tory cells, mainly lymphocytes. There is some edema in the fibrous tissue, and there are hemorrhages which are presumably the result of operative manipulation. There is no appreciable pigmentation and the microscopic features are completely nonspecific.

Specimen 2.—Ureter. The tissue consists of the ureteral wall showing normal-appearing transitional epithelium as a lining, and a fibro-muscular wall throughout which there is apparent edema that is perhaps secondary to operative manipulation. There are a few scattered lymphocytic cells.

Discussion

The pathological process in this patient differs widely from that described in the majority of those patients with so-called periureteritis plastica. There was no mass of indurated tissue as commonly described and the process did not extend beyond the ureter, so that there was no involvement of the vena cava, aorta, or of the opposite ureter. Raper’s fourth case seems to have had a lesion identical with that described here. In his patient the right ureter was found bound down in a “patch of scar tissue overlying the iliac artery.” Above this point the ureter was dilated and the kidney was functionless. Raper considered this to be an example of a “burned out” phase of periureteritis plastica. Maclean also reported a similar lesion. In his patient, simple ureterolysis produced a good result. A careful search of the literature has revealed no additional similar cases, although undoubtedly others have been encountered.

In the case of our patient the pathologist suggested the possibility of the lesion being secondary to an arteritis and periarteritis—certainly the underlying artery was very sclerotic, with a thickened wall containing many irregular atheromatous plaques. Raper’s patient was 69 years old so might also have had similar arterial changes. MacLean’s patient, however, was only 24 years of age so that a similar etiological factor could not have been present.

It is not likely that such a small localized area of fibrosis, as was found in our patient, could result from ascending infection from the pelvic organs as has been suggested in the more extensive lesions of periureteritis plastica. Localized primary ureteritis without any predisposing cause, such as a stone, would seem to be a remote possibility. The only clue to a possible etiological factor is the localization of the disease, in this patient, as well as in Raper’s and MacLean’s, to that part of the ureter which lies along or crosses the common iliac artery.

Acknowledgment

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Résumé

Un homme de 60 ans se plaignait de douleurs abdominales à droite, évoquant vaguement la colique néphrétique. Son passé médical n’offrait rien à signaler. La seule constatation positive obtenue au cours des nombreux examens demandés fut un léger degré d’hémodysplasie à droite. Une ombre radiologique fut notée au rebord droit du sacrum. Six semaines plus tard l’hémodysplasie était beaucoup plus prononcée et on observait un pincement de l’uretère sur une longueur de 4 cm. Le diagnostic de périureterite plastique fut posé et à l’opération on découvrit une gaine dense et mince qui ressemblait l’arbre primitif droit sur une longueur de 6 cm, et intéressant également l’uretère à son point de contact avec l’artère, causant une retrécissement soudain. L’uretère fut dégagé mais une fois libre ne montrait aucun péristaltisme ou tendance à répandre son calibre normal. Un tube en T fut inséré dans la portion lésée par une incision longitudinale. Lorsqu’on l’éleva un mois plus tard l’hémodysplasie s’était progressivement améliorée. La nature histopathologique de la lésion est décrite dans le texte.

As the editorial doors of the Canadian Journal of Surgery swing open, the readers of the new journal are asked to look back at the lives of famous surgeons in Canadian history. The lures of our surgical household are being dusted off and set up on their rightful pedestals.

In the first issue, the figure of Francis Shepherd was restored by the skilful pen of H. E. MacDermot.

Can genius be passed down to us like John Buchan’s magic ring! from one generation to another? What are the common elements of greatness in great surgeons?

Shepherd lived in the early days of inevitable expansion that followed the discovery of asepsis and anesthesia. Edward Archibald was born 21 years after Shepherd and 23 years after William Osler. He knew the culture and tradition that these men helped to create in the McGill Faculty. Indeed, being separated from them by only one generation, he was to some extent, the product of their breeding. But Archibald recognized that the time had come when further problems of surgery must be solved by basic scientific research. Thus it was that he introduced a new era in Canadian surgery.

