While I amputated one man's thigh there lay, at one time, thirteen all beseeching to be taken next. It was strange to feel my clothes stiff with blood and my arms powerless with the exertion of using my knife."²² Bell was also a talented artist and his watercolours of the wounded, now in the RAMC Historical Museum, are an evocative record of his work.

Of those patients not fit enough to return to active duty most returned to England, via Ostend, over the following months. Some were not evacuated until early in 1816.³ The most severely disabled soldiers were transferred to the York Hospital in Chelsea where Guthrie practised until its dissolution two years later.²³

- 1 Chandler DG. *The campaigns of Napoleon*. London: Weidenfeld and Nicolson, 1978:1065-6.
- 2 Gurwood J. *Selections from the dispatches and general orders of Field Marshall, the Duke of Wellington*. London: Murray, 1851:875.
- 3 Howell HAL. The British medical arrangements during the Waterloo campaign. *Proceedings of the Royal Society of Medicine* 1924;17:39-50.
- 4 Dible JH. D J Larrey, a surgeon of the revolution, consulate and empire. *Med Hist* 1959;3:100-7.
- 5 Vansittart J. *Surgeon James's journal 1815*. London: Cassell, 1964:28:35.

- 6 Longford E. *Wellington, the years of the sword*. London: World Books, 1971:525.
- 7 Kincaid J. *Adventures in the rifle brigade*. Glasgow: Richard Drew, 1981:170.
- 8 Gibney W. *Eighty years ago or the recollections of an old army doctor*. London: Bellairs, 1896:191;200.
- 9 Cotton E. *A voice from Waterloo*. London: Green, 1889:35;264-6.
- 10 Kempthorne GA. The Waterloo campaign. *J R Army Med Corps* 1933;60:52-8.
- 11 Billroth T. *Historical studies on the nature and treatment of gunshot wounds from the fifteenth century to the present day*. Connecticut: Smith, 1933:77-8.
- 12 Guthrie JG. *On gun-shot wounds of the extremities requiring the different operations of amputation*. London: Longmans, 1815:30.
- 13 Howarth D. *Waterloo. A near run thing*. Glasgow: Collins, 1968:173.
- 14 Matheson JM. Comments on the medical aspect of the battle of Waterloo. *Med Hist* 1966;10:204-7.
- 15 Power G. Observations on the treatment of gun-shot wounds. *Edinburgh Medical Journal* 1815;11:429-31.
- 16 Scott J. *Paris revisited in 1815 by way of Brussels including a walk over the field of battle at Waterloo*. London: Longman, 1816:164.
- 17 Brett-James A. *Life in Wellington's army*. London: George Allen and Unwin, 1972:265.
- 18 Brett-James A, ed. *Edward Costello, the Peninsular and Waterloo campaign*. London: Longmans, 1967:155.
- 19 Thomson J. *Report on observations made in the British military hospitals in Belgium after the battle of Waterloo*. Edinburgh: W Blackwood, 1816:13;25.
- 20 Thomson J. *Lectures on inflammation*. London: Blackwood, 1813:484-5.
- 21 Simpson J. *Paris after Waterloo, a visit to Flanders and the field*. Edinburgh: Blackwood, 1853:6-7.
- 22 Cantlie N. *A history of the army medical department*. Edinburgh: Churchill Livingstone, 1974:391.
- 23 Anonymous. Biographical sketch of G J Guthrie. *Lancet* 1850;i:726-36.

Memories of Lord Moynihan

A conversation between Sir Reginald Murley and John Hosford

John Hosford was educated at Highgate School and at St Bartholomew's Hospital, where he qualified in 1922, obtaining both the FRCS and MS with the university gold medal in 1925. Having been a consultant surgeon at Barts and several other hospitals he retired in 1960, first to Portugal and then to Clavering in Essex. He discusses his memories of Lord Moynihan with Sir Reginald Murley, a friend and former colleague.

RM: John Hosford, I think I'm correct in saying that you were Lord Moynihan's last private assistant in London?

JH: Yes, I first met Moynihan in 1931, when I was 31 and he had been president of the Royal College of Surgeons for five years. When Moynihan had been at Barts as visiting professor four years earlier he'd started to operate regularly in London at Alfred House, a private hospital run by Lady Carnarvon. At that time he'd got Keynes (later Sir Geoffrey) and Paterson Ross (later Sir James), both of whom were working on the Barts surgical unit, to assist him. When Ross got on to the full staff in 1931 he felt that he shouldn't go on and suggested that I should take his place. He took me to meet Moynihan, who was operating and asked me to hold a lamp so that he could see better into the abdomen. I remember how impressed I was by the politeness with which Moynihan thanked me for holding the lamp so nicely. After that I was his assistant in London until he died.

RM: What was the set up at Alfred House?

JH: Lady Carnarvon had had no training in medicine or surgery at all, but in every case when Moynihan operated she came into the operating theatre gowned up. It was her job to pick the swabs off the floor and hang them up; she was a great talker, but she kept her mouth shut in the theatre.

JH: Ross didn't much like the peculiar set up at Alfred House—but it amused me, and Keynes as well; and Lady Carnarvon was really a kind person.

Moynihan was an excellent technician. Various people who hadn't seen him working were rather dismissive—for instance, (Sir) Heneage Ogilvie said Moynihan was no good.

RM: Heneage could be very dismissive on occasions;

Lord Moynihan. Reproduced by kind permission of the president and council of the Royal College of Surgeons of England

he was a very entertaining speaker—quite scurrilous at times.

