HISTORY OF CANADIAN SURGERY

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FRANCIS J. SHEPHERD is rightly chosen to be the first subject in the proposed series of articles on men prominent in the history of surgery in Canada. Not only did he possess qualities entitling him to this tribute but he witnessed and played an active part in the transitional period in which Lister laid the foundations of modern surgery. He was born in 1851 and died in 1929.

Shepherd was one of the last of those medical men who, to paraphrase Keats, "took in all Medicine with an easy span". He held professorial rank in anatomy, surgery, and dermatology, and in his early days taught physiology, materia medica, and midwifery. Among this catholicity of interests he was an anatomist first and a surgeon next. In dermatology his experience was wide, but his contribution to the subject is reflected in the fact that only 12 of his 212 publications are concerned with this special field. Hebra in Vienna and Sir Jonathan Hutchinson in London had impressed him strongly in his postgraduate studies, but as he said himself, he was not a "pure dermatologist".

Anatomy had attracted him early in his career. His liking for it must have been spontaneous, as his undergraduate experiences did not provide much stimulus; as a student he had never opened an abdomen or dissected a thorax. He had been advised by his friend William Osler, then on the Faculty at McGill, to prepare himself in anatomical studies during his postgraduate tour. Osler had watched Shepherd's undergraduate career and he knew ability when he saw it. It was largely at his instigation that a demonstratorship in anatomy at McGill was offered to Shepherd while he was still in London. He accepted the post and began his work in 1875 with his characteristic energy.

However, it was eight years before he was appointed to the chair, and in the meanwhile he had to make a living. He is on record as saying that if he had his way (meaning, if he could afford it) he would do nothing but anatomy; "but I fear I shall be forced into surgery, which I like well and am fairly successful at, but anatomy is my hobby. In this country anatomists are scarce and not appreciated as they should be."*

Fortunately for him and for his school the two subjects were complementary. He could not earn enough by teaching anatomy, but his knowledge of it was of incalculable value in his surgical work, although this was slow in developing, partly because he gave so much of his time to anatomy and partly because of his brusquely independent manner. Gradually, however, his hospital connection (which came in 1883) gave him his opportunity, and when practice grew it found him ready, not only


*Letter to his brother in 1884.
with a background of wide reading, but with a detailed knowledge of anatomy.

It is curious, however, to find how little operating he did in the first 12 or 15 years of his career. Even in 1885, after his promotion as attending surgeon at the Montreal General Hospital, he performed less than two operations a week, and many of these were minor, such as tonsillectomy and circumcision. Only twice did he open the abdomen. But in that year he claimed the first nephrectomy to be performed in Canada. At about the same time he excised a tongue, tying the lingual arteries and then using scissors—an advance on the generally followed method of using an écraseur without ligation. He also reported a striking case of imperforate anus in an infant of three days, in which he brought the bowel down and sutured it to the perineum.

There is nothing to show that he paid any particular attention to antisepsis in its early stages. He had witnessed Lister’s work as early as 1874 in Edinburgh, but it was his senior colleague, Thomas Roddick, who introduced the Listerian method to Montreal in 1877. Roddick had an appointment at the M.G.H., while at that time Shepherd had neither practice nor appointment. Roddick deserves every credit for his energy and acumen, but it is worth noting that it was Shepherd who, while following Roddick’s example as soon as he could, was the first of the two to give up the moist dressings and the carbolic spray used in Lister’s early technique.

Shepherd made no pretence at specializing in any one type of surgery. But he did seem to have a special interest in the thyroid—perhaps the anatomical intricacy of that region attracted him. Late in life (in 1917) he was asked to investigate a "goitre scare" in Alberta, and his explanation is of historical interest: "I told them that the disease was due to an infection".

He began publishing early in life, on both anatomical and surgical subjects. The long list contains a large proportion of unusual and dramatic cases, but there are also several surveys of surgical progress, together with chapters on the surgery of various regions.

