PERE PIULACHS I OLIVA PIULACHS EPONYMS

The eponyms

Piulachs-Hederich syndrome. Eponym used to indicate a sudden abdominal colic caused by a sudden idiopathic colic gas distension¹.

Piulachs flank pinch. With the thumb on and in the iliac spine and the other fingers in the lumbar fossa, the patient's flank is squeezed; if appendicitis is present, this manoeuvre causes pain and abdominal guarding that impedes the closing of the hand².



Pere Piulachs i Oliva (1908-1976)

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Pere Piulachs i Oliva was born in Barcelona in 1908. His father was an industrialist doing business related to construction. Despite the family's wish for him to continue the family business, after finishing secondary school he chose to study medicine. He attended the *Universitat de Barcelona*, graduating in 1931 with a brilliant academic record.

He had a younger brother, Jaume, who worked for a while in the family business, but entered the Society of Jesus, or Jesuits, before the Spanish Civil War, where he held various positions throughout his life³. He died suddenly one Christmas Day on his way to celebrate mass. Pere dedicated some of his most heartfelt poems to his brother.

His passion for surgery right from the start led him to sit the governmental exams for a post as night physician in the emergency department at *Hospital Clínic de Barcelona*, where he began to develop his skills and started training in surgery. Then in mid-1938, during the Spanish Civil War, he was detained and held, first in a steamship and later in Montjuïc Castle (Barcelona)⁴.

In 1940, he earned his PhD with the thesis *La peritonitis biliar sin perforación* (Biliary peritonitis without perforation), winning the extraordinary prize³. The same year he won the Chair of Clinical and Surgical Pathology at *Universidade de Santiago de Compostela* through governmental examinations. In regard to these governmental examinations in 1940, the first after the Spanish Civil War⁵, Bermejillo explained⁶ that at the end of each of the four first tests one of the members of the tribunal, Laureano Olivares said in reference to Piulachs: "Yes, he is competent and well-versed in the subjects and information, but his intonation and diction are so Catalan!". Nevertheless, after the

fifth exercise, Olivares did not hesitate to tell him: "I have never known a colleague with greater knowledge of surgical and medical pathology, or of physiology, biochemistry, anatomy, and other wide-ranging subjects. You deserve the chair and it is only fair that we give it to you". Piulachs' performance in the sixth exercise was unsurpassable and he obtained the chair by unanimous decision of the tribunal.

Later he won competitions for positions available in Zaragoza (1941) and Barcelona, where he began in January 1943 and would remained until his death in 1976⁴. When he returned to Barcelona, he permanently occupied the chair of surgery in Clínica Quirúrgica B. In 1946 he also took on that of Clínica Quirúrgica A, until in 1952, Ramon Arandes i Adan, who was an assistant professor with Pere Piulachs, was awarded the chair by governmental examination, occupying it until his retirement in 1982. For a time, Pere Piulachs also took on a third chair, that of Clínica Quirúrgica C, when Josep Maria Bartrina i Thomàs retired in 1948. This position, which Romà Julià i Bonet had occupied for many years, first as associate professor and later as the titular professor, was not permanently filled until 1967, with the arrival of Cristóbal Pera Blanco-Morales. Piulachs managed the department and exercised the professorship in a highly personal way, with all the authority and weight of a "classic" professor. He taught well, operated well, and governed strictly, aware of his own superior status. He had a very heavy workload as a surgeon, and he had the physical strength that enabled him to do it⁷.

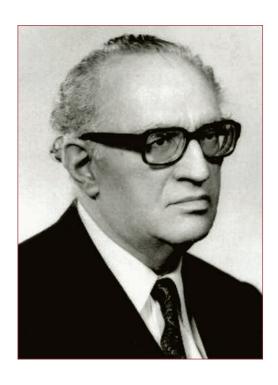
Pere Piulachs: the surgeon

Pere Piulachs was a great surgeon. He focused especially on abdominal surgery, neck surgery, and vascular surgery. Those who knew him highlight his prodigious memory, knowledge of anatomy, manual dexterity, measured and precise gestures, and the care he took over technical aspects down to even the tiniest details in all his operations³.

