HISTORY OF ORTHOPAEDICS

Great Names in the History of Orthopaedics IX —

John Hunter: Part 2

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A discovery in any art not only enriches that which it is immediately connected, but elucidates all those which it has any relation.

John Hunter

THE FINAL YEARS

John Hunter developed symptoms of angina pectoris in 1773 and again in 1776. He described the attacks as severe pain in the epigastrium associated with pallor and irregular periods of apnoea. He was unable to feel a pulse in either arm. He stated that, “My life is the hands of any rascal who chooses to annoy and tease me.”

The end came at the boardroom of St George’s Hospital on 16 October 1793. During the heated proceedings, Hunter rushed out of the room and collapsed in the arms of a physician. Thus died the most illustrious of surgeons. The minutes of this meeting contains no reference to Hunter’s death. The following week at the quarterly court, “Dr Robertson reported to the Board that Dr Ford had signified his desire to resign his office of Physician to this Charity, and also the death of Mr Hunter, one of the surgeons, it was resolved that Dr Ford not having sent to the Board any letter, as is the usual mode, the consideration of both business be postponed till Wednesday next”; and that was all that was said about John Hunter — just one of the surgeons!

John Hunter’s last apprentice and assistant, William Clift (1775-1849) wrote in his account book the following entry:

JOHN HUNTER, ESQ, FRS,
Surgeon-General to the Army, and
Inspector-General of Hospitals;
Surgeon to St George’s Hospital;
Surgeon-extraordinary to the King;
&c, &c, &c,
DIED OCTOBER 16TH, 1793

Hunter’s remains were carried to his house in Leicester Fields in his sedan chair. An autopsy performed by his brother-in-law Home revealed extensive coronary and cerebral atherosclerosis, but no evidence of neurosyphilis:

The coronary arteries had their branches which ramify through the substance of the heart in the state of bony tubes, which were with difficulty cut by the knife... The valvulae mitræs were in many places ossified, forming an imperfectly bony margin of different thickness... The aorta, immediately beyond the semilunar valves, had its cavity larger than usual, putting on the appearance of an incipient aneurysm: this unusual dilatation extended for some way along the ascending aorta. On inspecting the head, the cranium and dura mater were found in a natural state. The pial mater had the vessels upon the surface of the two hemispheres of the brain turgid with blood, which is commonly found to be the case after sudden death.

The internal structure of the brain was very carefully examined, and the different parts of the cerebrum and cerebellum were found in the most natural and healthy state; but the internal carotid arteries as they pass by the sides of the sella turcica were ossified, and several of the ramifications which go off from them had become opaque and unhealthy in appearance. The vertebral arteries lying upon the medulla oblongata had also become bony, and the basilary artery had opaque white spots very generally along its coat.

From this account of the appearance after death, it is reasonable to attribute the symptoms of the disease to an organic affection of the heart. That organ