

PROFESSOR FRIEDRICH WILHELM SCANZONI VON  
LICHTENFELS.

Friedrich Wilhelm Scanzoni von Lichtenfels was born on December 21st, 1821. His father, who came from the neighbourhood of Lake Garda in the Italian Tyrol, was a railway official in Prague. His mother was the daughter of Dr. Beutner von Lichtenfels, a medical practitioner in the Bohemian capital. He joined the ancient and once famous University of Prague in 1838, and he took his medical degree there in 1844. He then travelled abroad for a time, and on his return to Prague he was appointed Assistant Obstetric Physician to the Department for Paying Patients in the Imperial Royal Lying-in Hospital. He soon became Assistant to the Chair of Midwifery, and afterwards Physician and Lecturer on Gynæcology to the Imperial Royal General Hospital. From that appointment he was called, in 1850, to succeed Kiwisch as Professor of Obstetrics and of Gynæcology in the University of Würzburg and Director of the Lying-in Institution.

He held these appointments until 1888, when he resigned them in consequence of the impairment of his mental vigour from excessive strain prolonged through many years. He then retired to his estates in Upper Bavaria. He died at his Castle of Zinneberg, at the foot of the Bavarian Alps, on June 12th, 1891, in his seventieth year. He married Fräulein von Höniger, who, with four sons and two daughters, survives him.

He was made a Privy Councillor, and was decorated with many foreign as well as Bavarian orders. In 1863 King Max conferred upon him the surname of von Lichtenfels, carrying an hereditary title of nobility. He was made corresponding or honorary Fellow of innumerable scientific societies.

A man of first-rate intellect, of remarkable diagnostic skill, of brilliant conversational powers, of striking personal appearance, and of peculiarly affable and kindly manners,

he early acquired a great reputation as a practitioner, as a writer, and as a teacher.

As soon as he had settled at Würzburg he found himself fully engaged in private practice. This practice rapidly increased, and it soon became something phenomenal. At the time when patients were flocking to Simpson in Edinburgh from almost all parts of the world, ladies flocked from France, Germany, and Russia to Scanzoni at Würzburg, where they filled the hotels of the town so that new-comers had difficulty in obtaining accommodation. In the summer of 1858 he attended the Empress of Russia in her confinement at St. Petersburg, and was reported to have received a fee of 100,000 roubles, worth at that time about £16,000 sterling, and also a mansion at Würzburg. It is necessary to add, as an explanation of this, that he was detained in Russia four months. In 1863 he again attended the Czarina in her confinement at St. Petersburg.

In 1863 Scanzoni was about to resign his chair, when a numerously signed petition was sent to the King of Bavaria begging that measures might be taken to induce him to remain at Würzburg. An autograph letter from the King requesting him to remain, and allowing him to depute to his assistant Dr. Franqué the theoretical part of his teaching, had the desired effect, and Scanzoni consented to stay.

His literary energy was remarkable, and was conspicuous even through the busiest part of his professional life. Not to dwell on his earlier efforts—as, for example, his rather theoretical paper on the genesis of puerperal fever in 1846, his paper on obstetric auscultation in 1847, his paper on spastic stricture of the os uteri in labour, also in 1847, his article on the pathology of the human ovum in 1849, all published in the 'Vierteljahreschrift für die praktische Heilkunde herausgegeben von der medicinischen Facultät in Prag,' or his article on the ætiology of abortion in the 'Zeitschrift der Wiener Aerzte' for 1847,—he published in 1849, while still in Prague, the first part of

his 'Lehrbuch der Geburtshilfe,' an exhaustive treatise, and not, as might be inferred from its title, a mere handbook. It was completed in 1852. It reached four editions, the last in 1867. This great work, characterised by lucid description, and by the application to obstetrics of the most recent researches in physiology, pathology, and chemistry, at once placed Scanzoni in the foremost rank of obstetricians. It was one of the most popular treatises on the subject in Germany, and it long maintained its place as a standard work. Many interesting features of this treatise might be mentioned. To select two or three points only, he shows that, contrary to the opinion generally held, the fœtus not unfrequently undergoes a complete change of position in the last months of pregnancy, and even during the first part of labour. He attributes shoulder presentations chiefly to abnormal relaxation of the uterine wall, a condition which he always found present in such cases. Even in his first edition he advocates cephalic instead of podalic version in cross-births when circumstances are favourable. He also shows the use of an external hand to aid in performing version.

A smaller work on the same subject, his 'Compendium der Geburtshilfe,' was published in 1854, and reached a second edition in 1861.

In 1852, on completing his 'Lehrbuch,' he published a portion of it as a separate volume, under the title 'Die Geburtshilfflichen Operationen.'

