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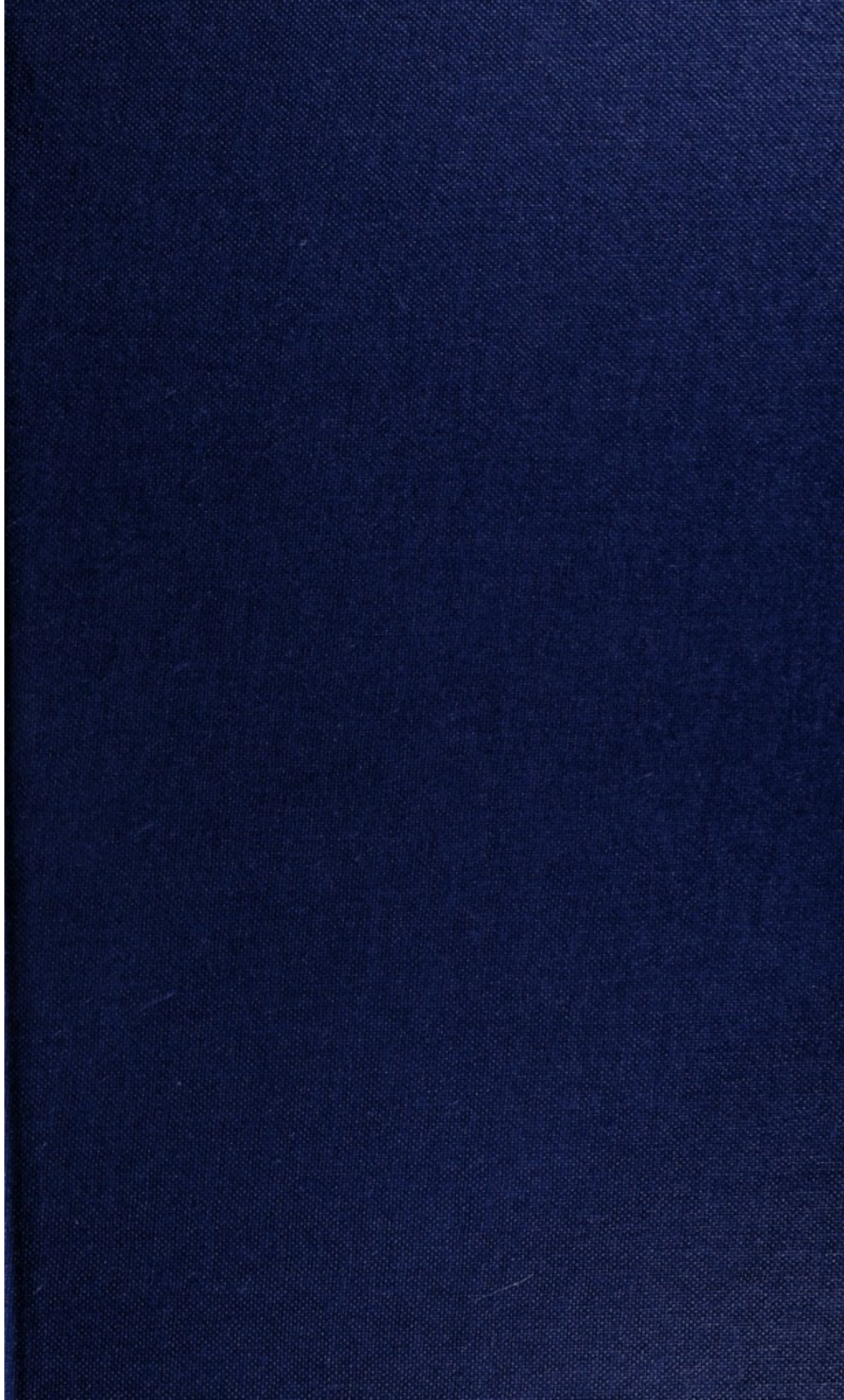
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THE LIFE OF SIR ROBERT JONES









*Photo: Brooke Hughes, Liverpool.*

Robert Jones

# THE LIFE OF SIR ROBERT JONES

BY

FREDERICK WATSON

*Author of "Civilisation and the Cripple," etc.*

*"Here let me find illustration and inspiration by thinking of a great citizen of Liverpool who was recently laid to rest in this Cathedral—Robert Jones. Scientific thinker, inventive craftsman, teacher, leader of men, he gave himself and through his disciples great service to mankind. For him the thread of life was 'strung with the beads of thought and love.'"*—The Right Honourable Lord Dawson of Penn, P.C., G.C.V.O., President of the Royal College of Physicians, in Liverpool Cathedral. February 5th, 1933.

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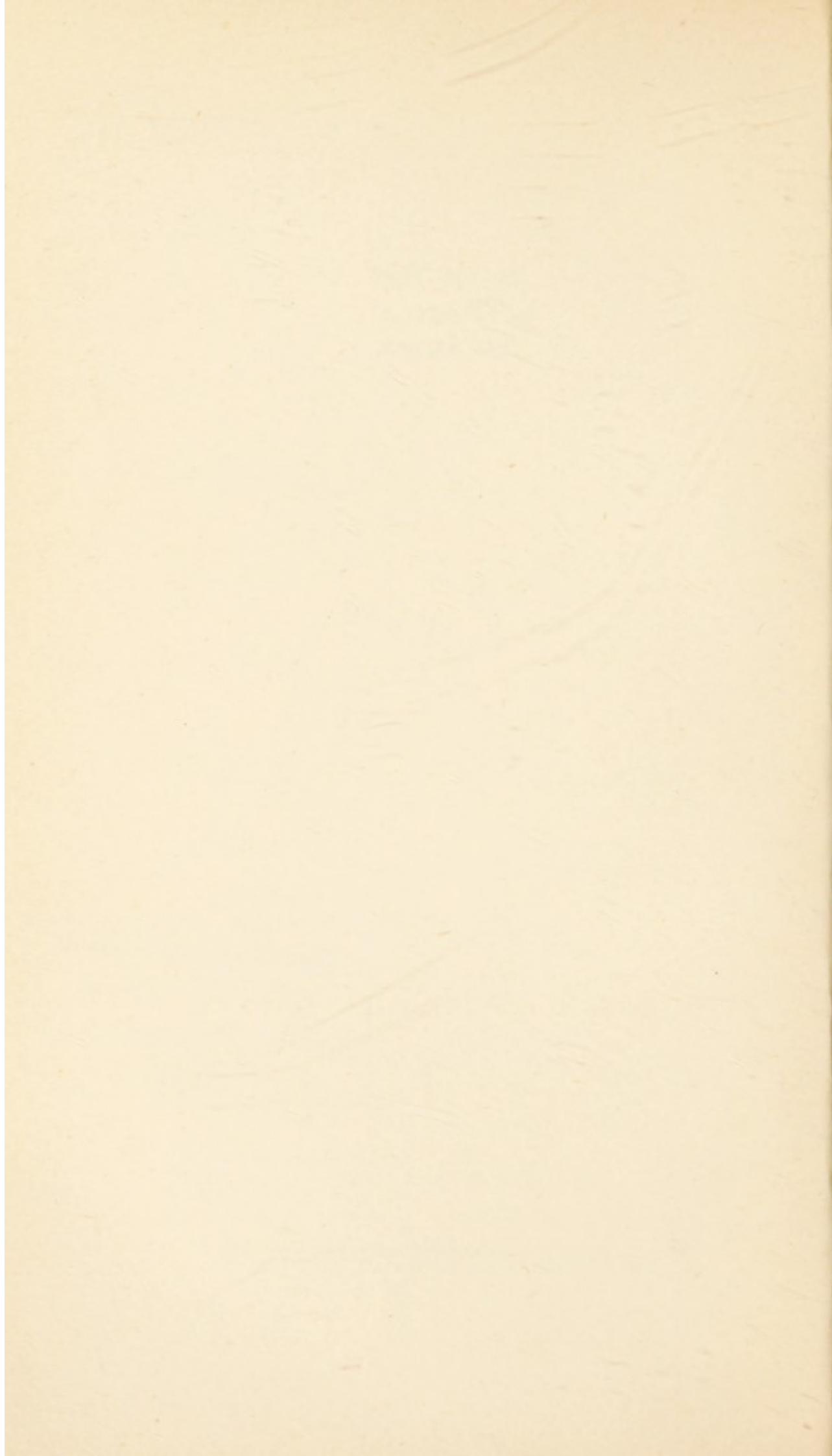
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TO MY WIFE  
IN MEMORY OF  
HER FATHER.



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## FOREWORD

I DESIRE to thank all those friends and colleagues of Sir Robert Jones who have given me criticism and information and if I do not do so individually it is because they number so many both here and in America. I am particularly indebted to Dr. John Ridlon of Chicago for his personal memories of H. O. Thomas, and to Dr. Charles Macalister for information concerning the early chapters on Liverpool. Also to Sir Harold Stiles, K.B.E., F. J. Harvey Darton, Harold Stannard, Harold Steevens, my wife and my daughter Lorna for assistance in the collection and arrangement of material.

FREDERICK WATSON.

*February, 1934.*



## PRELUDE (1857-1891).

*"I lived with him in close and affectionate communion for over twenty years of the most strenuous period of his professional life. . . . When I look back upon those early years, when he preached as one in the wilderness, when his work was either ignored or discountenanced, when only one surgeon in this city of scholastic attainment and vision realised the importance of his work—it is little more than a romance that thirty years after his death, when all but great reputations have perished, we are assembled to inaugurate triennial lectures in his memory."* Sir Robert Jones in the first triennial Thomas Memorial Lecture delivered in Liverpool on April 25th, 1922.

*"To go on from Thomas by the same road was not an easy matter. To my mind one of the greatest things Robert Jones ever did was to make the main principles of Hugh Owen Thomas acceptable to the medical profession."*—Dr. John Ridlon of Chicago, 1933.



## CHAPTER I

### FATHER AND SON

#### I

IN *Sketches of a Tour in Wales*, published in 1839, there is a paragraph which says "The enterprising Mr. Robert Jones has fixed upon a spot which must have attracted the notice of all lovers of gigantic undertakings. It is a landmark to the mariner and from thence the inmates will be able to feast their eyes on scenes they seldom or never witnessed before." The writer was speaking of Rhyl, and "the enterprising Mr. Robert Jones," whose calling of architect and builder so overwhelmed the mariner at sea and gratified the resident on shore, was the grandfather of the subject of this biography. In those days Rhyl was a charming fishing village little changed since Samuel Johnson approved of its comfortable beach some fifty years before. The occasional visitor arrived by mail coach or that tremendous event the steam packet, and until the 'seventies it must have remained as idyllic as the guide-book could desire.

In this quiet spot with its face to the open sea and its back set to the green Flintshire hills, Robert Jones was a leading member of the district, a man of strong religious views, and an elder in the Welsh Calvinistic Methodist Church. Married in 1824 to Eleanor Humphreys of Rhuddlan, he had three children, Robert born in 1836, Mary in 1837, Elizabeth in 1839, and Susannah who was born and died in 1842.

Whether the scene is set in Scotland or Wales, it has become more and more the fashion to deride those formidable figures in their Sunday "blacks," and find a source of malicious reprisal in their equally stern pursuit of wealth. To do so is to misinterpret the doctrines of Calvinism. To make the most of both worlds was not an insincere creed so much as a firm belief in success as an element of divine intention.



A hard enduring faith in a just but critical God produced a type which is now historically almost extinct but possessed qualities which were by no means nugatory or ridiculous.

Among this rather alarming race of men one may fairly include the grandfather of Robert Jones. He had planned, as a successful business man in Rhyl, that his only son should receive a sound education and become an architect. The idea cannot be regarded as unnatural and the prospects were excellent. So he sent him to Fairfield College, Manchester, and one may be permitted a sympathy with his parents when all their hopes were disappointed. At the adventurous age of nineteen the young man fell in love with Mary Hughes of Rhuddlan, Flintshire, a beautiful girl several years his senior, and married her in Liverpool on the 26th September, 1856. As may be imagined, this impetuous romance was in no way alleviated in the home circle by his obstinate refusal to obey his father's wishes and go into the business.

The first six years of the young people's life were, as a consequence, not a little jeopardised by monetary anxieties. During this period their son Robert was born on the 28th of June, 1857, and additional children followed with regularity. The various ventures by which the young father endeavoured to keep the pot boiling seem to have been consistently unfortunate, so unfortunate indeed that one's admiration goes out to the extraordinary tenacity with which he kept his flag flying and preserved—whether justly or not—his freedom of action. At last, having decided to take even greater risks, he assembled his young family, and, leaving a deeply aggrieved father and mother and two extremely electrified and envious sisters, boarded the train for London.

It was, on the surface, as desperate an undertaking as anyone could desire. Robert Jones the younger was then five years old, and for the next ten years became a Londoner. His parents settled in a house in Nelson Square, a backwater on the Surrey side of the Thames, and a favourite locality for journalists, as it was within easy reach of Fleet Street. A former editor of *The Times*—Thomas Barnes—had

died there in 1841, and upon another house a blue plaque records the name of Shelley. To-day, as one enters the square, there is a sense of half-forgotten memories of quiet and easy days. Georgian houses stand side by side in comfortable assembly, all much alike in plan but each contriving some amiable variation of its own. If Robert Jones' father had been guided by Providence he could not have directed his four-wheeler to a place more suitable for the proper education of a growing family. In the early 'sixties when he came to seek a livelihood in London, he entered a world which is now but a dim and haunting epoch in which lived and flourished those rich and exuberant characters who sound in the pages of Dickens and Surtees like a wild and incredible dream. There was not a tramway in the town. In growler and trap and coach or threepenny 'bus, it was the horse that ruled the road. Steam and railways were still a subject of patronising laughter, the penny steamboats on the Thames a kind of holiday Odyssey, and the bone-shaker the latest innovation on wheels.

Beneath the leisurely middle classes in those secluded squares there seethed an underworld of gin and poverty, of dingy tenements and crippling disease. But it stood somewhere round the corner and was not encouraged to disturb the Sabbath calm. It was not the habit of the times to question God's providence, and the problem of the physically handicapped was one of those which were accepted with traditional equanimity.

So far as Robert Jones senior was concerned there were conundrums much nearer home. He had obtained work with a publishing house, but the family had by 1865 increased to five. Unfortunately the position was not alleviated by his relations with his father, although domestic differences are not always either tragic or tenacious. Out of the silence came a solicitor's letter, which the old gentleman in Rhyl instructed his daughter Mary to forward to London. It concerned a cheese which—having been ordered from a Rhyl grocer by his son and presumably devoured in Nelson Square,

—had not been paid for. One can picture the sense of local humiliation, but to do the old gentleman credit he did not attempt to hush up the cheese or pay for it himself. Upon receiving the threat of legal proceedings together with his sister Mary's sympathetic but agitated letter, the young journalist sat down and wrote what is probably the most dignified and guarded communication ever composed upon a cheese :

“ MY DEAR MARY,

In answer to your memorandum concerning a communication my father has received, I beg to suggest that the only answer you can return to him is, that the account was not his, that the goods were not received by him, nor were they ordered by him—consequently that he is not responsible for them nor called upon to satisfy the claim made upon him.

Your affectionate brother,  
ROBERT.”

There were, of course, faults on both sides. There had been no particular reason why he should refuse an excellent position at home. But what is of real importance is that he did so. Whatever heredity may signify, environment holds the field, and if a cheerful heart in a cheerful home means anything in childhood it could be found in that small but ever growing community in Nelson Square. Robert Jones the journalist possessed the gift of a persistently happy and volatile disposition, and the courage to know that financial stringency is to be envied in comparison with the parochial stagnation of a rural community. But so embarrassing had this feud become that, in 1865, when he was in negotiation for a “ third floor front ” as an office, he said to the landlord, “ I hardly know who to refer you to,” and adds with optimism “ I publish one or two small things.”

Of these “ small things ” there was *The Heraldic Register of the House of Commons*, of which he was editor, a most



*From an etching by R. E. Morrison.*  
FATHER OF ROBERT JONES.



impressive publication with armorial bearings of the Members and an extremely cordial biography of each. In his introduction the editor delicately thanks the Members for writing their own particulars, thus ensuring—or at least inviting—both reticence and accuracy. Astonishing though it may seem he was met with some hesitancy over the heraldry. But only one Member—Adam Black of Edinburgh—stoutly admitted that he “bore no arms but those which God had given him.”

The *Register* was supported by advertisements. There is a bold announcement “Teeth without Pain,” in using which orators are assured “they will remain in the mouth”—no idle boast. And there are “Bragg’s Charcoal Biscuits,” whose consolations even Cabinet Ministers could not pass by in silence.

As things grew a little better and the family too large for the house in Nelson Square, a move was made some time in the middle ’sixties to Walworth, near the new railway to Ludgate Hill. By this time Robert Jones senior was evidently making headway. It was a period when “collecting” railway engines was a craze with small boys, and Robert Jones the younger was no exception. One day his father sent him off to deliver some urgent copy in Fleet Street while he himself remained at home to finish other work. Two hours afterwards he too set out to the station, where he was deeply moved to find his small son resolutely seated on the platform.

“Whatever are you doing here?” thundered the exasperated parent. To which the special messenger replied—

“Oh, I shouldn’t dream of taking any engine but mine. I’m waiting for ‘Chatham.’”

## II

There came about this time a new and critical influence upon their home and future. Elizabeth, the second sister of Robert Jones, senior, married, in 1864, a young doctor

named Hugh Owen Thomas, and cordial relations were soon established with them both in Liverpool.

Thomas was, at this time, a man of thirty, and already by the force of circumstance and personality marked out for a solitary and dramatic career. A delicate boy, he had grown up in solitude, and learnt from his mother's knee to cherish the pursuit of pure knowledge as the only permanent solace in life. He had come under the influence of one of those fine old scholars who, in those less bustling days, still directed their whole strength upon any "lad o' pairts." In Wales as in Scotland the reward of such men lay in the success of their protégés. It was the scholar's only gamble, and amongst the men of distinction who owe so much to the village dominie may be counted Hugh Owen Thomas.

In 1851 at the age of seventeen Thomas was apprenticed to his uncle Dr. Owen Roberts of St. Asaph, a man of wide culture who prepared him for Edinburgh University. He studied medicine at Edinburgh University, was allowed ten shillings a week (which must have made even the Highland students look foolish) and became Secretary to a Temperance Society presided over by the great Thomas Guthrie. Leaving Edinburgh in 1856 he went to University College, London, and in 1857 became a Member of the Royal College of Surgeons. Proceeding to Paris he studied the methods of the French surgeons. In 1858 he had settled in Liverpool where he attempted to assist his father Evan Thomas, the last of the great bonesetters. He parted from his father upon grounds of incompatibility of temperament, and in 1859 set up practice for himself. In 1863 his father retired.

To his house Robert Jones' father came at intervals from 1864 onwards until his death, and it was as a small boy that the son first met in his uncle by marriage the man who was so profoundly to influence his whole life and thought.

Those early holidays in Liverpool were shared by father and son, between whom there had grown up a charming intimacy. They appear to have had great fun together. From one of these visits a letter has survived. In a laboriously

written note signed "Robert Jones, Junior," and written about the age of ten to his "Dear Mamma", it is stated that "all of us are in remarkably good health, but are sorry that Papa does not feel inclined to stay here." To that malicious suggestion there is appended an indignant postscript in a generous hand—"It is all rot; I *do* feel inclined, but I cannot manage it." But a further painfully elaborate p.p.s. remarks for the private information of "Dear Mamma"—"Papa has the good fortune to have at his wits-end abundant excuses for deeds that are not always of the most excusable nature. Where there's a will there's a way, and if Papa wished to stay here his ingenuity might easily have discovered a means to that end." And once more as though it were a game—which one may presume it was—that excellent parent wrote "Don't believe him." But the still small voice resumed, "Papa is not responsible for either his sayings or his doings to-night,"—and signed "R. J. Junr."

It may be that intelligence of this embarrassing character persuaded his father that it was time Robert went to school. Accordingly somewhere about 1869 he entered Sydenham College which lay on the Kentish heights south-east of London and not far from the Crystal Palace. He remained there for three years, winning the prize bat with silver shield for cricket, but not—so far as one can gather—wearing himself out with intellectual research.

It was during this period that times were rather better, anxieties less acute, there was a pony and trap, and the whole household lived in an atmosphere as spontaneous as it was devoted. To his sister Mary, Robert Jones the elder wrote in 1872:

"About myself. I am getting older and uglier" (he was now no less than 37), "the grey hairs are intruding rather unpleasantly, and I feel that half my life if not more is gone. How am I getting on? Well, I work every day. I earn money in a moderate way and my expenses increase very immoderately accordingly . . . We went to hear Stanley lecturing at St. James's Hall. He is a clever fellow and as



the *Echo* says when reviewing his book he is 'evidently a rash, impetuous, daring man, with plenty of energy, and a fair amount of information and wonderful vanity.' . . . The children? That is a long tale—in fact it seems to get longer year by year . . . Nell (aged 10) has just been bidding me good night, having gone through the ordeal of water in the bath. She looked very sedate, plenty of self-confidence, and in a nervous manner expressed her sentiments on the state of the weather (cold, wet, miserable) screwed her mouth up to a circle of about quarter of an inch in diameter, kissed me and disappeared.

"*Cis.* She clings to you—her rosy cheeks—her brown eyes—her darkening hair . . . her health quite restored after her seaside visit.

"The boy? Talk of a boy. *He is a boy.* Looking at that boy's face will make the most miserable fellow happy. He is the essence of happiness. . . . You cannot spoil him. He won't be spoilt and of course he thinks your humble servant the most perfect and most exalted of beings.

"The Baby (Elizabeth, eight months). Well, she is a little beauty. Features very perfect. Darkish hair and a jet black eye. As sharp as a needle."

Small means and what was after all a precarious existence as free-lance journalism must ever be, never worried either parents or children. And what was more they saw everything worth seeing and went everywhere within a day's journey. It was in accordance with the adventurous and broad-minded personality of that splendidly balanced father that in the 'seventies, when parents were by no means liberal either in disposition or pocket, the children should judge life for themselves. A hearty curiosity was encouraged in them all. Judging by his diary or letters there do not appear to have been any rows or sad looks or good advice. He was a man who believed in freedom of thought even in his children! Whatever dark moments financial worries may have given him, they are ignored in the pages of his diary—a document the mere reading of which is a cure for melancholy. It gives a

quite disturbing picture of what the right sort of father could do with a small fluctuating income and the proper perspective. It shows a household deeply harmonious and united in work and play. Diaries are usually a painful revelation of introspection and pettiness and disillusion. In this Diary is no word of bitterness to fate or criticism of anybody. Only once when someone had written him what was evidently an extremely rude letter, did he congratulate himself upon "a stinger." But it was, one may suspect, a very mild hymn of hate, as reconciliation took place a few entries later. One can take a family expedition in his dog-cart, enter into his plans for the garden, and attend those evening parties, at which everyone appears to have enjoyed themselves so enormously.

But it is not simply for such trifles that one diligently searches the pages. It is to recall the small years of Robert Jones the son. Like father like boy. The source of a personality is most often to be discovered in its youth and even more in its environment.

There was as a start a most catholic horizon. Those were days when many parents regarded the theatre more than dubiously. But before he was sixteen Robert Jones had seen Henry Irving, and within the same week had been taken by his father in order that he might compare him with Creswick in "Hamlet." They were times when religion was taken not merely seriously, which is right enough, but with strong denominational bias. And yet as a schoolboy Robert Jones had heard Archbishop Manning, Spurgeon, Joseph Parker and Moody and Sankey—all within a few weeks. Such freedom from convention was remarkable. It shows an extraordinary instinct for what has most virtue, not in part of, but in all human contemporary life.

In politics Robert Jones was taken on several occasions to hear Gladstone and Disraeli. He attended Lord Henry Lennox's lecture on Theodore Hook, and saw the Review on Wimbledon Common in the new trap ("Sprained the springs" !); he went to the Derby and the Boat Race, visited the Alhambra, and "took supper at Gatti's." Were those experiences wise

for so young a boy? It is an absurd question, but it must have been frequently asked in the neighbouring houses of Nelson Square. Was his father too good-natured? Not always. There was a time when they went to hear Patti at Covent Garden, and unable to afford the expensive seats mounted to the gallery. The disappointment was too much for the boy, who sulked. He was speedily removed, received a scathing reprimand on the stairs, and the party returned home in a thoughtful silence.

But all was not sight-seeing. The Diary is full of a sense of domestic quietude, of fairy tales read by that engaging father to the children on darkening winter evenings, of an admiration tempered by dismay over two volumes of *Supernatural Religion*, delivered from Mudie's, of his reading *Middlemarch* in 1874, and Greville's *Memoirs*, which he greatly enjoyed. And there are occasional rather disturbing items. On February 14th—"Valentine Day. Children very excited. Bank called about my account which is over-drawn," and on an Easter Monday—"The hen will not sit after all. Subscribed to the Paris Relief Fund."

Apart from jaunts in London, the children's holidays, like their schools, caused him anxiety. Fortunately there would seem to have been a reconciliation with Rhyl. It must have been a curious experience for the old people to receive the bunch of excited and extremely unconventional children. "As regards sundry things that the children may want," he wrote to his sister Mary, "a little money in their pockets and any small articles that we would give them ourselves or that you fancy they ought or would like to have, please get it or give it without scruple—*only* let me know to repay you and I will send the money down when I send their railway fares—please do that and let me know all you have spent in that way—I mean the total amount, for I am perfectly aware that there is a lot of money spent in 2d. and 3d. and 6d.'s. I want the children to have anything in reason that way, and shall be only too willing to pay it you back!"

But there were holidays of a more adventurous character

entered upon with great enthusiasm by the boys and with less assurance by their father. There comes a time when every decent boy wishes to be a soldier or a sailor, or an engine-driver. The second son, John, was set upon the sea. His father wrote a perturbed letter to H. O. Thomas asking what was best to be done. Thomas knew the effective cure and with cynical delight made all arrangements. He had monetary interests in several ships in Liverpool, one of which—*The Whimpel*—was docked up the Thames at the time. What passed between the captain and Nelson Street will never be known, but with suspicious celerity and quite unexpected ease arrangements were made for Robert and John—then seventeen and fourteen—to go to sea. There is an entry in the Diary—“In trap at 7.30 a.m. to take R. and J. on a sail to Newport. Captain very disagreeable.” Whether the captain was disagreeable by arrangement with H. O. Thomas or by nature does not greatly matter. “*The Whimpel*,” recalls Robert Jones’ brother, “was a very fast four-master on the tea trade. We were full of this trip, bounding with joy. My brother (Robert) had his small rifle and fishing tackle, and once aboard we let down our line and hook. As there was no result and there were a good many seagulls flying low round the ship, Bob went for his rifle and let fly at them. At that moment the pilot’s shiny hat appeared coming up the side, and the bullet made a ridge in it. We were terrified and his language was awful. After this the ship was wind-bound off Deal, and there we lay pitching and tossing and were very sick indeed. A scratch crew had been engaged to take her round the coast. These were always swearing and singing sea shanties. One day the Captain ordered them to tar the side of the vessel. They refused to a man. After breakfast next morning which consisted of very bitter black coffee and fat mutton chops the Captain strongly advised us to return home. We jumped at the idea—hailed a small boat, got into her and were tossed worse than ever. Eventually at the cost of eight shillings we were landed and were just able to scrape enough pocket money to reach London.”

Whatever Thomas thought about it, the Diary struck a pathetic note. "On the 11th," it says, "Bob and Jack returned from their sea voyage. They went no further than Deal. Heavy wind. Smell on ship. Captain extremely unfriendly."

In 1870 Hugh Owen Thomas settled in 11, Nelson Street, and, after nine years' married life without children, it was decided to offer his nephew Robert a home in Liverpool, in order that he might study medicine. It was a generous thought and must have been welcomed by his father. On April 23rd, 1873, he wrote to Mrs. Thomas—"I took Robert to Sydenham College yesterday to bid good-bye, and they were very sorry that he was leaving. They gave him an excellent character, and said his only fault was carelessness, and he was an immense favourite with the boys and all the masters. The Head-master gave Bob sensible and fatherly advice, impressing upon him not to discontinue his general studies, and showing him what a tendency and temptation there would be to confine himself only to those branches of study which he would require in order to enable him to pass his various exams. He pointed out to him that a medical man was expected to be a gentleman in the true sense of the word, for he would possibly be called upon to the highest as well as the lowest, and to be capable of holding converse with men of intelligence and education he must be so himself. He also particularly desired him to spend *each day* a portion of his time in systematic study, and I am sure you will from the first see that he does it."

Sydenham College has vanished, but until the end of his life Robert Jones never forgot the happy days he had spent there. Sometimes the past unclosed again and memories returned. Half a century later, when he was knighted in February, 1917, he received a letter from the late Sir Frederick Low :

"MY DEAR SIR ROBERT,

"May an old school fellow congratulate you. We used to

sit next to each other at the frugal but sufficient dinner table of Sydenham College.

"You are now one of the heads of the greatest of our professions—I somehow or other have come to be one of the Judges of the High Court.

"Do you remember my little brother Harold—he is now Court anæsthetist.

"Again very hearty congratulations on your honour, but more especially on your so distinguished career.

"Yours very truly,

"FREDERICK LOW."

. . . . .

The last entry in the Diary is October 20th, 1875. In the cash book the total income for the year 1874-5 was £595 18s. od. and expenditure £592 3s. 2d. This with a large family, horse and trap, wide interests and frequent loans of money to impoverished friends might have given a less optimistic man a sense of life's uncertainties. Four months later he caught typhoid fever, the treatment of which was little understood at that time, and died on November 13th, 1875, aged thirty-nine. On his deathbed he was offered an editorship at the considerable salary of £1,500 a year. What a time he would have had spending it on them all! It had been a wonderful family life and it was ended. No happier couple ever parted in comparative youth. To his wife his last words were characteristic—"Had I the chance I'd buy you another ring and start our married life all over again."

Turning the leaves of an old diary makes a curious tug on the emotions. It carries the whole framework of a tale that is told. It says so little and reveals so much. It itemises the domestic expenditure of a young family forever wearing out their boots, the payment of rates, the servants' wages, the cabs for the holidays. But that is only the surface value. Beneath there is the deep current of human life, and gradually a portrait takes shape of a man who broke with a narrow

tradition and set his feet on the highway of the world. And if heredity and environment mean anything, there will be discovered in his indifference to money, in his liberty of thought, in his balance and optimism, the sources of his son's attitude towards the conduct of life.

## CHAPTER II

### STUDENT DAYS

#### I

SOMETIME in 1873 father and son had set out from London for Liverpool and arriving at Nelson Street were welcomed by Hugh and Elizabeth Thomas.

It was a moment in surgical history reminiscent of the accidental encounters which mould human progress. To a boy of even moderate intelligence the personality of Hugh Owen Thomas must have been magnetic. He possessed most of the virtues which inspire loyalty. He was original to the point of eccentricity, autocratic and solitary. Individualism—whether superficial or sincere—makes an instant appeal to hero-worship, and Thomas possessed a spirit of enquiry which was a perpetual challenge. When Robert Jones left that congenial London home, he was ready for something more astringent than amiability. Thomas was not conventional in mind or appearance. Unlike the father of Robert Jones, he practised an intellectual austerity which was also a sleepless search for truth. In London, Robert Jones had been shown what was of enduring value in human life. He had accepted certain excellent standards, liberal and catholic, but his father was neither a critic nor a thinker, and Thomas was both. It is a platitude that a mind can be too open. During the next five years Robert Jones was to develop the faculty of testing what was durable in his father's good-natured philosophy.

Thomas was a striking if eccentric figure, thin and pale, very small and fragile. His features were clear-cut, with a fine brow, dark grey eyes, meditative and alert, and a slight moustache and beard. He wore a closely buttoned black frock coat and a curious peaked cap to shelter an eye injured in youth. His manner was quick and caustic. Dr. David



Morgan, at one time an assistant surgeon to Robert Jones in Nelson Street, has emphasised his sardonic humour. "Six months or so before his death, while I was in Nelson Street, a lady called and said that although she had been informed that Mr. Thomas was dead, she came all the same, as she felt sure that before his death he would have arranged for another to carry on the good work. It was rather amusing when Mr. Thomas told her that he was quite alive, and that she had done quite the right thing in coming, for if he had died his nephew Robert Jones would be there, a very much cleverer man than himself. But Mr. Thomas' appearance did not quite come up to her expectation and she expressed her doubt as to his being the real Mr. Thomas. He assured her that he was the real Mr. Thomas and no other. Each one appealed to me for confirmation ; then only was she satisfied."

In diagnosis, Thomas fired his questions with rapidity and decision. But the dynamic vitality in so diminutive a body was at once the most predominant characteristic of his restless, disturbing and always challenging personality. He lived and worked in an environment which challenged the intellectual and social conventions of the 'seventies. No question of decorum, or expedience, or criticism ever stood for an instant against his principles. He was magnificently indifferent to public opinion, and what can attract the admiration of a boy more than open rebellion ?

The career of Thomas was spectacular. After graduating in medicine he had joined his father in practice in Liverpool, only to quarrel with him on methods of treatment. Robert Jones has referred to the parting of the ways as the deadlock of two indomitable wills. "There was," he has written, "the old bonesetter, morose, silent, conscientious, autocratic, entering a waiting-room packed with rich and poor anxious to receive advice from a man with a reputation for saving legs condemned for amputation. Into these bleak rooms, bare of all furniture save wooden benches, entered Hugh Owen Thomas, and when the son joined the father, full of suggestions and ideas and even criticisms, the atmosphere became charged

with hostility. There could be only one autocrat, and so the parting came."

Leaving his father Thomas set up for himself in a neighbouring house at 32, Hardy Street. When he had been seven years there, the cholera epidemic reached Liverpool, on May 13th, 1866, and swept through the slums like a wind of death. Such was the dread of this scourge and so repulsive the congested haunts in which it found the mass of its victims, that few doctors could be induced to attend the cases. The infected region lay, if not within his practice, deep within his sympathies. Night and day he toiled in those pestilential dens and earned for himself the enduring admiration of dockland.

To live under the same roof with Thomas must have been a daily adventure. His passion for work and his asceticism of life did not remove him from his wife and her young nephew. There were always the evenings or part of them. At the end of a long day's toil he would work on his lathe, or play the flute, or discuss in his uncompromising fashion some aspect of life or literature. His range of knowledge upon the most academic subjects was remarkable, and his attitude towards all topics strongly coloured by rationalism. In one of those absurd books of "confessions" in which Victorian drawing-rooms delighted sixty years ago, he answered about the time when Robert Jones arrived, the following questions; and one may take it without hesitation as a revelation of the truth and nothing but the truth!

*Your favourite virtue?* Perseverance.

*Your favourite quality in man?* Fortitude.

*Your favourite occupation?* The Healing Art.

*Your idea of happiness?* To be always in action.

*Your idea of misery?* Everlasting rest.

*If not yourself, who would you be?* Mazzini.

Mazzini was a great hero to Thomas. Just after Victor Emmanuel's triumphant proclamation as King of Italy at Turin in February, 1861, he received from the Italian exile this clarion message—

“ God and Liberty as the Law  
Thought and Action as the Practice.”

Thomas was extraordinarily like Mazzini in his spare figure and thin beard, his asceticism and fearlessness. The same note of liberalism as in Mazzini's message to Thomas would seem to be instinct in that of Adelaide Ristori, the great Italian actress, who, on the 8th December, 1883, when in Manchester, sent him the heroic couplet from “ Mary Stuart ”—

“ Freedom returns ; O let me enjoy it ;  
Freedom invites me ; O let me employ it ;  
Skimming with winged step light o'er the lea.”

*Your favourite authors and poets ?* His reply is a curious one. It includes Shakespeare, Shelley, Antoninus and Epicurus. But as a stout defender of human liberty he has added Wendell Phillips the abolitionist, and Theodore Parker the Unitarian Anti-slavery preacher.

*Your favourite painters and composers ?* Wallace and Verdi—no paint for me.

*Your favourite heroes ?* Here was a chance. They are men after his own heart and faith. There is Brutus, Washington and Paine, the author of *The Rights of Man*. There is Bruno, who was burnt as a heretic in Rome in 1600. And finally there is Garibaldi.

*Your favourite food and drink ?* To this puerile question Thomas bluntly answered—“ What I can digest.”

*Your pet aversion ?* A successful hypocrite.

*What is the present state of your mind ?* Not quite so active as it used to be.

*For what fault have you most toleration ?* A conscientious action, though its result was an evil one.

*Your favourite motto ?* On.

To spend what are called “ the impressionable years ” with such a man counted much in the personality of Robert Jones. It enabled him to avoid the commonplace and sententious, which is a rare experience for any youth. Both with his father

and with Thomas he was on terms of companionship not subordination. No one, probably, ever really knew Thomas. It is extremely difficult to be satisfied that there is nothing more to be discovered in a pioneer of surgery who joined with the plumber in a duet on two flutes. And it was even more perplexing for Robert Jones who, on just missing his uncle with an ancient Arab gun (which against all belief was loaded), was petrified to see him continue at his lathe with the quiet but unmistakable comment, "DON'T DO THAT AGAIN."

## II

During these early years at Nelson Street two main personal influences are discernible. There was the restless analytical presence of Thomas. But there was also his wife Elizabeth. She was a woman of deep religious convictions and saintly character. Her care and devotion to her nephew can claim no little part in his ultimate success.

When she had come to Liverpool, Elizabeth Thomas required all her courage to remain unaffected by her new environment. She had been brought up in a household of extreme piety, and in a religious world which still admonished the sinner before the congregation. Hugh Owen Thomas, after an active interest in denominational religion under Thomas Guthrie in Edinburgh, had become a freethinker. At a time when the very name of Charles Bradlaugh was anathema to the large majority of his contemporaries, including the medical profession in Liverpool, he welcomed him to Nelson Street in 1880, and afterwards subscribed to his political campaign. Bradlaugh's daughter, Mrs. Bradlaugh Bonner, recalls :

"Over the mantel in my study I have a curious old print, dated 1768, of 'John Wilkes, Esq., the undaunted assertor of the liberty of the Press and the Rights of Englishmen,' inscribed below in 'To C. Bradlaugh, Esq., M.P., with H. O. Thomas' kind regards.' This shows a common sympathy of views so far as politics are concerned, and although I

cannot give any evidence I am quite clear in my own mind that they held precisely similar views on religious questions."

It was Bradlaugh's compassion for the very poor which probably made its initial appeal to Thomas. Bradlaugh knew how terrible a curse were the great families of the slums, and was that most unpopular of pioneers, an apostle of birth restriction. His indomitable courage, his absolute sincerity, won over Thomas and, in a less mature degree, Robert Jones. For Thomas there was complete alliance—for Jones, no more than the ardent admiration of youth. And by the time Jones had reached the middle years, most of the things for which Bradlaugh had struggled were accepted, and the sounds of battle already fading into history.

The mutual influence of Queen Victoria and Mr. Gladstone may be said to have composed the creed of the middle classes throughout England between 1870 and 1890. In a letter to Mr. Gladstone in 1880 the Queen remarks that she has read the discussion on Mr. Bradlaugh, and "she cannot help rejoicing in the feeling of indignation exhibited against such a man's sitting in the House. It is not *only* his known atheism, but it is his other horrible principles which make him a disgrace to an assembly like the House of Commons."

The attitude of Hugh Owen Thomas towards conventional beliefs must have given his wife in those far off days a sense of social isolation. But she never appeared aware of it, and Thomas never criticised religious beliefs in her presence. They were inseparable companions. "He wrote all his books by hand," she records in later years, "and did his work in the hours he should have slept. I sat up with him many many times half the night to prepare and correct them for the press. I did so for years, as he was so very fond of someone there . . . He was most sensitive to kindness, but on the other hand not to small neglects to himself. It was I who used to feel hurt for him, and he would say 'Never mind. We must do our duty. We must not waste valuable time in vain regrets and waiting for gratitude and appreciation, but do our work

while we have time.' And then he would quote part of an old Welsh hymn of which a free translation is :—

‘ Not for fear of any pain  
Nor yet for any prize.’ ”

On Sunday morning the household went their several ways without comment. If a stranger had passed down Nelson Street then, he would have seen a long queue of the very poor, cripples on crutches, sick babies under their mothers' shawls, waiting patiently for free advice and treatment. It was Thomas' Sunday observance—a practice which even the most narrow-minded minister found difficult to discountenance. And, from Nelson Street, he might also have seen an aunt and nephew on their way to Myrtle Street Chapel, then under the powerful influence of Hugh Stowell Brown.

Brown formed one of a group of preachers who, in the nineteenth century, coloured the life and thought of Liverpool. To those who are familiar with his admirable commonplace book, it will be evident that he possessed a shrewd insight into human nature. He was a sincere and fearless man. He held a broadminded outlook which strengthened Robert Jones in the liberalism of his day. Brown taught him common-sense, tolerance, and moderation. “ If Jesus Christ were to come to Liverpool,” he once said, “ I have no doubt that he would recognize in William Rathbone, Unitarian though he be, a far better disciple than in ninety-nine per cent. of the orthodox Evangelical folk. I do not think that he would prefer . . . or . . . ; but I had better say no more than that I am sure he would not prefer me.”

It was to be anticipated that a man of such candour should make enemies, and be criticised in the press. Upon at least one occasion in 1876 it afforded Robert Jones an opportunity to rush into print on his behalf. At the age of nineteen he wrote in a letter to the *Liverpool Post* :

“ SIR,

To raise a discussion you need only perform one act, and that is to publish the speech, lecture, or sermon by the Rev.

H. S. Brown. No matter what principles he advocates ; no matter how called-for his rebukes—you have a certain class of correspondents (typically exemplified in ‘ Truthfulness’ and ‘ Tolerance ’) who cannot rest content until they explode their pop-guns at the words he has uttered, and the course he has pursued. I heard the sermon complained of by your dissatisfied correspondents and submit I enjoyed it much, endorsed all Mr. Brown’s statements, and, strange as it may appear, endorse them quite as much after having read the sickly opposition and denunciation of ‘ Truthfulness.’ ”

Incredible though it may seem to those who knew Robert Jones forty years later, he promised in the ’seventies to become not a little aggressive. His letters to the press were frequent and extremely controversial. With justifiable pride he pasted them in a large book. They were under many *noms de plume* from “ A Retired Quack ” to “ Vox ”—a very righteous-minded one—and “ Thunderer ” (this on the advanced question of ironclads).

This period of intellectual ferment received a singular rebuff from no less a person than his aunt Mary—that excellent lady who used to correspond with his father in the London days. She had, it appears, either through a belated sense of humour or sheer perversity, stated that she had consulted a phrenologist concerning H. O. Thomas’ head, forwarding a photograph for his deductions. All his life Robert Jones detested the speculative as against the scientific. That Thomas, of all people, should be shamed by a foolish woman caused him such a sense of life’s humiliations that he wrote in his best School of Medicine manner proving in no less than twelve points the fallacies of such superstition. The reply—very considerably amended—focuses pleasantly enough upon two factors in characterisation. The first is that Robert Jones was rather an aggravating young man. The second is the complete triumph in dexterity, mock gravity, and satire of a typically Victorian lady of a strictly religious upbringing.

24th November, 1879.

“ MY DEAR BOB,

“ It is too bad of you to flatter your Old Aunt <sup>1</sup> to a further correspondence upon this interesting theory of phrenology. I believe you and I are in precisely the condition of the man who owned himself open to conviction, but defied the man who could do it !

“ You imply that your belief is founded upon nothing which has not attained the dignity of a science. Poor fellow ! how I do pity you ! What a miserable, cold creed you must have ! No room for anything spontaneous ; everything must be measured by line or rule ; unless you except Herbert Spencer’s ‘ Spontaneous Generation.’ Perhaps you may admit that !

“ Are we not in the habit of judging the intelligence or non-intelligence of a person by the shape or size of the forehead ? Even you judge of a man by his manner tho’ you will not do so by the contour of the head ; ‘ The man of physical energy,’ you say, rushes into the consulting room—the bashful, pompous, and conceited all tell their tale to the observant. If all this is to be seen merely in a person’s walk, why not more so in their heads and faces ? . . . ”

This daring woman then plunges into an admirable attack upon the conclusions of Professor Ferrier and contemporary scientists and concludes—

“ Go on, Gentlemen, by all means, and you as their follower in the ‘ search after truth,’ persevere ! And you may have the honour of believing in the renovated ‘ futurity ’ of this despised theory . . . ”

Having enjoyed herself hugely she bids him farewell :

“ Have I written enough upon the matter ? Won’t you give me up as a bad job ? Won’t you consider it sheer waste of time to bestow further labour upon my re-conversion to a state of unbelief ?

“ I wrote to Jack <sup>2</sup> on Sunday evening—oh, Bob, he is a

<sup>1</sup> She had reached the advanced age of 42.

<sup>2</sup> Robert Jones’ younger brother.



lamb compared with you! Jack won't dissect my letter! No danger! He won't send me an answer back, with criticisms—labelled up to twelve—in it! No, poor dear innocent—Jack will not question one remark throughout it! Take example by him, you ravenous creature, and don't engulf me in the entrails of your sickening sciences! Disturb my peace no more with a sight of your horrid dissecting knives! Cultivate benevolence, you cruel vivisector, and restrain your over-development of destructiveness, and thus prove in your own skull the truth of the facts which you deny.

“Your affectionate Aunt.”

### III

It was during his medical course that Robert Jones carried this habit of intellectual enquiry into active practice, and actually drew his uncle into the circle of a debating society. Long afterwards he said it had become the “greatest amusement of that adroit controversialist,” enabling him to discuss all manner of topics. Those who in later years met Robert Jones at his house or at Nelson Street were struck by his solid grasp of a wide range of subjects. From his father he had learnt in early youth the habit of observation, but with Thomas he had been in daily contact with a man who thought all day and read a great part of the night. “He was,” recalled Mrs. Thomas, in a personal memoir of her husband, “very sociable. He was always delighted to have friends at our table and great and exciting were the discussions upon politics, religion, science and literature. He liked an opponent better than a person who agreed with him. He used to say that argument was the great antidote to mental stagnation.” To this Robert Jones added in 1920: “His prodigious memory and his agile mind made him an interesting figure in any discussion. We who knew him let him start his own subject, and almost surely it would be theology, the early civilizations, the origin of man, or Egyptology. Some thirty years ago three or four of us founded a little society in Liverpool which





11 Nelson St

Dear Doctor

A few 'medicals' will take  
supper with us on Tuesday even<sup>g</sup> next at 8.  
If not better employed will you be  
one of them? With kind regards from,  
Yours sincerely  
H. Thomas

R. S. U. V

THE LIVERPOOL MEDICAL AND LITERARY SOCIETY.

still flourishes, and is now called the Liverpool Medico-Literary Society, and early on we persuaded Thomas to become a member. In that little coterie he was serenely happy. He often led discussions and almost always entered into debates. With characteristic humour he invited the Members to take supper with him and issued the invitations decorated with a thumbnail of himself conducting the festivities with drum and pipes. The Medical and Literary proved, in fact, his chief recreation, and on looking through the Society's minutes it is interesting to note that among its contributions may be found papers on 'The Fall of Nations,' 'The Products of Ancient Egyptian and Assyrian Tombs,' 'A Burial Service of 5,000 Years Ago,' or 'Julian as Man and Emperor,' and 'Pompey's Pillar.' A week before he died he read a paper on 'The Technique of the Ships of Early Historic Times'."

That, however, was later. The early meetings took place at Nelson Street, and afforded Thomas great amusement. It is always a sign of grace when a youngster brings home his friends, and the earliest of these included three medical students called Charles Steele, William Kelly, and James Rose. During the student days of Robert Jones, these four literary enthusiasts (aided and abetted by Thomas) became so bitten with their dialectics that in 1884 they decided to found "The Liverpool Medical and Literary Society."

The venture was an instant success, and has now outlived the transient nature of such enterprises by over forty years. It provided Robert Jones with an excellent training in public speaking both for the lecture room and the platform. The thirst for argument which was evidently so strong in him was henceforth chastened and refined in the scathing elements of debate.

Of these four admirable young men James Rose has left some amusing impressions. He was very kindly, popular, and the poet laureate of the Society—one of those delightful natures whose memory lingers long after more successful men are forgotten. A man of meagre physique, he had the heart of a bull terrier.

Upon October 20th, 1884, the earliest meeting was held. The Minutes relate that, acting as a delegate, and upon forty-eight hours' notice, Rose spoke with great conviction upon "The Book of Job—its Literary and Moral Aspects." He treated it as an allegory and drew the attention of the deeply silenced gathering to philological ambiguities of purely academic value. It is also recorded in the Minutes that the gentleman originally chosen to explain Job rushed in shortly afterwards and proved, without any question whatever, that the book was not an allegory at all, but an historical document. Such divergencies are the very life and blood of a debating society.

Rose wrote a description of himself as he appeared at these meetings which is excellent. "At the far end of the table," he remarks, "and consequently next to the Secretary, was a little gentleman with a pale face, black hair and whiskers, who was lighting a very large pipe. When the pipe was lighted he leaned back in his very large chair, smoked complacently and tried to look dignified and imposing. By his position and the fact that the bell was at his right hand I judged that he must be the Chairman, and in this supposition I afterwards found I was correct, though why they had appointed him to that important post I could not conceive, but thought it might have been on account of his pipe. The proposition was 'That the execution of Charles I was a murder and quite unjustifiable.' The Chairman," records Rose, "got upon his feet looking very unhappy. Bending forwards slightly, with his hands on the table, he spoke without the slightest inflexion in his voice, and with no other expression on his face than that of being particularly uncomfortable. From time to time he would raise his left hand to his chin as though to assure himself he had shaved that morning, and finding he had not, kept rubbing his chin gently for some time as if to smooth away its inequalities."

Rose went to the Isle of Man in 1889 where he practised as an oculist. He founded a Medical Society which, like the Liverpool body, is still a great success, and here in excellent verse is his account of the affair :—

“A certain little oculist whose life was not laborious  
Desired to gain himself renown for something meritorious.  
And many hours he spent in thought and scratched in dire  
perplexity  
With meditative finger nail his cranium's convexity.

For though he was a few degrees removed from imbecility,  
He knew he had not what he called conspicuous ability.  
At last he thought 'If I succeed in making others glorious  
My conduct might be looked upon as rather meritorious.'

Therewith he danced a joyous dance with steps of great variety  
And cried 'I will originate a Medical Society.'  
In this he felt he should succeed, he felt it with intensity,  
Yet was a little daunted by his project's vast immensity.

With all the doctors in the place he did himself ingratiate,  
And on the merits of his scheme would lengthily expatiate.  
He dinned the thing in all their ears, discussed it every day  
with them,  
Until at last he tired them out, and then he had his way with  
them.

The oldest doctor in the town, that is the longest resident,  
They promptly and with one accord elected as their President.  
The oculist they told to write, he wrote with great docility,  
And thus it was he showed his inconspicuous ability.  
And so the little man could claim with pride and some anxiety  
He really did originate a 'Medical Society'.”

The inexorable Rose, charmingly frank with himself, is  
equally merciless with his friends. Of Steele as an orator  
he writes :

“His attitude and bearing were easy, but every now and  
again when he came to some particularly knotty point he  
would pucker up his face into an indescribable expression  
which might be the result of pain or anxiety or perhaps both.  
He spoke, clearly, concisely, and emphatically, but never  
once, although the subject was one in which burning  
eloquence was not only admissible but even urgently demanded,  
was there the least passion in his voice, never once was he carried  
away by his subject.”

William Kelly, the son of a well known practitioner, left the Society in 1896 and practised in the south of England. Of him the irrepressible Rose wrote :

“Next to Dr. Squeal, on his left hand, was a fierce-looking man, with a thick brown beard, whiskers and moustache, whose hair stuck out a good deal. He gave one the impression of being altogether a bristly, self-assertive man, likely to be given to strong language. This was Dr. Skilly, whom the President presently called upon to support the proposition ‘That the execution of Charles I was a murder and quite unjustifiable.’ Dr. Skilly began. ‘Mr. President and Gentlemen,’ said he, looking anything but fierce at the moment. In fact, as he stood there with his notes in his left hand and both hands behind him, his head thrown slightly back and eyes partly closed, he appeared like a prisoner at the bar who, invited to say a few words in his defence, determined to make a mighty effort, not, however, with much success. After this beginning Dr. S. made a long pause, during which he swayed backwards and forwards, then expanded his chest, got his head well out of his collar and resumed, ‘I—I—I have to apologize, etc.’ I did not look upon Dr. Skilly as a finished speaker.”

All the four medical musketeers are dead. Their laughter has long since dropped into the ultimate silence. So far as concerns three of them indulgence is required for lingering in their company so long. And yet they should not be dismissed too easily. Even Hugh Owen Thomas revelled in those Nelson Street nights. How much more did they mean to Robert Jones? Laughter and fun and the gusto of life had crossed the threshold where such things had never been on equal terms before. And they left their heritage. Solemn persons in after years were not a little disturbed by the great enjoyment Robert Jones took in laughing at himself, and chaffing even the most solemn of his contemporaries. It was a habit—and who can say how invaluable a habit—learned in those days when Rose—that irrepressible spirit of comedy—kept the table in a roar.

## IV

Only one paper delivered by Robert Jones before this learned body has survived. It describes a visit to that great hero of Nelson Street—John Bright, and has, perhaps, sufficient reminiscent value to warrant a few fugitive passages, if only as a portrait of an eminent Victorian drawn by an ardent young man in his twenties; and also because Bright was, and remained, to Robert Jones an example of the transparently modest and honest politician, staunch to his principles and indifferent to any social ambitions.

“On re-entering the drawing-room, seated in an arm-chair, his legs full length and hands clasped, was the great man looking the picture of health and very venerable. His shirt cuffs were crumpled and untidy, his coat anything but glossy. Some three weeks previously I had sent him a quaint old volume relating the travels and tribulations of a Welsh Quaker—one Richard Davies. He warmly shook my hand, pointed to another easy chair, and told me how much he had enjoyed the book. Unfortunately I had not read it carefully, and hungered for a change of subject. He gave me several instances of the troubles of early Quakers, and said he hoped the rancour of theological strife was drawing to a close. From these we came to the subject of the sagacity of cats, and when I told him of cats feeding sparrows to catch them he laughed. It consisted of a little explosion, after which he immediately resumed his somewhat sad but habitual expression. . . .

