Medical history – a personal view

My reminiscences of Sir Arthur Hurst

Arthur Hurst was the reason for my going to Guys Hospital, thereby influencing my whole career. When I was at Cambridge in the late 1930s, medical undergraduates could only do the pre-clinical work for a medical degree, and not continue at Addenbrooks Hospital for the clinical training, as Oxford men could do at the Radcliffe. We lived in Edinburgh where my father was a general practitioner (GP). He expected me to go back there to do the clinical phase but my mother, who was an American, had very definite views on how her four sons should have their careers planned. Apparently she told my father “Ian can’t possibly go anywhere else but Guys! He must be under Arthur Hurst”. Her determination was due to her admiration of ‘AH’ since the middle of the First World War when in 1916, AH, then a physician at Guys, was selected to start the first hospital in Britain for shell-shocked soldiers and sailors.

There is a great deal about this in his autobiography, where he relates that, after choosing the physicians and psychoanalysts, he chose Arthur Robin, a GP in Sidmouth, Devon with a “charming American wife and four sons, one of whom, Ian, later became my house physician at Guys, which was good training to become a laryngologist”.

So I actually met AH when I was 7 years old, as my father had a practice in Sidmouth from 1909 until 1919 when we all moved to Edinburgh so that we could go to Merchiston Castle School, where he had been. Hereby hangs another part of my life’s story!

My first real memory of AH is in 1929 when I was at Clare College, Cambridge, and my brother Alistair was at the Royal Naval College, Dartmouth. He was ‘passing out’ there and due to receive the King’s Dirk Award as the Best Cadet of the Year. My mother arranged for me to accompany her to Dartmouth for the ceremony and the Ball in the evening. My memory of him there is rather vague as it was of a very brief time. I mention this occasion because of the following incident which illustrates what a powerful influence he had in his quiet way which was to affect me much later.

My brother, all keyed up for the big occasion, suddenly developed, the day before, an acute ear infection and was in the College Sanatorium when my mother and I arrived. My mother talked to the Naval Medical Officer who told her that my brother had an ‘acute mastoid infection’ and he was asking the Naval ENT surgeon to come and see him. Apparently, my mother very firmly insisted that my brother should be seen by Mr Worthington, Senior ENT surgeon in Exeter, who had done a double mastoidectomy on her son Ian (myself) when he was 5 years old (the first of several). On being rebuffed, my mother demanded that Dr Arthur Hurst (he was not knighted then) be asked to see the Medical Officer. I can only imagine what happened: the result was that the Medical Officer agreed, but insisted that my brother was taken to Exeter in the College’s rather ancient and ill-sprung ‘ambulance’ and not in AH’s Rolls Royce as offered. So off went Alistair to Exeter with my mother following behind in the Rolls Royce. I am glad to say that Alistair’s operation was a complete success and he regained excellent hearing with no further ear trouble. Although in later years I knew and respected Naval otologists, I know that my mother was very wise to call in AH.

Having got to Guys I was fortunate to have my clinical training in extremely good conditions, with wonderful

teaching by ‘giants’ of surgery and medicine. It was not until much later that I realised that AH had followed my activities with interest. When I reached the stage of applying for the post of Senior House Physician to AH (by then Sir Arthur Hurst – or ‘Sir Harthur’ as Whitbread, the Senior Hospital Porter, in his brown frock coat and top hat called him – that I realised the characteristic gift of my ‘Chief’.

As this is a personal reflection, I can suitably digress. Although I went to Guys, where AH was, I had intended to be an orthopaedic surgeon. Having been determined to be a ‘doctor’ since I was 6 years old, at the age of 15 I had been taken by my father to the Edinburgh Children’s Hospital to see a German orthopaedic surgeon operate, which made me feel I would like to do nice clean surgery on lots of children.

