In Mackenzium: a criticism.

#### **Contributors**

Hopkirk, Arthur F.

### **Publication/Creation**

London: [The author], [1889?]

#### **Persistent URL**

https://wellcomecollection.org/works/b4f6s39p

#### License and attribution

This work has been identified as being free of known restrictions under copyright law, including all related and neighbouring rights and is being made available under the Creative Commons, Public Domain Mark.

You can copy, modify, distribute and perform the work, even for commercial purposes, without asking permission.



Wellcome Collection 183 Euston Road London NW1 2BE UK T +44 (0)20 7611 8722 E library@wellcomecollection.org https://wellcomecollection.org

# In Mackenzium:

# A CRITICISM.

BY

ARTHUR F. HOPKIRK, M.D. (JENA).

"Fool, fool! thou whet'st a knife to kill thyself."

RICHARD III., Act i., Scene 3.

TO BE OBTAINED SOLELY OF THE AUTHOR, AT 63, COMYN ROAD, ST. JOHN'S HILL, S.W

Price 6d.; Post Free, 7d.

Digitized by the Internet Archive in 2017 with funding from Wellcome Library

# PREFACE.

-:0:---

The raison d'être of this pamphlet is readily explained. It is simply this: to prevent the British public being imposed upon by the impudent lampoon on his German colleagues which Sir Morell Mackenzie has had the audacity to publish.

It is very evident that, like Carlyle, Sir Morell Mackenzie considers the British nation to consist chiefly of fools.

A. F. H.

63, Comyn Road, St. John's Hill, S.W. --

## IN MACKENZIUM.

It is an absolute certainty that, in the history of the civilised world, no case of individual sickness has so exercised the minds of all thinking men, irrespective of either nationality or social position, as that of the late German Emperor, Frederick III.

The reason of this keen interest is to be found in the fact that both as Kronprinz and as Deutscher Kaiser, "Unser Fritz," the mighty son of a mighty sire, was equally beloved, and that the gentleness of his nature rendered him as reverenced by his country's foes as he was respected by them for his skill in the martial art.

Two accounts of that lamentable illness which robbed not one but all nations have been published. That of the German doctors \* is calm, clear, objective and scientific, of that there can be no doubt; but what adjectives should be applied to Sir Morell Mackenzie's † must be left to readers of these lines to decide.

<sup>\* &</sup>quot;The Illness of the Emperor Frederick the Third: an Authentic Record, derived from Official sources, and founded upon the reports deposited in the Archives of the Royal House of Prussia, and made by Professor Bardeleben, Surgeon General, &c., &c., of the University of Berlin; Professor von Bergmann, Surgeon General, &c., &c., of the University of Berlin; Dr. Bramann, Royal Surgical Hospital, Berlin; Professor Gerhardt, of the University of Berlin; Professor Kussmaul, of the Strasburg University; Dr. Landgraf, Staff Surgeon, of Berlin; Dr. Moritz Schmidt, of Frankfort; Professor Schrötter, Senior Physician of the Vienna Hospital for Diseases of the Throat; Professor Tobold, of the University of Berlin; and Professor Waldeyer, of the University of Berlin, &c., &c.

† "The Fatal Illness of Frederick the Noble." By Sir Morell Mackenzie.

That the title of Sir Morell Mackenzie's book is an ill-considered one cannot be denied. No decent man questions the nobleness of the Emperor Frederick's nature, but it should be borne in mind that his subjects called him "Friedrich der Friedfertige." Hence, for a foreigner to dub him otherwise is an act of unsurpassably presumptuous vulgarity:

Licet superbus ambules pecunia, Fortuna non mutat genus.

Hor.

Just as the title of, so is the (Pecksniffian) preface to Sir Morell's work open to severe objection. In that preface he writes that in anything he may bring forward he is only defending himself against the charges which have been preferred against him, totally ignoring the fact that the pusillanimous London publishers had succumbed to his threats of libel actions, and refused to publish an English translation of the German book, thereby preventing the British public from knowing the true nature of these charges and the grounds upon which they were based. Even after the publication of his own book, Sir Morell, through Messrs. Lewis and Lewis, reiterated his threats. Nevertheless, now that Mr. P. Schlossmann, of 3, Mitre Court, has published an English edition of the German report, Mackenzie has taken no steps.

