STANDARDIZED QUESTIONARIES ON RESPIRATORY SYMPTOMS*

In recent years various groups of investigators have studied the epidemiology of chronic respiratory disease both in industry and in the general population in Great Britain. In most of these surveys questionaries, completed by interviewers, have been used to establish the prevalence of common respiratory symptoms, in particular those associated with chronic bronchitis.

These symptoms vary greatly in severity—for example, from an occasional dry cough to a profuse productive cough persisting throughout the year. If the results of surveys in different populations are to be compared (and such comparisons are important aetiologically), certain levels or grades of severity of symptoms must be defined, and the questions standardized so that the same subjects are likely to be classified in the same way by independent observers. Considerable bias in estimates of the prevalence of symptoms may arise without such standardization (Cochrane *et al.*, 1951; Fletcher and Oldham, 1959). In recent years a more or less standard questionary has been adopted by most investigators in this field, and it has been shown (Fairbairn *et al.*, 1959; Higgins *et al.*, 1959) that, with appropriate care, systematic errors in diagnosis may be kept small.

In the summer of 1959 a subcommittee† of the Medical Research Council's Committee on the Aetiology of Chronic Bronchitis, all of whose members had had considerable experience in the use of respiratory questionaries in field work, met to formulate a standard questionary for future use in such studies. Two questionaries have been agreed upon: a short one with only those questions which are essential in order to estimate the prevalence of chronic bronchitis; and a longer one with a number of other questions of less certain value. Both questionaries contain questions on smoking, for this habit has such a profound effect on the prevalence of bronchitis that standardization for its influence is essential. The short questionary provides for a brief occupational history, the longer one for a full occupational and residential history. Space is provided in both questionaries for further questions which may be required in special circumstances, for recording sputum volume, for the results of ventilatory function tests, and for other clinical and radiological findings. Instructions for the use of the questionaries and suggestions for coding the replies have also been agreed upon.

The short questionary seldom takes more than five minutes to complete. The long one usually takes 10 minutes, and the full residential and occupational history, according to its complexity, takes another 5 to 15 minutes.

These questionaries and instructions have been printed and made available with the agreement of the Medical Research Council's Committee on the Aetiology of Chronic Bronchitis, and copies may be obtained from Dr. C. M. Fletcher, Department of Medicine, Postgraduate Medical School, Ducane Road, London W.12.

*A statement prepared for, and approved by, the Medical Research Council's Committee on the Aetiology of Chronic Bronchitis.

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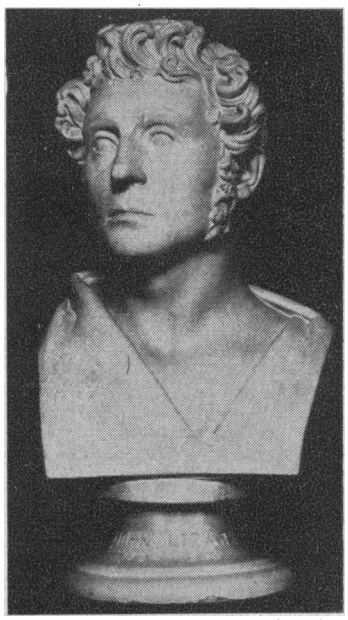
Nova et Vetera

JOHN LIZARS

CENTENARY OF A FORGOTTEN PIONEER OF THE SURGERY OF TRIGEMINAL NEURALGIA*

To his contemporaries Lizars was not a whit less in stature than any one of the brilliant company of surgeons of Edinburgh of his time, yet posterity has never conferred upon him the ageless esteem which Liston and James Syme have received. Among Lizars's numerous contributions to surgery, the account he gave of the first neurotomy of one of the deeper branches of the trigeminus for the relief of neuralgia is of particular interest to the neurologist.

In a well-documented paper published in the *Edinburgh Medical and Surgical Journal* in 1821[1] he describes a patient with trigeminal neuralgia which he relieved in December, 1819, by dividing the mental nerve at the point of its emergence from the mental foramen. The patient remained free from symptoms for twelve months, after which the "same torturing pains returned." As the patient had "no faith in anything but the knife," Lizars again divided the nerve at the mental foramen. However, neither this operation nor cautery, which was applied later, relieved the pain. The patient was prevailed upon to allow the application of moxa, which was equally ineffective. Accordingly on March 15, 1821, Lizars, after making a perpendicular incision inside the mouth close to the coronoid process, introduced a gum lancet between the bone and internal pterygoid muscle. "When the lancet reached the seat of the inferior maxillary nerve, the pain he experienced was intolerable; and it was with difficulty he could sit till I cut the nerve completely. From this moment there was a sudden satisfactory termination to all his suffering." Writing in August, 1821, Lizars says, "The other day I saw him toiling in the field with apparently great enjoyment of life."



Photograph of the bust of John Lizars in the Royal College of Surgeons, Edinburgh.

John Lizars was born in 1787 and was the son of Daniel Lizars, an artist in Edinburgh "considered to be very eminent in his profession." On leaving the High School he

*An abridged communication made to the Osler Club, London.

was articled as a pupil to John Bell for five years. In 1809 he obtained his diploma from the Royal College of Surgeons in Edinburgh and in the same year sailed to the Mediterranean as an assistant surgeon in the Royal Navy, "where he saw extensive practice, especially in the treatment of gun-shot wounds." At the conclusion of the war in 1815, he returned to Edinburgh. In 1821 after a warm contest he was elected professor of surgery to the Royal College of Surgeons by a considerable majority of the votes of the Fellows.

