

THE JOSEPH B. MATHEWS ORATION

The Life and Contributions of John Arderne*

WILLIAM C. BERNSTEIN, M.D.

*Clinical Professor and Director, Division of Proctology, University of Minnesota,
Minneapolis, Minnesota*

THERE IS AN OLD MAXIM which says that if one looks back too much, he will soon be traveling that way. Those of us who are interested in the history of medicine maintain an opposite view, that the more one explores the writings of past generations of physicians, the more he is able to comprehend that which is known and the reasons for the progress which has been and is being made today.

The Joseph B. Mathews oration honors the memory of a man revered by the members of the American Proctologic Society. He it was, who, in 1877, decided to learn all he could about rectal diseases and their treatment. Proctology up to his time was practiced, for the most part, by charlatans and itinerant quacks who preyed upon the gullible public, since little more than they offered was available to sufferers from rectal disease, even from the legitimate members of the medical profession.

To further his knowledge of rectal diseases, after surveying the situation in America, Dr. Mathews decided to go to St. Mark's Hospital in London for a year of study. This he did, and then returned to Louisville, Kentucky, where he became America's first ethically knowledgeable proctologist. In 1899, he helped to found the American Proctologic Society and became its first president. In the same year,

he was elected to the presidency of the American Medical Association, an achievement which testified to his high standing on the American medical scene.

In 1834, when St. Mark's Hospital in London opened the doors of the Hospital for Treatment of Fistula and Other Rectal Diseases, a milestone—both in medical history and in proctology—was reached. A new era was ushered in, in which patients suffering from rectal diseases could get proper treatment, and physicians could receive updated education in this special field. To say that the teachings of John Arderne, who lived and practiced 500 years earlier, contributed, to a large extent, to the founding of St. Mark's Hospital, is stating a fact that cannot be challenged.

Concerning the life and the contributions of John Arderne, the task of seeking out information about him was an arduous, albeit pleasant, one. Besides his original treatises, which have formed the basis for all subsequent writings, the literature is replete with translations of his works, editorials, essays, speeches and commentaries on his life and contributions. After assembling all of this material, the writer often has a greater problem deciding what to delete than deciding what to include in his presentation. I will attempt to present John Arderne as historians have documented his personality, his accomplishments and his impact on the history of proctology.

The Normans invaded the British Isles about the year 1000 and laid the foundation of what we now know as "Modern England." Weiss, in an excellent editorial

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published in 1956,¹⁴ states that the fourteenth century in England was an era of transition. During it, John Arderne was born. There was a change from a philosophy of asceticism, ecclesiastic authority and scholasticism to an emphasis on science, skepticism and individualism. This was also an era of social and intellectual unrest. Highways were unsafe because of holdups and burglaries. It was an age of strikes, protests, uprisings and attempts at social reforms. How similar to our contemporary scene! This was two hundred years before the Renaissance and a hundred years before Columbus discovered America. Arderne did not leave an autobiography but did include some autobiographic data in his writings on medical subjects. For instance, the date of his birth, 1307, is revealed in his manuscript, "De Cura Oculi," in which he asserts that he was 70 years of age in the first year of the reign of King Richard II.¹³ Persons educated in fourteenth-century England were the beneficiaries of the pre-Renaissance revival in art, literature, and science, but we have no authentic proof that John Arderne was ever enrolled in an institution of higher learning, although some historians assert that he was admitted to the University of Montpellier in France. If he did attend Montpellier, as stated by Weiss, it was the finest medical school of his time, and it is strange, indeed, that Arderne has left no record of this educational experience.

To judge by the emphasis Arderne placed on practical experience in the training of a surgeon it may be concluded that he did not hold formal education in very high regard.¹³

Regardless of his formal education, his manuscripts attest to a good education, for they are written in passable Latin; he quotes freely from the Arabic and the Greek, and shows evidence of having been well read in the available literature of his profession.¹⁴

During the fourteenth century England became involved in the Hundred Years' War with France, in consequence of which English laymen, as well as professional men, spent long periods of time in that country. This was the era of the Black Death in Europe and of the advent of gunpowder. Physicians and surgeons had ample opportunity to try various methods of treatment and to experiment with new ones. Historians agree that Arderne saw military service as a surgeon under Henry Plantagenet, the first Duke of Lancaster, in Antwerp in 1338, in Algeria in 1343, in Bergerac in 1345 and at the Battle of Crecy in 1346. During this period of his life he was called upon to treat many ischio-rectal abscesses and fistulas, as well as gunshot wounds. Much of the fighting of that day was done on horseback; soldiers, laden with heavy armor, rode long hours in the saddle, and abscesses and subsequent fistulas developed on their posterior parts.