They also emphasise his teaching ability, which he demonstrated over the 34 years he held the professorship in Barcelona. In addition to his lectures, he always had a special preference for presenting patients during rounds, since he was convinced that students had to learn at patients' bedsides if they were to develop their observation and examination skills (seeing, listening, touching, palpating, smelling, etc.).

He created the Surgery School where he trained outstanding surgeons and was dean of Faculty of Medicine of *Universitat de Barcelona*⁵. His teaching work led him to publish a first book called *Lecciones de patología quirúrgica* (Lessons in surgical pathology, 1948), of which he was the sole author. Over the years (1955) it became five volumes, constituting a singular surgical treatise in that period, setting a milestone in the teaching of surgery, especially for Spanish-speaking surgeons.

He published other books, including Shock traumático (Traumatic shock), Pancreopatías agudas (Acute pancreatic diseases), Esplenectomía en las anemias hemolíticas (Splenectomy in haemolytic anaemias) and Úlceras de las extremidades de origen vascular (Ulcers of the limbs of vascular origin) to name a few. In 1956, he published an extensive book in English, Ulcers of the legs. Rudolph Matas (a surgeon of Catalan origin that worked at New Orleans, who also contributed some eponyms) wrote the prologue for this book shortly before his death. Piulachs also published several works in collaboration with students and colleagues, including Heridas vasculares (Vascular injuries), Tromboflebitis autóctonas de las extremidades superiores (Autochthonous thrombophlebitis of the upper limbs), Adenitis mesentérica aguda (Acute mesenteric adenitis), and Enfermedades del tiroides (Thyroid disease). He compiled the works of his surgical clinic and published them in seven volumes as *Anales de la* Clínica de Patología Quirúrgica (Annals of the Surgical Pathology Clinic). He also collaborated in writing many other books on surgery and other areas of medicine, such as the Enciclopedia médico-quirúrgica Salvat (Salvat medical-surgical encyclopaedia) and Historia universal de la



Portrait of Pere Piulachs. c. 1974

medicina (Universal history of medicine), the latter edited by Pedro Laín Entralgo. He published over 200 works, making many original contributions to surgery³. In 1974, the monograph *Repercussió enzimàtica de l'agressió* (Enzymatic impact of aggression), written with A. Corominas, R. Balius, and his son, X. Piulachs, earned him the Joaquim i Antoni Trias i Pujol Prize for the best research paper written in Catalan. Previously, in 1972, he had won the Pere Virgili Surgery Prize⁵.

One of his works⁸, published with H. Hederich in the journal *Acta Médica Hispánica* in February 1947, gave rise to the eponym Piulachs-Hederich syndrome (eponym used to indicate a sudden abdominal colic caused by a sudden idiopathic colic gas distension)¹. This paper was entitled "La dilatación aguda del colon, complicación del dolicomegacolon" (Acute

colonic dilatation: a complication of dolichomegacolon). He began this article stating:

"A relatively frequent complication of dolichomegacolon is occlusion due to volvulus, which is nearly always located at the level of the sigmoid. In addition to this occlusion of a mechanical cause, we have observed a type of dynamic occlusion, which appears suddenly, with enormous meteorism, with no emission of gases or evacuation of faeces. Introducing a gastric probe into the anus confirms that the colon is patent and that there is no obstacle, unlike in occlusion by sigmoid volvulus, in which the probe cannot advance beyond the level of the twisted loop".

The authors' own summary of the work states:

"We describe a previously unreported complication of dolichomegacolon, denominated acute colonic dilatation.

This is a paralytic occlusion, without obstacles, that appears brusquely. It is considered homologous to acute spontaneous dilatation of the stomach, observed as a paroxysmal accident in individuals with megastomach. So it is a crisis caused by excessive sympathetic tone, which develops in an individual who habitually presents a localised hypersympatheticotonia, the expression of which is dolichomegacolon.