“I asked him to point out the pair of dogs which had been immortalized in his recent speech, when he described how he offered them bread sent by an anti-corn-law agitator as a specimen of the old quality. He showed me the two and with admirable facial expression imitated the disgust with which they turned up their noses at the meal. ‘It is all very well,’ said Mrs. Roth (his daughter), ‘but if you offered the food to the underfed dogs of the town they would be only too



glad to make short work of it.' 'You think so,' he said, not a bit disconcerted, 'I have a better opinion of them than that.'

"Turning to me again he commenced to praise Lewis Morris's *Epic of Hades*, and told me that pleasant as first-rate poetry was he did not at all appreciate the kindness of the lower order of songsters who were loading him with poetic literature and almost demanding notice of their gifts. He was pleased the Welsh people were starting a National Society in Liverpool, and spoke in feeling terms of the hardship of the quarrymen in Llandulas and Llanberis, adding 'the Welsh are an enduring—a too enduring people.' Of the Irish leaders he said, 'Their public conduct is not moral, but they are subjects of much provocation, and they should be judged leniently.' I thought this criticism spoke volumes for one whose long service for the people of Ireland should have saved him in his old age from coarse and virulent abuse. He told me he was just now engaged in reading a work on eminent Welsh preachers.

"From Wales we travelled to Norway, and Mr. Bright explained to me the legislative machinery of Sweden, the judges of conciliation, and the Liquor Laws. He had by this left the table and in good old fashion had turned the tails of his coat in front of the fire, and I was very grieved when my time came to go a walk of inspection round the mills with his son-in-law. . . ."

"On our return I was very disappointed to find that I was just too late for a farewell, as Mr. Bright had gone to his brother's for a game of billiards, a journey he daily paid at four o'clock. He left me by his daughter a very kindly message. She told us that two intending missionaries for China had called upon him after we left, and she was in great terror lest he should horrify them. He commenced by asking them 'Do you think that your visit to that mighty empire can possibly be attended by any good results?' One of them answered, 'Well, yes, we have already several promises of God,' when he impatiently interrupted by 'Oh, I don't mean

anything of that sort.' He further said that many wars were due to missionary conduct, and hoped it was not true in China as in some places that the magistrate and missionary had the largest houses.

"Mr. Bright's manner is slow and solemn. His sentences seem carefully composed as he goes along, are deliberately spoken, with no marked facial accompaniments. His style is not that of a conversationalist, and his expression continually borders on the sad. His humour on my visit was dry, and when he smiled it seemed foreign to his face and soon left it."

This final paragraph is remarkable in its shrewd observation, a faculty which in later days enabled Robert Jones to diagnose a patient's character as quickly as he could detect a physical disability. Of its accuracy one is assured by a reminiscence of Sir Henry Lucy :

"On the whole," he wrote of Bright, "the dominant note was one of pathos. Probably because all his great speeches pleaded for the cause of the oppressed or denounced an accomplished wrong, a tone of melancholy ran through them. For the expression of pathos there were marvellously touching vibrations in his voice which carried to the listener's heart the tender thoughts that came glowing from the speaker's, clad in simple words as they passed his tongue."

## v

These student days at Nelson Street may seem to carry no dignity of learning, no prophecies by professors of medicine, no early friendships with the future lights of surgery. The criticism is completely justified. In the student days of Robert Jones there is no weight of outstanding scholarship, no exchange of advanced views with his teachers, no symptoms of renown.

He commenced his studies at the Liverpool School of Medicine in 1873. From here, accompanied by his aunt, he

went to London to sit for his examinations at Lincoln's Inn. There is an occasion upon April 2nd, 1875, when he failed, and another shortly after upon July 13th, 1875, when, under the announcements of the Royal College of Surgeons, "Robert Jones of Liverpool School" passed his primary examination in anatomy and physiology, being then no less than seventeen years of age. This was a chance for great parental jubilation, and within three days, as entered in the Diary, father and son patronised Moody and Sankey, Dr. Joseph Parker, the Royal Academy, the Albert Hall, Crystal Palace, Patti at the Opera, Salvini, the great Italian actor, and the Archbishop of Canterbury to round up.

Robert Jones was an impressive instance of the advantages of the old apprenticeship system in medicine. He was bred into surgery from boyhood. From the earliest days when he watched the splint-makers in Nelson Street to the time when he first set out with Thomas on his round of patients, the whole process and practice of orthopædics was cumulative and progressive. His period of apprenticeship commenced with his medical course, continued throughout it, and passed without interruption into his assistantship. By this happy association his knowledge of orthopædics was as a consequence already a specialism at a time when his contemporaries were in the earliest stages of their professional careers.

"It seems only yesterday," he wrote his daughter on her 21st birthday, "when I was twenty-one. I then had the privilege of signing myself a licentiate of the Royal College of Surgeons with an inflated pride that has never been equalled in my history." This qualification was followed in due course by the F.R.C.S. for which he sat on the advice of Thomas in Edinburgh instead of London. Thus fully equipped Robert Jones was free to settle down at Nelson Street. But academic credentials were of very minor consideration in comparison with the phenomenal prospect which awaited him.

### CHAPTER III

## THE YOUNG SURGEON

#### I

AFTER qualifying in 1878 Robert Jones joined his uncle at the age of twenty-one as professional assistant. From boyhood onwards he had been familiar with the bustle of Nelson Street; the consulting rooms packed with patients mostly drawn from the dockyards, the workshops and forge for splint-making, the stables and coach-house for the remarkable equipage which carried Hugh Owen Thomas on his visiting rounds. All this concentration of work within one house and a small private hospital was a daily experience of his boyhood, and now he was, upon a very modest salary, "to join the firm."

The opportunity was unique. Thomas knew more about the surgery of bones and joints than any living man, and had the largest practice of its kind in the world. And yet many a cautious young man might have hesitated. When the career of Robert Jones is regarded from the vantage point of the present day, any disadvantage which might have attached to him as Thomas' understudy appears obscure or even trivial. But how would the position strike a young practitioner fresh from the schools and hospital wards so long ago as 1878? Is it possible, after half a century, to recapture something of the contemporary professional attitude towards the practice and antecedents of 11, Nelson Street?

There was, to begin with, the status of orthopædic surgery, then in its infancy and universally associated with a long background of unqualified bonesetters. Thomas' father had been a famous Liverpool bonesetter, and Thomas, who was a general surgeon was clearly destined—like Robert Jones at a later date—for specialism in orthopædics. Heredity and circumstances all pointed definitely in that direction.

He was the eighth in direct descent of a line of bonesetters. Until his father's day these unqualified practitioners were well-to-do farmers, highly respected throughout Anglesey, and practising largely *con amore* for the pride of their ancestral calling. Of their powers none can speak with first-hand authority to-day, but there can be little question that their reputation was securely based upon a natural ability and generations of experience in manipulation.

Professional hostility towards the unqualified manipulative practitioner is comparatively recent. For centuries the bone-setter enjoyed a reputable status on the frontiers of medicine. Within his own province his record of success probably compared favourably enough with that of his professional colleagues. Then, as even to-day, he could and did cure cases surrendered in despair. In the eighteenth century Cheseldon (1688-1752), the author of *The Anatomy of the Human Body*, sent patients to Presgrove, a famous bone-setter of evident ability. And in Victorian days Wharton Hood, who was qualified, was not ashamed to learn from Hutton, the bonesetter, who was not. But the writing on the wall was plain to read, and Evan Thomas, the father of Hugh, unwilling to expose his sons to the animosity from which he himself was already suffering, sent all five of them to qualify in the medical schools.

Twenty years had passed since the Medical Register Act of 1858, but in the eyes of the profession the slur of early associations still clung to Nelson Street. Orthopædics was very much the ugly duckling of surgery, promising little distinction for anybody identified with it. The first half of the nineteenth century had been a dark time for cripples. As Robert Osgood has well said—"Oliver Wendell Holmes (1808-94) and Semelweiss (1818-65) glimpsed, Pasteur (1865) proved, and Lister in 1867 applied to surgery the germ theory, and all the leading surgeons consigned the cripple to the brace-maker and learnt how to perform safely antiseptic and finally aseptic operations for all kinds of acute conditions heretofore impossible of relief by surgery. . . . "

H. O. Thomas and Wharton Hood were both specialists in orthopædics, but the cardinal difference between them lay in the original knowledge which Thomas had acquired in the orthodox and traditional camps. Standing midway between past and present he could apply to the inherited lore and empirical skill of his forefathers the wider learning of medical science. Thus while utilizing what was sound in traditional knowledge he was able to discard what was mere superstition and enter the great field of surgery from the limited field of manipulation. The bonesetters—for example—made their own splints, and Thomas developed the practice upon scientific principles in workshops attached to his surgery, where he devised and constructed his own appliances for the treatment of injuries and deformities. “His field of experiment,” says Sir Arthur Keith, “lay in his upper workroom, where, in workman’s attire and with the hand of an expert, he wrought the exact form of splint or machine which he desired for the treatment of each particular case which came under his care. Here then is a surgeon of a new kind, one who could and did use his knife, but it was his final and fixed opinion founded on thirty-three years crowded with experiments on orthopædic cases that the blacksmith’s hammer deftly used was in most cases a more powerful reparative instrument than the surgeon’s knife. . . .”

Thomas spoke highly of his father’s skill, especially in dealing with fractures of the lower limb below the knees. But his considered judgment regarding the unqualified bonesetter was one of condemnation. “My opportunities of observation,” he wrote in one of his pamphlets, “have not been limited to the watching of the method of one unqualified practitioner of surgery, but of many, the majority of whom have possessed a widely popular reputation; nay, they had among their proselytes even surgeons of good professional repute. My contention is this, that in the practice of bonesetting nothing is to be found that can be added to our present knowledge. That some of the bonesetters who practised in past time were in some few special matters superior to their qualified contem-

poraries I know to be a fact, but this assertion does not apply to their general knowledge or practice. Concerning diseases of joints, I never met with the slightest evidence that any of them had any knowledge of the subject or a method of treatment which was not utterly wrong."

This unparalleled knowledge of a department of medicine upon the frontiers of general practice gave a second and by no means popular ascendancy to Thomas. He carried on an immense practice quite removed from any dependence upon hospital appointments or professional allegiance. The art of the bonesetter found its greatest field in the daily accidents of dangerous employments. Modern transport and industrialism had within the second half of the nineteenth century produced an ever increasing number of casualties of which the general surgeon had little or no experience, and which under hospital regulations could seldom be treated for a sufficient length of time. Upon these cases Thomas based those principles of orthopædics which Robert Jones developed and made a part of modern surgery.

Between 1870 and 1900, Nelson Street was responsible for the medical supervision of the shipwrights, ironworkers, boilermakers and dockgate men of Merseyside. The accidents from such employments were continuous and severe. Those were still the days of sailing ships, as well as steam, and the old case-books show a steady procession year in and year out of ship's captains, carpenters and seamen of all grades and nations, who had suffered injury at sea or in port. These cases came straight to Nelson Street and were treated there from start to finish, to the advantage alike of patient and surgeon; for whereas the former received what was practically specialist attention, the surgeon's gain was the observation of injuries of every kind and at every stage. Thomas never held a hospital appointment. But he was not a loser by that, for although he remained to the end of his life outside the professional camp, he alone was able to treat his cases from start to finish in his surgery and nursing homes.

To a young surgeon there was a second sphere of experience.

Apart from the seafaring man there was the social contribution of the slums both in accidents and disease. Nelson Street lay within a stone's throw of a district notorious for drunkenness and violence. It is almost unbelievable to-day that such a state of things could have existed practically in our own lifetime, but abundant contemporary records leave no room for question.

“When their homes are seen in all their gloominess and destitution of every social or physical comfort,” wrote the author of *Liverpool Life*, “when the fathers are seen reeling in from the beer-shop and card-table, inclined to ruffianism and rendered irascible by drink and disappointment; when the mother is looked on turning out of the gin palace with the infant at her bosom, and staggering home to begin the nightly brawl—when it is seen thus how children are suckled in sin, cradled in crime, and catechised in blasphemy, some insight will be obtained into the extensive manufactories of criminals which are kept in active operation and are daily on the increase amongst us.”

The picture was drawn in the late fifties, about the time when Thomas was beginning. A quarter of a century later, when Robert Jones was settling down in Nelson Street, things were scarcely better, for Dr. Hope, investigating the typhus outbreak in the early 'eighties, records in *Health at the Gateway* that “filth, penury, and intemperance accentuated the miseries of the sufferers; patients lay on rags in houses almost entirely bare of furniture,” there were “starved-looking children with the usual accompaniments of destitution, filth and vermin.”

It was to relieve the terrible distress of these people that Thomas opened his free Sunday clinic, where, assisted by a large staff, he laboured from early morning throughout the day. It was at these Sundays that the spectacle of deformed babies and young children first set the mind of Robert Jones upon the problem of crippling diseases. “Nelson Street on a Sunday morning was an extraordinary sight,” recalls Dr. David Morgan who assisted Thomas; “before the day of buses and electric cars patients would be brought in handcarts,



perambulators, wheel-barrows, donkey-carts, and an occasional horse cab."

Such conditions afforded inexhaustible material for the development of the principles and the practice of the surgeons who toiled in their midst. "During all his professional life," wrote Thomas in his eccentric impersonal fashion when attacked by an American surgeon, "he has worked amongst what is termed the 'lower orders' and envious of surgeons 'who had the advantage, when necessary, of patients being indoors,' at the expense of a suitable institution. . . . All contained in the *Contributions* (i.e. his surgical writings) was gleaned in the 'courts,' not the 'squares' of Liverpool. . . . The field in which Mr. Thomas worked entailed a heavy physical and pecuniary strain that stimulated him to devise means which, while effective to resolve the lesion, relieved him of much toil. . . ."

## II

To a young practitioner taught that the whole future of surgery lay outside the splints and bandages of old fashioned orthopædics, the professional and social isolation of Nelson Street must have seemed a little ominous. In the 'eighties the influence of Lister and the discoveries of Pasteur were the leading topics of modern medicine. And here was Thomas apparently indifferent to so much that could not be neglected by any progressive young man. And yet was his uncle so rooted in his own methods and principles that he could be ignored? That was the question.

It is true that Thomas never held a hospital appointment and preferred to treat his cases in his own home. But what was the condition of hospitals in his day? As a professional man working amongst the very poor, he must have been fully aware that prior to the work of William Rathbone and Agnes Elizabeth Jones, the Liverpool Workhouse Infirmary had been one of the most appalling institutions in this country. "I sometimes wonder," wrote Agnes Jones in 1867, "if there

is a worse place on the earth than Liverpool, and I am sure its Workhouse is burdened with a large proportion of its vilest. . . . So little effort is made to stem the evil. All lie passive and seem to say 'It must be.' The attempt at introducing trained workers has certainly not met with any sympathy from clergy or laity."

Or take the Liverpool general hospitals of the period. What had been the early impression of Jones when he walked the wards in the 'seventies is not known, but there is no question that he first learnt at Nelson Street those principles of cleanliness which, in the better understood application of Listerism, enabled him to advance orthopædics into the sphere of modern surgery. In *The History of the Royal Southern Hospital* Dr. Charles Macalister makes it clear enough why in the 'seventies Thomas refused to embark on the wholesale campaign of reckless amputation and almost inevitable sepsis.

"Every member of the Staff was present, together with the nurses and students. There were no precautions taken with reference to the cleanliness of their garments. The surgeons wore old surtout coats bespattered with the blood and other discharges from previous operations. I believe that the bespattering added to the respectability of the history of the garment. The sleeves were probably unbuttoned at the wrist and rolled up. The lapels of the coats were buttoned across to prevent soiling of the shirt and collar of the operator. It will be noted that it was the operator not the patient for whom this solicitude was exercised. Then came the female staff. The matron was generally present at these major operations. She and the sisters wore stuff dresses long enough to trail on the floor of the theatre. The nurses wore their ordinary pink uniforms. The students came direct from the wards, containing plenty of septic patients, or perhaps even from the post-mortem room. Soon after the operation commenced, old Dr. — walked into the theatre wearing his very tall silk hat, which he did not remove. The patient was covered with a red blanket used for every operation and only washed when it was sufficiently soiled.

When a certain stage in the operation had been reached, each member of the Staff, including Dr. — and some of the students, was invited to dip his hands in carbolic lotion and to examine the growth which was about to be removed. Thus numerous half-disinfected hands surmounted by dirty sleeves came in contact with the highly susceptible surface. While the operation was being completed, Dr. — requested the student attending to the spray to explain its workings, which were very effectively being carried out in relation to a ring of backs surrounding the patient, but very little of the antiseptic vapour was getting into the vicinity of the seat of the operation. After the antiseptic dressing had been applied, the patient was placed in a side ward adjoining the theatre, where she died a few days later of blood-poisoning, thereby adding to the want of faith in the antiseptic system on the part of those who had so inadequately carried out their principles."

Against Thomas was a strong, indeed practically unanimous body of professional opinion, headed by men of considerable academic and surgical position like Mitchell Banks. Whoever threw in his lot with anyone so independent in judgment and formidable in controversy must be prepared for the consequences. Fortunately, Robert Jones had too much admiration for his uncle's work to hesitate for a moment between contemporary judgments and association with a man of genius. He was only too glad to assist Thomas, and it is very doubtful whether during the next twenty years he had the time or disposition to notice whether his decision had met with academic approval in Liverpool.

What, therefore, is of primary importance at this stage is to note the influence of Thomas on a young surgeon and the nature of his daily routine.

### III

As a young surgeon Robert Jones learned the habit of working not only continuously, but rapidly. He had no need

to await or seek patients. From the age of twenty-one to seventy-four he made of his profession an unbroken record of uninterrupted toil.

The life at Nelson Street was an extraordinarily busy one. Robert Jones, who was part and parcel of it, has given a graphic picture of a normal day. At six o'clock in the morning Thomas was already on his rounds, seated in a high phaeton built to his own design by his own smith on the premises. Sitting at a great height and behind two beautiful horses he visited a dozen patients before breakfast.

"It often happens," recalls Jones, "that when he knocks at the door, usually with his bare knuckles, an empty can is handed to him, but as a rule they know his knock. The patient may have a broken leg, intestinal obstruction or pneumonia. There is always time for a cheery word of advice and admonition. If it is a broken thigh the extensions may want tightening, or pressure pads adjusting, and many warnings are sure to be given to the household that no bandage is to be meddled with. Another house is visited and he finds that the bandage *has* been loosened in a case of Pott's fracture. The surgeon storms and the patient is immediately penitent. He is no longer to be trusted, however, so the bandage is re-applied and a large pin fastens it, but before the surgeon leaves a blob of sealing wax covers the pin, and with a signet ring removed from his finger it is sealed with the initials 'H.O.T.' Another visit and Thomas is seen carrying a boot into the house in one hand and a box containing enormous cutting shears in the other hand. He is about to transform a bed splint into a caliper in a case of tuberculous knee, for the time for walking has come . . . And so the round goes on until breakfast, which consists of a cup of tea and a couple of bananas. The meal rarely lasted for more than ten minutes.

"From nine until two he was at work in his room, where he meets with every variety of case both medical and orthopaedic. During the morning he will see between thirty and forty patients, prescribe and dispense medicine for them, dress their wounds, reduce their fractures and dislocations,

and give each one his individual attention. Long experience on the surgical side has enabled him to make a rapid diagnosis and to ask only those questions which have a direct bearing on the case. So through all his cases one finds that Thomas has formulated principles, and diagnosis is based upon the relations of symptoms to them.

“ His methods of examination, although rapid, are very gentle. He has wonderful knowledge of the movements that give rise to pain, and of the value of an accurate grip in steadying muscle and supporting a limb. Whenever he has to handle a fracture, he persuades the patient to abstain from all effort and to leave the muscles slack, knowing full well how often pain is self-inflicted. There is hardly a morning without one or two cases of fracture and these are always expeditiously dealt with without anæsthesia.

“ The equipment of the establishment in Nelson Street is such that no outside aid is needed. There is a blacksmith at work in a smithy ; a saddler finishing off the various splints, and the duties of others are the making of adhesive plasters and bandages, and the preparation of dressings. There are splints of every size to suit any possible deformity that may appear, or for any fracture that may have occurred. No matter from what distance a patient comes, no matter whether the affection be spinal caries, hip disease or fractured thigh, he is always able to return home in an hour or so, most accurately fitted with a simple and appropriate splint. . . .

“ To see Thomas at work in his surgery was a liberal education. His mechanical knowledge was so profound and his observation so accurate that when a splinted patient appeared before him in discomfort there was no occasion for speech, the faulty spot was immediately pounced upon and corrected without delay. Although the examination was brief it was intensely concentrated, and it was useless for either patient or assistant to ask any questions while it was in progress.

“ Before starting for the afternoon round there may be a case of old dislocation of the shoulder waiting to be reduced, the displacement perhaps seven weeks old. It is now half

past two and people have to be seen at their homes without delay, for at 4-30 Thomas has a case at Nelson Street.

"His last meal finished he hurried from the table to see his evening flock, who continued to come until eight o'clock. Although most of these were Club patients, quite a number of them were surgical cases, but the patients had more confidence in him than in hospital. In spite of his strenuous day he is bright and cheery, for he loves to chat with the working man on the character and scope of his work. Usually at eight he made his last round, confining his visits to those cases anxious in themselves, or interesting from the point of view of investigation. It was always an interesting run because compound fractures and intestinal obstruction were often encountered.

"From 9-30 to 12 he either worked in his lathe room—which was fitted with the most modern machinery—making new surgical instruments or repairing old ones, or he would find his way to the library to read and write.

"This then is an ordinary day's work, and to anyone who knew Thomas, with his frail body and anxious mind, entering wholeheartedly into his patients' troubles and always unsparing of effort, it is a marvel how he could continuously work at such pressure for over thirty years, for it must be remembered that he never took a holiday. During all these years of work he was only away from home some six nights, and even on Sunday mornings he had his free clinic, when nearly two-hundred cases, many of them of great interest, collected from all parts."

If a day like this was normal, it is not difficult to realise how the value of time became second nature to Robert Jones. Here were an endless stream of cases with every kind of disability, all requiring swift treatment. But Thomas also taught him the value of work in relation to fees. "He used to say," recalled Mrs. Thomas, "that he would much prefer attending a pauper patient gratuitously who would attend to his instructions than the richest man for a big fee who would not do as he was told, and would add 'for you see, the rich man runs

away with my reputation and gives me in return a coin, whereas the first does not harm my reputation.' ”

Robert Jones learned from this indefatigable man that memory must be allied with work. “Thomas,” he recalled in after years, “had no hospital position, and his practice being chiefly amongst the poor, his observations were usually made without the help of assistants or nurses. He wrote his notes usually late at night when his work was ended. His memory was so tenacious and so accurate, however, that even although two or three weeks might pass without a note being written, he could recall the incidents of every visit with consummate ease.”

From Thomas, Robert Jones learned, or at least assimilated, the practice of handling patients in a cordial spirit. “I cannot thank you enough,” wrote Florence Nightingale in February, 1887, “for your great kindness in granting your invaluable advice to the cripple Faith Schofield, your old patient, and in even giving her ‘board and lodgings for one night’ if necessary,” and signed herself—“Yours ever gratefully.” It was, in fact, part of Thomas’ sardonic humour to bark in a fashion which seldom deluded his patients. Frequently he kept poor cases in his nursing home without charge, and was only brusque if they thanked him. And upon occasions, if a patient was really frightened by his manner, Mrs. Thomas would receive an urgent message for a cup of soup to be sent at once in order that some old lady might be restored to equanimity.

A picture of uncle and nephew together has been given by a patient. “I can see,” he writes, “Hugh Owen Thomas now, in my mind’s eye—a spare little man, an eyeglass in his right eye, a quizzical smile lighting his long thin face, and a shapely hand, the ideal gift of fortune to a surgeon, neither large nor small, yet of surprising strength. After a first visit he knew every patient intimately by name, and as he gave a preliminary walk round his surgery and his many waiting rooms he had a laugh and a joke for everyone. At times he turned to a young man who accompanied him (Robert Jones),

rallied him on his serious face, and with a laugh made us all forget our pain. I was one of his patients, so I can remember him well. On one occasion he turned to this young man and said—‘ Now, if I did not know you, I would say by the expression of your face that you needed urgent surgical attention.’ The lesson was not lost on his pupil. Robert Jones became one of the cheeriest surgeons who ever attended a sick bedside.”

## IV

Many young men would have been content to remain as assistant to H. O. Thomas, with the prospect of ultimately succeeding him. In 1881 Jones had become an honorary assistant surgeon at the Stanley Hospital. He also had a firm place in the loyalties of the Workmen’s Clubs representing mariners, dockers, boiler-makers, shipwrights, railwaymen and steel-workers.

But he longed to make a start for himself, and with the concurrence of his uncle, somewhere about 1885, he set up practice for himself at 22, Great George Square. One or two letters—all most typically undated—written to a sister may be quoted to serve as an encouragement to other young medical gentlemen anxiously awaiting a knock at the door.

22, Great George Square,  
Liverpool.

“ Since I last wrote several things have occurred, amongst others, as the whole address indicates, I am about to start practice for myself. I don’t go very far, only next door. . . . For the present purposes I shall furnish two rooms and get a respectable married couple to mind the house and attend to my wants. . . . I get a small income from my uncle, and he furnishes the front room now until I can afford to pay for the various items, so that the times are anxious for me. It will take some time to begin to make money upon anything like an encouraging scale. It takes a good many 2s. 6d. fees



to make a big house pay, for I believe the taxes alone will be upwards of £35 a year. You need not keep the circumstances of this new phase in my mercantile career quiet—it is not a secret. Even my brass plate is printed, or rather engraved.”

It was at this stage that, his prospects being excellent and his income negligible, he considered the moment had come to get engaged. It was also the time when the Bank Manager begged him to call, and observed “Dr. Jones, your income does not warrant an overdraft of £100”—a remark which sent him in great perturbation to his uncle.

“I am now firmly located in my new home,” he writes later, “and will be extra glad to hear from you . . . I have had two rooms and the hall furnished, and the front consulting room would be a credit to any house. There is a new book-case ten feet long filled with books, four beautifully padded chairs, also an arm-chair and a library chair, and over thirty etchings. New curtains, carpet, and tiled hearth and gas fire. Stained glass blinds, a couch and library table with fitted drawers . . . I got an engagement ring the other day . . . I am myself most anxious about getting on. It is no joke starting practice. I am about £100 in debt to uncle Thomas for the furniture of the two rooms. Think of that. I shall have to work very hard indeed to make it up . . . I can hardly say that I am doing well yet, the fact is, people don't know I have started. In a short time, when my fame and habitation become widely talked of, I shall doubtless bank my thousands!!!”

Months passed and marriage was no nearer. “Practice is getting on, but improvement is very slow. Patients do *not* overcrowd my rooms. When I see them their fees are not large. Yesterday I insured my life for £1,000, so that small sum will be left behind me. People take a kindly interest and say that I am ‘a rising young man,’ but I see no active yeast as yet in my composition.”

There came at last a distant note of hope. “Practice is improving a little, but, of course, not so quickly as my talents !



ROBERT JONES AS A YOUNG SURGEON.

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I deserve and I hope to make from all sources over £300 the first year. I am determined to get on and, therefore, will succeed. Like all beginners, I am very anxious about my patients, and thanks to Nature"—the classic doctrine which Thomas had preached—"have so far lost none. With regard to practice, matters so far do not point to a fortune near at hand. But a day is dawning—I read it in the stars—when all sorts and conditions of men will rush eagerly into my outstretched arms and fill my hitherto neglected coffers."

In 1886, after five years as Honorary Assistant Surgeon at the Stanley Hospital, Robert Jones was appointed surgeon. On March 16th, 1887, he decided that his prospects were sufficiently promising, and he married Miss Susannah Evans, daughter of a well-known Liverpool merchant.

In 1889 another vacancy occurred at the Royal Southern Hospital, and, busy as he was, he repeated his unsuccessful application of seven years before—and was elected, without opposition, Honorary Surgeon and Dean of the Clinical School. In support also of his candidature was the recommendation of the Medical Board of the Liverpool Stanley Hospital, and this includes a paragraph which is worth noting. "He has," it states, "shown an indomitable perseverance in the vigorous prosecution of original research; and his numerous publications on the achievements of surgical science, together with undeniable skill in the various departments of operative surgery, mark him as one who will certainly add lustre to the already long list of names whose writings adorn English surgical literature."

In orthopædic surgery as practised by H. O. Thomas, he had been well grounded. But there remained the principles upon which the reputation of Nelson Street was established. When Thomas remarked—"A man who understands my principles will do better with a bandage and broomstick than another can do with an instrument-maker's arsenal," he made a statement which lay at the heart of his teaching.

## CHAPTER IV

### THE MANCHESTER SHIP CANAL

#### I

IN 1888, when Robert Jones was thirty-one, an exceptional opportunity presented itself. Since 1712 the rising City of Manchester had felt that a navigable waterway was essential to its trade. With righteous indignation the port of Liverpool was confident that things should remain as they were. The long and acrimonious controversy between Liverpool and Manchester regarding a canal to reduce the enormous freightage charges had at last become acute. On November 11th, 1887, the first sod was cut, and for seven years the great enterprise continued.

It was necessary that a surgical and hospital staff should be appointed to look after the health of 20,000 men with their wives and families in the hutments along the canal. Only a surgeon with a wide experience of accidents amongst manual workers could organise such an undertaking. While upon holiday in Norway, in 1884, Robert Jones attended a case in the hotel where he was staying with such success that he aroused the interest of the English people staying there. Amongst these was Mrs. Garnett, head of "The Navy Mission."

By her influence his name was put forward for the post of Surgeon-Superintendent of the Canal. With the exception of Hugh Owen Thomas, no one had the qualifications of Robert Jones for handling emergency work upon so considerable a scale. So early as the late 'eighties, Robert Jones was evidently regarded as an orthopædic specialist, although he remained a general surgeon for nearly twenty years afterwards. A local journalist remarks in 1889—"Dr. Robert Jones, who has just been appointed to the honorary surgeonship of the Southern Hospital, is one of the best liked medical men in

town. . . . When the Ship Canal works were commenced, Dr. Jones was offered the position of surgeon to the works, the salary, I believe, being £3,000 a year. As the acceptance of the office, however, would have necessitated Dr. Jones giving up his private practice, he refused it, ultimately being appointed a kind of medical superintendent over the other practitioners engaged."

*The Provincial Medical Journal* for December 1st, 1893, may be regarded as rather nearer the mark, when it said— "In 1888 he was appointed Consulting Surgeon to the Manchester Ship Canal, upon which great work some 20,000 workmen were employed, and in five years over 3,000 accidents demanded his supervision. Mr. Robert Jones designed and placed the hospitals. He selected the staff, which consisted of fourteen surgeons. One hospital was situated at Ellesmere Port, another at Warrington, and another at Patricroft, each being officered by a matron, house-surgeon, and two nurses. During five years Mr. Jones performed over two hundred major operations ; such is the cost of engineering enterprise."

The construction of the Canal occupied several years. Work was both arduous and dangerous. Accidents were frequent and critical. Along its thirty-five miles there was continuous warfare with chance, which resulted in casualties of every type and degree.

Thomas Andrew Walker, in whose charge rested the building of the Canal, was a man of exceptional personality. He was determined that the workers engaged should be properly cared for medically and morally, and their children educated in temporary schools. The whole organisation was, in fact, a minor preparation for much that Robert Jones carried out between 1914 and his death. It demanded unflagging tact, efficiency, and enthusiasm, and these were qualities which were instinct in him.

The Canal was divided into a number of independent sections, each with a hospital and an external medical service. The final arrangement included three central hospitals: one at Eastham, near Birkenhead, one at Latchfield, near

Warrington, and one at Barton, near Manchester, the external medical service remaining for each section. The doctors were local medical men who provided attendance for the workers and their families.

Dr. Eugene Byrne, who worked with him in that period has written, "Robert Jones had the appointment and supervision of the whole medical and nursing staff of the Canal. Each hospital had a resident house surgeon and qualified nurse as matron, a ward nurse under the matron, a cook and handy-man. All accidents were brought to one of the three hospitals by the 'Overland Railway' (before I left the job there were 250 miles of railways on it; one, a continuous line from end to end was called the 'Overland Railway;' it was thirty-five miles long).

"If the accident was of serious nature, Sir Robert—or as we knew him then, Mr. Jones—was summoned by the House Surgeon by wire, and turned up at the earliest possible moment, dealt with the emergency and attended to it subsequently, as in an ordinary Civil Hospital. The death of Thomas Andrew Walker in November, 1889, made no change in the medical organisation of the Canal, and I believe Sir Robert continued to control it to the completion of the cutting. He sent me to Runcorn to await there the erection of the originally intended Section Hospital which never materialised, and at the end of about six weeks I was sent to Latchford, where he placed me in charge of the Hospital. It was a wooden cottage hospital, and almost completed, and had taken only fourteen days to erect. The external or visiting doctors sometimes made use of the Hospitals for severe cases amongst the Canal workers, such as pneumonia, rheumatic fever, and what we called at the time Russian influenza. Sir Robert did all sorts of emergency operations in Latchford during my house surgery.

"I remember one case in November, 1888, on a cold wet dark evening, when on my wire he came to a lodging house in Wash Lane, Latchford, to a man *in articulo mortis* from epileptic fits caused by an old-standing depressed fracture of

the skull over the Rolandic area. Sir Robert at once trephined. No anæsthetic was required. I merely held the lamp and when the operation was finished wrapped up the patient, put him on a wheeled ambulance stretcher and with the assistance of some of his pals trundled him off to Hospital."

Accidents appear to have been too frequently, in many cases, caused by drunkenness and sheer lack of care. Here is one which, in its suddenness and violence, can only be compared to the bombing of trench warfare thirty years later. "On the morning of July 18th, night gangs were in the cutting, drilling and chipping the rock by the aid of the lucifer light, and one gang of twenty men was directly under the track siding. By accident, or through carelessness, a lad at the points (seventeen years of age) turned a train of twenty-three trucks, drawn by two engines, into the empty truck siding instead of on to the line to the tip of Ellesmere Port. These came crashing along, and charging the dead end of the siding fell over into the hollow below, right on top of the gang at work immediately beneath. Engines, trucks, stones and men were all in one almost inextricable mass, lit up by the lucifer light. The scene was appalling, and the shrieks of the injured and dying were awful. Men rushed to the rescue, and by the aid of steam cranes released those still alive, who were promptly conveyed to various hospitals or attended to on the spot by medical men. Many who were not killed were maimed for life."

The casualties through machinery were as shocking as they were sudden. Arms and legs were torn off and emergency service was always an essential.

It will be remembered that in Nelson Street Hugh Owen Thomas had a quick and effective way with patients, and a good deal of reluctance in the use of anæsthesia. To Thomas it was better for the patient (and a great saving of precious time) to conclude a minor operation or manipulation without undue anticipation, anæsthesia, or in fact, delay. Old patients grew wary when Thomas blandly asked them to climb small ladders, or to let him examine badly set elbows. In his main



consultation room there were several swing doors, and there was some element of truth in the legend that they were lines of retreat for a surgeon pursued by an agonised patient whose gratitude would develop later. Many a poignant, if feeble, jest was uttered when knowledgeable patients on the front doorstep were confronted by those ominous initials "H.O.T."!

Dr. John Ridlon—whose arrival from Chicago is mentioned later—has written with feeling of such scenes. "I went round to Dr. Thomas' office. What a crowd. I decided to count them. We saw in the office up to dinner time, and the doors were closed at twelve o'clock, one hundred and forty-six patients. Among these was the reduction of a shoulder, out fourteen days, that required the combined strength of the whole force and the machine. How the fellow yelled!!! No ether! Then there were three women who had had broken wrists grown together in crooked position. These were re-fractured and put up, also without ether! and with no help except from me. During the morning on Saturday he did an operation with no one to assist him and without ether. Such as we should make a great fuss about at home, give ether, and have two or three assistants."

Thomas was probably too indifferent to pain or over-emphasised the importance of time and speed. But times have changed. In the very slight as very severe casualties of the Ship Canal, as in the War twenty-five years afterwards, Robert Jones occasionally shocked the younger generation of doctors by a refusal to use an anæsthetic. Years afterwards, in 1930, his old colleague, D. McCrae Aitken, wrote to him—"There is the great point that in bad motor smashes—and he (Lorenz Bohler) made a statement with which I agree—if you give the patient a general anæsthetic he will probably die, while if you give him relief from pain with a local anæsthetic the pulse begins to recover in ten minutes, shock disappears, and the surgeon has time to set his fracture quietly and properly."

In the days of the Canal there were no local anæsthetics, but in his reply Robert Jones remarks—"Does not the story you give me of death in fractures after an anæsthetic remind

you of the time of the Manchester Ship Canal and before the days of cocaine, when we discarded operating with an anæsthetic and remained with the patient all night? They never lost consciousness and rallied and got well, and the mortality was reduced from about eighty per cent. to twenty per cent."

Upon one occasion at an emergency operation Robert Jones decided against an anæsthetic. Overtaken by panic his assisting surgeon expostulated. "Very well," said Jones, "I shall operate with the matron's assistance," which he proceeded to do with excellent results.

John Ridlon was deeply impressed with the strength and rapidity of his manipulation. "At that time," he recalls, "the Manchester Ship Canal was being built, and he was the surgeon of the construction company which had a hospital in Manchester. In that hospital he had a small child with rachitic bow legs to break and straighten. He said 'We'll break them. You take that leg and I'll take this one.' I took the left leg in my hands and bent it gradually and slowly and I thought it would never break. The other leg he broke with a quick snap. That," said Ridlon, "was the first I ever did with my hands alone, and," he adds, "it was at that visit you took me one night to the theatre to see an American play. You wore a velveteen jacket, and we had seats in a box. The play was a Wild West show with the only Indian brass band in the world. Fortunately we were at the back of the box, for I was that homesick that I cried many tears behind the curtains when the band played 'Marching through Georgia.'"

Mr. J. T. Walker, a surgeon who was associated with him in the years 1892-4, thus describes the Hospital's accommodation and methods—"In the summer of 1891 I acted as *locum* for the resident at the Royal Southern Hospital, Liverpool, and thus became acquainted with Mr. Jones, who was the junior honorary surgeon at that time. In October of that year, he appointed me House Surgeon to the Ship Canal Hospital at Barton, near Manchester. This hospital was closed shortly afterwards and I went to another hospital at Latchford, near

Warrington. There was a third at Ellesmere Port, but I never saw it, and I think it was closed about the same time. I remained at the Latchford Hospital till the beginning of 1894, when it was closed on the completion of the Canal. Thus I can only write of the last two years of the job.

“ Mr. Jones had control of all the Hospitals, and appointed their residents and matrons . . . The Hospitals were entirely of wood, and consisted, apart from the part for the staff, of one large ward of about twenty-six beds, and two small wards with four to two beds. There were two nurses in addition to the matron. Mr. Jones visited regularly, and when any case needing his attention was admitted, he was telegraphed for, or if not urgent, written to, there being no telephone.

“ The hospitals were close to the Canal, and as a railway line ran along the bank from end to end, all accident cases from any distance were brought on an engine or in a truck.

“ Mr. Jones did all the major operations, which were mostly amputations. There were a good many of these, but the most frequent accidents were fractures—all sorts. The great bulk of admissions were accidents, but a few other surgical cases were sent in, and some acute medical, such as pneumonia and rheumatic fever. These latter were accommodated in the small ward, where also any case needing isolation was put. We had occasionally a case of erysipelas happening, but the disease never spread. Those were the days of antisepsis, before asepsis became adopted, and although cleanliness was observed, there was not the preparation or the meticulous safeguards now taken. Carbolic lotion or perchloride of mercury and plenty of iodoform or boracic acid were used at operations and for dressings. Frequently there was slight suppuration after amputations, but it was never serious, and the results were very good. Except for erysipelas I never saw any complication, and although many of the cases were bad crushes of fingers, hands, etc., there was no tetanus.

“ The Hospitals were well stocked with medicines, splints, etc. The latter were mostly those designed by Mr. Jones or his uncle Mr. Hugh Owen Thomas. Thomas's hip-

splints, knee-splints, etc., were in constant use. Fractures of the femur were put in the knee-splint, and when the patient could get about he had a caliper.

“The treatment for Pott’s fracture was followed by the boot being blocked. When any patient needed an artificial limb or splint or boot, etc., a Liverpool man named Critchley made and supplied them. I believe he had been trained in that class of work by Hugh Owen Thomas.

“I believe the salary was £1,000 a year, at first at any rate, and may have been all through. There was some dissatisfaction in Manchester that a Liverpool surgeon was chosen for Manchester’s own Canal. I heard that the Contractor was consulting one of Mr. Jones’s colleagues on the Southern Hospital and asked if he could recommend an energetic young man for the post, and he gave Mr. Jones’s name.”

## II

Apart from the supervision of the hospitals with all their varied experience, Robert Jones came into contact with a class of men for whom he formed a deep admiration and affection. He had known dock hands, seamen, boiler makers and ships’ carpenters, but not navvies.

The navy of forty years ago had characteristics as marked as the Cockney of Albert Chevalier. With all his belongings tucked in a bundle, a coloured kerchief round his powerful neck, good-hearted and hard-working, he was a man after Robert Jones’ heart. He discovered in him great personal fortitude under pain, a sardonic humour and an innate cleanliness of mind. One of the navy songs which he preserved was—

“I’m a navvy, I work on the Ship Canal,  
I’m a tipper, and live in a hut with Sal,  
If ever you come to Eastham call at Sea Rough Wood  
There’s a hearty cheer without the beer  
And ‘Tommy’ that’s always good.

Our work is hard and dangers always near,  
And lucky are we if safely thro' life we steer,  
But still the life of a navvy with its many changes of scene  
With a dear old wife is just the life  
That suits old Nobby Green."

The filling in of the last section of the Canal commenced on November 20th, 1893. It was officially opened by Queen Victoria on January 1st, 1894, when a local poet laureate, triumphantly carried away by emotion, declaimed—

"The silver streak we sail to-day was made by British hands,  
No foreign workmen did the work, no mercenary bands."

The long task was over. Twenty thousand navvies, their wives and children said goodbye to Eastham, Ince, Runcorn, Warrington, Lymm, Thelwall and Manchester. They packed up and departed and soon their hutments, their field hospitals, their canteens and their schools were a memory for ancient men.

For Robert Jones it was like a rehearsal in miniature for what was then not even a cloud the size of a man's hand. In those years he learnt the elements of organisation, of supervision, and of desperate casualties under primitive conditions. But perhaps it was of even greater service that he had been welcomed into the comradeship of the hard-headed, hard-living English labouring class.

## CHAPTER V

### PARTING OF THE WAYS

#### I

**A**PART from the methods of H. O. Thomas it was as a young surgeon that Robert Jones grasped and commenced to preach the principles by which Nelson Street was, by the 'eighties, becoming the most interesting clinic in the world of orthopædic surgery.

All through his life he believed that a teacher should not only convince by practice but by the written word. From his uncle he learnt both its importance and its perils. "A voice crying in the wilderness" might reasonably be said of Thomas, but it was, as his nephew probably realised, a wilderness of his own choosing.

Owing mainly to the persuasion of Rushton Parker, the first distinguished surgeon in Liverpool to become his ally, Thomas agreed to put his principles into print. He had every reason to anticipate success. Although not an experienced writer, his originality and clarity of mind made his surgical essays always illuminating. He was master of any subject that he wrote on, both historically and technically, and scrupulously precise in his statements. He never made a false claim for himself or denied credit to another when credit was due. He was a difficult man to meet in argument, and was no doubt detested in consequence by those whose errors and inconsistencies, pretensions and follies, he riddled and ridiculed. How then was it that so original a thinker, with a wider practical experience of his particular subject than any other orthopædic surgeon, failed within his lifetime to attract serious attention?

The first obstacle to recognition was quite elementary. "I think," wrote Robert Jones in 1913, "the present generation of surgeons in Liverpool have no idea of the amount

of interesting and original material concerning which Thomas wrote. This is largely due to the peculiar and almost secretive way in which his works were printed and published. The printer, a quaint character whose name was Dobb, lived in a small shop in Gill Street. He was factotum and publisher, although in the later editions of his works the name of H. K. Lewis appears on the covers. Very few books were sold and the remainder occupied a large room in Mr. Thomas's home in Nelson Street. I do not remember if the books were ever advertised, but whoever expressed himself as being interested never failed to have a copy sent on to him."

The second and really serious obstacle was Thomas's combative spirit. As Robert Jones said, he defended too ferociously the "principles for which he strenuously fought, for he was a hard and sometimes even an aggressive fighter; his works were all polemics. He had in an unusual degree the rare gift of intuition, which was allied to a remarkable faculty for minute observation, and to these powers were added a keen critical spirit and a total disregard for the sanctity of authority. When he felt the truth of an inspiration he could not understand why others were not immediately receptive of it, and he spared neither time nor effort to shake the foundations of their unbelief. He did this usually in terse and often forcible language, underlying which we find a quaint and playful humour which sometimes amounted to trenchant ridicule. He was always most tolerant of criticism, and could not imagine that anyone could be other than grateful when their errors were pointed out to them during their lives. Quoting Ecclesiastes he was wont to say 'Wherefore I perceive that there is nothing better than that a man should rejoice in his own works; for that is his portion; for who shall bring him to see what shall be after him?'"

The sense of the brevity of man's life as against the comparative permanency of his teaching was never more clearly evidenced than in the case of Thomas, who, dying unrecognised, is now numbered amongst the greatest surgeons of this country.

As a personal testimony to those principles upon which

Robert Jones based his own great advance in orthopædics, it is of importance to quote a paragraph or two of an unpublished memorial lecture which he delivered in 1930.

“ All through the clinically experimental stages, long before the thought of publication had occurred to Thomas, we have evidence of his careful observations. In a letter dated 1865, he says, ‘ Nature cannot be hurried, all we can do is not to thwart her,’ and on another occasion about the same date, he writes, ‘ We must try to assist nature and not oppose her in her efforts to keep diseased structures quiet.’ At a very early date Thomas gave whole-hearted allegiance to the principle of rest as the governing factor in the recovery of tissue from disease. All through his professional life he never once wavered from this principle, and he devoted his skill and ingenuity to inventing and perfecting means to give practical effect to it, so that in these early days we find many types of splints, some in use, some discarded, designed not only to keep limbs still, but to ensure fixation without the evils, as he considered them, of compression or interference with the blood supply.

“ ‘ Thomas’ principle of rest was a rigid one, and his aim was to prescribe it in an undiluted form with no admixture of alien ingredients. When he fixed an inflamed joint, he avoided interfering with the free circulation through the limb and compression of the diseased area. He strongly disapproved of continuous traction, as it either compressed bone to bone (as in the hip joint) or stretched tender soft tissues (as in the knee). As the lesser of evils he had to employ traction to correct deformity, and he preferred the action of gravity to more drastic methods, such as weight and pulley. But when deformity was corrected he discarded traction. He maintained that the circular compression induced by plaster of Paris interfered with a true conception of rest.

“ In the early ’seventies he was full of activity. He had ingenious fracture splints on wheels, cranes applied to walls so that limbs could be supported freely without jar or jolt. He invented his two-way aspirators, which he made himself,



and his automatic hypodermic syringe, which only required an occasional recharge. He introduced his felt covered sheet iron splints, and he almost reached his final designs of the hip, knee, and ankle appliances. As a surgical dressing he employed pinewood sawdust, charged with corrosive sublimate, and his patients were instructed in its use.

“In 1875 appeared the volume on the knee and ankle. At this period so-called ‘strumous’ disease of any of the joints was looked upon as an extremely grave affection. Thomas rarely referred to ‘strumous’ and spoke only of inflammation. It did not matter to him whether disease was simply traumatic or due to a constitutional cause—the mechanical treatment was essentially the same.

“He says, ‘No matter what the primary cause of disease in a joint struma, rest cannot be dispensed with, for, if surgery does not step in, Nature is sure to intervene by a muscular method, knowing that arrest of motion is the one thing needful before all others. In man’s evolution it was his only chance of recovery from hip joint inflammation.’ You see here how, from the very first, he dwells on the lesson taught us by Nature in her efforts to secure immobility by muscular action. He based his conclusions on the observations of a thousand cases extending over a period of nearly twenty years. He was led to the conclusion that by prolonged and uninterrupted rest in a suitable appliance his cases nearly always recovered, and very rarely with deformity. Although rest was advocated by many of his contemporaries, he found on a study of their writings that a very large proportion of their cases ended in excision and death. This was quite contrary to his own experience, for his patients very rarely died, and excision was not required. This, he maintained, was due to the fact that surgeons did not understand the full significance of the term ‘rest,’ which they applied intermittently and inefficiently. First, however, they did not possess any reliable test for the early recognition of disease, nor did they know when resolution had occurred.”

. . . . .

To these principles Robert Jones applied himself. He took to his pen with all the resolution of his teacher. From the 'eighties onwards he steadily amassed a store of original research and surgical experience. In 1882, at the age of twenty-five, he published in *The Lancet* a paper on "Ununited fractures of the humerus, radius, and ulna successfully treated." When Assistant Surgeon at the Stanley Hospital, he published an admirable paper on "The So-called 'Abuse of Rest,'" in which the principles of Nelson Street are explained. He contributed in the 'eighties a paper upon "105 cases of Colles fracture" together with "Notes on the Uses and Application of Thomas's Hip Splint."

While he was still under thirty, the pamphlets of Robert Jones had been translated into French, German, and Spanish. In 1891, Ridlon invited him to co-operate with him in a series of articles on orthopædic surgery, which were published later, both in America and England.

## II

On the 6th January, 1891, rather more than a year after Robert Jones' appointment to the Royal Southern Hospital, Hugh Owen Thomas died at the age of fifty-seven. A man of frail physique, he was a victim to prolonged overwork. For thirty years he had never taken a holiday. To him life meant toil from dawn to dusk. In 1890, when driving John Ridlon through Prince's Park, Liverpool, he said: "Friend Ridlon, I find myself breaking up. I am not the man I used to be." It was an ominous confession at middle age. Within a few months he took a chill while visiting a patient at Warrington, pneumonia overwhelmed his tired heart, and the first chapter in the story of Nelson Street was ended.

The sudden passing of Thomas aroused a remarkable demonstration, especially amongst the poor of Liverpool. Thousands assembled in the neighbouring thoroughfares, hundreds of seafaring men marched as a guard of honour,

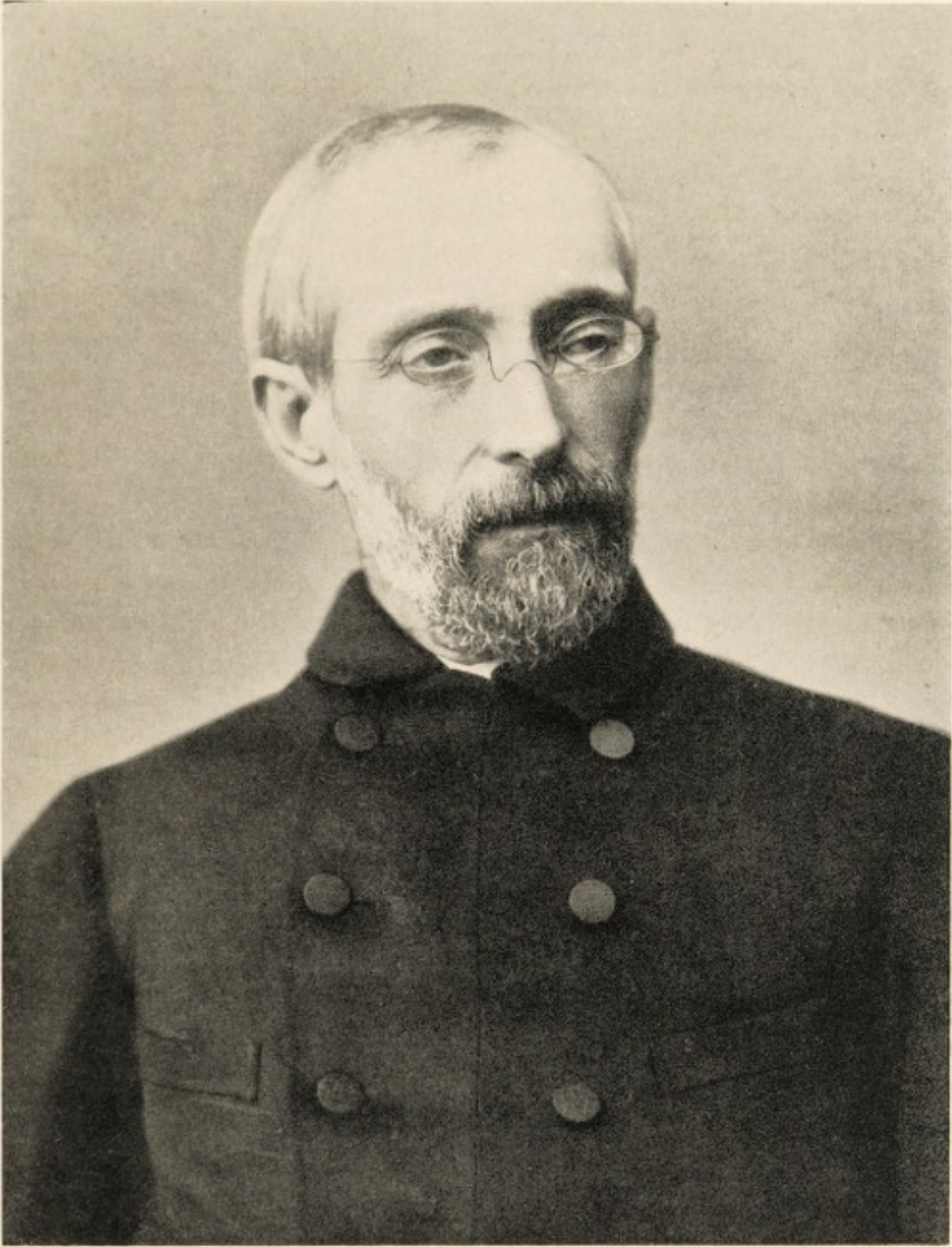
old patients crowded the church, and a multitude followed the hearse to the cemetery. In the funeral address the officiating clergyman paid what was, and is, a veracious picture of that strange man of genius:

“Work was his meat and drink; work of the most practical and urgent kind. He never spared himself. He used up every bit of life that was in him. In this respect he took no thought of to-morrow or of life’s afternoon of ease. Each day he wrought with his might as though it was his last and only chance. There was no dreamy leisure in a single nerve or thought or feeling of his being. He was up and about, even in weakness and sickness. His work and his life ended together—he died in harness. He carried an intense soul in a fragile frame, and the man was slave to that soul. He made the most of himself and his gifts. As a friend remarked, he was resourceful in emergency, quick of instinct. He thought quickly, saw a thing quickly, moved to its performance quickly, and did it in his own way. He never lost his originality in his conventional training. He must have been a man of vast capacity. To this man came the greatest in the land. To this busy surgery came doctors and nurses to take lessons. But he was a terrible teacher. All day long it was work, work, work. There was no rest for anybody except in change of occupation.”

