The kindly word, the encouraging smile, the twinkling eye with creases all going up in the right direction, and the whole magnetic personality of Robert Jones, seem as vivid to-day as they were thirty years ago when he was at the peak of his endeavour in creating and establishing the principles, science and art of orthopaedic surgery. Perhaps his greatest contribution was to the art of surgery because he taught us all to be so infectious in our happiness that disabled and distressed patients also became happy. I never knew a more joyful man with his quips, pranks, jokes and beaming smile, so that when he went to Baschurch in earlier days, and to Oswestry in later days, the children almost fell out of bed and certainly out of their spinal frames in order to laugh with him. So too at Roehampton in the years of the first world war his enthusiastic spirit of happiness made wounded soldiers believe that life could still be good.

Robert Jones was born in 1857 at Rhyl, a small town on the North Wales coast; and he died in 1933 at a little village in the Welsh county of Montgomeryshire. All his apprenticeship was served with his uncle Hugh Owen Thomas (Fig. 1), the first to be medically qualified of many generations of unqualified bone-setters who had practised in the hills of Wales and the lowlands of Anglesey, an island off the coast of Wales. There can be no doubt that Robert Jones was a Welshman. But there was no "Welsh Nationalism" about him. Liverpool was the first centre of his activities; then it was London; then Great Britain; then the United States; and then the whole world. It is not a far cry to see that whether in surgery or in any other activity great men do not remain parochial, or local, or national, but rather international and world-wide in their endeavours. The humble origin of Robert Jones in this small Welsh town led ultimately to a great British-American alliance in the world of surgery, and then to
his establishment of the International Society of Orthopaedics and Traumatology, of which he was the first president, this body of surgeons expressing almost inarticulate admiration by creating for him the unprecedented title of "Permanent-President." Interlocal in the beginning, he was international in the end.

Robert Jones qualified in medicine in 1878, and gained the Fellowship of the Royal College of Surgeons of Edinburgh in 1889. He was soon appointed general surgeon to the Liverpool Stanley Hospital and, while still a young man of thirty years, as general surgeon to the Royal Southern Hospital of Liverpool. This broad surgical experience stood him in good stead in later years when his abilities were applied to that part of general surgery concerned with disorders of the limbs and spine—orthopaedic surgery. He was of course strongly influenced by his uncle Hugh Owen Thomas to whom he was apprenticed at 11 Nelson Street—the house which became a Mecca for surgeons from all over the world. We have said that Hugh Owen Thomas was descended from a long line of Welsh bone-setters; but even his father Evan Thomas, unqualified as he may have been, treated thousands of patients not only from the industrial north of England but from every corner of the globe. Robert Jones could hardly have escaped this traditional influence, or the powerful personality of his uncompromising uncle who battled and fought continuously in favour of safe and conservative treatment as opposed to unsafe, sometimes wild and often dangerous operations.

It was at 11 Nelson Street in Liverpool that Hugh Owen Thomas darted up and down the corridor, into the cubicles on each side, whipping out a wrench concealed beneath his coat-tails to correct a recently malunited Colles’s or Pott’s fracture before the patient had time to breathe or wonder what it was all about; and here it was that Robert Jones learned not to waste time, and to know the great possibilities of conservative treatment. This famous
These are two quite typical operating lists done at the Royal Southern Hospital, Liverpool, by Robert Jones in 1913. It is to be noted that the house-surgeon signing the first list is T. H. Martin, who was the founder of the Leasowe Hospital for Children—a pioneer hospital in this country for the treatment of tuberculous disease of bones and joints.

The second list, dated October 22, 1913, is signed by the house-surgeon, Noel Chavasse, son of Bishop Chavasse of Liverpool. Who, at the time that he was assisting Robert Jones as house-surgeon, could have predicted that as a medical member of the Armed Forces he would be awarded the Victoria Cross—the most closely guarded and highly treasured of all awards for military service, and so often given posthumously because that is almost the essential character of the award? That being so, who could possibly predict that the Victoria Cross should be awarded twice—the V.C. and Bar—to a doctor, for the first and probably the last time in medical history? That is what happened—and that is the character of some of the house-surgeons of Robert Jones.

Such honour to his students and disciples is honour to Robert Jones himself, because he inspired in them loyalty, courage and devotion to duty.
house, having been visited by surgeons from throughout the world who, like the Mayo brothers, intended to stay for a day but found themselves magnetised for a week, was destroyed by a time-action bomb in the second world war. Fortunately the stone above the doorway chiselled "H. O. T. Surgery, 1856" was recovered from the debris and is preserved in the Hugh Owen Thomas and Robert Jones Library in Liverpool. I, for my sins, having paid some sort of pilgrimage several days after the raid, stole some of the broken tiles from that famous corridor—and I still treasure those fragments.

With this background Robert Jones was versed in the principles of manipulative and conservative treatment, often uncompromisingly antagonistic to the accepted teachings of that day; but to it he allied the newly learned art of aseptic surgery. Thus he became one of the founders of modern orthopaedic surgery. Quite soon his operating lists at the Southern Hospital, varying in length from twenty to thirty operations, starting at 2 o'clock in the afternoon, consisted almost entirely of osteotomies, osteoclases, bone excisions, arthrodeses, elongation of tendons and so on, with a few cases of cleft palate, nephropexy or salpingitis put at the end (Fig. 3). These were left more and more to Theodore Armour, who probably did not mind starting at seven or eight o'clock at night because he never knew one hour from the other, or one day from the next; he often started his ward-rounds at midnight and once sent me to the country to put on a plaster spica only to be met by an irate doctor who said: "but it was to be 4 o'clock yesterday, not to-day."

Robert Jones retired from his Liverpool hospital practice before the age of fifty and pursued a vigorous private practice in Liverpool and London, though always maintaining his free Sunday clinics at Nelson Street. But before he did so, his alliance with Agnes Hunt had been created and firmly established. She had first brought children from her derelict country home at Baschurch in Shropshire, where stables had been converted into open-air wards, in what she described to the railway officials as "perambulators" because such transport cost half as much on the railway as stretchers or ambulances. So every Saturday she would arrive in Liverpool with two or three perambulator-loads of crippled children for Robert Jones to operate upon, and take back a similar number of loads to Baschurch. From this very simple, undignified, perhaps illicit, sometimes naughty, but always happy and joyful activity, there developed the great hospital at Gobowen in Shropshire, now the Robert Jones and Agnes Hunt Orthopaedic Hospital, which with its after-care clinics serves ten or more counties, most of the central part of England and Wales, and receives patients not only from all parts of this country but from all over the world. It was the first hospital ever to organise so complete a service—preventive, curative and securative—first seeking out miserable children who had formerly been locked away in hamlets because the crippling had been thought to be a visitation from God, bringing them to the hospital for treatment, following up the after-care in their homes, and then training the disabled in trades, occupations and recreations by which to make them self-supporting men and women.

Here again, at what was then the Shropshire Orthopaedic Hospital but is now the Robert Jones and Agnes Hunt Orthopaedic Hospital, he would undertake incredibly long lists of operations, never less than twenty and often as many as thirty. We always started before 7.30 in the morning and went on until about 4 o'clock in the afternoon. These endeavours have occasionally been described since then, rather disparagingly, as "marathons of surgical exploit"; but this belittles and quite fails to understand the skill of organisation, and the skill of operative technique, that made it possible.

With two theatres, two anaesthetists and two most expert plaster teams, a cartilage would be removed within ten minutes, including the whole of the posterior horn and the peripheral fragment, in one theatre; and while the pressure crêpe bandage over copious wool-dressing was being applied the bowed tibiae of a child were being corrected by manual osteoclasis in the next theatre; and while the straightened legs were being most expertly plastered a boy's pes cavus was being tenotomised and wrenched with division not only of
"It was in 1927 that Sister Hunt succumbed to the stimulation of Robert Jones and agreed that it was not enough to search out cripples and arrange hospital and after-care treatment. Crippled children, and young men and women, must be taught not only the joys of normal recreation but also the responsibilities of normal work. A retraining scheme was necessary. She wrote: I collected four boys, already training in the boot and blacksmith's shops, and two girls from the splint-making department, and solemnly informed them that they were the 'Shropshire Orthopedic Training School for Cripples.' They were suitably impressed but were anxious to know what happened next. As this was more than I could tell them the meeting adjourned... In the next stage Miss Hunt tried to work
out the cost of surgical boots and wrote: Ten shillings for leather and two days of man's time at three pounds ten shillings a week plus 5 per cent profit equals — ? Eventually I put X which I had been told meant an unknown quantity and went dismally to bed.”