We propose a treatment analogous to gastric lavage, introducing a Faucher probe with a piston-like device to aspirate and empty the contents of the colon.

Due to the supra-umbilical location of meteorism, which occurs because of the preferential dilatation of the transverse colon, it may be confused with acute gastric dilatation; the gastric probe resolves these doubts.

It can be differentiated from a crisis due to sigmoid torsion by the absence of an obstacle to penetration of the probe and entrance of the opaque enema".

Piulachs played a decisive role in several societies. He was president of the *Asociación Española de Cirujanos*⁹, the Latin Mediterranean Surgery Society¹⁰ and the Societat Catalana de Cirurgia (1953-1961)¹¹. It is worth recalling, however, that when Piulachs took over the presidency of the Catalan society from Joaquim Trias i Pujol after the Spanish Civil War,

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La "dilatación aguda del colon",

complicación del

dolicomegacolon (The "acute

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dolichomegacolon)8, which

gave rise to the eponym

Piulachs-Hederich syndrome

Cátedra de Patología Quirúrgica de la Facultad de Medicina de Barcelona
(Prof. P. Piulacha)

LA «DILATACION AGUDA DEL COLON», COMPLICACION DEL DOLICOMEGACOLON

por el Prof. Dr. P. PIULACHS y Dr. H. HEDERICH

Una complicación relativamente frecuente del dolicomegacolon es la oclusión del vólvulo, que asienta casi siempre a nivel del sigma.

Frente a esta oclusión, de causa mecánica, hemos observado nosotros un tipo de oclusión dinámica, que aparece de modo súbito, con enorme meteorismo, sin emisión de gases ni evacuación de hecca.

Si se introduce una sonda gástrica por el ano, se comprueba la permeabilidad del colon, no existe obstáculo, al revés de lo que sucede en la; coclusión por volvulo del sigma, en la que la sonda se detiene a nivel del asa torsionada.

Ni en el libro de Passler (2), ni en las publicaciones sobre dolicomegacolon que hemos revisado, hemos encontrado descrito este tipo de oclusión dinámica paralítica aguda, como complicación de un dolicomegacolon.

Nosotros consideramos esta complicación como homóloga en el colon de la dilatación del estómago, que complica el megaestómago, por eso la designamos con el nombre de dilatación aguda del colon.

El dolicomegacolon corresponde a la localización cólica de los megasin-

El dolicomegacolon corresponde a la localización cólica de los megasindemes viscerales por hipersimpaticotonía, del mismo modo que la acalasia del píloro, o megaestómago, traduce la localización gástrica, con dilatación de las paredes del estómago e hipertonía del estínter pilórico. (Véase Prulacias.) (3).

En ambos casos puede observarse una complicación de dilatación aguda, como expresión de una crisis paroxística de la hipersimpaticotonía. En el megaestómago se manifiesta por la dilatación aguda espontánea de estómago (Servelle) (5), desencadenada con frecuencia por una comida copiosa.

En el dolicomegacolon, puede observarse también, como complicación homóloga, la mencionada dilatación aguda de colon. No sabemos si puede ser desencadenada por un purgante intempestivo o por una comida abundante. En unos de nuestros casos, el enfermo refería haber presentado durante su vida res o cuatro crisis de oclusión aguda, parecida a la que presentaba a su ingreso en el Servicio, y que nosotros diagnosticamos de dilatación aguda de colon; estas crisis duraron dos a tres días, y regresaron espontáneamente con la eliminación por el ano de uno a dos asacrides.