A briefer, but no less emphatic epitaph appeared in the *National Reformer* for 11th January, 1891, when Charles Bradlaugh, who never recovered from the shock, wrote of him:

“Died, January 6, H. O. Thomas, of Liverpool; devoted to science, a true friend of the suffering poor; one who, through good and ill report, was very loyal and devoted to myself. On his grave, gently and uncovered, I lay a leaf of reverent tribute.”

It has, perhaps, been more than suggested that Thomas was too formidable to claim affection. But beneath his abrupt and interrogative manner, he was a loyal and kindly man, whose memory was long and faithfully treasured. Childless himself, he laboured without rest that thousands of poor and



HUGH OWEN THOMAS.  
(1834-91).

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crippled children might be healed. He had few friends amongst the medical profession. Of these, stalwarts like Dr. Carter and Rushton Parker were not misled by his brusque personality. Carter's son, George, who died young, was one of his patients. As the boy was a cripple, Thomas used to take him in his dog-cart when he went his rounds. And there has come down from the forgotten years a faded note on the back of a dock-gateman's medical slip—

“MY DEAR GEORGE,

I dare not venture to take you out to-day. Rain and cold. Better luck Tuesday. H. O. T.”

“I want to have that kind face ever before me,” wrote V. P. Gibney, the American surgeon, when asking Robert Jones to send a good-sized picture of Thomas for his consulting room. And added, “I know you will be lonely when you do not see him tripping along that hall—dodging into one room and another, giving orders like the great general that he was—God bless him!”

Immediately after her husband's death Mrs. Thomas moved to 21, St. George Square and Robert Jones and his wife settled in 11, Nelson Street. Here again was the parting of the ways. Ever since boyhood Robert Jones had learned to regard Elizabeth Thomas almost as a mother. To her he owed as much in his character as to her husband. His affection and care for her during the coming years was as beautiful as it was consistent. Shortly before war broke out, when he sat by her death bed he wrote to his daughter: “I am writing this in my Aunt's bedroom. She is asleep and I am here for the afternoon. I told her you had sent your love, and she was so pleased and hoped that you understood why she did not write. It is a pathetic thing to see her suffer, silently and bravely, only sorry that she gives trouble. I do not think a finer character ever lived—so unselfish and pure minded. She told me yesterday she had not an unkind thought for anybody—everyone is kind and good.”

A thread of destiny had woven her life to that of H. O. Thomas, and his to that of Robert Jones. By her quiet and unfaltering devotion to her husband and her nephew she had, without any knowledge of how the sands of time were running, made it possible that thousands of boys unborn when Thomas died should be saved by her husband's handiwork and the skill of her nephew.

## III

The death of Thomas left Robert Jones in charge of Nelson Street at the comparatively early age of thirty-three. Looking back upon the association of twenty years he must have been struck by the kindly destiny which, as a little boy, had guided his footsteps to Liverpool. He must then and afterwards have reflected upon the influence of H. O. Thomas on his life. "For thirty years," said Pasteur of his father, "I have been his constant care, I owe everything to him"; and Robert Jones might even more truly have said the same of his uncle.

He had been able solely through his uncle to enter a busy practice at an age when other medical men are waiting for patients and—what is more important—he had learned the habit of hard and eager work. In coming to Liverpool he grew up in the spirit of cosmopolitanism; his patients were rough and ready dockers, navvies, able seamen and shipwrights. Because of Thomas he learnt to put his thoughts on paper. He became a teacher before he reached thirty. In Nelson Street he grew up in those principles of orthopædics which by his own genius he so moulded and fashioned that they stand at the very roots of orthopædic surgery to-day.

Something of the kind must have flitted through his mind as he followed his teacher to the grave. To him had fallen a task which few can have realised then. "Even now," he wrote long afterwards, "I often think what wonderful thoughts that active brain would have evolved had he been given a longer life. Even now, in spite of years, when some new problem

confronts me, I miss—and shall always miss—his guiding hand. His life work is an inspiration for all who fight for new principles, for, with scarcely a helping hand, he struggled through the usual stormy waters opened up by pioneers, and he died having added lustre to the profession he loved.”

But there is another side to that January day in 1891. Nelson Street had given inexhaustibly to Jones. But it cannot be said that, fifty years ago, his inheritance was either secure or enviable. When Thomas warned Ridlon of his weakening strength he had added “Jones is a dear fellow and he knows his work, but he lacks the fighting spirit. When I die he will carry on my *work*, but I look to you to carry on the fight for the right principles.” To *fight* for principles—that was the strength and weakness in Thomas. And when he died it might well have been said that his principles died with him. It required considerably more than the pugnacity he so recklessly admired to equip Robert Jones for his tremendous task. And John Ridlon has well said, “To go on from Thomas by the same road was not so easy as going by the road of one’s own choice. Jones might have gained special recognition earlier had he *not* been Thomas’s nephew and his associate in practice and then his successor at Nelson Street. Thomas was suspected even with all his wonderful work, because his father was an unqualified bonesetter.” And he concludes with a very profound truth. “To my mind one of the greatest things Jones ever did was to make the main principles of Thomas acceptable to the profession.”

The stage was set for a long and sustained conflict against universal opposition and obstruction. But Thomas misjudged the tenacity of Jones. His loyalty to his uncle was passionate. Anyone who has seen his early defence of Thomas in public journals will never doubt that Jones was a greater fighter than Thomas because he used all the weapons of persuasion, argument, and example. But the obstacles were formidable enough, since Jones—unlike Thomas—was called upon to leave the old security of Nelson Street and estimate his prospects in the world.



It has been said that the unpopularity of Hugh Owen Thomas with the medical profession was partly professional, partly personal. Fully occupied with an immense practice largely independent of professional appraisal, he could afford to maintain an attitude both remote and challenging. Gifted with an extremely adroit tongue and pen, he made little effort to convert professional opinion. Instead he launched extremely hurtful attacks upon leading medical men both in Liverpool and New York. Anyone who has read his pamphlet *The Collegians of 1666 and the Collegians of 1885*, will realise that persons who disagreed with him must have their wits about them. He hit hard and with agility. He was fair but not gracious. The "Collegians" were those urbane personages Mitchell Banks and Frederick Treves. The controversy took place in the days when operative treatment for intestinal obstruction was not signally successful. It cannot be said for a moment that either Banks or Treves can have rejoiced over the incident. They were outwitted and put to a confusion which they neither deserved nor desired.

To pursue Mitchell Banks, one time Professor of Anatomy in the University of Liverpool and a surgeon of great distinction, was not likely to raise the goodwill of 11, Nelson Street. Loyal to the lonely cause of his uncle, Robert Jones supported him under the pseudonym of "Practitioner," and was either for that cause or—as is more likely—because of Nelson Street, never *persona grata* with Banks to the end of the chapter.

There was secondly the United States. Thomas was one of the few British surgeons of his day whose reputation was recognized in America. From the 'nineties onwards Nelson Street became the first and greatest European clinic for foreign orthopædic surgeons. Men like Bradford of Boston, who invited Thomas to the American Orthopædic Association in 1889, Shaffer with whom he quarrelled, and Bauer who invited him to receive an honorary degree at St. Louis, were all following his work at a time when in 1883 a remarkable demonstration which he gave before the British Medical

Association in Liverpool aroused no comment whatever in this country. And yet Thomas went almost out of his way to antagonise American sympathy and discourage the course which Robert Jones above all British surgeons carried to such triumphant success.

In 1887 the first American orthopædic surgeon had arrived in John Ridlon of Chicago. He had studied the principles of Thomas, and with a sure instinct that here was a predominant force in British surgery, he crossed the Atlantic. Ridlon remarks: "Forty years ago to-day I drifted into Thomas's surgery. He was standing in the drug-room 'wrenching' a pair of club feet of a small child sitting on the counter. When I told him who I was he looked enquiringly at me, for I think I was the first American to come to worship at his feet. I explained 'I have read your book on the Hip, Knee and Ankle, and I have come over to find out whether you are a liar or I am a fool.' 'Well,' he said, 'I think we will find that out very soon.' Thus began the friendship which lasted as long as he lived." In defence of John Ridlon, who had introduced his methods in New York (and been soundly snubbed for his pains), Thomas published a spirited attack upon Shaffer, and circulated it widely. It was not that the argument was disputed, but that the treatise was considered as unnecessarily bitter and virulent. "Very many here of the very best men," wrote Ridlon to him in 1889, "although they feel that you 'chewed him up,' as one said, also feel that you attacked the whole American profession in a wholly unnecessary and virulent way, and consequently do not accord your paper that support which a simple attack on him would have received."

There was, finally, the opinion of the Liverpool citizen in 1891. What did that curious and elusive person "the man in the street", or perhaps one should say to-day "the ordinary listener", think about Thomas? How would he welcome Robert Jones? It is a far cry to 1891, but one can gather even from certain passages in the funeral oration over Thomas that the shadow of rationalism, freedom of thought

and action, and a personal courage in befriending unpopular friends like Bradlaugh, created undertones of war in respectable households.

If anything should seem not ridiculous but actually tragical to-day, it is that through personal animosity the teaching of a man of genius should have been so persistently ignored and suppressed. Had the standard books of Thomas been recommended by the professors of Universities, had a school of orthopædics under Robert Jones been established at the University of Liverpool, the disabilities of the War would have been enormously reduced.

It may seem exaggerated to stress in 1934 the anxiety with which Robert Jones must have pondered upon the future. It meant or appeared to mean taking for good or ill the whole responsibility of Thomas on his shoulders at a time when orthopædics meant less than nothing in the mind either of the medical profession or of the public. It remained for him to decide whether he would take up the challenge in Nelson Street, where Thomas had laid it down, and attempt the conversion by sheer patience, personality, and surgical skill, of the medical profession, and finally the public, or practise as a general surgeon in another residence.

Upon that decision hung the whole future of British orthopædics at that time.

## CONSOLIDATION (1891-1914).

*“He is expeditious, yet neglects not the smallest detail, and his wonderful experience enables him to do wizard-like operations with a precision which is startling. So unassuming and modest is the man that he is, I believe, entirely unaware of his great ability. . . . I must place Mr. Robert Jones as one of the greatest surgeons it has been my good fortune to meet.”*—Dr. William Mayo, Rochester, Minnesota, U.S.A., 1907.

*“Sir Robert Jones laid the foundation and built up much of the structure of his great reputation in the Royal Southern. His afternoons at the Southern, where the first real orthopædic clinic in the kingdom was held, had made it the Mecca of surgical pilgrims from all parts of the world. It was the earnest wish of all concerned that the great clinic and the glorious tradition he had left should flourish as a tribute to the great man whose name the hospital regards as one of its most treasured possessions.”*—The President of the Royal Southern Hospital, at a public banquet to Sir Robert Jones given in Liverpool upon February 1st, 1921.



CHAPTER VI  
THE NINETIES

I

“DURING his uncle’s lifetime,” recalls Dr. Charles Macalister, “Robert Jones had assisted in his general practice, and I recollect that after his death he, for a short time, debated whether it would be wise suddenly to drop general practice or to do it by gradual steps. At that time, as the older men resigned their Hospital appointments, under the age limit rules, it was becoming more and more understood that their successors should devote their attention entirely to surgery, thus falling into line with the physicians, who by long standing custom, and in conformity with the Laws of the Royal College of Physicians, had restricted themselves to consulting practice after taking their Fellowships, although it must be said that most of them in those days had begun their careers as more or less general practitioners. When Thomas died Jones had been Honorary Surgeon to the Royal Southern Hospital for more than a year, and this in itself would lead him to think it advisable to take the opportunity of breaking away from the old tradition. He let it be widely known that he was taking this step and I have not the slightest doubt that it greatly helped to establish his position in the profession.

“I recollect his chatting to me concerning the advisability of leaving Nelson Street. With regard to this there were many considerations to be taken into account. There was the tradition of the house and the large surgical element in the old practice which could not be disregarded; then there was the specialized type of surgery to which he was devoted and which formed, even at that time, the backbone of his work. No conventional consulting rooms could possibly enable him to carry out this work with the efficiency afforded by those specially constructed by Thomas. The cubicle-like consulting rooms

in series, admirably adapted for examining patients in rapid succession, were essentially fitted for orthopædics. The organised splint and instrument rooms were there, the former full to overflowing so that further accommodation was provided in a house on the other side of the Square. Manifestly it would have been impossible to find any accommodation to equal this well designed and well equipped set of rooms, and he very wisely determined to retain them. This, of course, enabled him to carry on the free Sunday clinics for poor people, which Thomas had originated, with the modification that only surgical cases were attended to."

Otherwise there were few changes in the routine of Nelson Street, though the death of Thomas enabled Robert Jones to introduce methods of modern surgery upon which his uncle had still looked with some reservation. A new instrument room was instituted for accommodation of instruments used in antiseptic and aseptic surgery. These were housed and classified in glass cupboards. Modern appliances were introduced for sterilizing instruments. A photographic department took the place of the smith's shop.

Two examples of the new era in Nelson Street are eloquent of his attitude towards medical science. It has been observed that Thomas preferred old-fashioned methods of antisepsis combined with cleanliness in a time when surgical operations were carried out under gross conditions. Jones belonged to the younger school, and was in correspondence in the 'nineties with Lister, and adopted principles of scrupulous operative technique which aroused good-natured hilarity amongst his associates. His friend Rose—the poet laureate of the Literary-Medical—burst into a lyric upon the wonders of advanced surgery as practised at Nelson Street.

" Before an operation we expose our knives to steam,  
We do the same with all our tools however sweet they seem.  
We soak them then, because with steam alone we're not content,  
In lotion made from No. 2 Carbolic, 5 per cent.

Of course a knife thus treated has a somewhat saw-like edge.  
To cut, it must be used with force like driving home a wedge.

In former times we used to pick a knife whose edge was keen,  
We now aspire to have a knife that's surgically clean.

All surgeons used to strive to be both dexterous and neat—  
This does not seem to matter now as long as things are sweet.  
So if you wish to satisfy all up-to-date demands,  
Pray sterilize your instruments, *and don't forget your hands.*"

For the technique essential in every operation Robert Jones was more scrupulous than any surgeon of his age. He washed his hands for ten minutes prior to an operation, wore sterilized rubber gloves, operating coat and rubber boots; his head and mouth were covered and he carried out directions to his assistants by a kind of sign language understood by them. A quarter of a century had revolutionised the filthy conditions which Dr. Macalister described as a commonplace in the days of H. O. Thomas, and brought safety from sepsis to the patient.

A second indication of the progressive spirit in Nelson Street in the 'nineties may be judged by the following episode. At the end of 1895 Roentgen discovered that invisible rays if passed through the human body would show the bones on a photographic plate. Within a week or two Mrs. Wimpfheimer, an enthusiastic voluntary worker at the Sunday clinics, received an article in the *Frankfurter Zeitung* describing the discovery, and translated it to Robert Jones, who crossed at once to the continent and on his return set up a plant in Nelson Street. "The first X-ray in our country," he has written, "was, I think, taken by Dr. Holland and myself with a little tube, and we were able to develop a photograph of a small bullet which was embedded in a boy's wrist. With what enthusiasm we described this marvel to the Liverpool Medical Institution at its next meeting! It was very interesting to have this X-ray referred to by Lord Lister when he came down to Liverpool in 1896 to deliver the presidential address to the British Association."

In a memorial tribute to Robert Jones, Professor Thurstan Holland, the distinguished radiologist, has written: "It is fit that it should be known that he was an X-ray pioneer,



Probably he was one of the first men in England to hear of X-rays. The information came from a private letter written to a German lady residing in England. This was before any reference to the subject had been made in any paper in England. He immediately sensed the value of this discovery as applied to his own work. He ordered and paid for an apparatus and placed it in my hands. I should like to have it put on record that my start in X-ray work was entirely due to my great friend. Whatever success I have achieved in my career is the direct result of his help and encouragement. He was an early member of the Roentgen Society, and of course became an expert in the use of X-rays in the diagnosis of bone conditions."

Thurstan Holland was at this time assisting at Nelson Street. Into his hands Robert Jones put what was probably the first apparatus in use in this country, and in February, 1896, Jones and Professor Oliver Lodge wrote jointly of what was the earliest recorded case in *The Lancet*.

It might have been thought that Robert Jones as a pioneer of X-ray would develop into an extremist. But he knew the danger of short cuts to knowledge. Like Thomas, he was not rushed off his feet by new discoveries. In a letter to *The Lancet* in 1908, he says, "While Roentgen's discovery has been to us of immense value, chiefly in the classification of our injuries, it has done little if anything to perfect or even alter our treatment of fractures. It is a valuable adjunct to our clinical armamentarium, but it should never be allowed to usurp our other diagnostic faculties. It is deplorable to think of the education of the student of to-day, who rarely troubles to make himself ordinarily efficient in the diagnosis of a fracture, but meekly awaits the revelation of an often misleading X-ray photograph."

## II

The tradition of Thomas remained and took on a new sense of expansion. From 1891 onwards the claim of orthopædics

first in surgery and then in social affairs became more and more established. The ideal of work, though coloured now with prodigal hospitality to all who cared to come, was unchanged. A distinguished American surgeon has written of this period :

“ Mr. Jones begins his day after an early breakfast at 7.30 by visiting his patients at their homes or in his private hospitals where they have been placed. About 11 o'clock he returns to his office, where he passes quickly from one patient to another in the various rooms, spending but a moment with each, but seizing at once with an almost intuitive instinct upon the nature of the affection and the essential indication for treatment. Small operations, such as tenotomies and mobilization of adherent joints, are often done on the spot, his lively optimism and cheerful tact being in many cases the only anæsthetic employed. A dozen cases are started, none are finished, patients crowd the rooms and wait in corridors, everything to the outsider is hopeless confusion, but one thread after another is picked up by the busy master, one difficulty after another solved on the spot, order is brought out of chaos, and in an incredibly short space of time each patient had had the proper diagnosis and the proper treatment applied, and had been instructed about home management and when to call again.

“ The writer has never seen anything approaching this mastery of the clinical material or of the technical means. This was equally displayed in the work at the Royal Southern Hospital, where Mr. Jones has a surgical service. On his regular operating day, Wednesday, he often exceeds twenty operations. On the Wednesday at which the writer was present he did twenty-six ; beginning at 2.30 p.m., he finished at 9.0, doing every operation himself but one, which was done by the house surgeon. The operations were done on a table, which was also used as a stretcher, and by having two of these stretcher-tables and two anæsthetists, the operations followed each other with almost clocklike punctuality, at an average interval of fifteen minutes, and without any appearance of haste. When one considers that this included dressing in

most cases, and that there were three knee resections, and other operations of equal importance, the performance seems little short of marvellous. All the operations but one were undertaken for the relief of deformity or joint disease.

“ Here, as in the office practice, the striking thing was the clear and quick appreciation of the gist of the matter in hand, and the instant application of the simple and effective remedy. Another striking feature of the work was the hearty and intelligent co-operation of his associates. Mr. Jones has attracted to himself a group of young men of skill and experience, who vie with each other in their devotion to him and to the work, and whose team play, if I may use the expression, is remarkably effective ; there is no question of precedence, the right man is always on hand to do the right thing in the right way. The spirit of the place is as fine as the work and personality of the master.

“ Owing to Mr. Jones' approaching vacation, the writer was unable to see his regular Saturday out-patients' clinic at the hospital, or his free Sunday at Nelson Street, where he treats some 7,000 cases on the alternate Sundays of a year, but enough was seen to make an impression that can never be forgotten.”

### III

The 'nineties showed clearly enough what were his future intentions in the development of orthopædics. He took a very definite forward step in pressing upon proper occasions the claims of surgical treatment instead of those mechanical methods upon which Thomas had made his reputation.

“ Our leading surgeons,” he writes, in 1894 in *The Provincial Medical Journal*, “ are too much prone to take a more pessimistic view of the limitation of their art in this department than the possibilities warrant, and they are apt to relegate to the physician functions which they could themselves infinitely better perform.” He then relates that having had under treatment within the last ten years more than six hundred

cases of the effects of poliomyelitis, of which a not inconsiderable section exhibited complete paralysis of the muscles influencing movement in both knee and ankle, or in ankle only, he was led by consideration of the difficulty and expense connected with the purely mechanical treatment in these cases, extending over the whole of a lifetime, to try to transform the flail limb into a member approximating as closely as possible to the splint which he wished to discard.

Perhaps the most practical step is seen in his attempt to found an Orthopædic Association in Great Britain. There is no doubt he was greatly impressed by his American friends. The position of orthopædics in the United States was, in the 'nineties, strong and progressive. There was an American Orthopædic Association composed of thirty active members. In New York there were several orthopædic clinics and two large orthopædic hospitals where thousands of patients were treated annually; there was one large general hospital with an orthopædic service and several with orthopædic consultants.

At a similar time in England there were no national or local Associations, and only one or two institutions of little importance, while chronic joint disease or fractures were in charge of general surgeons. The fundamental contribution of Thomas was in his mechanical inventions for the treatment and cure of joint disease. Upon this subject the general surgeon knew practically nothing. As a consequence there was no school of orthopædic surgery in Great Britain likely to interest Americans who, in the 'eighties, were thirty years ahead of British surgeons in this particular branch.

John Ridlon, who, as has been said, had crossed the Atlantic to see Thomas, proceeded to make a tour of those general surgeons who specialised in orthopædics. This was in the late 'eighties. One may hazard that the inquisitive young American was not always a prime favourite. "Blank," he records, "completely fooled me. I thought he was doing a real thing, whereas he was only making graceful movements. When I came again in 1890 I saw him for what he really was.

He was treating from sixty to eighty girls for scoliosis, and not one of them really had scoliosis. All had just postural curvatures, if even that, and all—so he said—had flat foot. Looking over his shoulder one day, as he made notes on a patient, I saw him state that she had flat-foot. I asked if he considered her feet flat, and he said, 'Of course they are flat.' I said 'You ought to go to the Empire Theatre and see the feet of their wonderful ballet dancer; her feet are flatter than this girl's, and she can dance on her toes for half an hour.'

" 'I don't go to such places,' he roared."

He was hardly more successful in Glasgow. Walking through the wards with a distinguished surgeon of the period he recalls—"We came to a case of hip disease, not yet being treated. I asked 'How do you treat hip disease?' He said 'That depends upon whether it is tuberculous or not.' I asked 'How can you tell?' He answered 'To learn that you would have to come here for several courses of lectures.' Soon we came to a tumour albus of the knee. I asked the same questions and received the same answers. I wondered. Then we came to a Pott's disease, and again I asked the same questions and received the same answers. I no longer wondered; I held my peace. Soon we came to an extreme rachitic deformity. He asked, 'How would you treat that in New York?' I answered, 'I would not try to treat that case in New York. I would ship him right over here for you to treat.' After that he was very civil to me."

Aware that there was a clear field for orthopædic literature, John Ridlon invited Robert Jones to co-operate with him, and between 1892 and 1893 they wrote many articles in the British and American Press on the hip, spine, knee, shoulder, elbow and wrist. Ridlon was then Hon. Secretary to the American Orthopædic Association, and they planned together a "Text-book on the Surgery of Deformities."

In 1890, Robert Jones had been elected, with Hoffa (Würzburg), Kirmisson (Paris) and Levy (Copenhagen) a corresponding member of the American Orthopædic Association. In 1893 he endeavoured with E. Luke Freer, of

Birmingham, to form a British body upon similar lines. The presidency was offered to the veteran, William Adams, of London, whose eminence in the metropolis as an orthopædic surgeon closely followed that of Little. Adams was then broken in health and felt obliged to decline. But he gave the project his blessing. "The idea of establishing a 'British Orthopædic Association' is undoubtedly a good one," he wrote Robert Jones, "and would certainly lead to a more general agreement as to the fixed principles of treatment, based upon a sound pathology, which is still sadly wanted, though I did my best to contribute to it many years ago."

Incidentally in his letter William Adams touched on a point which explains, to some extent, the neglect of this branch of surgery in his own, as well as later days: "Orthopædic surgery requires such a combination of surgical and medical skill, and such a close attention to all details of treatment, that very few surgeons in general practice can possibly devote the care and attention which these cases require. The treatment of deformities must constitute a special department of surgery."

The British Orthopædic Association was not a success and the society dwindled away. Of the need for such an Association, which Jones clearly recognised, we have emphatic evidence in the indifference of the medical schools to the subject. For a generation surgery was dazzled by the miracle of antiseptics and asepsis. In the glare of the new technique the knife flashed without respite, and, though the balance of benefit was indisputable, in the region of orthopædics at any rate many a limb was lost by indiscriminate operation. D. McCrae Aitken, who was a medical student at the close of the century tells a tragic tale of mistreatment:

"Such was Lister's prestige," he writes, "and the tradition that he left behind him, that when, in 1897, I entered the Royal Infirmary in Edinburgh as a student, the first operations I saw were three consecutive operations on cases of tuberculous knee joints of differing severity. All the cases were put to bed in wooden knee splints, which had to be removed for

dressings. In all cases wound healing was uneventful—the antiseptic tradition so far was perfectly sound—but there was no continuous rest in plaster or anything like a Thomas's knee splint, and before I left Edinburgh in 1902 I saw each of those three limbs amputated above the knee."

The profession, in fact, was not ready for the technique of orthopædic surgery, nor was its immense field of restoration understood or its place in national health believed to pass outside compound fractures. In 1894 a representative Medical Journal wrote to Robert Jones in unmistakable terms upon suggested articles by Ridlon and himself: "We are deeply obliged for all your kind help: but in expressing the hope that we may count on its continuance, we confess to a little difficulty and doubt as to whether we ought again to devote so much space to *orthopædics* as a section. . . . We are certain that the general practitioner is a little apt to put aside the question of deformities as dry and abstruse!"

The 'nineties indicated, if no more, that a new force had come into British surgery. But it took another decade for the ambitious confines of orthopædic surgery to be faintly discerned, and twenty years before its real significance was passing from the acclamation of advanced medicine right down to the knowledge of the country cottage and the town tenement. Robert Jones could afford to be patient. He was young, and in the zenith of his physical strength. During these years he made many new friends and extinguished many old prejudices. His personality was gaining ground long lost in the conflicts of H. O. Thomas. Nelson Street was no longer the home of a recluse. It had become and remained until the War a centre of increasing hospitality, in which one catches like a far off echo the note of an era in which life was characterised by a generous gusto, and the future extended as benign as a summer sea.

## IV

Those 'nineties, with their unaffected faith in national peace and prosperity, have joined the golden age which centred somewhere between the Crimean and South African wars. To recall the spirit of Nelson Street forty years ago is like an hour with Dickens in his most hilarious mood. Robert Jones was a man of immense vitality. He was never so happy as when he was surrounded by a crowd of intimates or visitors. This physical exuberance cannot be dismissed as insignificant. It took a very large place in his fortunate encounters with all manner of men and women. Happiness, if not overwhelming, is not a little infectious, and the atmosphere of Nelson Street was catching. He was in those days a very good all-round athlete—an excellent shot, boxer, cricketer, horseman; such accomplishments go far in human relationships. And such joy in an active life must be shared.

The boxing continued long after Medical-Literary times. Robert Jones found his enormous energy could not be exhausted by the long day at Nelson Street, and so he arranged to box with his friends. He had at an earlier date been instructed by Tom Meadows, who had a booth in Pitt Street. Harry A. James, a curious man with a magnificent valet (an ex-boxer), was one of the team. He was an intimate friend in the Jones family and wrote some very charming fairy stories, of which "Odd Land" and "Doll Man's Gift" (1903) still give pleasure to many a nursery. An old professional used to come up and bring promising youngsters to box. He was very fat and slow, full of gout and beer. Following such pleasantries, oyster suppers were taken at James' rooms in Huskisson Street.

Like cricket, the ring never lost its attraction for Jones. He possessed one of the finest collection of boxing books and prints in the country, and attended most of the great fights from the 'nineties onwards. In America he delayed his departure to see Carpentier beaten by Dempsey, and made a



special journey to watch the indomitable Jimmy Wilde go down before Pancho Villa in 1923. There were the days when he had hopes of Beckett and Wells. Once when a famous boxer came to consult him Robert Jones asked him to lie upon the floor, and a moment later was overtaken by an expressive chuckle. "Oh, Mr. Blank," he said, "how often have I seen you in this position."

An eminent boxer who came to Nelson Street with a stiff shoulder was Sullivan, the great American. Full of adulation Jones prepared to touch the place with a red-hot cautery. Sullivan was panic-stricken. He took to flight and crying out with terror was briskly pursued by his admirer. Years later, in 1907, when staying at a hotel in Washington, a sudden hush came over Robert Jones, and interrupting the conversation of some important persons he said in a reverent whisper "Look—there's John Sullivan," as that massive figure struggled with difficulty through the swing door.

To cricket and boxing in the 'nineties he added military activities of a far from prosaic nature. Those were the days before the C.I.V. and the South African War. They were that spacious epoch when the Volunteers went marching down provincial streets in a cloud of grandeur and dust, quite unaware that their uneasy evolutions and extremely conspicuous uniform had anything to do with sudden death. If any social historian of the future has a craving to estimate the spirit of militarism in England in the 'nineties he need go no further than look up records and reminiscences of the Volunteers.

In 1894 Robert Jones became Medical Officer to the Submarine Miners. The duties of these gentlemen consisted in the protection of the Port of Liverpool by laying mines at the mouth of the Mersey. To the delight of the small boys upon the Seacombe sands and the alarm of nervous ocean-bound travellers, great cascades of water indicated that the Miners, given sufficient warning, were more or less ready to withstand the first assault. But such material ideas never disturbed the early 'nineties, and the Corps were justly famous

for excellent dinners held at their headquarters on an old wooden ship, H.M.S. *Eagle*, located in one of the southern docks, and for their Annual Camp Garden Party at New Brighton.

Robert Jones was never an impressive soldier. He had, for one thing, no time to attend the military exercises of his colleagues, and even at the annual training paid a delegate to carry out his medical duties. But his occasional arrivals were full of drama. The proprieties of uniform evaded him throughout his life. His buoyant temperament simply could not believe that familiar and congenial friends could, in the twinkling of an eye, be transformed into creatures removed from all touch with normal life. When he arrived for the Annual Inspection in his civilian trousers, which, although a sympathetic colour, lacked the regulation red stripe, he was amazed that so small a thing mattered. "Upon another occasion," relates a fellow officer, "he arrived in camp for the Annual Inspection in mufti, to change into his full dress uniform in my tent. He was so late that the parade were waiting for him, the Inspection Officer being held back by the Chaplain. I got an urgent S.O.S. from him, and on entering my tent found him perspiring freely. He explained that he had done his best, but his tunic would not meet and would it matter if two or three buttons were not fastened?" It was upon this occasion that, after the heat and turmoil of the military exercises were over and he was longing to relax, he remarked, "Has the old buffer gone yet?" To which, from the outside of the tent, replied the indignant voice of the Inspecting General "*No sir, the old buffer has not gone yet!*"

Superior officers did not, in fact, then or later, quite appreciate his attitude. It was, for instance, considered essential even in those halcyon days that Surgeon-Lieutenants in Her Majesty's Volunteers should pass an examination in stretcher drill. This was held at the Western Command Headquarters at Chester. But Surgeon-Lieutenant Jones could not find time to go. One day he had an officer patient from Chester, and complained that he was always being badgered to go there to be

examined in stretcher drill. "Fancy my wasting a day in being examined by some preposterous ignoramus," he said in high good humour.

"I quite agree," said the officer who, being the examiner, had every reason to know.

"The arrival—however infrequent—of R. J. even in camp was always typical of him," recalls an old colleague. "One day he turned up in the afternoon and immediately insisted on cricket. We were all tired after a rather strenuous morning laying mines, and strongly resented any further exercise. But he prevailed as always. He argued that if he was not too tired to play cricket after thirty-two operations, we couldn't be. So we played. It was not easy to refuse R. J. His personality was tremendous and we loved him. His occasional arrivals always gave me the impression that the sun gives when it comes out suddenly on a dull day."

And it was again typical of him that beneath his irrepressible sense of fun, there always dwelt that keen responsive mind, observant, sensitive, and alert.

Here is a footnote to orthopædic history quite apart from an interesting echo of the high spirits of the Volunteer movement. "At a guest night in camp at New Brighton—in 1896—we were all dancing in a circle round the tentpole of the anteroom singing 'Solomon Levi,' the Chaplain having swarmed up to the top of the pole. Robert Jones' ankle seemed to give and he was obviously in great pain. He turned to a doctor on his left and said he had strained such and such a muscle or tendon, exclaiming '*Most interesting, most painful. I had no idea it could be so painful. Most interesting!*' We helped him to his tent and next morning he returned to Nelson Street by vehicle. At that time he had what might almost be described as a new toy—an X-ray apparatus, the first in England. He wondered whether it would not be possible for the X-ray to show the torn or swollen muscle, and on experimenting the plate showed to his amazement that a small bone was fractured. Now it was understood that this particular bone could not be broken by

a slight turning of the ankle, but here was a case where it had happened. Robert Jones immediately thought of several patients of his, whom he had treated for similar strain, and asked them to oblige him by coming to be X-rayed. In every case the little bone had been fractured."

This disability gave him immense satisfaction. To one patient who came to him with mysterious symptoms he said, after a brief examination, "Madam, you could have paid me no greater compliment—this is a genuine Jones fracture."

Such high spirits in work and play appeared in a boyish love of fun either against himself or with his friends. No one delighted more in storing up anecdotes of occasions when the tables were turned. On one occasion his family were staying on the Clyde, and being unused to the people found them somewhat brusque in manner, especially the steamboat men. Robert Jones, writing from Liverpool, promised that when he joined them they should see how kindly the natives really were. The demonstration occurred on the first excursion. When the ticket-man came along the deck, Robert Jones hailed him cheerily and offered him a cigar. Scrutinizing the donor as he pocketed the gift, the ticket-man asked, "Is your name Jones?"

"It is. Where have I seen you before?"

Without replying the man extended a hand which was minus a finger. "Do ye see this?" he asked with a note of unmistakable anticipation.

"Yes," answered Jones, innocently, and added with ready sympathy, "I am sorry to see that you have had an accident."

"Aye," said the ticket man grimly, "an' if you had kent yir business, yon finger wad hae been on and no off."

Although his holidays were necessarily few and brief, his faculty of irrepressible fun never failed to produce incident. Charles Macalister relates how, in the spring of 1897, being invited by Edward Crompton to join a yachting party and bring a friend with him, he took Robert Jones, "knowing that such a merry companion would be the life and soul of the party of young men. . . Off the West coast of Scotland

the weather turned stormy and the *Saxon* had to run for shelter to Lochalsh, between Skye and the mainland, where she cast anchor in the early hours of the morning. After such a night breakfast was naturally late, and latest of all was Jones. Landing at Balmacara for a stroll along the loch, the party came upon an encampment of travelling tinkers. They were a very disreputable-looking crowd, but nevertheless Jones started an animated conversation with them, and presently elicited the information that they were Macalisters. Furthermore, they claimed relationship with a doctor of that name in Liverpool, but regarded him as a very indifferent practitioner and were not at all proud of the connection. These and other details not complimentary to my family were the subject of the talk and the matter seemed not a little peculiar. It transpired that Robert Jones, always an early riser, had got up at five, taken the dinghy and gone ashore by himself to explore. Coming across the tinkers he had instantly conceived a plot, primed and bribed his conspirators, then pulled back to the yacht and gone to bed again till breakfast time."

This trait of badinage never deserted him to the end of his life. It was drawn from a deeply rooted, but never cynical amusement at the assumption of dignity or the natural solemnity of official or professional personages.

So the Nelson Street cavalcade passes with its sense of far off things, of cricket, and a coach for the Grand National, of horse-riding in the early mornings, and open house to all the world at night. Robert Jones set his stamp of good heart upon his assistants, men not greatly his juniors then, as he laid it upon his disciples later on. To them, Nelson Street was a creed as well as a calling.

There is an entry in Sir Walter Scott's Journal, where he describes one of his festive evenings with his dear familiar friends—"We really laughed," he says in a fine glow, and adds—"I must say there was a *heart*—a kindly feeling prevailed over the party. Can London give such a dinner?" No, it is very doubtful whether in those early days London specialists

would have understood those oyster suppers, or considered such tremendous happiness befitting professional decorum. There was in fact, in the heyday of Nelson Street something Pickwickian—what Scott with his homely genius called “ a heart ”—a sense of life well and completely lived.

This attitude of mind has grown a little faint-hearted. Hearty laughter such as rang down the corridors of 11, Nelson Street, in the 'nineties, is seldom heard to-day. But it meant more to Robert Jones than enviable high spirits. There were, one may suggest, good reasons for optimism. He had never known the depression of improving parents or solemn deliberate friends. From London to Liverpool the change may have been intellectually considerable, but the shadow of repression or self depreciation does not appear to have fallen across his life. And, as a consequence, the faculty of intense enjoyment whether in work or play was consolidated from the start, and never faltered throughout the tumultuous years that faced him. All that is true enough. But personality of such prodigal qualities was an instrument far more than a desirable social acquisition. It could and did carry the cause of orthopædics into the heads and hearts of the dawning century. It was at the bed-rock of the whole structure upon which the crippled child was borne from suffering to health.

## CHAPTER VII

### THE CRIPPLED CHILD

#### I

THE historical background of deformity is dark with the shadow of annihilation, persecution, ridicule, and neglect. In the dawn of time, nothing can be more certain than that there was a quick way with the crippled. Under a primitive and nomadic tribal system there cannot be provision for the halt or maimed, and though the teaching of Hippocrates may fairly claim to lie at the very foundations of modern orthopædics, the light vanished between ancient and modern times.

During the Dark and Middle Ages the spiritual blight of theocracy and the influence of Arabian medicine overshadowed surgery and degraded the cripple for more than a thousand years. To be crooked in body meant to be crooked in mind. Alternate fear and ridicule represented the mediaeval attitude. On the one hand, Luther advised the killing of deformed infants, and on the other it became the custom to employ dwarfs and hunchbacks as 'jesters' in kings' courts and barons' castles.

The psychological effect of ridicule, oppression, or contempt maturing over two thousand years needs no further elaboration. Right up to the nineteenth century to be crippled meant isolation and malignity. Of this dark background literature has left us a remarkable store of evidence. The centuries which separated Richard III from the Hunchback of Notre Dame or Scott's Black Dwarf from Dickens' Quilp show little evidence of a change in popular opinion. Even in modern fiction to be crippled is still a convenient simile for crime.

The real revolt from the superstitious in life, literature and medicine came with the eighteenth century. The intellectual preceded the industrial revolution. The "age of sensibility," as it was labelled, produced loud and persistent reverberations.

Humanitarianism was heard in the voices of Voltaire, Rousseau, Paine, Locke, and Goldsmith. Unfortunately, with an awakening of public sentiment the lot of the deformed became not better but infinitely worse. The industrialism of the nineteenth century, firmly planted in factory and mine, commenced to produce cripples in such numbers that instead of being incongruous they were in certain districts almost universal. Those were the days, less than a century ago, when tiny children worked fifteen hours a day before returning to hovels where nothing penetrated except gin and squalor. The mothers of these hapless little ones hauled trucks in the mines at a time when the problem of negro slavery caused every householder to glow with British rectitude. Industrialism became the most prominent contributor to the production of cripples. It was the greatest advertisement of the artificial causes of deformity—until the Great War—to be thrust upon public attention. As Macaulay remarked, "It is not the evils which are new, but the recognition of them." There was every reason to recognise them. Cripples, instead of being so rare as to cause boisterous laughter, were, from the beginning of the nineteenth century onwards, being faster and faster manufactured by industrial conditions, slums, direct infection, and accidents.

What was the attitude of medicine towards this alarming, but obscure problem?

## II

When a very titled lady once confided to Robert Jones that had she not received so much relief from her own chiropodist she would have patronised 111, Nelson Street, she expressed the universal perplexity regarding the word 'orthopædics' before the War. And even after the Armistice a worthy and extremely well informed person, upon being asked to contribute to an orthopædic centre, withdrew into himself and said "I have no doubt whatever it is a worthy object, but I prefer to help *British* hospitals."



It is essential if the work of Robert Jones is to be understood not merely by some, but by all the readers of this record that a paragraph be devoted to the word "orthopædics." It was coined by Nicholas André, Professor of Medicine in the Royal College and Senior Dean of the Faculty of Physick at Paris. In 1741, he wrote a book called "Orthopædia, or the art of Correcting and Preventing Deformities in Children"—*ὀρθος*, the root principle, being "straight," and *παις, παιδος* "a child"—not the Latin *pes* "a foot." André with the sterling pedantry of the academic mind had invented a term which has remained a conundrum and an obstacle for nearly a hundred years.

This "art of correcting and preventing deformities in children" introduced a very extensive field of surgery and preventive medicine. Unfortunately the treatment of injuries was not sufficiently advanced in the days before antiseptics and anæsthetics, to be of much avail. The position, as a consequence, was extremely interesting at the period when Hugh Owen Thomas commenced practice. A certain amount of surgical progress had been made in Great Britain and abroad. In this country Hunter laid the foundation for bone and joint surgery, and in 1780 Venel established the first orthopædic institute at Orbe in Switzerland. They were succeeded by Duchenne (1806-75), Stromeyer (1804-76) and John Little (1810-94). There followed after this brief period of research an eclipse with the discoveries of modern surgery. To the progressive surgeon in the heyday of Thomas the field of orthopædics made no appeal. Thus was the destiny of the crippled child practically concerned with 11, Nelson Street.

But it would be incorrect to regard Thomas as a man chiefly moved by a humanitarian impulse. The day was not due for that. "Thomas," remarks his friend Ridlon "did not know the meaning of 'social service,' but he gave a greater skill to the crippled poor than anyone else could give. He did not realise he was 'interested' in orthopædics. Nor was he more interested in children than in older people."

It is all the more important, therefore, to attempt to check any evidence of the social as apart from the professional impulse in Robert Jones. At what stage in his career did he realise that the conventions of his age would and must be challenged, and with them the historical apathy towards crippled children? Or to put it another way, at what time in his life did he grasp that, even amongst well-to-do people, Victorian habits of conduct actually produced cripples in the leisured classes just as surely, though less terribly, than in the mines?

There is no doubt that, in the late 'eighties, Robert Jones was about thirty years in advance of his time. This is evident by an original and prophetic paper written so long ago as in 1888 and called "Hygiene of School Children"—a subject upon which his successors to-day establish reputations as extremely far-seeing persons. But what people thought of it all, forty years ago, is another matter. As a commentary upon modern physical culture compared with compulsory deformity it is arresting. "I am afraid," says this young surgeon of thirty, "I shall not be able to dwell at any length upon a subject in which I am very much interested, namely, the hygienic supervision of children in schools. There is one phase, however, which demands our close attention, and that is their physical training. How many of us, having sent daughters or sisters to schools spirited and healthy, have lived to see them return round-shouldered, deformed, martyrs to headaches, pains in the limbs, or one of the many conditions which threaten to destroy their whole future happiness. This more particularly appertains to the girl than to the boy, and when we study the facts, it is not at all to be wondered at. Some years ago, a girl's life was one to be profoundly commiserated with; even yet, it is not always to be envied. From the very earliest age, their instincts were checked, and artificial deportment insisted upon, as a homage to the so-called proprieties. Their natural movements were made ignorantly subservient to what was facetiously termed ladylike; but very little opportunity was given to them, and, even yet, there is far too little in the way of free and easy, natural, and

mirthful frolic, without which every muscle in their body deteriorates. . . . ”

After explaining the necessity for developing the human body, he adds a paragraph—“ I have said but very little with regard to the gymnasium, but where exercise cannot be carried out in fresh air, it is a great boon for our school children to obtain that necessary stimulus which systematic muscular movements alone can produce. So that the recreative element may come in, all exercises should be to the accompaniment of music, for nothing is more dreary than the old fashioned drill-sergeant's method, which had not in it one element of harmony or poetry of movement.”

The conclusion is prophetic. “ I will here end my prolix and diffuse meanderings, but while I do so, I would express a hope that many of us may live to see this Society reaping a rich and abundant harvest in helping to lengthen the days and lighten the burdens of the poor ; we should be an immense power for good in the world. We ought soon to eradicate rickets and with it, at one stroke, the pitiful deformities which follow in its path. Infantile diarrhœa is due to fermentive changes. Now, so terrible a scourge should be as rare as it is common. By a healthy school supervision postural deformities should but rarely be seen, and by allowing our girls that freedom which our boys take as a right, they should in time not merely compete in the intellectual arena, but enter into a healthy competition in games of physical powers. All this cannot be now far off, and when it comes, we poor physicians and surgeons, many of us at least, may be relegated into the ranks of the unemployed. Meanwhile let the State and municipality help to eradicate some sources of disease ; a few more playgrounds for the poor ; more breathing spaces for our densely populated towns ; let them exercise a stricter supervision upon insanitary property, prosecute a few rascally plumbers, and our descendants will soon have cause to bless the zeal and enterprise of their ancestors.”

Here was the practical vision which actually challenged the problem of the crippled child in 1898, and from that date

onwards declared war against the causes of disease. But as he knew hygiene in schools would take years of propaganda, Jones commenced within the field of surgery and set out to help the crippled child. The prevention of deformity had in fact not occurred to anybody as even a practical possibility. But in his Sunday clinics, when Thomas gave free advice and treatment to two hundred poor people, there was the first step towards the whole vast structure which his successor Robert Jones carried to so fine a place in national life. When Thomas died in 1891, the prospects of treatment and recovery for crippled children were negligible. In the United States through the enterprise of men like Sayre, Bradford, Ridlon, and Lovett, orthopædics as a special branch of surgery was being advanced. But the problem as a curable and preventable one was not suspected. It was not in America or upon the Continent, but in Liverpool that the first great step was taken upon which the whole structure was consolidated in surgery and medicine.

## III

It seems like a paradox, but the greatest obstacles which obstinately confronted Robert Jones in his early struggles with deformity were not indifference or hostility, but sentimentality and incredulity. The crippled child was regarded as a hopeless case with a right to indolence and ignorance. To be a cripple meant in town house and country cottage generation after generation of weaklings growing up with no use either of brains or limbs.

Parents preferring to believe in the hopelessness of treatment were not discouraged by the medical services and general practitioners of the 'nineties. Treatment of crippled children was carried out in the general wards of town hospitals and infirmaries, but it strengthened rather than weakened public apathy. Dr. Charles Macalister has written of the methods used :

“ Who among the older members of the profession can

forget the almost heart-breaking operations on children which we witnessed as house surgeons? Excisions of hip and knee joints, for instance, which were frequently undertaken in the early stages of disease, in order to avoid the risk of subsequent suppuration and destruction. On examining the removed joint and observing the limited amount of trouble, and then contemplating the beauty of the child thus mutilated, one wondered and wondered. A very obvious deformity resulting from such operations was so common at the period at which I write, that it was observable almost any day as we went about the town: *i.e.*, lame people, with a shortened limb compensated by a hideous high soled boot."

Robert Jones realised that there was little hope without consecutive treatment in some special institution. Too frequently patients were patched up and sent home. These drifted almost inevitably into chronic deformity. Secondly, large numbers of children suffering from chronic diseases were treated ineffectively in their own homes. By him as by no one else forty years ago it was clearly seen that the future of the crippled child was *both surgical and social*, a state not only of limbs, but of mind, and ultimately not satisfied with the promise of recovery he laid eager hands upon the means by which so much suffering could be prevented.

On June 24th, 1898 a preliminary step was taken, when the following points were agreed between Robert Jones and Charles Macalister, Miss Ellen Sedgwick of the Liverpool Home for Incurables, and Miss Gaskell. They are a revelation of prophetic clarity:

(1)—There are few children so incurable that they cannot become well if placed in proper circumstances for treatment.

(2)—A hospital for such children, suffering from chronic diseases, should be recognised as being a place to which they may be sent, in order to have the best chance of recovery.

(3)—Such an institution should be conducted on the lines of a hospital. It should be situated in the country, and placed under scientific and sanitary auspices. A resident doctor, or a local one acting on the spot, should be appointed to look

after the cases, but the main responsibility should rest with a physician and surgeon visiting, say, once a week.

(4)—Such a hospital should have an operating theatre, so that the children might at once get the benefit of the fresh air, after being operated upon—if such a course became necessary.

(5)—Experience has proved that if operations are performed or medical treatment adopted for such cases in the country, the chances of recovery are greatly enhanced.

(6)—Such a hospital should not be regarded as a convalescent institution or confused with such an institution.

The question of the preliminary selection of crippled children presented very little difficulty. There were as a start the free Sunday morning clinics at Nelson Street, where nearly 7,000 poor cases were seen by Robert Jones annually. "I worked for many years in my younger days amongst the children of the poor," he remarked to Welsh students in 1928, "and I received nothing but gratitude for any help I gave to parents in the rearing of their children. In spite of great hardships they sacrificed much to help them, an example which might well be followed by many of their more fortunate sisters. In those days we had no Child Welfare Societies nor Country Hospitals, and the children could be found dotted about Liverpool in courts and alleys lying outside their houses on improvised couches made of soap boxes." This was, in fact, the first chapter in the open-air cure and the soap boxes were the contribution of Thomas and Jones.

It is difficult to-day to understand that it was almost eccentric in the 'nineties to regard deformity without aversion or dismay. And yet in the professional experience of Robert Jones, the cripple was not merely triumphant over his own disability, but actually brought a new meaning in life to his environment. "One day," Agnes Hunt has recalled, "I was having lunch with him in his studio in Nelson Street when a tall young man with a slight limp was ushered in. He spoke with a strong American accent, and asked Dr. Jones if he remembered a little lad from Manchester with a very bad hip disease—and, added 'you were only a youngster

yourself in those days. You came twice a week to see me and you induced a lady to give me a violin and teach me how to play it, and now I am managing director of a violin and instrument factory in the United States, and I humbly ask you to accept this small donation for any cripple institution in which you may be interested.' (The donation was a five hundred dollar bill.)

"As the door closed I turned to Robert Jones and asked for his story. 'Yes,' he said, 'I will tell you the story, because it shows what an exceeding influence for good a cripple child can exercise. He lived in a wretched slum in Manchester, such a home which only drink-producing poverty can achieve. The mother, an apparently hopeless slattern, the father earning good money and spending it all on drink; they had but one redeeming feature, a great love for the cripple boy. The gradual restoration of that home was what will interest you. I got a friend to teach the child the violin, and going there one Sunday evening heard a violin accompanied by many childish voices singing 'Abide with me.' Apparently the whole street used to gather there on Sunday evenings to sing hymns with that cripple boy. Finally, he asked me to have a cup of tea with him; the tea was perfectly served and the house spotlessly clean. With tears in her eyes the mother said that the father brought home every penny of his wages.'

"The story is very typical of Robert Jones; he told it to me because it showed what exceeding influence for good a cripple child can exercise; not a word of the quiet talks he had with the drinking father, not a word of his gentle advice to and his influence over the mother. Credit, if credit there was, all given to the cripple child—such was Robert Jones. Always helping and never claiming any reward, never seeking the limelight, caring very little for the approbation of the world, asking only that he might be allowed to help, always looking for the best in people and striving with all his might for peace and love."

The idea of treating chronic cases of crippled children in any special institution aroused instant opposition. The

project was regarded as impracticable and likely to injure existent institutions even including "The Home for Incurables." But the necessity of prolonged treatment had been clearly indicated by the recovery of children in that very Hospital!

On November 15th, 1898, a meeting was held and a provisional committee appointed to promote the foundation of a hospital for children suffering from chronic diseases. As a result of the proceedings published in the *Liverpool Daily Post* the Committee of the West Kirby Convalescent Home for Children offered to provide a ward for the treatment of such cases.

The first experimental step had been taken. It had become possible for the first time for the crippled child to be given a real chance of recovery. The remarks of Sir Edward Russell (later Lord Russell of Liverpool) who opened the hospital ward on November 4th, 1899, are worth recording because they show that the advance was taken with a sense of its critical and historical importance:

"In that hospital they had three elements without the combination of which the aims of the institution could not be successfully achieved. They were, first, splendid medical and surgical skill; secondly, surroundings and air of that pure and healthy kind which were good for all, but especially good for the young; thirdly, the vital principle of not withdrawing children from the treatment so long as they were not perfectly cured. It was that principle which struck so many of those present at the meeting in Liverpool. The hospital, he believed, would be looked upon as a great experiment to be followed in other parts of the country, and he was convinced that if they kept their principles in view, the hospital might be the beginning of a national undertaking, and that the country at large would realise the importance of so treating the rising race that nothing of which science could make a certainty should be left to chance. If, besides tolerating the temptations, corruptions, and surroundings which debased and weakened the human frame, the community allowed



children to grow up physically unfit to face the exigencies of life, it incurred risks which no community ought to incur. While public opinion was alive, and the means of remedy could be found, they would send children from that hospital capable of attaining proper manhood and womanhood. The wards of the institution were a saddening and gladdening sight—gladdening because of its beneficence and its surroundings, saddening because he did not doubt that many of the cases, if enquired into, would be found related to circumstances in the condition of the community which they would be glad to change. There the children had good air, beautiful hygienic conditions, and the most affectionate as well as the most scientific treatment.”

That meeting must be recognised as a landmark, because it focussed public interest upon the doctrines of H. O. Thomas and Robert Jones—the trinity of rest, surgical treatment, and fresh air, which had at last taken hold in the city of their long medical service. The remainder is a matter of social history. Principally by the personal energy and generosity of Holbrook Gaskell, and Andrew Gibson, both well-known Liverpool philanthropists, and many other generous benefactors, the efforts of Robert Jones and Charles Macalister were rewarded, and the foundation stone of “The Royal County Hospital for Children, Heswall,” was laid on April 21st, 1900.