Open wounds and fistulas appear to have interested Arderne the most, for he wrote extensively on these subjects.

The new methods which he adapted for their treatment puts him in the forefront of European surgeons and makes him worthy to rank with William de Salicet, Henri de Monderville, and Guy de Chauliac. He had learnt the great secrets of success in surgery—fearlessness as regard to bleeding, cleanliness, and infrequent dressing of wounds—three points which are easy for us to grasp but were most difficult for medieval surgeons who had no means of arresting hemorrhage, and who had been taught for ages that wounds could not heal properly until they suppurated and so discharged their venom.¹¹

These ideas concerning cleanliness and infrequent dressing of wounds preceded the discoveries of Pasteur and Lister by five hundred years.

After the battle of Crecy, when he was 40 years of age, Arderne returned to England to take up the practice of surgery.

He married and settled on an estate in Mitcham in Surrey in 1347. Tragedy struck him and he became widowed within a year when his wife fell victim to the Black Death. In 1349 he sold his estate in Mitcham and moved to Newark in Nottinghamshire, where he carried on a very large surgical practice for 21 years, and then moved to London in 1370. Here he was admitted to the guild of Master Surgeons and carried on with distinction for the remaining years of his life. Most historians agree that Arderne died about 1380. Many of the details of his surgical practice in Newark are recounted in his treatises, which he wrote in Latin after he settled in London. He was not in any sense modest, for he lets his readers know the class of patients that he frequently treated: a king, bishops, priests, merchants, friars, and other personalities of high estate.

That John Arderne was a general surgeon with a broad knowledge of the entire field of medicine is attested by the fact that his treatises cover most areas of medicine and surgery. More than 60 of his treatises are still preserved and cover such subjects as diseases of the eye, blood-letting, insect bites, diseases of women, extraction of teeth, hiccough, headache, fevers, hysteria, wounds, retention of urine, gout, diseases of the male generative organs, intestinal obstruction, and epidemic sore throat. The most notable of all his treatises is the one entitled *Treatises of Fistula in Ano, Hemorrhoids and Clysters*¹⁰ which I shall discuss more fully later. Sir D'Arcy Power has pointed out that Arderne discussed all subjects from the viewpoint of the clinician. His case histories were extremely well detailed and often included the names of patients.

Although medical manuscripts dealing with anatomy and obstetrics had contained drawings prior to the time of Arderne, illustrations of actual lesions had not been used previously and this, indeed, is one of his innovations and great con-

tributions. It marked the beginning of visual education in medicine. Brown has stated,

If he had done nothing more John Arderne would deserve a high place in medical history for this service alone.⁴

When one realizes that the first of Arderne's treatises was written when he was 63 years old, and that in several of his writings he deals with the subject of the behavior of surgeons, it becomes apparent that here was a man concerned with the image of his profession and determined to do what he could to raise the standards of surgery and of those persons who practiced it. According to Weiss,

In his treatise entitled "Of the Manner of the Leech" he attempted to elevate the position of surgery as it was then known, by teaching the neophyte surgeon honesty, frankness, humility, kindness, poise, professional courtesy and confidence, and a wholesome appearance supported by worldly wisdom. This wisdom was to be based upon knowledge, which in turn was based upon experience.¹⁴

An editorial in the *British Journal of Surgery* states that Arderne drives his meaning home in a series of apothegms:

Amongst other things, let the chirurgion "be found evermore sober, for drunkenness destroyeth all virtue and bringeth it to nought; as sayeth the wise man, . . . Drunkenness breaketh what so wisdom toucheth." Scorn he no man, for of that it is said, ". . . He that scorneth other men shall not go away unscorned." If there be made speech to him of any leech, neither set he him at nought, nor praise him too much or commend him, but thus may he courteously answer: "I have not real knowledge of him, but I learned not nor heard of him but what is good and honest." And of this shall honour and thankings of each party increase and multiply to him; after this, "Honour is in the honorant and not in the honoured." In as much as he may, grieve he no servant, but get he their love and their good will. Abstain he from harlotry as well in words as in deeds, in every place, for if he use harlotry in privy places, sometimes in open place there may fall to

