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A CATHOLIC SURGEON

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John B. Murphy, one of the greatest of modern surgeons, began practicing in Chicago in 1882, having been graduated from Rush Medical College, serving his internship in Cook County Hospital, and taking Post-Graduate courses in Vienna for two years. He first attracted the attention of surgeons in the early nineties, through the perfection of his invention of the "Murphy Button," one of the greatest mechanical aids to surgery ever devised. It is a small coupling for joining and holding the cut ends of the intestines together after an operation. When they heal in a few days, it passes out. Previously, when an operation had to be performed on the stomach and intestines, parts removed and ends joined together, the work of stitching was difficult, slow and tedious.

One surgeon relates watching an operation in 1889, when a cancerous growth was removed from the first part of the intestines where it joined the stomach. To unite the severed end of the intestine to the divided end of the stomach, it took over two hundred stitches. For each stitch, the needle was threaded with silk, the stitch taken, the silk tied and cut. That meant a great expenditure of time and labor. Meanwhile surgeons were seeking for simpler methods. It was at this

time that Murphy introduced his button, the result of a great deal of experimental work done by him on dogs. He worked in the early hours of the morning, assisted by Mrs. Murphy who gave chloroform to the animals. But few knew of the help and inspiration which she gave her husband while he was struggling for his place in the world of surgery. His wonderful success was due in no small way to her enthusiasm, encouragement, and sympathy; his success was hers. The button was used in every clinic, simplifying operations formerly difficult.

Murphy's fame now travelled around the world. The use of the button showed that the ends of the intestines would grow together in a few days, without the hundreds of stitches formerly used by surgeons. Murphy was no doubt responsible for that great impetus given to abdominal surgery in the early nineties. He revolutionized completely the methods of stomach and intestinal surgery by the use of his button.

It is impossible for us now to realize the danger of operations before Murphy's invention. Every surgeon expected to see a thick creamy discharge of pus. Hospital gangrene, erysipelas and blood poisoning occurred with terrible and fatal frequency. The clean healing of a wound rarely

occurred. Very few abdominal operations were performed and then only when absolutely necessary to save life. In the breaking of a bone, the patient was comparatively safe if it was a simple fracture; but in compound fractures, putrefaction of wound discharges occurred and the mortality was very high.

Said Lord Lister in 1867: "The frequency of disastrous consequences in compound fractures, contrasted with the complete immunity from danger to life and limb in simple fractures, is one of the most striking, as well as melancholy facts in surgical practice." After reading of Pasteur's experiments which demonstrated that micro-organisms were the cause of fermentation and putrefaction and not the oxygen of the air, Lister wrote: "When it had been shown by the researches of Pasteur that the septic property of the atmosphere depended, not on the oxygen or any gaseous constituent, but on minute organisms suspended in it, which owed their energy to their vitality, it occurred to me that decomposition in the injured part might be avoided, without excluding the air, by applying as a dressing some material capable of destroying the life of the floating particles." Lister experimented with a preparation of a solution of carbolic acid. When applied to compound fractures they healed and united as quickly as simple fractures, proving his germ theory correct. As a result

of Lister's work, there was an immediate advance in surgical practice, regions being entered that before this time were denied even to the most adventurous.

Murphy's work began to be known in the early nineties. His great interest in the field of abdominal surgery which was then in its infancy, his belief in the bacterial origin of disease, his energy, his scientific achievement, his inventive genius—all helped to lay the foundation of the gastro-intestinal surgery of today. Murphy was among the first to investigate the cause of peritonitis following appendicitis, the diseases of gall bladder, stomach, pancreas, and kidneys. His later contributions on the principles underlying surgery of the lungs and the nervous system, were most valuable. In recent years, he studied the deformities due to infection of bones and joints. He had little interest in traditional medicine and surgery, but was always seeking newer fields to conquer.

Our own Dr. William J. Mayo, in his oration upon the life of Murphy, gives an interesting description of him: "a dramatic figure in the operating room. With instrument in hand, he fairly thrilled his audience as he reviewed the history of the case, exhibited a specimen, and proved the minute accuracy of his diagnosis." Mayo says that in the teaching of clinical surgery, Murphy was without a peer. In his talented writings, we find evidences

of his teaching on every hand. He was the surgical genius of our generation. Sir Berkeley Moynihan, the distinguished English surgeon, in his oration upon Murphy, went so far as to say that Doctor Murphy was very probably the greatest surgeon who had lived during the past three hundred years. Dr. Moynihan, in tracing the history of surgery, shows how much Murphy accomplished and the genius he exhibited in the great development of surgery in our own day. He was a careful operator, finishing every step thoroughly and without haste, so that when the operation was completed, there had been no false move. Murphy talked while operating, explaining aloud the gentle, dexterous movements of his hand and the workings of his mind.

Doctor Murphy had an arresting personality, a handsome face, a tall spare figure, and a high-pitched vibrant voice, which caught and held the attention. Whenever he spoke, men made haste to hear him; no man wished

to miss a word; no man left his seat.

This outstanding surgeon was born in the small town of Appleton, Wisconsin, in 1857, of Irish-Catholic parents, Michael and Anne Grimes Murphy, and was a faithful Catholic all his life. He was married in Chicago in 1885 to Jeannette Plamonder, to whom he owed inspiration and encouragement throughout his subsequent brilliant career. Of this union, five children were born, a son and four daughters.

In recognition of Doctor Murphy's work, he was awarded the Laetare medal by the University of Notre Dame in 1902. In 1916, the Pope made him Knight Commander of the Order of Saint Gregory the Great. However, his health at this time was poor, and his remarkable life ended at Mackinac Island, August 11, 1916. He was a man of extraordinary ability, imbued with the principles of the Catholic faith, whose contributions to human knowledge and to the relief of human suffering are monumental.

STERILIZATION AFTER CAESAREAN SECTION

Question: "What are the duties of a Sister in the Operating Room regarding patients who cannot have normal deliveries and ask to be sterilized after the third Caesarean?"

Answer: Sterilization is never permissible either by operation or X-ray. This does not mean that diseased tissue may not be re-

moved or inhibited in function, provided the primary purpose is not sterilization, either permanent or temporary. Induction of labor at eighth month might meet the condition in the above case. Later a study of the Ogino-Knaus theorem would help prevent a recurrence of pregnancy.