The reason of this inactivity on his part is easily explained. It is an open secret that Mr. Schlossmann is acting for the German Government, and would, if necessary, be able to produce evidence which Sir Morell Mackenzie would rather not have made public property.

There is one sentence in the preface which is particularly worthy of notice. It runs: "The first report of Professor Virchow would also be highly instructive."

Sir Morell Mackenzie is evidently unaware that that report has been public property in Germany for nearly a whole year! Passing over as unworthy of notice the puerile attempts at disparagement of his German colleagues contained in the first few pages of Sir Morell's book, we come to the all-important question of diagnosis. It is a thoroughly established and now well-known fact that, at the consultation held on the 18th May, 1887, Gerhardt, von Bergmann, Tobold, von Lauer, Wegner, and Schrader came to the unanimous conclusion that the then Crown Prince was suffering from cancer of the left vocal cord, this diagnosis being based on the six following grounds:—

- 1. The rapid re-growth of the tumour after its removal by means of the galvano-cautery.
  - 2. The hardness and unevenness of the growth.
- 3. The continued non-healing of the wound (caused by the cautery) on the inner aspect of the tumour.
  - 4. The sluggish action of the affected vocal cord.
- 5. The certainty of the non-existence of the thereulosis or other specific diseases.
- 6. The existence of a series of additional corroborative circumstances, such as the age of the patient, the position and appearance of the growth, and a number of etiological features and diagnostic observations peculiar to the case.

Sir Morell, however, states that the German diagnosis of cancer was based on "insufficient grounds," and further insists that a reliable diagnosis could only have been arrived at by removing (endolaryngeally) a portion of the tumour, and submitting it to microscopical examination! All this in face of the clinical history of the case, and the fact that a tumour to all outward appearances "benign" may nevertheless contain the dreaded "malignant" nucleus, and that, too, far beyond the reach of the forceps.

Before Mackenzie's advent in Berlin every preparation had been made for von Bergmann to perform thyrotomy (Laryngofissur), an operation which, since the introduction of antiseptic surgery, has been shown to be no more dangerous than tracheotomy, and which would have enabled the complete extirpation of the then diminutive tumour. It was, however, not to be.

On the 20th May, 1887, Sir Morell Mackenzie, who had been called in at the instigation of Dr. Wegner, and to whom no objection had been made, because, as von Bergmann remarked, "anyone capable of using the laryngoscope must see that the tumour is a cancer," made his first examination. He (Mackenzie) declared the neoplasm to be non-malignant, that he would completely remove it by means of endolaryngeal operations, and thus thoroughly restore his Imperial Highness's voice. Upon Professor Gerhardt's asking if he could positively assure this result, he replied—"Yes, certainly"; but added, after a pause, "humanly speaking."

On the 21st May, 1887, Mackenzie performed his first operation. On this subject he carefully avoids telling us from which part of the tumour he removed the particle which was submitted to Virchow for examination, but Gerhardt distinctly states that it was taken from "the mucous membrane of the upper surface of the left vocal cord near the external border of the growth."

On the 23rd May Sir Morell again operated, but this time the forceps, which he admits he uses as blindly as a fisherman casts his line, came back empty. Immediately afterwards Professor Gerhardt observed that the hitherto healthy right vocal cord had been injured, and this observation was subsequently substantiated by von Bergmann, Tobold, and Landgraf. To this serious allegation Sir Morell, who is evidently a firm believer in the efficacy of the notorious "Gladstone shuffle," replies that the forceps used by him were so constructed as to preclude the possibility of such an accident. An answer worthy of the little boy who, when charged with breaking a window, said: "The stone I threw at it wasn't large enough to do so much damage."