[This quotation illustrates the apparently carefree attitude of Agnes Hunt, which however, with the stimulus of Robert Jones, did succeed; so that to-day one million disabled and crippled people in Great Britain are re-established in useful employment. Watson-Jones, R. (1948): Dame Agnes Hunt. Journal of Bone and Joint Surgery, 30-B, 709.]
the tight plantar structures but also of the extensor tendons on the dorsum of the feet and the flexor tendons at the interphalangeal level—a technique that is being forgotten; and while those feet were having plaster-of-Paris applied to the tips of the toes to maintain correction of the clawed toes as well as of the clawed feet, a subtrochanteric osteotomy was being done to correct flexion-adduction deformity of the hip joint; and while the abduction-

Fig. 6
ROBERT JONES BIRTHDAY BOOK
This is the binding of the original Robert Jones Birthday Book which was presented to him on his seventieth birthday in honour, dedication and respect from his students and disciples.

frame with skin-traction tapes was fitted, an old tuberculous spine was being fused with an Albew graft and the patient placed in the plaster bed already prepared, all within twenty or thirty minutes; with immediately thereafter excision and fusion of an arthritic knee joint in about fifteen minutes; and while the Thomas's splint was applied a tenotomy of the adductors in a child with congenital spastic paraplegia, and special instruction as to the exercises to be practised; and then reduction of bilateral congenital dislocation of the hips and the application
of plaster; always followed at about four o'clock by delayed cold luncheon shared by every member of the staff with Robert Jones and the chiefs, the house-surgeons, theatre sisters, nurses and orderlies—most of them seriously crippled themselves. Every one of us felt that since the very early hours of the morning we had done a good job of work; and Robert beamed upon us all.

If you are as breathless in reading that sentence as I am in writing it, you are not half as breathless as we all were in sharing the magnificent organisation and skilled surgery of Robert Jones. Of course, in his age, there were vast numbers of gravely deformed and seriously crippled children for whom the best operative treatment was a relatively simple procedure, occupying only a few minutes provided that the after-treatment was watched carefully. Since then, these gross deformities have not arisen because of the sustained and continued clinic
Robert Jones with two of his dogs. He loved his Alsatians, Irish Wolfhounds and St Bernards. He was not a man for small dogs; he enjoyed the company of big dogs. But so also he was not a man of small ideas; he was a man of big ideas.
system of prevention as well as after-care (a truth that must be declared loudly when some
Socialist Ministers of Health belabour us on the need for preventive as opposed to curative
medicine). This skilled operative technique, superb organisation, and happy spirit of recovery
was applied so generally to all the hospitals of this country that it would be invidious to try
to enumerate them. Indeed there was no orthopaedic centre or great teaching hospital that
he did not influence.

But it is difficult to know whether his contribution was greater to the relief of crippling
in children in days of peace, or to the relief of disability in soldiers in days of war. Certainly
the most dramatic was the vast organisation he developed during the first world war when
the loyal endeavours of American and British surgeons were fused so happily. It may be
true that Lieutenant-Colonel, soon Major-General, Robert Jones was quite likely to walk
down Bond Street with his General’s cap worn inadvertently back to front; he was a terrible
soldier; but he was a wonderful friend.

We have thought of Robert Jones as a student and apprentice, as a general surgeon and
young orthopaedic surgeon, as a gentle and kind protagonist of his uncle’s staunch principles,
as a pioneer in the development of preventive measures to avoid crippling, as a very great
pioneer of rehabilitation after crippling, as an organiser of orthopaedic services, for civilians
and for members of the Armed Services, as one who created the British Orthopaedic Association,
the International Society of Orthopaedic Surgeons and the fusion of enthusiasm and friendship
between the surgeons of British and American nations. What more can we say? We can say
much more, and this is what matters most. He was a mild, lovable, understanding and simple
man—equally at ease with a timid child, a truculent dock-worker, or a Royal personage.

He loved his dogs—the Alsatians, St Bernards and Irish Wolfhounds; he enjoyed boxing,
and how strenuously he boxed himself; he was fond of cricket; he loved children, who soon
learned to trust him; he was incapable of meanness, sarcasm or unjust criticism. He expressed
displeasure by unruffled and restrained feeling which was felt rather than heard. He spoke
ill of no man. He was kind, generous and encouraging to young surgeons but always with
a cloak of anonymity. He was the very great friend of young surgeons, and few know how
very great a friend he was to them.

May I quote one example of this? When I was very young, Robert Jones said that it
would be wise for me to visit European orthopaedic centres and see the work of surgeons in
other countries, and my reply was that much as I would like to, I could not afford it. Nothing
more was said, but some weeks later he called for me and said that in rewriting his book
on Orthopaedic Surgery he wanted a complete study of the literature on pes cavus and pointed
out that this would mean travelling to London and spending a week or so there in the libraries.
Having done it and presented to him the review (which in fact he never wanted—he had got
it already) he said “It must cost you something to stay that week in London; I will not
pay for your lodgings but I will pay for a tour of the orthopaedic centres in Europe.” This
was typical of the disarming generosity of Robert Jones to young surgeons.

On June 28 next, there will be a Service in the Cathedral of Liverpool, on the centenary of
the birthday of Robert Jones in 1857, near the foundation pillar in which are laid his ashes, the
first ever to find a resting place here, above which is a stained glass window dedicated to
Service. As long as the walls of that great Cathedral stand, there will shelter the token and
memorial of a great servant of mankind who gave his gifts with generosity, with kindness
and joy of heart. In the hearts and minds of those who came within the warm glow of
his presence, and who learned humbly to love him. his spirit still lives.
From the Rt. Honourable Viscount Malvern
P.C., C.H., K.C.M.G., F.R.C.S., M.D.
(Formerly Sir Godfrey Huggins)
Prime Minister of Southern Rhodesia
and first Prime Minister of the Federation of Rhodesia and Nyasaland

As one of those who worked under the supervision of Robert Jones during the 1914-18 war I would like to contribute my mite to this British volume of the Journal of Bone and Joint Surgery.

I first met Robert Jones, whom we all knew as R. J., when the Hammersmith Military Orthopaedic Hospital was opening up. I was sent there for a short course before being posted to the Pavilion Hospital at Brighton, which was being developed for wounded men whose limbs had been amputated but with stumps that were unsuitable for the fitting of artificial limbs. I soon got to know the greatness of this surgeon. He visited us from time to time, and he both criticised and inspired our work. A short time with him impressed us at once with his personality. For myself, it was soon realised that I was in the presence of one of those rare individuals who in any walk of life are entitled to the dignity of Master. He was not only a master of his art but also of human relations, and of the management of humans. He certainly managed his branch of the War Office in Whitehall!

To meet him on or off the job was a refreshing experience. Trained in a London school of Medicine, I had never before heard of him. I had even assumed that the Thomas's splint and Thomas's wrench had been named after the hospital of that name! Robert Jones brought his great knowledge and skill during the first world war to the benefit of the troops who were treated, and indeed to the everlasting benefit of the teeming millions living in England.

R. J., as I have said, was obviously a Master. Like all great men in any walk of life he created disciples; and through them his great gifts of "know how" in dealing with the deformed will live for ever. Mere knowledge of his art, great as it was, would not have produced a band of admiring and devoted disciples if he had not possessed fully that great kindness, charm and selfless spirit. Added to these virtues he possessed sympathy, tenderness and understanding in the handling of patients. Even more important, he was determined that his mission should go on when he passed. He did indeed succeed.
From the Rt. Honourable The Lord Cohen of Birkenhead

Professor of Medicine, the University of Liverpool

Although nearly forty years his junior, I was privileged to know Robert Jones as colleague, patient and friend. Others, and especially his disciples, can pay filial tribute to the greatest orthopaedic surgeon of his time, to his contributions to the surgery of World War I, and to the genius who did not need to take infinite pains but who always did. I write of him not only as one who loved his fellow men, but as one who loved being with his fellow men. He was a convivial member of a Liverpool dining club—the Y.Z. Club. To this he was elected in 1921 and remained a regular attender until his passing in 1933, two years after my own election to the Club. Much of the conversation there was anecdotal and Robert Jones was one of our most gifted raconteurs. May I, since they illustrate so well both the Puck and Peter Pan in his character, recount a few of the stories he told?

He had been called in consultation to a Lady C—— and, having seen and advised, was invited to take tea. He found himself among a roomful of Society dames. Promptly there bore down on him a lady whom he recognised as Mrs Asquith. She invited him to lunch. He accepted readily, adding, "Now that your autobiography is out I'll come without fear." "Oh!" said she, "You needn't bother about that; I only mention really important people."

C. J. Macalister, a physician and colleague on the staffs of both the Royal Southern Hospital of Liverpool and the Children's Hospital, accompanied Robert Jones on a yachting tour among the Western Islands of Scotland. Robert Jones rose one morning at an early hour before any of the other guests were astir and rowed ashore to a distant island where he came across a doubtful looking party of natives with whom he ventured upon conversation. He returned to the yacht and later in the day landed again at his island with his friends and Macalister, who heard that the wild and uncouth inhabitants were of the clan Macalister, and knew that one of the clan was the "greatest doctor in England." This had cost Robert Jones five shillings, being the amount he had to pay the islanders to take upon themselves a name to which otherwise they could never have laid claim.