W. E. Gallell has given us a description of the young Archibald when he saw him first. It was at a meeting of the newly formed Canadian Society of Clinical Surgery. “By his questions,” Dr. Gallell wrote, “his comments and skilful directions of discussion, (he) changed the character of surgical education in this country from the purely clinical to the scientific.

EDWARD ARCHIBALD

1872 - 1945

WILDER PENFIELD, O.M., M.D.* Montreal

The impression he left on me that day has remained with me ever since, that true advancement in surgery must come from research, and that familiarity with basic sciences is fundamental… My personal gratitude to him for the vision he disclosed to me is beyond words.

Edward Archibald was born in Montreal, August 5, 1872, and died there in 1945.* His family was of Scots-Irish descent. They had migrated in stages during the previous century. Beginning in Stirling,

Scotland, they settled in the north of Ireland, then in New Hampshire, in Nova Scotia, and finally, Montreal.

Jonathan Meakins, Archibald's close friend and colleague in medicine, said of this odyssey: "One cannot help but surmise that these wanderings of successive generations were due to some restless trait, or resentment of things as they were, or perhaps a seeking for something which seemed just over the hill or across the water."

"Archibald inherited," Meakins continued, "...an intellectual curiosity—seeking, seeking, seeking after the truth... an everchanging will-o'-the-wisp."

His father was John Spratt Archibald, a Montreal judge, and his mother, Ellen Hutchinson. They educated their children with rare wisdom. All three sons took part of their schooling in Grenoble, France, where they became completely and successfully bilingual. Each of them had a distinguished career. The eldest son, Sam, became Professor of Law at Cairo and later a highly successful practitioner of law in Paris. The other brother, John, was a Fellow of All Souls College, Oxford, and later a barrister and solicitor in London.

Edward completed his courses in the Montreal High School. He then graduated in 1892 from McGill University, Bachelor of Arts, winning a gold medal in modern languages. He graduated in medicine in 1896. Without falling behind his classmates, he took the third year of his medical training abroad, spending the first semester at the University of Montpellier, France, and the second semester at the University of Freiburg, Germany.

For three years he served as resident in the Royal Victoria Hospital, Montreal. After that, he went to Europe for a year of graduate work, studying pathology under Aschoff and general surgery under von Mikulicz. On his return he was appointed to the surgical staff of the Royal Victoria Hospital, taking charge of the Dispensary and of surgical pathology.

But in the autumn of 1901 he was struck down by pulmonary tuberculosis. He took the cure at Lake Saranac, a whole year of solitude in the sanitarium there. Thus he learned to know that dread disease from personal experience and from his contacts with Dr. Trudeau and Dr. Brown, little suspecting that he was himself to be the first surgeon in the Americas to treat the disease by surgical thoracoplasty in 1912. But the year of solitude served him well in other ways. It deepened his character and gave him time to read and to reflect. Enforced inactivity inevitably mellows the mind and sharpens the perceptions of a man of culture. Even time in jail has not been lost for men of such varied character as Jawaharlal Nehru, Mahatma Gandhi, John Bunyan and many another.

In 1904, at the age of 32, Dr. Archibald had the great good fortune to marry Agnes Barron, a woman well qualified to be a good wife even to that most difficult of creatures, the successful surgeon. She was a musician and had intellectual interests of her own. But, most important of all—she understood the kindly, exasperating, absent-minded genius she had married. She appreciated his greatness, forgave his foibles and created a happy home for him on Westmount Boulevard. She bore him four daughters who, in time, made their own contributions to the happiness of the family circle. How often does the success of a professional man, and his failure too, turn on the fortunes of wedlock?

Edward Archibald worked hard. He seemed, at times perhaps, to be a slave to clinic and laboratory and library, but he succeeded in his ambitions, overcoming many misfortunes. There is nothing so very unusual in all this. Other men have done as much, coming at last to local success and to much greater wealth. But Archibald was different from other men in ways that are hard to describe. He was unique on several counts, as a scientist, a scholar, an educator, a gentleman of indefinable charm. He was a handsome man with strong features and charming smile. He had courtly manners and a bubbling, chuckling humour that in no way lessened his dignity. He enjoyed the company of men and was much admired by women.

