as impotent to relieve it as their predecessors. 'To Horsley', Kinnier Wilson has written, 'must be assigned the credit of pioneer attack on the problem of inveterate neuralgia from the present-day surgical standpoint.'¹

Dissatisfied by his experience of division of the facial ramifications of the nerve and of section of the larger branches inside the skull, which he had done in 1888, Horsley decided that division of the nerve root behind the ganglion was the most logical operation. An opportunity to put his theory into practice presented itself in 1890. The operation presented no special difficulties but his patient, a sixty-five-year-old woman, weakened by years of pain, did not come round and died seven hours after leaving the theatre. Her death discouraged Horsley, and it was left to Charles H. Frazier of Philadelphia to reintroduce retro-gasserian neurotomy in 1901. Meanwhile Horsley had adopted the operation of ganglionectomy developed by Frank Hartley of New York and Fedor Krause of Hamburg.²

But the indications for surgery in cases which not infrequently improved spontaneously (or were thought to respond to electrical treatment) were not easy to define. Horsley's caution was misconstrued by Gowers.

50, Queen Anne St.,
Cavendish Square,
London. W.

Dear Horsley

Some Country journeys have prevented me seeing the case of neuralgia this week. To my surprise I found that she went out this morning. Ask Whiting & Warrington about the effect of the electricity wh was very carefully & regularly used.

W. R. Gowers

50, Queen Anne St.,
Cavendish Square,
London. W.

Nov. 29 1894

Dear Horsley

I should certainly not have asked you to see a *fourth* case of trigeminal neuralgia had not this patient been admitted *at your request*.

The suggestion of electricity in such a case as hers can only be a polite & courteous way of declining to consider the case surgically—just as we understood, in the last case I asked you

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to see, your advice that a certain drug should be pushed, of course it was, but we should have had reason to be ashamed of ourselves had it done any good. This patient may as well suffer at home as in the Hospital. But I am in a little difficulty in correcting the report of my lecture on the case, as to the proper statement regarding our experience of the potentiality of surgery. You will understand it.

Sincerely yrs,
W. R. Gowers

underlying what I say above of electricity is absolute conviction.

1. Dec. 1894

Dear Dr. Gowers

I cannot understand your letter of the 29th ult. I think you misunderstood me. Both in the former case and in the latter my suggestions were only prefatory to surgical interference. I am averse to performing operations in so called medical conditions if there is any medical procedure yet untried. At the same time I strongly advise & carry out operative treatment where all other courses have proved unsuccessful. I feel sure you misunderstood because if you will remember I told you that in a case I saw with Dr. Jackson under similar circumstances I advised 'Electricity' to be tried and the patient was cured without operation. My suggestion therefore to you of the kind was based on actual precedent and I did not mean to convey to you the idea that I was 'politely & courteously declining to consider the case surgically'. I only meant & said that if the Electricity failed on *trial* that I would with pleasure operate. I would deprecate the patient going out as the Electrical would I think have a better prospect of success if carried on in the Hospital but this of course is a matter in which I have no voice. After this Explanation I am sure you will see that I failed to make clear to you the other day the reason & plan of my proposal to try the constant current before proceeding to operate.

Yours very truly
Victor Horsley

My views on the potentiality of surgery in Mrs Cond^a are unaltered.

50 Queen Anne Street,
Cavendish Square. W.

Dear Horsley

I am sorry if I have made a mistake & your note makes me reconsider. I have had four consecutive cases admitted for an operation during the last six months. Two of them improved so much under treatment that I *think* felt it was unreasonable to expect a surgeon to operate & that you were not asked to see them. But I felt the good would not endure. Each patient was disappointed, knowing from the experience of years that the pain would return. Of one I have not heard, of one I have heard that the expectation was verified.

I have never asked for surgical consideration unless I felt sure that no other treatment would do good & that any relief would be transient.

I imagined that this would be realised, & I know that some cases are practically hopeless even from a surgeons point of view. Therefore when in the last case you were asked to see of mine you simply advised some drug Gelsemium I think to be pushed I took it as an intimation that it was not a case in which an operation wd be justified & when the treatment had been tried & was doing no good I sent the cases out.

When you suggested electricity for this case I made a mistake. I thought it well you shd be satisfied because I would no no account urge an operation. It is for the surgeon to consider. But I ought to have said 'Have you really studied the case? If you have I think you will feel that any good that can be done by any kind of ordinary treatment will vanish as soon as she goes out.' But I had a fear that this might bias you & the failure of these operations is so prominent in my mind. Then also she had been sent in by you.

I consider it is for a physician to ask a surgeon as a last resort & for a surgeon then to ask

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the physician for his opinion as to doubtful points both relating to the question of an operation being performed—i.e. merely information to help him in forming an opinion—not to determine it—& perhaps also as to what. If in this case the last comes up I have an idea but I wd rather let it come after yours is formed.