At a luncheon given by Spanish surgeons to their British colleagues at an International Surgical Meeting in Madrid, after speeches had been delivered in English and Spanish, Frank Jeans, who was a junior surgical colleague of Robert Jones, spoke wittily in French, whereupon Sir Robert electrified the audience by orating in Welsh with great emphasis and conviction. He later revealed that he had, in fact, recited the "Men of Harlech."

A host of other stories spring to mind, which he told me when I was privileged to be his doctor. He was the most lovable of men, and I still cherish what is perhaps the last letter he ever wrote: "My dear Henry. God bless you! Gratefully; Robert Jones."

[Signature]

Cohen of Birkenhead
From Joel E. Goldthwait, M.D.

Doyen of Orthopaedic Surgery in the United States of America

Robert Jones of Liverpool was first known to me in the early part of this century, long before he had been knighted by the King, and because of the reports that came to me regarding the way in which he handled fractures and joint damages. At that time I visited him in Liverpool and we spent a short time together. I saw his actual work, and heard about his first attempt to have an open-air ward for tuberculous children established a short distance south of Liverpool. We were often in correspondence after that but at the time of my presidency of the American Orthopaedic Association, which was held in Washington, Robert Jones with his wife and daughter, Hilda, came to this country and were my guests at our home in Milton, Mass., and after that in Washington. He went on to Canada as a guest of some of our Canadian representatives.

There were one or two other visits to him at Liverpool made by me; but with the first world war and the great number of wounded involving the extremities, he was forced into prominence and the King knighted him, so that he was trying to meet the great responsibility. With me, knowing that sooner or later our country must enter the war, I was in 1916 made Chairman of a Committee to organise orthopaedic men so that they could be available to help Sir Robert and to help the American troops as needed. At that time orthopaedic surgery meant very little in Great Britain and, as a matter of fact, there were not a great number of men calling themselves orthopaedic surgeons in the United States. But when we entered the war the first message that came for help from England was for twenty orthopaedic surgeons to help Sir Robert; and that at once established the place of orthopaedic surgery in the organisation there in your country. After that the men assigned to that branch were treated in such a way that they were never transferred to any other line of work. They were held in sanctuary.

The same thing also occurred in my own country. Less than a month after the United States entered the World War I, I personally sailed from New York with twenty men, reasonably well trained in orthopaedic principles, to be turned over to Sir Robert Jones for distribution among his hospitals. I personally went along at that time and worked with Robert, studying his methods so that later on, when I was assigned to definite work with our troops in France, we were in fairly close contact. After that there were a number of other young men of our group who were assigned to Sir Robert's work. They not only helped him, but when the stress came for our own needs, some of the men who had been trained with him became very valuable in our work, which was kept on with great intimacy.

Following the duties, and after the death of Lady Susie, he came to this country and was seen and entertained by me. There was always the closest intimacy between Sir Robert and myself.
From Professor Edward Gallie
F.R.C.S., F.R.C.S.(C.), F.R.A.C.S.

Gold Medallist, Hunterian Professor, Moynihan Lecturer, Royal College of Surgeons of England
Past President of the American College of Surgeons, American Surgical Association,
Royal Canadian College of Physicians and Surgeons, and the Canadian Orthopaedic Association

There is nothing I could appreciate more than to take part in doing honour to Sir Robert Jones. While I would enjoy saying words of appreciation of his high qualities as a man, as a surgeon and as a leader, I shall leave this to those who were more intimately associated with him than I. But I am qualified, perhaps more than anyone now in practice in Canada, to record what he did for our Canadian soldiers, and what his ideas have done for the Canadian people since that time.

It was fortunate for Canada that, before the war, Clarence Starr of Toronto had completed his training in general and orthopaedic surgery in England and had developed a great admiration for Robert Jones of Liverpool. Dr Starr never seemed to tire of recounting what he had learned in Liverpool and repeating that, in all his experience with surgeons in New York, in Canada, in Germany and in Great Britain, he had never met the equal of Robert Jones.

As a result of this friendship, which fortunately was mutual, Clarence Starr at once made contact with Jones when he joined the Canadian Army overseas. This was soon after Major Jones recommended the establishment of special hospitals for the care of lesions of the nerves, ununited fractures, wounds involving joints, and amputations. Such a hospital was promptly established at Buxton in Derbyshire for the Canadian Army and, under the skilled hand of Colonel Starr, they rapidly became efficient. When this unit had been firmly established Colonel Starr was recalled to Canada to help to develop there the system which had been brought to such excellence in England by Robert Jones.

The result has been the establishment in Canada of hospitals equipped to the nth degree for taking care of veterans. Just as in England, the Department of Veterans’ Affairs has taken over the manufacturing of artificial limbs and has set up a factory in connection with a centrally placed hospital to which all amputation cases are sent. As a result, the surgeons in charge of these patients have gained great experience, and have been able to determine what are the best types of amputation for men who must return to civilian activities, and what is the best type of prosthesis. Thus, contrary to surgical opinion in many places, the Syme amputation is held in high regard in Canada.1,2

I recall a visit of inspection he made to the Granville Canadian Special Hospital in Buxton in 1918, and the satisfaction he expressed that the Canadian Army had adopted his suggestions. I cannot help thinking how pleased he would be to-day if he could see the hospitals now spread across Canada which were designed on the principles he recommended in 1915.

REFERENCES

AN AMERICAN APPRECIATION

It is an honour to be permitted to write a few words of tribute in memory of that great man, Sir Robert Jones, on the occasion of the 100th anniversary of his birth. William James once wrote that a man has as many personalities as he has friends, because each one sees him differently. Robert Jones had thousands of friends; but no matter in what guise he may have appeared to each of them individually, all would have agreed upon his qualities and accomplishments.

That he was a deft operator and a skilful surgeon there can be no doubt. Praise of him in this field was sung far and wide. He was known as a great and stimulating teacher. Hundreds of doctors and nurses gave thanks for what they had learned from him. He devised surgical operations which still bear his name. He more than fulfilled his duties in the various hospitals and clinical posts to which he had been appointed, helping his patients and winning their love while at the same time attending to a fabulous private practice in a manner that gained the devotion of hosts of others. He found time to write scientific articles for medical journals, to collaborate in the preparation of a text-book, and to organise and edit other works. In addition, he gave many hours of his precious time to public and governmental duties.

He did all this in the field of orthopaedic surgery. He not only practised orthopaedic surgery; to a large extent he made it. When he entered this field of work it scarcely existed as a speciality and there were only a few practitioners who busied themselves chiefly with mechanical corrective measures by means of braces or plaster-of-Paris. Surgical operations scarcely extended beyond subcutaneous tenotomies or osteotomies. When he left, it was a respected and flourishing surgical speciality with hundreds of outstanding practitioners. He was drawn into this field of work by his uncle Hugh Owen Thomas, who had a large practice among the teeming population of Liverpool and who became noted for his development of mechanical methods for the treatment of fractures and of tuberculous and other diseases of the joints. Robert Jones gained much from his association with his uncle, but he also gave much because his own devotion to the principles he learned from him extended Thomas’s teachings and augmented his reputation. Robert Jones’s contribution to the association was the development of surgical methods to supplement or to replace the mechanical methods when a more certain cure or a better result could be obtained. After the death of Thomas, Robert Jones took over the practice and continued to work at 11 Nelson Street. His reputation grew, and his consulting rooms became a Mecca for medical visitors among whom were many Americans.

With the outbreak of the first world war, Robert Jones gave up practice to serve his country. On account of his reputation as an outstanding surgeon and his large experience in the treatment of fractures, his help was soon sought to make plans for the care of the wounded. Experience gained in the early battles of the war quickly showed that compound fractures of the extremities would constitute the most common and serious problem among the survivors of machine-gun fire and high-explosive shells, and that very many of these wounded would die unless better care could be provided for them, close to the place where they had been injured. In dealing with this problem, Robert Jones was on familiar ground, and he solved it by the introduction of the Thomas’s splint. This was to be applied by the stretcher-bearers at the place of injury, and to be used to protect the extremity, and to prevent pain and shock during the transportation of the wounded to the forward surgical hospitals, and later during the journey of the soldier to the base hospital. The use of this splint for the transportation of those wounded with compound fractures was extended through the British
Army, and later to the American Army, and was responsible for the saving of thousands of lives and many thousands of limbs.

This contribution was great; but it was only one of many made by Robert Jones. His vision reached far beyond the matter of providing the best immediate care. It extended to the need for final care and reconstructive surgery and for rehabilitation of the crippled soldiers as civilian wage-earners. He foresaw the need for special orthopaedic centres at home in Britain for the wounded who would never be able to fight again. Here they would be given the best surgical care and facilities and would also be helped to regain function in stiff joints and weakened muscles. There would also be made available services for recreation, education and vocational training to aid in the rehabilitation of the whole man and his reorientation from military to civilian life.