him unworship of evil usage, after that it is said "Pede super colles, pedes ubi pederes nolles." [You may get lice where you would not want them.] When sick men cometh to the leech to ask help or counsel of him, make he covenant for his travail (agree upon the fee) and take it beforehand. But let him give no certain answer in any case unless he first see the sickness and the manner of it. Have a leech also clean hands and well shapen nails and cleansed from all blackness and filth. Hear he many things but speak he but few. For a wise man sayeth, "It beseems more to use the ears than the tongue." And in another place, "If thou hadst been still thou hadst been holden for a philosopher." Also it speedeth that a leech can talk of good tales and of honest that may make the patients laugh whilst they make or induce a light heart in ye sick man. Discover never the leech unwarily the counsels of his patients—as well of men as of women—nor set not one to another at nought although he have cause to do so, for if a man see thou hele (conceal) well another man's counsel he will trust better in thee.⁷

We are reminded by William Anderson, writing in the *Lancet* in 1897, that

In the fourteenth century the lot of those who fell in need of surgical ministrations was a badly precarious one. The art was regarded by the educated physicians then, as for centuries later, as beneath their dignity. John Read penned these lines:

Chirurgery moreover is abhorred of
the Phisition Who doth esteeme it as
a thing to vile for his profession.¹

Here we can sense the psychological climate in which John Arderne practiced and why and how he set about to improve it. We can begin here, also, to observe the genesis of nobility to which surgery, and surgeons, hoped to aspire.

Arderne was a master surgeon, or Surgeon of the Long Robe, as they were called to distinguish them from the barber surgeons, or Surgeons of the Short Robe. The Master Surgeons' Guild was a rather small body of men who had recently banded together in an association. In 1369, three master surgeons in London were sworn at

Guild Hall to inspect and superintend the practice of barber surgeons, while in 1371 a college of barber surgeons were instituted in France by Guy de Chauillac. In 1376, an order was given in London that two master surgeons should examine all barbers and that none who were not licensed should be given the freedom of the city.

The master surgeons at that time had no special position in the social scale for they had come from the same source as the barber surgeons, having however

won especial experience and recognition by the exercise of surgery in the wars and civil disturbances of the time, and in certain instances to have gathered some scholastic training. With this group John Arderne is probably to be classed. . . . It is these men, few in number, weak in influence though they were, that we must regard as the most honourable representatives of surgery. . . .¹

According to Anderson

the Barber surgeons, who, thanks to the successive decrees of the Popes in the twelfth, thirteenth, and fourteenth centuries against the practice of medicine and surgery by the priesthood, had inherited the manual functions of the erstwhile monkish physicians, and had begun to develop ambitions above the blood-letting and tooth-drawing, which for some mysterious reason had long been attached to their trade. . . . Their regular practice seems to have been limited to venesections and dentistry, and to the treatment of contusions, wounds, ulcers, and a few other simple affections; but all ailments outside these were blindly attacked or more discreetly left alone. Neither the Master Surgeons nor the Barber surgeons attempted to deal with the whole of surgery.¹

Faith-healing played an all-important role in the treatment of disease, and religious and superstitious formalities were widely practiced. From Anderson we learn that

Even operations so simple and then so necessary in warfare as the extraction of arrow-heads were often surrounded by absurdly superstitious formalities. The surgeon and

patient were to be clean shaven and to say three Paternosters and three Aves in worship of the Trinity; finally, after a Latin adjuration to the arrow, bidding it come out in the name of God, the surgeon's fingers were permitted to attack the actual task, which was supposed to be miraculously facilitated by the tribute to the Celestial powers.¹

In addition to the master surgeons and barber surgeons, there was a third group of practitioners, essentially itinerant in nature, who became specialists as

bone-setters, lithotomists, herniotomists, oculists, and others, following traditional methods unguided by anatomical knowledge, but sometimes by dint of experience attaining a fair amount of skill and success and living upon an honestly-acquired reputation. Most of them, however, traveled from place to place advertising themselves by barefaced methods not even yet quite extinct or inefficacious, often mingling their handicraft with arrant imposture, and ready to shift their quarters with all needful celerity as soon as the results of their operations threatened trouble to themselves.¹

Arderne has been called the Father of Proctology and, in my opinion, he should be. His writings included, in addition to his work on fistula *in ano*, his own descriptions of the cause and treatment of such conditions as hemorrhoids, rectal prolapse, pruritus ani, verruca, rectal ulcerations, tenesmus and the differential diagnosis between cancer of the rectum and dysentery.

His writings on hemorrhoids are remarkable for the reason that he was the first to give detailed definitions of the different types. Bleeding piles were called internal because they were concealed. External piles do not bleed:

there runneth nothing out of them—and are called "deaf piles."⁹

Thrombosed piles were also described.

