

## “A Most Hideous Object”: John Davies (1796–1872) and Plastic Surgery

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The story of the revival of skin-grafting for rhinoplasty in Europe is well known. The technique was described and successfully performed in sixteenth-century Italy by Gaspare Tagliacozzi (1546–99), but then fell into disuse and mythical folk-memory.<sup>1</sup> Meanwhile, the operation had been performed in India since ancient times and remained in continuous use there, where it was observed and described at the end of the eighteenth century by medical men in the service of the East India Company. The classic case is that of the bullock driver Cowasjee, mutilated on the orders of Tipu Sultan in 1792, whose nose was restored a year later by a native practitioner. An engraving by James Wales illustrating the case was published at Bombay on 20 March 1794, and a reduced copy engraved by Barak Longmate (1768–1836) appeared in the *Gentleman's Magazine* for October of that year, together with an article signed with his initials, essentially a verbatim reprint of the description published with the original print.<sup>2</sup> Longmate was a regular contributor to the journal, usually of articles on topography and genealogy.

The first European attempts at the operation were carried out by Joseph Constantine Carpue (1764–1846), as described in his classic account published in 1816.<sup>3</sup> Carpue's book is well known, but the second British book on the subject, John Davies's *Case where an operation for restoring a lost nose, was successfully performed*<sup>4</sup> has hitherto escaped notice. This flimsy 16-page pamphlet, with no illustrations, hardly compares physically with Carpue's substantial quarto volume, but it nevertheless gives a full account of a pioneering attempt at a new technique and its graphic detail is certainly the equal of Carpue's.

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I am grateful for the assistance of Margaret Harris, Hertford Museum.

<sup>1</sup> On Tagliacozzi, see Martha Teach Gnudi and Jerome Pierce Webster, *The life and times of Gaspare Tagliacozzi*, New York, Herbert Reichner, 1950. For some two centuries after his death Tagliacozzi was principally known not for his actual achievements but for the legend that he transplanted flesh from live donors to make replacement noses, which continued to feel sensations felt by the donors and decayed when they died.

<sup>2</sup> B[arak] L[ongmate], 'Curious chirurgical operation', *Gentleman's Magazine*, 1794, 64 (ii): 891–2. Longmate's surname appears on the engraving and his authorship of the text is confirmed in James M Kuist, *The Nichols file of The Gentleman's Magazine. Attributions of authorship and other documentation in editorial papers at the Folger Library*, Madison, WI, University of Wisconsin Press, 1982, pp. 87, 319.

<sup>3</sup> Joseph Constantine Carpue, *An account of two successful operations for restoring a lost nose from the integuments of the forehead, in the cases of two officers of His Majesty's army*, London, Longman, Hurst, Rees, Orme & Brown, 1816.

<sup>4</sup> John Davies, *Case where an operation for restoring a lost nose, was successfully performed*, London, [Snell] for the author, 1825.

Davies's operation is known by a short description published in the preceding year.<sup>5</sup> This article is cited by Zeis<sup>6</sup> and Zeis-Patterson,<sup>7</sup> but the later separately-published account is omitted, although there is a copy in the National Library of Medicine, Bethesda, MD.<sup>8</sup> A second copy was acquired by the Wellcome Library in 1999.<sup>9</sup> This pamphlet version not only enlarges somewhat on the earlier article, but carries the story further, with an interesting coda describing enterprising prosthetic work.

Carpue performed his two operations on 23 October 1814 and on an unspecified date in 1815. Two cases are then recorded before Davies's: one by Alexander Copland Hutchison (d. 1840) on 5 May 1818,<sup>10</sup> the other by Benjamin Travers (1783–1858) at St Thomas' Hospital on 7 November 1823.<sup>11</sup> The failure of this latter case prompted Davies to publish his description "with the hope that an occasional failure will not deter any surgeon from attempting such a laudable operation as that of remedying so great a deformity as the loss of a nose".<sup>12</sup>

In contrast to Carpue, Hutchison and Travers, who were all experienced surgeons, Davies was at the outset of his career. Moreover, he was faced with the much greater challenge, not simply of restoring the patient's nose but of reconstructing a substantial part of his face. He had not, incidentally, read Carpue's book.

