

James Bell / [Edward Archibald].

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Publication/Creation

[Place of publication not identified] : [publisher not identified], [1923]

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Reprint from
SURGERY, GYNECOLOGY AND OBSTETRICS
July, 1923, pages 03-06

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JAMES BELL

By EDWARD ARCHIBALD, M.D., F.A.C.S., MONTREAL, CANADA

THE death of James Bell on April 11, 1911, was no less a surprise than a shock to the large circle of his friends and admirers throughout Canada and the United States; a shock naturally, but a surprise also, in that the cause of his death was appendicitis, a malady the treatment of which he had been one of the earliest in Canada to establish on sure and safe foundations. It was one of those retrocæcal and gangrenous forms causing acute toxæmia, without clear localizing signs, which kill within a few days. His illness indeed lasted only 6 days. Of its kind it was a tragedy. He had been in perfect health, and, though no longer young (he was in his fifty-ninth year), he could still look forward to not a few years of useful work. His unusual skill as an operator was unimpaired, and his judgment, always sound and now ripened by great experience, was at its height. His reputation was no small one on this continent, and was still growing. Always quiet, unobtrusive, and essentially modest, he was nevertheless full of a clinical wisdom which made all that he wrote or said upon surgical subjects immediately attractive and arresting in the minds of the thoughtful. Few were his words but clear his vision. In diagnosis he was quick, accurate, always steady, and frequently brilliant; and this through a certain gift of intuition, meaning thereby that he seized immediately on the essential, and refused to be diverted by the unessential. On the therapeutic side, he was slow to operate but quick in operating; and, the operation once begun, his judgment in determining what to do and what not to do was extraordinarily sound. His technique, at a time when technique was not so carefully considered as in these latter days,—not considered, let us say, the be-all and end-all of surgery, was almost flawless; and his results in wound healing equalled those of the present day.

In person he was largely built, athletic, and had the fair hair, the ruddy cheeks, and the blue eyes of the North man. A noted boxer in his youth, and a rider to hounds in his middle years, he retained a large measure of his great physical endurance to the end of his life.

In character, James Bell was distinguished particularly by a straightforward honesty, without, however, anything of the simple in it, which went at once to the heart of a matter, scientific or other, and brooked no devious road. "Bell's sniff" was a thing widely known. It signified disagreement, and even a certain impatience, not often amounting to contempt (for he was on the whole inclined

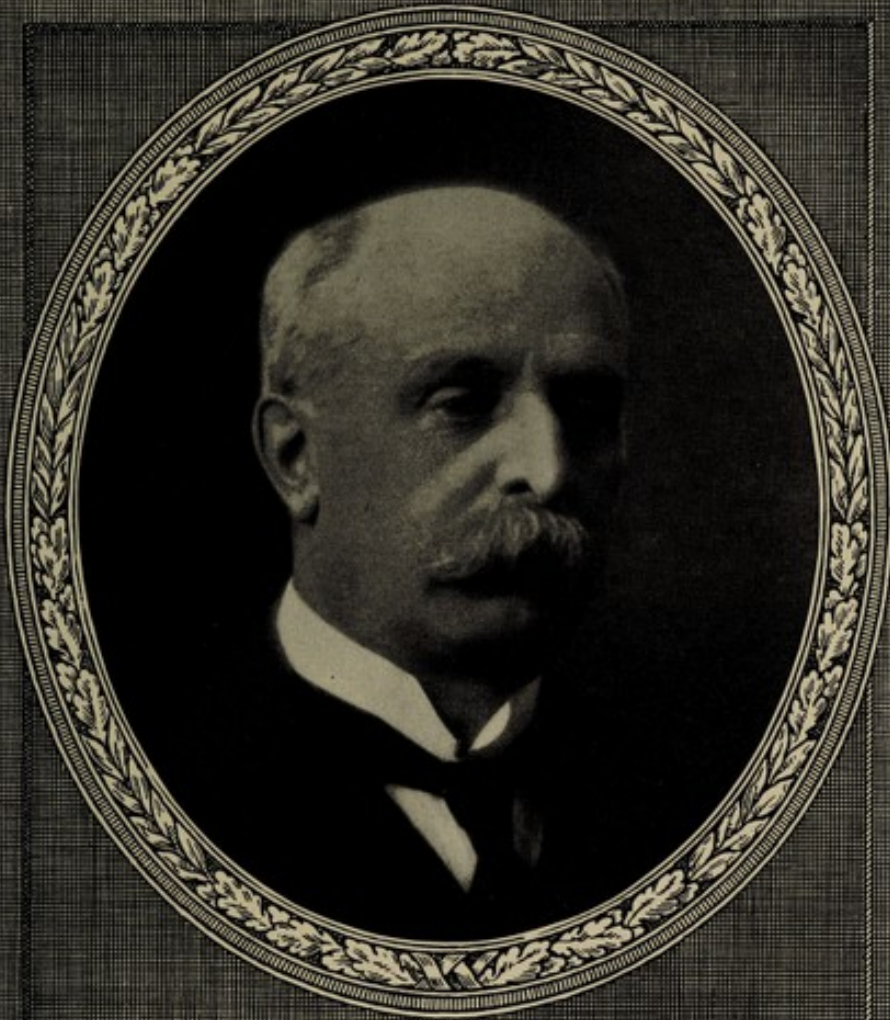
to be tolerant and generous toward the opinions of others), with a view or an action that seemed to him not quite straight or worthy. And his sniff was often followed by a remark so concise, so apposite, and so pregnant that it lodged in the hearer's memory and became a "mot,"—a thing to be quoted.