As the years passed, he grew to be bald, and deafness came to him as it had to other members of his family. Although he was an eloquent public speaker in English and French, he usually talked softly in private conversation, almost in a whisper. Thus he drew people close to him where he could hear them as well as they heard him. At last he seemed to go about whispering as though spies were following him.

He delighted in prolonged discussions at the Mount Royal Club in Montreal or the Century Club in New York. But most of his discussions, and much of his profound thinking, were carried out in hospital corridor or on the street, where he might stand, oblivious of the flight of time, talking to some companion. He seemed to be always oblivious of the fact that he should have been hurrying to an appointment. That was one of his foibles. But he was sincerely sorry for it and politely apologetic, when he found he had kept someone waiting. I think he never quite believed in the passage of time, expecting it to stand still for him. Life was so full of exciting things to think about!

Dr. William Howell, Anesthetist-in-Chief at the Royal Victoria Hospital, and medical historian in his spare time, probably waited more hours for Archibald than anyone, second of course to Mrs. Archibald. Nevertheless, with the exception of her, no one loved him more than Howell did.

Here is part of a jingle Howell wrote, when Archibald had just received an honorary doctorate from the University of Paris:

"You never published balderdash, You never sold your soul for cash. You never bragged or bluffed or lied, You never were puffed up with pride. When I consider your career, It seems to me it's rather queer Without those aids I don't see how You ever got where you are now. You've only brains and industry, Good breeding, kindness, modesty. The faculty of making friends With ne'er a thought to serve your ends; Sound judgment, sympathy and skill To comfort and to heal the ill."

O Edward, you would be sublime, If only you could be on time."
These two men were not unlike in native ability. Had conditions been different, they might well have developed the new field shoulder to shoulder. But Cushing was working at the Johns Hopkins University in America's first well organized surgical department. Professor William Halsted could, and did, delegate the development of this new field to his resident, Harvey Cushing. In Montreal, Archibald, with "thirty years of academic sterility behind him" (Melskis), set out singlehanded to develop the whole of surgery. In that same year (1908) he published a study of the surgical treatment of cancer of the rectum and another on tumour of the kidney. Twenty years were to pass before he could himself create the conditions for neurological specialization.

After the monograph on affections of the head, Archibald was to write three other authoritative monographs: one on the diseases and injuries of the pancreas, in 1913, in Stedman's Handbook of Medical Sciences; the second in 1927, on surgery in tuberculosis for Nelson's System of Surgery; and the third on surgical treatment of pulmonary tuberculosis, in 1936, in the Oxford System of Surgery. This indicates the changing focus of his primary preoccupation.

He carried out research into the nature of interstitial pancreatitis, which he called "edema of the pancreas" and showed experimentally that acute pancreatic necrosis is due chiefly to the presence of bile in the pancreas.

Between 1913 and 1936 he published 29 articles on tuberculosis. From 1909 to 1920 (with two years out for military service, as Major in the Canadian Expeditionary Force in France), his particular interest lay in surgical treatment of intestinal tuberculosis. After that he turned to studies of the control of respiration and the surgery of the thorax. In this new field he was a true pioneer and he has, with good reason, been called the father of thoracic surgery in America.

In 1923, McGill University named Archibald Professor of Surgery and Chairman of the University’s Surgical Department. But, unfortunately, the man who was President of the Board of Governors of the Royal Victoria Hospital was not willing to see

ened pace, upon a new high road! And we, going upon our own occasions, wish them God speed."

It is comparatively easy to describe a physician’s work and to catalogue the honours that come to him because of his scientific contributions. Archibald was made an Honorary Fellow of the Royal College of Surgeons of England and the Royal Australasian College, the American College, the Association of Surgeons in Great Britain and Ireland. He was made a corresponding member of the Surgical Societies of Rome and Paris. He was given honorary doctorates by the Universities of Paris and McGill and elected to many learned societies.