Davies was born in 1796,<sup>13</sup> son of a farmer at Llanbadarn Fawr near Aberystwyth, Cardiganshire. His name was really John Davies Edwards, but he was always known at school as John Davies and dropped his original surname in adult life. He was first apprenticed to a local surgeon and came to London in 1819 to study at St Bartholomew's Hospital. He qualified as MRCS in the same year, practised first at Hatfield, Hertfordshire, with William Lloyd Thomas (1791–1855), whose sister he married, and then moved back to London, to Somers Town, in the parish of St Pancras. He next joined in partnership with Francis Ray L'Estrange at 189 Tottenham Court Road, and it was there in July 1823 that he was approached by a Mr Capon, a patient from Somers Town, accompanied by his brother Shepherd, whose face was wrapped in a handkerchief as far as the eyes.

On removing the handkerchief, he presented one of the most hideous deformities I had ever witnessed. His two cheeks were separated by a large chasm, extending from between the eyes, down to the mouth. The nostrils were, of course, entirely bare, presenting a reddish,

<sup>5</sup> John Davies, 'A case where the Taliacotian operation was successfully performed', *London Medical Repository*, 1824, 21: 39–42.

<sup>6</sup> Eduard Zeis, *Die Literatur und Geschichte der plastischen Chirurgie*, Leipzig, Engelmann, 1863–64, p. 83.

<sup>7</sup> Eduard Zeis and Thomas J S Patterson, *The Zeis index and history of plastic surgery 900 BC–1863 AD. Translated with additions and revisions by Thomas J S Patterson*, (McDowell series of plastic surgical indexes, vol. 1), Baltimore, MD, Williams & Wilkins, 1977, pp. 149–50.

<sup>8</sup> *The index-catalogue of the Library of the Surgeon-General's Office, United States Army*, 2nd

series, 21 vols, Washington, DC, Government Printing Office, 1896–1916, vol. 4 (1899), p. 35.

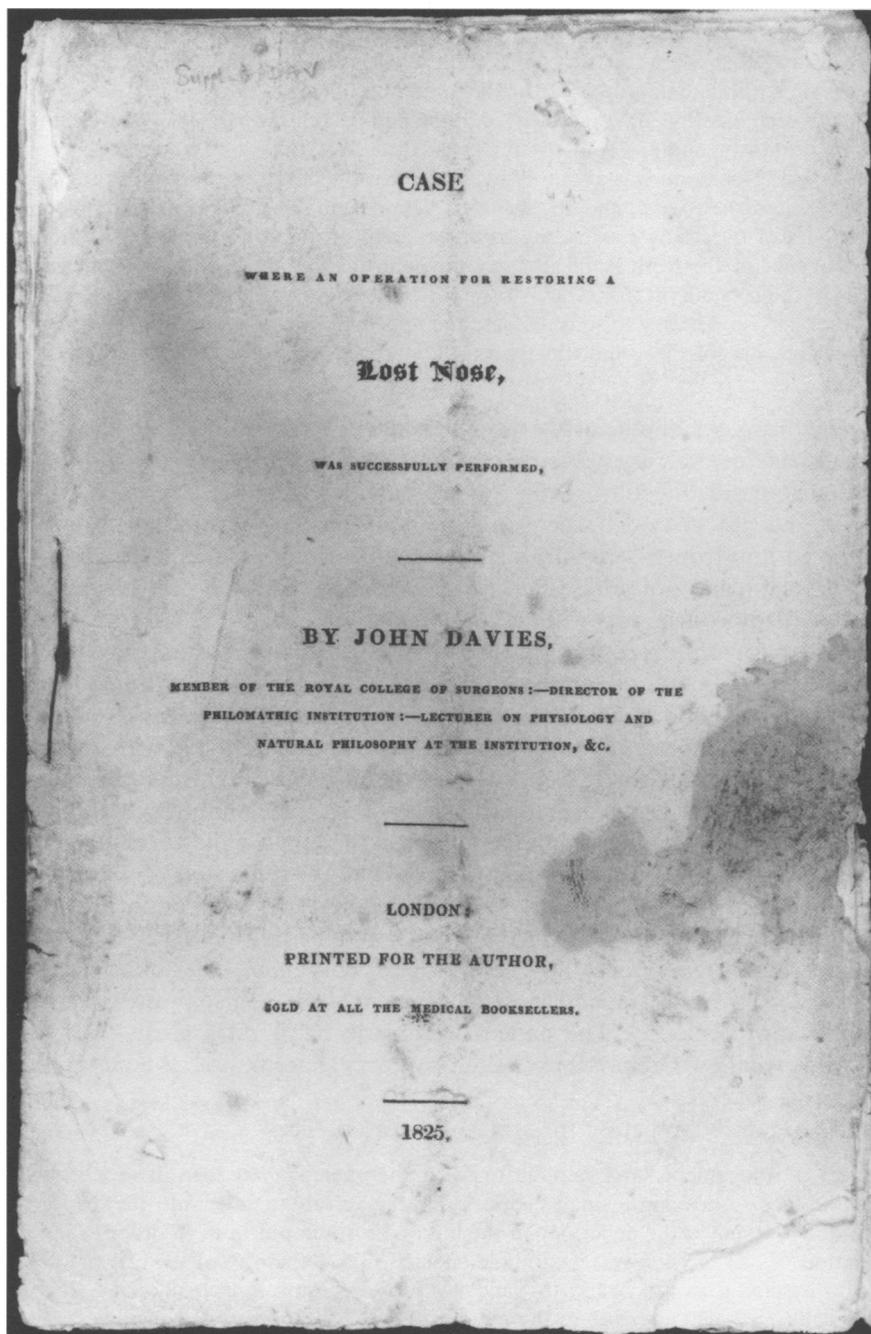
<sup>9</sup> Nigel Phillips, *Catalogue 24*, item 17, London, 1999.

