Hugh Owen Thomas

Hugh Owen Thomas was born at Bodedern, Anglesey, on August 23, 1834. He was descended from a well-known family of bonesetters, who for three generations had practised their art in North Wales. They derived from Evan Thomas of Maes, of Spanish descent, who died in 1814 at the age of seventy-nine years. A tablet to his memory was placed in Llanfairgongloowy Church, Anglesey, by Viscount Bulkeley, in which tribute was paid to the esteem in which he was held as a great bonesetter. Evan Thomas, the father of Hugh Owen Thomas, left Wales and settled in Liverpool at 72 Great Crosshall Street. He acquired an extensive practice in the treatment of fractures and bone and joint diseases. He held conservative views and differed from other bonesetters in that he never attempted to manipulate joints except to reduce dislocations by slow traction. In the setting of fractures he used a pulley, and insisted that a broken bone should have its proper length restored and the fragments brought into good alignment. Well-padded wooden splints were used for protection. Long continued rest was the principle he adopted in the treatment of chronic joint disease and in this way many a limb escaped amputation.

His success, however, was not altogether congenial to qualified practitioners and, notwithstanding that the treatment of fractures was a fertile field for failure, no matter who engaged in it and no matter how painstaking he might be, he had to suffer much criticism and opposition. But he was fully alive to the advantages of medical training, and sent all his five sons to a medical school—surely a unique occurrence for one family. Each of them qualified to practise medicine. The eldest and the youngest, Hugh Owen and John Lewis, became widely known, one as a pioneer of orthopaedic surgery and the other as a leader in gynaecology.

H. O. Thomas was a small, thin, and nervous boy. Because of indifferent health he was sent to live with his grandparents at Rhos Colyn, where he went to school until the age of thirteen years. His headmaster took a particular interest in him. During this time he sustained an injury, the effects of which were life-long. A boy threw a stone which struck him under the left eye. The resulting scar caused a painful ectropion. In later years he always wore a seaman’s cap with the peak tilted down over the injured eye in order to protect it from cold winds and to screen the disfigurement. From Rhos Colyn he went on to the College at New Brighton where he remained until the age of seventeen, when he became apprenticed for four years to his maternal uncle, Dr Owen Roberts of St Asaph, who was surgeon to the Workhouse Infirmary. In 1855 Thomas enrolled as a student at the University of Edinburgh at a time when Syme, Simpson, and Goodrir were at the height of their fame. Lister and Turner, newly arrived from London, were beginning their great careers in Scotland. After two winter sessions he transferred to University College, London, where he spent a third session. In 1857, when twenty-three years of age, he qualified as a Member of the Royal College of Surgeons and then went to study the work of French surgeons in the hospitals of Paris. He admired the ingenuity and craftsmanship of the surgical instrument-makers and brought home ophthalmic knives on which he subsequently modelled his tenotomes. He joined his father in the practice at Great Crosshall Street, bringing to it a critical mind based on knowledge acquired at great medical schools. He could not help making suggestions about treatment, but he was not as tactful as he might have been. His father resented changes in the traditional procedure and at the end of a year the partnership ceased.

Hugh Owen Thomas started practice on his own at 24 Hardy Street in 1859 and became medical officer to several labour organisations and societies. His reputation grew rapidly and the number of his patients so increased that he had to seek greater accommodation. He found it at 11 Nelson Street, to which he moved in 1866. Soon, even this house had to be
enlarged by the building of an extension of two waiting-rooms, four consulting-rooms, a surgery, and a workshop. The house in Hardy Street was converted into a private hospital of eight beds with a trained nurse in charge. He staffed the workshop with a smith and a leather-worker who were fully occupied in making splints and appliances of his design. Such was the establishment of Hugh Owen Thomas eighty years ago. What other physician or surgeon in Britain thought it essential to have a private hospital and an elaborately equipped workshop whereby to treat his patients and work out his ideas?