Not all of Arderne's ideas concerning rectal diseases were as uniquely rational as

his ideas on rectal fistulas. His ideas about the cause of hemorrhoids had been inherited from his predecessors, and he believed that piles were due to a disturbance in the humours in the body and that they occur ". . . in plethoric subjects who eat and drink too much. . ." ⁹ He believed also that hemorrhoids are

provoked by phlebotomy of the internal saphenous vein, while blood-letting from the external saphenous vein has the directly opposite effect;¹

He was a great believer in clysters (enemas) and devised many formulas of his own, each having special therapeutic value for a specific ailment. It has been said that he was centuries in advance of his time surgically, but in general medical matters he was strictly of his own time. For instance, he believed firmly that surgery on the rectum should only be undertaken at certain times of the year and that poor results would follow if the moon were ". . . In Scorpio, Libra, or Sagittarius, because these signs token the part in question, . . ." Arderne prided himself in his role as a pharmacist and used all the herbs, unctions, plasters and lotions popular in his time. He implored the help of the Divine Powers in all of his undertakings but gave himself due credit for his successes. He believed in charms and amulets. One of his favorites was the following:

Take a sheet of parchment and write on it the first sign ✠ Thebal ✠ Sute ✠ Gnthenay In the name of the Father ✠ and of the Son ✠ and of the Holy Ghost ✠ Amen ✠. Jesus of Nazareth ✠ Mary ✠ John ✠ Michael ✠ Gabriel ✠ Raphael ✠. The Word was made Flesh ✠. The sheet is afterwards closed like a letter so that it cannot be readily opened. And he who carries that charm upon him in good faith and in the name of the Omnipotent God and firmly believes in it will without doubt never be troubled with cramp.¹²

Another prescription which Arderne used reflected the practice of the times.

This for the poor is a compound of Alkanet with olive oil—a safe, simple, and cheap application for wounds and ulcers; but for the wealthy it is made up more expensively with aloes, myrrh, and other drugs, and contains as its most valued ingredient “the blood of a maiden virgin or of a maiden damosel about nineteen or twenty years which was never impregnated tho’ she be corrupt”

[for, adds our cautious author,]

“virgins cometh now full seldom to twenty years.”¹

(I believe that this quotation is significant and should help to allay the fears of our contemporaries who feel that present-day trends toward premarital sex are new and quite extreme.)

D’Arcy Power’s translation of Arderne’s treatise on fistula *in ano*, hemorrhoids and clysters includes other subjects as well. Included here are his views on cancer of the rectum, referred to as “bubo with-in the lure.”¹⁰ Arderne had an unbelievable understanding of the differences between diarrhea due to dysentery and the frequent stools which accompany tumors within the rectum. Quoting Weiss,

He describes a bubo as “a tumor within the rectum which is of great hardness, but little aching. It is called ‘bubo’ because like Bubo, an owl, it dwells best in dark places and so this sickness lurks within the rectum in the beginning, but after a period of time it ulcerates and sloughs out.” Often it causes incontinence. The diagnosis is made by inserting the finger into the rectum and if within it is felt a hard thing, such as a stone, sometimes on one side and sometimes on both, which prevents defecation, it is a bubo. The signs of ulceration are pain, aching and sharp, that drives the patient to relieve himself two and three times every hour, and the stools are foul-smelling and streaked with watery blood. To well-meaning though unknowing doctors, as to the patient, this appears to be dysentery. Dysentery, however, is a form of diarrhea, while bubo produces hard stools, which at times cannot go past the obstruction and must be removed with the finger.¹⁴

Arderne warns all physicians to examine the inside of the rectum with the finger in every case of diarrhea or frequent stools. He warns that if a cancer is found the family and friends should be advised of the incurability of the disease. Treatment, he insists, must be palliative only. Arderne acknowledged that one loses a patient occasionally by being honest, but recommends this approach. He wrote that he had never seen nor heard of a man who was cured of bubo but he knew of many who had died of it. The admonition which he gave on the digital rectal examination in the differential diagnosis of bowel disease is as valid today as it was in the fourteenth century. Our present-day medical students, interns and residents, could profit greatly by occasional reference to his teachings in this regard.

Concerning the treatment of fistula *in ano* Arderne stated emphatically,

The old masters in surgery neglected cases of fistula, . . . No one in England or abroad undertakes cases of fistula except one minorite in the retinue of the Black Prince, and he is a fraud.¹⁰

Fistula *in ano* until his time had been, in fact, considered incurable. Actually, however, modification of the technical procedure which he used had been detailed by the Arabian physician, Albucasis, in the tenth century. There is no historical evidence that Albucasis did perform the operation.