Professor Gerhardt, writing of the operation in question,

states: "Es dürfte dies der erste, sicher constatirte Fall sein, in dem ein Kehlkopsarzt dem Krauken aus Versehen ein Stück aus dem gesunden Stimmbande wegzureissen versuchte." "This must be the first firmly established case, in which a throat specialist, by a blunder tried to tear away a piece of a patient's healthy vocal cord." Sir Morell Mackenzie, however, in his exquisitely veracious (?) book asserts that Gerhardt accused him of endeavouring to make a mistake. Anyone who is not an abject fool must see at a glance that this assertion of Sir Morell's is a pure invention.

The result of the operation of the 23rd of May was that His Imperial Highness, who had been hoarse before, but never longer than three hours without voice, remained now for many weeks-viz., till the 8th July-voiceless, and it was proclaimed by Mackenzie and his creatures a triumph of medical art when he got back a hoarse voice! The third operation was performed by Mackenzie, in Potsdam, on June 8th, 1887, and the extirpated fragments were submitted to Professor Virchow for examination. In his report the distinguished pathologist states: "Although this portion is very much diseased, yet the healthy condition on the cut surface allows a very favourable opinion to be formed as to prognosis. Whether such an opinion would be justified in respect to the whole disease cannot be ascertained with certainty from the two portions removed." Out of this purely negative result Sir Morell tries by an artful use, or rather abuse of italics, to make capital! Has he forotten the opening of Scene ii., Act 1., of Henry IV. ?-

FALSTAFF: Sirrah, you giant, what says the doctor to my water?

PAGE: He said, sir, the water itself was a good healthy water; but
for the party that owed it, he might have more diseases than
he knew for.

During this time the German doctors "could see the cancer increasing, and a palliative powder only was applied to it," by the advice of Mackenzie. How Sir Morell Mackenzie gained his influence over the illustrious patient is unknown,

but the fact remains that the Crown Prince was at this time—June, 1887—spirited away from Germany, and that Mackenzie who had given his word to his German colleagues that he would let them know should the tumour show further signs of malignancy, notoriously failed to keep faith.

On June 28th, 1887, a further endolaryngeal operation was performed by Mackenzie. The excised fragment is thus described by Professor Virchow: "The section had been made very near the surface, so that only mucous membrane Thus only a little tissue, and that diffihad been removed. cult to handle, was afforded for the purpose of an opinion on the structure of the underlying parts." At the end of this report Virchow writes: "And the examination of its base has not afforded the least support for the idea of a new formation penetrating inwards." It must be observed that Virchow strictly confines his remarks to the nature and structure of the snippets sent to him. Sir Morell, however, in his book italicises the last twelve words of the Report, strangely forgetful that he over and over again attributes the cancerous nature of the tumour to the from-outwards-to-inwards action of Gerhardt's electro-cautery, and that in his final report he distinctly asserts that the disease "probably commenced in the deeper tissues!"

According to his own account it was not until November, 1887, that Sir Morell admitted the presence of cancer. Up till then he had at different times described the growth as a rootless wart, papilla, laryngitis, perichondritis, or as a combination of the two latter. Now, it is an established fact in surgery that the earlier the operation the greater is the chance of success in a case of malignant neoplasm, but Mackenzie prevented the simple operation of thyrotomy in May, 1887; hence he and he alone is responsible for allowing the disease so to spread, that an operation to which the illustrious patient refused to submit became necessary—i.e., if a radical cure was to be attempted at all.

The disease having been allowed to take its course, tracheotomy became necessary in February, 1888. This palliative operation was performed by Dr. Bramann with every success, in spite of Sir Morell's assertion that the incision was not made in the median line. It is, to say the least of it, strange that Messrs. Mackenzie and Hovell, who, according to their own account, were so easily able to prove the inaccuracy of Bramann's incision during the patient's life, should have (wilfully?) neglected to call Virchow's attention to this question at the post-mortem examination.

The assertion that Bramann's canula had an injurious effect on the posterior wall of the trachea was completely disproved by the fact that the autopsy showed the mucous membrane of the part assumed to be affected, intact!

On April 12th, 1888, Professor von Bergmann received the following letter from Sir Morell Mackenzie:

DEAR PROFESSOR VON BERGMANN,

We have difficulties with the canula, and I shall be glad if you will see the Emperor with me as soon as possible.

Yours truly, MORELL MACKENZIE.

