Reminiscences of Queen Square

J PURDON MARTIN

I arrived at the National Hospital, Queen Square, 60 years ago last March with the intention of staying for six months. I still have an honorary contract with the board of governors and, furthermore, the charitable society which used to run the hospital is still in existence and as a life member since the 1930s and a former member of the board of management, I continue to take an active interest in it.

I do not remember when I received a copy of the "rule book." This was a booklet of the charter and bylaws of the society, which included rules for all the administrative and medical staff. It laid down the duties of the secretary, the matron, and so on. The first rule for a physician was not concerned with his duties in looking after patients; it was: "On reaching the age of 65 he shall retire." For the residents one of the rules was, "He shall not spend a night out of the hospital without the written permission of the chairman of the board of management." The chairman of the board was Sir Ernest Macmillan, an uncle of the future prime minister. He had been appointed chairman 20 years earlier when the society had been reconstituted with a royal charter, and he was still chairman six or eight years later when I was first a representative on the board. On one occasion when I was a resident I was seeing one of my honoraries out and I was surprised to find waiting at the door a most beautiful carriage and pair with coachman and footman in livery on the box, and horses, harness, and coachwork all beautifully groomed and shining. There was still plenty of horse traffic in London at that time but few private carriages and this one was waiting for the chairman. Many years afterwards I had a talk with Sir Harold when he came as a guest to the Royal College of Physicians and I mentioned this to him and he said, "Yes, Sir Ernest was a great old 'gentleman.'"

Dr James Taylor.

Dr Hughlings Jackson.

The senior physician was James Taylor and I was his house physician for the unusually long period of 18 months; James Taylor had been Hughlings Jackson's best friend during all his later years, and at the time I refer to he was collecting

Jackson's papers in preparation for the two-volume selection and the "neurological fragments" which were later published.

Dr Risien Russell.

Sir Gordon Holmes.

When I went to the hospital I knew nothing about Hughlings Jackson except the term Jacksonian epilepsy, but every Monday afternoon as we made our way leisurely from ward to ward round the hospital I had a private peripatetic lecture on Hughlings Jackson and his work. Jackson sought the general principles behind clinical abnormalities. In consequence he described both the various modes of causation of symptoms and the functional organisation of the central nervous system in different levels. When, several years later, the *Selected Papers* were eventually published it was a great shock to me to find that, though I knew a good deal of the substance of them, I simply could not read them, and it was years before I acquired the ability to do so. Jackson's writings, with all their complicated sentences, reservations, qualifications, parentheses, modifying clauses, brackets, and footnotes, had come to me filtered through the mind of James Taylor and I realised what a debt I owed him. I hope I have made good use of them. During my first year Dr Taylor was president of the neurological section of the Royal Society of Medicine and a visitor who came and made a ward-round with us on one occasion was Babinski. One day when Dr Taylor and I were going up the stairs Risien Russell and Leslie Paton were chatting in the front hall and, as a high-pitched laugh resounded up the well, James Taylor said "Russell's little negro laugh"—the only unkind thing I ever heard him say about anyone.

A cause célèbre

Risien Russell, next in seniority to Taylor, was a native of Jamaica and had some negroid features. He was famous and to some extent infamous. He was an excellent teacher with a deep vibrant voice; I was told that when he was a physician to outpatients there used to be a queue outside the door of A room trying to hear what was being said. I thought, judging from the patients he sent in and what I gathered elsewhere, that Russell must have a very good practice, but when I once

said something to this effect to Grainger Stewart he said "It's nothing to what it was before the divorce." The divorce had evidently taken place a year or so before I came and it had been a cause célèbre. It shook the whole of Harley Street and even years later when I was in practice a good Ulsterman with whom I had seen a patient in North London said, "You can't send a woman patient to Russell now."

I think Russell probably had the highest IQ of anyone I have ever known and with it a kind and lively personality. He has left his mark on the brain stem in "Russell's bundle," a group of fibres from the superior cerebellar peduncle, which turns downward and, as we now know, ends in the mid-brain reticular substance. This and other anatomical work he had done at University College. He had been a physician to University College Hospital, but at the time of the scandal he had had to resign from UCH and from his clubs. Fortunately, the National Hospital had been more broadminded. With Batten and Collier Russell gave the classic description of subacute combined degeneration of the spinal cord, associated with pernicious anaemia. As a physician he had a very good bedside manner and he certainly did his best for his patients. He was the first physician at Queen Square to try the malarial treatment of general paralysis. He was nice to work for and, though he did not then do any regular teaching, he would discuss the cases with his house physician. Russell had a motor car—so far as I remember the only physician of the staff who had one. On one occasion after we had seen some rarity on his round, his chauffeur was back with a book for me by the end of the afternoon—a volume of Allbutt and Roleston's *System of Medicine*, with a bookmark and a note at an article on the subject. He also gave good dinner parties to which he would invite the residents.

