BRITISH ORTHOPAEDIC ASSOCIATION: FIRST FOUNDERS' LECTURE

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"Ere the parting hour go by,
Quick, thy tablets, Memory!"

To my friends—Matthew Arnold

I am deeply conscious of the honour you have done me in inviting me to give this, the first Founders' Lecture. I have no doubt that your choice was influenced by the fact that of the three surviving Founding Fathers—Sir Thomas Fairbank, Mr Arthur Rocyn Jones and myself—it fell to my lot to be the first Honorary Secretary of the young Association launched forty years ago. The story of the growth of the Association from small beginnings in 1918 is a chapter in the history of the evolution of orthopaedic surgery in Great Britain during the first half of the twentieth century. Some of this story has been admirably told by Mr Rocyn Jones in his Presidential Address to the Orthopaedic Section of the Royal Society of Medicine in 1937, and more recently by Mr H. Osmond-Clarke in the special commemorative number of our official Journal in 1950. But, unlike the elephant, "young men forget"; and some of the events of those early years will, I hope, bear repetition—and perhaps embellishment—when related by one who was an eye witness of the scene.

At the turn of the century orthopaedics in Great Britain occupied an unimportant position as a differentiated speciality within the realm of surgery, and by common consent its field was limited to the correction of established deformity. The great mass of deforming diseases and injuries was at that time treated by general surgeons in general and children’s hospitals. Amongst the forty original members of the short-lived British Orthopaedic Society founded in 1894, there had been a mere handful of surgeons who practised orthopaedics exclusively. But in the decade before the outbreak of the first world war the scene had begun to change, and the stage was being prepared for the launching of a new specialist association. In London the three independent and rival charities, the Royal, National, and City orthopaedic hospitals—all institutions of small size—had merged in the new Royal National Orthopaedic Hospital, opened in Great Portland Street in 1909. Of the five surgeons brought together on the staff of the combined hospitals, two only were orthopaedic surgeons and nothing else—Mr E. Muirhead Little and Mr Evan Laming Evans. A. H. Tubby, well known for his writings, T. H. Openshaw, and J. Jackson Clarke, were also general surgeons at the Westminster, the London, and the Hampstead General respectively. It was true that at St Bartholomew's an orthopaedic department, so-called, had existed since 1864; but until 1912, when Mr R. C. Elmslie was appointed to take charge, the department had been simply a special out-patient clinic conducted by one of the assistant surgeons of the hospital. Of these, one who made notable contributions to the literature of orthopaedics was Howard Marsh. In 1906 the Charing Cross Hospital had unwittingly made history by creating a department with a few beds under H. A. T. Fairbank, who had already begun to achieve distinction in children's orthopaedics at Great Ormond Street. At Guy's also orthopaedics was emerging from its subordinate status under the control of the general surgeons, and, after a period of travel which included Liverpool and Scandinavia, W. H. Trethowan was elected as the first specialist orthopaedic surgeon in 1913. Blundell Bankart, also a Guy's man, had previously thrown in his lot with the Royal National Orthopaedic Hospital, where after serving as registrar he had been appointed Assistant Surgeon with the duty of acting as substitute in the absence of any one of the five senior surgeons.
In the provinces, at Liverpool, was that unique figure Robert Jones, already with a world-wide reputation as shown by his election as President of the Orthopaedic Section of the International Congress of Medicine which met in London in the summer of 1913—a mammoth gathering by the standards of those days. This choice was the cause of heartburnings amongst some of the London orthopaedic surgeons who had resented Robert Jones’s invasion of London practice. In their young days Robert Jones and A. H. Tubby had been close collaborators in the literature of orthopaedics—their monograph on The Surgery of Paralyses was an outstanding contribution of its time. They had also shared a shoot in Luxembourg, where on occasion they had been joined by Vulpium of Heidelberg, a pioneer in the technique of tendon transplantation. But by 1913 it was evident to the onlooker that a coolness had developed between these two distinguished men who represented British orthopaedics in the world of surgery as a whole. It has been said that whereas history does not repeat itself but historical situations recur, we see once more the fraternisation of orthopaedic surgeons in the pursuit of game when Bryan McFarland and Robert Judet meet together in Luxembourg!

At the Royal Southern Hospital, be it remembered, Robert Jones was for many years by title a general surgeon, but at Heswall and at Baschurch he had the resources of two long-stay orthopaedic institutions.