In this area he encountered what at first seemed an insurmountable obstacle: a shortage of experienced orthopaedic surgeons. But he was not to be defeated. There was a small nucleus of young surgeons. To a large extent he had inspired them to enter orthopaedics and they had gained considerable experience in their own localities. These men he placed in key positions in his hospital centres. He recruited other young and promising men to train under them, thus establishing what we in the United States of America would now consider the equivalent of a resident training programme. But the inflow of the orthopaedically wounded was then going on at such a rate that it far exceeded the capacity of the orthopaedic centres. There was an increasing need for larger facilities and more orthopaedic surgeons. New hospitals could be built, but the big question was how to supply an experienced staff.

This was the time when Robert Jones made another of his great contributions—the forging of a bond between American and British orthopaedic surgeons which will never be forgotten. Leaders among orthopaedic surgeons of the United States at this time foresaw that their country would soon be drawn into the war, and that the responsibility of treating those wounded in the spine and extremities would fall upon members of their speciality. How could they prepare for this day better than by sending a group of surgeons over to work and learn from their British colleagues before the American Army arrived?

So the British need was dovetailed with the American desire to learn and gain experience in order to prepare for the time when their services would be needed by their own people. Everything was arranged and made as easy as possible by Robert Jones. The first unit of American orthopaedic surgeons, led personally by Joel E. Goldthwait, landed in Liverpool, and was welcomed by him early in 1917. The United States entered the war in April of the same year. The members of this unit were quickly assigned to orthopaedic centres in England and Scotland; then a second group arrived and were similarly placed. The American surgeons worked harmoniously with their British colleagues and many deep and lasting friendships were established.

It was this old link between British and American orthopaedic surgeons that inspired the organisation of the American Hospital in Britain which worked first in Basingstoke and later in Oxford during the more recent great war. This was essentially a civilian orthopaedic unit which was sent over to be of medical assistance during the period when the United States was still neutral.

The American Expeditionary Force built up more quickly than anyone had anticipated, and early in 1918 Colonel Goldthwait, who in France was directing the Orthopaedic Section of the Army Medical Corps, had to begin drawing his surgeons back from Britain for work with the American Force where they certainly gave an excellent account of themselves. But by this time Robert Jones had replacements ready, and the withdrawal was made without damage to his own orthopaedic organisation.

Someone once said that the greatness of a man is to be judged by whether or not his ideas or accomplishments live after him. Judging from this standpoint we can say that Robert Jones still lives as a great pioneer in orthopaedic surgery, exemplifying surgical skill.
new ideas, the importance of teaching and above all the need for a comprehensive vision extending from the first step in the treatment of a crippled person to the complete restoration of that individual as a self-sufficient and wage-earning member of the community. He was indeed a pioneer both in orthopaedic surgery and in the rehabilitation of the crippled. The mere fact that we take time to celebrate the 100th anniversary of his birth some twenty-four years after his death, confirms his greatness.

From Leo Mayer, M.D., F.A.C.S.

Director of Surgery, Hospital for Joint Diseases, New York

It was in April of 1913 that I had my first opportunity to visit Robert Jones. I had completed a year of orthopaedic training in Munich under Fritz Lange where, under his guidance, I had begun my research of tendon surgery. Lange was the leading German orthopaedic surgeon, chief of a large well-conducted clinic. Much as I admired him I realised after only a few days in Liverpool that Robert Jones had opened a new world to me. For the first time I saw atraumatic surgical technique applied with a deftness and respect for tissues, so perfect that to this day it has remained my criterion for excellence in surgical workmanship.

Robert Jones performed most of his operations on private patients in improvised operating rooms in so-called "nursing homes" with only one nurse to assist him. His equipment was the simplest. Yet, under these conditions, he could remove a torn meniscus in ten or twelve minutes with a minimum of trauma. The incision, which I still use, was made through a towel to avoid skin contamination. The operator's fingers never entered the joint. A few strokes with the scalpel to free the meniscus anteriorly, a quick jerk on the clamp at the proper moment to release the posterior portion, a twist of the knee to expose the posterior attachment, another stroke of the scalpel and the meniscus was out! The tissues were sutured with meticulous accuracy, using a Reverdin needle. The surgeon never seemed to be hurried; but not a single motion was wasted. The operation was over before it seemed to have begun.

In contrast to these nursing homes, where Robert Jones seldom performed more than one or two operations at one time, were his operative clinics at the Royal Southern Hospital. Here his schedule for a single session usually included from twelve to twenty operations. This would be for example four or five arthrotonies, a few tenotomies or tendon transplants for deformities from poliomyelitis, reduction of congenital club feet, osteotomies of the femur, subtrochanteric or supracondylar osteotomies. These were done with a special saw which could be inserted through a stab wound, the bone section being completed in a few minutes, the deformity corrected and then an appropriate splint applied. Plaster-of-Paris was never used. There was a splint ready for every occasion. In conducting these clinics, as in the individual operations, he never seemed to be hurried. He always had time for a few words of explanation to his audience or for a joke, and I never heard him use a cross word to his assistants. They responded to his courtesy by giving him loyal and expert co-operation.

But great though he was in the operating theatre, he seemed to me to be even greater in his clinic at 11 Nelson Street. Here he saw patients from all over the world. The fame of his diagnostic and therapeutic skill had spread to every land. His ready tact enabled him to present these cases to visiting doctors who were thus privileged to learn from the great variety of orthopaedic problems presented. Only as a rare exception our host would say "Sorry I can't show you this lady; she has an interesting hip but modesty forbids its exposure." Sunday mornings were particularly stimulating. It was then that Robert Jones saw patients without charging any fee. Many were Welsh miners with whom he spoke in their native language.
He treated their sprained backs with cautery and generous applications of paper, bound on with muslin bandages to form a firm support. Their dislocated shoulders were reduced, even after three or four weeks, with a special ring device that permitted traction to be applied by his powerful doorman who liked nothing better than assisting his master. Unreduced Colles’s fractures yielded to his powerful grasp. With a word of warning to the patient: "This will hurt a bit," he gripped the displaced bones as if in a vice and then with a sudden force the distal fragments of the radius were brought into alignment with the shaft and, before the astonished patient knew it, two splints had been applied, holding the fragments in perfect reduction. And through it all Robert Jones kept beaming his warm smile and giving words of encouragement.

To those who did not have the chance to meet this unique man I should like to give a picture, however inadequate, of his geniality, his charm, his simplicity, his humour, his generosity and his genius for friendship. His cheerfulness was infectious; he was like a boy in his enthusiasm, and in his love for a prank or a practical joke. At the same time he had the maturity and wisdom of a Hippocrates. Above all, he had a sympathy for the disabled and the will to help them which prompted him to organise and establish the rehabilitation centres for the war-cripples and for disabled children. To this great work he devoted the closing years of a long life of service dedicated to the good of mankind.

Among the many great men I have met none stands out as vividly as Robert Jones. None has had as strong an effect in moulding my life as he has had. For no other do I cherish the same degree of admiration and esteem. I gladly acknowledge him my orthopaedic master and guide.

From Sir Fred E. Pritchard, M.B.E., LL.D.

Formerly Judge of the High Court of Justice, Queen’s Bench Division

Her Majesty’s Judges when on Circuit are the representatives of the Sovereign in the County in which the Assizes are being held.

For this reason, and to avoid the embarrassment which might result from close contact with prospective litigants and witnesses at the Assizes, it has not been their custom to attend functions other than public functions at which their presence might reasonably be expected—and then only in the Robes of their Office.

In the days when I was practising at the Junior Bar in Liverpool and was in chambers with Arthur Probyn-Jones, however, an exception was regularly made in the case of Sir Robert Jones at whose house in Belvidere Road the Assize Judges were always ready and happy to dine privately.

To many of these dinner parties it was my privilege to be invited as Arthur’s friend and it is one of my most vivid recollections that to walk into Robert Jones’s drawing room when he was there was to walk into the presence of one whose greatness was not confined to the field of surgery in which he excelled, but of one who was great, irrespective of Calling, and who would have achieved greatness in whatever field he had been called.

Fred E. Pritchard

Vol. 39 B, No. 2, May 1957
FROM SIR THOMAS FAIRBANK
D.S.O., O.B.E., M.S., F.R.C.S., M.CH.ORTH.(HON.)

King’s College Hospital, Great Ormond Street Hospital for Children
Past President of the British Orthopaedic Association

When I was a young man Robert Jones was regarded as the outstanding surgeon in orthopaedics, not only in this country but throughout the world. He did brilliant pioneer work and, moreover, he was a man of exceptional charm and kindly personality. These gifts and qualities resulted in his great influence on the development of orthopaedic surgery, particularly among younger men. Naturally I decided that I must try to see him at work. When he heard that I was to spend a few days in Liverpool, in the hope of being present during his hospital visits, he promptly invited me to stay with him. This was an honour that I accepted with alacrity and gratitude.