In 1853 he commenced the issue of his serial the 'Beiträge zur Geburtskunde und Gynäkologie,' which was continued until 1873, and extended to seven volumes. In addition to editing the 'Beiträge' he contributed to it many articles from his own pen. Some of these were—The Pathology of Uterine Flexions, On Van Huevel's Saw-Forceps, Malformation of the Female Genital Organs, On the Employment of Anæsthetics in Obstetric Practice, On the Pathology of Uterine Polypi, The Secretion of the Mucons Membranes of the Vagina and of the Cervix Uteri—an article written conjointly by Kölliker.

and Scanzoni—On the Continuance of Ovulation during Pregnancy, On the Removal of the Vaginal Portion for the Cure of Prolapsus Uteri, and On Marion Sims's Doctrine of the Cause and of the Treatment of Sterility. He is strongly opposed to the mechanical views of Sims.

In the first volume of the 'Beiträge,' published in 1853, he proposed the induction of premature labour of irritating the nipples by suction with a breast-pump, having succeeded in two cases by this method.

In the third volume (1858) he relates a case of death from the injection of carbonic acid into the cervical cavity in a woman pregnant four months. Death took place in one hour and three-quarters. He subsequently published another fatal case, and thus banished from practice the method of provoking labour which he had himself originally proposed in 1856 in the 'Wiener medizinische Wochenschrift,' where he describes a case of the successful induction of premature labour by the passing of carbonic acid into the vagina. He had been induced to try this method by the statement of Brown-Séguard that carbonic acid excites contraction in non-striated muscular fibre.

In the fifth volume (1869) he has an important paper on a case of chronic inversion of the uterus with critical remarks, in which he shows that, contrary to the received opinion, uterine polypi do not cause inversion of the uterus, all the supposed cases—twenty-two in number—being found on examination to be merely submucous fibroids, with a broad, non-pediculated base.

He describes in his various writings some rare obstetric cases, of which the following are the most remarkable. In the first volume of his 'Beiträge' he describes and illustrates by two figures a curious case of pregnancy in a rudimentary uterine horn, with probable migration of the ovum from the right ovary to the left uterine horn. The patient was a woman of thirty-five years of age, who had previously aborted of twins, and had afterwards had three children. In the seventh volume of the

'Beiträge' (1873) he describes one of the few recorded cases of hernia of the gravid uterus. The uterus, as shown by the passing of a bougie on one occasion through the vagina into the deepest part of the hernial tumour, and the ovaries also, were contained in a left inguinal hernia. At the menstrual periods he had found swelling and tenderness of the contents of the sac. Conception took place twice, and was followed by spontaneous abortion in the third month the first time, and by induced abortion at twenty-one weeks the second time. In the 'Allgemeine Wiener medizinische Zeitung' for 1859 he relates a remarkable case in which the right sacro-iliac synchondrosis was ruptured during labour. An abscess of the articulation followed and appeared at Poupart's ligament. In the same periodical for 1864 he described a case of pregnancy without *immissio penis*. The patient, twenty-nine years of age, was four months pregnant when Scanzoni saw her. The orifice in the hymen was barely large enough to admit a surgical probe. The hymen itself was firm, tense, and unyielding.

In this country Scanzoni was best known as a writer on diseases of women.

In 1854-7 he edited and enlarged Kiwisch's 'Klinische Vorträge über specielle Pathologie und Therapie der Krankheiten des weiblichen Geschlechtes.' The work having been left incomplete at the death of Kiwisch, Scanzoni added a third volume, which he published in 1855, on diseases of the mamma, diseases of the bladder and urethra, and special diseases of the nervous system, among which he included puerperal eclampsia and puerperal mania.

In 1857 he published his classical work, the 'Lehrbuch der Krankheiten der weiblichen Sexualorgane.' This work reached a fifth edition in 1875. It was translated into French, and from French into American. It is impossible to reproduce here his excellent descriptions of disease which were drawn from his own experience and not compiled from other writers, but the following points

may be noted. Like Braun, he condemns a restricted specialism, and he argues that obstetrics and gynaecology must reciprocally complete each other. He treats in a masterly way the subject of the fibrinous polypus described by Kiwisch in 1851. He shows that Kiwisch was in error in supposing that such polypi arise from the coagulation of menstrual blood. He further shows that for their production there must previously be a cavity in the uterus and an incomplete abortion—or delivery, as he might have added. He describes the changes produced by flexions in the uterine tissues. He remarks that he has never cured a flexion. He rejects intra-uterine pessaries, after sufficient experience of them, as being both useless and dangerous. In his last edition he expresses his belief in the usefulness of vaginal pessaries in some cases. He employs mostly a pelvic girdle or bandage, with a hypogastric cushion or pad for anteflexion and even for retroflexion. He describes that rare affection, varicose ulcer of the cervix uteri, in the first as well as in the later editions, and he was the first to do so. He describes a simple means devised by himself for determining the thickness or thinness of the pedicle of an intra-uterine polypus. He seized the polypus with forceps and twisted it round, judging of the thickness of the pedicle by the degree of resistance to torsion. He rightly maintains, contrary to Kiwisch and others, the occasional presence of a souffle in ovarian tumours when solid and vascular. As one means of discovering the presence of fluid in ovarian tumours, he auscultates, and at the same time taps on the abdomen with the hand, thus shaking the liquid and producing a characteristic sound. It is shown by Scanzoni in this work that in hæmatometra from atresia of the cervix the walls of the uterus vary greatly in thickness in different cases. It seemed to him that the uterine wall was thick or thin according as the blood had accumulated slowly or rapidly. In one case in which the uterus contained 9 lbs. of blood the walls were as thin as paper, having been mechanically distended, as he sup-

