3-1-2012

Christian Albert Theodor Billroth, M.D., founding father of abdominal surgery (1829-1894).

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IN THE 1800s, the field of surgery was in its infancy, somewhat primitive and embryonic. The technical nature of surgery was the basis for the dividing line between the disciplines of surgery and internal medicine. Sterilization was not a common practice. Radical surgical resections and experimentation in medicine were shunned. With his boldness equaled only by his innovation and resourcefulness, Theodor Billroth would become a pioneer not only in the development of modern surgery, but also in the advancement of its cultural and historical significance.

Born on April 26, 1829, to Carl Theodor Billroth and his wife, Johanna Christina, in Norway, Theodore Billroth was the oldest of five children. He went to medical school at the University of Greifswald, graduating at the age of 23 years. He then met Bernhard Von Laggenbeck, a prominent surgeon in Berlin, and was appointed his assistant in the surgical clinic at the Berlin University (1853–1860). This appointment launched Billroth’s surgical career. In Berlin, Billroth was considered to be one of medicine’s great teachers. It was for his academic excellence that Billroth was promoted to the rank of Associate Professor of Surgery in 1856. Aside from his clinical responsibilities, Billroth spent a considerable amount of time in the laboratory, publishing 12 papers in the fields of pathology and histology. He eventually published one of his greatest works, Allgemeine chirurgische Pathologie und Therapie (General Surgical Pathology and Therapy in Fifty Lectures) in 1863. The book was translated into 10 languages and went through 16 editions, being referred to as the classic textbook of its time.

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using chloroform anesthesia and with aseptic precautions, a transverse abdominal incision was made. Billroth resected the distal stomach and pylorus and closed the greater curvature with 21 silk sutures. The lesser curvature was sutured to the duodenum using 33 silk sutures as a one-layer anastomoses. By 10:30 AM, the abdomen was closed with the surgery having been completed 1 and a half hours from the time of induction. Theresa Heller went on to recover postoperatively without complications and was a most celebrated patient until she died of metastatic disease 4 months later. The original gastrectomy and autopsy specimen now lie in the Josephinum Museum in Vienna.3

On February 6, 1894, 5 years after celebrating his 60th birthday, Billroth died of congestive heart disease. His remains can be found buried in Zentralfriedh (Central Cemetery) situated on the very outskirts of Austria. His legacy, however, did not die with him. Theodor Billroth was succeeded by his pupils, Vincenz Czerny (first open partial nephrectomy for renal cell carcinoma, established the first cancer institute in Germany), Anton Wölfler (first gastroenterostomy, described postthyroidectomy tetany), and Johann von Mikulicz (pioneered the esophagoscope and gastroscope).4

Theodor Billroth and his surgical school remain the cornerstone of modern-day surgery. The memorial erected in his honor in the arcade square at the University of Vienna (Fig. 2) could not sufficiently commemorate his contributions to the field of surgery. He always preached to students, “A human organization can endure only if it progresses as the total cultural development does. To keep our position means always to progress, always to create and advance more than others; everyone who stands still will be passed without mercy.”

REFERENCES