For many years the University and College vied with each other to secure the greater share of the annual enrolment of medical students. This rivalry became all the keener when during the decade 1830 to 1840 the number of medical students in Edinburgh—probably because of the ascendancy of the medical schools in London—dropped by one-half. The clash of interests between these two institutions contributed in no small measure to the celebrated lawsuit in which the parties concerned were the professors of surgery of the University and College respectively.[2] In his *System of Surgery* Lizars enjoined that in every operation about the anus particular care should be taken to avert post-operative haemorrhage. For this reason he advocated the insertion of dry lint into the gut. He then went on to say: "Nor is it improper as an additional warning here to mention a case which was under the care of our professor of clinical surgery a few years ago. He operated on a gentleman for a slight fistula in ano, left the part inadequately defended, and dreadful haemorrhage ensued." Syme, who was the professor of clinical surgery referred to, at once imputed malicious intentions to this remark and sought legal redress by a claim for £1,000 damages and a further sum of £100 costs.

Lizars's defence was that he had "not indulged in animadversion" and that "he merely cited the case to illustrate the importance of practical advice." During the hearing his counsel claimed that the whole of the University, professors as well as students, was divided into two great parties, "the Pluggites and Anti-Pluggites," and then endeavoured to persuade the jury that the case was "one of those paltry quarrels a great deal too characteristic of the medical profession, and ought to be treated as undeserving the attention of the Court." The jury, however, after an absence of ten minutes awarded £50 damages to Syme, and the offending passage had to be expunged from the book.

When Lizars's tenure of professorial office terminated shortly after this trial, Syme succeeded in dissuading the College from re-electing him, and the opportunity was taken to abolish the chair altogether. In the following year Lizars was an unsuccessful candidate for the University chair when this was rendered vacant by the death of Sir Charles Bell, the younger brother of John Bell. Thus deprived of all active association with the College and Infirmary, Lizars's private practice declined, and his sudden death on May 21, 1860, was not without suspicion of being due to laudanum.

Barely a year had elapsed since the death of John Bell, his teacher and partner, when Lizars's paper on neuralgia was published. John Bell, in his *Principles of Surgery*, claimed that he had "constantly endeavoured to moderate the rage for operations, and to inspire a just and rational reliance on the provisions of nature for the cure of diseases." Lizars heads his paper by a short citation from this book, but, by taking the quotation out of its context, he succeeds in conveying a diametrically opposite view. "Operations have come at last to represent the whole science" is what Lizars quotes, and believes, omitting to complete the passage, which continues as follows: "and the surgeon, far from being valued according to his sense, abilities, and general knowledge, is esteemed excellent only in proportion as he operates with skill." To leave the reader in no doubt as to his own standpoint, Lizars opens his paper as follows:

(*Continued at foot of next column*)

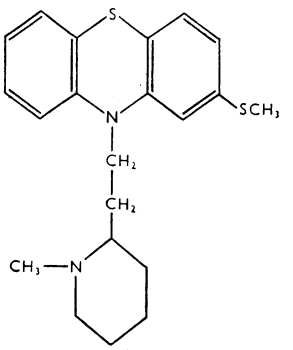
To-day's Drugs

With the help of expert contributors we publish below notes on a selection of drugs in current use.

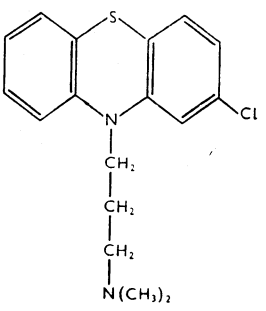
Thioridazine

"Melleril" (Sandoz).

Chemistry.—Thioridazine is a phenothiazine derivative, with the relationship to chlorpromazine shown by the following formulae:



Thioridazine



Chlorpromazine

Pharmacology.—This drug has anticholinergic and adrenergic-blocking actions. It has little anti-emetic or hypothermic action, but is otherwise comparable in its effects to chlorpromazine.

Therapy.—Like other phenothiazines, the main use for thioridazine is in the treatment of patients with schizophrenia. It is also of value in the treatment of mania, and in controlling the agitation that may occur in depressive states. Dosage is similar to that of chlorpromazine, and up to 600 mg. a day, or more, may need to be given in acute psychoses.

Side-effects.—These are similar to those of other phenothiazines. Extrapyramidal complications are said to be less of a problem, but drowsiness, dryness of mouth, dizziness, and faintness are not uncommon.

N.H.S. Basic Price.—10-mg. tabs., 100 for 6s.; 25-mg. tabs., 100 for 10s.; 50-mg. tabs., 100 for 19s.; 100-mg. tabs., 100 for 36s.

(*Continued from previous column*)

"This case I am induced to communicate as it resisted all remedies employed but the knife." As to Lizars's skill and the masterly audacity with which he wielded the knife, there cannot be any doubt. After describing the operation which he had originated for the excision of the upper jaw he says: "So little does this operation disfigure the countenance that a surgeon who saw one of my patients inquired whether it was the upper or lower maxillary bone that I had removed." In the days long before antiseptics and anaesthetics he was the first in Britain to perform ovariotomy, to ligate the innominate artery for aneurysm, and to remove the lower jaw. His boldness as a surgeon is revealed by such prophetic proposals as "to puncture the brain in acute hydrocephalus, and to treat prostate by cutting out the entire gland"—proposals which Syme quoted with derision.

SIMON BEHRMAN.

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[1] Lizars, J., *Edinb. med. surg. J.*, 1821, **vol. 17**, p. 529.

[2] Macgregor, S., *Full Report of the Jury Cause, Syme v. Lizars*, 1840. Edinburgh Printing and Publishing Co.