The walls of sentimentality, prejudice, and apathy were cracking. The torch of knowledge was being carried into the dark places of despair and ignorance. Henceforth crippled children would pass beyond the town for treatment. The greatest forward step since *Æsculapius* had been taken in the treatment of the physically defective. And the children seemed to know it. “I shall never forget,” said Lord Derby at a public banquet to Robert Jones in 1921, “the shout of delight of those children when he came into the ward.” That was all part of the new spirit of Nelson Street, and although the small patients did not realise it as they went into the operating theatre they, too, were pioneers, after whom countless other children would be healed.

All they knew, with the swift infallible comprehension of children, was that in Robert Jones they had a friend. This gift for winning the love of little children was a very beautiful thing. But it is also a part of modern orthopædics. "Most people," wrote Francis Thompson, "*must* forget what they were like when they were children, otherwise they would know that the griefs of their childhood had as passionate abandonment as the griefs of their maturity. Children's griefs are little, certainly ; but so is the child, so is his endurance, so is his field of vision, while his nervous impressionability is keener than ours."

## CHAPTER VIII

### BASCHURCH

#### I

SOME time in the 'nineties a lady called Agnes Hunt, a member of an old Shropshire family and a sister of Rowland Hunt, one time Member for the Ludlow Division of Shropshire, became interested in the crippled child. Miss Hunt had entered the Royal Alexandra Hospital, Rhyl, as a pupil in 1887, completed her training at Salop Infirmary in 1890, and joined the Queen's Jubilee Nurses in 1891. Crippled herself she decided with a friend—the late Miss Goodford—to start a small and extremely unconventional home.

Baschurch, a tiny village near Oswestry in Shropshire, was near the residence of the Hunt family. It was here in sheds beside a small private house that Agnes Hunt and Miss Goodford decided to experiment in the nursing of sick children. Agnes Hunt was staunchly supported by her mother—a lady of great character—and her relatives and friends. The general feeling was that the venture should not be discouraged for the short time it would survive!

Baschurch was, in its origin, an adventure with singularly little promise of a world-wide influence. "The drainage," Dame Agnes has since recorded, "was primitive, the water supply a surface well fourteen feet deep, situated under the scullery floor. The garden, which for six years had run riot, came right up and obliterated the door and cave-like passage leading from the house. In after years this passage was named by the children 'The Lion's Den.' The stables and cow-houses joined the house. The whole 'estate' occupied about three quarters of an acre.

"Encouraged by such affluence a committee was appointed with an honorary surgeon and an honorary physician, while the nearest doctor kindly offered to act as honorary medical officer

to the Home. The first Committee met on October 1st, 1900, and the Home was afterwards declared open and ready to receive four little girls and four little boys needing country air and good food.

“ Now a curious fact appeared. The home exerted a magnetic attraction towards cripples, for which it was in nowise suited. The staircase leading up to the two large rooms, ambitiously entitled wards, was never meant for their transport. In due course at the foot of this staircase the following conversation took place :—‘ This is too dangerous. We shall probably kill one of the children, and most certainly ourselves. The doctor always says that fresh air and sunshine are essential ; for goodness sake let’s build a shed in the garden and let them live in it night and day ! ’

“ The doctor was consulted, but shook his head and thought the cold would be dangerous. It was, however, pointed out that nothing could be more dangerous than those stairs. So somewhat anxiously he gave his consent.

“ The only difficulty was money ! Five pounds was all the cash available, and with that we made a concrete floor. Now the landlord of the Home (Rowland Hunt) had thoughtfully joined up in the South African War, and left in his park, some two miles off, several wooden and corrugated iron stables that did not appear to be of much use to anyone, as the horses had been sold. The agent lived a long way off. The stables were removed without attracting any attention, and the first open air shed was built.

“ The children did most marvellously well. Colds and coughs disappeared. More sheds became necessary. A certain amount of commandeered stuff remained, but not enough. Unfortunately for herself, my mother had come to live at the Home. She built a beautiful wall on the northern aspect of the garden on which to grow peaches and apricots. Just before it was finished she went away for a holiday. With the aid of that wall and the remainder of the stuff from the patriot’s stables, and the gift of twenty pounds, two sheds were built to hold sixteen boys and sixteen girls, with two small bathrooms

and lavatories. No peaches or apricots ever grew on that wall.

“ In those early days children used to be sent to the Home to get up a little strength before undergoing another operation. These children, suffering chiefly from tubercular joints, improved to such an extent that, in nine cases out of ten, operations were unnecessary, after a stay of two or three months, and this in spite of what we should now call faulty splintage.”

In other words the treatment of crippled children in the open-air, and with adequate rest and proper food, worked marvels.

That was the first stage.

The second stage came with the periodical visits which Miss Hunt took, accompanied by her patients, to the Royal Southern Hospital, Liverpool. McCrae Aitken has told the preliminaries admirably. “ When I was House Surgeon in Liverpool, there arrived from time to time at Mr. Robert Jones’ out-patient clinic at the Southern Hospital a woman, an outside porter from the railway station, and a home-made handcart like a large baker’s tray on perambulator wheels. The cart contained crippled children, perhaps as many as eight, in various forms of splints. It was cheaper to hire an outside porter in Liverpool than to pay the fare of somebody from Baschurch. A return train had to be caught, so the party was soon inspected, those requiring operative treatment in hospital were admitted, cases left at a previous visit were put on the handcart; apparently it was as easy as changing books at the library. I cannot remember that even the most junior of house surgeons ever ventured to think that there might not be room to take a case in at once. That was Miss Hunt! If a cripple requires treatment, that treatment brooks no delay, and no inadequacy of means would be permitted to stand in its way.”

The first meeting between Robert Jones and Agnes Hunt was no less informal. “ My first experience of Miss Hunt,” he said, “ occurred in the out-patient department at the

Royal Southern Hospital, when I saw a lady on crutches in charge of six children lying upon a railway truck. After a conversation with her, not knowing that she was by my side, I said to my House Surgeon, 'This is a very intelligent woman.' She heard the observation, and I shall never forget her ringing laugh and the reply—'You bet.'"

What interested Robert Jones, in the Baschurch children, was their obvious improvement in health under just those conditions which he was convinced were essential, united with modern orthopædic surgery. Accordingly he visited Baschurch, and it was from that association that the first open-air hospital for crippled children was established. It was the pioneer of the principle to which Robert Jones referred when he said in 1925 :

"A long experience has taught me the injustice of segregating sick and deformed children in the vitiated air of city hospital wards. Over twenty years ago, with the help of Miss Hunt, we started the first really open-air hospital in the world, where the children lived in the open air by day and by night all the year round. This was followed by the large country hospital at Heswall, and later at Ruislip and Pinner. In none of these hospitals is there any possibility of closing the wards, and through sunshine and storm, snow and sleet, one side of the shed is always absent. It is a most inspiring sight to visit the children. Gaiety reigns rampant. Infectious disease—the bane of hospital wards—has never spread, nor has there been one instance of so-called 'catching cold' or pneumonia. At Baschurch, this principle of open air was extended to soldiers, and nowhere in my military experiences have I met with more contented men or such rapid healing of wounds. The sheds are cheap and decrepit—there is an air of penury about it all—but it is the birthplace of a great reform, which is steadily gaining ground all over the world. Already several hospitals have sprung up in the United States based upon this rough Shropshire model. I have emphasized this subject because I feel very strongly that orthopædic surgeons should convince hospital authorities of the urgent necessity

for open-air annexes for the active treatment of crippled children."

Baschurch was a pioneer also in the psychological treatment of the cripple. It preached the gospel of the cheerful heart, and the danger of sentimentality; it proved that elaborate equipment is not the same as cure, or a large staff the first principle of recovery. Visiting surgeons learned more than the new possibilities of surgery, more than the magical qualities of exposure to the air; they realised that deformity is a physical and not a spiritual handicap.

To quote Dame Agnes again—"The early operations were primitive. They created a profound impression amongst the inhabitants of Baschurch, who were not a little shocked to hear that operations would be performed on Sunday, and complained that they smelt the ether during divine service in the parish church some eight hundred yards away.

"The Home, being very poor, sent out an S.O.S. to all their friends and neighbours for towels, fish kettles, etc. Very naturally everybody sent their oldest towels and hurriedly said they did not want them back. This was not surprising, as they proved to be more holes than towels, and Sir Robert decided that somehow new towels must be provided for his next visit."

"I was privileged to be at Baschurch," writes the Honourable Mrs. Stirling, "on the first operation day. After the operations were over, and Sir Robert Jones emerged from his hours of incarceration in the very hot dining-room, and when he had partaken of the wonderful meal of lunch and tea combined which awaited him, he rushed out to the sheds to look at in-patients and out-patients before starting on his sixty mile drive back to Liverpool. I remember Sir Robert examining four small patients in one bed with that concentration and care so characteristic of him; after he had done with the four children on the bed—a medley of arms and legs and splints—his looking very carefully under the bed and saying, 'Are there *no* patients under the bed, Sister Hunt?'"

Baschurch was a delightful contrast in efficiency and laughter.

It must have been the jolliest pioneer hospital in the world. To say this is not merely a pleasantry. Robert Jones took very seriously the relationship between the spirit of happiness and orthopædic treatment. He knew not only that crippling deformities produce a sense of inferiority partly traditional and partly psychological, but also that prolonged illness calls for a cheerful environment in the medical staff and the patients.

In Agnes Hunt existed the spirit Robert Jones had sought and found. After a very brief experience he knew that at Baschurch there was the opportunity to test a completely new theory of mental and bodily treatment of deformity. Both shared the same enthusiasm, the same spirit of adventure, and what is perhaps the best link in human companionship, the same sense of the ludicrous. Had Agnes Hunt been a solemn woman, neither Robert Jones nor the cripple would have travelled in her company very far. She, like the children, realised that he was full of mischief, and ever on the alert for badinage. When Mr. Evan Roberts, the Welsh revivalist, came to Nelson Street, Robert Jones, wearying a little in the blast of such fervour, was suddenly aware, to his immense relief, that Agnes Hunt was in the room.

"This," he said fixing her with a religious gaze, "is Mr. Evan Roberts."

"*Rats*," was all that delighted lady retorted.

Robert Jones used to arrive at Baschurch by car from Liverpool at 10.30 a.m. on Sunday mornings. "After drinking a hurried cup of coffee," continues Dame Agnes, "Sir Robert would whisper to me to distract my mother's attention, as he wished to raid the strawberry beds or whatever fruit was ripe at the time. Ten minutes or so after, my mother would miss him, and start in pursuit. In the strawberry beds we would find him surrounded by cripple children and with many probationers posted in appropriate places to call 'cave' when danger, in the shape of mother, approached."

At eleven o'clock work began and from forty to fifty out and in-patients were seen. At one o'clock operations started and generally lasted until six o'clock, when a much-needed meal



was taken. About seven o'clock he started for Liverpool.

No day passed without its little incidents, trivial enough, but very pointed in their revelation of the perpetual spirit of fun.

"One day at the Hospital," recalls Dame Agnes, "Robert Jones caught sight of my mother's pet goat, whose name was Jane. He at once, in the hope of getting a rise out of my mother, decided that the poor thing had crooked legs, and must be operated upon at once. Mother, very justly indignant, refused consent. A month or two after, the weather being very hot, a carbolic sheet was stretched across the doors of the theatre which led into the garden. Jane, who of course had no business to be in the garden, stepped in, and seeing something that looked like clothes hanging out to dry at once began to eat her way through. The operations being over Robert Jones was startled by seeing the goat's head coyly peeping through the sheet. 'Look,' he cried, 'that poor thing is asking for its operation; run quickly and get Mrs. Hunt's permission.'

"Another day a rather tiresome woman brought a child with bow legs. She was told that the child must come into Hospital for operation. The woman agreed, but said, 'Remember, I'll not have my child's bones broken.' 'Tut, tut,' said Robert Jones. 'What put that into your head? But you would not mind a little fracturing would you?' 'Certainly not,' replied the mother with dignity.

"One day at operations Sir Robert had somehow forgotten to secure his trousers, and they began to come down. I saw him looking over his shoulder and asked him if he wanted anything, but he said, 'nothing, thank you.' Then as the operation ended the trousers descended with a rush. Wrapping his overall round him he tripped out, talking hard to some doctors who were with him. Silence reigned in the theatre, no smile, all pretending with supernatural gravity that nothing had happened to the nether garments of our chief. Presently he reappeared and we noticed with some surprise that his trousers were inside out. Dr. Urwick, who was giving

the anæsthetic, looked up as he came in and remarked 'If this is likely to happen often, I consider the junior probationers should be told to leave the theatre.' "

## II

To this small rough-and-ready home, surgeons arrived from all over the world. They came and pondered. Within a few years the message of Baschurch had crossed the Atlantic to the United States and Canada, to the Continent and Australia. Dr. Gillett, to take one single instance, returned to found in Minnesota the first open-air country hospital for the crippled child in the United States. Dr. Herbert, a New Zealand surgeon, wrote :

" Amongst the most pleasant and profitable visits of my trip was a visit to the Children's Hospital at Baschurch. Here Mr. Jones has a small hospital which was in my experience unique. It was the first example I have seen of an open-air surgical home. The excellent results obtained there surprise one, that we, with our better climate, do not more readily adopt this rational means of housing our surgical sick.

" The operating theatre of the Baschurch Hospital is a model of simplicity and efficiency. All visitors had to don overalls, caps, respirators, and canvas coverings to the boots, before entering the theatre ; Mr. Jones rightly maintaining that the average medical man would carry in more dust on his boots than he would on his clothes. Following the example of many distinguished surgeons nowadays, Mr. Jones is assisted solely by a well-trained, alert and competent nurse, who thoroughly understands his methods and anticipates his wants. In his simple country operating theatre, the visitor will witness a thoroughness of technique and brilliancy of operating genius I have never seen equalled anywhere."

Baschurch was great fun. But under the gaiety one receives a lasting impression of the grave issues which were at stake. Very affectionately and admirably has McCrae Aitken given

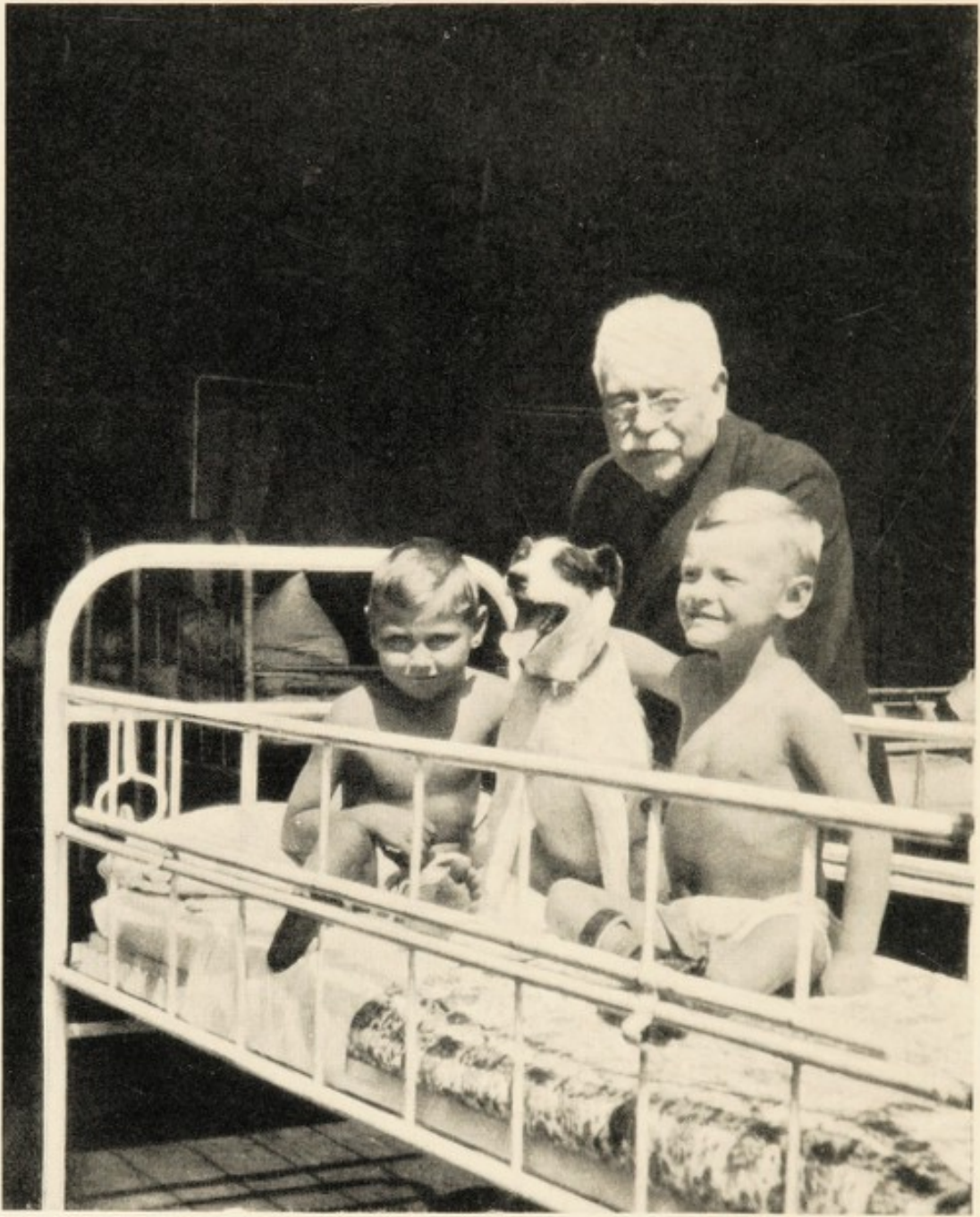
his impression of it all. It is the tribute of one who has been associated with the Oswestry Orthopædic Hospital in its various developments for over thirty years. He recalls his first visit when, as the House Surgeon at the Royal Southern Hospital, he motored down from Nelson Street.

“These recollections are blurred; open air hospitals were new things in those days. Baschurch was the first surgical open air hospital to keep patients out-of-doors day and night. The impression that remains is that it was impossible to believe that such crude huts and buildings could be a hospital, but the chief memory is of the woman who made it, who proved that it is the work done that counts, and that it *can* be done without waiting for elaborate and expensive equipment. It was only after a time that one discovered how much Miss Hunt and the late Miss Goodford were the complete complement of each other. Miss Hunt seemed to be fired by zeal to help the cripple child; her own disabilities, which many would have considered ample justification for a life of ease, only seemed to spur her on to increased efforts. Miss Goodford was always there when things had to be done. Not that she was in any way noticeable—the thing that was noticeable was, that every thing really needful, all the dressings, instruments, and details of asepsis were unobstrusively attended to. Behind that organisation was Miss Goodford, but it was not everybody who knew it.

“I have been told that the name of Baschurch has become almost legendary. Sometimes when I am urging on my own staff to attention to detail and quoting Baschurch, they look at me with a smile, as if ‘Baschurch’ was a place in elf-land, in which impossible things were done in imagination . . . Baschurch was no legend; it was rather a little lump of leaven which has worked through the whole country.”

Baschurch became, in fact, a landmark in the history of the crippled child. “In those early days,” has written Robert Jones, “open air received but a nervous welcome. If a child exposed in the open air recovered from its ailment, it was accounted a proof of its ‘strong constitution’; a draught





ROBERT JONES AND CRIPPLED CHILDREN.

of cold air called for a closed window, a shower of rain meant a prelude to disaster. Hospital committees and even surgeons of renown shrugged their shoulders, and buttoned up their coats when they passed through the wards on a frosty morning. This all had to be changed, and the results are now a commonplace."

In 1903 was established another experimental centre at Chailey, Sussex. If Baschurch showed that crippled children could be physically cured by the principles of Nelson Street in the open-air, Chailey proved that they could be mentally freed from the old legends of deformity. With his long experience of the courage and charm of suffering children, Robert Jones had always fought to dethrone the public delusion that they were by necessity fractious and morose. "Picture to yourselves," he said of Chailey, "a group of buildings situated in the most beautiful country, dedicated to the service of the cripple child. You will meet with no heartrending or nerve-racking sight, no agonising incident, but healthy-looking merry children and never a tear. I mean literally what I say, that I have never seen there a child crying. They are hard at work or hard at play, irrepressible in spirit, and yet fully disciplined. The spirit of Chailey is not spartan, but there is no maudlin sentimentality encouraged. The child's deformities and disabilities are rarely alluded to. He is filled with emulation and a desire to excel. If he has lost an arm or leg, he still has one or the other so trained as to minimise disability. It is a perfect joy to see the one-legged boy run a race, and the pride of a one-armed boy, when he shows you what the remaining one has accomplished. Every boy and every girl fully realise that they are to be of service in the world. There are no drones at Chailey! See them at work in the carpenter's shop or in other industrial developments, and you will realise the happiness of it. There is no 'ca canny.' They are taught the joy and morality of work."

In 1904 was held the first conference on Invalid and Crippled Children in London. In 1906 came St. Vincent's Surgical Home (now at Pinner). In 1908, Lord Mayor Treloar started

his hospital at Alton, and in 1914 the Liverpool Open-Air Hospital was opened at Leasowe.

It would be impossible and deplorable to claim priority for any one institution over another, and if the name of Baschurch is taken as a landmark in the early life and work of Robert Jones, it is because upon the basis of the Shropshire hospital the whole development of his scheme for cripples in its progressive stages may be most simply followed. It was a growth from stage to stage—from open-air treatment to local clinics, from early surgical restoration to educational training, and from the problem of rehabilitation to the prevention of disease.

## CHAPTER IX

### MATURITY

#### I

“THE Royal Southern Hospital, Liverpool,” said Robert Jones in a broadcast appeal, “is one of those historical institutes which, with over a century of healing and medical research, has been part, not only of a great city, but of our national welfare. It has been a temple of healing to hundreds of thousands from all parts of the world.” To understand and in any way estimate the consolidation of orthopædic surgery in the hands of Robert Jones is best and more readily afforded by some acquaintance with his long association with the Southern Hospital. It was (and is) an institution of the most far reaching scientific vision. It was within its walls that Thurstan Holland introduced radiography into this country, and it was here that ultra violet rays were first used in 1911. It is famous for its School of Tropical Medicine and the name of Ronald Ross, and no less as the hospital from which Robert Jones and Charles Macalister first initiated the treatment of the crippled child. Between 1889 and the War it was within its operating theatre that the principles and methods of Nelson Street converted surgical hostility into admiration for the genius of the man and the great future of his work. From all over the world during those twenty years an ever increasing number of surgeons came to watch his technique, and learn his methods. Under the careful scrutiny of the most critical British and Foreign operators he established and confirmed his position.

An impression of this period was given in the *British Journal of Surgery* in April, 1933 :

“ It was a wonderful experience to visit Robert Jones and to see him doing his routine hospital work. On arrival one was presented with a list of twenty-five operations to be performed !



Robert Jones worked with an almost incredible speed, and was supported by a team as efficiently trained as anyone has ever seen. There seemed a silent conspiracy of united relevant effort in which every single person from surgeon to theatre porter took part. The surgical technique was flawless; there was none better in the whole world, and Jones enjoyed the distinction of being a fast operator, whose technical methods had no weakness and did not give way under the strain of speed. There is far too often a sacrifice of safety to haste; speed should be the accomplishment, not the aim, of an operator. As Jones worked, the clock appeared to be losing time. There was no slightest suspicion of hurry. One act followed another in due order without fuss, without delay; before one was prepared for it the list of operations was completed, and one began to wonder whether anything could conceivably go wrong with such superb unapproached mastery of diagnosis, of perfection in technique, of infinite resource. Many of Robert Jones' methods were of his own devising; he would employ, almost without one being quick enough to notice it, a device which alone would have made the reputation of another man. He would fashion a splint, and make one feel that the pliant metal knew what was expected of it. He was, in fact, a consummate artist, in design and in accomplishment."

It is remarkable that, at the beginning of the century, notwithstanding that he was already the most accomplished orthopædic surgeon of the day, Robert Jones was better known in America than in Britain. The explanation is geographical. He worked in Liverpool, and Liverpool in a sense was nearer to America than it was to London, for the traveller stepping aboard at New York stepped ashore within a mile of Nelson Street. Also orthopædic surgery was more advanced in the States and Robert Jones's writings were widely read there. Those who had seen him operate talked of it with enthusiasm and also of their hospitable reception. Thus grew up a close and friendly relationship, springing spontaneously from professional admiration and fostered by personal liking,

which subsequently proved of immense value to the Allied cause. To American surgeons, whether they went to Nelson Street or the Southern Hospital, Robert Jones was the ideal surgeon, brilliant in diagnosis, conservative in principles, swift in operative technique and conducting his theatre upon the most advanced methods of asepsis. They acclaimed a new force in orthopædics, but they also were drawn to a personality with a positive genius for friendship.

One of them was Joel E. Goldthwait of Boston, who commanded the American orthopædic surgeons in the War. "My first meeting with Sir Robert," he wrote, "was in the summer of 1905. . . . I doubt if any personality ever made such a strong impression on me as Sir Robert did at that time. I had always felt that I, myself, lived a very strenuous life and could accomplish a great deal of work, but to follow around with Sir Robert in those few days that we were together made me realize that he was in a class entirely above my abilities."

"Everyone here who had any interest in orthopædics," writes John Ridlon (10th July, 1906), "feels that he must spend as much time as possible with you when he goes over, for everyone here feels that you are not only the only man in England worth going to see, but that you have more of interest and value than all the rest of the men on the other side, in England and on the Continent." "I had the pleasure of visiting the orthopædic men of the Continent and seeing quite a good deal of their work," said Dr. George B. Packard, of Denver, Colorado, 26th November, 1909, "but nothing interested me like Liverpool, and I want to congratulate you on the wonderful work you are doing." "I assure you," wrote John Murphy of Chicago, on 27th August, 1910, "that your ears should burn from the many enthusiastic expressions by the members of the Society."

Sir Harold Stiles, in July, 1910, writing from Edinburgh, where the American surgeons had been on a visit, after giving an account of their doings, in which he himself had taken a busy part, concludes: "I must not close this letter without

taking the opportunity of telling you that your name and your work were on the lips of every one of them, and you may take it from me that they were more pleased with your work than any other they had seen. I do not hesitate to tell you this, firstly because I know that it is true, and secondly because I know it will be both an encouragement and a satisfaction to you to know that all your hard and splendid work was greatly appreciated and from what I hear too, the hospitality you showed them was as usual unbounded."

In 1907 William Mayo, of Rochester, in the United States, visited Liverpool and has left an eloquent record of his impression of Nelson Street :

" Mr. Jones' clinic is most extraordinary, and is very largely the surgery of deformities. Just as Lawson Tait carried sound surgery into the abdomen and Victor Horsley into the cranial cavity, so has Mr. Jones carried sound surgical principles into orthopædic practice, and rapid cures are the result in a large number of cases which were formerly treated for months and years by orthopædic apparatus. This does not mean that Mr. Jones has discarded these measures. He is most careful in the after treatment, and uses mechanical contrivances for their proper purposes, as an adjunct to surgery, not in place of it. In tuberculous joints he is especially conservative.

" Mr. Jones's working organisation is very good indeed. His offices occupy a large house, and include a staff of about a dozen people. Here he sees every morning from thirty to forty patients. The general examinations, the taking of histories, etc., are done by assistants in one of the numerous small rooms. Mr. Jones examines the patient, comes to a decision very promptly, and makes the recommendation as to treatment—the details of arrangements for operations, etc., being carried out by another person. A great many persons are operated upon during the morning in the office, and leave the building in the course of the day. One morning while visiting him in the office, I saw him reduce two dislocations of the shoulder, set some fractures, and operate on several cases of clubfoot in babies. In the afternoon,

five days in the week, he operates on private patients in nursing homes (a small hospital conducted by private enterprise, usually by several nurses). Sunday is his free clinic day, when fully two or three hundred patients are examined free of charge. Many of them are sent into the Southern Hospital for his public clinic, which is given, at the present time, Wednesday and Saturday. He operates on that day upon from fifteen to thirty cases, a great many of whom are not kept in the hospital. In osteotomy, clubfoot, and similar operations the patients are allowed to go home after recovering from the anæsthetic. All operations are done under ether anæsthesia. The asepsis is most painstaking and thorough. He is expeditious, yet neglects not the smallest detail, and his wonderful experience enables him to do wizard-like operations with a precision which is startling. So unassuming and modest is the man that he is, I believe, entirely unaware of his great ability . . . I must place Mr. Robert Jones as one of the greatest surgeons it has been my good fortune to meet. He belongs to that type of specialist who has been, and continues to be, a general surgeon, but has been forced by the large amount of work to become a specialist, and so is working almost exclusively along orthopædic lines."

Seven years later, in 1914, the Clinical Surgical Society of the United States, visiting England, asked Robert Jones to give a demonstration at the Royal Southern Hospital. Of it John Ridlon has recorded, "Believe me, he gave them some show. He sent me the list of his operations. As I remember it there were fifty-two. This amazed these general surgeons who thought they were doing a big day's work when operating on two or three in a morning. After that R. J. was a great man in America."

In the same year the late John B. Murphy, described by Lord Moynihan as "the greatest clinical teacher of his time," landed in Liverpool. Sir William Wheeler has written—"In the afternoon he came to visit Sir Robert, and there I met him for the first time. Jones, the acknowledged master of orthopædic surgery, was at work. The first operation

on the list was for the correction of a malunited Pott's fracture ; the second was bone grafting for an ununited fracture of the leg. I can still see Murphy keen and intent watching every movement, every detail. The cases he was observing were after his own heart. He had written repeatedly on ununited and malunited fractures in the region of the ankle ; in the sphere of bone grafting he was at his best. I waited for him to speak. I waited to hear something of the methods he himself had advocated, but he only gave expression to his unbounded admiration for the operative dexterity of another man. Here was a generous personality, quick to appreciate and quick to acknowledge perfection when he saw it."

## II

There is in these estimates of some of the greatest of American contemporaries unanimity upon the surgical technique and efficient organisation of Robert Jones. At work he was like an inspired machine. But what they came to love in him was his gift of friendship. Inside the operating theatre or in his consultation rooms he was alert, decisive, penetrating, directing a perfection of team work never surpassed in surgery. Outside his professional work he was the despair—and delight—of his friends. For that reason he remained something of a mystery in a commercial city. Men who were not a little astonished by his indifference to routine or small change could not credit his phenomenal power of concentration. It became gradually accepted, and finally a source of his universal popularity, that he was very far from one of those academic personages who can afford to remove themselves beyond the contact of the ordinary man.

To the business mind his casual attitude was at times exasperating. Never, to the end of his days, did he date his letters, and never did he understand the simplest commercial procedure. One letter from a pompous Liverpool magnate, only a few

years his senior, he preserved as a lasting example of the depths to which a professional man can sink in the eyes of commerce:

“ Dear Mr. JONES,

I must return your account, as I have never seen a receipt given in a similar manner. It is always customary for receipts, when not signed by the principal, to bear the name of the person who signs on his behalf thus—

‘ pro Robert Jones.

John Williams ’

and you will see that the enclosed receipt is not in your handwriting, and there is nothing whatever to show whose receipt it is. I am sure that if you look over any accounts that you have paid, you will see at once what I mean. I may also mention that the name should be written *across* the receipt stamp, though I should not have returned the account for this formality. Had the words written on the account as a receipt been written by yourself I should have been quite content, but any other person ought, in addition to putting your name, also to place his own.”

It was this unusual faculty for the highest exercise of both concentration and relaxation which puzzled and delighted the Americans, whose national adoration of efficiency has never been confused with the philosophy of casual enjoyment. The visit of Robert Jones to the States, in May, 1907, was voted a complete success. Joel Goldthwait was President of the American Orthopædic Association, and Robert Jones had a great reception and made and met a host of friends. But the practical Americans, accustomed to much travelling and taught by experience to watch every detail sharply, were astounded by the serene detachment in which he went about. Even John Ridlon, loyalest of friends, was aghast, and plunged to the rescue. “ When he went to spend a night with his wife’s sister-in-law in Washington Heights, New York City, he left Boston a day ahead of the Boston men. He had sixteen or eighteen pieces of hand-baggage—no trunks. To get it

from the railway station in New York to his sister's home cost him a dollar a piece, and again a dollar a piece to get it from the railway station to go to Washington—and everybody hearing about it smiled. He wasn't much of a traveller . . . On their return, I went with him to get the tickets to Niagara Falls and Montreal. He lost the tickets before he got out of the office. When they were found I took care of them until I could give them to Lady Jones. And when I checked their unnecessary hand-baggage I gave her the checks to take care of. He was just that thoughtless. He needed someone to look after him every minute of the time. Of course, everyone who met him loved him."

The friendships he formed in the States upon that trip remained until the War, when their national gift to this country can hardly be exaggerated. Robert Jones had a curious faculty for keeping in touch with great numbers of people all over the world by the most inconsequent and casual channels. He never wrote long or regular letters. But he would send cables, telegrams, post-cards and presents. With half an hour to spare he would enter a shop and to the immense gratification of the manager order this and that, and go on ordering like a kind of modern Santa Claus. And the shopper who never asks the price is so rare that the hands of those making out the bill trembled, and might (but never did) have forsaken their office.

Shortly before his first visit, Dr. Sherman, of San Francisco, returning from Liverpool, broke the news to John Ridlon that Jones had never tasted American whisky. Thereupon Ridlon, feeling himself under great obligation, sent him two bottles of best corn whisky and two bottles of best rye. Shortly afterwards he was horrified to receive four cases of Scotch whisky, upon which he knew the import charges would be several pounds. But enquiry at the Custom House revealed that orders had come with the whisky to send all charges back to be paid in Liverpool. To show him that the romantic spirit was not then dead in America, Ridlon retorted by sending a Christmas present of a crate of oranges, a crate of grapefruit,

and ten pounds of paper-shell pecans ("a North American tree whose wood is chiefly used for fuel—also the nut it yields"). Even this did not discourage Robert Jones, for thereafter, every Christmas until the War, there arrived at John Ridlon's house four cases of Scotch whisky.

This natural affection for Americans may have been coloured by old memories of boyhood tales—of Fenimore Cooper and Ballantyne and penny dreadfuls. Stories of the Wild West were not eclipsed until the present century, and who, over fifty, has not a warm corner in his heart for Redskins? Certainly not Robert Jones. There was, for instance, that picturesque Westerner of a better and greater America—Buffalo Bill. Sometime in the 'nineties the lordly figure of the child's most gorgeous showman alighted from a four-wheeler at Nelson Street to consult Robert Jones upon a minor injury. It was like deep calling unto deep. Robert Jones visited his show in Liverpool, lunched with the Indians, was fascinated by "Little Annie Deadshot," and being himself an adept with pistols, air-guns, rifles and shot-guns, invited Buffalo Bill home, where the great man himself took a hand, and afterwards, with much dignity, as befitted the occasion, presented Robert Jones with a revolver. Such a friendship was not easily broken. A year or two later came a pressing invitation to go West on a hunting trip in which Theodore Roosevelt was to be a member. Reluctantly he declined. It remained one of those decisions which with the ebbing years grow more and more difficult to understand. After great tribulation Cody died in 1917. Robert Jones had known many clever, delightful Americans, but after all there was no one like Buffalo Bill. However legendary some of his exploits may have been, he was magnificent, courtly, the very incarnation of romance, and the last, if not the most authentic of the most picturesque and impressive epoch in American history. How Jones would have loved the trip, and how Roosevelt would have loved him! It might have been the real holiday of his arduous life—a kind of golden age. To have camped with Buffalo Bill! As a final, and as it were derisive shaft



of fate, the hunting party were asked to round up a murderer in the mountains. There were, one may presume, Indians on the trail. It is highly probable Robert Jones would—with his astonishing luck—have captured the bandit and handed him over with the traditional air of those Deadwood heroes.

### III

Although between 1900 and 1914 the Americans in particular acclaimed Robert Jones as a surgeon of European reputation, it must not be assumed that his prodigious work went unhonoured at home.

In 1909, the Royal College of Surgeons of Edinburgh awarded him the Liston Victoria Jubilee prize with the award of £100, "for the greatest benefit done to practical surgery by any Fellow or Licentiate of the College during the preceding quadrennial period. "Mr. Robert Jones," it was stated, "is one of the greatest of living surgeons, and the advances he has made in the art of orthopædic surgery in the past few years have been very great." This was the year in which he published his "Notes on Derangements of the Knee based upon a personal experience of over 500 operations"—a paper which, in John Ridlon's opinion, finally established his reputation amongst the whole surgical profession of the United States and probably enabled his name to be included with that of Lister on the roll of the Liston prize.

In 1909, he was appointed Lecturer in Orthopædic Surgery (for five years) at the University of Liverpool. Three years later, in 1912, he was made an Honorary Fellow of the Royal College of Surgeons in Ireland. In 1909 too, he was elected President of the Orthopædic Section of the International Congress of Medicine. On the Continent also, his achievements were respected and his name honoured. He was made an Honorary Member of the French Society of Surgeons (1908), Honorary Fellow of the Swedish Physicians' Society,

Honorary Fellow of the Orthopædic Society of Italy, Honorary Member of the German Orthopædic Society (1907). In 1912, he received the Degree of Master of Surgery from Liverpool University, and in 1913 was President of the Orthopædic Section of the 17th International Conference of Medicine.

The consolidation of his reputation had its firmest roots in Liverpool. There is food for thought there. Thirty years before, Hugh Owen Thomas had lived and worked outside the faculty. The greatest illustration of the personality of Robert Jones may be seen in the fact that long before the War he was as devoted to Liverpool as Liverpool was to him. That meant more than the stranger will grasp. Growing to manhood there, Robert Jones took on the unmistakable characteristics of a city both dependent on and indivisible from the spirit of the open seas. Reared upon the shores of the Mersey, Liverpool culture is heterogeneous and composite. There has been no room in her flood and ebb tides for the parochial and petty. As Aloysius Horn, that picturesque Lancashire wanderer, has written, "I met a woman who gave me a bed because her grandfather was a Liverpool man. 'That place,' she called it, 'down the Mississippi. The way the cotton goes.' She knew no more of Liverpool than that. But she'd been brought up to honour a Lancashire man, even if her geography was scanty. She looked at me when I told where I'd come from, same as if I'd been a myth or a legend. 'Liverpool?' she said. 'Come in! Aye, there's hearths open to Lancashire up and down the world that'd be closed to England.'"

When he had entered the clinic at Nelson Street, Robert Jones stepped straight into the heart of Liverpool. Within a few hundred yards extended the docks with their far-travelled freightage, and a multitude of men following the calling of the sea. Coming from a quiet suburban house in London to this city of sleepless activity, he must, as an observant boy, have first seen and accepted Liverpool. How could he help it? Even Conrad, that very travelled mariner, when he

stayed at Belvidere Road, used to walk as it were inevitably to watch with intense and critical scrutiny the loading of an ocean-bound cargo ship. "The air is troubled," wrote Dixon Scott, as it might have been of Nelson Street, "with a soft sustained groaning. . . . And that direful sound, and the lament of labour going forward, in a shower of green light, beneath the vague riven masses of the liner, serve somehow to drive you on to thoughts concerning Liverpool's efficiency and tirelessness, concerning the bigness of her interests."

From the docks Robert Jones, throughout twenty years, had learnt to know all sorts and conditions of men in a sense which comes to few, and which only Liverpool could have given him. To Liverpool he became passionately loyal. But his loyalty was deserved. No city could have given him more or treated him so handsomely. On a public occasion, not long before he died, he said, "I don't know where to start or end with the town I have loved for half a century. I hope I may not be misunderstood if I add that I regard myself as a citizen of Liverpool by extraction. And it would be a very severe extraction indeed which would ever get me out again, a kind of spiritual wisdom tooth in fact. To accept and to adopt, that is to me the soul of Liverpool which you know and love as well as I. Is there ever a man or a cause or an industry or a human activity which this city has not carried inward or outward? If you recall the honoured names of the nineteenth century you will find in them all, whether it is men so widely different in creed and class as William Rathbone, or Dr. Raffles, or Mr. Gladstone, or Bishop Chavasse, a sense of civic patriotism which has built and is still building our great city. Is there any town familiar to so many widely different nations for such widely different reasons? There is the multitude who come and go by its docks like pilgrims of the night; there are those who travel far to see its great cathedral, and there are those who only know it by the name of Aintree. But that is not the soul of Liverpool. The soul of Liverpool lies behind the docks and railroads. It is in the heart of the city. Each nation

whose children have settled here has contributed of its best. And we in Wales have also done our share. In the rush and turmoil of modern life we have handed to her the best that is in us, and that is the gift of music. Without music it might be said the people perish. As a Welshman I rejoice that we have not come empty-handed. And as an adopted son of Liverpool I ask you to accept our national tribute."

The provincial spirit is the very life blood of men like Robert Jones. Eminent surgeons of the provinces of England have created a great part of modern British surgery and medicine. There have been Lister of Edinburgh, Spencer Wells and Lawson Tait of Birmingham, Macewen of Glasgow, James Mackenzie, the physician, of Burnley, Moynihan of Leeds, and there were Owen Thomas and Robert Jones of Liverpool.

The early years of the twentieth century were running smoothly on. It is a post-war convention to describe a sense of deepening tension as 1914 drew near. It is because of its tragic innocency before the crash of European and American stability that an event—if only a dinner—takes on an historical significance of which it was wholly unsuspecting.

In August, 1913, there gathered in London, during the International Congress of Medicine, the most notable assemblage of orthopædic surgeons from many nations which has or possibly ever will be gathered under one roof. As President of the Orthopædic Section, Robert Jones gave a banquet at the Royal Automobile Club. It was for him the zenith of all his hopes. Here under one roof, as his guests, were men representative of that international concord in which he had always believed. Who that was there will forget with what infectious gaiety he greeted them? Max Böhm of Berlin, Calvé of Paris, Depage of Brussels, Murk Jansen of Leiden, Spitzky of Vienna, Putti of Bologna, Vulpius of Heidelberg, and Turner of St. Petersburg—names amongst a score of others which return their faint and dolorous echo down twenty years of darkness and sorrow and disillusion. But out of the wreckage of his hopes some things remained. In responding for the United States, Dr. Robert Lovett, of Boston, uttered

words which give a fair estimate of the bond which Jones had so fortunately made with America :

“ I should not fairly represent my American colleagues did I not speak of the affection, regard, and gratitude which we feel for our host of the evening. His boundless hospitality, his untiring efforts to interest his guests, his capacity for making warm friends have endeared him to Americans in a way which finds constant expression when we speak of him among ourselves at home. But his influence finds a more enduring and practical expression in the fact that he is one of the important factors in influencing and shaping the course and development of American orthopædic surgery and its practice. For years he has conducted at Liverpool a post-graduate medical school, conducted with great labour, but without thought of reward or return. The reward must come even to so modest a man as our host in the universal esteem in which he is held, and in the widespread influence which he exerts.”

Within a year almost to a week, all those kindly words, those little friendly plans, were as spray driven on a disastrous storm. The years of preparation for Robert Jones had drawn to a close. From the dying hands of Hugh Owen Thomas he had received his principles, and by endurance and courage had established modern orthopædics. During the building of the Manchester Ship Canal he had learned the rudiments of the work of hospital centres in the care of 20,000 men. Because of the Royal Southern Hospital and his Sunday clinics for the poor he had become an accomplished surgeon, swift with casualties and patient with long disability. By his fight for crippled children he had set his feet upon the threshold of the ultimate cure and prevention of deformity. Inspired by all these so varied activities he had developed that close and mutual respect and allegiance with the United States which made the early arrival of American orthopædic surgeons possible at a critical moment in the Great War. But perhaps most of all he possessed the golden talisman of friendship with all sorts and conditions of men.

It was now August, 1914, and the hour had struck for this incomparable experience and these generous gifts to be laid at the service of his countrymen during many years and in many places.



## THE DISABLED SOLDIER (1914-1920).

*“Just as in the sixteenth century Ambroise Paré revolutionised the treatment of war wounds, so has Robert Jones in the twentieth.*

*“He has been the means of saving to the Empire and to our Allies a vast number of lives ; to him and his practical teaching and influence we owe it that our streets to-day show relatively so few war cripples.”*

—Conferment of Honorary Degree of Doctor of Laws on Robert Jones, Liverpool University. 5th June, 1925.





## CHAPTER X

### ALDER HEY

#### I

UNTIL the South African War the British soldier was not embarrassed by national sentiment, or even accepted as an honourable burden by the State. Whatever complacency may have been enjoyed by our victories in Flanders, Spain, or India, the public preferred that the military spirit should be within the pages of a history book.

One must repeatedly remind oneself that, until the European War, the very idea of hostilities affecting the English home had remained outside serious consideration. The difference between the wars of yesterday and to-day was signally described by Robert Jones when he asked an audience during the War to remember that "Near the Liverpool Military Orthopædic Hospital stands the Workhouse into which Charles Dickens turned to see Havelock's men on their return from India. He wrote—'Before going to their wards to visit, I enquired how they had made their triumphant entry there. They had been brought through the rain on carts and had been carried upstairs on the backs of paupers. The groans and pains during the performance of this glorious pageant had been so distressing as to bring tears to the eyes of the spectators, but too well accustomed to scenes of suffering. The men were so dreadfully cold that those who could get near the fires were hard to be restrained from thrusting their feet in among the blazing coal. They were so horribly reduced that they were awful to look upon. Racked with dysentery and black with scurvy, one hundred and forty soldiers had been revived with brandy and laid in bed, and the cultivation of laurels on a sandy soil had brought the soldiers in question to that abode of glory.'"

As a natural consequence of the gulf which more and more

separated the soldier from the civilian, the attitude towards his disability and declining years was increasingly remote and unsympathetic. A notable change in the public attitude towards the British soldier certainly came with the South African War, when the volunteer first took his place with the Regular Army. But the national emotion aroused by Mr. Kipling's popular verses did not cure the hereditary neglect of the disabled. The C.I.V. might march home again, but the realities of mutilation were obscured by thousands of miles, or banished to the wards of general hospitals. The great majority of British people still remained outside personal contact with the soldier as an individual. For all its dismal humiliations the South African War taught nothing except a renewed gratitude to the Almighty for the British Navy and the English Channel.

In 1914 delusions good and bad were discredited with equal impartiality. The unparalleled efficiency of the Expeditionary Force was the first introduction to our place in modern warfare. The British soldier and the British officer ceased to be a subject of indifference, or derision, or sentimentality, and became one for unqualified admiration and pride. The second shock to national complacency was the comparative isolation of the Navy. It became a mystery force, and reluctantly the householder was forced to swallow the fact that stalemate may happen on sea as well as on land. There followed in Kitchener's prophetic poster the crowning blow to the legendary security of England in the moral obligation upon every fit man to fight overseas.

To the medical services the prospect of a long and critical European conflict meant enormous casualties and the urgency of hospital accommodation. The retreat from Mons began on Monday, 24th August, 1914, and in three days we had lost in killed, wounded, and missing, nearly 8,000 men. Early in September, the Allies turned and fought the Battle of the Marne, followed by the drawn-out Battle of the Aisne, which, in less than a month, cost the country in killed, wounded, and missing, 13,500 men. Still more appalling were the

losses at the heroic first battle of Ypres in October and November, when under the reckless onslaughts of the German masses our casualties were numbered by tens of thousands.

During that heartrending autumn, Robert Jones no more than another anticipated the magnitude and prolongation of the conflict which was to come, nor foresaw the overwhelming call for that branch of surgery which was his own speciality. But to a mind which had been thinking in terms of orthopædics for the better part of forty years realisation must have come very quickly. Within a few months he must have realised the great place that the treatment of bone injuries would take in the restoration of the wounded. Here was a war in which all previous experience was practically useless. It meant gigantic organisation and highly skilled surgery if a huge army of the disabled were to be averted. Having spent his life in an atmosphere of the deformed and crippled, he must very soon have foreseen, more accurately perhaps than anyone else, what a terrible cumulative incubus was in store if this growing mass of war-crippled men were to be cast adrift. He knew from experience how handicapped such people are in body and mind, he understood their peculiar psychology, he could picture the time, labour, skill, and expense required if the disastrous results of all previous wars were not to be exaggerated a thousandfold. He knew that in so grave a national crisis no provision could be made for such a predicament. He also quickly realised that while wartime conditions were in general propitious to expenditure, the country's thought was bent first and last on beating the enemy. "Lose the War and we lose all" was the natural view. A country in this state of mind—and more especially the responsible Government of the country, and particularly and specifically the War Office—was not competent to grapple promptly and radically with a problem which Robert Jones, with the perspective of the experienced orthopædist, visualised in all its urgency.

Thus, all through the War, he must be studied in the position of a man ahead of his time. But, if he had vision, he

was no visionary but an exceedingly practical man. Good humour was his birthright and tact a point of natural genius. The habit of a lifetime stood him in good stead in his patient campaign for the wounded soldier ; without it he would never have succeeded.

Patience is the supreme virtue of the orthopædist. He does not expect immediate results ; on the other hand he knows that if he lays his foundations well, time will work for him. Robert Jones realised at once that a subordinate officer like himself, however much in the right, could not coerce the war machine. Had he attempted any such thing he would not have lasted a day, and his immense and valuable knowledge would have been lost to the country.

Looking back upon his work in the War years, it is instructive, and sometimes amusing, to see how deftly he adapted himself to the rigidities of the system. It will be observed how—watchful and active—he prepared his ground with great pains and discretion and then, at the proper moment, submitted his proposals in such succinct and convincing shape that they could usually be granted with acclamation and with credit to the authorities. However much he wanted, he rarely asked for more than he was likely to get at any particular moment. Thus, he never embarrassed the authorities, and kept the path open for further demands as current opinion advanced.

It will be observed that not the least part of his achievement was that by patience and tact, singleness of purpose and unswerving devotion to an ideal which neither delay nor obstruction could impair, he succeeded in building up an organisation which proved of incalculable assistance to soldiers during the War, and when peace came of permanent service to Great Britain. It is the arduous accomplishment of these things that the following pages attempt to illustrate. It will be seen how infinitely beyond anything that had gone before was the ideal which Robert Jones conceived, strove for, and in great measure achieved, in the treatment of the disabled soldier.

## II

When war broke out he was fifty-seven years of age. He had been working continuously at his profession since he was eighteen, his reputation was international, and he might, without any reflection upon his patriotism, have continued his normal occupation. But war is indifferent to age or distinction—was not Archimedes himself slain at a blow in his laboratory by a nameless raw barbarian? For all his longing for international friendship, Robert Jones joined up at once as a Captain in the Reserve and was attached to the 1st Western General Hospital. He was soon promoted Major, and in the normal course of duty made an inspection tour of the various hospitals in the Western Command. Accustomed for years to the highest perfection of treatment, he was horrified by what he saw and about the end of 1914 he sent a damaging report which quickly reached the War Office. This is the first indication that the wounded, like crippled children, would require, in a large percentage of cases, prolonged treatment under orthopædic specialists. It was the old story of the general hospital and quick evacuations to provide beds for fresh cases. The first step was to direct or transfer such cases into some institution which he could staff and control, as an example for future developments.

In a letter to the late Sir George Makins (May, 1918) Robert Jones wrote:—"During the first twelve months of the War no provision of any sort was made for cases crippled and deformed, and early evacuation was both the instruction and the routine. The result was that many men were discharged from the Army in a very large number of cases totally unfitted either for military or civilian life. These men promised to become foci of seething discontent and at that time a menace to successful recruiting. Letters poured in and representations were made which rendered it imperative that some effort should be made to stem the tide of premature discharges. It was then that Sir Alfred Keogh asked me if I

could help him, and it was decided (in early 1915) that an experiment should be made in Liverpool. Two hundred and fifty beds were allocated for this work at Alder Hey, which soon expanded to five hundred and sixty. I then went over the country to see the type of case which required reconstruction. . . .”

The A.D.M.S. Western Command, Colonel William Coates, a Manchester surgeon, wrote to him on January 18th, 1915, that the War Office authorised as many beds as necessary, up to four hundred, to be set apart at Alder Hey for the accommodation of cases in Military Hospitals likely to benefit by orthopædic treatment. The various hospitals were to be circularized on the subject. Robert Jones was put in charge of the Surgical Division, with Major Armour and Captain McMurray to assist him. “I am quite sure,” concluded Colonel Coates, “there will be a great field opened out, and that the authorities will be very grateful to you for placing your special knowledge at their service in this way.”

Alder Hey was—like Shepherd’s Bush in 1916—a landmark in the history of Medical Services in the War. Upon its success or failure depended the restoration of thousands of wounded soldiers in the coming years. From the experiment at Alder Hey, with its four hundred beds, developed the whole scheme with 30,000 beds for the wounded in this country. Robert Jones was on trial with one hospital wholly reserved for the orthopædic case. Years afterwards, in 1931, Sir Alfred Keogh (Director General of Medical Services, 1914-1917) wrote to him recalling “the early days of orthopædic work in the War, when its importance had to be vindicated and established. To you and to you alone the successful result has been due.” A generous tribute from the illustrious chief who backed him so staunchly.

But only patience could hope to gain either official or public attention at such a time. It was training for war, not physical recovery which faced the country. In 1915 there were the terribly costly British attacks on the German entrenched lines in France and Flanders, and the Gallipoli campaign. At

Neuve Chapelle in March there were over 8,500 wounded ; there followed the second Battle of Ypres with Hill 60 in April, and Festubert in May ; Loos filled the hospitals in September, and autumn came with every assurance of trench warfare until 1916.

During this year Robert Jones consolidated his position at Alder Hey prior to the inevitable development of specialist treatment for gunshot cases. He travelled and wrote and demonstrated. Already the overcrowded hospitals had no room for men who could never fight again, already the partially recovered were being discharged uncured, and already recruiting was suffering discouragement by the presence of patched and grumbling soldiers in every district and town. Alder Hey could now only touch a fraction of the problem, and Robert Jones was at last asked to give his views on the subject. What, in fact, was the position as he had experienced it ?

“ In the early days of the War,” he said, “ when the wounded passed into our country in countless numbers, our hospitals soon became full to overflowing. The same conditions were experienced in France. There was nothing for it but to evacuate the less serious cases to make room for others, with the result that our towns and even villages began to feel the burden of the cripple.