poses, before muscular fibres had time to develop. In another case, in which the symptoms of occlusion had existed for five years, the uterine wall was a third of an inch thick at the upper part. In all his editions he makes the curious and interesting observation that paraplegia may lead to atrophy of the uterus. He had seen several young women who, previously perfectly healthy with regular menstruation, had ceased to menstruate after an attack of paraplegia, and in whom he had found the uterus extremely small. In several he had been able to verify his diagnosis of uterine atrophy by *post-mortem* examination. It is somewhat remarkable—and it speaks well for the obstetric practice of Würzburg and the country round—that in all his editions he says that in his experience the most common cause of vesico-vaginal fistula is cancer of the uterus extending to the vaginal wall. The most frequent cause of urethral caruncles or angiomata he considers to be chronic catarrh of the urethral mucous membrane.

From his enormous experience in gynæcology, and his thorough investigation of cases, he met with numerous examples of rare diseases and of rare conditions.

Thus, in his 'Lehrbuch der Krankheiten der weiblichen Sexualorgane,' he states that in 1849 he was present at the necroscopy of a woman of about sixty years of age, in whom the right Fallopian tube was the seat of a hydrosalpinx the size of a goose's egg, and the left tube was a flaccid sac the size of a hen's egg, with its abdominal end completely closed, but its uterine end patent and about three-fifths of an inch in width. The flaccid sac, which contained a few drachms of sanguineous fluid, was an example, therefore, of the "hydrops tubæ profluens" of Rokitansky.

He describes in his 'Lehrbuch' an example of that extremely rare affection, abscess of the uterus unconnected with pregnancy or with parturition. The case was that of a young woman who was seized with severe metritis after sudden suppression of menstruation. On the twenty-second

day of her illness symptoms of peritonitis supervened. The patient died on the thirty-first day. The cause of death was found to be the rupture of an abscess as large as a goose's egg in the upper part of the body of the uterus.

He relates also in this work a case of menstrual retention from imperforate hymen in a girl of nineteen, in which after two years of severe dysmenorrhœal suffering the hymen suddenly ruptured spontaneously during an attack of uterine colic, and two pounds of foetid decomposed blood escaped.

In a woman who died in her sixty-first year, and in whom up to the time of her death there had been fairly regular menstrual-like hæmorrhages, he found in the upper part of the cervical canal two mucous polypi the size of a bean. The ovaries were quite atrophic and without any trace of *corpus luteum* or of fresh blood extravasation. Without a *post-mortem* examination a quite misleading inference might have been drawn as to the persistence of menstruation in such a case.

In this treatise he also describes a case as primary cancer of the left tube, but as there was also a cancerous tumour of the right ovary the case is not a conclusive one.

In 1860 in the 'Würzburger medicinische Zeitschrift' he describes a curious case of periodical hydruria in a Russian lady, aged thirty, who came under his care in 1858. She had six living children. The watery discharge, estimated by the patient at from six to eight quarts, appeared every four weeks. Menstruation was very irregular and very scanty. The case had been mistaken for hydrometra, and had been treated by Jobert (de Lamballe) by the application of the actual cautery to the cervix uteri three times. Under the use of the chalybeate waters of Wildungen the hydruria disappeared, and the menstruation became regular.

In the same year and in the same periodical he published a paper on urticaria as a symptom of irritation of the female sexual organs. He described three cases in which urticaria with severe febrile disturbance speedily followed the application of leeches to the cervix uteri. In

one of the cases the patient had suffered on many occasions from urticaria at the menstrual period.