The words as soon as possible were underlined; the letter was entrusted to a mounted messenger, and was followed up by two telephonic messages! Nevertheless, Sir Morell in his book calmly states that in sending for von Bergmann he was solely actuated by a feeling of professional courtesy!

According to Mackenzie the clumsy manipulations of von Bergmann on this occasion (12th April, 1888) caused the formation of an abscess in front of trachea. Unfortunately for Sir Morell, in the post-mortem protocol to which he and Mr. Hovell signed their names, it is distinctly stated that the tissues in question showed perfectly normal conditions. It must be borne in mind that the post-mortem was performed by Virchow, the greatest authority on such examinations the world has ever seen. During his lifetime this eminent pathologist has conducted many thousands of autopsies, whereas Sir

Morell Mackenzie has in all probability not seen one hundred. Not content with describing this supposititious abscess, Sir Morell gives a fantastic drawing of it on page 155 of his book, but quaintly enough leaves it out in the figure on page 157.

In spite of any and every assertion to the contrary, the late German Emperor died of pneumonia, wholly, solely, and entirely caused by the aspiration of particles of the necrotised and gangrenous cancer in his larynx.

A more typical case of carcinoma laryngis never was seen. The heading to the opening paragraph of the statistical section of Mackenzie's book runs: "Statistics sometimes illusive, but not in this instance." How far the latter assertion is justified as regards the statistics provided by Mackenzie must be left to readers of the following remarks to decide.

Table I., which treats of thyrotomy for malignant disease, may be dealt with in a very summary manner. The only case contained in it which even in the least degree resembles that of the late Emperor (or rather Crown Prince, as he was in May, 1887), is No. 17, in which a complete cure was effected by Billroth, there being no recurrence of the disease after the lapse of two years and nine months!

In Table II. the results (according to Mackenzie) of partial extirpation of the larynx are given. As this table teems with appalling inaccuracies, it must be given in full:

## MACKENZIE'S COOKED STATISTICS.

TABLE II.—PARTIAL EXTIRPATION OF THE LARYNX.

No of Case.	Operator.	Age of Patient.	Date of Operation or Report.	Disease.	Subsequent History.
1 2 3	Billroth		1878 1880 1881	Epithelioma Carcinoma	Death in 16 months, recurrence took place in 6 months.  No relapse in 14 months.  Death 5 weeks after operation.  Sepsis.

## Mackenzie's Cooked Statistics.—(Continued.)

4	Cahada	10	1000	Th. 143. 31	G133 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
5	Schede	42	1882	Epithelioma	Still living 17 months after.
6	Skliffkowski	47	1882	Carcinoma?	
	Wegner	53	1883	- "	Death on 12th day after operation.
7	Hahn	54	1883	,,	Death in 16 months after second
					operation rendered necessary by
			10000	14. VA	recurrence.
8	Billroth	60	1883	Epithelioma	Death in 5 weeks after operation.
9	Billroth	60	1884	Carcinoma	Alive 3 months after, but obliged
1					to wear canula.
10	Billroth	58	1884		Death, recurrence having taken
		00	1001	"	place in 7 weeks afterwards in-
					vading glands
11	Billroth	46	1884		vading glands.
12	Hobb			,,	+Reported cured in 6 weeks.
12	Hahn	53	1884		Death in 4 days of pneumonia or
10	Gr. 1				mediastinitis.
13	Stoerk	-	1885	Epithelioma	Alive in Nov., 1887.
14	Bergmann	46	1885	Carcinoma	Alive in 1886.
15	Billroth	-	1885	,,	Result unknown.
16	Salzer	65	1885	"	Death in 5½ weeks of pyæmia.
17	Salzer	60	1885	,,	Death in 6 weeks of pneumonia.
18	Salzer	58	1885		Degraman as in 7 weeks
19	Salzer	41	_	Epithelioma	Recurrence in 2 months.
20	Pick	_	1886	Carcinoma	Death in 10 weeks after operation.
21	Socin	56	1886		Death in 13 weeks, a second opera-
	200111	00	1000	,,	tion became necessary 3 weeks
					before death.
22	Hahn	€8	1886		Death on 11th day.
23	Hahn	52	1886	Epithelioma	Come
24	Butlin	50	1886	Epithenoma	Cure.
25	T annan D			"	Living 5 months afterwards.
26	Lennox Browne	61	1885	~ ."	Death in 13 months.
	Kraske	-	-	Carcinoma	Recurrence in 16 months.
27	Kraske	-	-	"	Recurrence in 4 months.
28	Mickulicz	-	-	"	Living a year after operation.
29	Péan	53	1887	Epithelioma	
-					hernia, Recurrence had taken
100	2000		1000		place.
30	Hahn	43	1887		Death on 15th day.
31	Simanowski	_	-	Carcinoma	Living one year afterwards.
32	Hahn	36	1887		No recurrence in 5 weeks
33	Rushton Parker	39	1887	Epithelioma	Death 4 months afterwards.
34	Multanowski	47	1882	Carcinoma	Recurrence in 3 months.
35	Hahn	42	Feb.	,, Ball	§Subsequent tracheotomy; glands
00		1	1888	13	much enlarged.
			1000		mach chiargon
			1		