<sup>10</sup> Alexander Copland Hutchison, 'Case in which the nasal operation has been recently performed', *Edin. Med. Surg. J.*, 1818, 14: 344–5.

<sup>11</sup> 'Taliacotian operation for a new nose', *Lancet*, 1823, 1: 204–5.

<sup>12</sup> Davies, op. cit., note 5 above, p. 39. The same passage appears in Davies's later pamphlet, but without the context of Travers's unsuccessful operation.

<sup>13</sup> 'Obituary. John Davies, MD', *Med. Times Gaz.*, 1872, ii: 528–9.



*Figure 1:* Title-page of John Davies's pamphlet on an operation for restoring a lost nose. (Wellcome Library, London.)

very disgusting appearance. The nasal bones were nearly all gone: the upper jaw bone was entirely destroyed between the two canine teeth: the four front teeth were, of course, wanting: there was no soft palate; and the hard palate had had openings through it. The upper lip, as has already been mentioned, was destroyed in the middle; but the two sides were held together by a small bond of union, about the thickness of a crow quill, and about a quarter of an inch in length. This bond was about midway between the natural situation of the opening of the nostrils, and the edge of the lip. The cleft below it, in the lip, was of a triangular form, the two sides of the triangle extending from the point of union, to the angles of the mouth. In consequence of the teeth being lost in front, and the jaw bone destroyed, the remaining portions of the lip sank in, from want of support. The edges of the skin around the destroyed parts, were hard and scarry to some extent, and appeared to possess but very little sensibility. He articulated his words so indistinctly, that a stranger could not understand any thing he said.<sup>14</sup>

Capon, then aged about forty, was a shoemaker in Suffolk and his disfigurement was the result of mercury taken for syphilis. He had been cured for about three years, but found it difficult to work, as the handkerchief round his face obstructed his sight. Davies discussed the situation with his professional colleagues, who discouraged him from attempting such a risky operation. He therefore told Capon that, while he could not advise him to undergo the operation, he was prepared to make the attempt, if he was willing, and he warned him of the risks involved. The main reason for optimism was that Capon's health was good and he had always lived in the unpolluted environment of the country. He returned home for a time but was back in London after a couple of months and visited Davies on 10 or 12 September to tell him that he was ready for the operation. Davies, with considerable misgivings, set the date for 18 September at the St Pancras Infirmary, where he was acting as locum. That day was in fact taken up with discussion between Davies and his colleagues as to the best technique to use on the lip, and they eventually decided that a graft of skin from the side of the face would be preferable to a conventional harelip operation. Capon therefore returned on the 19th, was examined first by Dr Henry Shuckburgh Roots (1785–1861), physician to the Infirmary, and then subjected to the operation. Only one of Davies's surgical colleagues, Alexander Barrack, of North Gower Street, was free to assist, but four pupils were also present. The matter-of-fact opening sentence "The patient was made to sit on a chair, with his face towards the window"<sup>15</sup> reminds us that preparatory anaesthesia was not even thought of.

Davies began by preparing the surface of the lip. Then

A piece of integument, large enough to cover the opening, was then dissected out of the side of the face . . . leaving a small peduncle for the vessels to enter into it. This piece was twisted down, to cover the deficiency in the lip, and a stitch put in it, in order to retain it in its situation. . . . an incision was next made on each side of the root of the original nose, and the skin dissected forward, nearly to the edges of the chasm on each side, and then turned inside out and brought together in the middle. A stitch was put in its edges, to retain them together, that they might support the integuments, of which the future nose was to be made. . . .