By the time he was 50 he had reached the highest point in his surgical career. As chief surgeon at the Montreal General Hospital and Professor of Surgery at McGill he did a vast amount of surgical work. It is difficult to understand how he managed to do so much, for he not only carried on his incessant teaching, even giving summer courses for many years, but he travelled widely and was well known in the United States and in Great Britain. He never became a drudge. In 1913 he was Vice-president of the Department of Surgery in the International Medical Congress in London. In that year he received an honorary F.R.C.S. England, and in the following year an honorary F.A.C.S. He was given the degree of LL.D. at Harvard in 1906, McGill in 1915, and Queen’s University in 1919.

One cannot but believe that in spite of his earlier protestation he became deeply interested in surgery. He carried into his work the same confidence and quickness of judgment which he showed in his manner. Often his conclusions were intuitive rather than on reasoned clinical grounds, and he made good use of a retentive and well stocked memory for cases. He never could be accused of what he called "meddlesome surgery", and much of his success may be attributed to his knowing when to leave well enough alone.

In surgery therefore he filled a large place. But it is fairly safe to say that the many men who passed through McGill in his time knew him better as a teacher of anatomy than as a surgeon. This was partly because he did much less surgical teaching, and much of that was through the medium of operating before the class; also he was not a particularly impressive clinical teacher.

In the anatomy lecture theatre and dissecting room it was another matter. Few might remember what he taught them, but none could ever forget the way in which he did it. He was a pioneer in the teaching of anatomy in Canada, and he soon realized that he had the opportunity of building up a really good school. He created a tradition (of which he was probably well aware) in accordance with which no other subject in the curriculum came to be invested in the students' minds with an atmosphere of such tenseness and concentration. He would
often say in his rather offhand way that he merely wanted his students to know the important things in anatomy, and the apparent simplicity of this was apt to give the unsuspecting freshman a false sense of security. There were many striking figures among his Faculty colleagues, but no other department bore the stamp of a single man's influence so completely or for such a long time. Someone once asked Professor Cunningham (of "Cunningham's Anatomy") how it was that McGill men coming to Edinburgh always knew their anatomy, whereas the men from other places only seemed to play at it. His dry reply was: "You don't know Shepherd".

He did not have a large department, but in the course of time he attracted a goodly number of men to his staff as demonstrators. They were representative of the best in the Montreal group. He worked them hard and paid them little, and his disapproval was apt to be more unmistakable than his commendation. But they always gave him of their best. He could be and frequently was sarcastic, but he left no feeling of bitterness, and if he were dogmatic at least one was never in doubt as to what he meant. His was the kind of honesty of which one was immediately aware, not only in his direct and unhesitating speech, but in his whole manner.

With his strength of personality he became an outstanding figure in everything with which he was associated: his hospital, as chairman of the Medical Board and its chief surgeon and dermatologist; his university as Professor of Anatomy and Dean of the Medical Faculty; his medical societies, as their leader—he was president in turn of the Montreal Medico-Chirurgical Society, the Canadian Medical Association, and in late life of the Montreal Art Association.

He died on January 18, 1929, in the midst of preparing, at the request of the Canadian Medical Association, the first annual Oration in honour of his lifelong friend William Osler.

REFERENCES

The following titles have been selected from Dr. Shepherd's writings. They are fairly representative of his terse, clear style, and of the type of subject with which he dealt.
5. On the teaching of anatomy to medical students: introductory remarks on the opening of the course in anatomy at the Medical Faculty of McGill University, September 21, 1900. Montreal M.J., 29: 807, 1900.

SURGERY IN SHEPHERD'S EARLY DAYS*

"The operations before this time were not very numerous, the major operations being chiefly amputations, ligature of arteries, removal of tumours, cutting for stone, with an occasional operation for strangulated hernia; few of which recovered, as opening the abdomen in those days was usually fatal. Dr. Shepherd says that he never saw a case of amputation of the thigh recover in his student days; the patient usually died of hemorrhage or sepsis. In those days bad compound fractures of the limbs called for amputation; for if left alone the patient was sure to die of sepsis, while with amputation there was some chance for him. Operations were done with dispatch, it being not uncommon to see an amputation of the thigh completed in less than one minute. Ligatures were not cut short but left hanging out of one corner of the wound. The larger ones took about two weeks to come away, which was usually associated with hemorrhage when it became necessary to open the flaps and retie the vessel. It was thought dangerous to tie a vein."