<sup>\*</sup> The disease being cancer, all cases of recurrence might be entered as death.

with or without a second operation.

+ "Cured in 6 weeks" has no meaning except that the patient was not killed by the operation.

A careful consideration of the above table is instructive as to Mackenzian methods. Thus we find that three fatal cases of Billroth's-viz., No. 3, No. 8, and No. 10-reappear as No. 16, No. 17, and No. 18 of Salzer, the truth being that Salzer, who is Billroth's assistant, only reported on his chief's cases! Also

<sup>†</sup> Although this patient died fifteen days after the operation, it is not included among the deaths immediately resulting from this procedure. At the same time it is by no means uncertain that the coughing following the operation was not the real cause of the hernia becoming strangulated § Personal information from Berlin correspondent, 28th July, 1888.

case No. 5, Skliffkowski's, turns up again as Multanowoski's in No 34! Again, Schede's case (No. 4) is reported "still living after seventeen months," whereas the patient was exhibited a year and a half after the operation, at the 13th congress of German surgeons, as thoroughly cured and able to speak with a loud natural voice.

Of case No. 13, Stoerk's, Mackenzie remarks: "Alive in November, 1887," the truth being that the patient was alive and well two and a quarter years after the operation!

Case No. 14 does not belong to this table at all. It was one of total extirpation performed by Dr. Bergmann, of Riga, in 1885, and the patient was not only "alive in 1886," but even in 1888!

Only one of Hahn's two successful cases is given, and that of von Bergmann is also omitted.

Thus we find that out of four fatal cases Mackenzie makes eight, and that of five successful ones he only records one. These facts have been irrefutably established by Dr. Max Scheier in No. 43 of the "Deutsche Medicinische Wochenschrift."

As Table III. deals with the results of total extirpation of the larynx, an operation to which His Majesty refused to submit, it need not be noticed.

## CONCLUSION.

In conclusion it may be affirmed with every degree of certainty:

- I. That Sir Morell Mackenzie failed to diagnose the Emperor's case until it was too late.
- II. That his treatment was worse than useless.
- III. That the charges brought by him against Gerhardt, von Bergmann, and Bramann are unfounded.
- IV. That his statistics are so atrociously inaccurate as to be totally misleading.

### and

V. That he was, from beginning to end, as wrong as the German doctors were right.

## APPENDIX.

--:0:---

Since the publication of his book, Sir Morell Mackenzie has treated us to a pseudo-scientific disquisition on abscesses. This ultra-foolish effusion is utterly unworthy of notice, but the "tag" tacked on to it by Mr. Hovell (Sacristan de amen) calls for remark. In spite of the unimpeachable Virchow-Waldeyer statement that the trachea had been opened throughout its entire length, Mr. Hovell has the unblushing effrontery to assert that "its lowest portion was not examined." Can it be that this gentleman imagines that the trachea, like the brook or a recurring decimal, goes on for ever? Or is it that he possesses but a very vulgar fraction of anatomical knowledge?