On this my first, but by no means my last, visit to his home I found that Dr Joel Goldthwait of Boston was also there. What a delightful lesson it was for a young man to listen to these two surgeons discussing surgical problems. The next day we were driven to Baschurch where Robert Jones had a full day’s work. There I met Sister Agnes who later was honoured by the King and became Dame Agnes Hunt. She had converted the outbuildings of her house into the first Children’s Hospital in this country at which open-air treatment was combined with surgical measures in dealing with surgical tuberculosis. Later this work was transferred to what is now so rightly known as the Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry.

What a joy and privilege it was to see Robert Jones at work. I remember a child with spinal deformity. He asked me to examine the patient, and he watched me with a kindly but critical eye. I think that I came through the ordeal reasonably well, having already done some work as a clinical assistant at the National Orthopaedic Hospital with A. H. Tubby with whom Robert Jones collaborated in the publication of at least two articles near the end of the last century.

After a full morning spent in seeing cases Robert Jones proceeded to the so-called operating theatre. There were many operations and manipulations, even up to twenty or thirty in one session. We spent another morning at Nelson Street in Liverpool, where Goldthwait and I were allowed to see him dealing with private patients in the same thorough and kindly way that he had shown us at Baschurch.

After the first world war Robert Jones came to London regularly one day each week, seeing private cases in a consulting room. I was often able to seek his help and again I experienced the kindness and consideration for the opinion of a young man.

In 1929 a meeting was held in Paris to consider the formation of an International Society of Orthopaedics and Traumatology. There were many American and Continental surgeons. It fell to my lot to play a part in the election of Robert Jones as the first President of the Society. There was of course great competition; but with the aid of my friend Murk Jansen of Leyden, of international repute, Robert Jones was elected. In his first presidential address he said: “I have derived my greatest inspiration from a friendly and close association with the younger generation, especially those who are but little influenced by tradition. They often correct or modify our sometimes eroded views or by clash of intellect encourage introspection and force us to revise our premises. Often they merely strengthen us in our views.”

Robert Jones not only taught the world how affections of the bones and joints should be treated, but by the charming manner in which he dealt with younger men and encouraged
them to think for themselves, he did much more than others to cultivate their ideas. More than one of his contemporaries said: "You never heard a harsh word said about Robert Jones."

During the first world war he was responsible for the introduction of the Thomas's splint for the treatment of severe wounds of the leg, especially if the femur was fractured. The application of the splint, even at many Regimental Aid Posts in the front line, avoided suffering and saved many lives.

It is significant that Robert Jones was a general surgeon in his earlier days and he always took a broad view. It must be agreed that he was chiefly responsible for the acceptance of the principle that the treatment of fractures, joint injuries and affections of peripheral nerves is part of this orthopaedic field of surgery.

Two of his distinguished associates I remember particularly and with gratitude, namely—Dr C. Thurstan Holland, the well known radiologist of Liverpool, and Sir John Lynn-Thomas of Wales. I should add that it was indeed an honour to be invited to assist Sir Robert in examining candidates for the degree of M.Ch.Orth (Liverpool) during the first two years that it was established. Two of the candidates we passed, namely Reginald Watson-Jones and Bryan McFarland, have done much to maintain the reputation of the Liverpool School of Orthopaedics.

Lucky are we whose lives overlapped that of this great man.

From Bryan McFarland
M.D., M.CH.ORTH., F.R.C.S.
Professor of Orthopaedic Surgery, University of Liverpool
Past President of the British Orthopaedic Association

It is difficult to write something new about Robert Jones. Everyone who knew him will speak of his charm, friendliness and inspiring personality. The story is well known of his early days with Hugh Owen Thomas, and many people remember his "middle days" as assistant surgeon at the Royal Southern Hospital. He was third in the general surgical team, the order being Alexander, Newbolt, Robert Jones. Professor Herbert Williams, who remembers these days very clearly, because he was a house surgeon at that time, also remembers some of the visitors—the Mayos, Albee, Horowitz, Lucas-Championnière, Murk Jansen.

It may not be realised how much general surgery owes to Robert Jones. He did not much like it, and delegated most of that work to Armour who was, as it were, a second string to all three honorary surgeons. It is interesting that Sir Robert visited the Royal Southern Hospital on only two afternoons a week, and nevertheless during his visits found time to join in a game of cricket in the courtyard with the residents and students. Although he did not then have a personal assistant he could always rely on assistance from all the residents off duty who would go readily and happily to his operating theatres and out-patient sessions just to watch and give a hand if they got a chance ("Eheu! fugaces").

Dame Agnes Hunt came each Saturday to out-patients, with her batch of children from her home in Baschurch. The out-patient department was always crowded, but the Baschurch
children were seen first. Then Sir Robert would call out "any patients from North Wales?" After they had been seen, patients from Preston and Lancaster and the North, and then from Crewe, were examined before the Liverpool patients were seen.

In the end Sir Robert had a house surgeon entirely to himself. The first holder of this post was Alwyn Smith who, with Armour, used to finish off the operating list after the major work had been done, though, even during the operating sessions, various unofficial assistants were given such jobs as moulding club feet and changing splints. Robert Jones walking round all the time and seeing how they were shaping.

Just as Robert Jones was one of the first to use an x-ray machine, one year after it was invented, he was one of the first to have a motor car, which was described as a very small noisy Rover (1906-08). The noise had an advantage because it was heard from nearly a mile away so that the assistants were always on the spot when Robert came through the hospital door!

I delight in some personal recollections. In 1928 when correcting nurses' examination papers in orthopaedics I found one quotation from Sir Robert relating to the long tedious illness of a patient with tuberculous disease of the hip. The nurse's comment was "one of the main aims of the nurse should be to encourage the patient and keep his pecker up"—this being one of Sir Robert's favourite phrases, which always caused amusement across the Atlantic. In reply to my short note recording this observation he sent a delightful handwritten note: "I shot an arrow in the air; it came to earth I know not where."

In September 1930 my first child was born. I was a very obscure young orthopaedic surgeon, hardly aware that Sir Robert had noticed me very much, being as I was well down in the list of his assistants. But three weeks after the birth of my son Robert Jones came to my flat with a bunch of grapes and asked to see my wife and her child. While he was with us one would have thought that there was only one baby in the world in whom he was really interested—my boy.

It would be a mistake to be deceived by Sir Robert's easy and rather jolly manner—there was always strength of purpose, determination and organising ability behind it. On one occasion in the Royal Southern Hospital after a resident surgical officer had presented a case so badly that he had placed his chief at a disadvantage, Robert Jones said: "now I will race you up the stairs"; and as they went up he said: "if that ever happens again you are out." Again I remember the mother of a little boy with pseudo-hypertrophic muscular paralysis. Not unnaturally the earlier treatment had not produced any very satisfactory results. I watched with great interest what Sir Robert would say to the mother. Having enquired carefully and found that the condition was not worse, his observation was: "I always find that if this condition does not get worse you have to be grateful, and you have every reason to be very pleased and very hopeful."

Another memory is of watching this great surgeon manipulate the club feet of babies. The shape of Robert Jones's hands is well known. They were not, I would say, the classic type of operating hands—but they were marvellous manipulators. They seemed to become plastic and almost to blend with the material on which they were working—almost an accompaniment to the tune which he always hummed while things were going well.

Probably one of the most pleasant memories, and one which is shared by our Editor, is of Robert Jones conducting, with the assistance of Sir Thomas Fairbank, the examination for the M.Ch.Orth. degree of Liverpool University. If anyone failed in that examination it was not Sir Robert's fault. Even to be failed by these two great men would be a distinction.
From Sir Max Page  
K.B.E., C.B., D.S.O., M.S., F.R.C.S.  

St Thomas's Hospital, London  
Past Vice-President of the Royal College of Surgeons of England  

Looking back I am struck by the little attention that had been paid, outside Lancashire, before the 1914–18 war, to Robert Jones's work on the treatment of injuries of the extremities.  

To me he had been an orthopaedic surgeon distinguished as the author of work on paralytic conditions in childhood. I knew of the value of the Thomas's splint and the abduction frame for tuberculous joint disease, but not of their application to fractures. I think the same was true of most young surgeons serving in the army in 1914, who like myself had been educated in the London Schools. Our seniors were certainly responsible for major fractures, but for the first decade of this century their main interest had been devoted to the rapid advances in abdominal surgery. The South African War had not afforded much experience in the management of infected injuries.  

In the autumn of 1914, after the fighting about Ypres, surgeons in France were in desperate difficulty over the treatment of infected fractures of the lower limb both at the front and at base hospitals. This difficulty was reflected by the grave mortality and the high amputation rate. Robert Jones soon became informed of this deplorable state of affairs. In letters and articles published in the British Medical Journal in 1914 and 1915, his methods for the management of compound, open and infected fractures were soon adopted. I still think that the greatest benefit Robert Jones conferred on the British fighting services stemmed from his two articles in the British Medical Journal (1914–15). They certainly resulted in the first forward steps in the management of septic fractures in the wars of this century.  