“ If the men were not discharged they were found segregated in Command Depôts, and these depôts from their nature were not equipped with the personnel which could effectively deal with them. A visit through these large camps very early proved to us that it was necessary to have certain hospitals governed by less stringent rules, where every accommodation should be provided for the type of case which required a sufficiently protracted stay to prevent deformity and to restore function. . . . Without segregation and continuity of treatment we were in danger of scrapping thousands of cases who possessed the potentialities of recovery, and these were not merely the serious cases, but also those suffering from lesser injuries, upon the recovery of which we depended in order to replenish



our fighting forces. . . . Many of these conditions were recoverable, and most of them might have been prevented."

"The treatment of these cases in the early part of the War," he wrote to Sir George Makins, Major-General A.M.S., "was deplorable. Everybody operated and everywhere hardly a single surgeon had an opportunity of following his case up. This was the testimony I received from surgeons in many parts, who deplored their fate in not being able to learn any lesson which should be gathered from operative results. 'We cannot follow up our cases,' I heard frequently, and the result was that unchecked adventurous enterprises in nerve implantation, nerve grafting, and nerve anastomosis were of frequent occurrence. Continuity of treatment, an essential desideratum, was impossible. A case might enter any of our large hospitals with an ulnar paralysis and stiff fingers. Early evacuation often meant that the surgeon would have to operate without an adequate preparation in the way of mobilising the fingers, and shortly after the wound had healed the case might be found nursing his stiff fingers in an auxiliary hospital or undergoing routine treatment at Command depôts, or sent back to another hospital for a fresh operation because recovery had not taken place in four or five months."

The fatal neglect of orthopædic training before 1914 was now tragically demonstrated. Surgeons trained to treat occasional accidents in peace time stood helpless before men shattered by shell and bullet. Overwhelmed by the deepening catastrophe, Robert Jones struggled to collect the small band of surgeons whom he had taught. But in order to preach the principles of orthopædics he gave the fruits of his experience in several papers and later in military manuals. They were largely read at the front, and in March, 1915, Sir George Makins wrote to him:

"Your papers in the Journals have proved the one effort of our friends at home that has been followed by useful results. I, and others here, are most appreciative of the practical value of them to the workers here. As you know well, the younger men will never see what importance to their reputation

the treatment of a fracture will be, and here they have found themselves in the midst of very troublesome ones. Your papers have exerted a tremendous influence for good."

Robert Jones, awaiting direct permission to handle the orthopædic case in special hospitals similar to Alder Hey, decided in 1915 by the written word and by personal demonstration to advise the better handling of cases of fractures at the front line clearing stations.

## CHAPTER XI

### THE CLEARING STATIONS

#### I

JUDGED by purely superficial observation, Robert Jones was the most peaceful and unpractical of men. He would lose his railway ticket, he could not work the simplest mechanism, and he certainly never pretended for a moment to understand the military machine. And yet, within a few months, he had studied and contributed to the salvage, comfort, and final physical restoration of the British soldier by practical suggestion and the written word.

Arising from his first visit to the front he made certain important observations. "In the early stages of the War," he recorded, "no surgeon had any knowledge of the appalling sepsis which supervened in wounded men who had lain in the mud of Flanders. The dry clean soil of South Africa and the clean bullet wound had given us all a false impression of the nature of military surgery. This impression was confirmed by the behaviour of wounds in the Russo-Japanese War. The highly manured soil of France and the lacerated wounds produced by modern shell fire soon presented another picture." And he continues as though recalling his practical experience amongst the dock and Ship Canal accidents in Liverpool. "Shattered limbs, lacerated wounds, and intense sepsis confronted surgeons, most of whom had not even the modified experience afforded in mining or factory districts where shattered limbs and milder degrees of sepsis are common occurrences. . . . In 1917, I described gunshot injuries of the femur as 'the tragedy of the War,' not only by reason of the fatality by which they were attended, but also because of the deformity and shortening so often associated with them."

He proceeds to detail the progress made during the early

months of 1915, and concludes: "To what are we to ascribe this dramatic change? First and foremost to the recognition, too long delayed, of the value of the Thomas splint, and to its distribution to the regimental aid posts."

The influence of Hugh Owen Thomas and Robert Jones on the salvage of life and limb on every front in the Great War must ever remain a moving and immortal chapter in the history of 11, Nelson Street. Thomas had offered the splint which bears his name to the French Army in the Franco-Prussian War. Had they accepted it thousands of French soldiers would have been conveyed to safety. But, judging by contemporary references the splint was little known until the European War. In 1887, R. F. Tobin, F.R.C.S., speaking upon the kind of dressing most available for gunshot fractures of the lower limbs in war, remarked—"A Liston's or a Bryant's splint gives immobility as long as it is supplemented by the patient's bed, but, as far as my experience goes, no splint on which the limb does not rest by its own weight gives satisfactory support when for any purpose the patient has to be lifted. The foregoing conditions are fulfilled by the splint to which Mr. Thomas of Liverpool has given his name." But, still in 1887, when Thomas lectured before the Harveian Society of London, the President blandly remarked that "many persons were unaware whether the inventor of Thomas's splints was still alive and in practice." But he lightened this rather depressing introduction by adding that "he had often heard the friends and parents of children who were wearing the apparatus call it 'St. Thomas's Splint'"—evidently a playful aside. One may be certain that Thomas greatly enjoyed the full flavour of London's reception of a provincial surgeon.

"In pre-war days," said Robert Jones in 1919, "a certain kind of homage was paid to the Thomas splint, but that was all. Its use was strictly limited, and in spite of its simplicity very few surgeons knew how to apply it, and in many of our teaching hospitals it was only known by name. In Liverpool we have long taught that fracture of the femur, simple or

compound, treated by a Thomas splint should at the worst not yield more than half an inch of shortening, and that if a surgeon desired it he could easily produce an appreciable lengthening. It has taken a Great War to drive this truth home. The caliper splint, which has been in use for over forty years at Nelson Street, was scarcely known."

At the front, between 1914 and 1915, the Liston splint was in use. Robert Liston was a surgeon of European reputation who died in 1847, when H. O. Thomas was a boy of thirteen, and ten years before Robert Jones was born. Yet it was the Liston splint, so soon to be utterly condemned on every front, which the R.A.M.C. were still using in 1914.

In an address to the American College of Surgeons in 1919 Sir Anthony Bowlby stated—"At the beginning of the War the splints supplied at the British Front were very inefficient, as well as very few. . . . A rifle made a better splint." Various improvements were tried, but by the end of 1915 Robert Jones' advocacy of the Thomas splint had resulted in its employment in many units, and it was soon adopted throughout the entire front, in conjunction with the stretcher-suspension bar which enabled a wounded man to be carried on a stretcher with the lower extremity suspended. It was the rule that "when a man with a fractured femur was found on the battle-field the splint was always to be applied before the trousers were cut open or the wound dressed," and the boot was to be left on the foot in order to immobilise the fracture without loss of time and before the limb was much handled.

"When the use of the Thomas outfit became general the transport of the patient to the casualty clearing station was very greatly simplified, because, as soon as the limb was fixed in extension and slung, pain was either altogether prevented or reduced to a minimum, bleeding was soon checked, and the steadying of the fragments effectually prevented further injury to the soft tissues and the spread of sepsis. The consequence was that patients arrived in infinitely better condition and shock was no longer so serious."

There were in 1914 a handful of pioneers who struggled

to save casualties by this splint, but little impression was made. There was Major Sinclair, of whom Sir Robert Jones wrote: "He reminds me more of Hugh Owen Thomas than any surgeon I have met, in his scrupulous attention to and mastery of mechanical details, and his zealous struggle for the salvation of a limb." Another pioneer was Noel Godfrey Chavasse. Perhaps one may be permitted to linger a moment in memory of that heroic young Liverpool surgeon, whose friendship provides a moving instance of the warm place his colleagues at Nelson Street or the Royal Southern always held in the affection of Robert Jones. No man was more haunted by the scenes of death and suffering he laboured to prevent or alleviate, and the loss of Chavasse was one of the heavy personal blows of the War years.

Noel Chavasse was a son of the late Bishop of Liverpool and a grandson of Thomas Chavasse, F.R.C.S. He entered as a student at the Royal Southern Hospital, and happening to attend Robert Jones' Saturday Out-patients' Clinic there, conceived an ambition to become his House Surgeon. This he achieved in 1913, and held the post for a year. When war broke out he joined the R.A.M.C., and throughout the period of his service corresponded with his old chief, who, always as much the comrade as the teacher of his young assistants, found time in the midst of his pressing labours to write to him week by week. The correspondence reveals to us the passion for healing and the personal devotion which Robert Jones inspired.

On 20th August, 1914, while examining recruits at Chester Castle for Kitchener's Army, and "hoping every day either to get sent abroad to fill a gap or else get appointed as Medical Officer to one of the new regiments," Chavasse wrote to say how much he appreciated his year at the Hospital as Robert Jones' House Surgeon. "Every American I met asked me if I realised my good fortune, and I always said that I knew I did. . . . For all the great lessons I learnt and for all the inspiration I gained from you, Sir, and most of all for your very great kindness to me, I wish to thank you from the bottom

of my heart—and to say that I shall never forget it, while it will always be my pride to think that I was allowed once to work under you.” And, not long after, his father wrote to Robert Jones—“He owes very much to you, not only as his Master and Teacher, but for your example in thoroughness, strenuousness, and wholehearted zeal for the welfare of our fellow men.”

Chavasse was posted to a battalion of the Liverpool Scottish as Regimental Medical Officer, and went out to Flanders, where he was awarded the Military Cross for conspicuous bravery at Hooze in June, 1915.

In October, 1915, Robert Jones sent Chavasse one of his books, possibly some sections of *Military Orthopædics*, then creating so much interest at the front. “I am reading it,” wrote Chavasse, “with the closest interest and attention. It brings back all the old days quite vividly, for I remember that much of the teaching in the book I had from your own lips, and what others must see by the pictures I have been so fortunate to have seen you demonstrate in very act. It was very kind of you indeed to remember your old student, and I do appreciate it very highly, because I can assure you that although you have many much more eminent disciples, there is no one who could have a greater respect or admiration for his old teacher or be more deeply sensible of the kindnesses he received at his hands. I often look back to the days when I worked under you with the greatest pleasure and gratitude, and whenever I get an orthopædic case I try to keep it on the lines which I think you would follow, or as I remember your teaching would suggest. . . . Your book has already been in some queer places, for it lives in my haversack and I read it at odd times. I carry about with me *David Copperfield*, *King Henry VIII*, the New Testament, and your book. After the two middle books I feel a glow of virtue, but the first and the last I read with real pleasure. . . . A week ago I read your book about two-hundred yards behind the trenches while the big charge was in progress.” Chavasse then describes how he got permission, being in reserve, to go up with his stretcher-bearers and help

with the wounded. They worked all night and then—“after a good sleep, I read your book and quite forgot where I was till a very big burst of firing and gunning made us all stand to . . .”

A year later, in October, 1916, Chavasse won the Victoria Cross for most conspicuous bravery and devotion to duty.

On 5th June, 1917, when writing to congratulate Robert Jones on his knighthood, he wrote—“I now glow with reflected glory to think that I was once your House Surgeon and shall ever be your disciple . . . I thank you very much for your kindness to me when I was your pupil, and am very grateful for the lessons taught me and the rules laid down by you, which have been of tremendous service out here. Every aid post now has Thomas splints in stock. But I have been carrying one about on my medical cart for the last two years. I hope we shall be able to save more fractured thighs. . . . We have been rather hard pressed for the last eight months, but are having a breather now. . . . Our Scotch boys will soon, I think, be severely tested. I do pray God we all play the man and live up to the traditions of our comrades who have fallen. I wonder when it will all be over.”

Eight weeks later, on the last day of July, 1917, Chavasse, now Captain, and still in Flanders, was carrying in a wounded man under fire when he was himself severely wounded on the right side of the head. But he carried on and repeatedly returned with stretcher parties in search of wounded men, bearing them to the dressing station which he had established in a captured German trench. A number of badly wounded men lying out in the open under heavy fire were brought in by him in this way. Though suffering intense pain, he continued for two days to attend to casualties, and during this time had no rest. Then on the morning of 2nd August, a shell pitched into the dressing-station, killing and wounding everybody in it. Chavasse was terribly wounded in the body, but managed to struggle out and fetch help. He was taken to the casualty clearing station at Brandhoek, but his case



was hopeless, and he died on 4th August, 1917. For conspicuous bravery during the whole of this action he was posthumously awarded a bar to his Victoria Cross. A brass tablet to his memory is in the corridor of the Royal Southern Hospital, Liverpool.

When writing to thank Robert Jones for his letter of sympathy (6th September, 1917), the Bishop wrote—"Our most dear boy loved and honoured you. He never forgot your unfailing kindness to him, and your life and work were one of the great formulative forces of his life. With all our hearts his mother and I thank you for what you did for him." And when thanking Robert Jones for a letter at the time of his resignation (25th July, 1923) the Bishop wrote further—"You, I shall never forget. My boy loved you, and you were as good to him as if he were your own son."

## II

Isolated enthusiasts like Chavasse and Major Sinclair were helpless to introduce the Thomas splint. It required more than an occasional medical officer to stop the terrible loss of life and limb. It meant that Robert Jones must convince the R.A.M.C. of the properties of a splint regarding whose unique advantages professional ignorance was still profound. "A general training in the treatment of fractures," said Robert Jones, in a speech at Edinburgh University, in 1921, "would have saved thousands of lives during the War. . . . Sir Henry Gray, in 1916, collected statistics over one of the Army areas and found that 80 per cent. of compound fracture of the femur cases died . . . and when immediate fixture of the Thomas splint was secured at the first possible moment, Sir Anthony Bowlby tells us that the mortality was reduced to 20 per cent."

The introduction in 1915 of the Thomas splint was, therefore, an event of transcendent importance. Very soon a report came home from headquarters that his

special splints were "now a permanent part of war equipment and their importance cannot be exaggerated." In January, 1916, the War Office requested Jones to cross to France himself "for the purpose of affording instruction in the methods of using the staff splints which have been introduced by you." He gave lecture demonstrations accordingly at Boulogne, Calais, Etaples, Abbeville, Tréport, Rouen and Havre. He also visited the casualty clearing stations.

The Thomas splint became as familiar to the soldier as to the Red Cross probationer to-day. "Where's them Tommies?" was heard on the lips of thousands in every tongue and uniform. The transformation would have startled Thomas. From an eminent Russian surgeon came a letter which is worth recording. "The application of the Thomas splint has proved a revolution in the primary fracture treatment, and the results have proved the efficacy of this immobilisation. The cumbersome Liston's splint seems to have finished its rôle at the beginning of the War. This progress in the treatment of fractures of the thigh is one of the greatest achievements of field surgery." It carried life and relief to every army. In December, 1919, Robert Jones learned from Dr. Hans Spitzzy, the noted Austrian surgeon, that he had approached him through a Swiss professor and in the common cause of suffering humanity for the Thomas splint. The letter never got through, but the testimony to Nelson Street remains.

It was one of the principles of Nelson Street that surgery was not enough. Both Thomas and Jones wrote in their off moments. In those flying visits to the front it was obvious that he could only convert a section here or there. So he published, in 1915, in the *Oxford War Primers*, a text-book entitled *Injuries of Joints*, the object being "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." He uttered a practical and prophetic fact when he added—"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 peace time, 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."

Papers that had already created the greatest interest at the front in 1916 were published in the following year under the title *Notes on Military Orthopædics*. The success of the book was immediate. Within a few weeks the first large edition was exhausted, and an order from America for a further consignment was received. It was translated into French and became a recognised text book throughout the Allied armies. It helped the soldier more than any other surgical literature of the War.

In this book Robert Jones adapted his profound knowledge of the subject, matured by long and unique experience, to the special needs of the moment in such manner that the general surgeon, suddenly called upon to attend to injuries with which he had had little acquaintance in peace time, could avail himself without difficulty of the consummate understanding and perfected methods of a master.

Wisely he asked Sir Arthur Keogh—then Surgeon-General—to write an introduction, for the name of the D.G.M.S. gave the best possible sponsorship with Army surgeons, for whom the book was intended. Sir Arthur Keogh, knowing all too well the plight which the insufficiency of orthopædic training had produced, took occasion in moderate terms, but trenchant implication, to indict the profession for their disastrous neglect of the subject, and to impress upon them its paramount importance. No statement pointed more clearly to the problems ahead:

"Of the many surgical problems which have needed especial attention during the past two years, none equals in importance those generally known as the orthopædic. The term has been extended to include cases not hitherto comprehended as belonging to this branch of surgery, and the

wider application of orthopædic principles has been forced upon us by their special importance at the present time.

“ This importance rests not merely on surgical, military, or even humanitarian considerations. The problem of the maimed and discharged soldier has leaped into prominence, and we are forced by grave social and economic considerations to devote our attention not merely to procuring a sound administrative system to solve it, but to securing the highest professional efficiency to ensure the best results.

“ The publication of such a work as this is at the moment most opportune. The long experience and the reputation of the author will be to the profession its best commendation, but I may be allowed to take advantage of the opportunity which its appearance affords of commending the subject generally to the attention of the profession. If within the domain of orthopædic surgery we include the many varieties of disabilities which, for administrative reasons, we are now bound to consider as coming within the scope of this branch of surgery, it follows that the general surgeon, no less than the orthopædist, is directly concerned with the subject. A wider extension of surgical work becomes, therefore, imperative. Indeed, no one who has had his attention drawn to the after-effects of some forms of treatment can hesitate to recognize that unless the general surgeon is concerned with the after-treatment of cases, the efficacy or inefficacy of original procedures will often be unknown to him. We are here concerned with conditions necessarily entirely different from those of civil life. The military surgeon's connection with his case is often brief ; cases pass from one surgeon to another with extreme rapidity ; few surgeons see their patients from the beginning to the end. One could well wish that there was no evil in this. But there is much of evil, and not the least is the fact that the orthopædic surgeon's work is enormously increased.

“ But it is not merely the methods of cure which, for many years to come, will confront the surgeon. The relation of disabilities to earning capacity is one of the most important

problems of the day. A large part of this subject comes within the domain of orthopædic surgery, and, indeed, the relation of physical infirmity to industrial work has become a question of no little moment.

“ If this work brings home to the surgeon the necessity for a correlation between early and late surgical procedures, and at the same time succeeds in obtaining for the discharged and disabled soldier the same surgical interest as is displayed on his behalf in the earlier days of his incapacity, it will prove to be a very solid contribution to national efficiency.”

Robert Jones' writings were infused with the spirit of encouragement to general surgeons struggling bravely and blindly against heavy odds. Thus, when treating of limbs disabled by nerve injuries, confessedly a difficult and complex group, he concludes—“ hardly any case is bad enough to justify a counsel of despair.”

As usual, too, he much preferred approbation to censure. Winding up the paper on “ Malunited and Ununited Fractures ” he says—“ The fractures met with as a result of gunshot wounds are usually very serious, and I have witnessed with pride the splendid efforts made by the young surgeons in France to save these mangled limbs. Sometimes we hear criticisms at home, not always kindly, sometimes very unjust, because amputations are performed without flaps, and limbs still suppurating are not in the best position. If the whole truth were known, these mangled limbs and flapless amputations often represent surgical triumphs where every art and device has been concentrated upon the salvation of life and limb.”

In dealing with “ The Soldier's Foot,” he outlines in a masterly pronouncement the qualities of a good marching boot, which should be nailed up for evermore in every quartermaster's store and boot-shop and factory as a reminder of the laceration and torment inflicted by the boots issued to the soldier in the early period of the War. Robert Jones, gilding the pill as well as he could, commended the Army boot of the day as being a great improvement on the boot served out in the South African War, but he called attention to its obvious deficiencies.

Afterwards, as a result of his recommendation, the pattern was remodelled, to the infinite advantage of the soldier in marching capacity and well-being.

During the two and a half years of unprecedented warfare, our medical services had made extraordinary progress abroad. The early confusion and bewilderment caused by the magnitude and novelty of this problem had been rectified. "In April 1917," says Robert Jones, "most of our more tragic problems were being overcome. Sepsis and gas gangrene had largely lost their terrors. Shock was being adequately dealt with; wounded men at advanced units were promptly and effectively handled; continuity of treatment from regimental aid post to the base was being secured, and standardization of methods appreciated and practised. Team work was in full swing, while the segregation of special cases under expert men had already made advance."

During a visit to Boulogne in 1916, Robert Jones had met and formed a warm friendship with Sir Almroth Wright, then busy on "those prophylactic measures against enteric fever which saved multitudes of lives," as Lord Moynihan said, when bracketing them as two of the greatest benefactors during the War.

## CHAPTER XII

### SHEPHERD'S BUSH

#### I

WITHIN eighteen months of the outbreak of War, the influence of Robert Jones was permeating military surgery, by deed and word on the front line, and in the hospitals at home. With the dawn of 1916 he determined to prevail upon the War Office to provide adequate provision for the treatment and cure of those cases of gunshot wounds which were ultimately, by his persuasion, to be given adequate care in special institutions all over the British Isles, called by the then unfamiliar name of "Orthopædic Centres." It was a bold step to propose at a time when a policy of rapid evacuation and a return to the front seemed the only vital problem before the country.

In 1916 was the costly battle of the Somme with its wasting operations afterwards ; it was the year of Verdun and Jutland. The whole world was drenched with blood, and the pressure on hospital accommodation became more and more intense. The call for more men was insatiable. Of the future of the wounded or even their present needs there could be no calm consideration.

All that the War Office required was men and more men, and it was in that atmosphere of distracting public apprehension and national crisis that Robert Jones sat down and wrote a letter to Sir Alfred Keogh, Director General of Medical Services. This was February, 1916: "It seems to me," he said, "after twelve months' work at Alder Hey, that at present we are only able to touch the fringe of the orthopædic problem, and that this is due to a want of knowledge on the part of the profession as to fundamental principles, prophylactic and curative, and due also to the fact that there is no systematic supervision of orthopædic cases by men of special

knowledge. The general surgeon, however brilliant, when confronted with these cases, is unable to steer them in the right direction or to prognose their future.

“There is also a want of cohesion between departments of treatment, such as massage, physical exercises, electricity and manipulative and operative groups of cases, all of which properly controlled make for success in orthopædic surgery. It appears to me that we want one large orthopædic hospital combining all these departments, and staffed by expert men under a director, who should be the final arbiter as to the conduct of treatment. This hospital should contain at least eight hundred beds and should be a military hospital. Every facility should be offered in order to secure good men and for the adequate equipment of the institution. This hospital should deal with the more complex type of cases, gathered from all parts of the country.

“The collection of orthopædic cases presents a difficult problem, details of which will require considerable thought. I have had long conversations with Gray and Lynn-Thomas, and we agree that a clearing house scheme offers perhaps the least objection, and would not invite friction amongst the members of the staffs. A clear definition of the scope covered by the term ‘orthopædics’ should be supplied to the C.O. of each general hospital in the Command, making him responsible for evacuation of orthopædic cases from his hospital and its auxiliaries into a clearing house, to which should be attached a good surgeon of orthopædic training.”

This letter was not a little revolutionary. It harked back to the long experience of Nelson Street, and openly declared that the general hospital was not competent to handle a large percentage of the wounded. It could not be anticipated that its proposals would be accepted without a struggle. And it is in the ebb and flow of that prolonged fight for the disabled soldier during the next four years that Robert Jones proved loyal to his principles, and remained quite unmoved or unshaken by opposition. He urged as a start the creation of one large orthopædic hospital in which the more complex type of case



might be sent from all parts of the country. What he desired was a demonstration institution in London, which might convert sceptical or hostile opinion. For this hospital he required a staff composed of the younger generation of surgeon, either trained in his methods, or, as he put it, "with minds sufficiently flexible to grasp new ideas, and with sufficient energy to bear the strain that orthopædic work involves."

The War Office was throughout sympathetic. But its immediate problems were concerned with the prosecution of the war, and it was at its wits' end to accommodate the train loads of wounded arriving by every boat. As a compromise Hammersmith Workhouse at Shepherd's Bush was authorised as a hospital for orthopædic cases, and the negotiation of the enterprise was facilitated by a grant from the Red Cross funds.

Shepherd's Bush ultimately proved more than a demonstration hospital to familiarise the methods of orthopædic surgery. It was destined to become a concentration camp for the organisation of similar centres all over the British Isles. That the War Office foresaw the future is improbable. But one problem was certainly not foreseen. The War Office could only interest itself in crippled soldiers so long as they were undischarged.

Immediately it was clear that a soldier could not be sent back to the front, the rule was that he should be discharged and obliged to leave the military hospital. In many cases this would occur in the middle of treatment, when, if a man were to receive any benefit he would probably require some months more. Here threatened a conflict of aims. While the main object of the army hospital was to restore men to the fighting line, the specific object of the Red Cross, working hand in hand with Robert Jones, was to enable those who would never fight again to return as useful members to civil life.

Of this disconcerting problem, he said nothing at the time. Instead he started the work and looked to the future to strengthen his hands for the discharged soldier. A practical illustration

of his scheme to correlate the requirements of war and peace is seen in the curative workshop.

"Our first experiment," said Robert Jones, "in devising work having a *direct* curative bearing upon the recovery from injuries was started by permission of Sir Alfred Keogh at Shepherd's Bush Military Orthopædic Hospital. The plan was rapidly extended to other centres. It has proved a very valuable adjunct to the other departments. Theoretically we have the power to compel men to adopt this curative agency. In practice that power is never needed. We depend largely upon the psychological element to help in the recovery. The result is that there is an ever-increasing demand for work, so that at Shepherd's Bush we have had largely to increase the plant and shops. There is a great advantage in a persuasive over a compulsory attitude towards the worker. The unwilling pupil, the rebellious, were shown the advantages of submitting to treatment. Great sympathy and patience were exhibited by the staffs. The cured comrade added his persuasion, and the men began to show a growing spirit of trust. Secondly, there came the direct benefit both mentally and physically derived from Curative Workshops . . . Give the soldier inspiration in regard to his physical improvement, and he soon appreciates the line he should take. Let him go to work happily, and he is happy in work."

That was the pleasantly simple note peculiar to Robert Jones in speaking of his work. But in 1916 it was not by any means so easy. It was in fact an experiment in which the War Office took little interest, and the soldier regarded with a good deal of hesitancy. The curative workshop acted in a process both of psychological and physical restoration. In 1916, in his preface to "Notes on Military Orthopædics," Robert Jones remarks:—"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 orthopædic 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 Orthopædic 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 Orthopædic Hospital at Shepherd's Bush alone, out of eight hundred patients, about five hundred 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 carpenter's and blacksmith's 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 *morale* in hospitals where 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."

Shepherd's Bush created more interest and aroused more enthusiasm than any hospital during the War. The sense of despair was lifted. Like Baschurch or Chailey it possessed an air of hope and occupation, which was unexpected in men crippled and undergoing a long period of operative treatment. The King took a great interest in the Hospital from the start, and in July, 1916, visited it, and was taken round by Robert Jones.

Queen Alexandra came on July 13th, 1917, and sent the following letter, so very typical of her kindness and insight:—  
"I am desired by Queen Alexandra to tell you how exceedingly pleased Her Majesty was with her visit to the Military Orthopædic Hospital this afternoon.

"The planning of the Wards, the Workshops, the Rooms and appliances for specialised treatment, in fact the whole system on which the Hospital is conducted—giving not only comfort and relief by the most modern and up to date appliances to the patients, but also providing all those who are in any way able to work with employment, which enables them to assist each other and to help in the construction of nearly everything that is required in the Hospital—appeared to Her Majesty to be admirable.

"The value and advantage of this work is shown in its appreciation both by those who are employed on it, and those who are able to benefit by their labours.

"Queen Alexandra was deeply interested in all she saw, and the general impression left on Her Majesty's mind was that everything that science and skill could suggest, combined with the most tender, zealous care, was being done for the wounded soldiers who deserve everything that can be done for them, and the appearance and general tone of the patients bore testimony to the happy relations that seemed to exist between the Medical and Nursing Staff and the wounded soldiers who are under their care."

But a charming instance of Queen Alexandra's deep intuition and knowledge of human nature may be added. There was

a lame patient who felt in despair about his future. The Queen hearing this took him as it were aside, and compelled to use a stick herself, pled with him the importance of making the best of his handicap.

This wide interest led men and women in every walk of life to visit Shepherd's Bush between 1916 and 1919. Such publicity served very definite ends. The possibility of recovery whether for war or peace under the orthopædic scheme became more and more recognised, the old traditional ideas about the cripple gave way, and the future return of the wounded soldier to civil life was gradually evolved.

## II

The first experimental curative workshop was opened at Shepherd's Bush, on March 1st, 1916, and in the same month Robert Jones was appointed Inspector of Military Orthopædics. He was now authorised to establish orthopædic hospitals upon the same principles as Shepherd's Bush in other parts of Great Britain. "It was only after a long probationship," he said in 1917, "I succeeded in persuading the War Office to allow me to start 'curative' workshops in all my centres, and these are being pushed forward. . . ."

The magnitude of the problem affecting the wounded had by 1916 gravely perturbed the nation. Robert Jones started to organise his centres without delay. Apart from the younger orthopædic surgeons, he called upon many friends of peacetime days to assist him. There was Berkeley Moynihan of Leeds, Harold Stiles of Edinburgh, John Lynn-Thomas of Cardiff, and whenever possible he had taken them into consultation. To these colleagues in particular he owed an immense debt for their sympathy, allegiance and advice. Difficulties and problems confronted them in abundance. At the onset the type of case admissible as "orthopædic" had to be settled and specified in the War Office circular to hospitals at home and abroad. Robert Jones on March 14th,

1916, begged the War Office to "take a somewhat broad view of military orthopædics." There were quite evidently grave controversies ahead upon what was to be included in the orthopædic camp. It was, as a consequence, necessary to create a confidence amongst general surgeons in the orthopædic scheme, to staff each centre with surgeons trained in orthopædic methods, and to extend provision for the wounded all over the British Isles. If these main steps are followed the long struggle for the best curative treatment of a large percentage of the war casualties will be seen to have been no easy task.

There was at the start a universal spirit of incredulity regarding the whole matter. Both by professional soldiers and general surgeons that hapless term "orthopædics" seemed either a joke or an affront. "I remember," says Robert Jones, "General French coming to inspect one of our centres and reading on a board 'Military Orthopædic Hospital.' He asked his A.D.C. what 'orthopædic' meant. The young officer blushing admitted he was not quite sure, but presumed it came from the Greek, and had to do with 'straight' and 'foot.' To which French snorted, not unreasonably, 'What a damned silly name to give a military hospital.'"

There arose an instant and steadily increasing problem of how to staff these new centres. In April, 1916, the French were complaining that Great Britain had not sufficient men under arms, conscription was under discussion, and the enlistment of 200,000 married men was imminent. The War Office was faced by the insistent demand of public sentiment that every able-bodied man, including medical men passed for military service overseas, should go abroad. In June, 1916, there was an urgent call for five hundred doctors overseas. The medical profession itself was strongly opposed to any exceptions. But to Robert Jones, the necessity to retain surgeons who were competent to handle orthopædic cases was equally imperative for the return of the wounded soldier either to the trenches or to civilian life. It was, in short, no time for him to claim preference for young surgeons, and yet young surgeons he must have if the scheme was to succeed.

An instance may be given in his letter to the War Office, upon Alder Hey, Cardiff and Leeds. It shows ironically how keenly he felt that the structure must be preserved in direct opposition to the hysterical clamour for sheer man power. If the corner stones went the whole orthopædic building of the future was jeopardised.

“ I do not wish to embarrass you at a time when you have so much on your mind. Indeed I am prepared to strain every faculty I have to help you. It is necessary, however, for me to put before you clearly, that if the emergency order in regard to overseas service is left without the possibility of modification it will be quite impossible to run certain of the orthopædic centres. In each of these centres as an emergency measure certain men can be released, but there are some who are absolutely indispensable for skilled operative and educational work. For the moment I will not discuss the case of Shepherd's Bush, but will refer to the provincial centres, Liverpool, Cardiff, and Leeds. At Alder Hey we have eight hundred orthopædic patients, and between forty and fifty operations are performed there every week. The whole of the responsibility of this great concern in its surgical bearings rests on the shoulders of two expert orthopædist, Captains Armour and McMurray. These men by their special aptitude and training are able to organise and direct the work efficiently with a surprisingly small assistant staff. They perform all the complicated operations, and on account of the shortage of men they are responsible for several hundreds of extra military beds in the city. If Alder Hey is to exist as an orthopædic centre neither of these men should be taken from me, however great the pressure from abroad. Whatever is done with any other members of this staff I may regret, but I shall not complain. Both these men are at work from eight in the morning until late at night. . . .

“ If any of these men are taken the orthopædic work at these institutions must cease, unless we are to bring these particular centres into discredit. The essential men at Shepherd's Bush are well known at the W.O. I hope my

importunity will not be misunderstood—I am really not *adding* to trouble by trying to save the orthopædic scheme from wreckage. No matter how many hospitals are started abroad, these centres will become more than ever in demand, and the very few men I ask for can do more work than thirty or forty who have not been specially trained.”

## III

It was at this period that Robert Jones toured the country to visit cases in general military hospitals and develop his orthopædic centres. Two years of war were having their inevitable result. Cases urgently in need of highly skilled care, whether for restoration for active service or discharge into civil life, were being kept indefinitely without adequate treatment in all kinds of military hospitals, auxiliary hospitals, or Command depôts. He was more determined than ever to do what was possible for these shattered men before it was too late. It was no easy matter. In those days the wounded soldier had passed too often from the vortex of war into a backwater of stagnation. He was bewildered and disheartened. To make it possible for him to be saved depended far more upon personality than pensions. A very eminent man who was officially connected with Robert Jones between 1915 and 1918 has written, “A friend was talking to me of Lord Roberts and said that he was the meekest man he had ever known. I thought it a curious epithet for a great soldier, so looked up the word in a good dictionary. It was the right word, and it is the right word for Sir Robert Jones.

“When I first met him in 1915 at the War Office, I was attracted at once by his charming voice and his kindly face. I had not heard of his fame and his achievements, and I was meeting daily new men, most of them warranted organisers with a genius for co-ordinations. In such a galaxy it was difficult for me to pick out the man who was going to win the war. But I marked two in my mind, and one was Sir Robert



Jones . . . I write as a layman, knowing little of the divine art of healing. But I travelled much with Sir Robert, helping to acquire suitable buildings for his orthopædic work, and listening to him as he spread the gospel through England and Scotland; and I became his advocate with the War Office. Sir Alfred Keogh realised the genius and the value of Sir Robert's labours, but none realised in 1915 and 1916 that this quiet, patient man from Liverpool, this man with vision, was going to win in his great fight for the men with the consolidated wounds. There they were in large numbers in hospitals all over the country, waiting for him to coax them back to activity, to recall them to life. I remember many scenes. A long ward of unhappy, disgruntled men, in their blue clothes. Sir Robert takes the hand of one of them. 'You can't open your hand.' Then he plays with the hand, takes a finger and moves it. 'This little pig went to market; this little pig stayed at home.' The fingers move and the hand opens, and the crowd in blue gather round, and the unhappy faces begin to smile. I saw many such scenes. I did not so much watch Sir Robert's skilful manipulation as the faces of the wounded men, and I noticed that most beautiful of all expressions, the dawning of hope. I am no blind enthusiast, carried away by the wonder of seeing many instances of Sir Robert's healing power. All will admit that he was a great master of orthopædics; but I was more interested in his personal influence, in his magnetism. I have seen some Indians who possessed this power, and once saw in Palestine a great man who wielded such an influence over the Near East. As he walked with his crowds of followers through the fields, plucking the ears of corn, he brought to my mind a picture of a greater Man talking to His disciples. And as I watched Sir Robert in hospitals and camps, listened to him explaining his methods, or appealing to large audiences in Oxford and other centres for sympathy with, and understanding of, the possibilities of orthopædic treatment, I am certain that his success was due, not merely to his profound knowledge of orthopædic art, but was due *mainly* to his unique personality.

He infected all with his quiet enthusiasm and infected them personally.

"He was fond of everything and found good in everything. And just as in his healing he drew out pain and ill humours from his patients, so did he draw out all that was best in every man he met. He must have been a very happy man, for he made happy all who came near him."

Robert Jones was called upon to meet who can say how much hesitancy, opposition and discouragement, both from regular army doctors and general surgeons. But his personality carried all before him. "Military starch," recalls Tait Mackenzie, sculptor, surgeon, and his friend and ally, "wilted before Robert Jones's astonishing gift for overcoming antagonism and turning would-be foes into friends." Visiting a Yorkshire depôt one day at the request of the medical officer, the inspecting party were confronted on their arrival by an outraged A.D.M.S., who stiffly informed them that as he had not been properly notified of the visit no inspection could be made without his authority. "Well, may we?" asked Jones, with his friendly smile. Taken aback, the bristling dignitary could not but consent, and made the rounds with them.

Prejudice and favouritism were alike impotent to sway him in his choice of the best men to command the centres. A surgeon of note, but of inferior orthopædic experience, published a violent attack on his system of treatment in a professional journal. Robert Jones, bred to controversy and untroubled by self-importance, saw nothing but a colleague intensely interested in the subject, and forthwith invited him to take charge of one of the new centres, quietly remarking, "I think he is a good man. When he is more familiar with our methods, he will change his views." And he did, making an excellent commandant, devoted to his chief. No opposition would stand for long against the logic of his methods, the skill and sureness of his technique, and the thoroughness of his after-treatment—all joined with the simplicity and generous humour that was a fundamental part of his rich, lovable nature.

The pin-pricks he accepted with great good humour. It was never his duty to feel discouraged or aggrieved. He was gifted with that most rare quality—a sense of humour, by which one means the capacity to endure with a smile. In 1917, in the midst of his tremendous task to mend the ravages of war, he received one of those genuine minutes which can never be imitated, but which preserve for all time the splendid limitations of the official mind even in the year when England was never so near catastrophe.

“ P.S. to D.G.A.M.S.,

. . . . . We notice that authority was given for a very extensive tour last August, but hope such a large expenditure of petrol is not contemplated this year in view of the critical shortage. Possibly you will urge Colonel Sir R. Jones to use the railways in every case possible and hire locally at Government expense as a far more economical method from a National point of view.

8-6-17. (Sd).....D.A.D.S.”

“ Q.M.G. 6.

“ Colonel Sir R. Jones has been asked to comply, as far as possible, with your Minute, and there is no doubt that he will do so.

“ The D.G., however, asks me to point out that this tour by motor was arranged to conserve Colonel Sir R. Jones' time, the value of which cannot be too highly estimated.

“ He is the only man who can do the orthopædic inspections on which he is engaged, and which result in the return of so many men to the fighting line far earlier than they would otherwise get there.

“ With a restricted train service, days would be lost on such a tour as that carried out last year, and such days are invaluable.  
9-6-17. (Sd).....P.A. to D.G.A.M.S.”

This was followed by a personal letter to a good and practical friend in the War Office enclosing a modest account. “ I

have," said Robert Jones, "tried to keep it as low as possible. I have had to keep cars all day long, otherwise I would never get through the work. Those I have not put down. I have charged for a London and Liverpool railway contract because it is economical. But if there is any difficulty I would, of course, rather forgo the account altogether."

## IV

The scheme of curative workshops was quite a simple one. It aimed at getting the men fit again as soon as possible for the army, but it also provided a bridge between military and civil life. To Robert Jones the discharged soldier, whether crippled or cured, must have the chance—if necessary—of being trained for employment. At Shepherd's Bush, the great experiment was commenced, and only in time.

In May, 1917, when the hospital had been running fourteen months, he put the position clearly enough:—"From the beginning of the War, I have been convinced that the most serious problem for us as a nation is the question of how to deal with the disabled *discharged* soldier. In the early days thousands were discharged as unfit for the Army; and, more is the pity, *they were unfit for anything else*. A large proportion of them should not have been discharged at all; for, with orthopædic treatment, they might have been transferred into useful citizens, instead of forming the nucleus of a discontented and bitter party, large enough to paralyse all efforts at progress. This is now being largely remedied, but until an individual interest is taken in the man from his *entrance* into hospital, until he enters civil life, our material duty will have been left undone. The time to get at him is while he is an inmate of the hospital. . . . In going round the ward I often say to a patient—'What are you going to do when you are discharged?' He doesn't know—he often has not thought, and is only worried by the final payment of his pension. A short conversation will almost invariably help him to decide the problem. He is

in this way made happy by his new prospects, and the nation is made richer by his physical and mental reconstruction."

Shepherd's Bush was not only a great military hospital for the wounded soldier during the War but the pensioner after the Armistice. It lay at the heart of two signal contributions to War and Peace. It demonstrated the possibilities of orthopædic surgery in the greatest city in the world. And it preached the gospel of rehabilitation.

"I have lived and worked long enough," said Jones in 1917, "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 until 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."

There were in 1917 immense difficulties before such claims could be openly advanced. The War Office maintained a very definite attitude towards retaining cases for prolonged treatment and training who were not able to be discharged. So early as 1915, Robert Jones had clearly estimated how great a social problem this was to involve. As months passed he took up the cause of the disabled soldier as a social problem, which would soon become critical. He foresaw, long before public agitation, exactly what was coming. In 1916, he wrote:—"It is quite true that the most important object of the military mind is to end the War successfully; but there is absolutely no reason why that desire and determination should clash with the civil one. On the contrary, an early understanding is essential to the full success of either. When the War Office says that men should be discharged from the Army so soon as it is known they will not be fit for service, they cannot *really* mean it. If they did, it would involve the discharge of half our wounded in the most critical stages of

disease, many of them to die, and most of them destined to deformity and functional disability. It is clear therefore that whatever the War Office says, they would never dare to give effect to so inhuman an act. Orthopædic hospitals would be at once closed if we had to depend upon patients intended for the fighting line. The Army Medical Service dissociate themselves from any responsibility in regard to the discharged soldier. But the problem requires a telescope rather than a microscope. Statesmen must and will see that the economic solution is only satisfactory if the wounded soldier becomes a national asset, instead of a discontented derelict. If the wounded soldier cannot look after himself, it is our duty to see that he does himself no harm. My opinion is, that no soldier should be discharged from the Army until everything is done for him to make him a healthy and efficient citizen, and when the War is ended he should not be discharged until he is declared to be fit and fortified by the necessary help or knowledge which will enable him to take an honourable part in life. If a soldier knows beforehand that we are striving to make him functionally useful, and not necessarily with the intention of sending him to fight, the psychological effect is such as to materially expedite his recovery. When the country knows the economy involved in taking care of the soldier, the fact will soon be accomplished. Unless we begin to train soldiers before they are discharged, we will find that the very large proportion of them will be unwilling to learn any trade. It is the experience of other countries that not more than twenty per cent. of discharged soldiers will submit to tuition. This is a very serious fact, disastrous to the morals of the country and to the Treasury.

“ It is quite clear that, whatever view special departments take of the problem, if we are to get adequate results, both civil and social discipline is an essential element, and before any other details are decided we must secure a definite pronouncement on this point. It is suggested by some to keep a tight hold upon the soldier by means of his pension. This will never answer. Can we imagine Mr. Lloyd George

answering a democracy when charged with interfering with a wounded soldier's pension? It seems to me that a pension should be inviolate, and all these constant efforts at periodic revision defeat their ends. If I were wounded and received a full pension of 25/- a week, and was asked to learn a trade by which I could make 15/- and be paid 10/- pension, I should probably prefer to remain idle. The discharged soldier should have every incentive to work, so that his industry should add to his wealth. The productivity of his labour becomes the important asset to the Nation, not the number of shillings paid out to him."

. . . . .

In this pioneer scheme he had an unexpected and deeply enthusiastic ally in King Manuel of Portugal, who, representing the British Red Cross, was able to support his project with funds and personal and unremitting labour. Between them grew up a close friendship which lasted until death. Upon the work of King Manuel for the disabled soldier much could be written, and not sufficient said. His position was a difficult and not an enviable one. Exiled monarchs are seldom accorded more than tolerance in foreign countries, and are rarely given full credit for their qualities. Shrewd and hardworking, a persuasive platform speaker, and with a very charming personality, King Manuel certainly did as much for the wounded soldier in Great Britain as lay within the power of any layman. He took the whole problem to heart long before it had occurred to many in the Government that the Armistice was not the earliest moment at which to consider the future of disabled men. His devotion to Robert Jones was intense and not a little affecting, because it was the loyal reciprocation of one who, by his peculiar position, might never have been afforded a chance of hard and continuous labour. And it was in steady concentrated work that he found his real vocation. He was a fine musician, a first-rate tennis player, but most of all a student. To those who have experience of such things the

completion of his catalogue of Portuguese books will forever declare him no royal idler or disillusioned exile.

For several years King Manuel worked at Shepherd's Bush from early morning till late evening, simply and solely for the cause of the disabled. He raised large sums of money by public appeal. But his happy relationship with Robert Jones, was, one cannot doubt, his greatest solace. To the last he fought so far as possible in his cause.

. . . . .

The historical importance of Shepherd's Bush is that it became the first experimental hospital in training the disabled. By 1917 Lord French had ceased to ask with a laugh what "orthopædic" meant, and accompanying Robert Jones round the workshops congratulated him upon instituting the first scheme for training the disabled soldier. As a pioneer institution Shepherd's Bush became the model for centres at Manchester, Leeds, Newcastle, Oxford, Reading, Cardiff, Birmingham, Bristol, Bath, Edinburgh, Glasgow, Aberdeen, Dublin and Belfast.

From 1916, until the problem was shouldered by the Ministry of Pensions in 1918, Robert Jones struggled to preserve the disabled discharged soldier from disaster. It was an heroic crusade. Thousands of men would never have regained their capacity for work had he not consolidated, against all misunderstanding and indifference, his scheme of hospital training. The more it is considered the finer it appears in every sense—technical, statesmanlike, humane—magnificent in power, vision, resolution and courage. Here, for the first time in the history of War, was a man who knew that broken men could be restored, knew how to do it, and was ready to introduce it on Armageddon scale.

Shepherd's Bush was for these reasons a landmark in the history of the disabled soldier. Here, as at Baschurch sixteen years before, the structure of recovery was laid and demonstrated. It was at Shepherd's Bush that Robert Jones



consolidated the framework upon which the whole national scheme for cripples originated and took form. It was an experimental plant for the restoration of sound bodies. As months passed it took on a sense of permanency, it gathered about it a tradition, it might with a little imagination have become a permanent national institution ; instead of which it was ordained by some inscrutable fate that it should arise from the mediocrity of a Poor House, and to that forlorn destiny return.

## THE AMERICAN CONTINGENT

## I

IN 1917, Sir Walter Lawrence with his intimate knowledge of the position, warned the country that "the extension of orthopædic centres must depend on the power of Sir Robert to find or train orthopædic surgeons."

The position in that respect had become more and more critical from 1916 onwards. Apart from the struggle to retain the handful of men skilled in his methods, Robert Jones knew he must increase their numbers continuously. How was this to be done? How at a time when the front line was crying out for doctors of any age and experience, could he retain or recall young surgeons equal to the supervision of hospitals and the training of staffs to carry on the work?

Owing to his old association with the United States it was natural he should get into confidential communication with American surgeons. The matter was a delicate one, as the United States had not yet entered the War. A few months before America joined the Allies, President Wilson appointed a Council of National Defence. This department was assisted by an Advisory Commission of seven experts. One of these was Dr. Franklin H. Martin of Chicago, whose recent book *The Joy of Living* presents in its second volume the preparations which enabled Robert Jones to secure American surgical assistance at a most critical time. Dr. Martin asked him in July 1916 if he required surgeons, "because I am in touch with the right sort of men—the best material in the United States." There was no question of the answer. The unrestricted U-Boat campaign began in February, 1917, and the United States came into the War in the following April. Here was the opportunity he had awaited with deepening impatience. But there was a secondary problem. From a sentence in a letter

to the War Office, of March 1917, it is apparent that the possibility of an American contingent had already been suggested. "From letters I posted to you," he says, "it is clear that the imminence of War may stop an American supply." Happily the entrance of U.S.A. had the opposite effect.

The Director of the American Army Services at the time was Major-General William Crawford Gorgas, who had won world-wide fame earlier in the century in his fight with yellow fever. He was a follower and friend of Manson, though he had never met him, and like Robert Jones, was one of the great apostles of preventive medicine in its struggle for security from disease.

The first contingent, including twenty young orthopædic surgeons, arrived at the end of May, 1917. We have two graphic accounts of this episode.

"Until our country entered the War," writes Joel Goldthwait, "it was not possible for us to do much to help Robert Jones. Less than three weeks from the day the cablegram arrived, twenty carefully selected young surgeons sailed with me and arrived at the end of May, 1917, at Liverpool. No words can possibly describe Sir Robert's apparent feeling with the arrival of this group of experienced men to help him with the task that had been put upon him by his country, with practically no young surgeons that could be released, or who were trained for this special work. A few days were spent in Liverpool working over the special assignments of these men, after which about six weeks were spent by me in study of the special problems with which our country would be confronted."

This dramatic scene has also been well recalled by that other great friend and ally of Robert Jones—Robert Osgood of Boston: "A call for help came early from Sir Robert Jones. He had ample hospital space and ample authority to care for the bone and joint cases flooding back to England from across the Channel, but only a handful of trained surgeons to care for them. Goldthwait grasped

the situation. Orthopædic surgeons were telegraphed from their work, from their vacations, even from their honeymoons. Commissions were obtained in twenty-four hours. Necessary equipment was collected, Surgeon-General Gorgas appointed Goldthwait chief of the autonomous Orthopædic Section of the Medical Department of the Army, and twenty orthopædic surgeons with Goldthwait at their head arrived in Liverpool before Sir Robert knew that they had left America. They were placed at his entire disposal, assigned by the American Army to service with the British. In a month or two Goldthwait returned to America, collected sixty more and made plans for the supplying of others when they should be needed."

The first contingent of United States surgeons were soon at work in the centres. But once more Robert Jones was haunted by the fear that, with the arrival of the Americans, his own specialists might be taken for the front. He also was looking towards the future. In a private letter to a member of the Medical War Council he wrote on the 8th August, 1917 :

"So far as military orthopædics are concerned, it is not possible to train men over military age in this work and at this stage in the War. It is, however, imperative to retain all our specially qualified orthopædic men, and, as far as possible to train others in the work. You and I discussed this at length at Shepherd's Bush. The number of orthopædic cases arising out of the war is constantly and rapidly increasing, rendering imperative the establishment of new centres. Institutions of a character needing orthopædic assistance will have to be established in all large centres, under the Ministry of Pensions, for the after-treatment of discharged men. Therefore, we need young qualified men to be trained in military orthopædic surgery to deal with these after-war problems.

"I may add that the country is deeply indebted to our American friends, without whose help it would have been very difficult, if not impossible, to carry on as we have been able to do. Twenty experienced orthopædic surgeons from the United States of America are now doing excellent work in the various orthopædic centres, and it is being arranged

that a number of young American surgeons will be sent over for two or three month's training in military orthopædic surgery, in order to be of service to their country.

"I shall be so much obliged if you can get the Medical War Committee to understand the urgent need there is for a limited number of these specially trained men. I quite realise that no young men who are not absolutely essential should be retained in this country, but there are some who are positively essential unless the orthopædic department is lamentably to fail."

Later on in the same year Jones applied to the War Office for another contingent of surgeons from America. The appeal was granted. This made it possible to start new centres, and new centres meant salvage for the wounded, with an increasing chance for the discharged.

Goldthwait was a backbone of strength to him. In mid-July, 1917 he has recorded: "I returned to the United States to make arrangements for the supply of the personnel that would be needed not only to carry on the work of the hospitals of the American forces, but to see that Sir Robert Jones was kept supplied with a well-trained group of young men.

"My return in early October of the same year, 1917, accompanied by sixty young orthopaedic surgeons, made a great impression upon Sir Robert on our arrival at Liverpool, and gave him, of course, a splendid personnel to help with his ever increasing hospital services. . . . From that time until the close of the war, there never was a time when there were less than sixty or seventy of these younger surgeons working in the British Orthopædic Centres, technically all under orders from me, but serving with the British, and their salaries met by the American Government. The personnel in the British hospitals was changing from time to time, some of the surgeons being drawn to France to carry on in the American Hospitals, but others were supplied when these were taken away, so that the British Service never suffered, and there were always a certain number of the specially competent American surgeons left in the British Centres, so that the

training of the new arrivals would not be put upon the small British Staff."

Robert Jones was not slow in acknowledging the debt he personally owed the Americans. He realised that now the United States was in the War, the natural instinct of his volunteers would be with their own countrymen. So he wrote to Goldthwait at the end of 1917:

"Osgood will probably have spoken to you about the men you call away. Do you think it would be a good thing if a certain number of your men who really show great aptitude were earmarked as instructors for others who come over? I think that would be a tremendous strength to your own Army and to the Orthopædic Centres here."

In return the American Medical Service made a hero of him. It was impossible to be jealous of a man who always did his utmost to enhance the powers and prestige of his coadjutors and never lost a chance of praising them and, furthermore, never uttered a boastful word. His old friend, J. F. Binnie of Kansas City, attached to Gorgas, wrote on 2nd September, 1917; "There is one man—not an American—whose word has become Gospel to the Medical Department of the U.S. Army, and that man is yourself. I know this to be so, as I am spending two weeks in an advisory capacity in General Gorgas' office."

## II

To the American surgeons much of the success of the orthopædic centres in 1917 and 1918 was due. Joel Goldthwait had organised arrangements in the United States and in Great Britain, and Robert Osgood made himself a friend for the whole movement of British Orthopædics. Of his services then and afterwards, Robert Jones wrote:—"He graciously consented to be my second-in-command during and after the establishment of Orthopædic Centres, which ultimately housed over twenty thousand wounded men. 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."

From 1917 onwards to the end of the War, the centres became more and more recognised as a training ground for British, American and Colonial surgeons. In a letter to Sir George Makins in May, 1918, Robert Jones says:—"The American surgeons who have kindly come to our assistance . . . have been an enormous help, and have won the appreciation and respect of their colleagues wherever they have been cast. In addition to the more senior men the American Government are asking us to train junior men to make them more efficient at the front. I am extremely sorry that our own Government has been unable to do the same thing. A training in our centres would be of very great assistance to the young surgeon. The Australians are availing themselves of it, and the best-known New Zealand surgeons have all undergone a four months' course in preparation for work at home. These surgeons have expressed the greatest gratitude for what they have learnt. I am only too desirous of roping in the general surgeon, but how am I to do it unless they are first of all prepared to learn the lesson?"