It mattered little that he never occupied a resident hospital appointment, or that he was ostensibly in general practice. Three factors accounted for his unique emergence as a surgeon of extraordinary type. First was his ancestral background: he had inherited an unorthodox therapeutic of which he was to be the interpreter. Secondly, the field of his labours was eminently suitable for the application and wide extension of that therapeutic. Lastly, he was fortunate in the timely teaching of John Hilton’s "Rest and Pain" which fitted his own conception of the way of cure for bone or joint afflicted with disease or injury.

Like Hunter he had respect for the inherent power of repair possessed by living organisms. To foster this property of tissues he avoided, as he put it, "a hankering to interfere, which thwarts the inherent tendency to recovery." In the treatment of tuberculous joints he believed that the one essential was enforced, uninterrupted, and prolonged rest. He complained that surgeons did not know the meaning of rest, or if they did they were unable to secure it, with the result that many limbs were amputated.

Although for many years he had achieved remarkable results in the treatment of chronic joint diseases his methods were not known until, at the instigation of Rushton Parker, he published in 1875 his first book entitled "Diseases of the Hip, Knee, and Ankle Joints." In this work the now famous hip and knee splints were described for the first time. He had
tried his methods, and carefully checked his results, on more than a thousand patients before proclaiming the principles of his treatment. This publication revealed him as an original thinker in surgery. His appliances were the outcome of much probing of the problems of disease and deformity and of the laws which governed restoration of function. After many trials he simplified the construction of his splints to a single design so that they would "enable any surgeon to treat his cases at home, with no more mechanical assistance than can be rendered by the village blacksmith and saddler." But it is a great error to believe that Thomas was no more than an inventor of splints; indeed he protested against such an estimate of his work. He wrote on fractures and dislocations. By means of fixed traction and the bed caliper splint he achieved in workmen's dwellings such results in the treatment of fractures as were probably unequalled by any other practitioner. No surgeon in England handled so many fractures in one year or devoted such meticulous care to their management. In those days, the fracture was the Cinderella of surgical practice. Rest and alignment were his watchwords. Both were secured by his splints in a day when no X-rays were available.

In the treatment of infantile paralysis he again insisted on rest, coupled with relaxation of the paralysed muscles. An example of this principle was the cock-up splint he developed for drop-wrist. He introduced many other devices such as the wrench, the cuff and collar sling, the practice of damming and percussing for ununited fractures, and the clinical test for flexion deformity of the ankylosed hip. Once embarked as a writer he issued a series of "Contributions to Medicine and Surgery" which appeared at intervals throughout the rest of his life. All his teaching is embodied in these works but unfortunately they were not well produced; he chose an unknown publisher; they appeared in paper covers; they did not find a ready sale; and his teaching was much less diffused than it should have been. Furthermore he ploughed a lonely furrow and had few professional contacts in Liverpool. There were
discerning surgeons who valued his work—Edmund Owen, Ericksen, Thomas Bryant, and in America—Gibney, and Ridlon who travelled to England to see his work and was amazed at what he saw.

Thomas was invited to scientific meetings to disclose his teaching but he could not be induced to leave his practice. For thirty years he took no holiday. His teaching, however, was preserved. In 1864 he married Elizabeth, the daughter of Robert Jones of Rhyl, and was completely happy. They had no children and in 1873 they offered their young nephew, Robert, a home in Liverpool in order that he might study medicine. Uncle and nephew became deeply attached and the younger man imbibed all that Thomas could teach. In later years the disciple became the zealous apostle of Thomas and at last the profession throughout the world became acquainted with his doctrine. Thomas, over-worked, died at the age of fifty-seven on January 6, 1891. The manifestation of grief in Liverpool was astonishing. It was a testimony to "his personal care in the service of his patients." No other pioneer contributed so much in establishing the fundamental principles of orthopaedic surgery.

ARTHUR ROCYN JONES

REFERENCES