My personal contacts with R. J. dated from his appointment to St Thomas's Hospital in 1919. He never did much work there, and soon handed responsibility to that capable deputy Rowley Bristow. I saw more of him and his pupils at the Ministry of Pensions Hospital at Hammersmith where he established a fine unit for the late treatment of war casualties. He was delightful to work with, brimming over with enthusiasm, and with a passionate interest in the welfare of his patients.  

He was a plump, short and vivacious man, with never any tendency to domineer—in dress attractively careless whether wearing uniform or not. In social life he was effusively friendly, always appreciating good food and drink. Perhaps, rather oddly, he was a keen follower of professional boxing.  

He was indeed a most likeable man, brimful of energy even in his sixties, and able to inspire others in his methods and ideals. It was his personality and tact, coupled with great persistence, that had so profound an influence upon the surgical organisation of this country.

REFERENCES

When I first met Robert Jones I was a mere boy in medicine. It was on an English summer's afternoon at a strawberry tea-party in Dame Agnes Hunt's garden. Maybe it was the setting; but I at once succumbed to the Welsh charm. Robert Jones became an idol, at whose shrine I have never ceased to worship. I remember the anger I felt on hearing another surgeon say about meniscectomy: "Robert Jones and I make this incision." What impertinence!

To bear goodwill towards all men is not such a difficult task. To be in receipt of goodwill from all men is accomplished by only a few. And Robert Jones was one of the few. He tamed the general surgeons and many of the more famous—Stiles, Moynihan, Hey Groves who became his ardent supporters. However, it is not as a paragon of virtue that we write about him in a scientific journal on the centenary of his birth. When the memory of his charm has been obliterated, the name of Robert Jones will still live as an orthopaedic surgeon.

The surgeons of to-day do not do all the things that Robert Jones did. We no longer include a Thomas's wrench among our instruments; and we no longer use a Thomas's knee splint for either kind of fractured patella. But that his methods were old-fashioned does not detract from his greatness. Einstein is, perhaps, a better physicist than Newton; but whose fame is greater? It has been said that Robert Jones's greatness depended on his expounding to the world the brilliant ideas of H. O. Thomas. Certainly he did that. Certainly that was a mighty deed. Anyone who has tried knows how difficult it is to convince anybody about anything in orthopaedic surgery. But the fame of Robert Jones is founded on something much more solid. He was an orthopaedic surgeon by instinct. He always knew what to do and when. With a frozen shoulder he did not encourage movement "until the patient could lie on that side." "Early active movement which causes no pain can seldom be harmful and is often beneficial." "A joint may be assumed to be free from arthritis when even one of its movements is free." "A bandage is not a mere means of keeping a dressing in position, but should be regarded as a modified splint."

Speaking of breaking down adhesions he said: "the most striking results are often brought about in the case of the knee if we remember one very important point and that is to secure the full rotatory range." He also said: "wounds in the flexure of the elbow should be treated with the elbow extended"; "to increase shoulder movement the patient should get his hand on the wall and creep up with his fingers until the elbow, arm and side are flat against the wall"; "there is one golden rule regarding fractures of the elbow—they should all be treated with the elbow fully flexed with the single exception of the olecranon which requires full extension"; "early passive movement is harmful"; "the importance of Pott's fracture lies not so much in the break of the fibula as in the disturbance of the axis of the ankle joint which is liable to follow"; "hallux rigidus is a source of considerable trouble among recruits." All of these are orthopaedic platitudes; but who invented them? This sample was gathered from a small book on "Injuries to Joints" written by Major Robert Jones, R.A.M.C.(T.) in 1915. The repeater of a platitude may be a bore; the inventor is a genius.

Much of present-day therapy derives unconsciously from the wisdom of Robert Jones. Much as we would like to match his brilliance we are doomed to play second fiddle. It is a small comfort to have something in common with the Great Man. Robert Jones was very fond of kippers; so am I.

George F. Perkins

THE JOURNAL OF BONE AND JOINT SURGERY
In February 1919 at the Special Military Hospital, Shepherd’s Bush, Sir Robert was enjoying a day with the staff and a number of us new boys who had returned from overseas and were still in uniform. He did two cartilage operations, being assisted by Max Page and Rowley Bristow. I held the end of a retractor at long range. R. J. sat on a large towel drum on the floor. In getting up and down he never failed to demonstrate the advantage of the flexed knee bent over the end of the table.

His charm to patients and to the nursing staff was an example to us all. So seldom did he express adverse criticism. With enthusiasm and encouragement to the young men who were inspired by him to become orthopaedic surgeons he talked of logic, surgery, remedial workshops—and also of the tragedies of war. He was happy when speaking of children in country hospitals and of the need for association between orthopaedic surgeons of the United Kingdom and the United States. Of course he talked of dogs! Then he would be taken off to enjoy a good luncheon.

Sir Robert’s magnetic figure was in the centre of the stage during the time that the British Orthopaedic Association had its teething troubles. Also shall we remember Alton in 1922? Unison was achieved, perhaps as a result of the cricket match with disabled boys at Treloar’s, or more likely from the after-dinner speech at the Swan Hotel which ended with a chorus of cheers and R. J.’s typical finale: “Now Willie (Trethowan), we shall be delighted if you will entertain us at that piano, although it appears to require some reconstructive operation.” At Manchester in 1925 his presidential address to the British Orthopaedic Association was entitled “Remarks on the training and activities of the Orthopaedic Surgeon.” It was a speech of wisdom and it made a great impression upon me. He urged that orthopaedic surgeons should educate the public, and the authorities, to stamp out tuberculosis and rickets. He said that his own treatment of club foot differed little from the treatment used by Hippocrates two thousand years before, and said that even the Temple of Aesculapius had open-air wards! Yes, indeed he was a great man.

From Alan S. Malkin
C.B.E., M.B., F.R.C.S., F.R.C.S.E.

Harlow Wood Orthopaedic Hospital
Former President of the British Orthopaedic Association

Shortly after the Armistice which concluded the fighting in the first world war some young medical officers from the front, of whom I was one, were sent back to Great Britain for training in military orthopaedics at the Special Military Surgical Hospitals which had been developed by Robert Jones at important centres. The idea was that these young surgeons, when ready to do so, should replace the American surgeons on whom the responsibility for
the work of these hospitals had largely fallen. Many of the Americans had come to Great Britain because of their high personal regard for Robert Jones but they naturally wished to return to America as soon as possible when the fighting had ceased.

I was attached to the Special Military Surgical Hospital at Birmingham under Naughton Dunn and it was here that I first met Robert Jones. But long before this I had been greatly impressed by hearing about his work and reading his writings.

As a young Regimental Officer in 1915 I had issued to me a small book—an Oxford War Primer written by Robert Jones and entitled Injuries to Joints. This is how its intention was described in the preface: "The object of this little book is to attempt to give some help in the diagnosis and treatment of injuries of joints in a form which will be useful to the hundreds of practitioners who have left the quiet paths of private practice for the more eventful career of military surgery.

"The injuries they may have to deal with may vary from a twist or sprain due to a fall on rough ground to a complicated gunshot wound. For the minor injuries the ordinary advice given in peacetime, namely rest, is not enough, as the soldier must be returned fit for duty in the shortest possible time, while the more serious injuries are outside the ordinary experience of general practice."

At about the same time he wrote a series of articles in medical journals, many of which were subsequently published in a little book called Notes on Military Orthopaedics.

These two books, Injuries to Joints and Notes on Military Orthopaedics, had an immediate success and were widely circulated throughout the Allied armies. They showed his great concern for the wellbeing of the injured.

Their success was due to many factors. It was due to the burning enthusiasm of the writer, but it was also due to the intrinsic worth of the advice given. This advice was of practical value—it was easily understood—it was based on sound common sense—it was written in an easy readable style with a minimum of words—it was well suited to its readers and it met an urgent need.

It is difficult to realise after so long a time what a profound effect the advice of Robert Jones had on the salvaging of the wounded throughout the entire war. An early instance of this was shown by the change in the treatment of fractures of the femur. At the beginning of the war, for fractures of this bone a long Liston splint or a rifle splint was used in the first stage but by the end of 1915 Robert Jones's advocacy of the Thomas's splint had resulted in its employment in many units and it was soon afterwards adopted throughout the entire front.

The consequence of this change was that patients arrived at the casualty clearing station in an infinitely better condition and shock was no longer so serious. Statistics worked out in 1916 showed in one Army area that before the Thomas's splint was used 80 per cent of the compound fractures of the femur died, but with immediate fixation on a Thomas's splint the mortality rate fell to 20 per cent.