Arderne stressed the first step of the procedure to determine operability. If, upon digital examination, a mass (cancer) were found, the operation was to be abandoned.

A probe (*sequere me*) is inserted into the fistula and through the eye of the probe four strands of ligature (*fraenum Caesaris*) are passed. The probe is then removed by way of the rectum, leaving the ligatures pulled through the fistula. The two ends are knotted together and the entire ligature tightened. A dilator (*tendiculum*) is then inserted into the fistula and by means of a peg (*vertile*) fixed to the widest part of

the dilator, the ligature is tightened in the way that a string is tightened about a violin peg. A grooved director or snouted needle (*acus rostrata*) is passed along the fistula until it projects into the rectum, and a shield or spoon (*cochlearia*) with a depression at its center is passed through the anus until the grooved director engages in the depressed notch. The spoon protects the surgeon's own finger and also the wall of the rectum, particularly should the patient move. A lancet is then passed along the groove in the director, and the fistula is divided along its entire length by drawing the knife, dilator, grooved director and spoon out of the rectum with a single movement, the ligature coming away at the same time. Arderne specifies that each branch of the fistula must be laid open in the fashion aforescribed. Bleeding is stopped by pressure with a sponge and the wound dressed clean with styptic powders.¹⁴

Postoperatively Arderne used a T-binder and suggested that the bowels should not be moved for 48 hours. He used soothing ointments beginning about three days after surgery and advised against the use of caustic substances which were often used in the treatment of wounds in that era.

He was very proud of the many fistulas which he had cured. One of the noblemen upon whom he had operated lived a full and happy life for more than 30 years after surgery. Arderne believed in collecting large fees from those who could afford them, but was always ready to care for the poor without compensation. From Power's translation we read,

I repeat that the surgeon ought to charge the rich as much as possible and to get all he can out of them, provided that he does all he can to cure the poor.¹⁰

Arderne was well aware of the sequence of fistula *in ano* in relation to ischioanal abscess. He warned that an ischioanal abscess should not be allowed to burst but should be incised as soon as it softens. He did have the mistaken idea that if the abscess ruptured into the rectum it became incurable. He also pointed out that when there are multiple openings they usually

lead to a common tract which communicates with the rectum.

The ideas concerning the cure of fistula *in ano*, which he labored so long to prove and so laboriously to record in his treatise on the subject, apparently lay fallow for three hundred years, until a fascinating case in which Arderne's method finally was used, and in which it resulted in a noteworthy cure. Louis XIV of France complained of a small lump on the inner side of his buttock on January 15, 1685. The details of the case history are clinically significant and historically important, and I shall quote from Haggard.

There was some tenderness. The lump grew larger, on January 31st he was given some medicaments, and on February 5th a poultice was applied. On the 15th severe pain forced him to bed. On February 18th an abscess had formed. At this time the court barber and surgeon, Felix, urged opening the abscess. He was overruled by the physicians and apothecaries in consultation.

From the 18th to the 23rd of February a variety of remedies were tried in vain. Finally the tip of the abscess was touched with a heated stone to cauterize it. In the following days injections and poultices were applied. The abscess discharged. On March 25th the king was enough better to go out for a brief ride. Then he returned to bed until May 2nd when it was discovered that a fistula—a passage—had developed extending from the outside into the rectum. A wire sound was passed from the outside and the king, with his own finger, assured himself of the penetration by feeling the tip on the inside.

This indeed was a serious situation. An operation seemed imperative. Felix appeared before the king and in audience explained the situation. There were, he said, three possible procedures: first, cautery; second, ligature; third, incision. He explained each to the king. The cautery would be a long and painful process and so also would ligature. To perform the ligature it would be necessary to pass a string through the fistula and about the surrounding tissue and tighten it each day until finally it had cut its way through.

Felix recommended incision which would be painful but brief.^{2, 8}

Dionis records that a thousand persons recommended remedies which were supposed to be infallible. The king had already tried some of them, but none had succeeded.

His Majesty was told that the Waters of Barege were excellent in these cases, and 'twas also reported that he would go to those Waters; but before taking that Journey, he thought fit to try them on several Patients; four Persons were found who were afflicted with the same Distemper, and sent to Barege at the King's Expense, under the Direction of Mr. Gervais, Chirurgeon in Ordinary to his Majesty: He made the necessary Injections of this Water into their Fistulas for a considerable Time, and us'd the proper means for their Cure, and at last brought them all back, as far advanc'd towards that end as when they first went thither.