The next step, was to bring down sufficient skin from the forehead, to form a nose. The

<sup>14</sup> Davies, *op. cit.*, note 4 above, pp. 5–6.

<sup>15</sup> *Ibid.*, p. 8.

model of this was already cut out in sticking-plaster. This piece of plaster was stuck on the forehead, and the portion of skin covered by it was dissected down, as low as the root of the old nose, between the eyes. A small peduncle was left here to the flap, in which a twist was formed, in order to bring the skin outward. The flap was then brought down over the support, which was already made for it, by the integuments turned forward from the sides of the old nose. . . . three stitches were put on each side . . . The nostrils were next plugged up with lint, and a compress of old cloth, rolled up, was applied longitudinally on each side of the nose. . . . The wound on the forehead was dressed with adhesive plaister, and a roller was applied moderately tightly all over the face. . . . The man bore the operation without a groan, although, as must be supposed, a painful one. His suffering must have been greater, owing to the complicated nature of his case rendering the operation more tedious, than if the nose alone had been destroyed. Immediately after the operation, he felt very cold. He was put to bed, and a little wine and water given to him.<sup>16</sup>

The operation was carried out “between twelve and one o’clock in the day”,<sup>17</sup> but it seems improbable that Capon was under the knife for the whole hour. Carpue’s first case was timed by a friend of the patient at 15 minutes for the operation, followed by 22 minutes for dressing and bandaging. This was a simpler operation and Carpue was a more experienced surgeon; he had practised the operation a dozen times on cadavers.<sup>18</sup> No time is recorded for Carpue’s second case or for Hutchison’s, but Travers’s, according to the *Lancet* reporter, “was completed in less than half an hour”.<sup>19</sup>

Capon was taken by coach to his lodgings in the evening. Three days later, on 22 September, the dressings were removed. This time half a dozen of Davies’s colleagues were present, including his partner, L’Estrange.

On the bandage being removed, I was highly gratified to find the parts united on each side, from top to bottom. The small portion also, which had been brought to cover the opening in the lip, was united. In this part, nature did what I should not have thought of doing. She twisted this piece of integument in such a manner as to form it into a perfect septum for the nostrils. I could not have made a septum from the integuments of the forehead, because there was no place to unite it to, owing to the deficiency in the lip. The nose was as straight as it could be, and presented a well formed bridge. It appeared now too large for the face, but I knew it would contract as cicatrization went on. The wound on the forehead appeared quite healthy. . . . Every one present expressed himself highly pleased with the alteration in the man’s appearance. He did not look any thing like the same person. His powers of articulation were already evidently improved.<sup>20</sup>

The stitches were removed on the sixth day after the operation. Capon was allowed out on the ninth day and returned to Suffolk after three weeks.

At this time, his nose was quite firm, and the wound on the forehead was reduced to a size smaller than a half crown piece. I gave him directions how to dress it, and to keep the nostrils open with lint for some weeks, so as to prevent their closing by the contraction of the nose, which was by this time, considerably reduced in size. . . . This man was a most hideous object

<sup>16</sup> *Ibid.*, pp. 8–9.

<sup>17</sup> *Ibid.*, p. 9.

<sup>18</sup> Carpue, *op. cit.*, note 3 above, pp. 84, 86–7.

<sup>19</sup> ‘Taliacotian operation’, *op. cit.*, note 11 above, p. 205.

<sup>20</sup> Davies, *op. cit.*, note 4 above, pp. 10–11.

before he was operated upon; but when he left town to return home, very few would have known him to be the same individual.<sup>21</sup>

Before he left, Capon had been seen by several eminent surgeons, including Sir Astley Paston Cooper (1768–1841) and George James Guthrie (1785–1856), and by the editor of the *London Medical Repository* (presumably James Copland (1791–1870)), who added a commendatory postscript to Davies's article, when it appeared in the issue for the following January. The article was dated 3 December 1823 and Capon was by then back in London, having found himself mocked by his neighbours. His appearance was now relatively normal, although one nostril had almost closed up, through his failure to keep it properly plugged. The scar on his forehead was barely visible and he had grown a moustache to conceal the cleft in his lip, but the absence of his front teeth meant that his speech was still indistinct.