At Guy’s I managed to get my Primary FRCS (at my second attempt – it did me a power of good to fail the first time!) before becoming AH’s Senior House Physician. I had plans to apply to be Mr Trethowen’s House Surgeon after that, but the Almighty had thought otherwise: as I neared the end of my appointment with AH I heard that Mr T, who had gone to Stockholm for an Orthopaedic Meeting, had got pneumonia and died. I was nearly at the end of my House Physician’s job with AH, by which time I had begun to realise that I did not want to be an orthopaedic surgeon dealing (at that time) mainly with Balkan Beans, plaster of Paris casts, and patients one never really got to know as people.

My 6 months with AH as his House Physician had made me interested in so many aspects of illness and how each individual copes with them. He was dynamic in making me interested in not only gastrointestinal conditions, about which he was a leading world authority, but about neurology, blood disorders, and asthma (from which he himself suffered). His wards were always filled with patients not only needing very full history-taking (absolutely essential for AH) but demanding my presence in the X-ray department for all the barium meals and enemas. (“Ian, it’s no good just reading the X-ray reports, you must actually be there to see them done”.) At that time, too, the House Officers had to take blood samples for haematology. Mention of this reminds me of the following tale, which illustrates the high regard in which AH was held. A leading Irish publisher had aplastic anaemia necessitating repeated blood transfusions. He had heard that the best physician in ‘Britain’ was AH and he had the firm conviction that only AH could save him. He therefore made the journey all the way from Dublin to London every two months where the Hurst House Physician had the difficult job of getting into his veins. I was lucky in being able to do so – many of my predecessors had not been so fortunate and the patient (I think his name was O’Flerty) was also extremely apprehensive, waiting for the cross-matching of his blood with that of the Boy Scout in the next cubicle, whom the House Physician had had to arrange (the main source of blood if no relative was available). The one recompense for the House Physician was the handsome sum of £5 which Mr O’Flerty insisted on paying.

Watching AH examine a patient – usually with some abdominal complaint – was fascinating. After sitting carefully on the patient’s bed he would put in his monocle and either use his cupped hand behind one ear or place his

cumbersome hearing aid on the bed, adjust the ear piece, and ask some searching questions. He would then view the exposed abdomen without saying anything at all. After this he would gently put his right hand, which was quite small and beautifully manicured, on the patient's abdomen and tell the patient in simple terms what he considered to be the trouble. The conditions varied considerably, predominantly gastric and duodenal ulcers and colorectal cancer. I also remember gall bladder, diverticulitis and Crohn's disease – I never heard the term IBS used.

AH did two ward rounds a week. One was his seeing his own patients with his firm and the other, on Wednesdays, when the central area of Mary's Ward was turned into a small lecture room with about five rows of seats, was the 'Combined Round' and was often attended by physicians from other hospitals. (One whom I remember well was Adolf Abraham from the Westminster Hospital with his purple silk handkerchief.) They all came to listen to AH discuss a 'case', with the patient wheeled in on a bed or a trolley. The preparation of the patient's notes, X-rays, etc, was of course the job of the House Physician, and was often quite an exhausting task, although the House Physician was greatly helped by the Senior Registrar and also, on occasions, by one or two very senior Medical Assistants who were specially attached to AH's team. One such was Dr Waterfield (Reggie to everyone) who was quite an eminent astrologist in his spare time. When I was the House Physician he was engaged in measuring intestinal gases (and was christened 'King of FARTS' by the lower fry of medics at Guys). The other medical assistant was Dr Boland (Bo), who later became a much respected and popular Senior Consultant Physician.

An event which occurred on quite a number of these combined rounds was the sudden quiet and almost unobserved withdrawal of AH to the ward toilet for about 10 minutes. Few people knew that he had to give himself injections of adrenaline (1 minum every second, usually five times) when he felt an asthma attack coming on. He had suffered from this for a number of years; he was an expert on the condition and there was usually one asthma patient in one of his wards for investigations. Another condition I first met as his House Physician was Parkinson's disease. I remember playing chess several times with a charming lady, the daughter of an Irish Bishop. She had to be prevented from falling out of bed when she shook so much with her tremor or became excited about the game.