Birmingham had also been a centre of orthopaedic practice. The Orthopaedic and Spinal Hospital founded in 1817, which merged with the Woodlands Hospital in 1925, had been staffed in traditional fashion by a succession of general surgeons with varying degrees of interest in orthopaedics. The arrival of Naughton Dunn in 1913, a product of the Liverpool school, gave Birimingham its first true specialist orthopaedic surgeon. Across the Irish Sea, also, classical orthopaedies had been cultivated in a small special hospital in Dublin, the best known exponents of the art at this time being R. L. Swan and W. S. Haughton, who both practised general surgery.

THE FIRST WORLD WAR

It is a chastening thought that but for the impact of the first world war on the surgery of injuries of the locomotor system, the emergence of orthopaedics as an independent surgical speciality covering a wide field, and playing an important role in undergraduate and postgraduate teaching, might have been long delayed. But one thing is certain above all: if there had been no Robert Jones, we, all of us, would not be where we stand to-day.

In retrospect the story of the organisation of the Military Orthopaedic Centres under his leadership, beginning with Alder Hey, followed by Shepherd’s Bush—now the Postgraduate Hospital—and ultimately at all the territorial general hospitals in the provinces and Scotland, is one of the glorious chapters in the history of British surgery. But the segregation under Army Council orders of certain categories of injured soldiers to be treated only by a small group of designated orthopaedic specialists, most of them young and unknown, was a revolutionary notion which in the opinion of some of the senior general surgeons of the country was one to be opposed. Robert Jones had thus to face hostility, much of it behind the scenes, but he won the battle by his tolerance and understanding. The Council of the Royal College of Surgeons was almost persuaded to join the opposition, but under the influence of Moynihan, Lynn Thomas and Hey Groves wisely resolved to take no official action.

One of the most contentious matters was the inclusion of peripheral nerve injuries in the list of cases to be transferred to the orthopaedic centres. This subject was remitted for discussion to the Army Consultants’ Committee. The Consulting Surgeon to the Eastern Command, in which no orthopaedic centre had been organised, was then that blunt Lancastrian, Colonel T. H. Openshaw of the Royal National Orthopaedic Hospital and the London Hospital, who, when asked by Sir Robert whether he was accustomed to operate on brachial plexus lesions, replied: “Yes, as a general surgeon but not as an orthopaedic surgeon!”
There are few who can enjoy the best of both worlds. But to do justice to his memory, T. H. Onglishaw made his contribution to the orthopaedics of war after his own fashion in the initial organisation of Roehamton as a limb-fitting centre. There he was followed by Morthead Little when the work demanded the full-time supervision of a senior surgeon with a mechanical flair.

FOUNDING OF THE BRITISH ORTHOPAEDIC ASSOCIATION

If the renaissance of orthopaedics in the first world war was a historical event which in the last analysis stemmed from the vision and actions of one man, Robert Jones—a man born at the right epoch and by his early experience uniquely fitted for the task—we do not overlook the contributions of the many inspired by his leadership. It was at this time that the bonds of friendship and understanding between the orthopaedic surgeons of the United States and of this country, so secure and so significant to-day, were first forged. Here again the devotion of one man to a cause was of outstanding importance. Of the part played by Robert Osgood of Boston in the work of the Military Orthopaedic Centres, Sir Robert wrote as follows: "His work during this period was colossal. He not only helped in organising, but he also visited centres all over the country inspecting the work, training the men, settling disputes, changing chaos into harmony. All this was effected with such tact and understanding that a welcome was accorded him everywhere." Before Osgood left us to devote his whole time to the rapidly expanding orthopaedic organisation of the United States Army Medical Corps, he had achieved his heart's desire. He had convinced the senior British orthopaedic surgeons that the time was ripe for the creation of a British Orthopaedic Association. It was Osgood, and Osgood alone, who persuaded Mr Muirhead Little, Sir Robert and Colonel Onglishaw to invite a selected list of guests to dine in London as the first step in the launching of the new Association. Colonel Tubby was then in Cairo as Consulting Surgeon to the Army in the Middle East, and Captain, later Colonel, Fairbank was in the Salonica zone.

The dinner at the Café Royal held on November 28, 1917, with the senior host Mr Muirhead Little in the chair, is now a landmark in our history. In addition to the three hosts the following guests were present—I give them their military titles: Lt.-Colonel Harold Stiles, Captain D. M. Aitken, Major R. C. Elmslie, Mr W. H. Trethrowan, Captain Naughton Dunn, Captain W. R. Bristow, Mr E. Laming Evans, Mr A. S. B. Bankart, Major E. W. Hey Groves, Captain G. R. Girdlestone, Captain H. Platt, and Major Robert Osgood.