But it was not only in his writing and speaking about methods of treatment that his influence was used—he used it also in striving to provide the conditions for applying the methods he advocated. That meant setting aside or creating special hospitals for all those wounded requiring prolonged orthopaedic treatment. More than that he used his influence to ensure that as far as possible the morale of the wounded and a desire to work was maintained. This is what he said in the Notes on Military Orthopaedics: "By the time a soldier has passed through various phases of recovery from septic wounds in several different hospitals and is finally transferred to an Orthopaedic Centre for treatment to correct deformity and restore the use of injured joints and muscles, his spirit is often broken. The shock of injury, frequently in itself severe, followed in succession by a long period of suppuration, and then by a wearisome convalescence, during which he receives treatment by massage or electricity, or by monotonous movement with mechanical apparatus of the Zander type, too often leaves him discontented with hospital life, its monotonous round of routine, and its long periods of idleness.
"In the Orthopaedic Centre he finds his fellow-patients busily engaged in employments in which they are doing something, and it is not many days before he asks for a 'job.'

"In the Military Orthopaedic Hospital at Shepherd's Bush alone, out of 800 patients about 500 are employed at some regular work, which fosters habits of diligence and self-respect, and converts indolent and often discontented patients into happy men who soon begin to feel that they are becoming useful members of society and not mere derelicts.

"Thus, when the preliminary stages of operative and surgical treatment are over, there is a steady gradation through massage and exercise to productive work, which is commenced as soon as the man can really begin to use his limb at all. If his former trade or employment is a suitable one he is put to use tools he understands, otherwise some occupation suitable for his disability, and curative in its character, is found for him.

"Men with stiff ankles are set to drive a treadle lathe or fretsaw. If put on a treadle-exercising machine the monotony soon wearies the mind, but if the mind is engaged not on the monotony of the foot work, but on the interest of the work turned out, neither mind nor body becomes tired.

"Men with defective elbows and shoulders find exercise and mental diversion in the carpenters' and blacksmiths' shops. If their hands and fingers are stiff, working with a big swab to clean windows or with a paint brush is a more interesting occupation than gripping spring dumb-bells.

"Those of us who have any imagination cannot fail to realize the difference in atmosphere and moral in hospitals where the patients have nothing to do but smoke, play cards, or be entertained, from that found in those where for part of the day they have regular, useful and productive work.

"Massage and exercise is no longer a mere routine: it all fits in and leads up to the idea of fitness—fitness to work and earn a living and serve the State in an economic sense, even if not to return to the regiment and fight once more in the ranks of the Army." Here was modern rehabilitation clearly explained.

His feeling about the wounded man was epitomised in what he said in 1917: "From the beginning of the War, I have been convinced that the most serious problem that faces us as a Nation, is the question of how to deal with the disabled, discharged soldier. . . . Until an individual interest is taken in a man, from his entrance into hospital until he enters civil life, our material duty will have been left undone. I have lived and worked long enough to realise that the aim and not the end, is the main thing. When the end comes and peace is declared, the cry will be for War Memorials. Is not now the time to decide on these? You do not want to wait till the dead are forgotten. Are our memorials to be spiritual or material, living and permanent, or dead and cold? For my part, I have no hesitation in saying that marble or brass has no re-echoing voice to me. My feeling is that the heroic spirit that sent our beloved dead to their end should be reflected in an equally heroic effort on our part to make and keep the nation efficient."

During the war after reading his writings and hearing so much about his work I had built up in my mind a picture of Robert Jones. I imagined him to be a tall, austere man, almost prophetic looking. Shortly after I was posted in 1919 to the Birmingham Special Military Surgical Hospital I met him for the first time and I found my picture was quite wrong. He was not very tall, he was not austere and he had not the look of a prophet. Instead he had a benign look and a welcoming smile for all. He was interested in life in all its aspects and in many forms of sport. He was one with whom almost everyone felt instantly at ease.

I met him again at the first British orthopaedic meeting I attended in 1919. He was unassuming, gentle and willing to help anyone. After this I met him on various occasions. He was always enthusiastic in the cause of the cripple and would respond to any appeal.

During the war a great change had taken place in the attitude of people to crippling conditions largely due to the work of Robert Jones. They felt that crippling conditions
could be cured and that they should no longer be accepted as inevitable. Robert Jones felt that this new attitude, this change in public opinion must be utilised for the benefit of the crippled. In 1919 with G. R. Girdlestone he published a paper in the British Medical Journal proposing a National Scheme which comprised preventive treatment and training of cripples and potential cripples.

The plan was simple. It was to divide England and Wales into districts each with a fully equipped orthopaedic hospital in the centre and grouped around it a number of out-patient clinics which were under the control of the staff of the central hospital.

In 1923, like the citizens of some other cities, a few of the citizens of Nottingham who were members of a small cripples' guild, wanted to do something for crippled children. Robert Jones was approached. He came to Nottingham and took part in a conference in which laymen and doctors were included, and drew up a report. As a result, it was decided to advertise for an orthopaedic surgeon to develop a scheme on the lines of his national plan, and, on his recommendation, I was appointed. He came and spoke at my first annual meeting in Nottingham. As we made progress, he watched our efforts and encouraged us, and, when finally Harlow Wood Orthopaedic Hospital was to be opened, he came and took part. But his interest did not stop there. He agreed to be the Senior Consultant of the Hospital and on several occasions during the next few years he visited it and with me did a complete round of the wards. If he wished to suggest some alternative treatment, he would not condemn what was being done, but he might ask if you had tried this or that method which he had found a good one. You felt you had a real friend, with vast experience, behind you, and what a comfort that is when you are young and feeling rather isolated.

During the last ten years of his life he did not spare himself. He visited various parts of the country and, by personal influence, writing and speaking, did all he could to popularise his scheme. Seventeen centres with associated clinics were established by the time of his death.

On January 14, 1933, Robert Jones died and was mourned as a public benefactor. How can we assess what he had done?

In the College of Surgeons of England one's mind instinctively turns to the work of John Hunter and, although so much separated them both in time and character, he and Robert Jones can be compared. The one, John Hunter, had a bias to what has been called scientific surgery; while the bias of the other, Robert Jones, was to practical surgery. It is said that the one had few friends and was never personally attractive; whereas the other had a magnetic personality with friends old and young in every station of life, and on them he had a great influence. Yet both achieved success. Both were caught up when young by a great enthusiasm, and this enthusiasm remained with them to the end. There would have been between them a fundamental agreement. I can hear Robert Jones echoing such words as these of Hunter's: "The man who judges by general principles only, shows ignorance. Few things are so simple as to come wholly within the general principle. We should never reason on general principles only, much less practise on them, especially when we are or can be, master of all the facts. But when we have nothing else but general principle, then we must take it for our guide." Or these (though perhaps in better English): "There never was a man who wanted to be a great man, ever was a great man."

Robert Jones's concern was never with greatness, but always with work to be done. I felt the mainspring of his life was a burning desire for physical and social justice for the disabled, and a great feeling of responsibility. His was a dedicated life. It is not too much to say that what Hunter did for surgery Robert Jones did in the more limited field for orthopaedic surgery, but he knew that that was not enough. His interest was in surgery but more in what surgery meant to every man, woman or child. His interest was in the wellbeing of the whole patient. He felt that each individual, however disabled, should be a happy, useful member of the community and it was the achievement of his life that he made this possible for countless
numbers. In his life he did much to conquer disability. He left many of his friends, old and young, to carry on the fight against it.

What has been said of John Hunter can truly be said of Robert Jones. He did not make an epoch—he founded a school. On the foundation that Robert Jones laid, what structure has been raised in the last twenty-five years? In prevention we have seen the advent of antibiotics; a rapid decrease in the number of those suffering from tuberculosis; an almost complete elimination of rickets and a hope of overcoming anterior poliomyelitis; and the establishment of fracture and orthopaedic services in nearly all hospitals. These are great achievements.

We have seen great advances in the treatment of paraplegics for whom there is now the possibility of living independent and self-supporting lives. The rehabilitation services provided for the disabled are almost fully comprehensive: though small at present the potentialities are great. They provide for:

1. The injured skilled man who needs practice in his skilled work before he can return to his pre-accident job.
2. The permanently disabled man who, in spite of his disability, can be trained in a new job in which he will be on an equality with the fit.
3. The man too disabled to take his place in industry who needs work in a Remploy Factory or a sheltered workshop.
4. The man who can work only at home and who can get help in this from the local authority.

There are in many areas local associations for the welfare of the physically handicapped who can and will help in all rehabilitation problems.