Sincerely yrs,
W. R. Gowers

25 Cavendish Square
Dec 4th 1894

Dear Dr. Gowers

I am glad to find that you now understand I had really a definite object in view in desiring to postpone operation till the effect of the electrical treatment had been observed, though I gather from your letter that you are convinced of its necessary failure beforehand. In view however of the great uncertainty of clinical work, I cannot quite go with you on this point and it is for this reason that I suggest the adoption of the treatment. I think that you have no fundamental objection to it and should it fail which I of course fully recognise that it may do I shall I need not say be extremely glad to operate.

Believe me
Very truly yours
Victor Horsley.

Dr. J. S. Risien Russell (1864–1939), Resident Medical Officer at the National Hospital, collaborated with Horsley in physiological research. A letter from Gowers to the latter appears to indicate that Horsley was soliciting support for Russell's candidature for an appointment sought also by Dr. Henry Head who had worked at the National Hospital under Dr. Thomas Buzzard.

50, Queen Anne Street.
Cavendish Square. W.

Wed.

Dear Horsley

I have an idea that Harris notes I sent you were not Browns but those of a brain case. However my note on the back refers to Brown & is what I want you to consider—the instant palsy, the absence of pain to suggest intra medullary haemorrhage—the standstill for nine mos.

Full attention was given to yr letter yesterday. It may have had some effect in making Russell sure, as he is, of the next vacancy—if he does not get this. Indeed a time at the museum, where the promise of original research is bright, & the important work of developing it, will be, I think, better for him than going straight on the staff. I have said nothing to anyone & have heard nothing from anyone except one about Head since I saw you. But the voting was a curious confirmation of my impression. Of this, indeed, I felt somewhat ashamed when I came to consider its cause. As far as I cd discern it was simply that, whenever I spoke to Head about any subject (or rather he spoke to me) I always felt that I knew *nothing* about it & was only too glad to escape. I came little into contact with him. I think I remember hearing, formerly, that those who did had an analogous feeling about practical matters. Every one recognises his great ability.

If you ask Russell I think he will say that he regards no one as a stauncher friend than I am.

Sincerely yrs
W. R. Gowers

Risien Russell was appointed Physician to the National Hospital in 1898; Head was never elected to the staff of this hospital but earned great distinction as Physician to the London Hospital.

Sir William Gowers died in 1915 at the age of seventy, having been in poor health for several years; in 1916 hyperpyrexia complicating an infection con-

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tracted while on active service in Mesopotamia prematurely ended Sir Victor Horsley's brilliant and tempestuous career.

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These letters are reproduced by kind permission of Sir Victor Horsley's daughter, Mrs. Pamela Robinson.

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DR. JOHN BAYLY'S METEOROLOGICAL RECORDS AND COMMENTS WITH NOTES ON SOME LATER RECORDS OF SANITATION IN THE CHICHESTER AREA

by

R. R. Trail and F. W. Steer

In an article 'Dr. John Bayly of Chichester' which appeared in the Chichester Papers¹ and dealt with his only known case-book, reference was made to his two manuscripts in the Royal Meteorological Society. These we have been allowed to see by courtesy of Mr. R. S. Read, the Society's assistant librarian. The first is headed 'Of the State of the Air and Epidemic Diseases in the City of Chichester and the Adjacent Country', to which the second adds: 'Also an account of the Air and Epidemic Diseases at Chelmsford, Essex', and so explains the wrong idea about their authorship that was held until 1929.²

English physicians of the seventeenth century believed that epidemic diseases were due to aerial emanations that were influenced by weather variations. Interest in weather records followed when Sydenham added to this belief Robert Boyle's Corpuscular theory and his own knowledge of the *Airs, Waters, Places* of Hippocrates to produce his concept of the epidemic constitution. In 1666 his pupil John Locke, encouraged by Robert Boyle's *History of Cold and Observations and Directions about a Barometer*, began weather studies with instruments invented by Wren and improved by Hooke, who had been making notes that led to his *Method of Making a History of the Weather*.

Much more general interest followed the publication of Boyle's *A General History of the Air* in 1692. In 1727 Dr. Wintringham correlated weather records with epidemics in his practice in York in the *Commentarium Nosologicum*. By 1726 William Hillary had begun the observations, later published under the title of *Principal Variations of the weather and the Concomitant Epidemic Diseases as they appeared at Rippon and the Circumjacent parts of Yorkshire* as an addition to the 1740 edition of his *Rational and Mechanical Essay on the Smallpox*. His *Observations on the changes of the Air and the Concomitant Epidemical Diseases in the Island of Barbadoes* followed in 1759.³ Meantime Dr. John Huxham, whom Bayly quotes several times in support of his conclusions, had published in 1731 and 1752 his two volumes entitled *Observationes de aere et morbis epidemicis*. These were followed in 1767 by Dr. Thomas Short's *A Meteorological Discourse*; he had