And again to the D.G. A.M.S. at the end of the war, December 13th, 1918: "These centres are largely equipped by American surgeons, who have been most useful to us and have given help and received training. We have nearly a hundred of these Americans—about fifteen of whom are doing high-grade work. We have less than forty British operative surgeons, about half of whom are first-class, although we have many others who are in charge of special departments. . . . Many of our Colonial friends have already availed themselves of these advantages, and the New Zealanders have sent their best surgeons in sufficient numbers to staff fully three large orthopædic centres. These men have undergone a very thorough course of training, lasting six months, and have

expressed in very appreciative terms the advantages they have derived from this experience. During the whole time these classes have been in progress hardly any young Englishman has had the time or opportunity to gain similar knowledge, so that the classes have consisted mainly of Americans, Colonials, and the junior staffs attached to the centres. . . .”

But the debt was not altogether upon the British side. Referring to the work of the American surgeons under Robert Jones in Great Britain, Robert Osgood has written :—“ If this was a friendly and helpful courtesy to the British Medical Service, it was a far more fortunate opportunity for the American Medical Section. Here, working under the great master of bone and joint surgery, they learned at first hand the best methods of rehabilitation of bone and joint casualties. From these Jones-trained American surgeons were selected the chiefs of the orthopædic services which, under Goldthwait’s direction, were later organized in practically every American base hospital overseas, and in the battalion first aid stations with the troops at the front,” And long afterwards Dr. Joel Goldthwait said at a meeting of the American College of Surgeons in 1921, that the fact that there were less than 4,000 amputations among 200,000 wounded American soldiers “ was due to the methods of treatment of Sir Robert Jones.” He added “ more than four hundred young American surgeons received invaluable orthopædic training under Sir Robert Jones—training they could not have acquired otherwise in a lifetime, and he felt the whole country was enriched by the return of these men to civil practice.”

After the Armistice, Robert Osgood wrote from Washington : “ There is, as you can realise, increasing need for men trained in the way that you have been able to train them, for our problem over here seems to be almost beginning . . . The satisfaction that comes from finding that men are returning to our home hospitals with almost no preventable deformity is a satisfaction which you must share in full measure with us, for it was you who taught us how this might be accomplished, and it was the stimulus of your work which made it possible for



Colonel Goldthwait and General Finney to plan such an organisation and obtain the consent of the Chief Surgeon to this radial control scheme."

The episode of the American contingent was one of the most inspiring and competent of the War—a memorable example of professional efficiency and a mutual agreement to relieve the agonies of the battlefield, each side vying with the other in handsome acknowledgement of the benefit received. Never before had the medical profession been afforded so signal an opportunity, and they accepted it with enthusiasm.

The co-operation of the American surgeons was a pledge for the progress of orthopædics in national life. The War had advanced the field of crippling diseases from a minor branch of surgery into a social problem familiar to the British and American nations. It had united the surgeons of both countries in a common bond, which as the years passed he believed would never be severed. "This war," said Jones in a speech in New York in 1919, "has brought us very close together, not alone as nations, but as professions with high ideals striving in honour and fidelity for the common good." And then turning to the future and his hope that all should not be lost, he added, "The War has brought us face to face with myriads of actual and potential cripples. Every branch of the healing art will be tested to the utmost. The peace and prosperity of our countries may largely depend upon our success or failure. We will not fail for lack of effort, and I trust that both our Governments will afford us every facility to come to grips with the maimed and crippled. The reconstruction of the disabled demands the most sympathetic and close co-operation of official Government agencies. In England, more perhaps than here, the wounded and disabled form a large proportion of the population, and no obstruction must be placed to prevent them from becoming happy economic factors rather than hopeless derelicts. This can only be done by teaching them to be independent and self-respecting, with an object in life. Charity would degrade them, and idleness is a curse to both rich and poor. It remains for us as a profes-

sion to make our wounded physically fit, or to restore to the utmost their potential function. We have learnt in this war the close association between organic and mental conditions and the rarity of the true malingerer. By restoring health we give a new lease to the mind ; we open the way to training and to education, and we stifle at its source the elements which make for revolution and discontent."

## CHAPTER XIV

### INTERLUDES OF WAR

#### I

“**T**WO contrary laws seem to be wrestling with each other nowadays; the one, a law of blood and death, ever imagining new means of destruction and forcing nations to be constantly ready for the battlefield—the other, a law of peace, work and health, ever evolving new means of delivering man from the scourges which beset him. The one seeks violent conquests, the other the relief of humanity. The latter places one human life above any victory; while the former would sacrifice hundreds and thousands of lives to the ambition of one. The law of which we are the instruments, seeks, even in the midst of carnage, to cure the sanguinary ills of the law of war; the treatment inspired by our antiseptic methods may preserve thousands of soldiers. Which of those two laws will ultimately prevail, God alone knows.”

So spoke Pasteur upon the opening of his Institute in 1888, and his words might have been the testament of Robert Jones. Upon the three constructive ideals of “peace, work, and health” it is possible to illustrate both his philosophy and his scientific attitude towards the soldier.

He was, to begin with, the incurable civilian. During a period when even level-headed persons assumed a court-martial manner, it was beyond the power of any uniform or decorations to transform Robert Jones. For that he was instantly beloved and respected. To the end of the War he regarded his uniform with awe and perplexity. The higher he rose in rank the greater were his betrayals of that strict code which the military state observes, or perishes. He had said in 1915—“I’m sorry not to be a captain, but a Major is the only possible rank. One can be oneself as a Major. A Major is neither very old nor very young. Thank God

I'm not a Colonel. That's the end of everything." But he became a Colonel—lived it down, and scrambled more or less into the impressive uniform of a Major-General. It might and indeed did overwhelm most men and saddened their subordinates. It is to the honour and glory of Robert Jones that he also lived that down. If he was a Major-General according to crossed swords, he was still a Surgeon-Lieutenant Submarine Miners—that splendid corps—in soul.

From the War years there have lingered like echoes growing ever less durable memories of his incorrigible outbreaks. In the summer of 1915, overcome by the warm weather, he took thought and visiting his tailor devised a uniform of his own, which because it resembled that of colonial forces recently arrived, gravely perplexed those officers whose duty it was to maintain the dignity of the King's Regulations. For a time he was the coolest officer in the British Army. The cloth was not a drill or a silk, but something between the two, and extremely luminous. It could not, of course, be maintained very long. The first warning came when two shop girls walking behind him were heard to remark, "Ain't he a one? All dressed up like a bloomin' chameleon." He knew then that he was in danger, and shortly afterwards it was conveyed to him in the pleasantest possible fashion, that unless he was ordered somewhere very much south of Suez he must return to regulation khaki. But a mere return to any particular cut or colour, belt or button, did not suppress or convert such an ineradicable civilian. Not that he ever lost respect for his uniform. What betrayed him was his inability to remember it had its obligations. To a man who once attempted—under the belief that he was in a non-stop train—to change into his evening dress trousers shortly before he neared a famous junction, the differences between full and undress were certain to remain an ever-deepening mystery.

Formally commanded to attend at Buckingham Palace "to receive at the hands of the King the dignity of Knighthood which has been conferred upon you," and the order being "morning dress or uniform (Service dress)," two days before

the function he was seized with qualms about his sword—to wear or not to wear! And it was said that even after these urgent preparations His Majesty was observed to glance at him with mingled reproof and affection. An even worse moment occurred when, at the Royal Garden Party, it befell the Director-General of Medical Services to commence undressing him in the seclusion of the rhododendrons. Suddenly into the sanctuary burst a remonstrating figure. “Thank Heaven it’s only you,” gasped Robert Jones, seeing it was Sir Walter Lawrence in urgent search of him.

As Major-General he fared little better. To see him moving down Whitehall with his arms full of parcels, his great coat half unbuttoned, made the Horse Guards pale. But that was nothing to his encounter with the sentry at St. James’s Palace. The young man spent a very laborious ten minutes one day when Robert Jones selected his vicinity for a quiet domestic chat with his daughter. Affectionately arm in arm, they passed and repassed that sentry, who, not a little impressed by so distinguished an officer, saluted and then again saluted, and in fact proceeded to salute with so much stamping and clattering that, giving him rather a sharp look, Jones, *sotto voce* to his daughter, said, “For goodness sake let’s leave that noisy fellow.”

When he crossed the Channel his progress was marked by the same symptoms of irrepressible humour and the inability to be portentous. When he visited the front from time to time his duties did not take him under fire. Nor were the occasions upon which he approached the front line particularly successful. On one of his earliest visits, when he still held the comfortable rank of Major, he left the hospital where he had been demonstrating the Thomas splint, and gathering that the front line trenches were beyond a neighbouring hillside, crawled on hands and knees to get a view over the summit. While he was thus prostrate and about to realise his ambition, a Colonel, —who had been observing him for some time with deepening suspicion—came on tip-toe behind him, and suddenly roared “What the devil are you about, sir?” To which Robert



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Jones, raising a heated countenance and losing, as always, his pince-nez, replied "I'm only trying to see something of the War." "Then b——y well go and see it from the trenches," bawled the Colonel with extreme truculence.

An episode of a finer calibre was when, as a Major-General, he was sent to the Italian front, and while moving along an entrenched mountainside, deep in conversation with a Colonel of the Arditti, was dimly aware of an irritating pattering on the wall beside his head. The Italian Colonel, who had seen many heroic men, but none so intrepid as this, at last burst out—"For God's sake, General, duck your head, an Austrian sniper is getting busy." And at Mess that night there came a little present as a token of appreciation—the dagger of the Arditti, which he modestly accepted.

This innocency and infectious gaiety opened doors wherever he went. Goldthwait relates that when he was due to inspect their lines they were in a staff billet with a formidable French woman in charge, and they debated how the visitor could be made comfortable. There was no need for them to have worried. To Robert Jones, all foreigners were persons to be treated with the utmost cordiality, and as an act of courtesy he always addressed them in samples of their own language supported by elaborate gesticulations; and at the worst, no one but a scoundrel or a mentally defective would have misinterpreted his transparent friendliness.

It appears that there were two houses reserved for officers' quarters in Neufchâteau, and great rivalry as to the rating of the different officers, the two women in charge vying with each other as to which would achieve the highest average of rank. To Madame Collignon a Major-General was a signal personal triumph. She insisted upon helping him to remove his boots and more responsible garments, and then excusing herself went to the cellar and opening a bottle of her choicest wine, proposed his health with acclamation. There was, one has been assured, a scene of great *entente cordiale* when Robert Jones responded in his troublous French, but with very obvious symptoms of camaraderie. "You have slept



in a room," said Joel Goldthwait when he bade him farewell, "we never knew existed, or imagined could exist, and you have had some wine that none of us would otherwise ever have drunk."

Such scenes are not merely trivial. They illustrate something of the habit of mind which made him instantly welcome amongst disgruntled soldiers wearied with operations, amongst sorely tried officials, or worn-out medical officers. Because of this infectious camaraderie it is not difficult to understand the desire of the War Office that qualities so innocent and practical, cordial yet diplomatic, should be used to restore harmony and confidence in situations full of controversy and personal animosities. Such men are so rare as to be almost outside official consideration. To win all along the line by sheer good will is not reckoned within the armoury even of the Diplomatic Service.

## II

At the end of 1916, a few days before Christmas, Robert Jones left for Switzerland. The British prisoners, most of whom were maimed by wounds or otherwise incapacitated, had been transferred from Germany earlier in the year under a reciprocal and entirely beneficent arrangement between the combatant nations.

Reports had been reaching England for some months past that things were not as they should be in Switzerland. On the one hand there were complaints from our soldiers about their treatment—chiefly rations; on the other, complaints from the Swiss about their behaviour—chiefly drinking. Robert Jones was the Rhadamanthus deputed to weigh the issue. As his orthopædic work was in full stride he made an instant but unavailing protest.

"I wrote to Sir Alfred Keogh," he reported to General Russell, "and mentioned the matter to him. I also ventured to say to Sir Alfred that though I am, of course, your very obedient servant always, if the trip is likely to take much time

orthopædics may suffer very badly, now that we have the workshops scheme in hand, and the whole of the centres want very carefully supervising. I am sure both you and Sir Alfred will take this into consideration when you decide as to what you will do with me. As you say, to relinquish my command or to be demobilized might arouse suspicion as to the many bad habits I have, and it will be an interesting question as to whether I am dismissed for incompetence or drunkenness!"

Whether he would have been more usefully engaged at home or not, he was the very man for such a mission. On the surgical side his qualification was unsurpassed, while his discernment, his sensitive understanding, his power of winning confidence, and his faculty for criticising not merely without giving offence but with the cordial concurrence of his victim, enabled him to deal effectively with a situation containing many elements of potential trouble both international and domestic.

In nine days of extraordinary activity, including the days of arrival and departure, he visited the camps at Mürren, Château d'Oex and Leysin, and the hospitals affiliated to them at Interlaken, Berne, and Lucerne. These camps stood in charming surroundings with plenty of sunshine, and the men were well housed, some in the best hotels, and others in private chalets. The British soldiers had arrived from Germany poorly nourished, dazed and spirit-broken, but in the new atmosphere of comparative freedom, wholesome food, and the finest air in the world, they quickly became themselves again, recovered their spirits and put on flesh, took kindly to the Swiss officials, and fraternized with the villagers. But after a time, when their strength came back to them, lacking outlets for their energies, they got "fed up with everything," and for want of something better to do groused about their rations and sought solace in alcohol. It was not the quality of the Swiss victuals, which were excellent, nor the quantity, which was abundant, that our men resented, but the kind. Soup twice a day with continuous macaroni and polenta (ground maize), in which the Swiss delight, was anathema to a self-

respecting Tommy, while the gruyere cheese from the Alpine pastures for which the English gourmet will pay a good price he accused of being "too white."

What the English and foreign authorities thought of the impending inspection is not known. One can take it for granted the soldier (if he knew) was extremely critical.

Robert Jones shirked nothing; he tasted the sausage and found it good, sampled the soups and approved them, but diplomatically suggested that they might be thickened to suit the solid taste of the British soldier. Then the drinking. There had undoubtedly been cause for serious concern, and the officers had been at their wits' end to cope with it. The British soldier, while better behaved in a general way than either the French or the German, undoubtedly drank more than either. Well considered and good as the Swiss arrangements were, there was one disastrous flaw. Internees, having canteens of their own, were forbidden by Federal order to enter the cafes and were penalised for doing so; but the cafe-keepers, being under Cantonal law, were not punishable for serving them. While Robert Jones was at Berne, Colonel Picot, the Swiss Officer in charge of the British interned, wrote an inspired document to the War Office with practical suggestions for the suppression of the scandal. But it is arresting to notice that these proposals were couched in vigorous English quite unlike a translation from the French, whether of the good Colonel Picot or anyone else!

Having exposed the evil and indicated methods of correction, Robert Jones passed on to constructive proposals much nearer to his heart—in a word, the necessity for occupation as the only true remedy. Never once, from first to last, did he admonish the men. He saw too clearly how bitterly they had suffered in German prisons, saw also that men who had been intentionally demoralised for so long could only recover their fibre by the saving grace of work, and must be systematically helped. His phrase "the reform of the patient" shows that here at last he was on his own orthopædic ground. He urged the necessity of re-education schemes and workshops

as the only true antidote to the evils and temptations of camp life, and as the supreme moral restorative for men who had plumbed the depths of suffering. "I have never," wrote Florence Nightingale home from Scutari, "seen so teachable and helpful a class as the Army generally. Give them opportunity promptly and securely to send money home, and they will use it. Give them schools and lectures and they will come to them. Give them books and games and amusements and they will leave off drinking. Give them suffering and they will bear it. Give them work and they will do it." And that also was the secret of the curative workshops in the Great War.

Robert Jones made great friends with the Swiss camp doctors, and it is obvious that by the time he had examined some hundreds of patients in their presence, mostly orthopædic cases, these general practitioners, locally recruited, had recognised him as a master of his craft and were hanging on his words, begging for more information and making hurried notes of what he said. When he found their treatment wrong, they took his correction in good part, and he won their loyal service by firmly supporting one of their number who had been suspected of neglect because he had refused to operate too soon. He then proceeded to visit the regular hospitals, and heard with great satisfaction that the English gave the least trouble of all, and were also the pluckiest, never refusing any operation that was advised.

To the wounded British officers especially, his arrival was a godsend, for many of them were in the depths of depression. They had suffered intensely in Germany, they had not seen their homes since the beginning of the War, they had, in their ignorance of surgical technique, lost all trust in the Swiss surgeons, and they had given up all hope of ever getting well again. Robert Jones examined every one of them, restored their confidence, and promised in many cases a sure recovery. Experienced in the psychology of sick men, understanding the sensitiveness of practitioners honestly doing their best, knowing also the petty clashes which must inevitably arise in complicated and impromptu organisations, he praised where

he could, corrected where he must, and poured much oil on many troubled waters.

It was a wonderful visit and bore much good fruit. Accustomed, as he was, to sailing serenely through oceans of work, Jones must have surpassed himself on this occasion, and although the mission had been forced upon him in the first instance he could never have regretted it. He left no enemies behind him but many new and lasting friends.

### III

In September, 1918, a few weeks after the death of Lady Jones, which occurred in August of that year, Robert Jones was persuaded to visit the Italian front accompanied by his friend of many years Sir Harold Stiles.

At that time the Italians under General Diaz, having repulsed the heavy Austrian onslaught at the Piave in June, were completing their preparations for what proved to be the final attack on the Austro-Hungarian Army. With the Italians were three British and two French Divisions and one Czecho-Slovakian. Local arrangements for the tour were made by the Italian Detachment of the British Red Cross under Sir Courtauld Thomson, the Chief Commissioner for the Mediterranean region and the Near East, who was installed at the Rotunda Palladiana, a sixteenth century villa at Vicenza—a convenient centre on the plain of Lombardy about seventy-five miles west of Venice.

“An old Palladian villa,” wrote Robert Jones, “the most perfect of its kind in Italy, where our host Sir Courtauld Thomson, a man of singular charm, has made the most perfect arrangements for us. . . . The calm and repose of this ancient villa are enchanting. . . . Can you imagine us sitting outside on the verandah surrounded by ancient statues, and taking our dinner in peace, except for the roar of guns and flashes of guns and the flares to light up the battlefield. It is a most dramatic experience. . . . We are treated like princes, and

the red tabs produce an awe-inspiring effect upon the inhabitants !”

It was a glorious Italian autumn, before the drenching rain which came to swell the Piave and impede the Allied advance at Vittorio Veneto in late October. First the Englishmen visited the British front, inspecting the casualty clearing stations, regimental aid posts, and the operating centre; then the Italian base hospitals in Venice. Afterwards they visited the Italian front and the British Red Cross units attached to the Italian Army, under the pilotage of G. M. Trevelyan and Geoffrey Young.

One letter has perhaps sufficient of general interest to be quoted at length. It evidences, if no more, the lively interest which Robert Jones—then a man of sixty-one—took in the vivid frontier line of war. It is written to his daughter on September, 26th, 1918 :

“ Before telling you of my experiences of yesterday I want you to know that I have finished visiting the front and will not be near the trenches any more. I shall, therefore, not again be in the range of gun fire.

“ We started in a motor for the Italian lines and ascended through the most gorgeous scenery to the Italian front. I can only explain its nature when I say the motor itself climbed over five thousand feet to the advanced motor station of the Red Cross, only a mile and a half from the Austrian lines. We passed through endless villages, which were unrecognisable, to the rock upon which the station rested. It was a magnificent sight seeing the Italians at work on the cliffs, the numberless big guns, booming and thundering on the way, all hidden from enemy view by the most ingenious and bewildering camouflage. This Red Cross motor station is the most advanced on any of the allied fronts in Italy. I found there a band of really heroic young men who were crocks from the military point of view, but who constantly rescued people from the firing line. One of them named Young, who was, in pre-war times, a most noted Alpine climber, had had his leg amputated above his knee and yet returned to continue

his work. He walked miles up the mountains although forty-four years old ; it was an inspiration to see him cheerful and bright, climbing steep mule paths, and sometimes riding on a mule through the gorges and narrow paths. Another, a young Quaker, had the heart of a lion, and would have received the Victoria Cross had he been in the Army.

“ Lunch was ready for us in the little hut, and about fifteen were at the mess. The guns roared and reverberated in the valleys. We had only just sat down when a shell burst less than a hundred yards from us, then a second and a third, a piece of shrapnel—which I have got—striking our hut. It was all very much in keeping with our surroundings, and two men outside were hit but not fatally. Can you imagine in such surroundings the following menu—

Antipasta Pasubiana (anchovies, sardines and sliced ham).  
 Salmon—dried.  
 Tagliatelli alla Vall' Orsa.  
 Bistek a ferro.  
 Potate piselli.  
 Dolce Siciliana.  
 Frutta.  
 Caffè.

“ It seemed so odd. The little crowd were full of enthusiasm and laughter. Trevelyan, whom probably Freddy will know, was in command of them. We had coffee on the ‘balcony’ and were photographed. I then went in an ambulance to a village five miles distant in order to mount the heights on a ‘Telefarico.’ This is an iron basket which carries ammunition to the mountain top—the highest fort on the line, about 7,000 feet. We were introduced to the Italian Colonel of the most daring of their regiments (the Ardittis). Alas—orders had come that it was not prudent to venture by this apparatus because of strain which was being put upon it by ammunition—but perhaps we might be able to descend by it. A pack of mules were in readiness, and the Italian Colonel and our little party started up through the most hazardous tracks until we reached the base of the peak, which

consisted of a massive tunnelled stone fort. We wound around this on foot—my hat had to be removed because of its bright colour—and behind sandbags we saw the Austrian trenches not more than a kilometre away. Shells were bursting in various places. The Colonel explained in detail the positions, for we were now on enemy ground. Indeed the ambulance station was on Austrian territory, and we were told that it was the only mess which took place on enemy ground. The Colonel asked if I would like to be conducted to absolutely the furthest point in the fortress, so we went. The rock is tunnelled and there are two kilometres of steps. We traversed a long distance and then appeared on the sheltered open. I got hold of a rope and the Colonel said ‘Don’t pull that; fifty yards higher up is our most advanced man, and three days ago we captured this spot from the Austrians.’ He then seized hold of a hand grenade, undid it and flung it down towards the Austrians. It exploded in about five seconds. He then took another and flung it—it was a dud. He then took a third in his hand, and after undoing the connection, turned round in foreign fashion asking why the devil the other had not exploded, brandishing the live implement in his hand. I had a real fear that he would forget to throw it. Just in time he flung it and in literally two seconds it exploded. He then hurried back and sat beside me—roaring with laughter, saying—‘That will provoke the swine.’ And sure enough machine-gun fire was directed towards us. The whole scene was a curious blend of comedy and tragedy. It was like poking a caged lion with an umbrella.

“We then descended, and in crossing a traverse, my hat again had to be hidden as snipers were at work. We reached—a few hundred feet lower—the divisional headquarters and were introduced to the Italian Officers. We sat down first to lemonade, then tea, then a liqueur of old oily brandy, and swore eternal friendship. Then on mules down the deep paths and this was the worst sensation of all. We then reached the ‘Telefarico’ starting point, and Stiles and I lay down on the basket and we were wafted over a mile to our destination.



It was thrilling and delightful. A motor awaited us and we ascended another height and inspected an Italian advanced dressing station. Stiles and I then endeavoured to keep a dinner appointment with the Staff of a base hospital thirty miles away. We descended in the dark—were obstructed by the transit of big guns—lost our way, and arrived two hours late to a great feast, but alas they had finished their meal. Then we motored twenty miles to our delightful home, the Villa Rotunda.”

Returning through Milan and Turin to Paris he visited the British front, and afterwards the American lines. Upon this occasion he was able to receive a fleeting visit from his son Arthur. To his daughter he wrote :

“ Yesterday I went through Arras and into the ruins of the Cathedral, round Dead Man’s Corner, and along the Arras-Cambrai road. General Thompson gave me a vivid description of the battles, and we went up on top of Monchy and into an observation post, where, by the aid of a telescope, I saw the streets of Douai, the flooding of the Scarpe, and the whole field of battle as far as Cambrai ; Lens to our right. We saw the firing of our batteries and the shells of the enemy ; the explosion of ammunition dumps—a most dramatic scene. To-day the Deputy Director General devoted himself to take me to see Arthur. He travelled twelve miles to meet us at this divisional H.Q. He looked splendid. The General kindly invited him to spend the day with us visiting the battle-fields of the Somme. He let Arthur sit with me all day in the motor limousine, and he showed me where he had been. He had come directly to us from the front line trench. We saw the scenes of all the recent advances, went through Bapaume, took our lunch in a German dug-out, and along the famous road to Albert, and there saw the fearful scenes of destruction newly waged. For three hours we motored through the various woods and villages, saw the largest mine crater explosion which exists in France, and crossed the Ancre. It was a memorable day—but sad to see poor Arthur leave us for the front line.”

Robert Jones and Sir Harold Stiles then visited the Americans, and Joel Goldthwait recalls that "He made the visit with me along our Front, making stops at our different advanced hospitals and dressing stations, seeing the way in which the early treatment of the battle casualties was being handled, with the use of the Thomas and Jones splints, these splints practically always accompanying each ambulance or each pair of stretcher bearers, and applied on the field before the wounded man was moved. This greatly impressed Sir Robert, and had the War gone on more intensive use of these principles would have been carried on along the British Front."

## CHAPTER XV

### THE EX-SERVICE MAN

#### I

THROUGHOUT 1917 the future was black and ominous. Looking back upon those months one cannot be surprised that the claims of civil life seemed far away. The submarine campaign was raging, the Battle of Arras, the second Battle of the Aisne, Menin Ridge, and the third of Ypres—all these had poured new multitudes of wounded across the Channel. "The year 1917 was a year lost by both sides," declared Foch. The Russian Revolution had broken out in March, there was the campaign in Palestine, the Italian retreat, and finally the Cambrai advance.

But Robert Jones was undismayed. He believed that he would succeed, in spite of an Army Council Instruction which forbade public funds for curative workshops.

"There is a great responsibility upon us," he wrote, "that we should take the earliest opportunity of implanting into these wounded men habits of industry and self-respect, rather than let them drift for forty years as loafers and derelicts."

The conventional attitude of the professional man towards laymen is rarely distinguished by mutual understanding. It was a very considerable asset in Robert Jones that throughout his career he depended upon the support of men and women outside official or professional life to carry his schemes to success. This virtue of enthusiasm, removed altogether from the damaging suspicion of patronage or expediency, went straight to the heart of the civilian. At Nelson Street, at Baschurch, at Shepherd's Bush, and finally in his National Scheme, the lay element produced the munitions in peace and war.

It was so in the struggle for the ex-Serviceman. Popular feeling must be aroused, and the only way to do so was to

lay the case before the public. The British Red Cross were providing funds for the maintenance of Shepherd's Bush and the other centres, but the time had come for propaganda.

In June, 1917, appeared *Recalled to Life*, edited by Lord Charnwood, a journal whose purpose was "to diffuse as widely as possible among those who are in any way concerned with the welfare of our sailors and soldiers returning disabled from the War, and not less among such sailors and soldiers themselves, knowledge as to the means by which they may be restored, as nearly as the nature of their injuries permits, to full participation in, and full enjoyment of, the activities of civil life."

In this magazine, Robert Jones was able to emphasise again and again, in his own name and through others, the urgency of preparation for peace. In April, 1918, an anonymous article by him entitled *The Problem of the Disabled* appeared. In August, *Recalled to Life* was transformed into *Reveille*, with John Galsworthy as Editor.

In the first number, Robert Jones wrote on *The Romance of Surgery*, a delightful contribution aimed at the conversion of the public to a grasp of the amazing possibilities of treatment and cure. Later came an inspired article on *The Return of the Officer*.

Unfortunately, *Reveille*, for all the persuasion of Robert Jones and Galsworthy, was regarded by the Ministry of Pensions as too unofficial. Galsworthy—bitterly discouraged—resigned. Jones, by no means discouraged, turned to other ways of arousing active public interest or indignation, it did not matter which, so long as something was done to prepare for the Armistice.

On March 2nd, 1917, *The Times* published an appeal to the nation to do their duty by the wounded soldier. "From every quarter appeals have come that something—anything rather than nothing—should be done. The Labour Party has spoken; the medical profession has spoken; Sir Alfred Keogh, Director General of Army Medical Services, has spoken; the Statutory Committee on Pensions has spoken;

but no Government action has resulted except the reiterated assurance of active consideration and a number of small local efforts under the Pensions Act. This cannot continue unless we are to admit that we have become careless of our national honour. The time has come to stop expressing hope and to do work. It is not doing work to send our disabled back to be treated as local sick under local doctors. . . .

“The only men who can help effectively are the orthopædic surgeons, of whom there are not many ; but in Colonel Robert Jones, of Liverpool, we have one of the greatest orthopædist in the world, and other names will occur to the mind. It was necessary to handle the disabled in such a way that the services of these orthopædic surgeons could be utilized—for most of them are in the Army. With this end in view ‘curative workshops’ were started in connection with the military orthopædic hospitals and with the assistance of the British Red Cross Society.”

With public opinion thus aroused, the question was raised in Parliament whether recognition should not be given to unqualified bonesetters. Robert Jones, who knew that the bone-setter’s prestige was founded quite as much on the neglect of orthopædic teaching by the profession as on any mysterious genius of his own, discouraged an attack which could only play into the hands of eccentric Members. Himself a master of manipulation, he would not even assent to unqualified condemnation of the modern exponents of the ancient craft, attributing their vogue rather to professional neglect of the subject than to original sin. “What,” he humorously asked on one occasion, when addressing medical students at Leeds, “can be more humiliating to a practitioner, studious and careful, who, having laboured to allay the tenderness and disability of a joint and failed, finds that a miraculous restoration has followed a simple manipulation—and this not by a brother practitioner, which is bad enough, but by a bonesetter ? . . .”

“The agitators,” wrote the *Daily Telegraph*, on March 6th, 1917, “do not seem to know—or if they know they ignore—

that there is not one of the feats held up for our admiration that is not being done every day, and all over the country, by Colonel Robert Jones and his colleagues—as, for instance, at the Hammersmith Orthopædic Hospital (Shepherd's Bush). Not only cures by manipulation, but infinitely more wonderful cures by scientific orthopædic surgery, based upon years of profound study of the minute anatomy of the body, and brought to perfection by honest work and brilliant natural aptitude—which, by the way, is not a monopoly of unqualified practitioners, as their admirers would fain have us believe. We have full confidence that the excellent commonsense of the public, acting as a jury in this case, will give their verdict against any attempt to risk, not their own limbs, but those of their brave defenders, from the experiments of agitators, and that they will resist any attempt either to break or alter the law to the prejudice of the soldier.”

To resist “any attempt to alter the law to the prejudice of the soldier” was the only duty of Robert Jones as he saw it. Shepherd's Bush was a practical illustration of what was possible. He desired above all things to retain all his hospitals under the authority of the War Office. Unfortunately this was not possible. A Statutory Committee of the Royal Patriotic Fund had been formed in 1915 to make better provision for pensions, grants, and allowances of discharged soldiers. This particularly ineffective body became so much the butt of public criticism that in December, 1916, it was included in the Ministry of Pensions.

An impromptu creation, which sprang up over night, so to speak, halfway through the War, without traditions or experience, establishment or equipment, the Ministry of Pensions could only have succeeded by the exercise of instant and whole-hearted energy in attacking the duties and the problems assigned to it, supplemented by the most cordial team-work in conjunction with existing departments. Uncertainty of purpose, confusion of aim, dilatory action, departmental egoism, a water-tight compartment system, anything of this kind spelt certain disaster. To find an expert staff

of competent surgeons was impossible ; nor was it desirable, because it would have interfered with that continuity of treatment which was essential in these cases, as Robert Jones never tired of urging. The only way was to accept in frank goodwill the supervision which the experienced Army surgical staff were only too willing to give. His views are clearly seen in a letter to Sir George Makins :

“ When the War Office refused to treat any discharged soldier as an in-patient in any military orthopædic centre a great responsibility was cast upon the Pensions. They had no staff, nor were men with any sort of reconstructive training to be secured. The Pensions were then offered the use of the orthopædic staff and equipment if they chose to build their wards close to the centres. In this way continuity of treatment was assured for the patients. The principle is a thoroughly sound one . . . the only way in which the work can be carried on in the absence of personnel.”

He now regarded the Ministry with mingled hope and apprehension. Early in 1918 he wrote in *Recalled to Life* :

“ I am convinced that no Ministry was ever created with greater responsibilities, or greater powers for good, than the Pensions Ministry. It is in a position literally to save England after the War is won. It has been decided that, for military reasons, soldiers after discharge, and while they are undergoing training, shall not be under Army control. The Pensions Ministry has not the power to compel the pensioner to undergo training. It has certain powers which enable it to put pressure upon the pensioner in order to enforce training and treatment. If treatment is refused, short of operation, the pension is reduced. Moreover, bonuses are given to men who train, in addition to their full pension, and if they are married, a separation allowance. With these levers a wise Ministry can work wonders. The essential thing is preparedness, and I do not doubt that the Ministry is straining every nerve to get its machinery to work automatically. Many pensioners will require treatment for two or more years. This treatment can be carried on while the man

works or trains; it involves a scheme of great magnitude, and an administration of great delicacy.

“I know the wounded soldier well. He is like a great schoolboy, and with tact and sympathy he can be led by a silken cord. A host of influences should be directed upon him on his discharge—sympathetic, explanatory, and persuasive. Facts should be brought to bear upon him, before and after his discharge, to make him familiar with the potentialities of the wounded man. A man, howsoever injured, if he has found an outlet for his productive energies is no longer a cripple. He becomes transfigured. From noble sacrifice abroad he returns to serve and save his country at home. We must realize the mentality of our wounded, who are war-weary, and sick unto death of hospital life. ‘From hospital life to industry,’ should become their aim. They should be pulled back from the ‘blind alleys’ of labour. Unless this is done a great tragedy will occur when the War ends and the wounded soldier is displaced by a more competent worker. Many a time have I gone round the wards when some poor fellow is being moulded into shape, and he says—‘Can’t I be left alone, doctor? I shall be no good anyhow!’ How he rejoices later when he is told that perhaps he can even improve upon his pre-war prosperity!

“The pensioner should step from the War Office to the Ministry of Pensions with perfect confidence as to his future. The machine should work sweetly and softly, lubricated by human kindness. As Major Goldthwait has said: ‘To suffer physically is not the hardest thing to bear. To be ignored, not to care, are the things that burn the soul of man, and once such fire is started it is not easily quenched.’ The Pensions Ministry, as I have suggested, has as its mighty task to save our country from seething discontent and its tragedies, and I feel sure it will prove equal to an effort which, after all, is based on mere elemental justice.”

The position called for endless tact and persuasion. From the end of 1917 onwards the War Office and the Ministry of Pensions were uncertain where their duties and obligations



began and ended. By the beginning of 1918 the moral claims of the disabled and discharged soldier were causing great public uneasiness, and the future of Shepherd's Bush was still uncertain. Robert Jones was convinced it must—like Baschurch—become a permanent landmark in the care and cure of deformities. It seemed for a time at least that his dream would come true. In June, 1917, King Manuel wrote him that he had a letter from Sir Arthur Stanley in which he agreed that Shepherd's Bush must be kept after the War "as the Great School of Orthopædics in this country!"

"It is believed by many," wrote Sir Walter Lawrence, in 1918, "that orthopædic treatment will become a part of the national life. But whether these orthopædic centres become permanent institutions or not, it is obvious that they will be required for many years after the declaration of peace, and it behoves the State to take early measures to secure their permanency when the War Office ceases to be responsible. The orthopædic problem concerns over two-thirds of our wounded men. It is a grave problem now; it will be graver when peace is declared."

Fully aware of the truth of that prophecy, Robert Jones made, in the spring of 1918, a last effort to warn the public and the departments concerned of the position which demobilisation would create. He published a statement called *The Problem of the Disabled*. Of this brilliant analysis and eloquent appeal, Sir Robert Hudson, G.B.E., then Chairman of the Red Cross, truly wrote—"You have the genius necessary to present a technical case in language which can be understood by a layman."

In November, 1918, came the Armistice. The soldier's work was done, but not the surgeon's.

#### IV

The rush of demobilisation commenced. Every thought was directed towards the return to civilian life. The pendulum

had swung full circle. As early as 1916, Robert Jones had warned the War Office of the necessity to equip the discharged soldier for civilian life. From 1919 onwards he fought for the existence of a scheme which alone stood between the disabled soldier and physical and moral disaster.

He was quick to feel the unbending of the bow and to foresee the loosening of the machine which would follow upon the relaxation of the War tension and the supplanting of the soldier by the civilian. Demobilisation presented a problem in national consciousness just as much as in departmental time-sheets. The soldier was not prepared to wait his turn, or take educational classes, or learn in a practical manner the beauties of poultry farming. He wanted to have the same chance for a job as the indispensable who had never gone overseas. In camp, depôt, and hospital there was a spirit of unrest, no longer impressed by authority or reason, and even less by parliamentary promises. It had not yet been discovered that the election slogan of "homes for heroes" was a poetical legend, but it had a shrewd suspicion that War veterans would be remarkably common during the next few years. Nor was the national mind sympathetic to fresh and serious issues. To the general public the end of the War meant the end of a period of intolerable tension, depression, and ration cards. The very subject and all it concerned was voted unbearable. The reaction towards freedom and pleasure was running full tide. It was not the time for schemes of national welfare.

And then there was Parliament. The return of the politicians to their ancient activities was, one may presume, rooted in the democratic faith that the people will reveal their own destiny. But the people were indifferent to revelations of any kind. During four years they had grown extremely dubious regarding the whole structure of the British Empire. They were probably never more ready to follow a leader who would bring security. But there was no leader.

"Parliament," remarks Mr. R. H. Gretton, in his admirable contemporary study *A Modern History of the English People*. "was soon back in the old ways, with debates, divisions, party

prejudices, harrying of Ministers. People uprooted from all their old habits, absorbed in the exacting details of their new life in the army or elsewhere saw with amazement that at Westminster alone nothing seemed to have changed. Parliament, instead of being in the front of the nation, foreseeing and controlling, was trailing behind, endlessly discussing decisions taken in fact over its head, and events it had done nothing to guide. Instead of riding the main current of the nation's life, it was anchored in a side-channel, stirred only by back-wash from the stream."

Full of apprehension, Robert Jones wrote, on 13th December, 1918, to the D.G., General Sir John Goodwin, a powerful letter embodying full constructive proposals for meeting the manifest perils of the moment, and saving the splendid orthopædic system from disintegration and our wounded from disaster.

As the disabled came pouring back from all fronts, with the closing down of establishments abroad, an increase of trained staff would be required, and also of beds earmarked for reconstructive work. For one thing, the Americans would be leaving in two or three months, and the young surgeons promised him would need training. But the problem was more vast than that. Assuming 150,000 patients—far more, of course, than the twenty centres and several auxiliaries (about 30,000 beds in all) could take in—a large staff of surgeons would be required. He urged the retention of existing staffs, also the retention and training of suitable serving surgeons; retention of existing centres and auxiliaries, and acquisition (in whole or part) and equipment of other hospitals, including the main civil hospitals and their best surgeons.

"No matter what preparations are made by the War Office, unless the Pensions Ministry are prepared to carry on the scheme on similar lines afterwards, our efforts will have been comparatively futile. I venture to say that on demobilisation your military staffs will resign in a body, unless the Pensions Ministry make retentive arrangements with them beforehand. So far none of the staffs have been approached, and in certain

places efforts are being made by the Pensions Ministry to secure auxiliary hospitals with untrained men to attempt treatment—including operative—of the orthopædic patient. If this is to be their considered policy, the careful work the War Office has instituted on behalf of the soldier will be ended by the Pensions in a manner little less than criminal. This would, I know, be heartbreaking to you as it would be to us."

With so much material being abandoned at the close of the War he anticipated little difficulty in getting sheds for workshops, outfit, and equipment, little anticipating the egregious Disposals Board and the helpless stalemate which it achieved. And, reverting to the old theme, never forgotten and always near his heart, he wrote— "It is needless to emphasise the fact that there are large numbers of pensioners who have been prematurely discharged and who should be persuaded to submit to further treatment."

Shepherd's Bush was now more than ever a kind of citadel for the future of orthopædics and the restoration of the disabled soldier. It had been throughout two years a place of demonstration to British and American surgery in the treatment of deformities. There was, it appeared, a great opportunity for Shepherd's Bush to remain a permanent home of British orthopædics. So, in fact, Sir Arthur Stanley called it in a letter to King Manuel. The dream of Robert Jones was that Shepherd's Bush should remain a memorial to the work of the Red Cross during the War, and a teaching centre for the treatment and training of the disabled in future years.

In March, 1919, Shepherd's Bush was still under the War Office, but during the summer it came under the Ministry of Pensions, who rented it for £8,000 a year. The Red Cross bequeathed their equipment to the Ministry, and King Manuel resigned in great bitterness of heart. To him, General Sir John Goodwin wrote in May, 1918 in terms of well deserved appreciation of his great services for the wounded soldier :

"May I say that I hope Your Majesty realizes the sincere and deep gratitude which I and the whole British Army feel towards you for the valuable and self-denying work which

you have accomplished, and for the benefits which you have conferred on our wounded soldiers? Your work has been great beyond words; believe me that it is deeply appreciated."

In February, 1922, came the final struggle to preserve Shepherd's Bush for the nation. It had been not only the heart of the whole system of centres all over the British Isles, but in 1921 had handled nearly 4,000 in-patients, with 2,494 operations, and 101,596 out-patient attendances. But mainly was its future imperative as a central hospital of orthopædics. Already public interest in the wounded soldier had experienced a very definite relapse. In a letter to *The Times* elaborating the practical consequences which would result from closing the Hospital, Jones said:

"For its unique equipment and admirable staff-work, Shepherd's Bush, as a pioneer of recent orthopædic surgery and for its continued post-war activity, has become recognized not only by the medical world as a distinguished centre, but to the men themselves, wherever they may be, as a city of refuge when hope of recovery grows faint."

To him the matter was vital. There must remain one concrete example—one teaching hospital, as a national centre of orthopædics. But Shepherd's Bush he could not save, and the blow was a bitter one. A hospital in the greatest war in history, equipped in staff, operating theatres, and workshops—a model for the technique of which he was the master, was fated to be handed back to a body of Guardians for a purpose as dreary as it was insignificant. Seldom has Bumbledom secured a more preposterous triumph. The sole claim of Shepherd's Bush for a place in the eternal struggle of mankind against disease and suffering had been tossed on one side.

The hospital passed from the hands of the Pensions Ministry on April 11th, 1925, and nine years history in military orthopædics was terminated. No one can estimate the disappointment of Jones. It was the closing of a door which might have opened upon a new and vital prospect in the industrial life of Great Britain.

Robert Jones remained as an adviser to the Ministry of Pensions until his death, and no-one maintained a more steady and mutual friendship with the officials in charge of the ex-Service man. It was largely in recognition of this work that he was honoured with a baronetcy in 1926. The occasion was again one on which messages reached him from all sorts and conditions, but in particular from those to whom he had carried strength and renewed hope in the War days and afterwards. Upon his death the Right Hon. G. C. Tryon, P.C., M.P., Minister of Pensions, wrote to his son :

“The tributes to his career which you will have received must be very numerous ; his pre-eminence as an orthopædic surgeon was undisputed, so much so, that any attempt to eulogize his work seems almost platitudinous. I cannot, however, as Minister of Pensions and as representative of the vast army of ex-service men, let this sad occasion pass, without saying under how profound an obligation the Ministry of Pensions has been placed by Sir Robert Jones' unrivalled skill in the treatment of wounded officers and men, and how genuine has been the affection which he has won, amongst the ex-service men themselves and in fact all those with whom he has worked, by his unfailing goodness and humanity.”

## CHAPTER XVI

### FROM WAR TO PEACE

#### I

LOOKING back over those arduous years during which he had devoted all his knowledge and strength and inspiration to the wounded soldier, Robert Jones must have pondered upon the relationship between War and Peace. Was all that had gone with the last four years to be buried in the universal debacle? Was he to see the crippled child once more submerged in the old struggle for survival, or would the principles which he had put into practice throughout Great Britain endure and take their place in civil life? He knew—he had known ever since he started Shepherd's Bush—that the War had changed the whole horizon in the problem of the cripple. Just as the Crimean campaign had gone so far to establish modern nursing, so the Great War had been the means of demonstrating the treatment and cure of deformities. But there was, he felt, a long struggle ahead. "We can do no more for those who have suffered and died in the country's service—they need our help no longer; their spirits are with God who gave them. It remains for us to strive that their sufferings may not have been endured in vain—to endeavour so to learn from experience as to lessen such sufferings in future by forethought and wise management." It was that aspect expressed by Florence Nightingale that Robert Jones was determined should not be forgotten in the reaction of peace.

The influence of the War on deformity may be examined in three practical aspects. There was the advance in orthopædic surgery; there was the standing structure in institutions staffed by surgeons and nurses trained in every kind of bone and nerve surgery; there was a totally new attitude in public feeling towards the cripple, and the prospects of recovery.

But while the general attitude was thus changing almost insensibly the rise of orthopædics, naturally enough, could not be viewed at once by the general surgeon as a completely accomplished miracle. As his work grew in magnitude, Robert Jones knew that there must be more obstacles ahead. Ever since the War Office had taken "a somewhat broad view of military orthopædics" the group of cases treated under the term had steadily increased, and covered a wide area of surgery. This might be all for the good of the cause, but not so obviously for the good of the general surgeon. "The War," he wrote, "has taught the orthopædic surgeon that he has to be more of a general surgeon; it has taught the general surgeon that he should be more of an orthopædist." That was true enough, but the general surgeon was not always prepared to become an orthopædist. Fortunately several factors had gone far towards reconciliation.

The arrival of the Americans had introduced many British general surgeons to the high technique of a specialism, which until the War had not been taken seriously outside Liverpool. In 1917, Jones had gained the moral and personal support of the profession by appointing a number of Deputy Inspectors of Military Orthopædics. In April, 1918, his position was further strengthened by the revival of the Medical Advisory Board, of which he was a member with rank of Major-General. The Board consisted of the President, General Sir John Goodwin, K.C.B., Sir Bertrand Dawson (afterwards Lord Dawson of Penn), Sir Berkeley (afterwards Lord) Moynihan, Colonel Horrocks and Sir Harold Stiles, K.B.E.

It had become clear to him that a challenge, within the profession itself, to the generous boundaries of orthopædic surgery was only postponed. It seemed to many that unless curtailed the orthopædic surgeon would claim a great part of general practice. Of all this he was fully aware. He knew the challenge was coming and fully estimated its importance then and for the future. He also sympathised with the sincerity of those who raised the matter. But it called for patience, serenity, and understanding.



Upon June 18th, 1918, he wrote to his friend Joel Goldthwait, of the American Medical Service :—" Orthopædics are doing well in this country, with the exception of attacks in the open and attacks which are insidious. The last attack which I shall have to meet will be on the part of the Royal College of Surgeons. Apparently a strong letter has been written, stating that orthopædics are depriving the civil hospitals of their best teaching material, and the surgeons of their best work ; and appealing to the Royal College of Surgeons to put things on a proper basis. The result is, that a sub-committee has been formed on the part of the Royal College of Surgeons to discuss the question, and there will be a meeting of the D.G. and myself to lay down propositions. This, as you can see, is a strong body to placate, but I will do the best I can. One feels with the tremendous amount of work we are doing, that these worries, when the success of our scheme is assured, act as depressants."

In July the whole question of the scope of orthopædics was raised by a Sub-Committee of the Royal College of Surgeons, with Sir George Makins as President. It was a strange moment in the War to discuss such a purely professional matter.

" The Council," ran the resulting report, " view with mistrust and disapprobation the movement in progress to remove the treatment of conditions, always properly regarded as the main portion of the general surgeon's work, from his hands and place it in those of ' orthopædic ' specialists ; and thus to educate the layman to the belief that the British surgeon is incapable of dealing with the majority of the most serious injuries the body may sustain."

This was a challenge which Robert Jones accepted without flinching. In a letter to Sir George Makins, in May 1918, he had gone into the reasons which had compelled him to develop the orthopædic scheme. He hit hard and skilfully. After a conversation which he described as " sterile " and " reactionary," he wrote a letter which was unmistakable : " The scheme I have evolved may not be the best, but it is

now in good running order. It has grown up after very laborious effort and many obstacles. . . .”

After describing the chaos and tragedy of the early years, he explained the necessity for the centres on the ground not only of competent operation, but of necessary equipment for after-treatment and facilities for following up cases—a principle as valuable in peace as war. “It is so simple,” he said, a little sadly, “to be iconoclastic, so difficult to reconstruct.”

As against the “considerable dissatisfaction” he placed as counterpoise “the wholehearted support of many surgeons all over the country who look upon the centres with enthusiasm. Both in the metropolitan area and in the provinces cases are constantly sent when help is needed, and the complaints take the form of urging us to get more beds. I have had the greatest encouragement and help from my professional colleagues, otherwise my task would have been well-nigh impossible.”

There was solid truth there. What was more, the Army was behind him. General John Goodwin, D.G.M.S., put the position clearly enough when he wrote in April 1918:

“Probably one of the most striking features in surgical science during the present war has been the enormous development of orthopædic surgery.

“Never before has the need for increased knowledge and perfection of technique been so keenly felt. The war has, unfortunately, created an enormous influx of mutilated soldiers, and the duty of restoring these men, by every possible means, from a crippled condition to a state in which they may be useful and happy members of the nation has devolved on the surgical profession.

“Orthopædic surgery has developed and expanded by rapidly increasing strides and now embraces a scope and range undreamed of in pre-war days. Appliances for restoration of function and for re-education have also been improved to a marvellous extent and still further improvements may be looked for in the future.

“There is—or should be—no sharply-defined demarcation between general and orthopædic surgery. The general surgeon

must have a knowledge of orthopædic surgery in order that the best possible after-results of his operative procedures may be obtained. The whole subject is, from both the national and military point of view, increasing in importance every day, and the necessity for a further scientific knowledge regarding the many problems which have arisen and will arise is increasingly felt."

Robert Jones' defence of orthopædics in the face of the weightiest surgical body in the land is the more striking in view of the fact that professional friendships and professional *esprit de corps* played such a vital part in his life. There was no animosity upon either side. It was indeed a graceful compliment to the sincerity of his work when on 11th April, 1918, he was elected Fellow of the Royal College of Surgeons—"the greatest honour I have ever received"—by the very Council with which he was in controversy. The desirability, to put it no higher, that certain cases requiring prolonged treatment of an extremely specialised character should be handed over to orthopædic treatment was the first principle of Robert Jones' scheme for peace. "A great defect in our large general hospitals," he said, "is the system whereby a surgeon is expected to treat equally well cases in regard to which he is an acknowledged master, and cases which do not interest him in the least. There is an urgent call to remedy this dangerous defect. Once a surgeon is convinced by demonstration of his inability to give the best to a patient, he would no longer care to invite comparison. A surgeon of international reputation of the brain is only too pleased to hand over a case of hæmorrhoids and accept a tumour of the pituitary. A well-organised orthopædic department should prove a pleasant dumping ground to many a skilful and conscientious surgeon."

There was secondly the problem of accommodation. The war had left all over the British Isles well equipped centres with highly trained staffs of orthopædic surgeons and nurses. For a time the great army of the disabled under the Ministry of Pensions would occupy them. But what would follow afterwards? If the war had given so much it would, so Robert

Jones felt, be a national disaster if peace neglected to adopt so great an opportunity. What else remained? Nothing short of public recognition. Had the war converted national and international opinion regarding the cripple, whether child, soldier, industrial, transport or road casualty? Robert Jones was fully aware that the wounded soldier had been the greatest source of propaganda imaginable. For the first time in history and with ever increasing persuasion it became known and discussed, and finally accepted, that deformity was not only curable, but as evidenced in thousands of wounded soldiers an honourable state of affairs. It is not too much to say that one of the most persistent and darkest inhumanities of history, with all its hateful laughter, unutterable loneliness, and degrading charity, had within a few years suddenly taken wing and commenced to leave the world.

In this wholesome change in psychology, Robert Jones perceived the vast possibilities of the future. With the conversion of public opinion towards the purely artificial or accidental nature of deformity, there meant the end of apathy and mistaken pity. The soldier could be cured—why not the civilian? The child was cheerful—why not the soldier? One element dissolved into another. The whole problem was yielding to a spirit of efficiency, hope, and resolution.

An example will serve to show how the new gospel of cheerfulness actually worked and is working to-day. It has been the particular contribution of Mrs. C. W. Kimmins to modern society, that at the Heritage Craft Schools, in Chailey, Sussex, she has within thirty years built up a standing memorial to the legend of the doleful and useless cripple. In 1914, Chailey, as has been said, was the first place offered for the use of our wounded soldiers, and Robert Jones used to say in the War that when he wanted heartening he would slip down there, and see how much happier you were with one leg instead of two. But Chailey also helped in another way. When the wounded arrived for convalescence and training it was hard for them to swallow the fact that they would never be the same again. They were cripples, and they knew what

that meant. And so, as each wounded man arrived, he was met by a crippled child, who became his batman and attended to his wants. If a soldier had lost his right arm he had a little batman who had lost his left. Between them they made up an able-bodied person. But even more the soldier learned that the spirit of cheerfulness has very little to do with deformity, but a great deal to do with psychology. Soldiers and children were united in an extraordinary atmosphere of happiness. It was (and is) such a practical instance of the whole spirit which was essential to the future of the cripple movement that Robert Jones, as Chairman of the Medical Board, never tired of begging all who could to go there. It was to him a clinic in cheerfulness, and cheerfulness was his own most pronounced quality and genius. Sermons may be found in stones (and too frequently have been). Here was a sermon of the merry heart.

Through bloodshed the possibilities of restoration became known all over the world, together with the knowledge that even if recovery were impossible the cripple could still take his part in the world's work. The War had taken much but at least it made this contribution to civilisation.

## II

There was finally Robert Jones. What had these years meant to him?

"The war," wrote Sir Walter Lawrence, "made the name of Sir Robert a household word through the world, and it may therefore seem that he was one of the men sent by Providence to enable the nations to cope with that emergency . . . The war enabled him to prove, irrefutably and on the largest scale, that he had worked back through his art to the scientific principles on which it rested, and that these could be communicated. The truth then demonstrated still holds. Only the field of its application has changed. The crippled child and the victim of industrial accident—figures as frequent as they are pitiable—are those who can now be restored by the orthopædic

technique which Sir Robert Jones placed at the disposal of civilisation."