What then can we as orthopaedic surgeons do in this continued struggle against disability? May I suggest to my younger colleagues a few things that can be done:

1. Maintain our work as members of a craft guild at the highest pitch of efficiency. This may mean for some of us, particularly if we work at peripheral hospitals, giving up the treatment of certain types of case which are comparatively rare and which require the specialised investigation or treatment that can best be provided by a team at an orthopaedic centre. This is not easy for the young enthusiastic surgeon but it is most important if progress is to be made.
2. Assist constantly in the instruction of all who should be concerned with the early signs of disability, especially in children. It may be remembered that before the last world war Professor Putti of Bologna as a result of propaganda had been able to treat over 700 cases of congenital dislocation of the hip in children under one year of age. Of these 94 per cent showed excellent or perfect anatomical functional results. In no other way could this be achieved.
3. Take a keen interest in the physical education of children and the prevention of postural defects.
4. Bring to the notice of the disabled the facilities available for them not as forlorn last hopes but as something valuable provided to assist them back to independence. A disability must be very severe to prevent a specially trained man from doing useful work, given courage and determination which we can help him to maintain.

In many ways we can play our part "to make and keep the nation efficient" and in so doing we shall be carrying on the work of Robert Jones in conquering disability.

Part of this contribution is reproduced from the Robert Jones Lecture published in the Annals of the Royal College of Surgeons of England, February 1957.
From Norman Capener, F.R.C.S.

Director, Princess Elizabeth Orthopaedic Hospital, Exeter

Probably the last of the pilot schemes in orthopaedic development in which Robert Jones was actively engaged was the one in Devon. Here he found two keen supporters in Dame Georgiana Buller and Brennan Dyball—a distinguished son of St Thomas's Hospital. In 1928 a half-completed orthopaedic hospital at Exeter was hastily filled with children for the day of inauguration by the Duke and Duchess of York, as they then were. It was named by them after their daughter, the young Princess Elizabeth. In the fun of this rather premature party Sir Robert joined with characteristic enthusiasm and modesty. Four years later he came to see me at work, the hospital's first orthopaedic surgeon appointed after an apprenticeship in the United States. Sir Robert was no inquisitor but he was a student of mankind. After twenty-five years the memory is still vivid of a kindly and very wise man who played with the children, chaffed the terrifying Georgiana, and entered with keen interest into the thoughts and plans of a young man whom he made feel, at least for that day, was his teacher. A few months later Sir Robert died.

From Joseph Trueta, Chevalier de la Legion d'Honneur


Nuffield Professor of Orthopaedic Surgery, University of Oxford

I am so pleased that the name of Girdlestone will appear in the Robert Jones Centenary Number. I firmly believe that the greatness of any innovator can best be judged by the quality of his pupils, and to have had, like Robert Jones, so many outstanding workers in the field of orthopaedics is a real measure of his immense size. Naturally, Girdlestone with his crusading spirit and his early association with the Master at Baschurch must be considered to have a place in an issue as important as this one.

It might be of interest to readers of the Journal to see the title page of the National Scheme for Crippled Children put forward jointly by Robert Jones and Girdlestone and a few lines of the proof as annotated by Robert Jones.

THE JOURNAL OF BONE AND JOINT SURGERY
THE CURE OF CRIPPLED CHILDREN.

PROPOSED NATIONAL SCHEME.

BY

SIR ROBERT JONES, K.B.E., C.B., Ch.M., F.R.C.S.,
LIVERPOOL,

AND

G. R. GIRDLESTONE, F.R.C.S.,
OXFORD.

GENERAL CONSIDERATIONS AS TO TREATMENT.

Under present conditions some of these children die, and of the remainder most become cripples. Many are fully curable, almost all can be benefited; but an organization to provide early and well-directed treatment is necessary. The country has, so far, made no real effort to face the problem. The great need for hospital provision for cases of surgical tuberculosis has indeed been recognized by Government under the National Insurance Act (1911), but no comprehensive scheme has been brought forward. Here and there orthopaedic hospitals, or orthopaedic departments of general hospitals, exist as a result of voluntary effort, but these are only capable of dealing with a small percentage of the cases. For the immense majority there is no hospital accommodation, nor can they hope for adequate treatment. The task is beyond the scope of the general hospitals, for it is impossible for them to provide the necessary conditions, which should include ample bed accommodation in open-air country hospitals. It is characteristic of orthopaedic surgery that an operation is often not an end in itself, but one link in a chain of treatment; moreover, by early treatment and progressive orthopaedic measures operation can in many cases be avoided altogether. Further, there is, as a rule, no period of natural convalescence, but, on the contrary, in the case of most deformities a persistent tendency to relapse long after complete correction. For these reasons a long stay in hospital with continued careful corrective treatment and

vol. 39 B, no. 2, may 1957
From John Menzies, C.B.E.

Until recently Secretary-Superintendent of the
Robert Jones and Agnes Hunt Orthopaedic Hospital, Oswestry

Everyone who had the pleasure of knowing and working with Robert Jones cherishes the memory of a stimulating and wonderful experience, and I am proud to pay humble tribute on the occasion of the centenary of his birthday. Countless thousands of those who benefited from his work and teaching would have wished to pen this contribution.

Few men in peacetime or in war, for injured civilians and wounded soldiers, made so great a contribution to our people as did Robert Jones. It is not for me to write of his influence in the world of orthopaedic surgery which has resulted in widespread benefits to humanity. But even as a secretary one could not fail to see the transformation produced by his vision and influence. No longer do we see the untreated crippled child—the saddest of all spectacles. We saw the injured and disabled restored to happy life.

I first met and worked with Robert Jones when I became secretary of the Hospital at Oswestry that bears his name. He was the first surgeon to appreciate that the problem of the physically disabled was not solved simply by treating patients in a central hospital. He realised that any plan would need the ancillary services of clinics for prevention and after-care, supported by voluntary organisations. He said: “Without voluntary help the plight of the cripple would have been pathetic.” Rehabilitation, resettlement and re-education were his principles, and it was in this sphere of administration that one marvelled at his enthusiasm and grasp of detail. His wise counsel and friendly guidance proved to be invaluable, for he had that rare facility of stimulating everyone concerned with his own conception of the job in hand.

The tablet to the Memory of Robert Jones erected in the Goodford Memorial Chapel in the Hospital at Oswestry bears the words “Great Surgeon—Greater Man.” As a layman serving him, it was in this latter capacity that I knew Sir Robert. His cheerfulness, his consideration for the welfare of others, his human understanding was outstanding; as well as his humour by which for example there would be no appointments while the Test matches were being played or while he was judging puppies, or looking after his old Welsh pony, or shooting duck, or sharing the duties of his son-in-law Frederick Watson as Master of the foxhounds. When Sir Robert died the world lost a much loved illustrious benefactor and the hospital and staff at Oswestry its guide, philosopher and friend. As the years go by “Great Surgeon—Greater Man” seems to fit more perfectly.
From Goronwy E. Thomas, F.R.C.S.

Orthopaedic Surgeon, Royal Liverpool United Hospital
Lecturer in the University of Liverpool

I have in my possession a few of Robert Jones's case notes and among them I found a typewritten copy of one of his letters to a doctor which I feel is very interesting in that it illustrates an aspect of his life that is often commented upon.

Dear Dr Thomas,

I have seen Humphrey Jones to-day and I think, on the whole, he is doing nicely... I have also had his exercises reviewed.

I wonder how Menai Bridge looks now. I have vivid recollections of it because, as a boy of about 12 or 13, I was at boarding-school there under the care of a weird character with a huge head and little else excepting a great mathematical brain. His name was John Thomas. I spent a very happy time there and remember clearly the village in those days. More particularly do I remember a little confectioner's shop, on the right-hand side on crossing the Bridge from the Caernarvonshire side, where they sold the most succulent and delightful jam tarts. Such is memory! In all my wanderings I have never been able to taste such tarts as they sold there for, I think, 3d. each! I also recollect very well the grocer's shop which maintained a prominent position at the head of the village and where we used to take blackberries after picking them so that they might make us jam. In the grounds of Pen y bryn there were some rocks and, looking back now, they would seem to me between 15 and 18 feet. I used to take a great delight in jumping off these rocks on to the soft green below. I suppose the blackberry jam, the jam tarts and the high rocks have been exaggerated by time. Years afterwards I visited the old school, where—if I am not mistaken—the well known physician, Dr Roberts, lived. One day, if I am in the neighbourhood of Menai Bridge, I shall have to take a stroll and see if I can recollect all these early spots, and, more particularly, the Calvinistic Chapel, where sometimes we used to have six sermons on Sunday.

With kind regards,

Yours sincerely,

Robert Jones.

I thought that you might perhaps regard this letter as an item of interest for inclusion in this commemorative volume.
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Transplantation of Extensor Proprius Hallucis to Head of First Metatarsal, 1–15.
Transplantation of Peroneus Longus Tendon, 1–12.
Transplantation of Tendons of the Lower Extremity, 1–4.
Reconstruction of Left Internal Semilunar Cartilage. Sect. 25, 1–19.
Treatment of Colles’s Fracture, 25, 1–12.
Division of Tendon of Achilles: Tenotomy of Flexor of Great Toe: Arthrodesis of Ankle, Sect. 21, 2–17.
Osteoablation for Ricketsy Knock-knee, 21, 2–8.
Operation for Spastic Caseous Everted Flat Foot, Sect. 26, 2–18.
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