It was that same habit of straightforward and incisive outlook, which made him the excellent diagnostician that he was. His diagnoses were of prose rather than of poetry; they ran along the lines of sober probability rather than those of imaginative possibility; and the findings at operation often left the imaginative junior somewhat discomfited. That indeed was the best part of his training of the house surgeon, a training which in Bell's eyes aimed at two things: to make of the house man a good surgical pathologist and a precise observer and recorder. Beyond that it hardly proposed to go. And in that insufficiency lay perhaps the one defect in Bell's life as a surgical chief.

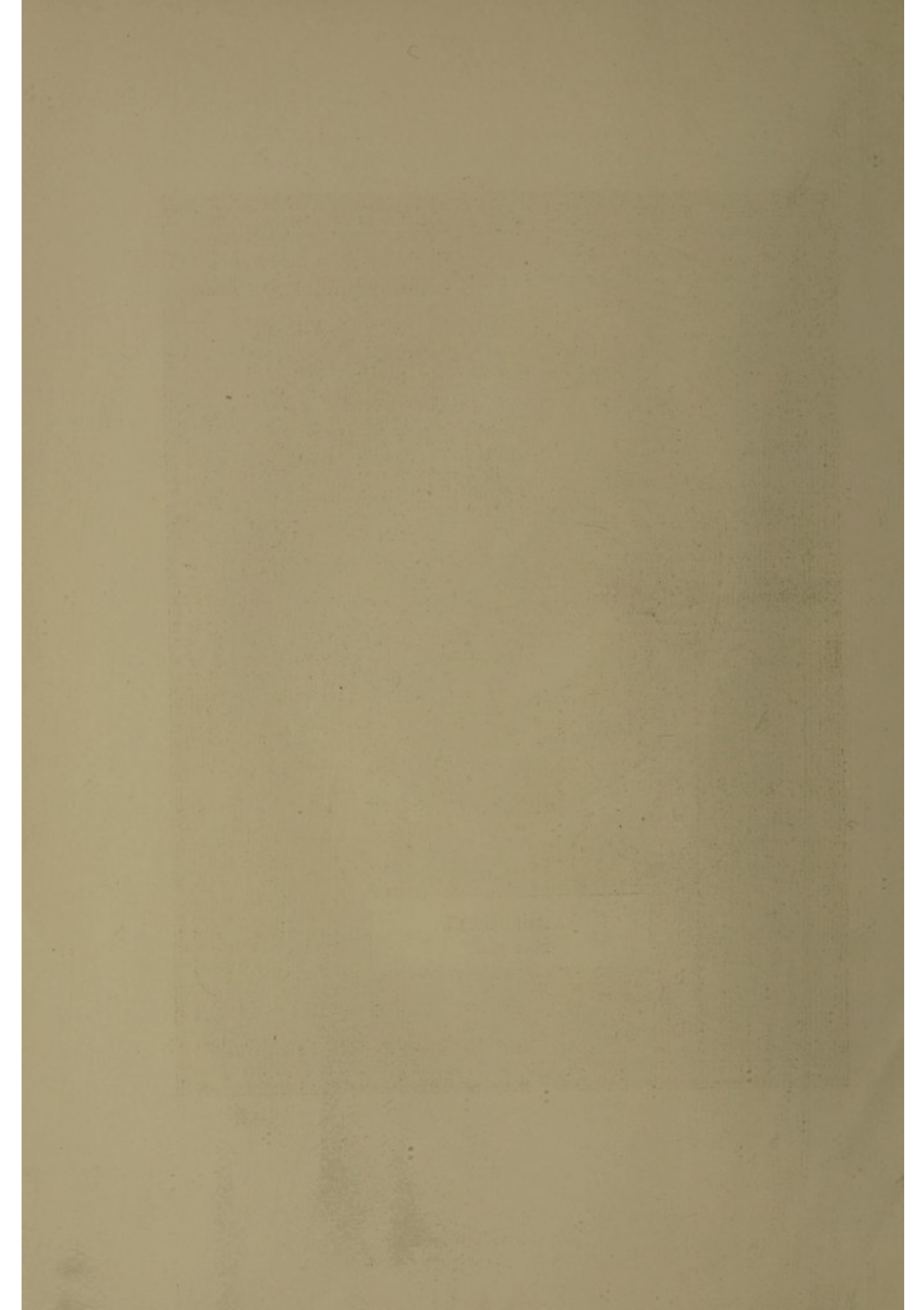
In his personal relations he was courteous to all, the friend of many, the beloved of a few. There are those whose facile popularity embraces a large part of their own world, and there are those who maintain a certain reserve toward the crowd but save a deep affection for the few. Of the latter was James Bell; and of such it may be said that their value to the world, whether as friends, as workers, as teachers, or as exemplars generally, is perhaps the greater for these qualities.