A woman reported at Court, that going to the Waters of Burbon in order to be cur'd of a particular Distemper, she was by the use of them cur'd of a Fistula, which she had before she went thither. One of the King's Chirurgeons was sent to Burbon with four other Patients, who return'd in the same Condition which they went.

A Jacobine Fryar applying to Monsieur Louvoy, told him that he had Water with which he cur'd all Fistulas; another boasted of a never-failing Ointment, and yet others propos'd different Remedies, alleging the Cures which they pretended to have done. That Minister determining to neglect no means in order to the procuring a Restoration of a Health so important as that of the King, caus'd several Chambers to be furnish'd, in which he placed Persons afflicted with Fistulas, and caused them to be treated pursuant to the several Methods of the boasting Pretenders to cure them, in the presence of Monsieur Felix. A Year was spent in these various Essays, and not one Patient cured . . .⁶

The king made his decision in favor of incision. The date of the operation was set six months in the future, in November of 1686, for Felix must have time to learn how to perform the operation. In the meantime, Louis was to remain inactive at

Versailles. The preparations were carried out in secret. Felix collected all the patients he could from the streets and hospitals and practiced and practiced . . . [Many of the patients were induced to undergo the operation in the hope of a cure and of receiving a reward. Many of the patients died and the minister of war, in whose house the trial surgical procedures were performed, was hard put to explain the frequency with which dead bodies were being removed.] Finally the critical day arrived. Even the royal family were not yet in on the secret.

On Sunday, November 17th, the king visited all of his gardens and structures, then under construction. He slept well that night.

On Monday morning, the 18th, the royal apothecaries entered the bed-chamber in a body and gave the king a bath and an enema. The last was a common duty of all apothecaries . . .

At seven A.M. Felix and the physicians came in. Louis was still calm. He took up the instruments that Felix had brought and examined them minutely. Next he lay across the bed while Felix performed the simple operation. And then to assure the safety of his health the king was bled from the arm.

Next the bed-chamber was thrown open and the court entered to express their sympathy, their wonder and admiration.⁸

Historical accounts differ on the next detail. W. J. Bishop attests to the fact that Louis XIV after undergoing the operation at 7 a.m. ". . . insisted on holding his levee at the accustomed hour of eight. . . ." ³ Be that as it may, the determination and stoicism of Louis XIV cannot be denied.

Following the operation,

Felix was inundated by requests from courtiers who entreated him to perform the same operation upon them. Those who were told that the surgeon saw not the faintest reason for complying with their demand were greatly annoyed, while it is recorded that the few sycophants who really suffered from anal fistula "could not contain their pride and joy."³

As a recompense for his services to the king it is recorded by Bishop that Felix, in

addition to his annual salary of 2,000 pounds a year, received an additional fee of 15,000 pounds, a country estate and a patent of nobility. All other persons associated with Monsieur Felix in this adventure were also handsomely rewarded.

The cure of Louis XIV's fistula not only restored the monarch to health but had a most important impact on the future course of medicine: it established surgery in its rightful position. It was indeed fortunate that Monsieur Felix was acquainted with the writings of John Arderne and that he had the courage to insist on performing the operation on the king. Not only in France, but in other countries as well, did surgery—and surgeons—take on a new cloak of respectability and importance.

The Collège de St. Côme, . . . expanded its teachings (1724) in spite of the protests of the Faculty of Medicine, and in 1731 the Royal Academy of Surgery was founded. A final step in the elevation of the surgeon was the decree by Louis XV forbidding the barbers to practise surgery (1743).⁵

In England, surgery was separated from the barbers in 1745, but it was not until 1800 that the Royal College of Surgeons received its charter.

In conclusion, it is only fitting that we, as proctologists, pay homage to John Arderne, the fourteenth-century surgeon, who, because of his treatment of fistula *in ano*, his description and classification of hemorrhoids and other proctologic lesions, his classic differential diagnosis of cancer of the rectum, and his insistence that the rectum be examined digitally in every case of diarrhea, has been called "The Father of Proctology." Arderne was an Englishman of whom his countrymen are justly proud, and his legacy is hand-

some. We, in this country, and our colleagues around the world, are the beneficiaries of this grand estate, and we acknowledge in the best way that we can our indebtedness by sharing what we have learned from John Arderne with those who are to follow us.

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