The proceedings on this occasion are recorded in legible script in the first temporary minute book of the Association, until to-day retained in my own archives, but which I now restore to its rightful ownership! I read therein, and without difficulty, that on the invitation of the Chairman, "Major Osgood gave a full description of the constitution and activities of the American Orthopaedic Association and expressed his strong desire that the new body when formed should be closely affiliated to the older body, the two sister associations ultimately forming an International Association." Note the vision in this statement. "He further stated that the present American Journal of Orthopaedic Surgery could be looked upon also as the journal representing the British Orthopaedic Association, and that he felt certain that the cost of production would still be borne by the American Association. In his description of the working of the American Association Osgood laid stress on the importance of three committees—Nomination, Editorial, and Programme Committees."

Before the end of the dinner three temporary working committees under the chairmanship of Mr Muirhead Little had been chosen: 1) A Membership Committee to determine which surgeons should be invited to become original members of the new Association; 2) an Executive Committee to approve, reject, or add to such membership, and to organise the inaugural meeting; and 3) a Committee on Constitution and Bye-Laws. The latter consisted of three people—Colonel Sir Robert Jones, Major E. W. Hey Groves and Captain H. Platt. I quote these names in view of what was to happen soon after.
There can be no doubt that Robert Osgood was the prime mover in the foundation of our Association. Without his intervention the Orthopaedic Sub-Section of the Surgical Section of the Royal Society of Medicine, which had been formed in 1913, might have been regarded as a forum adequate for the needs of the time. Who can tell? We might perhaps have found shelter as a strong group within the Association of Surgeons—the child of Moynihan, friend of Robert Jones. In this connection I would say that the gulf which separates the two great Associations to-day is not good for the future of British surgery.

And so, forty years on, we salute the memory of Robert Osgood as at least primus inter pares amongst our Founding Fathers.

At the first meeting of the Nomination Committee in December 1917 seventeen surgeons were selected as the original members for approval by the Executive Committee. There were two notable omissions—the names of E. W. Hey Groves and G. R. Girdlestone, both of whom had attended the Café Royal dinner. The list also contained three new names from Birmingham in addition to that of Naughton Dunn, and one name from Dublin, R. L. Swan.

The Executive Committee met for the first time on January 10, 1918. It was an important occasion. Two of the Birmingham nominations were rejected and three new names were added to the list—W. S. Haughton of Dublin, who used to sing to us at the annual dinners of the Association; Theodore Armour; and T. P. McMurray of Liverpool. It was then learned that R. L. Swan of Dublin, whose name had appeared on the first list of the Nomination Committee, had died more than a year before: the intelligence service of the embryo Association was evidently a primitive affair. But even in modern times, in the selection of foreign members, I have felt that on occasion a similar degree of myopia has been manifest.

The omission of the name of E. W. Hey Groves from the list of original members presented an embarrassing situation. I had already been in correspondence with him about the constitution and bye-laws to be adopted by the Association, which it was agreed should be based on the pattern of the constitution of the American Orthopaedic Association. It was true that Hey Groves in his civilian capacity was a general surgeon, but he was recognised in the surgical world as a pioneer in the technique of osteosynthesis, and had Loyally placed himself under the direction of Sir Robert by accepting charge of the Orthopaedic Section of the Territorial General Hospital based on Bristol. Looking back over the years I still find it difficult to understand and to condone the illogical "purist" attitude then adopted by men who were to become my close friends in later years. For Girdlestone, a younger man and indeed a recruit to orthopaedics only during the war—this was true also of Rowley Bristow who made the grade without comment—the temporary hold-up was of little consequence. In due course Girdlestone presented a thesis which the Association could demand from candidates during those early years, and became a member in the summer of 1918.

I have looked through the minutes of the various committees for the years 1918–21, the period of my honorary secretarialship, and I cannot find any reference to the belated invitation to Hey Groves to become an original member. Our archives show that he was invited to attend the annual meeting in Edinburgh in June 1920 as a visitor, where he read a paper on bone grafting; that he spoke at the Executive Session of the Annual Meeting in October 1923 (he must by then have been admitted to membership): that he was put on the Editorial Committee in 1925; and finally that he was nominated as president of the Association for the years 1928–29. It was a source of deep satisfaction to me, and I know it was to Sir Robert, that the Association had seen fit to make full amends to this distinguished general surgeon who did so much to advance the art and science of orthopaedic surgery. That the young Association could act with imagination, when so inclined, is shown by the addition of two names to the original member list at a meeting of the Nomination Committee on February 28, 1918—Arthur Rocyn Jones and Stephen Alwyn Smith, whose early death was a great loss to British orthopaedics.
INAUGURAL MEETING OF THE ASSOCIATION

