Medical History

Radcliffe Infirmary, Oxford, 1937-8

JOHN STALLWORTHY

The view under the quaint little bridge crossing the London Road, descending from Headington Hill to Magdalen, was a glimpse into fairyland on the 1st of January 1938. Heavy frost mantled the trees, sparkling with myriads of diamond pendants in the early sunshine. This was an unexpected bonus on entering the famous old city, and a new chapter of professional life.

A little flat, rented from a peripatetic don, received us in north Oxford. It was ideal. A miniature garden traversed by a path lined by rose bushes was another bonus, or was it? During our brief exploration an unsigned message dropped through the door announcing "Your share of the garden ends at the seventh rose bush." This was a timely reminder that the ancient city, with its cherished traditions, had much to teach us. The welcome was cold, like the morning, but was atypical of what followed.

Welcome at the Radcliffe

When I reported for duty that morning at the Radcliffe Infirmary the welcome received from Professor Moir was warm and friendly. He painted a clear, challenging picture of what he had inherited and of plans for the immediate future. The Radcliffe was a happy institution, proud of its history and reputation as a county hospital but naturally apprehensive of inevitable changes occurring with unfamiliar rapidity for a hospital where the foundation stone was laid in 1759, the roof completed in 1761, and the first seven patients admitted on St Luke's day in 1770.

Two of the professor's Nuffield colleagues, Hugh Cairns, professor of surgery, and Robert MacIntosh, professor of anaesthetics, had taken office in 1937, in temporary accommodation pending the implementation of plans for the new departments. The idea of such clinical disciplines as surgery, obstetrics, and anaesthetics having university acceptance as academic subjects had a reluctant birth after a long, hard labour. It now required justification, even within already famous preclinical science departments.

Medicine was different. For over three quarters of a century Acland, Osler, and Farquhar Buzzard had successively filled the role of regius professor of medicine, and their distinguished contributions to the organisation, teaching, and practice of medicine must have reached the ears of even classical dons and philosophers. Moreover, the smallpox and cholera epidemics of 1853 and 1854 demonstrated that ivory towers were no protection against pestilence, and the physician, like the priest, could be a source of comfort. Medicine was at least respectable.

It was appropriate that the two remarkable antipodeans, Cairns and MacIntosh, who had had major roles behind the scenes in the creation of the new Nuffield research and teaching departments, should be the first professors appointed in January and February 1937. Hugh Cairns was returning to an Oxford he had learnt to love as an Australian Rhodes scholar. Milestones on his ascent to fame, not necessarily in order of importance, were rowing Blue; house surgeon in the Radcliffe Infirmary 1920; marriage to Barbara, daughter of the Master of Balliol, 1921; meeting with Harvey Cushing, 1925; Rockefeller Travelling Fellowship to work with Cushing in Boston, 1928; and his decision to be the first surgeon to specialise in neurosurgery in London on returning to the surgical staff of the London Hospital. The Nuffield appointment at Oxford gave him the opportunity of creating a neurosurgical unit of international importance.

Anaesthetics, neurosurgery, gynaecology

In the days when many patients, including Lord Nuffield, from unhappy personal experiences feared the anaesthetist more than the surgeon, his lordship once again needed their help while in London. The perfected skill of MacIntosh amazed and inspired medicine's great benefactor when "for the first time I just went to sleep and wakened feeling fit for work." He determined then and there that all patients and surgeons should have the benefit of these new advances, and, practical realist that he was, he funded the first university chair in anaesthetics in the British Commonwealth. Moreover, against powerful opposition, he persuaded Oxford University that unless it was prepared to replace its planned clinical trio of postgraduate research departments in medicine, surgery, and obstetrics by a quartet to include anaesthetics there would be no trio.

When his terms were accepted his lordship made "a disorderly interruption" of a crowded congregation, of which he was not then a member (and therefore had no right to speak), on 12 December 1936, with Lord Halifax, chancellor, presiding, to announce that he was increasing his original benefaction of £1.25 million to £2 million. To avoid disorderly interruptions in future, but not benefactions, the university made him an MA by decree. Even his expectation of what a university anaesthetic department could achieve was soon eclipsed as this one rapidly won international acclaim as a star in the Nuffield crown. Promise of what would follow was given by the early appointment of H G Epstein, physicist from the Clarendon laboratory, and Richard Salt, an anaesthetic technician, who came with the professor from London. These three cooperated from the start with other Oxford scientists, thus expediting research programmes and the many and varied clinical applications of their work.