One honour, that would have pleased him more than any other, came after his death. This was the creation of the Archibald Memorial Research Fund at McGill University, organized by Gavin Miller, who had been made Professor of Surgery, and contributed to by his friends, among whom was J. W. McConnell. This has been used by Professor Miller and by Professor Donald Webster to help young surgeons. It will be used for this purpose always.

The difficult task is to describe the man and his mind and his spirit. Archibald was different from other physicians, as I have said. What made him so? This is the question I would like to answer for those who did not know him, especially for those young surgeons who are now going upon their "own occasions".

So many surgeons lack the finer perceptions that might have come to them from a broad early education. They read little, express themselves poorly—have little to talk about in general company. Most of us feel, all too often, the lack of something that Archibald had in rich measure.

He brought to his professional work the breadth of vision that comes from education in many languages, a delicate perception from many cultures. He continued his vivid interest in life outside the operating room. I suspect that he sometimes longed for the leisure to follow these other interests, the leisure he had never known since that year of solitude at Saranac Lake.

In 1940 Archibald wrote to his friend, Dr. William Francis, curator of the Osler Library, praising the contribution that Francis had made to the 70th birthday celebration of Harvey Cushing. Then he continued, saying to his friend, Francis, the sort of things he was apt to say in a friendly conversation:

"... Yours has been an ideal life, fulfilling a worthy ideal with quiet tenacious enthusiasm, breathing a clean air untainted by the dust of the arena. Our own Archibald crests the Parnassus sine pulvere. But you deserve that general truth, or you prove the rule of the exception, by gaining the palm without raising a dust. I often envy you... (Your contribution) is worthy of your own 'Chief' (Osler).

It is really Oslerian. I find the vivid happy phrases, le mot juste, the little merry quip, the light touch of scholarship, the deeper love of the older, the finer literature—and all suffused with a warm glowing glow of friendship, so obviously sincere... all those things—and more—that characterized that great man. You inherited his spirit, nobody could fill his shoes. But the spirit is that which maketh alive."

Then he referred to another friend, "Billy Howell", confirmed to be with recurring anginal pain. "... I cabled him. Quel sacré coeur que ce diable qui s'appelle Tangee! Non Angeli, sed Angina. But the old priestly pan is sadly inappropriate. Yours ever, 'Eddie'." (Archibald).

In reply to this letter, Francis began:

"The carpenter said nothing but the 'butter's spread too thick.'"

Archibald had many friends whose minds met his like flint to steel. For six years his life after the world war broke out in 1914. Jack McCrae lived as a bachelor in a top floor flat of the Archibald home; Jack McCrae who was to write the poem "In Flanders Fields", and then to die and stay behind, to sleep where 'poppies grow'. They must have been, in some ways, kindred spirits.

It is not for us to enquire into Dr. Archibald's religious faith. But on one oc-

*Pope Gregory, seeing blond Anglo-Saxon slaves in the market of Rome, exclaimed, "Non Angeli sed angeli" and sent Augustine to proselytize the natives of England.
“In my later years, I read the Book again, and see more clearly the greatness of the plan and see also the creature using mind as well as heart, himself working out, though so gradually, the plan of the Creator.”

Edward Archibald was a man forever seeking the truth in his personal life, as in his professional problems. With unassuming zeal, he pressed toward this goal, blind to the will-o’-the-wisps that beckoned to other men who crowded past him in their punctual round of daily living.

“To gather knowledge,” he said, “and to find out new knowledge, is the noblest occupation of the physician. To apply that knowledge with understanding, and with the sympathy born of understanding, to the relief of human suffering is his loveliest occupation; and to do both with unassuming faithfulness sets the seal on the whole.”

I am grateful to many for guidance in the collection of material: Dr. Archibald’s daughter, Margaret, his friend, William Francis, Curator of the Osler Library at McGill University, Donald Webster, Professor of Surgery at McGill, and others.

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