His work '*Die chronische Metritis*,' a volume of over 300 pages, published in 1863, is dedicated to the Obstetrical Society of London, of which he had recently been elected an honorary Fellow, and is also addressed to the Society in an introduction or preface. The book was written to set the subject of uterine inflammation on a scientific and pathological basis, and to combat the views advanced by Bennet in this country and by Becquerel in France. This work of Scanzoni's is a great improvement on previous writings on the subject, and has been the foundation on which subsequent writers have built. A novel characteristic of the work is that he treats fully of the histological changes found in chronic metritis. He asserts that the so-called inflammatory affections of the cervix uteri had been made too much of in the preceding twenty years, and that many maladies and many symptoms with which they had no connection had been attributed to them. The pathological changes in the body of the uterus are of far greater significance, he maintains, than the swellings, hypertrophies, granulations, and ulcers of the cervix. He attaches extreme importance to excessive sexual indulgence as a cause of metritis. He considers that one of the chief causes of acute metritis, followed by chronic metritis and lifelong sterility, is sexual excess immediately following marriage, and he especially reprobates the custom of wedding tours, which afford unlimited opportunity for such excess. He has traced many cases to this cause. Henry Bennet had previously expressed similar views in his work on *Inflammation of the Uterus*. In discussing membranous dysmenorrhœa he states that he had lately noticed the great frequency with which membranous shreds are passed in dysmenorrhœa, although they are not generally discovered until they are specially looked for. He gives an ingenious theoretical explanation of the pathological process. There are two stages, he considers. The first is excessive hyperæmia,

and consequent swelling and loosening of the mucosa. The second stage is a very abundant production of new cells in the deeper strata of the mucosa, by which the more superficial layers are raised and possibly separated in shreds or portions. Further, the swelling of the mucosa in the neighbourhood of the internal os may so impede the escape of the menstrual blood that continuous uterine contraction is induced, and the loosely attached mucous membrane is thus thrown off either entire or piecemeal.

In 1882 he published, in the 'Festschrift zur dritten Saecularfeier der Alma Julia Maximiliana gewidmet von der medicinischen Facultät der Universität Würzburg,' an account of 198 cases of labour with contracted pelvis in the Würzburg clinic since he took charge of it in November, 1850. There had been 10,557 deliveries from that time to November 1st, 1881. The number of contracted pelvises was 159, thirty-nine of the patients having been delivered twice. This was Scanzoni's last publication.

In addition to the above he wrote in various periodicals numerous articles on obstetrics and gynaecology.

In gynaecological surgery he was strongly conservative. Thus even in the second edition of his 'Lehrbuch der Krankheiten der weiblichen Sexualorgane,' published in 1859, he refused his sanction to the operation of ovariectomy, and called it a rash surgical venture. As late as 1865 he showed his bias by insisting, in the 'Würzburger medicinische Zeitschrift,' on the inferiority of ovariectomy to other surgical operations as a means of radically curing disease. If one ovary is left, disease may, he argued, be left in it, or may afterwards attack it; while if both ovaries are removed at one operation the danger to life is immense.

Like most obstetricians, he sought to improve the tools with which he worked. His cephalotribe, which is described and figured in the first edition of his 'Lehrbuch der Geburtshilfe,' with its peculiar and ingenious compressing mechanism after Hüter, is allowed to be one of

the best of the 'Continental forms of the instrument. So far as I know, it introduced the operation of cephalotripsy into this country, for it was the instrument employed by Sir James Simpson in 1861 when he crushed the head and effected delivery by it in two cases. Simpson's and other English cephalotribes were devised after this successful use of Scanzoni's instrument.

Scanzoni's decapitator, or Auchenister, described by him in the 'Würzburger medicinische Zeitschrift' in 1860, was intended by him to obviate the difficulties and risks attending the use of sharp hooks, such as Levret's or Ramsbotham's, and the danger of damaging the uterus by instruments like Braun's key-hook. The Auchenister consists of a blunt hook which is to be passed over the neck of the foetus, and of a knife-blade which is protected by a sheath, and is worked by a screw so as to cut through the neck.

He somewhat modified Braun's funis-repositor, and he describes and figures the modification in the second edition of his 'Lehrbuch der Geburtshilfe' (1853).

In his 'Lehrbuch der Geburtshilfe' (1853) he describes and figures a douche-apparatus invented by him. It is worked by a pump, and is intended for the induction of labour by injecting water into the vagina after Kiwisch's method.

His modification of Cusco's speculum, with handles which can be doubled up for portability, was shown at our exhibition of instruments in 1866, as was also his cephalotribe.

In the fourth edition of his 'Lehrbuch der Krankheiten der weiblichen Sexualorgane' (1867) he describes and figures a pessary for prolapsus invented by him. It consists of a horn or wooden bulb fixed to a short stem, which is connected by a ball-and-socket joint with a cup which protrudes through the vulva, and is supported by a perineal bandage. He had previously employed for prolapsus a modification by himself of Roser's apparatus, which he figures and describes in his first edition (1857).

In conclusion it may be remarked that our late honorary Fellow, a professor and practitioner in a provincial Bavarian town of 40,000 inhabitants, left his mark upon almost every obstetrical and gynaecological subject, and was renowned wherever scientific medicine is valued. It is to Scanzoni as much as to any man that gynaecology owes a place among the medical sciences.