La irritación por presencia de ascárides puede dar lugar a oclusión intestinal por espasmo provocado a veces por la presencia de un solo ascáride (véase PIULACIIS, BROGGI y ÁLVAREZ-ZAMORAI (4); no sabemos hasta qué punto en un

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the society had become the Asociación de Cirugía de la Academia de Ciencias Médicas because its name had to be in Spanish. Piulachs, together with the society's secretary, Antoni Sitges i Creus, promoted the old Society, without losing its link to the Academy. The Civil Government approved its continuation under the name, also in Spanish, of Asociación de Cirugía de Barcelona and its inaugural session was held on 24 November 1956. The following year, Barcelona Quirúrgica the Association's journal, began to be published; in 1958, they reached 100 members and in 1960 held some conferences to commemorate the second centenary of Reial Col·legi de Cirurgia de Barcelona. It was not until the presidency of Ramon Arandes i Aran (1971-1973) when the name could revert to the Sociedad Catalana de Cirugía. Finally, under the presidency of Antoni Sitges i Creus (1977-1981), the original Catalanlanguage name approved in the Society's founding articles in 1927, Societat Catalana de Cirurgia, was restored¹¹.

Pere Piulachs was awarded numerous distinctions, including the *Gran Cruz de Sanidad*³ (Grand Cross of the Civil Order of Health) and the *Gran Cruz de la Orden de Alfonso X el Sabio* (Grand Cross of the Order of Alfonso X the Wise)¹⁰. He was a member of several international medical societies, as well as of the *Reial Acadèmia de Medicina de Barcelona* (from 1961), the *Acadèmia del Far de Sant Cristòfor* (from 1964), and the *Real Academia Nacional de Medicina*. In the latter, he took possession of his numerary seat on 4 June 1974, bearing medal number 6. He succeeded Agustí Pedro i Pons¹², who also contributed eponyms, which are dealt with in another chapter.

Pere Piulachs: humanist, writer and poet

Pere Piulachs was an insatiable reader: "It was common to see him sitting in a Barcelona restaurant, with a book open before him, tirelessly underlining lines while he ate"³. He was not merely interested in

medicine, but also cultivated the humanities, philosophy, and literature. He was also a great collector of artwork, having a magnificent collection of ancient carvings⁷.

This humanist side was shown in numerous conferences and many writings, where he demonstrated his mastery of words, which he used clearly and precisely. An example that testifies to his mastery is the speech he gave on acceptance to the *Reial Acadèmia de Medicina de Barcelona, La enfermedad y el enfermo* (Illness and the ill) in 1961⁵. Likewise, his acceptance speech to the *Acadèmia del Far de Sant Cristòfor, La palabra en la ciencia y en la poesía* (The word in science and poetry, 1964) is an extensive essay of more than 100 pages analysing the phenomenon of words in general, man's attitude toward science and poetry, the characteristics of scientific language and poetic language, and the convergence of scientific expression and poetic expression.

The work he read to enter the *Real Academia Nacional de Medicina, El sentido del dolor* (The sense of pain), is a further example. A great



Pere Piulach i Oliva taking possession of his numerary seat in the *Real Academia Nacional de Medicina* on 4 June 1974

conversationalist, with deep knowledge of language, his acceptance speech to the *Sociedad Española de Médicos Escritores y Artistas* in 1975 dealt with a subject he was especially passionate about: *La etimología de las palabras médicas* (The etymology of medical words)³.

He was also a consummate poet. His book *El viento encadenado* (The wind enchained) won the *Premi Ciutat de Barcelona* (City of Barcelona Prize) in Spanish poetry. Unfortunately, he did not live to see his last book published, a collection of poems and verses for children, *La luna salió del campo* (The moon rose out of the field), which was published a few days after his death³. Part of his body of poetry was published posthumously. He also wrote humorous poetry and it was known, as Corbella explains⁷, that he had penned the unsigned verses circulating in certain surgery congresses and that the pseudonymous author of humorous medical poetry "Vate Apaceo" was Pere Piulachs.

Pere Piulachs i Oliva died suddenly on 25 March 1976 at home in Barcelona, just as he was preparing to depart for the Faculty of Medicine.

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