It was, of course, inevitable that honours should come his way. In 1917 he received a knighthood and a C.B. In 1919, he became a Knight of the British Empire. "The King said to me," wrote Robert Jones to his daughter, "'I am pleased to see you again and to knight you. Your services have been invaluable to the State on behalf of my poor wounded. You have done splendid work. Thank you!'"

The letters and press tributes he received were all that really mattered to him, because of the hope they held for the future. "Among the real war workers who are rightly honoured, two deserve more than a passing notice," remarked the *Westminster Gazette*. "Sir George Roos Keppel, who for thirty years kept watch over the Indian frontier was one; the other is Sir Robert Jones, splendid surgeon and most humane man." Such enthusiasm was genuine. From all over the world friends and strangers, old patients and wounded soldiers, expressed their delight. Lord Derby, then Minister of War, wrote him with characteristic cordiality: "So very delighted to see the honour conferred upon you. Nobody has done more distinguished service during the war than you have, and there is nobody to whom the honour will appeal more than to our wounded soldiers, as it is to your skill so many of them are indebted for their recovery." That was the note that was struck in many lands and many places. "The knights of old," said Professor Phillips in introducing him for the D.Sc. degree at the University College of North Wales, "were required by their oaths never to draw sword but in good cause. What worthier cause could any knight of the most glorious days of chivalry have inscribed on his banner than that of the paralysed child and the crippled soldier?" Here was recognition in his own country, to which no man can ever be indifferent. The University of Wales invited him to accept the Honorary Degree of Doctor of Science "as an evidence that your untiring efforts on behalf of those who have suffered for their country and your great

professional distinction are recognised by your fellow-countrymen." From his own colleagues of the North Wales branch of the B.M.A. came the intimate greeting: "We admire his skill, industry, experience and charity, and love him for his personal goodness. Best friend to the general practitioner—he has never given one away."

And from his mother, then an old lady of eighty-seven:

"My Darling Bob,

Just a few lines to congratulate you on your great honour. My heart is too full to say much. Dear boy, how proud I am of you. It is a great honour for me to be your mother. I always feel thankful for the day you were born. God bless you all the days of your life.

Your ever loving,  
MOTHER."

The war had made him many good friends, whose happiness in the public recognition of 1917 found wide expression. But there was an undercurrent which was affecting. "By another channel," wrote the late Sir Robert Hudson, for whom he had formed a deep and lasting attachment, "I have given some expression to the great delight with which we see honour paid to you. This, *it calls for no syllable of reply*, is just to say for myself that I count your friendship as one of the few good things which war has brought me, and that I unfeignedly wish for you all health and happiness and long life in which to serve your generation with the fullness which I know you would wish to.

Yours very sincerely,  
BOB HUDSON."

His farewell to the War Office was at last inevitable: "My dear friend and helper," wrote General Sir John Goodwin in October, 1920, "The time has come, alas! for a more or less 'official' severance, official *only* I most sincerely hope.

"As you know I was pressed very hard throughout last year, and again this year, to 'demobilize' and 'disembody' and to save expenditure.

“ I did a very great deal in this direction, but I held on to you strenuously, for I felt that I could not spare you.

“ I think (and I feel that you will agree with me) that the time has now arrived when I cannot honestly say that you are absolutely indispensable to the Army, as the Ministry of Pensions has absorbed the greater part of our orthopædic work.

“ So—with sorrow and regret—I have let the edict go forth.

“ For your help and unwearying work and devotion, I cannot even attempt to thank you, no words could do so. You have done work for the Army and the profession which will live for all time, and you have earned the gratitude of thousands and myself not amongst the least.

“ It will always be a pride and a happiness to me to remember how closely we were associated during those troublous times and how very happy our relations invariably were.

“ You will always let me look on you as a most valued friend and brother officer, will you not ?

Ever yours very sincerely,

T. H. J. GOODWIN.”

But there was the other side. To him the war had meant four years of ceaseless anxiety, labour, and sorrow. During that period he lived for one purpose only, and that was his work. For that cause there has been little to tell outside the progress of his ceaseless toil. He worked all day, frequently until late at night, wrote few personal letters, attended no functions and took no holidays. For that reason there is nothing here of gossip, no racy anecdotes about famous politicians, no disclosures and no reminiscences. His perspective was in fact not adjusted to the dramatic side-shows of the war—it was too much the war itself. And when it dragged to a close, and he must summon up his flagging energy to promote the scheme for the disabled soldier, he received the heaviest blow of his life.

Throughout the war years Lady Jones had suffered the sleepless anxiety of a mother with an only son in the firing line. Arthur Jones, after a brilliant career at Clifton and King's



College, Cambridge, volunteered upon the outbreak of war, and received a commission in the King's Liverpool Regiment. After a course of training in England and during the succeeding years of trench warfare, his battalion took part in some of the most terrible actions in Flanders.

To Lady Jones, now very frequently in solitude, the months brought an ever-deepening sense of premonition. As the years dragged wearily on and no light gleamed in the sombre distance something seemed to depart from her. She never ceased from her interests nor from maintaining her old cheerfulness of heart when Robert Jones returned. But she was stricken to the heart, and on August 8th, 1918, overtaken by a sudden attack of cerebral hæmorrhage, she passed away without pain or struggle.

On the day preceding her death, Lady Jones accompanied by her daughter went to the station to see her husband and Sir Harold Stiles depart for Edinburgh on a tour of inspection. It was a happy parting. There was, for the first time for many months, a sense of hope that the Armistice was approaching. The next afternoon she lay down and passed into the last silence.

Upon Robert Jones, the shock was as swift as it was merciless. It robbed him of one who, in his youth and middle years, had made his life her only thought.

In the early days, when money was not too plentiful, she had made it possible for him to live "above his means" in order that he might never live beneath his work. She believed in the old-fashioned doctrine that a wife must never worry her husband with any domestic detail, never discourage him from arriving at unexpected hours with a party of friends, and never distract his mind with bankers' pass-books. She was a wonderful housekeeper, and not the less wonderful because she kept her servants. She was called upon to be hostess to men and women from every land and of every social category. But, like Robert Jones, she was innocent of snobbery or of any social distinctions beyond those of kindness and humour. Like Elizabeth Thomas, it could be said of Lady Jones that



LADY JONES.

*To face page 228.*



she, too, had played her part for the cripple. And she, too, had never sought to do it on platform or committee, but in the background of Nelson Street and Belvidere Road.

The earthly bond was broken, but the memory remained. Some years after her death, Robert Jones wrote, "It is a comfort to me to feel that she is somewhere very near and that she sympathises in my failures and smiles at my successes. Now that the separation has come, I constantly feel how inadequate were my efforts to give her all the happiness I might have done." The late Alexander Connell, B.D., minister at Sefton Park Presbyterian Church, spoke this simple and effective tribute at her funeral :

"As a hostess in a quiet home, which yet welcomed many, and many of high distinction, her gracious womanliness and native dignity shone through a hospitality as thoughtful as it was gracious and kind. Her goodness of heart was perfectly spontaneous and full of understanding, as those of her friends who passed through deep waters will ever remember ; and in this emphatically I, for one, well know whereof I speak. Hers was the grace and the joy, and also the burden of motherhood ; and these years have exacted much of many a mother's heart like hers. She stood beside one who has exercised for many years—and never more so than now—a wonderful ministry of healing and of hope, and no alliance could have been more ideally perfect ; for through all labour and anxiety her loving interest and bright vivacity and happy fortitude never seemed to fail."

Upon Robert Jones the cloud of personal sorrow soon descended again. In the spring of 1919, his mother died. No words could be more beautiful than those which King Manuel sent him :

"My sympathy and devotion goes to you from the bottom of my heart in your new and so sad loss ! I wish, my dear friend, I could be with you. A mother is a unique person for us, and though we grow in age and experience we are always their children ! God bless you, dear friend, and give you

strength and courage, resignation and health. But remember that you also are *unique* and precious not only to your friends, but to the Nation!

Your devoted and grateful friend,  
MANUEL R."

In the same year death took Professor (then Major) A. M. Paterson, of Liverpool University. Of all the men whom war brought into terms of real friendship there were few who served the work of Robert Jones more unstintingly than Paterson. He was one of the most brilliant teachers of anatomy of his generation. "Professor Paterson," wrote a leader writer in the *Liverpool Daily Post and Mercury*, "was one of the most genial and charming of men, with a fine sporting instinct, and no-one could be long in his company without being impressed by his magnetic personality. It was characteristic of him when the war broke out, that, in spite of age, he would not rest satisfied until he found some means of helping his country. This he did by assisting Sir Robert Jones in the wonderful orthopædic work which has had such remarkable results. Professor Paterson threw himself into this enterprise with all the energy of which he was capable, travelling on behalf of it almost incessantly all over the kingdom. It may, in fact, be truly said of him that he gave his life for his country."

## HARVEST (1920-1933.)

*“ Before he was born multitudes of children grew up in helplessness and misery. When he died his principles in relation to orthopædic practice and the new methods he had introduced were practised throughout the world.”—“The Times,” October 14th, 1933.*

REAR VIEW

THE REAR VIEW OF THE BUILDING IS A  
SIMPLE AND ELEGANT DESIGN. THE  
ENTRANCE IS CENTRALLY LOCATED  
AND IS ACCESSED BY A SHORT  
FLIGHT OF STEPS.

THE INTERIOR OF THE BUILDING IS  
BRIGHT AND AIRY. THE CEILING  
IS HIGH AND THE WINDOWS ARE  
LARGE, ALLOWING AMOUNTS OF  
NATURAL LIGHT.

THE FLOORING IS MADE OF  
POLISHED WOOD, WHICH  
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## CHAPTER XVII

### AMERICA RE-VISITED

#### I

THE importance of Anglo-American friendship always seemed to Robert Jones a critical factor in the stability of civilisation. Few Englishmen had so close a sympathy and understanding with the problems of the United States. Ever since the 'eighties he had been in constant communication with American surgeons, and kept open house for them in Liverpool. Anxious to consolidate the international friendship between orthopædic surgeons on both sides of the Atlantic, he decided to visit the States and Canada, and in October 1919 landed in New York accompanied by Sir Anthony Bowlby. The American College of Surgeons was then in congress, and Robert Jones accepted an invitation to address them. His fame was now secure all over America, and, as he rose to speak, an audience of 2,500 members of the medical profession rose and cheered him to the echo. "I appreciate more deeply than I can express," he said, "the great honour you have done me, by inviting me to address you as a delegate from Britain. The admiration I have for the surgery of America, and for the countless personal friends who practise it, would alone make this voyage memorable to me. But, in addition to this, I can never forget the debt under which we are placed for help given to us at a very critical period at home." And he concluded: "War has done us one supreme service. It has cemented the two nations we love into a sacred bond of brotherhood. May it last in ever-increasing strength throughout the ages."

A signal honour had been arranged for the British delegates. In a letter to his daughter, Robert Jones says: "To-night I hear as a secret that the Director-General (U.S.A.) is coming from Washington to decorate Bowlby and myself with the



Distinguished Service Medal which is the highest honour the American Government can give to foreigners. It has received President Wilson's sanction, and had he been well, it would have been conferred by him. We are both very proud of it!"

The Congress closed with a Convention at the Waldorf, at which Major-General Ireland pinned on the medal with the citation :

"For exceptionally meritorious and distinguished services to the United States. An eminent orthopædic surgeon and chief of the division of orthopædic surgery in the British Army Service, he placed at the disposal of the medical service of the American Expeditionary Forces his eminent talents and broad experience in standardizing methods of treatment of the sick and wounded, and took an active personal interest in class instruction of American medical officers in this very important branch of surgery."

The importance of such a reunion cannot be exaggerated. Out of the part Robert Jones had taken in American orthopædics directly proceeded the advance of the scheme for the crippled, both in the United States and Great Britain. Hundreds of American surgeons, as Robert Osgood said, "were Jones-trained" in the war years. This fellowship and co-operation gave rise to a new enthusiasm and a desire to promote the progress of orthopædic surgery upon an international basis. As a direct consequence the British Orthopædic Association was brought into existence and modelled on the similar body in America.

In June, 1921, Robert Jones returned to the United States, accompanied by his daughter, Mrs. Watson. On June 14th he received the Honorary Degree of Doctor of Science at Smith's College, on June 22nd that of Honorary Doctor of Laws at Yale, and on the following day that of Honorary Doctor of Science at Harvard. It was unprecedented for a British surgeon to be honoured by the leading Universities of America on successive days. "The function at Yale," he wrote home, "was very impressive. I got to know President

Taft very well for so short an acquaintance. He was full of fun and wisdom, and made a most admirable speech at the dinner of *alumni* which was a very large one—nearly 1,000. The dinner of the delegates was very impressive; representatives from all the colleges and schools of America were present, and the speeches were of a very high order. I met also both at Yale and Harvard, Mr. Davis, the late Ambassador to Britain, and had a long chat with him on the relations of Great Britain and America. He was most sympathetic. I was delighted to find that at both Universities reference to our friendly relations were most cordially received.”

When he was waiting to receive the greatest academic honour which one of the most famous Universities of America can grant, one would anticipate that Robert Jones would make a special effort to observe the solemnities. There is not a shadow of doubt that he was fully alive to the distinction, but he had always been a victim to hot weather. Knowing that there were preliminaries and greatly inconvenienced by the tropical heat, he stole out of the hall in search of iced water. The janitor, one of those expansive negroes who formed an affection for him by a kind of primitive instinct, conducted him to a quiet place and set out for a jug. Finding himself alone, and with the learned world reduced to a distant monotone, Jones removed his gown. The janitor returning, he removed his coat, his waistcoat, his collar and his tie. Then he entered into conversation upon negro preachers. He recalled a favourite topic—the great Welsh orators. He imitated their *hwyl*. I have no doubt the janitor contributed a spirituel. But in the meantime there was an increasing hush over the academic assemblage. Where was Sir Robert Jones? It was moments like that which perplexed the solemn-minded.

It is even more improbable that anyone moving in such intellectual company should have cancelled his reservations on the liner in order to be present at the Carpentier-Dempsey fight. But that again was typical of him.

He managed afterwards to squeeze in a boyish expedition.

He had a day in the Adirondacks on the eve of his departure. "We were whirled in a dilapidated Ford over ten miles of rough country and over the most primitive road imaginable and arrived at a log camp. I was divested of my coat and waistcoat, given a flannel shirt, a pair of thick stockings pulled over my upturned trousers and army boots of your orthopædic pattern applied. We had a perfectly glorious time on the lake in the first half hour after arrival, and in less than an hour and a half we had caught thirty-six perch. Then on the shore for rifle practice. Then a canoe, then a simple meal, and a long run in a motor boat on a beautiful summer evening. To bed in a small unfurnished room. The little family had made the road themselves—a wonderful feat. Next day we went into the heart of the Adirondacks, after a swim in the morning. Thence by boat to and through Lake George to Albany, where we have arrived at New York. It was a glorious climax to a royal tour."

## II

In June, 1923, Jones visited Canada to receive the Honorary degree of Doctor of Science of McGill University. There he renewed his friendship with the Principal, the late Sir Arthur Currie—a man great in body and soul.

In Montreal, he delivered an address on July 7th, 1923, to the Canadian Medical Association upon "The Imperial Relationships of Medicine," and received a remarkable ovation.

"What," he asked, "is meant by imperialism? There is no denying that, before the Great War made the word synonymous with comradeship, there was a certain antipathy and suspicion towards the very name, principally founded upon a false conception of dependence. The war, out of its long agony and affliction, produced one progressive and not simply destructive achievement—it cemented imperial relationships. It was in that sense a challenge. It proved as never before that dependence upon another in a common cause is a greater and more progressive ideal than isolation. It proved in our

particular civilisation the profound possibilities of team work ; it taught us all the lesson, in other words, of unity of effort founded, not upon jealousies, water-tight compartments, or indifference, but upon comradeship and high ideals.

“ The war has gone, and with it much of its dramatic and urgent challenge. But in its place is the infinitely more permanent challenge of peace. Is all that enthusiasm, fraternity, and unbounded promise to evaporate, and pass into a tepid tolerance ? Does it require the stringency and destruction of war to make an ideal common to us all more than an individual occupation ? Surely not. Without question every effort should be made to maintain our past and present relationships.

“ Consider under such an idea—so reasonable and so inevitable—the prospect of a closer alliance between the British and Canadian fields of medicine. I admit that on the grounds of sentiment alone the promise of such co-operation-ship possesses a peculiar and lofty idealism. The tie between the medical traditions of your land and the land of your fathers recalls those ancient institutions at which they were taught. Nor is there any need for me to remind you how deeply the profession in Great Britain respect you, and how concerned they are for the greatest possible unity with you. I was asked to make the point as clear and to emphasize it as strongly as I am able, and I do so now more gladly than I can say and less eloquently than I wish. There is, I know, nothing but good-goodwill on your side ; it has been shown too plainly for misconstruction.

“ Certain conclusions occur to me. I am not here to formulate machinery for closer co-operation, for the simple reason that, if the determination and goodwill are there, such technicalities come within the work of the committees concerned. All that can be emphasized, as I trust it will be by our friends on this side, is the realisation that progress is won, not so much by independence as by dependence on another. There is no question of interference with your autonomy or ours, any more than with our colleagues in Australia, New Zealand, or Africa. Out of such an alliance, who can tell what may come in the

future? But it is enough for us that our ideal should be that of a large family distributed, as is the way with large families, throughout the world, each master in his own house, but each with a sense of more than goodwill concerning the other habitations, and even a kind of family pride in their success and a loyal fellowship in their troubles."

After the lecture there was a curious little episode. Robert Jones was asked to examine a boy, who had been born without a foot. When he was brought in, he carried a comfortable steel brace by his side.

"This," said Jones examining it, "is without doubt the finest casing I have ever seen. The doctor who invented it must be a most ingenious man. It is quite perfect."

He was told that the doctor was Dr. Banting, the discoverer of insulin.

"Then," he remarked, "this boy represents an historic case, because my good friend Dr. Banting found time not only to discover one of the greatest contributions to medicine, but also to make a casing which can be taken as a model for all similar deformities."

Robert Jones won this recognition overseas. And in spite of the difficulties, partly practical, partly due to prejudice which his work at home had encountered during the war, and in the early days of peace, his fears for the future were not actually justified. His public services, his surgical genius, most of all perhaps his personality, had disarmed criticism and inflamed enthusiasm. In July, 1920, in recognition of his work during the war, the University of Edinburgh awarded him the Cameron Prize—an award bestowed on one who, "in the course of the five years immediately preceding, has made any highly important and valuable addition to Practical Therapeutics." In adding Robert Jones to the roll on which are inscribed the illustrious names of Pasteur and Lister, the *Senatus Academicus* had in mind his "highly important advances" in orthopædics and his many "valuable contributions" to the literature of the subject.

In Liverpool, the progress of orthopædics was marked by

a revived interest in the name and work of H. O. Thomas. The Lady Jones Lectureship in Orthopædics had already been founded by Mr. John Rankin in 1919.

"In 1919," records W. Rowley Bristow in *The St. Thomas's Hospital Gazette*, "at the invitation of the Governors, acting on the advice of the staff, Robert Jones joined St. Thomas's as Director of Orthopædic Surgery, and founded the Orthopædic Department. He was then at the very height of his career, acknowledged as a master by surgeons the world over, with a huge private practice and with the entire control of military orthopædic surgery immediately behind him. He was proud of his association with our hospital, and liked to come down to the wards and, on occasion, to operate in the South Theatre.

"He was a very busy man, so that he could not undertake routine duties, but he never refused to come and see patients and to advise. We all enjoyed those visits. His clinical experience was so vast that it was rare for any problem to be entirely new, and even if it were new, his judgment was based on principles so sound and well tried that the advice would surely be right."

In September, 1920, the Medical Institution founded a Hugh Owen Thomas Memorial Lecture, the first of which was delivered by Robert Jones. At last after many years the hour had struck for him to give his testimony to the memory and work of his teacher, and to the influences of his work in the war. It must have been an historic occasion to those who recalled the past and the figure of Thomas ploughing his lonely furrow. In his concluding words, Robert Jones spoke with pride of the work of Thomas as "an inspiration to all who fight for new principles; for, with scarcely a helping hand, he struggled through the stormy waters which face all pioneers and died having added lustre to the profession he loved."

It was a generous and eloquent tribute, and those who heard it were deeply moved by a sense of the nobility of the speaker, whose words were but an echo of his own lasting achievement and his own transparent purity of motive, which were now to reap its harvest in a national organization.

## CHAPTER XVIII

### THE NATIONAL SCHEME

ROBERT JONES had now reached the third, and last, stage of his social scheme. He had instituted the treatment for crippled children, he had provided orthopædic surgery in the case of the disabled soldier. He was now determined to establish the principles of both treatment and prevention in the service of the civilian, whether young or old, crippled by disease or accident. It might have seemed what is called "a whole time job." But he was not prepared to give up either the Ministry of Pensions or Nelson Street. And so he combined all three activities and thus divided orthopædics into disabled soldiers, crippled children and private practice. But it proved an heroic task. One may take at random a typical week-end. He filled in a heavy day (a Wednesday) in Liverpool with operations and consultations, arriving in London late that evening. On Thursday he performed four operations, attended a committee, saw thirty patients, and caught the 10.30 p.m. train to Glasgow with Sir Lisle Webb, the Director-General of Medical Services to the Ministry of Pensions. On Friday he inspected an orthopædic hospital at Glasgow, settled some delicate points of controversy, and travelled to Edinburgh to visit a centre, leaving at midnight for another hospital inspection next day, and travelling the following night to London. On Sunday he went to Brighton to see a patient, returned to London, where he saw several cases, and took the midnight train to Liverpool. On Monday he was operating as usual at 8.30 a.m. upon nine cases, and afterwards saw thirty-five patients at Nelson Street.

To these heavily mortgaged days he added the national scheme for the skilled care of cripples. To do so meant no less than the persuasion of Government departments, local bodies, and the general public that the time had come to cure

the cripple child and to prevent the causes by which deformity is created. He said himself that the war had made possible in three years what it would otherwise have meant twenty to produce, and if 1900 may be taken as the date of the first landmark set up at Baschurch, and 1916 the second at Shepherd's Bush, the year 1920 was the third progressive point from which the next advance began. To make orthopædics in its various aspects of early discovery of cripples, treatment, education, training, and prevention of disease a part of national life was his ideal. The main outlines of the scheme, though inter-related, may be examined for purposes of clarity under the headings of the crippled child, prevention, and the industrial casualty.

## I

The position in 1920 differed entirely from that at Baschurch and Heswall in 1905.

"Our method in dealing with the cripple problem to-day," wrote Robert Jones at this time, "owes much to the lessons we learnt in the late war, for we realised then the importance of adequate means of cure. In those days we were faced with the necessity of making proper provision for the crippled soldier whose treatment and ultimate cure were likely to take weeks, or perhaps months, if we wished to prevent him from becoming a permanent cripple. Therefore, orthopædic hospitals with workshops were started to accommodate cases requiring prolonged treatment, so that we might deal with the patient from the psychological as well as the physical point of view. These orthopædic centres formed a training ground for specialists in orthopædic surgery, whose influence is far-reaching to-day, while in addition they gave us nurses with a thorough knowledge of the highly specialised work of splinting, application of plaster, massage, and electrical treatment."

In a previous chapter these means of treatment have been described. What remained was to make it possible for them



to be applied to the requirements of the *civilian* cripple, whether child or adult. In other words, the contribution of the war was to focus public attention upon the possibility of cure—given proper conditions. The great opportunity denied the cripple since the days of antiquity had come. Best of all, the public, relieved of the tension of those destructive years, were sympathetic to a constructive scheme for the crippled child. Nor was the scheme without its dramatic appeal. There were in it all the elements of discovery, rescue, fortitude and finally success.

It was not enough to have a central hospital with children under treatment. Robert Jones knew by long experience that cripples arrived too late, and when they returned were allowed to deteriorate. "I deliberately say," were his words at the Guildhall, London, "and with the full sense of responsibility, that we would hardly ever see a pair of crutches in our land, if all paralytic, tubercular and rickety cases had received early and continuous help." Cripples, in other words, must be discovered, and receive after-care. How was that possible?

Once again the start upon a scheme which is now in rapid development all over this country was made in Shropshire. "It was maddening," recalls Dame Agnes Hunt, "to send a child home in splints, walking beautifully, only to have it brought back again in six months, rather worse than when first admitted, because the splint had broken, and the parents, in all honesty, considered this was the Almighty's way of showing it was no longer required!"

The only solution lay in examining new and old cases in local centres. If patients would not come to the central hospital soon enough, the central hospital must go to them. To those who have seen farmers' carts and motors arriving on market days with children for examination at some convenient house, for preventive or after-care treatment, the idea will be admitted to be one of the greatest contributions of the orthopaedic scheme to modern medicine. That this experiment should have taken place in the Welsh hills and Shropshire valleys and not in the slums of Liverpool may seem a little incongruous.

But Robert Jones knew in what strange nooks of the hills the crippled grow to maturity. All through his early years he had crossed the Mersey, and set out for the Welsh mountains. It was no secret to him that inside the most beautiful cottage there might be a hotbed of tuberculosis. It had always been a dream of his that, until he could advance a step further towards prevention, he would convey these children from the hills to the hospital wards. And from these cottages came the most startling cases. The physical neglect, intellectual as well as physical, of both adults and children, was and is still a tragedy.

This crusade in rescue of the waifs of mountains and streets was sufficient to win the support of any audience. It was Dickensian in its optimism and buoyancy. And once, curiously enough and also charmingly enough, it did form a link with the novelist himself. Sir Walter Lawrence, who was a close friend of Dickens' daughter, the late Mrs. Perugini, has written this delightful reminiscence :

“ One day I told her of a great friend, who had hospitals for crippled children, and when I said that I had seen what I thought were miracles wrought by Sir Robert Jones, she sat up in her old armchair and flushed. ‘ Tell me about that again.’ So I told her how these crippled little folk cheered as Sir Robert's healing face appeared ; how bright the waiting was ; how happy the fulfilment. Then she said : ‘ How my father would have cheered ! *He would have led the cheering !* ’ ”

Under the national scheme of Robert Jones a network of central hospitals would be served by after-care clinics, each hospital being supported by voluntary workers, the Red Cross, Medical Officers of Health, district nurses and school teachers. But he knew that as an absolute essential he must first win the sympathy and kindle the imagination of the public. Here again his personality carried all before it. He had never underestimated or ignored the part the layman has taken in medicine. “ Without voluntary effort,” he said, “ the plight of the crippled child would have been pathetic. The agitation for the betterment of the child has from the first depended more upon the

lay-worker than upon the members of the medical profession." If the history of orthopædics is considered, and its progress examined in Great Britain and the United States, the absolute truth of that statement is beyond argument. Whether it was Lord Shaftesbury, Florence Nightingale, John Pounds (the founder of the Ragged Schools), Dr. Barnardo, Mrs. Humphry Ward or Mrs. Kimmins, Lord Mayor Treloar or Dame Agnes Hunt, Dame Georgiana Buller, the Duchess of Portland, Lady Beatrix Wilkinson, Edgar Allen, Dr. Ratcliffe Barnett or Mrs. Townsend, the layman, world famous or unacclaimed, has carried more than his or her weight in the cripple problem.

Of that wonderful woman Mrs. Humphry Ward, her daughter, Mrs. G. M. Trevelyan, has written in *The Cripple* :

" If, since then, progress has lain rather in the direction of providing definite orthopædic treatment, combined with education, for the more seriously crippled children, Mrs. Ward would only have rejoiced to watch it, for before her death (which occurred in March, 1920), she was already working with Sir Robert Jones in establishing the ' Central Committee for the Care of Cripples,' and had heard with delight of the proposed conversion of the Calgarth War Hospital on Windermere into a residential hospital-school for crippled children.

" The orthopædic clinics that have since sprung up in every county would have rejoiced her heart, and though the work is not completed yet, and over 24,000 ' defective ' children are still reported by the Board of Education as being ' at no school or institution,' yet the progress made since that spring day in February, 1899, has been enormous. Mrs. Ward bore the torch at the right moment, and another generation has followed her with an ardour worthy of her own."

Robert Jones possessed the same natural love of crippled children that has brought the layman into the orthopædic field. He did more to uproot the malign superstition that deformity of body means deformity of mind than any man since the creator of " Tiny Tim." He frequently in his public addresses told of the influence of a crippled child in some drunken home, of the courage of crippled children, and of the

men of genius who have overcome their incapacity. "The mentality of a crippled child," he said in a speech, "is a very charming one. They react to kindness so wholeheartedly that service becomes a joy." Great audiences of laymen who heard him all over the country between 1900 and his death were ready to take his word for it.

In an address at the Guildhall, London, on behalf of the Cripple Aid Society, about this time (1920), he drew a moving picture of the conditions of little cripples in our cities: "In nearly every hospital if a patient has occupied a bed for three months a blue paper is placed above the bed. This means an eviction. It is perhaps a diseased hip. What is to become of it? For three long years he has to be looked after! The mother in despair takes him first to one out-patient department, then another; no continuity of treatment. The splint is worn out, no money for another, no funds in the hospital for splints. Mother, a widow, has five children. Driven from pillar to post, the child, if he lives, becomes one of the large number who are past hope.

"It may be that some kindly soul who sees that blue ticket will take compassion upon the child, and will send him for a month to the convalescent home. This is helpful, but more is needed.

"May I tell you what is needed? Hospitals in the country, where the child is kept in the open air just so long as is necessary. Hospitals in close touch with a Society such as this; anxious to teach the workers all they desire to know—both striving for one common end."

But it is not so easy to build hospitals as castles in the air. The scheme must carry conviction alike from the surgical and social point of view. It must be workable as an organisation and also financially practicable. Robert Jones' experience in the Army had proved to him that, given a good cause, thoughtful preparation and tactful presentation are half the battle.

In the laborious task of working out the details he had the enthusiastic, capable, and energetic co-operation of G.R. Girdlestone, F.R.C.S., who, as a young man, had been con-

verted to the principles of Baschurch. To him as to many another that sanctuary of healing was a revelation. Discerning the unimagined possibilities of restoration, and impressed above all by the spirit infusing the work, he resolved, with the hearty approval of Robert Jones to establish a similar hospital himself if ever he could. The opportunity came after the war, when the old Wingfield House at Headington, near Oxford, having done splendid service for the soldiers as an orthopædic centre, became the Wingfield Orthopædic Hospital.

In October, 1919, Robert Jones, in association with G. R. Girdlestone, published the proposed national scheme in *The British Medical Journal*. He explained that the crippled child was not always easy to find—a fact not fully realised even to-day. He went further and criticised the damaging belief that crippling diseases are peculiar to the town as against the country. Once again Shropshire as the pioneer county was taken to illustrate what was possible. It was explained that rickets and surgical tuberculosis, due principally to bad housing and insufficient food and tuberculous milk, accounted for forty per cent. of the crippled children in the areas. The report proceeded to point out that, unless adequate hospital accommodation was provided, with continued careful corrective treatment, there could be no promise of ultimate recovery.

The ground plan was simplicity itself—that England and Wales should be mapped out in districts a hundred miles or less across, with a fully-equipped open-air orthopædic hospital at the centre of each, and an indefinite number of out-patient clinics scattered round about it.

The hospital must be in the country for the sake of air, and country sites were also cheaper. Nor were elaborate buildings required; huts were better and cheaper. A joyous atmosphere, traditional now in orthopædics, was of course required, for “While cure of disability is the prime object . . . we feel that the development of happiness, of a self-reliant outlook, and of the capacities of these children is of the utmost importance. The hospitals should be centres of play, of handicrafts, and of

education, as well as of treatment." Robert Jones, believing in team-work and detesting petty rivalries, advocated close and cordial working not only with the general hospitals of the neighbouring towns, but also with the medical practitioners. In a picturesque poem called "The Master Shipwright," Admiral Ronald A. Hopwood, C.B., has depicted the scene of Chailey when, in similar circumstances though at a far earlier period, Robert Jones eagerly answered the summons.

"The ships in Chailey Dockyard lay crippled as they could be,  
Rigging and masts and timbers, and in no wise fit for sea,  
And some, tho' new from the cradle, seemed only built to fail,  
And some might work to windward in the tooth of a winter gale.

So the Shipwrights came to Chailey to succour the ships therein,  
For this is the Craftsman's honour, to prove what his skill may  
win ;  
But graver they spake and graver, as they saw the halt and lame,  
'We must send for the Master-Shipwright,' so the Master-  
Shipwright came."

The out-patient clinics, numbering a dozen or two for each hospital, were equally vital for purposes of after-care and periodic supervision, for preliminary examinations and minor treatments, and the discovery of cases. As in wartime, the local practitioner was invited to co-operate, and the willing aid of an army of lay workers was tacitly assumed. In Shropshire itself, where the after-care scheme had started, before the end of 1918 there were thirteen centres scattered all over the county, visited once a week by a Sister, while all children who did not attend were looked up in their own homes.

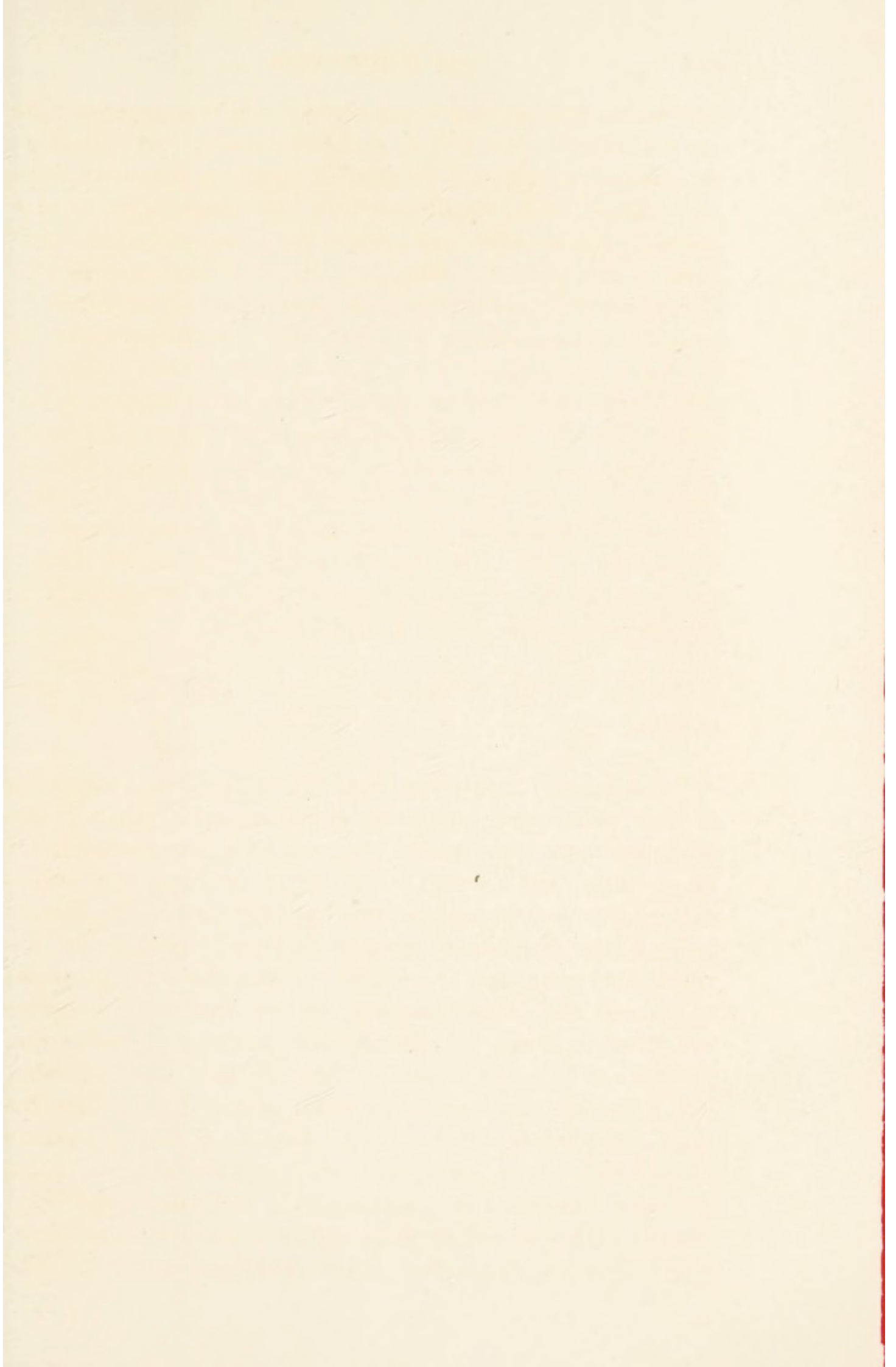
Such in bare outline was the national scheme which was published in 1919. Upon Robert Jones fell the task of conversion and organisation. In 1923, he wrote to Joel Goldthwait :

"Since seeing you, I have been very busy just in the old way, and doing a lot of propaganda work in regard to the Care and Cure of Cripples, and it is interesting to know that in

Shropshire now we have fifteen centres. In Staffordshire there are ten centres where Clinics are held and after-care carried on in connection with the Central Hospital at Baschurch. In Oxfordshire, under Girdlestone, we have about eight or nine centres hard at work, and centres are being started in other parts of the country. One feels that it is necessary to give Government Departments a lead—it is not sufficient merely to point out what ought to be done. We want to get a plan of campaign going, even if we have to have a little assistance, which will ensure the best type of treatment for crippled children, and also the best methods of preventing crippling deformity . . . You will be interested to learn that when this Cripple Campaign started, we had a long waiting list of over five hundred cases for the Baschurch Hospital alone, *and now we have no long waiting list at all.* This just shows you what can be done if the State would only work a similar scheme which could be carried on in each of our English counties.”

But the human difficulties were as varied as they were original.

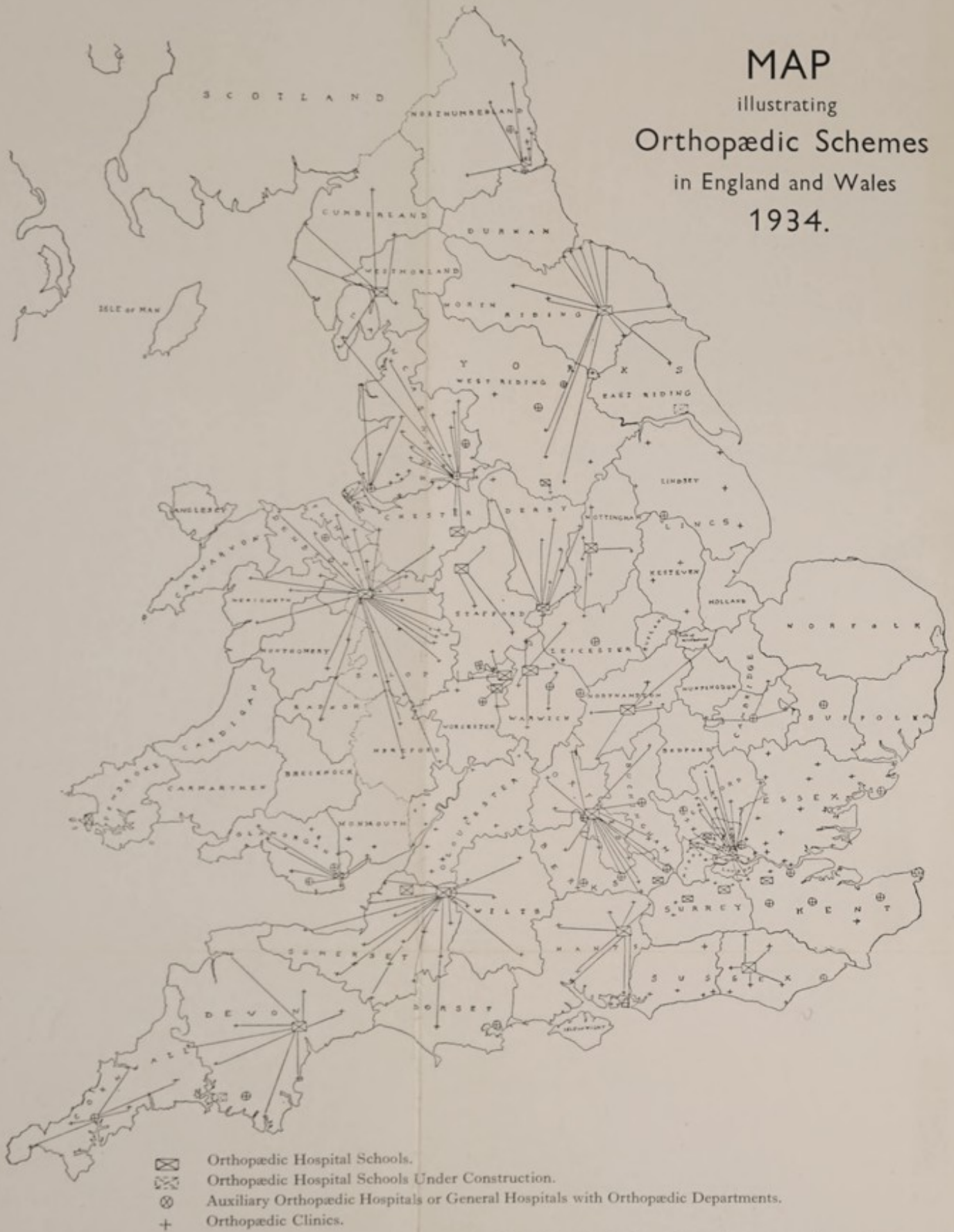
“Last week,” he wrote in 1924, “I went to open a hospital at — under very interesting circumstances. When I was doing war work I was invited to go and see a Cripple Children’s Home there, and I found a very delightful institution, where the children were being educated, but where none of them were being *treated*, and when I suggested to the Chairman, who was taking me round, how much could be done for them by means of surgical and other treatment, he said that the Committee would never dream of allowing such a thing. I asked him therefore if he could possibly collect together the Committee, which he did, and I spoke to them, putting before them the great possibilities, and then forgot all about it until I received an invitation asking me to come and open the Hospital, which had been completed in consequence of that talk to the Committee! All this sort of thing encourages one, because sometimes an impression is made when one least expects it. The





# MAP

illustrating  
**Orthopædic Schemes**  
 in England and Wales  
 1934.



- ⊠ Orthopædic Hospital Schools.
- ⊞ Orthopædic Hospital Schools Under Construction.
- ⊕ Auxiliary Orthopædic Hospitals or General Hospitals with Orthopædic Departments.
- +

The scale of the map does not allow space to show various other children's hospitals where orthopædic cases are taken, such as Great Ormond Street, Wray Crescent Hospital Home, &c.

MAP OF CENTRES.

new Hospital at present is small, but the surgeon has been trained in orthopædic work, and I think the Hospital is sure to increase in size. We have now quite a number of Hospitals starting, and Yorkshire is quite on the rampage. I have been to Bradford and York to address meetings in connexion with the work, and now the money is coming in for the building of an Orthopædic hospital, which will practically provide for the needs of the county. This seems a good beginning, but of course, it will be a long time before enough money is collected. The only thing one can really hope to do is to arouse interest, and create enthusiasm, and if we see localities starting work we must do all we can to encourage them. The Central Committee for the Care of Cripples is also doing very good work indeed."

From 1918 with the start of the national scheme in Shropshire a network of central hospitals and after-care clinics commenced to cover England and Wales. A glance at the map facing this page will show more graphically than words how the smallest hamlets and suburbs of country and town are being brought within supervision and care by the practical idealism of Robert Jones. From Shropshire to Hertfordshire, from Surrey to Berks, Bucks, and Oxfordshire, from Wingfield to Windermere and Ascot to Birmingham, from Wilts to Kent and Lancashire to Sussex—they were all inspired, produced and opened through the original conception of which Baschurch and Shepherd's Bush had been the original foundations. When he died in 1933 Scotland had entered heartily into the scheme and Northern Ireland was planning its central hospital.

During ten years Jones never spared himself in speech, written word and personal conversion. Even the sites were decided by him.

"I arrived at Bristol and gave my views on the site which will be purchased—ninety acres with an option on one hundred and fifty. It is very promising. The day was very wet and I had to traverse many fields of grass. The Committee thought

my boots and socks were wet, and you would laugh if you saw them carry me off to buy and present me with a pair of boots. They were all in at the fitting. The education P.M.O. bought me the socks.”

. . . . .

## II

The progress of the national scheme developed from the early discovery of the cripple towards the question of the prevention of the diseases which produce deformity. As in the war years Jones gave new boundaries to orthopædic surgery. The whole sphere of the national scheme took on a dramatic air of propaganda. The influence of clinics in country districts was observed to be not simply upon the children. They operated upon the homes from which they came. The whole process was extended to birth and before birth. The vast network of child welfare, school medical service, district nursing, medical officers of health, was combining towards the discovery of disease in infancy and the causes which produced infirm and delicate babies.

It was a far step from the operating theatre to a platform campaign against impure milk and bad housing, but it was the next stage of the scheme, and Robert Jones set out to preach preventive medicine as an earlier and more desirable stage to operative treatment. The lessons he taught were perfectly elementary. Two prominent sources for the supply of cripples are known to be tubercle and rickets, both of which could be largely eradicated. His reflections upon this great and critical subject are so important and lay so near his heart and life-work that a paragraph or two will convey the sincerity and earnestness of his appeal. They express what he believed in the words in which he gave them utterance in 1928, and which carried throughout the length and breadth of Great Britain certain elementary, but definite, laws for the health and happiness of little children.

He deals first with rickets, which he describes as "a preventable disease"—produced by inappropriate food and lack of sunlight. It is particularly noticeable in hand-fed children. "We found," he said, "there was no artificial food which could take the place of mothers' milk. I made a collection of photographs of babies which were published to illustrate the merits of various types of artificial milk. In nearly all I found evidences of rickets. The babies looked fat as rachitic children generally do, but a trained eye could easily detect the disease."

Here was an extremely unpopular observation. It threw a bomb into the camp of all those commercial gentlemen who, with their bogus laboratories and white coats, provide an easy conscience for social young matrons. To many a reluctant mother and accommodating practitioner such candour was a little disconcerting. "Margarine, unless made from animal fat, is to be tabooed as a food for children." Again he denounced what had become a very staple diet even on farmers' breakfast tables.

But that was only the beginning. There was (and is) tuberculosis. "I submit," he said, "that we know enough about this plague to predict its early banishment from our midst if a really great national movement were initiated to utilise our knowledge for the benefit of the child."

To Robert Jones the milk trade was a public scandal, shielded by political influences and glossed over by public apathy. "Milk," he said, "accounts for seventy per cent. of the tubercular infection of bones and joints. This should not surprise us, when we realise that about one in every ten specimens of milk supplied to our towns contain living tubercle bacilli. Professor Stenhouse Williams, of the Research Institute, Reading, tells us thirty per cent. of all cows in this country are infected with tubercle, and of these only two per cent. will be in such an advanced stage of disease as to be affected by the Tuberculosis Order. 'What,' he asks, 'is to become of the remaining twenty-eight per cent.?' The answer is that they are allowed to spread the scourge amongst our children.

The powers given to Local Authorities are hopelessly inadequate to deal with this problem. No one with any knowledge of the facts will be prepared to deny that the conditions of our milk supply are appalling. A veterinary surgeon, to whom I recently wrote, tells me that in a certain district of Wales tuberculosis is rife in dairy cattle; a low average would be thirty per cent., while in some herds the percentage is one hundred. The tuberculin test is not compulsory anywhere. An animal very badly affected will not react. A cow which has received an injection of tuberculin shortly before the test is made will not react although tubercular. Unscrupulous farmers and dealers, who are anxious to sell their cows at a higher price, make use of this knowledge in order to pass the test. They dose them with tuberculin before the test is applied. He tells me that practically no improvement has taken place in the method of milking nor in the distribution of milk. . . .

“With the exception of dairies in the immediate vicinity of villages, water is not laid on, so that neither the milker’s hands nor the cows’ udders can be washed. There is no inspection. Samples of milk are tested, and if one is found to contain tubercle the owner is merely asked to move the offending cow from the herd—and this he may sell to another dealer. Similar information reaches me from other parts of the country; some of it almost too ghastly to describe.”

The indignation of the agriculturist did not worry Robert Jones. He was too well aware that even hospitals in charge of young children will accept a low tender for dubious milk rather than spend more for guaranteed Grade A.T.T. And when that remains true, what can one expect of the householder, who buys in good faith and not upon a standard of pounds, shillings and pence? Nor did the anxious expostulation of a certain section of medical opinion worry him. “In the face of these terrible conditions,” he observed, “I regret to say we have a body of men, some of them scientific men, who promulgate the theory of immunity. They seriously argue that if we leave things as they are, we

shall in time have a race immune from infection. To attain this end we are to continue feeding our children with the tubercle bacillus. A more monstrous doctrine one cannot conceive. It is heartless and pernicious, and fallacious. It discourages any preventive effort which the State may make, and it supplies the careless dairyman with an argument of immeasurable evil."

For the ineffectual regulations on the human bacillus of tuberculosis, Robert Jones had no patience. "In the final report of the Departmental Committee on Tuberculosis, published in 1913, it is stated that one of the principle sources of danger at the present time is the existence of a number of persons in the more acute and advanced stages of the disease living in the intimate contact of their families, which is necessitated by the ordinary conditions of their lives. This is a report which is now fifteen years old, and yet things remain just as they were. Very careful experiments were made by Sir Harold Stiles and his associates at the Royal Edinburgh Hospital for Sick Children in the beginning of this century, where all the cases of surgical tuberculosis were separated into the two groups of bovine and human. Many cases were traced to their source—the bovine to the particular cow; the human to the infected parent or friend.

"How does the child become infected by the human bacillus? An interesting experiment was made by Cornet. The dust from a carpet, in a room occupied by a tuberculous patient, was collected, and to this forty-eight guinea pigs were exposed. Forty-seven of them died of tuberculosis. A child crawling on such a carpet and placing its fingers into its mouth runs the risk of similar infection. It is pathetic to find that a kiss from a fond parent affected with tuberculosis has often sealed the fate of a child. It is our bounden duty as a nation to isolate a case of pulmonary phthisis until it is no longer infective. That this should be done in a kindly and considerate manner appeals to us all, but until isolation becomes compulsory the spread of disease is inevitable. Sanatoria of various types have been instituted all over the British Isles. This is all to the good and should help us in solving the problem, but

there can be no policy more obstructive to the objects that we have in view than that advanced and incurable cases should be sent back from sanatoria and other institutions to their houses, and so expose to infection their children and their neighbours at the very period when the danger is greatest. That this has been done, and is being done, cannot be denied. The human bacillus could be largely eliminated if the Authorities insisted upon the proper care and isolation of the consumptive."

## III

There came finally into his national scheme the future of the industrial cripple. If the problem of the disabled in Great Britain is compared with the same question in the United States it will at once be observed that in our country the sentimental appeal of the child has altogether overshadowed the case for the adult. To-day we are only beginning to realise that a new problem lies within the field of industrial and road casualties. In America only 30 per cent. of the work for restoration of function is concerned with disease. Thus even if the crippled child vanished from the scene—a possibility rendered more and more near reality—there would still be 70 per cent. of the total number of disabled persons eligible either for treatment or for a return to the labour market. In his last years Robert Jones preached prevention of crippling diseases to save the children. But he also struggled to make the public and press realise that the orthopædic scheme of treatment and training offered a bridge between the industrial cripple and restoration. What he had done for the disabled soldier he knew could also be done for the crippled workman. Every year, in the United States, 200,000 men are disabled to some degree. Of these no less than 80,000 require curative training if they are not to be reduced to charity. In Great Britain the toll paid in life and limb is rising steadily. There are between 500,000 and a million persons injured annually, and under the Workmen's Compensation Act alone over

£7,000,000 is paid. Since the Armistice the national loss in compensation is between sixty and seventy million pounds.

To Robert Jones the position of the workman under the Compensation Act was like that of the disabled soldier in the war. It is equally important that he should return to duty. We have seen that in the war orthopædic hospitals were erected with feverish haste to return men to the fighting line. In peace there is no such efficient action, nor is there accommodation. And yet the number of cases requiring orthopædic treatment runs into thousands in industry, and it is evident that, in view of the fact that there have been two million road victims since the war, the question of public accidents will call for even a larger proportion.

It was the conviction of Robert Jones that immediate and proper treatment of industrial accidents would save the country millions annually, and enable men to return to their work within a shorter period, or be trained in workshops: that, in fact, Workmen's Compensation should be utilised to restore an industrial cripple to health and occupation, not to fling him on charitable funds.

"If I were made dictator," he once said, "I would have an accident hospital in each large city, where cases could be treated properly, and for as long as was necessary. I would have beds for adults in each orthopædic hospital, and small country hospitals to act as casualty clearing stations." He realised that our present hospital system, as in the case of the crippled child or wounded soldier, is wholly inadequate to deal with the chronic or long period case.

In January, 1927, the Right Hon. Neville Chamberlain, Minister of Health, asked his opinion upon certain points in the Poor Law Reform Bill. In the course of his reply, Robert Jones elaborates much that is already familiar in his orthopædic scheme:

"Dear Mr. Chamberlain,

In my opinion the Poor Law Reform Bill is a much-needed reform, and I am very glad it is to be proceeded with. The



Ministry of Health will initiate a very salutary reform if they take over the control of all the Infirmary beds hitherto administered by the Poor Law Authorities. The transference will be wholly advantageous to the Public Health. I have no fear for the Voluntary Hospitals, which, under a wise and sympathetic organisation, would be strengthened, not weakened. Beds are urgently required all over the country, more especially for the scientific handling of the more chronic type of disease. There would be no difficulty in staffing these new wards with efficient and progressive men.