Farquhar Buzzard was the senior of the physicians to outpatients, but soon resigned from the National Hospital and later from St Thomas's to become Regius Professor of Medicine at Oxford. No doubt he was tired after the outpatient session when he would go round the wards to see his ten patients. He was a silent person, at any rate to his house physician. Several years later he gave a most interesting lecture at the London Hospital on Hughlings Jackson, whom he had known from his boyhood as an intimate friend of his father's and later as a physician and teacher at the National Hospital when he himself was doing neurology.¹ For him Jackson was not only a great innovator, he was also "one of the most lovable men of his generation."

Dr J Collier.

Dr J G Greenfield.

After him came Collier, Grainger Stewart, Holmes, Hinds Howell, and then Kinnier Wilson. Most of the teaching was done in outpatients but on their ward rounds Collier and Holmes

were good and enthusiastic teachers but very different in style. Collier had a flair for diagnosis and a most remarkable memory for cases and so, as everybody delighted to show him the unusual, he developed an enormous experience to call on. Whether he exaggerated the number of cases of any particular rare disease that he had seen could therefore never be determined but he had the nickname Truthful James, which I am sure he enjoyed. He was a most stimulating teacher with just enough sense of drama and the histrionic, and it was he who started the Wednesday afternoon demonstrations. He was another of the authors of *Subacute Combined Degeneration*, and he was one of the first to recognise subarachnoid haemorrhage. He wrote the neurological section for the first edition of *Price's Medicine* with clinical descriptions that have seldom been bettered. He died in 1935 of a fulminating influenzal pneumonia just when he was on the point of retiring from the hospital staff.

Holmes was much more painstaking, more anatomically and physiologically minded, and an example to us all in thoroughness of examination. Unfortunately, with his thoroughness of examination he was apt to forget that he was dealing with flesh and blood, and in his sensory testing was somewhat heavy with the pin. A person who could keep him in order was the sister of Bentinck Ward. She was an admiral's daughter; she had been at the hospital a long time and she was a martinet. Once when I was taking Holmes round he was not getting all the answers he wanted from a woman patient and the woman was in tears. Holmes turned away for a minute to speak to the class and sister pulled the bedclothes down and covered the patient up. When Holmes turned back and then looked at sister in surprise, she said quietly, "Can't you see she's doing her best," and led him away to the next patient. I thought it was very brave of her: no other sister would have dared to do that. Shortly after I arrived I was warned that Holmes was a quarrelsome person. He and Grainger Stewart, who was not easily roused, were said to have come to fisticuffs; he quarrelled with Kinnier Wilson, who was admittedly touchy, he quarrelled with Hamilton, the secretary, he quarrelled with Adie, and others. There were no quarrels that I knew of among the other members of the staff. Holmes had an enthusiasm for neurology and a scientific approach; he was a tireless worker and made a greater contribution to neurology than anyone else of his generation and he was also an excellent editor of *Brain*.

Kinnier Wilson had recently moved up to become a physician to outpatients and so to do regular teaching. He had been a long time in the back room as an assistant physician with little opportunity for teaching and, as he was a great showman, this must have been very frustrating for him and doubtless soured him somewhat. He was the first person in this country to be appointed to a medical school as a neurologist and not as a general physician. He had described his disease as long ago as 1912—it occupied the whole of one issue of *Brain*—and he had an international reputation of which he was very conscious. In a good mood he was an excellent conversationalist.

First neuropathologist

Greenfield had been a resident (with Adrian) before the war and in the army had taken up pathology. His father had been a famous professor of pathology at Edinburgh. Godwin Greenfield was the first whole-time pathologist at the National Hospital and the first neuropathologist in the country. Before him the pathological appointment was merely a stepping stone to the clinical staff. Greenfield's laboratory was a popular meeting place and it was where most of the investigational work was done. But Greenfield's personal influence extended far beyond his laboratory and he was a great influence for good throughout the hospital. As a paid servant of the hospital he was not a member of the medical committee.