I shall say little of the Inaugural Meeting of the Association, which took place at Queen Mary's Convalescent Auxiliary Hospital, Roehampton House, on February 2, 1918. It was attended by twelve of the original members, with Robert Osgood as a guest. Sir Robert, detained by War Office business, sent a telegram expressing his regret for absence and wishing the Association every success. The Association was founded by formal resolution with an original membership of eighteen surgeons. Mr Muirhead Little was chosen as the first president, with Sir Robert as vice-president; a draft constitution and bye-laws were adopted; and an imposing list of honorary and corresponding members was compiled. There followed a demonstration of amputees and prostheses, a visit to the workshops, and, in the afternoon, a lively discussion on "nerve bulbs in amputation stumps"—a topic of great importance at that time. The Association was thus launched with a background of classical orthopaedics—the care of the limbless. The time has now come to bring this problem back to its old home.

THE EARLY YEARS OF THE ASSOCIATION

In the first few years of the life of the Association, the minutes of the various committees and the records of the proceedings at the annual meetings reveal a preoccupation with the problem of sharing a journal with the American Orthopaedic Association, and with the growth of orthopaedic schemes fostered by social legislation. At first the affairs of the Journal seemed simple enough. There was a three-year agreement to provide twelve British papers a year and an annual subscription list equal to the numbers of the Association. By November 1918 there were thirty-three British subscribers, twenty-four members and nine outsiders, the annual subscription then being seventeen shillings! Three years later, despite criticisms of the arrangements, the agreement was renewed, and it is a veritable tribute to the strength of the bonds of Anglo-American friendship that the partnership has survived to this day through many vicissitudes. Both Associations are deeply indebted to two great American Editors—Elliott Gray Brackett and William A. Rogers.

With the election of Sir Robert as president in 1920, an office which he held for five years, the Association expanded steadily and British orthopaedics continued to gain in stature from his world-wide influence. His election as Emeritus President was a graceful gesture.

In the years between the wars the field of orthopaedics was to those of us then young an expanding universe, and we fought the battle for the control of fractures with gusto. Rowley Bristow was the spearhead of the attack on the ideological barricades of the London teaching hospitals. Our opponents often accused us of adopting the attitude of the German philosopher Nietzsche—"that a good fight sanctifies a cause."

The advent of the second world war found the Association fully prepared to apply the lessons remembered from the days of 1914–18 and the fruitful years which immediately followed. It was ready also to take full advantage of the new knowledge and techniques which the age of antibiotics and resuscitation offered to the surgeon.

ENVOI

Since the second world war we have seen our Association grow to its present astounding size, with its annual meetings international congresses in miniature; and, with the arrival of the National Health Service, the distribution of young orthopaedic surgeons throughout the length and breadth of the nation. I think there is no doubt that, for some time after the first world war, orthopaedic surgeons were the darlings of the gods. But now the limelight has shifted to others—amongst them the plastic surgeon and the cardiac surgeon—and we are finding that the field of orthopaedics is a contracting universe. This is due on the one hand to the inevitable decline in the incidence of certain crippling affections, and on the other to the erosion of our field by the growth of new specialities, often narrow and easily acquired.
There are also tensions within our ranks, as seen by a lack of understanding between the exponents of the idea of the accident service as an independent entity, and the exponents of the continued supremacy of mixed orthopaedics. This I believe to be a domestic issue, and one which surely can be settled within our Guild in the spirit of Robert Jones, whose definition of the field of orthopaedics is still our guiding star: "The treatment by manipulation, operation, re-education and rehabilitation of the injuries and diseases of the locomotor system." So much for our therapeutic field as craftsmen.

But we have an inescapable duty to advance knowledge by research, both fundamental and applied. To fulfil this obligation I believe that we must bring orthopaedic surgery back into the field of surgery as a whole, and come closer to the basic medical sciences. I would like to see the Association take the first positive lead in opposing the premature specialisation which seems to be leading to an irreversible fragmentation of the art and science of surgery. Such an action would be a great stimulus to those Surgical Colleges throughout the world who are deeply concerned with the education and training of the surgeon of the future.

I salute the Association on its fortieth anniversary. It has done much for me throughout those years—not least to-day—and I am confident that it will continue to be an abiding inspiration to generations of orthopaedic surgeons yet to come.