Dr. Bell was born in North Gower, Carlton County, Ontario, on October 10, 1852. Brought up on a farm, he never lost his love of the land and the things of the land; his love of horses especially remained strong throughout his life. He owned a small farm a few miles outside of Montreal, and thoroughbreds were his hobby. One can easily imagine him living another score of years, and firmly, to the very end, showing motor car salesmen to the door within a minute of their appearance.

In the year 1874 he was entered as a student in the McGill Medical School, and was graduated in 1877, winning the Holmes gold medal. He then entered the Montreal General Hospital as house surgeon, and was shortly made medical superintendent, in which capacity he served for 8 years. In 1885 Montreal was visited by a serious smallpox epidemic. At that time such cases were still treated in the hospital, and one of the first articles published by Dr. Bell was upon his experience with this disease. In this year also he accompanied General Middleton to the West, on the Riel Rebellion Expedition; did active duty in the field as surgeon major in charge of the hospital corps, and was mentioned in despatches. In 1886 he was appointed one of the attending surgeons of the Montreal General Hospital, and the next 8 years saw many articles from his pen, mostly in the form of interesting case reports upon the subjects which were then considered new, such as appendicitis, the Thiersch method of skin grafting, the suture of the fractured patella, urethral fever, kidney tumors, gastro-enterostomy, perforated



JAMES BELL
1852-1911



typhoid ulcers, the Hartley-Krause removal of the gasserian ganglion, and others. Most of these papers were published in the *Montreal Medical Journal*.

In 1888 he was made associate professor of surgery in the Medical School of McGill University.

In January, 1894, the Royal Victoria Hospital was opened. Built and endowed through the generosity of two famous Canadian citizens, Sir Donald Smith (later Lord Strathcona) and Sir George Stephen (Lord Mount Stephen), and situated on the slopes of Mount Royal commanding a most beautiful view over the city and the River St. Lawrence, it stood out, from the first, as one of the most attractive hospitals on this continent. The chiefship of the surgical department was confided to the late Sir Thomas Roddick, but within a year Sir Thomas retired and was succeeded by Dr. Bell, who at the same time was made professor of clinical surgery. These positions he held until his death.