JH: Moynihan's famous saying, "I can't do difficult things; I have to make them easy" is a good illustration of what a superb operator he was. To see him operate on a difficult gall bladder was to realise just how light he made of problems. He wasn't a fast operator, saying that a surgeon who has one eye on the clock has one too few on the abdomen.

Another aspect I admired was that Moynihan finished the operation himself, to the point of putting on the

very last bandage. He was meticulous in closing the abdomen layer by layer and he had a curious clip machine that I've never seen elsewhere for clipping the skin—and one of my jobs was to remove the clips subsequently. Moynihan also had another device I've never seen elsewhere: a corset of webbing and leather that he used to wrap around the patient over the many tailed bandages. This was left on for two days, until the patient was no longer likely to vomit or strain.

When he'd finished his anastomoses Moynihan would add some more stitches—what he called his “hypnotic” stitches: he slept better knowing that these were there.

RM: I can remember you doing the same when I assisted you, although you always gave the credit to Lord Moynihan.

JH: He was very polite and nice to everybody; I can never remember Moynihan ticking anybody off. Any general practitioner who came to an operation was very courteously treated, sometimes even with exaggerated claims: I remember his saying after operating on a common duct stone, “I haven't lost a patient with a common duct stone for 10 years,” whereas I knew that only six months beforehand we had had a patient die.

Moynihan's record keeping was done on little cards, on which he'd draw a diagram of the operation—sketches of where the ulcer was in the stomach and so on. So far as I know he didn't write any other notes, such as which sutures he'd used, but he was very good at sitting by the patients' bed and showing them with drawings just what had been done.

What did he charge?

RM: What about Moynihan's fees? I've heard extraordinary stories, such as his charging 250 guineas for a gastrectomy and asking an African millionaire who'd had a cholecystectomy for a gallbladder full of stones for a guinea [£1.05] a gallstone—the fee was 500 guineas, not a bad sum for those days. On the other hand, the *Lives of the Fellows of the RCS* states, “Starting as the son of a poor widow, Moynihan left a very large fortune due entirely to his own exertions; but he was no grasper after money, as was shown by the number of patients upon whom he operated in private either gratuitously or for a greatly reduced fee.”¹

JH: He wasn't grasping, certainly. I remember on one occasion he told me that he'd made £1500 a week on the Stock Exchange—that would have been a very good amount for a week spent doing surgery. Of course, his son was a stockbroker.

He paid me 10 guineas a patient; this was adequate for an uncomplicated case but sometimes I had to visit the patient twice a day for two or three weeks, so that then it was a small fee. Moynihan used to come to London on a Monday evening or Tuesday morning and stay until Friday—and during this time he would also see the patients, without me.

RM: You ordered the drugs and so on?

JH: Yes, I was still responsible for the routine treatment. Drips, of course, were rare—though we used rectal saline—and I don't recall any patient having a blood transfusion.

RM: Even though Keynes, Moynihan's other assistant, had invented blood transfusion in the first world war and written an important book on it?

In those days it was customary for the surgeon to pay the anaesthetist. I heard from Langton Hewer, who worked for Moynihan, that initially he paid Hewer 3 guineas for each anaesthetic and latterly 5 guineas. Most anaesthetics then were given by general practitioners and it was accepted to be a lowly job, so we shouldn't be too critical that the fee seems low.

JH: I thought that my fee was small but I would have

helped him for nothing. I was so glad to be able to do this—it was a wonderful experience.

RM: That brings us to Moynihan's work *Abdominal Operations*²; did you use it?

JH: Certainly; it was excellent, and I remember Moynihan writing it. He did this in the railway carriage between Leeds and London, on a specially made wooden stand. I also read his early papers on duodenal ulcer, but little else.

RM: Of course, Moynihan had a duodenal ulcer himself, which he had treated at Ruthin Castle, in Wales. Geoffrey Keynes told me that he gave Moynihan a blood transfusion, using the conical Keynes flash. Moynihan was very worried in case he should have to have an operation because he didn't believe there was anybody so competent as him to do it.

Conceits and ambition

RM: Finally, was Moynihan a conceited man? He was a very able one.

JH: Yes, probably, but he didn't show it very much. He was a fine looking fellow—handsome, with grey hair showing traces of the original red, and a most charming voice. He dressed very formally, usually with a bow tie.

RM: Perhaps I misused the word conceited; anybody who has become successful is bound to be pleased with himself. But Moynihan was said to be very ambitious in other ways; he was keen on becoming the British ambassador in Washington. There is also the report in his biography³ about his many letters to the press (some of which were anonymous), including several that arose from his frustration at not being elected to fellowship of the Royal Society, and in particular one to *The Times* that was critical of the society's president for this reason. (He may well have been envious of Wilfred Trotter who, after operating on King George V, was offered a KCVO but declined the honour, saying that he'd prefer to be a fellow of the Royal Society. The King, being the patron, arranged this honour for Trotter.)

JH: Moynihan was very interested in music and the arts. He gave a superb lecture on these interests at Barts to students, nurses, and staff without using a single note, all in his charming Dublin accent—the best in Ireland—which would have qualified him to be a good ambassador.

1 Power D'A, Le Fanu WR. *Lives of the Fellows of the Royal College of Surgeons of England 1930-1951*. London: RCS, 1953.

2 Moynihan B. *Abdominal operations*. London, 1905.

3 Bateman D. *Berkeley Moynihan, surgeon*. London: Macmillan, 1940:342-3.