AH was always able to stimulate people to do things. While I was his House Physician, I remember him saying to me "Ian you must take the Membership even though you are going to be a surgeon". I was at that time not only very busy as his House Physician, but was also Captain of the Hospital Rugby Football Team. At that time Guys was one of the four London hospitals playing 'first class' rugby, with fixtures against Harlequins, Richmond, Gloucester, Bristol, Bath, Leicester, and Northampton, and I was also playing for Eastern Counties. I tried to work hard for the exam but failed to cope with the very difficult written papers, due only partly to the one and only attack of severe migraine I ever had. I was very impressed by the courteous sympathy I received from the physician I saw the next day in the clinical exam, which I was persuaded to attend.

Another example of AH's stimulating powers was his 'driving' me to write an article for his famous 'Guys Reports'. This was later, when I returned to Guys as Mr Mollison's Senior Registrar in the ENT Department. "Ian, you must get things published." (How I silently swore, but later realised how wise he was when I applied for more senior jobs.)

On the days when AH came to Guys his House Physician always met him at the Front Lodge as he stepped out of his Rolls to come up the steps. Occasionally, as one came to the Front Lodge in considerable haste, one would be told by Mr Whitbread "Sir Harthur has telephoned to say he will be a little late".

Referring now to my saying that my thoughts of being an orthopaedic surgeon had been disturbed by being AH's House Physician, I can now relate how, when I discussed the matter of Mr Trethowen's death with AH he, in his typically patient and understanding way, was quite emphatic with his advice. "Ian, it's quite obvious that you weren't meant to be an orthopaedic surgeon. You must go to the Royal Northern Hospital" (in Holloway Road, North London, which was the best non-teaching hospital in Britain at that time, to Sir Lancelot Barrington Ward, Senior Surgeon there and also at Great Ormond Street). "You will get a lot of excellent training." How right he was! Not only from Sir Lancelot but also from world-famous figures such as McNeil Love, Hamilton Bailey and Kenneth Walker; and also two ENT surgeons: Mr Zamora (Zam, an old Guys man) and Mr Norman Jory. Being House Physician not only to Sir Lancelot but also to Zamora and Jory, I developed an interest in ENT conditions. AH's wise advice enabled me to go to McNeil Love and Hamilton Bailey's rounds and out-patients' clinics and learn enough to be able to get my FRCS while I was still a House Surgeon, something which was quite preposterous really, and shortly afterwards became impossible. All these experiences enabled me to get back to Guys as a Senior Registrar in the ENT Department, once more under the eagle eye of AH, although more remotely so.

Four years later, when Norman Jory got on the staff of Barts and resigned from the Royal Northern Hospital, AH persuaded me to apply for the vacancy and I was appointed his successor. This was, at the time, possible while still being a Senior Registrar at a teaching hospital.

Shortly after this event, AH retired from active work at Guys. Outside the atmosphere of medicine he was extremely kind to me when I was his House Physician. On several occasions I was invited to his home in Ascot where his house faced the west side of the racecourse, and met his charming wife Curshla (Cooey) who was from New Zealand. I also went to his 'New Lodge Clinic' which was his own private nursing home and always filled with patients.

My friends and colleagues can understand why I have often expressed my admiration and gratitude to AH – a veritable giant of the medical profession and a pioneer of modern gastroenterology. AH retired from Guys Hospital in 1937. I was unable to be present for his last ward round. When war was declared in 1939 I, as a consultant at the Royal Northern Hospital and in the St Bartholomew's Hospital area of the newly formed Emergency Medical Service (EMS), had no further close association with Guys. I regret very much that I never managed to get to Ascot to see him again. I was very proud to be asked, after his death, to go to Dublin to give to the Sir Arthur Hurst Society the same rather rambling tribute that I have written here.

It was with very considerable emotion that I attended the Memorial Service to AH in Guys Hospital Chapel in 1994.

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