The opportunity was a great one. Indeed, one might see no other on this continent comparable with it, save at The Johns Hopkins. It was the opportunity, as sole chief of a large surgical clinic, to found a real school of surgery.

In these latter days, when the waters of medical education are being so strongly stirred by winds of discussion, it may not be amiss to relate Bell's plan for the training of the internes of his service. That plan contemplated, briefly, a graded 4 years' course, consisting of a first year in surgical pathology and the outdoor, 2 years of case reporting in the wards, and a final year as resident surgeon. Followed out, it meant the development of a real training school for young surgeons. And this was in 1894, when nowhere else on this continent, if I am not mistaken, save under Professor Halsted at The Johns Hopkins, was there to be seen anything approaching it in ambition and bold design. The result was that his men left the hospital well trained in surgical pathology, in thorough case reporting, in diagnosis and prognosis, and with a reasonably good experience in the mechanics of surgery.

The two medical schools of The Johns Hopkins and McGill were much alike, save in the trifling matter of worldly goods. The Edinburgh tradition in teaching obtained at both places. In each there prevailed the system of clinical clerkships and dresserships, with free access to wards and patients allowed, nay, imposed upon the students,—a system which was conspicuously absent in American schools at this period, when University hospitals were almost unknown. A close bond of union lay in Osler, who had gone to The Hopkins from McGill by way of Philadelphia. Pathology was considered to be the proper groundwork for a scientific surgeon. This attitude toward the training of the young surgeon was shared by Dr. Halsted and Dr. Bell, and the two men in scientific outlook, in ambition, in methods of teaching, and in a recognition of the value of laboratory work, were much alike, although the building of the Hunterian Laboratory gave Baltimore a great advantage. The school of young surgeons which was developed

at The Johns Hopkins during the last 25 years, under Professor Halsted, as the result of a conscious and studied policy of generosity and stimulation, has been the admiration of the medical world, an admiration which is cordially shared by the McGill school.

As to Dr. Bell's literary output, one may merely say that, from 1888 to the time of his death, no year passed that did not see one or more articles from his pen; and his range was very wide. While practically all of these were clinical articles the pathological side was never neglected.

He was possessed, moreover, of an excellent style in the use of English,—a style without ornament, it is true, yet graphic, and withal concise. His articles were never long, but they contained much. "Hard writing makes easy reading," and any paper of Bell's read easily. An earnest and constant student, he was always abreast of the times, and occasionally made, on the basis of his reading, a diagnosis that astonished those who worked under him. Take as an instance the case of a young girl in the clinic, who was found to have a large movable tumor in the epigastrium. His diagnosis of hair ball in the stomach, made almost in a moment, and verified by operation, was the first instance in a series of some twenty recorded cases in which the diagnosis had been made before operation. Again, at a time in the first years of the century, when actinomycosis on its clinical side was but little known in this country, Bell published (1905) a series of 13 cases involving various parts of the body. His experience in the radical operation for laryngeal cancer was unusual, and in 1909 he read a valuable paper on this subject before the American Surgical Association, giving his results in twelve laryngectomies and three thyrotomies. Nor were his judgment and his progressiveness evidenced only in doing the newer things in surgery; they were also occasionally shown in his not doing them. Upon one occasion he jocularly remarked to the writer that he expected before long to earn the distinction of being the only man on this continent who had not done an orchidectomy for hypertrophy of the prostate. He was also the first on this side of the water, if I am not mistaken, to drain the ventricles into the subdural space in cases of internal hydrocephalus, an operation which at the time (1897) seemed to have a sound physiological basis in Leonard Hill's work. Though we have since learned that the idea is physiologically erroneous, the fact nevertheless illustrated Dr. Bell's keenness in the direction of scientific surgery.

That keenness he never lost. And if one were to estimate his value to the world, or to that part of it of which he was the center, one would be inclined to say that it lay above all in the influence which his keenness, his industry, his honesty, and his progressive conservatism exercised upon those who worked with him and under him. A man's immortality lies in what he bequeaths of his own spirit to the younger generation. In this sense the memory of James Bell achieves permanency even more than through his published work.