Dental work was beyond Davies's competence and Capon's pocket, but while Davies was considering applying to a charitable benefactor, he was approached by James Snell (1795/6–1850), a dental surgeon with a special interest in prosthetic work, who had heard of the case and offered his services free of charge.

After the restoration of the nose was so happily accomplished . . . it would have been a pity to allow the other imperfections about the mouth and lip to remain: the cleft in the lip was still of that form which the hare-lip operation could not remedy . . . The consequences which necessarily resulted from this defect, added to the loss of the anterior part of the jaw bone and teeth, were, that when the patient attempted to speak, the tongue protruded through the deficiency; and, owing to its tip having no place to rest upon . . . owing also to the rush of air into the pharynx through these defects, the speech was rendered thick, and at times almost unintelligible.<sup>22</sup>

Snell, accordingly, replaced the missing portion of the jaw bone with a piece of hippopotamus tooth, into which he inserted four replacement human teeth. The prosthesis was attached to the adjacent teeth with gold clasps. For the missing part of the lip he constructed an ivory replacement, attached to the artificial jaw by gold pivots. It was coloured to match the adjoining skin and fitted with an artificial moustache which merged imperceptibly with Capon's own. It was generally agreed that his appearance was now entirely normal. He stayed in London until the middle of the year, but found that he could not earn enough to support himself and his family and returned to the country. The preface to Davies's pamphlet is dated 30 March 1825, nine months after he had last seen Capon, but he felt that, as the reconstructed parts had survived the winter of 1823–24, the outlook seemed favourable.

Davies did no more innovative surgery. His partnership with L'Estrange proved uncongenial, and health reasons prompted a move out of London to Hertford, where he spent the rest of his life in successful general practice. He enhanced his professional status by qualifying as LRCP (1842) and MRCP (1859), and by obtaining MD degrees from Erlangen (1847) and King's College, Aberdeen (1850). Over the years he published a variety of books and articles and held various local medical

<sup>21</sup> *Ibid.*, pp. 11–12.

<sup>22</sup> *Ibid.*, p. 15.



*Figure 2: John Davies (1796–1872). (Reproduced by courtesy of Hertford Museum.)*

appointments. He was active in civic affairs, becoming a justice of the peace and serving as mayor of Hertford in 1834 and 1835, the last mayor of the old corporation before the passing of the Municipal Corporations Act of 1835. He became an alderman of the new corporation and served as mayor twice more, in 1841 and 1847. He died in 1872 and Davies Street (originally Railway Terrace) is named after him.<sup>23</sup>

<sup>23</sup> Rosemary Bennett, *Hertford street and place names*, Hertford, Hertford Museum, 1996, p. 8.

A last question is why Davies decided to publish the account of his operation as an ephemeral, privately printed pamphlet rather than as a journal article or through the normal publishing channels. The title page describes the pamphlet as “printed for the author, sold at all the medical booksellers.” There is no indication of price, but the statement that the pamphlet was available in shops indicates that Davies intended it to be publicized and did not simply have a few copies printed for private circulation. The Wellcome copy is in plain grey-green wrappers (the front wrapper is missing) and is creased as if for putting through a letterbox. It looks very much as if Davies himself was responsible for distribution, and the pamphlet appears to have attracted no attention in the press. The printer was Adolphus Snell, of 23 Harcourt Street, Bryanston Square. If he was related to James Snell, this might have some bearing on the pamphlet’s production. It is difficult to see why Davies did not offer the *London Medical Repository* a sequel to his earlier piece. He was certainly not shy of offering material to editors and himself later dabbled briefly in medical journalism as one of the editors of the first two volumes of the *London Medical and Surgical Journal* (1828–29). Presumably he felt that the additional material did not really warrant an article in its own right, and was attracted by the idea of a comprehensive account, giving the entire story from the beginning and adding additional detail to his first version. A further point of interest is the change of title. The running-title throughout is “Taliacotian operation”, as in Davies’s earlier article and in the report of Travers’s operation, and the decision to drop the word “Taliacotian” from the title page was evidently a last-minute change. Presumably someone pointed out that Tagliacozzi’s preferred technique was to graft skin from the arm, rather than from the forehead as in the Indian operation.

John Davies, in the words of his obituarist, “passed a very industrious and most useful life.”<sup>24</sup> It was entirely conventional apart from this one enterprising operation, which, had he chosen a different means of publication, might have secured him a niche alongside Carpue in the history of surgery.

<sup>24</sup> ‘Obituary’, op. cit., note 13 above, p. 529.