Professors Cairns and Moir planned a Radcliffe extension to provide beds and offices for each department and a theatre suite for use by both neurosurgeons and gynaecologists. This symbiosis of cerebral and pelvic surgical facilities worked well after temporary initial anxiety. When the operating theatre was ready to receive its first patient its communication with the instrument room was inadequate for the safe passage of sterile equipment, so one opening was postponed while the other was widened. Meanwhile an explosion in the new maternity home extension caused chaos when a gas leak resented being traced with a lighted match.

These examples of human fallibility helped ease tensions between "us" and "them." Us—the pre-existing Radcliffe establishment—were now certain that the invading academics, them, also made foolish mistakes but laughed at them. Such trivia were important in maintaining a friendly atmosphere in the rapidly expanding hospital with its increasing emphasis on specialisation. The concept of specialist services based on the Radcliffe was neither new nor unwelcome. In every generation there are a few, both young and old, who see visions and dream. A hundred years ago, in 1886, a visionary Oxford general practitioner founded the Eye Hospital, and the same year the Radcliffe's first special department opened, with the appointment of a dental surgeon. Between then and the Nuffield professorial appointments in 1937 many important new services were developed, and dreaming continued.

Nuffield professors

Because of its eminence as a university centre, and its continuing contacts with universities abroad through its Rhodes scholars, especially within the Empire-Commonwealth, Oxford attracted many medical postgraduates seeking qualifying experience for membership or fellowship of royal colleges. Taking breakfast in the staff dining room in 1938, one entered a Canadian enclave. Six or

eight morning papers erect concealed the identity of the readers, and the silence was broken only by the crunching of cornflakes and cryptic demands to "Pas' the marmalade AI" and the friendly reply, "Okay AI," as a hand from behind *The Times* propelled a jar of Cooper's coarse-cut to another "AI" waiting behind the *Express*. They were a keen, happy, hardworking group, with whom it was a pleasure to be associated, once you could identify one AI from another.

These residents shared in the excitement in 1938 of participating, though indirectly, in the fulfilment of Oxford's greatest medical dream. It happened as follows. In July 1936 the BMA held its annual meeting in Oxford (fig 1). Sir Farquhar Buzzard had been regius professor since 1928 and had given ample evidence of his tact, vision, and understanding of the Oxford medical scene within the university, the Radcliffe Infirmary, and the surrounding counties. On 21 July he gave his presidential address and spoke of his ambitious dream for Oxford's medical future. Lord Nuffield was present at the address and two days later told Sir Hugh Cairns that he would provide the money himself to make the dream come true. So it was that within a few months of this memorable meeting the new Nuffield professors were appointed and a new chapter in Oxford's medical history began.

Nuffield was a great admirer of Girdlestone, and of the work he was doing. As proof of this he had just rebuilt the Wingfield-Morris Hospital, and to mark the occasion the regius was undoubtedly responsible for the brilliant tactical move to give Girdlestone the title of Nuffield Professor of Orthopaedics. This title was amply justified by the pioneer work Girdlestone had done ever since he and Robert Jones in 1919 had published their important memorandum on the national need for a scheme to care for crippled children, followed by a regional organisation of an orthopaedic service based

on the principles they had defined (fig 2). The brilliance of the timing was that the professorial title recognised that this much respected and loved consultant, though one of "us" was also one of "them."

FIG 2—Cover of G R Girdlestone's memorandum on national scheme to care for crippled children, 1925.

Those readers who would be interested in a more detailed account of this important period in the life of Oxford medicine are recommended to read Dr Robb-Smith's excellent *A Short History of the Radcliffe Infirmary*, published in 1970 by the Church Army Press, Oxford.

FIG 1—Cover of programme for BMA annual meeting, Oxford, 1936.

What is the aetiology of osteoarthritis? Can any preventive measures be taken?

Osteoarthritis has a multifactorial origin. It may be primary or secondary. The primary type has no clear cut single cause, whereas secondary osteoarthritis follows some obvious joint disorder such as a congenital dislocation of the hip, septic arthritis, or an intra-articular fracture. Three main aetiological theories may explain the onset of the disease: the effects of physical forces and biomechanical failure of articular cartilage, failure of the chondrocytes in the articular cartilage, and extracartilaginous factors affecting subchondral bony remodelling, microfractures, synovial responses, and vascular changes. Preventive measures are only applicable to secondary osteoarthritis, in which the underlying predisposing cause should be treated as effectively and as early as possible to forestall late term complications.—L KLENERMAN, consultant orthopaedic surgeon, London.

Moskowitz RW, Howell DS, Goldberg VM, Mankin HJ. *Osteoarthritis. Diagnosis and management*. Philadelphia: W B Saunders, 1984.