The charitable organisation that owned the hospital was itself called the National Hospital for Nervous Diseases. So when the hospital was taken from it a change of name was

necessary and, as it had a Royal Charter, it became simply the Chartered Society of Queen Square. Under its Royal Charter the society had three objects: (1) to run the hospital, (2) to have a medical school for the teaching of neurology, and (3) to have and manage a pension fund for paralysed patients. The hospital was taken over by the Government, the medical school was taken over by the University of London to become the Institute of Neurology, and because of its third object, the pension fund, the society continued to exist, and after considerable negotiations it retained both the pension fund and some of the other moneys of the National Hospital. At an early stage after the separation it received a considerable legacy left to the "National Hospital," the benefits of which were not to be given to the National Health Service.

The pension fund was established by Louisa Chandler soon after the hospital was founded in 1860 and was an advanced piece of social service for that period. In the last few years similar help has been arranged by the Government but our pensions, small though they are, are still welcome for the special needs of neurological patients. With the change of name and objects our Royal Charter had to be altered and the opportunity was taken to allow the society to give grants for research and to help other societies concerned with special neurological objects and special groups of patients.

Most of the middle-rank and junior members of the honorary staff in my early days had been Jackson's pupils but until shortly before the last war I had never encountered any of his patients. Then in 1938 I had a visit from a sturdy old man of 74 who had been a patient in the National Hospital under Jackson's care in 1891. I looked up his original notes; he was

suffering from what was later known as thalamic pain in his left side and when he came to me after 47 years he still had his pain. While he was in the hospital he had been seen by Gowers and Bastian and others of that period but his hero was Hughlings Jackson—"a very fine gentleman." He was evidently a thoughtful young man; he realised that he had had some unusual kind of stroke which was a matter of great interest to the doctors and he supposed he might well have another one, and so when he went home he made a will, and in his will he left his brain to Dr Hughlings Jackson. He did not die, however, but after a good many years Hughlings Jackson died. Meanwhile, he had been attending Dr Tooth. He liked Dr Tooth and after Dr Jackson's death he changed his will and left his brain to Dr Tooth but after several years Dr Tooth died. Next, he went to Kinnier Wilson and in due course he changed his will and left his brain to Kinnier Wilson. Then, at the relatively early age of 59, Kinnier Wilson died. Then he came to me. At his second visit he sounded me as to whether I would be interested to examine his brain and, if so, he would change his will and leave his brain to me.

Well, I declined and, thank goodness, I am still here. Soon afterwards, the war came and I never heard of the patient again. I just hope he did not take his ill-omened brain to any of my unsuspecting colleagues.

The photographs were supplied by the Institute of Neurology.

Reference

- ¹ Buzzard Sir EF. *Hughlings Jackson and his influence on neurology*. *Lancet* 1934;iii:909-13.

De senectute

WILLIAM EVANS

When I was a pupil at Tregaron Grammar School, one of the set books in Latin was Cicero's *De Senectute* (About Old Age). While preparing this address I took up the book to read it again. I found in it little that I considered of interest or value to bring to your notice. This caused me no surprise for the author was only 64 when he wrote his essay, so that he had little experience of the matter on which to pontificate.

Entitlement to write or speak about old age requires that the author be old himself. Only an old man can pose as a specialist on old age in that he has gained knowledge of his subject through personal experience of the difficulties met with on a journey which he has recently negotiated.

Of course, old age by itself does not confer licence on any to speak with authority on the general pattern of aging unless they can claim close association with others of like years and in like surroundings. Failing such advantageous facility, each assesses the effects of aging in so far as it has dealt good or ill, whether a granary of accumulated wisdom or a depleted grist of lost opportunities.

Part of a talk given to the senior citizens of Llandewibrefi in the County of Dyfed, March 1981.

Tregaron, Dyfed

WILLIAM EVANS, DSC, FRCP, retired consulting cardiologist

Who better, therefore, than an aged medical practitioner to discourse on old age in that his professional duties demand his constant entry into the privacy of his patients' homes to attend to their varied illnesses and to supervise their advance into old age, be they lowly and oppressed subjects "living below stairs" or the materially successful walking the corridors of power?

How old is old?

There is no distinct demarcation. Officialdom has decreed that it starts at 65 in man and 60 in woman, but nature can have no truck with the figures set up by politicians to suit their own ends and ideas. Nature imposes its own charter for each individual.

It has often been said that the "law is an ass," and its asinine behaviour is clearly shown in this context, where it is seen to legislate for the equality of the sexes on the one hand and, on the other hand, decrees that certain privileges be awarded to one sex five years before the other.

Aging is the concern of both sexes, affecting men particularly as they approach the statutory age of retirement, and women at a much earlier age, and mostly related to matrimony.

At a medical examination the age of patients is always noted by the doctor, or should be. In the case of female patients, should the declared age be open to doubt, it was my practice to