

# Hugh de Wardener

A pioneer of chronic dialysis

Hugh Edward de Wardener, professor of medicine (b 1915; q University of London 1939; CBE, MBE), died from bronchopneumonia and ischaemic heart disease on 29 September 2013.

Like many of his generation, Hugh de Wardener was reticent about the war. His colleagues only found out details of his experience when he spoke at a conference for veterans of the war in the Far East, facilitated by one of his former trainees, Air Commodore David Rainford.

De Wardener had just completed his medical training when war broke out and, after joining the Royal Army Medical Corps in 1941, was posted to Singapore, which fell to the Japanese just weeks after his arrival.

He was sent to Roberts Hospital at the Changi prisoner of war camp, where he was in charge of the dysentery wing. The disease was rife, and in 1942 the wing saw 12 000 cases. De Wardener, demonstrating the intellectual curiosity he retained throughout his life, questioned why some patients died and others, in the same physical shape, survived. He recognised that the symptoms among those who died—double vision, rapid eye movements, and confusion—were typical of Wernicke's encephalopathy, a condition seen in alcoholics as a result of vitamin B1 deficiency. A pathologist in the camp, Bernard Lennox, examined the brains of those who had died and found similar lesions.

De Wardener managed to acquire vitamin tablets and Marmite, rich in thiamine and vitamin B1, with which he treated his patients. He injected the most seriously ill patients with vitamin B1, and within 24 hours they would normally improve and recover fully. De Wardener and Lennox called this condition cerebral beriberi.<sup>1</sup>

After the relative comfort of the Roberts Hospital, de Wardener was sent to a camp on the notorious Thai-Burma railway, made famous in the film *Bridge on the River Kwai*. De Wardener was in charge of the camp's hospital, where he dealt with a cholera outbreak as well as malaria, dysentery, and diphtheria. There was little medical equipment or medication, and for patients who developed the most severe symptoms there wasn't much de Wardener could do except watch them die. The only treatment was to give patients drinking water—which was in limited supply.<sup>2</sup>

De Wardener kept clinical notes and towards the end of the war, in order to preserve them from the Japanese, he buried them in a tin and marked down its coordinates. After he was liberated he recovered the tin and wrote up his studies in the *Lancet*.



**De Wardener had an incredibly inquiring mind, telling an interviewer later in life that he always wanted to know the “why” and the “how”**

On his return to London de Wardener was reunited with his wife, who had been told he was missing presumed dead, and the son he had never met. He was diagnosed with tuberculosis, on top of the diphtheria, dysentery, malnutrition, jaundice, and malaria he had already experienced. In 1946 he was awarded the military MBE for his outstanding work during captivity.

De Wardener was born in Paris to American parents and was sent to Malvern School aged 8, speaking only French. He became a British citizen while at medical school, and after the war he joined the medical unit at St Thomas' Hospital in London, where he became interested in the kidney. He became convinced there was a hormone that made the kidney increase sodium excretion. Colleagues joked about his search for the “magic powder,” but the hormone, a sodium-potassium ATPase inhibitor, was eventually isolated in the US in 1991, and it is now used as a measure of heart failure.

De Wardener moved to Charing Cross hospital medical school in 1960, where he stayed for the rest of his career as professor of medicine. He was one of the pioneers of chronic dialysis in the UK and chaired a committee, established by the Ministry of Health, which organised the distribution of dialysis units throughout the country.

De Wardener had an incredibly inquiring mind, telling an interviewer later in life that he always wanted to know the “why” and the “how.”<sup>3</sup> He thought data should never be thrown away and that each patient was a learning opportunity.

Graham MacGregor, professor of cardiovascular medicine at Queen Mary's, University of London, who collaborated with de Wardener, says his research always related to “whether it was going to prevent disease or improve clinical

care. This wasn't high powered molecular biology, this was active research with the objective of getting a better understanding of human diseases.”

On his retirement from clinical medicine he was appointed a CBE but kept his office at Charing Cross until he was 89, collaborating with MacGregor on research into salt. They highlighted its role in raising blood pressure, something which had been dismissed by doctors, says MacGregor.

Tall and handsome, with sandy coloured hair, de Wardener was known for his charm. Patients liked him, and his research shows that he had their interests at heart. Realising that patients on dialysis could not go on holiday he set up a trust that provided holiday accommodation with dialysis in cottages on the south coast. The West London Hospitals Holidays Dialysis Trust still exists.

He was married four times but his last marriage to Jo Storey, the sister in the renal unit at Charing Cross, was long and happy, lasting more than 40 years. He leaves his wife, three sons, and a daughter.

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References are in the version on bmj.com.

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## CORRECTION

### John Clement Charlton

In the process of shortening the length of this Obituary (*BMJ* 2013;347:f6250, print publication 30 Nov 2013, p 27) for the print issue, we miscounted the number of surviving relatives. The last sentence of the print version should have read: “He leaves his sister, three sons, eight grandchildren, and one great grandchild.”