“ It is premature to enter into any detail, but I have felt for a long time that it would be of great service to have these institutions closely affiliated with teaching centres. At the present time the more chronic type of disease is practically excluded from our large voluntary hospitals on account of the great pressure on their beds by cases which are deemed urgent, but which are not more important. The Poor Law Institutions to which overflow cases are sent, are, in very many cases, quite unfitted to undertake their treatment. They have neither the equipment nor the staff. The result is that the possibilities of recovery are not recognised and the effects of treatment are often most deplorable. Seventy thousand beds—properly supervised by skilled men—would prove an incalculable asset to the nation. If they were affiliated to large city hospitals and university centres, what a blessing it would be, from both the preventive and curative side! The Voluntary Hospitals could deal with the operative and acute cases, retaining also examples of any type of disease for purposes of treatment and teaching, and no case would ever be sent from their doors excepting to well-equipped institutions under the Ministry of Health. Arrangements could be made for an augmented Junior Staff from the teaching hospital to superintend the work in the newly-acquired wards, and they could be inspected in their turn by the staff of the Ministry. Cases of Paralysis, Rheumatoid Arthritis, Tubercular Bone and Joint Diseases, Fractures of the Spine and Extremities could be grouped, studied and treated in a way which, under present

conditions, is hopelessly impossible. Surgery has recently made such advances that cases which were comparatively recently looked upon as hopeless can be largely restored to usefulness. The new hospitals would have their laboratories for research, and scientific advances would run hand in hand with the clinical side.

“ During the war we commandeered from the Hammersmith Guardians the Shepherd’s Bush Infirmary, and spent many thousands of pounds in making it an ideal Orthopædic Hospital for the treatment of every type of injury and deformity. When peace came we struggled hard to retain it as a war memorial for the purpose of treating the civilian industrial population. It could not be done. Had it been in the hands of the Ministry of Health, I have no doubt it would be doing a great public work.

“ Perhaps you will remember visiting the Alder Hey Hospital in Liverpool some time back. It was commandeered during the war for orthopædic work and equipped. After the Armistice, we were able to persuade the West Derby Board of Guardians to transform it into an Orthopædic Hospital for Children, and they allowed us to appoint a suitable staff. You were good enough to express a high opinion of this hospital, and it has proved a success. It is not often we meet with Guardians so enlightened and with public spirit. With the help of the Ministry, as you know, we are making great headway on the preventive and curative side of the crippling diseases of children. The keystone of the scheme is continuity of treatment and the establishment of after-care centres. These clinics could quite easily be linked up with any institutional scheme formulated by the Ministry. It would solve the problem of the adult cripple for whom practically no provision is made in any part of the country.”

In 1930 was passed the Local Government Act transforming the old Poor Law and bringing new possibilities of co-operation between voluntary and municipal hospitals.

## v

The industrial cripple is still a problem of the future. But to prepare for his treatment and restoration an experimental section was opened recently in the Oswestry Hospital—now called “The Robert Jones and Agnes Hunt Hospital.”

“Robert Jones lived to see his dreams come true.” So said Sir Pendrill Varrier-Jones, in the summer of 1933 when he spoke at Oswestry, and, as one recalls the stages by which he laid the foundations for a world without deformity, there is a sense of accomplishment beyond the realisation of most human aspirations. After thirty years of intense toil he had bequeathed not an idea, but a reality. From the darkness of the war he had carried a torch to lighten the way for posterity. As his friend Sir Walter Lawrence wrote him—“In those dreary years of the war my happiest and brightest recollection is my association with you, and meeting with the choice spirits you seemed to gather round you. And it does rejoice me to know that the enthusiasm you aroused was not a mere war product, but has left its healing and restorative influence in twenty-six of our counties.”

## CHAPTER XIX

### METHODS AND PRINCIPLES

#### I

AFTER the war Robert Jones resumed his practice in Liverpool and London and reached the most busy period of his professional life. His reputation had since 1914 become national in a sense unknown amongst specialists. It was, in fact, a time of harvest in which he was able to enjoy the fruits of his labour, but even more to know that the cause of orthopædics was at last consolidated and the long struggle over. It is, therefore, during this final and triumphant chapter in his career that it is desirable to consider the methods and principles which not only characterised his later work and teaching but took their place in orthopædic practice.

Had Robert Jones died in 1914, it is conceivable that the knowledge of Nelson Street might have perished for lack of disciples. As it was, he was able to establish a school of orthopædics beyond the uncertain tenure of human life. It is a commonplace that the highest reputations in medicine are established upon qualities more stable than brilliant personality or scientific skill. It is only the pioneer who can anticipate a permanent place in any department of human knowledge, and to do so he must found a school of thought prepared to preserve his principles. Outside that rare company surgical genius is acclaimed one day and forgotten the next.

It is reasonable to assume in the light of his achievements that Robert Jones was an original thinker practising a new and immensely progressive art. So much is evident enough. But one may be allowed to linger for a moment upon the impressions which Nelson Street or the Southern Hospital produced upon those who were from that moment his followers.

There was, to begin with, his technical genius as a surgeon evidenced in delicate operations frequently of his own creation, and carried out upon methods of such pre-determined

simplicity that they could be easily understood and imitated. Like Ambroise Paré, his leading principle was *Primum non nocere*—"The first duty of a surgeon is to do no harm."

Professor Putti, the illustrious Italian surgeon, has given a brief impression of the later period: "As a surgeon he was a diligent operator, precise, methodical. He never liked great risks, but he could see in operating a means to a cure, though not a cure itself. In manipulation he was of an astounding ability; to see him put right a distorted foot, reduce a fracture, make mobile a rigidity, was a great lesson. . . . But it was at the bed of the invalid and in front of his students that he proved himself the eminent clinician and *maestro*. Acute observation, experience that would not recognise impossibilities, mature judgment, more from good sense than from long training, easy conception and quick towards the problem of diagnosis—all these he had. His teaching was so original in principle and method that he can be rightly considered the founder of orthopædics in the English-speaking countries. . . . Besides discovering new truths what he did was to clarify and affirm what he considered the fundamental principles of orthopædics, principles bearing the mark of an originality so distinctive that they seemed to owe little or nothing to the influence of other minds."

Jones had the most powerful, sensitive and flexible hands. His touch was as gentle and his diagnosis swift and apparently inspired. After seeing a distinguished continental surgeon at work D. McCrae Aitken wrote him: "I said to myself, *where* have I seen those hands before? There is something about the shape and movement of his hands extraordinarily reminiscent of the way you used your hands when I first saw you setting fractures in hospital 30 years ago. . . . It really was delightful to hear maxims which you taught me 30 years ago being told in new phrases and in a new setting."

Within his surgical field teamwork was carried to an extraordinary perfection. Efficiency, speed, precaution—all these normal faculties had something added. William Mayo, of Rochester, U.S.A., whose clinic is one of the wonders of

modern surgery, wrote him in 1923: "Your organisation enables you to do easily three men's work."

Organisation enabled Jones to cover a larger and harder day's routine than any other surgeon, but it was the physical power and habit of hard, swift, and continuous toil not simply teamwork which was the driving force of his life.

He made a practice of starting the day with operations in Nursing Homes at 8.15. This enabled him to commence his consultations by 10.30 a.m. at Nelson Street. Thirteen patients, about whom every detail was already known, could be prepared in separate rooms at the same time for his examination. All preliminaries had been carried out by nursing sisters and secretaries. It only remained for Robert Jones to read the details and enter the room. "This," said the *British Journal of Surgery*, "makes conversation unnecessary. But Sir Robert, by his genial remarks made while the examination is proceeding, imparts an air of friendly intimacy to the interview which makes the patient and his friends feel that this is the most important case of the day. Details of immediate and after-treatment are given to the nurse; and if sometimes the consultation is over before the patient realizes that it has begun, yet all essentials are secured in the briefest possible time. Sir Robert then returns to his office, and dictates a letter to the medical man from whom the case came, and a note about the result of his examination for his own records. He then goes to another patient."

As he only took a sandwich for lunch he could continue seeing patients with practically no break from 10.30 a.m. until the evening. He was thus able to cover in a single day of private work between five and ten operations and twenty-five consultations apart from final visits to cases. On Wednesdays he would carry out his private practice until he reached the Royal Southern Hospital by 2 p.m., and perform within the next eight hours anything between twenty and thirty operations.

When such concentrated labour is reckoned year in and year out over half a century with frequent travelling by night it

may be said without fear of contradiction that no surgeon ever attempted or achieved such a phenomenal record upon the highest standards of skill and precaution.

But brilliant surgery, hard work, and organisation would not explain his principles. "The new orthopædics," said Sir William Osler, "is more than surgery. The orthopædic surgeon is a teacher, a personal teacher, and in two directions—of the patient's mind quite as much as of his muscles and joints. It is not simply a surgical matter, but an individual, human problem, requiring prolonged attention and study of each case."

"To me," wrote Amiel, "the ideal doctor would be a man endowed with profound knowledge of life and of the soul, intuitively divining any suffering or disorder of whatever kind, and restoring peace by his mere presence." Such words might, in large measure, have been written of Robert Jones. His "mere presence" was restorative. "'E do put life into one, don't 'e, Sister?" said a poor woman after he had made his round of the ward, and the learned Amiel himself could not have bettered that simple description of the magic gift of sympathetic vitality.

The principles of orthopædics as taught by Robert Jones, including as they did a personal relationship with a patient, were half the battle. "I remember," recalls Miss Maud Royden, once a patient of Robert Jones, "two women doctors, whom I knew well at the time, telling me of their amazement at his personal sympathy and understanding for each case that came before him, and their feeling that they must never allow themselves to think of any human being as a 'case,' however busy they were, or however great the demand for their services, since Sir Robert Jones was able, through his intensely occupied life, to think of each individual so individually. . . . And then I was profoundly impressed by the way in which he entered, not merely into my physical condition, but into my life and my temperament, and the sort of thing that would help me; the help that would be worth while and the help that would simply not be worth while. He did

not ask me many questions, but seemed to understand with an instinctive sympathy what my life was like. And it was precisely this amazing insight and desire to do justice, not only to a person's body, but to their entire life, of which the body forms so important a part, but never the whole, that impressed Sir Robert Jones' patients in a way that created between them and him a profound sympathy."

He brought an extraordinary intensity into a consultation, and not always a consultation. "The physician," wrote Thomas, "should look upon the patient as a besieged city and try to rescue him with every means that art and science placed at his command. The physician should be an inventor and think out new ways and means by which the cure of the patient's affliction and the removal of his symptoms may be brought about." That principle was carried by Robert Jones to its finality. Sir William Osler said of him during the war years: "A patient might be in his charge for five minutes or five years. Yet his decisions were quickly given and with finality. If the definition of inspiration is 'a calculation rapidly made' then that comes near his genius for diagnosis." But it included far more than the patient. Into this magic circle he made it his rule to draw doctors and nurses. Everyone concerned with a patient must be a member of the team who were pledged to combine on his behalf. H. O. Thomas had not always been either civil or conciliatory with the general practitioner. To Robert Jones, a close and confidential co-allegiance with the family doctor was not merely preferable or diplomatic, but no less than everything in the welfare of the patient. "He never let the general practitioner down" appeared above the names of a body of North Wales doctors when he died, and it would have seemed to Robert Jones a very strange and criminal thing to do. Where errors had occurred he was invariably only anxious to assist a colleague to rectify them; where there was difficulty about a fee he was instantly sympathetic.

One of the most marked characteristics of his later work was his unflagging interest in new methods. This tireless



passion for knowledge never flagged even with increasing years and work. His physical strength was great but his mental energy was greater. Senescence manifests itself in some fashion or another after middle age and most usually in a disinclination to embark upon new habits of action or thought. Robert Jones remained so receptive in mind that he was a student to the end. Here may be sought the secret of his genius in his relations with his fellow surgeons. W. Rowley Bristow has well said: "He borrowed a set of instruments from me to carry out a certain operation—sacro iliac arthrodesis—which he knew I had got when I was in America. It was a new technique which he saw one of us do. This was only some two or three years before he died. This extraordinary capacity for imbibing new ideas, of always feeling there was something to learn, put him in a class apart from the other men of his generation. He never rejected anything because it was new or new to him. If it seemed sensible he would see it done, he would want to hear all about it and then finally if he thought it better than something which he himself had practised in the past he would adopt it. This right up to the end of his active career. There is genius in such a characteristic and the infinite capacity to make and keep friends amongst the younger men was part of it and perhaps the secret of his perpetual youth."

Finally, in these general principles, Robert Jones, without the faintest suspicion of the evangelistic spirit, believed that the calling of medicine was a sacred one, demanding the highest standards from each of its followers. That came, perhaps, nearest his religion, unchanged either in stress of war or peace. Principles like those consciously or unconsciously took flame in younger men. Sir Wilfred Grenfell expressed this ethical aspect when he wrote in November, 1928:

"My devoted friends here and on the staff in Labrador endorse the high ideal that life is a field of honour in peace as well as war—and that it is a glorious opportunity and not

a sordid tragedy—and that the peerless exponent of it in all time was the Christ.

“It is grand to have youth believe that—so much lies in that for England and the Empire. That is the potent force to make a better world, when all men everywhere realize that there really is in God’s economy a job that won’t be done at all unless each one of us does ours.

“There is no better living exponent of this than yourself—you, who have gone about doing good for the helpless and the neglected. Generations will bless you. You can’t hope for it in your day—there are too many self-seeking critics or too much self-seeking in us all. But we have loved and enjoyed your friendship as one of the most valuable assets of your own times.”

Here were gifts which would establish any surgeon’s reputation. But in themselves they could not predict that fame which endures beyond a generation. There must, in fact, be something more. Principles which depend upon no matter how great originality must be handed down by the written word and then by the human agent. How did Robert Jones fortify orthopædic surgery against the exigencies of his own span of life? He did so in two respects. He wrote a substantial body of orthopædic literature, and he drew to his side a school of disciples.

## II

Jones commenced to write for the medical journals in the 'eighties, and he continued with hardly an interruption until his death. It is of interest to notice how in his contributions may be traced his change from general surgery to orthopædics in peace and in war, and finally the relationship of the cripple problem to national life.

Mr. T. P. McMurray, F.R.C.S., during twenty-two years the assistant, and finally his colleague at Nelson Street, has written—

“ At the age of twenty-six, he published a paper entitled, *An Analysis of One Hundred and Five Cases of Colles Fracture*. This paper was delivered at the Liverpool Medical Institution, and in it he discussed fully the mechanics of occurrence of this fracture, and explained the reasons for the hitherto commonly resulting loss of usefulness in the limb. He then went on to describe his own method of reduction of the fractured bone and the course of treatment which should be followed in order to obtain the optimum result. It is indeed a startling fact that to-day, after nearly fifty years, the method which he described that evening still remains the standard for the treatment of this very common and crippling injury.

“ This one instance gives a clear view of the reasons why his work has taken such a hold of his surgical colleagues. In every procedure which he designed or adopted there was evidence of the clear thought which had grappled successfully with the problems presented and had formed its own practical solution.

“ At this time the treatment of tubercular joints in children by widespread excision was almost universal. In fact, the general opinion seemed to be that this was the only method by which prolonged suppuration could be prevented and the child's life saved. This was not the line of treatment in which he believed, and in 1888 was published his *Protest against the Routine Excision of Joints*. This paper—which at the time gained very few adherents—has been justified in every detail by the present day methods in which these tubercular joints are treated by prolonged fixation in the open air in every Orthopædic Hospital in the world.

“ He published, in 1906, a paper on *Certain Derangements of the Knee Joint*, which at once placed him as the greatest living authority on that much discussed subject. Before this time various papers had been written on disabilities of the knee joint, but here was an authoritative work which gave the correct weight to each sign and symptom, and enhanced knowledge of a previously unknown field of surgical endeavour. It was as a result of this authoritative work that the great

strides, which have since taken place, in this branch of orthopædic surgery were possible. As in his work on Colles fracture the same careful observation of facts and brilliant deduction from them made the paper a landmark.

“ All through his early writings appeared the constant reiteration that the deformities which he was so constantly seeing as a result of injury or disease were preventable, and should never be allowed to occur. This was the factor he was so frequently stressing, and which he said could not be stated too often. It was shown in his papers *On Common Errors in the Treatment of Fractures* (1888), *On Hip Disease* (1899), and on *Club Foot* (1896). Through each of these papers rang the clarion call of the necessity for preventing deformity which so easily occurred when certain fundamental principles had been neglected. Somewhere about 1892, Robert Jones and John Ridlon—then a Professor of Orthopædic Surgery in the United States—decided to publish a volume of joint articles, which had previously appeared in various journals. This book was dedicated ‘with infinite love and respect to the Memory of Hugh Owen Thomas.’

“ In 1903, Robert Jones collaborated with the late A. H. Tubby—then Surgeon-in-charge of the Orthopædic Department at the Westminster Hospital—in a book entitled *Modern Methods in the Surgery of Paralysis*.

“ His work on *Fractures in the Neighbourhood of Joints* (1910), and *Injuries to the Elbow Joint* (1914), have been read and re-read by every surgeon. In these two papers there is again seen the clarity of writing which makes even the most difficult subject seem simple. The truth of the principles laid down in those papers has been proved over and over again, and strict adherence to them has been the cause of the great improvement in the treatment of these injuries during the past twenty years.

“ When the war had been in progress a short time, he was asked by the War Office to write a manual on the treatment of bone and joint injuries. With a fortnight's concentrated effort he wrote a work entitled *Injuries to Joints*, which is a

classic on the subject. But it was also a clear and definite description of his own work—the types of injuries and how best to deal with them. This small book, which was published in a handy pocket size, became the inseparable companion of most of those who dealt with the wounded, either in France or at home. In it again and again were stressed the principles on which he based his surgical work, and that small book which was written almost twenty years ago is as vital and as useful to the surgeon to-day as it was then. Later came his second war book entitled, *Notes on Military Orthopædics*. Here again the same clarity of instruction and the same stressing of basic principles were seen on every page. These two manuals, published under the stress and strain of war, relieved untold suffering and prevented numberless tragedies.”

Robert Jones edited *Orthopædic Surgery of Injuries*, in two volumes, in 1921. Following this great text-book by various writers, he decided, not without reluctance, to embark upon his *magnum opus* in collaboration with Robert Lovett, the Professor of Orthopædic Surgery in Harvard University.

To anyone with little else to do the undertaking of such work would have proved a formidable task. To a man past middle life, in charge of the busiest private clinic in Great Britain, it meant that every moment was occupied. Fortunately the two collaborators were admirably suited to one another. Lovett was cautious and methodical; Jones was imaginative, but sporadic. One may speculate upon Lovett's grave and inscrutable features when he read a letter dated January 17th, 1921, which opened:

“My Dear Friend,

You will be astonished when I tell you that I lost your manuscript for nearly a month. However, it is found, and I have gone over it all. It will be sent to you by special post to-morrow.”

It was not unnatural that Lovett should outpace his colleague. Literary work always dismayed Robert Jones a good deal in prospect. When Joseph Conrad, to whom he turned

at the time for counsel, said—though he rarely acted on the advice himself—that it was desirable to cover a couple of thousand words a day, Robert Jones pondered over such an achievement, and replied, with a touch of malice, “But *I* have to be *accurate*.”

By September, 1921, he was not flagging so much as losing distance. The collaborators were in excellent humour, but Belvidere Road was taking on a conscious air of harbouring an author at work. “You will see,” he wrote Lovett, “that I am sending you a lot of new material, and there is another lot which I am just starting to do. I find it frightfully difficult to keep pace, as I am so hampered with work and other matters, but I am trying my best to finish.

“I understood that I was going to write *Disabilities of the Knee Joints*, but I find you have already written it!! I have also written it at much greater length than you, but I am sending it to you and perhaps you will deal with it as you think best. The ‘knee’ is such an important point of matter from an orthopædic point of view that I have written it in detail. . . .

“You quite astonish me with the amount of stuff you are able to get through, but my time has been very much occupied and I have been very tired when I have returned home. I have got up at five o’clock in the morning and done quite a lot before breakfast, so altogether I have not been lazy in the matter.”

The book was published in 1923, and was an immediate success. In 1924, Robert Lovett and his wife crossed the Atlantic for a holiday in England. Lovett was taken ill on the voyage, and a few days later died at 11, Belvidere Road. The shock was as heavy as it was abrupt. There was much in common between the progressive outlook of both men, and what Jones wrote of his colleague in *The Lancet* represented the whole spirit of modern orthopædics: “He was a great teacher who, by the combination of character and ability, secured the affection and respect of the student, and he was one of a small band of surgeons who formed a school of disciples.”

In due course he produced the second edition of this book, assisted by Mr. Harry Platt of Manchester on this side, and Dr. Nathaniel Allison and Dr. Ober in the United States. His habit of writing had developed into many pamphlets and speeches for the scheme for cripples, and the work went on normally enough. It is pleasant to note his anxiety that he should not enjoy unconscious credit. "There was an operation," he wrote to Allison in 1927, "which I thought I was alone in doing, the operation for pseudarthrosis, which I hear others have been doing, so please see that my name is crossed out."

Dr. Allison died in 1932, and Jones was contemplating a new edition in conjunction with Mr. Harry Platt on the eve of his own death. Fortunately there was little unsaid. He had left in print for those who followed after him the principles and practice of his long and constructive career.

During the greater part of his literary work Robert Jones was in touch with the *British Medical Journal* and its distinguished editor—the late Sir Dawson Williams. He was amongst the half dozen men who may be accepted as intimate friends. Williams had commenced his connection with the *British Medical Journal* in 1881, only three years after he took his first qualification. He was an aloof and rather sardonic personality, and it took Jones a little time to pierce his defensive exterior and discover the dry humour and absolute integrity which made Williams the most staunch and resolute of allies. "I took Dawson Williams and R.J. on a motor tour in 1908 to the Pyrenees," recalls Sir John Lynn Thomas, and adds—"then they reached understanding," and it was one which deepened into a mutual affection and was sustained during the next twenty years. Their temperaments and gifts were complementary to each other.

The war work of Dawson Williams in association with Robert Jones is one of those chapters which will never be written. Williams had small tolerance for self-advertisement. The war years, domestic affliction and broken health bowed

his head but never his inexhaustible spirit. "Nobody," wrote Robert Jones on his sudden death in 1928, "will ever know the weight of responsibility which he bore during the war. The Red Cross, the War Office, the R.A.M.C., and the civilian medical service at home and abroad all sought his help. He was a veritable city of refuge."

He and Robert Jones were one in their love of children, and it was no little part that the *British Medical Journal* took in the campaign of the cripple before and after the war.

The contributions which Jones made to the literature of surgery are in every sense standard works. But even the most original and permanent principles must take their place in the lives of men. Thomas produced conclusions which lay at the very roots of orthopædics but they created no school of thought. The ultimate destiny of the contributions of Robert Jones to science depended very largely upon his capacity to leave disciples to carry on his principles.

### III

In a memorial speech in Liverpool, upon the occasion of Robert Jones' retirement from the Royal Southern Hospital, Lord Moynihan of Leeds expressed with insight and eloquence a fundamental truth. "What is it that makes a member of our profession regarded as one of the great ones, not only of this generation, but of all time? Least of the things that count is popularity, and the material prosperity that goes with such popularity; it is not the spoken word that makes a man great, still less is it the written word. The thing that makes a physician great is not that which he does by word of mouth or with his hands. It is the spirit which he puts into the pupils he trains to follow after."

It was in accordance with a lifelong loyalty to fundamental principles that Robert Jones blazed the trail to the future of orthopædics in medical science and national life. There was, as a start, his sympathy with and affection for youth. Young



in heart and interests, he never felt the extending distances of years. He did not endeavour to win disciples so much as find them at his heels. All his life he never lost touch with the men who had been with him in the Royal Southern Hospital or at Nelson Street. How commonplace that sounds. But such loyalties were not sentimental—they were rooted in admiration and love. He remained the *maestro* to the end.

“He became”—to take one striking instance—“perpetual President of the British Orthopædic Association which came into being during the war, only because his peers respected him and trusted him completely.” So wrote Harry Platt in a memorial article.

It was just before the publication of his great work in collaboration with Robert Lovett that Lord Knutsford echoed the words of Lord Moynihan. “Your book,” he said, “will be good, but it is not the same as teaching by word and demonstration. I do wish you were concentrated in one place where everyone could go and see you teaching and operating.”

It was an arresting statement. Since 1870, Liverpool had been the centre of the greatest clinic of orthopædics in the world. But until the very end of the life of Robert Jones his methods and principles were not taught to the students of the University. The burden had fallen on him as it fell on Thomas to do his own work, and as a consequence there had been a very grave danger that his influence might never pass beyond his own life and his own colleagues. In that sense the War was the salvation of the cripple problem, because it enabled him, by sheer surgical genius and the magnetism of his personality, to bring the claims of orthopædics before the scrutiny of men who henceforth became his followers. There was between him and them a personal bond which established a school in an unorthodox sense. Even the youngest orthopædic student realised he had a friend in Robert Jones.

If the last years of his life are considered from the aspect of the intense devotion of the profession, it will be apparent that Robert Jones had, after all, in spirit, founded that school of which Lord Knutsford spoke, and established it both in

the minds and hearts of his times. With increasing years his attitude took on a growing modesty and solicitude. He longed to remain in work because that was his entire life, but a great deal of his happiness came from the encouragement and help he gave his group of orthopædic surgeons. "I wish I were as young as fifteen or twenty years ago, with all my hospitals in full blast," he wrote to Osgood, "but, at any rate, I can get to know some of the younger men, take them to the Country Hospital, and perhaps have them to dinner before they go on to London, and hear their views."

And the manner in which his young colleagues rallied about him between 1925 and 1933 was only equalled by the place they all held in his affection and aspirations.

Few successful men trouble very much about making the way more smooth for their successors. Robert Jones struck the note which had characterised him during the War, and afterwards, when he addressed the American College of Surgeons in 1921: "I want," he said, "to voice a plea for all young surgeons. I beg we allow them greater liberty of action, that we make more use of them, that we give them larger opportunities to be useful. It is a tragedy to see men between the ages of thirty and forty forced to content themselves with the crumbs that fall from the table of Dives. Let us rather offer the hand of friendship to them, even when they criticise and seek to improve upon our methods." He knew what a disheartening period there is after a young surgeon has qualified—a period from which he himself had been spared. And he realised that the only real reward of honest work is in the confidence of one's colleagues. "The rewards of our profession," he once said, "do not lie in great possessions or public acclamation. The tasks are arduous, the road is often very hard, and sometimes the heart grows weary. But the finest recognition is not that which is met half-way and is sometimes well-nigh inevitable. The most inspiring and touching appreciation is the approval of one's colleagues, given, one knows, with that generous magnanimity which has always distinguished our profession."

As doyen of the orthopædic group, he delighted in acts of fatherly solicitude. "It isn't possible," wrote an American surgeon of the War period, "that you remember, but once you gave me a little lecture on the value of optimism which I have never forgotten and which has served to make both me and my patients happy many times when otherwise we might not have been. The photograph of you is splendid. It radiates the very optimism which you pleaded many years ago, and now it shall hang over my desk and be a constant reminder that pessimism has no place in a doctor's office."

He watched the professional progress of his young men with keen, and often critical scrutiny. In writing to Joel Goldthwait, he says, in 1924, "What you say with regard to the younger men is quite true. There is a greater tendency than there ought to be *to operate*. It is the swing of the pendulum, because a few years ago we often treated indefinitely by mere apparatus cases which should have been dealt with by operation. But it takes many years for any of these operations of which we all feel confident, to settle down in their right perspective."

## IV

On his seventieth birthday Robert Jones awoke, as it were, to the startling fact that he was no longer in the brisk and ardent sixties. He was not a little taken aback. He experienced none of the symptoms of age, he operated with almost unabated dexterity, he shot amongst the Welsh hills, rode a pony after hounds, and considered neither what he ate nor drank. And now he was seventy! It had been felt for some time previously that here was an occasion—an opportunity—for his disciples in orthopædics to give him salutation. The problem was what should best mark the event. A banquet is a pleasant function at any time, especially when it marks the affection and remembrance of friends. But a banquet has no historical or academic significance. It is soon over, the speeches fade from memory, the lights go out.

Upon this occasion Robert Jones received a presentation which is surely unique in the annals of Medicine. It was a volume consisting of a collection of original essays upon various subjects of orthopædic surgery, written specially by his old colleagues, former assistants, and leading European orthopædic surgeons as a personal tribute. The list of names recalls to those who remember Nelson Street before and after the war the delightful gatherings of young men known now in all quarters of our country, in the United States and the capitals of Europe. But as the editors remarked, "it was seen at once that only a certain few could be asked to contribute, in order that the size of the volume could be kept within bounds; and it was felt that these few should be representative of three groups. It was decided to ask, firstly, some of his personal friends who had been long associated with him; secondly, those American and Continental surgeons who had come under his influence chiefly during the Great War, and those British surgeons who had been responsible under his leadership for the work of the Military Orthopædic Hospitals and later of the Pensions Hospitals; and lastly, his own immediate pupils. Even so, it was not possible to invite everyone to write who would have wished to do so."

The contributors to the volume were Lord Moynihan of Leeds, E. Muirhead Little, F.R.C.S., Robert B. Osgood, F.A.C.S. (U.S.A.), Professor V. Putti, F.R.C.S. (Italy), Murk Jansen (Holland), Ernest W. Hey Groves, F.R.C.S., Nathaniel Allison, F.A.C.S. (U.S.A.), R. C. Elmslie, F.R.C.S., C. Thurstan Holland, M.Ch., Clarence L. Starr, F.A.C.S. (Canada), A. Brownlow Mitchell, F.R.C.S.I., Harry Platt, F.R.C.S., H. A. T. Fairbank, D.S.O., F.R.C.S., D. McCrae Aitken, F.R.C.S., W. Rowley Bristow, F.R.C.S., S. Alwyn Smith, D.S.O., F.R.C.S.E., T. P. McMurray, F.R.C.S.E., A. S. Blundell Bankhart, F.R.C.S., Jacques Calvé, M.D. (France), Sir William de Courcy Wheeler, F.R.C.S.I. (Dublin), G. R. Girdlestone, F.R.C.S., Laming Evans, F.R.C.S., Naughton Dunn, M.B., W. H. Trethowan, F.R.C.S. and Sir John Lynn-Thomas, K.B.E., F.R.C.S.

The project was kept in absolute secrecy, and the book was handed to Robert Jones at a banquet in London. In the preface, Lord Moynihan addressed Robert Jones in the names of all the contributors, many of whom had been associated with him at Nelson Street and Shepherd's Bush. It was a tribute gracious, intimate and final. It defined the professional estimate of him as a surgeon and as a man :

“ For over a quarter of a century I have been a witness of the work of Robert Jones. Even to-day I hardly know in what aspect of it he impresses me most. His manipulation of a limb might be a demonstration of the immense power which a man of great strength can apply almost ruthlessly when the occasion demands it, or of the most exquisitely gentle and tender caress when only a light touch is needed. The most stubborn deformity seems by degrees to become subservient to his will, the most obstinate fracture slips nimbly into alignment.

“ As an operator he is among the very greatest. His technique is flawless, yet simple, he is well served by a small, specially trained, and devoted ‘team,’ his own movements show the closest familiarity with every detail of the structural and functional anatomy of the part, and are of the very highest excellence in craftsmanship. In the last thirty years I have seen many surgeons in many lands. I have seen none who, in mastery of technique, manipulation, judgment, and care for the individual has surpassed Sir Robert Jones. . . .

“ At the head of the Orthopædic Department at the War Office, Robert Jones found his destined place. He became the guide, the counsellor, the example to a large band of workers who really assimilated his teaching and were able to practise it on a scale hitherto unimaginable. The genius of Owen Thomas, the skill of Robert Jones, found their highest expression in service to our wounded. The methods of these two, previously little known, and rarely practised, except by such old friends as Harold Stiles, Henry Gray, and Lynn-Thomas, now became the inheritance and enjoyment of all

who cared to seek acquaintance with them. Robert Jones may claim a place beside Almroth Wright. These two stood out beyond all their fellows during the War, the one by reason of those prophylactic measures against enteric fever which saved multitudes of lives, the other by his incomparable services to our maimed and disabled men.

“All those who contribute to this volume are proud to think that the influence of Robert Jones, of his methods, and of his teaching, has inspired them, has found a place in their work, to be transmitted by them in due course to their successors. Spirit alone is immortal. In the practice of orthopædic surgery the spirit of Robert Jones will live for ever.

“The story of the triumph of Robert Jones as prophet, high priest, and practitioner in orthopædic surgery makes plain the reason for our deep respect. Our affection for him transcends, if it be possible, our gratitude for his professional worthiness. Few men have ever possessed in so radiant a degree the genius for friendship. No one can be long in his company, none can work with him or play with him, without realising not only the sweet simplicity of his character, but the greatness of his heart. He speaks ill of no man. He seeks and finds good in all things and in all men. He sets an ideal and a standard of action in friendship which all strive to reach when with him. In a long and very intimate friendship I have never heard an unjust criticism, a cruel jibe, or a word of bitter cynicism on his lips. He covers his displeasures or stern disapproval by silence, or a restrained reproof that is often weightier than a torrent of words from others. His personality radiates cheeriness, good temper, and good-will. All men are attracted by him, and in war-time conflicting temperaments found in him something that appeased their differences, assuaged animosities, and encouraged a desire for friendliness. He was then called upon to rule in various places, over colleagues at first unfriendly, openly antagonistic, indifferent to his rule, or incredulous of his practice. We were all amazed at his success in overcoming very real difficulties

by gentleness, sympathy, a true understanding of the minds of others, and a tactfulness which in times of crisis was almost magical.

“To Robert Jones, great surgeon, inspiring teacher, loyal colleague, and good friend, we affectionately inscribe this volume.”

It was a moving tribute, and for a time he was too overcome to reply. Years ago he had set out to create modern orthopædics, and here was the most considered verdict upon his life and the durable promise of his work. “I don’t think I have felt so great an emotional strain,” he wrote to G. R. Girdlestone, “because I had not even received a hint that such a gift would take place. The memory will be an everlasting joy. Surely no one has had such friends as I have. I am now over seventy and have no time to pay my debt except in affection and gratitude.”

The American Association, aware of this occasion, cabled their congratulations in the following terms :

“The Members of the American Orthopædic Association in session assembled desire to make you aware of the respect and admiration in which they hold you. You have practised your art with skill and wisdom and courage. In time of war you have helped the handicapped soldier, in time of peace you have fought the battle of the cripple. Orthopædic Surgery is grateful for international leadership and earnestly hopes this leadership may be vouchsafed to it for many years. On this occasion we congratulate you upon an eternal youth blessed by the deep affection of your fellow men.”

Patients reading the account of the occasion in the *British Medical Journal* wrote him from every country. But of the letters the good wishes of old friends pleased him most. Lord Justice Greer said :

“Can it be that you are really seventy? I can hardly

believe it. You have acquired the rewards of old age, ' Honour, love, obedience, troops of friends '—rewards you richly deserve. I must take it that arithmetically and biographically you *are* seventy. But in the qualities that count for more than numbered years you seem to me still the young man I used to cross friendly swords with at the Literary and Medical in days of yore."

Robert Jones wrote to Ridlon, his friend for forty years :

" My Dear JOHN,

I have had the most wonderful birthday dinner. For months twenty-five orthopædic surgeons have been writing articles for what is called my Birthday Book, and the secret was so well kept that I did not know it was being done until the book was presented to me. I was deeply touched."

To which John Ridlon replied :

*August 9th, 1928.*

" My Dear BOB,

I wish I had known of the Birthday Book. I would have liked to add my word. For I am sure that none of those writing in it love you as much as I do—none of them have as much reason to do so. For it cannot be possible that you have been so good to any of them as you have been to me. How few of our friends of that time are still living ! And what a long time to have a *real* friend ! "

v

There was finally the international aspect. If principles are of more than temporary value, they must lie at the foundations of pure knowledge, which is removed above nationality or the shifting phases of racial alliances and conflict. All his life Jones had understood and practised the creed which



can be both national and international. He was loved and revered by foreigners as much as his own people. To him there were no barriers laid down by language or tradition. Two instances of this supreme intellectual horizon may be given. Shortly before his death a tribute as graceful as it was elaborate was evidenced in the unveiling of a plaque in Leiden by Murk Jansen, the Dutch surgeon. It hangs on the wall of the orthopædic hospital so that all those who pass in and out may read the inscription, which concludes :—"Inscribed on parchment all this will be affixed to the plaque in order that, when in generations to come the pupils ask their masters 'Who was he?' the master shall answer : 'He was a man, great through his work on behalf of the crippled, greater through his wise lessons, and, if possible, greatest of all in respect to that unselfish kindness which emanated from his personality. Let us follow his example.'"

When the time was ripe for the foundation of the International Orthopædic Society, he was the unanimous choice of the surgeons of all nations as the first President. "His charming and sympathetic speech at the banquet of the first Congress in Paris in October, 1930," wrote Mr. Harry Platt, "will long be remembered by many, who though unable to understand his language, perceived the gracious spirit of the man."

It was an assurance of the common service of medicine which he accepted with gratitude. It seemed to him in those closing years, that the dark shadow was at last passing from the face of Europe, and that the reign of science had come appreciably nearer. He gave a moving expression to this lifelong aspiration when as First President of the International Society of Orthopædic Surgery he said in his address, "It is quite impossible for me to express the pride I feel in being selected as your first president. I have received many and distinguished honours at the hands of my professional brethren for which I feel profoundly grateful. None has touched me more deeply than your election of me to the exalted position of first President of the International

Congress of Orthopædic Surgery, where I see before me so many surgeons from all countries; many of whom have already imperishable reputations and all of whom have enriched the literature of the art we practise.

“It is not necessary to dwell upon the advantages of a Congress such as this. We know each other by the published work, but it is an added charm to meet each other face to face, and in friendly communion to discuss problems which have been our lifelong study. This close association is both delightful and inspiring, and helps to cement us in bonds of esteem and affection. It is of incalculable service to the nations we represent. Science favours no language, but demands of all its votaries a relentless and faithful search for truth. We have neither time nor desire to wander aimlessly along by-paths, which lead nowhere. Each nation in friendly rivalry is engaged in a struggle to place the art we love upon a sure and indestructible foundation.”

## CHAPTER XX

### END OF A JOURNEY

#### I

SOMEWHERE about 1905, as has been said, Robert Jones had decided to devote the whole of Nelson Street into consultation rooms, and removed with his wife and two children to 11, Belvidere Road, a pleasant house with its garden overlooking Princes Park. It was high time. Before Nelson Street was abandoned to purely professional work, it had taken on all the dramatic atmosphere of a domestic rearguard action. The influx of patients had become so sustained, and occasionally so out of hand, that upon several occasions they occupied the bedroom of Lady Jones, while she sat on the back stairs.

Belvidere Road enabled Robert Jones to play host to his heart's content. Here from 1905 until the war he entertained a continuous flood of Americans, colonials, foreign professors and kindred friends. From here he set forth on Sundays for Baschurch in a series of cars packed with doctors; from here he was rushed upon a summer evening to Aigburth cricket-ground—it might be only a few minutes before stumps were drawn.

Those were, of course, days now departed, and never to return in their exuberance, gusto, and indifference to past or future. And yet one wonders in these bleak and ominous times, whether any two people understood more naturally the spontaneity of hospitality than Robert Jones and his wife. Laughter seemed to spring from the very walls, and re-echo from the basement to the billiard room at the top of the house. It was as though the shadows, and perplexities, and irritations of normal existence were cold-shouldered on the threshold. Work and play at their highest expression, the constant stimulus of movement, the extraordinary anti-

icipation of something always thrilling—how can one recall the talisman of that vanished household?

There was, in fact, something about Robert Jones which forestalled failure in the pursuit of pleasure, just as surely as in the search for truth. I recall out of the receding spectres of the past, the occasion when Joseph Conrad was taken by car on a most forbidding day to see the famous Beddgelert Pass. Unfortunately, to him it was not even a name once heard. And the whole valley was shrouded in a cold and drenching mist. Conrad—who had an attack of gout—shivered and peered and finally relapsed into what I presumed was a Polish resignation. But Robert Jones was unconquerable. He had a great and intense patriotism for the traditions of Welsh history. As we passed through swirling mist up the pass he spoke not without emotion of Gelert, and Conrad glowered and shivered and maintained a silence which seemed to descend into depths unplumbed by the English temperament. At last when we stopped at the summit where, in happier circumstances, a view could be obtained, he broke his silence.

“Who was this Gelert?” he asked rather sharply.

There was a painful pause. And in an instant Conrad, realising he had disappointed the man for whom he had a deep admiration and affection, made handsome overtures. He had gout, it was a tragic day, he had seen nothing, but that his host should be even slightly hurt brought him instantly into anxious solicitation. And the reconciliation over some sloe gin at an isolated inn was, like all else in the life of Robert Jones, only a new instance of the charm and innocency of his personality. Thus an incident tiresome and ridiculous in itself became a small reminiscence and a thing to laugh over, when more solemn occasions were forgotten.

This affection for him was drawn from a knowledge of his absolute integrity—that quality which above all others Conrad most cherished. “I send you,” he wrote one Christmas time, “all the best wishes which gratitude, affection, and the greatest possible regard can inspire. There is no man to whom I owe more than I owe to you, and what your humanity

and skill has given to us has been given with a generosity and warmth of heart which nothing in this world can repay.

“ May all that is good attend you, and all who are dear to you is the prayer of, Most affectionately yours, JOSEPH CONRAD.”

Such strong friendships seemed in his life inevitable, and they covered men of widely varied occupations and psychology. But perhaps most of all they were surest and most sustained with those who had known the world in its physical conflict like Conrad, or were struggling for the cause of civilisation like Sir Wilfred Grenfell. I recall that, towards the end of his life, in the library at Belvidere Road, there sat for an evening Robert Jones, Conrad and Grenfell. It would have been difficult to assemble three men together whose genius had so influenced contemporary human thought and life. Few men possessed so many kindred qualities and ideals as Robert Jones and Sir Wilfred Grenfell. In build, temperament, optimism, and unwearied vitality, they might have been related. Both surgeons, both pioneers, both idealists, a knowledge of the one is like a footnote to an understanding of the other. The boy in Robert Jones admired in Grenfell the capacity of a man to fight overwhelming natural obstacles and carry the benefits of civilisation across ice and snow. It was what he would have liked probably more than anything in life to have done himself. Spiritual or physical adventure—or better still, both united—these he cherished to the end of the journey.

After his death Sir Wilfred Grenfell expressed in a few beautiful words the spiritual beauty which seemed to pass into his work—“ What greater proof can one need,” he wrote, “ glad as we are of Jeans, and Eddington, and ‘ current science,’ behind us, that the *real* is the spiritual. I think of the pictures in the Nelson Street office that Sir Robert loved so well—to say nothing of the beautiful books and the things, things that we so fondly believe we own. I think ever of the skilful hand, the famous instruments that bear his name—all essential to make the material contribution of Sir Robert to this world what it was. But I have seen all that in many

another in various countries (though even their skill was largely due to his leadership); what I have never seen was a man cure people as he did. And I never saw yet an orthopædic surgeon who 'always' had a healing message for everyone who came. That was Sir Robert himself, who has preceded us. In his utterly unselfish love for others lay his unique power."

## II

Robert Jones had always enjoyed magnificent health. It was therefore all the more disconcerting for him from 1924 onwards to experience occasional warnings of rheumatic gout, which upon one occasion crippled him to such a degree that he was confined to the house for several weeks. To S. Alwyn Smith, of Cardiff—now overtaken by his last illness—he wrote:

"I have had no holiday at all, as I have been practically laid up for the last five weeks, getting a little better and then back again to bed, with rheumatic gout which started first in my left foot, and went to the right, and was complicated by a displacement of my left semilunar cartilage, so that I am still lying up in bed postponing my work for a week or a fortnight. I feel it is really necessary to get quite right again while I am about it.

"An amusing incident occurred to me when I went to the Royal Automobile Club a few weeks ago. This was just when my foot started to be troublesome. I was walking with a stick and looking perhaps a little bit seedy and was not able to have my usual talk with the valet. I had taken with me, as I was going on to Bodynfoel, a little toy pistol—you know those dud pistols they use on the stage—and I had put it in my bag, thinking I would take it down with me. The following morning the valet crept in and looked at me. I happened to be awake and said 'Good morning.' He said to me, 'Are you feeling all right to-day, sir?' I said 'Yes,' and he continued, 'I hope you will excuse me in the liberty I have taken, sir, but I thought you did not look yourself last night, and when I

found the revolver in your bag, I took it out, but have brought it back this morning.' ”

The attack subsided slowly, and for the first time Robert Jones realised that he must exercise more care. He decided to give up his London rooms and wrote to his colleague, D. McCrae Aitken in September, 1927:

“ I have carefully thought over London, and am quite convinced that the time has come when I should give it up entirely, excepting for any stray visits when some plutocrat requires my services, and I have to come up specially from Liverpool.

“ My idea is that the day I have been giving to London shall be spent in Liverpool, as I have the same rush in Liverpool now as in London, so that with my work spread out on an extra day, I shall have far less physical and mental worry.”

The prospect of illness was both new and alarming. He expressed the ingenuous comment that he had no idea being ill was so painful and depressing. “ I find,” he wrote his friend Andrew Gibson, “ that I am getting on very nicely indeed, and the acute attack passed off quite suddenly, but no one tempts me now to do anything in the way of walking. In fact I think I am becoming rather neurotic and hysterical. Nobody urges me to move, but I do not think I should do so anyway, unless I were urged very much indeed, although I can put my foot to the ground. It would amuse you to see me manipulating my wheeled chair about, and my poor faithful Mat (the Alsatian) following me on three legs.”

Recovery meant the duty of caution and adjustment if he was to avert inactivity. And so there entered into these final years the determination to surrender everything for the cause of efficient work. For the first time he lived under a regime. To grow old in the mild, rather futile serenity of evangelical literature afforded him no consolation. If, therefore, he must remain more indoors he would adapt himself accordingly. So he returned after half a century to that critical attitude towards literature which he had never found time to sustain. His judgments were drawn from his in-

herited puritanism. For what is called 'the modern novel' his dislike was instinctive and constitutional. As a man of extreme purity of mind he had no tolerance for problems of sex, a kind of aversion to depressing stories and an impatience with excursions into analysis or criticism. For an author like Thomas Hardy he had no sympathy, the novels of his friend Conrad he found difficult to follow after a long day's work. But—and here is possibly a natural conclusion—he read Anatole France with the deepest admiration. France struck in him—as in Sylvestre Bonnard—a kindred chord both humane and sentimental. France was a philosophical humanitarian and so was Robert Jones. He was also a great lover of human life with small tolerance for intellectual or social tyrannies. He possessed the same gently cynical attitude towards rash enthusiasms, and the same reticence regarding speculative idealism. Anatole France was a conservative with liberal convictions and something in his pensive moods brought to Robert Jones in those last months a sense of peace and beauty.

But there was a great deal more than quietude. With his intense and almost puckish delight in "startling the neighbours" he became absorbed in the wireless which he fitted into guests' bedrooms and worked with switches at unexpected moments. In the hall was a panatrophe. "Speaking of the Prince of Wales' record at the Albert Hall," Mr St. John Ervine remarked in *The Observer*, "I first heard it when I was staying with Sir Robert Jones, the famous orthopædic surgeon, who has an amazing collection of entertaining gadgets with which he amuses his friends. One of these gadgets is an immense gramophone, electrically propelled, and it was on this instrument that I heard the Prince's speech to ex-servicemen in the Albert Hall. If anyone wishes to enjoy a unique performance let him forthwith arrange to dislocate or lose one of his legs so that he may excite Sir Robert's interest in him. He may then, as a reward for being a good patient plead to be allowed to hear the gramophone."

Those were the days when he used Princes Park as a kind



of health cure. But if he must walk he must also have company. And with his genius for adjustment he was accompanied by dogs. They were very great in size and amiable in disposition. There was first of all Raleigh, a Labrador, then Gelert, an Alsatian who was his shadow and travelled in the car standing upright. And with him was a St. Bernard, called Major, a very immense and charming dog. Who that also took a daily walk in Princes Park will ever forget his pride in these heroic creatures, and his reassuring cry as the St. Bernard bounded gallantly towards some minute Pekingese, "He's only a puppy, Madam," just as though adolescence would avert the avalanche? How well he was known there and how soon those massive attendants became part of the 'amenities' of that playground of little slum children and ancient greybeards. How their names were shouted and their backs patted and their tails pulled, all to the pride and simulated indifference of their master. It was indeed only another aspect of his incurable delight in human beings that within that small community he became so soon a source of happiness and concord. He was never a talkative man or alert for casual acquaintances, but he conveyed in some elusive fashion an assurance of friendliness which old and young were quick to recognise.

As in his earlier enthusiasm for boxing and cricketing experts, so he burst in on the conclaves of dog fanciers and dog shows with lively anticipation. Gelert was hustled off to uphold the prestige of Belvidere Road in this new and engrossing pursuit. To his daughter he wrote, "*Our Dogs*, which is the principal paper of the dog fancier, has a very short report on Alsatians written by the judge. He only refers to the *important* dogs, and this is what he says of Gelert—'Capital head and bone, but wants time to straighten up on ankle joints, nice shaped body and deep in brisket.' He said that if he were in good hands he would be heard of again. So much for his first appearance."

But Gelert died, and Major—to the passionate indignation of Princes Park—was poisoned. To the relief of the small boys and the whole fellowship of dog owners, he procured



BARRY AND MAT.

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another Alsatian, and Walter Bristow expeditiously forwarded an Irish Wolfhound called Barry, a benign dog but of quite unprecedented stature.

During these months of failing strength, his genial habit of watching small boys at cricket, of speaking to other habitués, of surreptitiously slipping a trifle into the hands of unemployed men, or passing the time of day with ancient pensioners—all these little evidences of his unquenched love of human nature remained, and took on a new pathos and kindness. After his death, his son received a letter from one of the park-keepers. If sentiment is a discredited emotion to-day, it may still claim its ramparts :

“ Having had the honour and privilege of the friendship of your illustrious father for many years in my capacity as a Park-keeper in Princes Park, may I take this opportunity of writing to you to say how very sorry my two colleagues and myself were, to hear of the passing on of Sir Robert. We shall miss him very much, for the many years we have seen him taking his walks round the park, and especially on Sunday mornings and afternoons ; we shall miss him, I assure you, for it was a pleasure to meet him, to have his kindly greeting, which means so much to men in our humble station of life. Such genial-hearted men like Sir Robert make poor men feel proud to meet them, and I, in my capacity as a Park-keeper, have witnessed many acts of kindness Sir Robert bestowed upon poor unemployed men whom he passed on his walks round the park, and gave them a kind word to cheer them up. We along with countless others are the poorer for his passing.”

This faculty was no mere surface habit. He carried this remarkable talisman of accomplishing sympathetic encounters into the remotest districts of Montgomeryshire. “ There was not a man, woman or child,” wrote the *Montgomeryshire County Times* after his death, “ who met him in one of the lanes of the county who did not feel better for seeing him.” Neither loss of strength nor limitation of opportunity could subdue this grace of heart. To the end he would have won

the devotion of anyone who crossed the threshold of the room in which he lay.

## III

His idolatry of cricket was lifelong. What ordinary man, if he is also a keen follower of a county team, does not warm to a capacity for enthusiasm like this? In 1929 he wrote to Alwyn Smith to cheer him in sickness:—"I was delighted to see in yesterday's paper that our friend Jardine has made 214 runs. I know of nothing that would give you or me more pleasure than to be over there watching the match. I think one of your greatest achievements was, when you bowled for Canada and got so many of the Australian wickets for so small a score. My greatest cricket achievement was in bowling W. G. Grace. He batted with a stump for a wicket at Kennington Oval, and was being bowled at by about ten schoolboys when I managed to break his wicket! It is very funny how things apart from our profession—very trivial in kind—give us infinitely more joy and greater thrills than any surgical triumphs which happen to fall our way."

Few men can have understood and loved cricket so long and so entirely as Robert Jones. During the years after the war, he spent his week-ends and holidays either at Bodynfoel in Montgomeryshire, or following county matches. To pass over the place of cricket in his philosophy of life would be to write of Earl Grey without his birds, or Joseph Conrad without his hunger for the sea. There was nothing in county cricket almost hour by hour that he did not know. There are men who buy the early editions for the runners or the markets. Robert Jones bought up every issue to know the latest scores all over the country. It was humiliating to those of us who moved only on the fringe of this great preoccupation. In our holidays after the War the matter came into its authentic perspective. Before the great slump disheartened us all, we took a delightful bungalow on the sea

at Bexhill in order to be within reasonable motoring distance of Hastings, Eastbourne, Brighton, Tonbridge and Canterbury. Those were memorable days. Knowing that I had never regarded cricket with more than restrained emotion he made every overture to ensure each match would prove a success. We became temporary members of I cannot say how many distinguished Clubs, we sat in the most impressive enclosures, and ate the most consolatory luncheons. But the heat was invariably intense, and my continual dread was of falling asleep. Again and again in that hushed sun-beaten silence I was momentarily overcome, but I learned when awakened by an outburst of applause to clap with the crowd and pick up the cause for my demonstration later.

The afternoon papers relating how other teams over our bewildering countryside were faring, never passed us unbought. Indeed, before stumps were drawn our legs would be knee deep in extra specials, which I always feared would, upon some breezy day, gather themselves into a cloud and descend upon the middle of the pitch. Then there were those hours on end when nothing seemed to happen, but from the rigid look on his face I gathered the undercurrent of tension was almost insupportable.

The interval was always a great occasion for him. He would join the adoring line of small boys in their school blazers, and because throughout his long professional life he counted many famous cricketers amongst his patients, he would watch with painful intensity the players as they passed.

His enduring love of the game was taken with admirable gravity by the profession. I cannot say whether the Orthopædic Association met according to county fixtures, but there were occasions upon which a suspicious proximity occurred. "I presided," he wrote in his sixty-sixth year, "at the Shropshire Hospital over the British Orthopædic Meeting yesterday, a wonderful meeting. Over fifty turned up. We ended by a cricket match—London versus the Provinces. I captained the Provinces and made the winning hit with Sir Henry Gauvain as my *vis-a-vis*."

Few eminent men—especially scientific men—can be accused of the joyful heart. Solitude, toil, and the burden of years rob life of its casual gusto. If the very eminent ever knew a golden age, one suspects it was smothered by scholarships, bursaries, and books. Robert Jones had no tolerance for solitude, he never grew old in heart, and though he toiled without surcease it was amongst human beings, not documents. He was ever a boy, and his age was therefore always golden. His curiosity, his zest for new experiences, his capacity for enjoyment, were so remarkable as to become assured of legend. Walter Rowley Bristow—who loved his capacity for such enduring gaiety—once excellently said, “Whoever heard of Lister shooting, or Harvey racing, or Pasteur watching a heavy-weight boxer?” To Robert Jones these were interests as natural as life itself, perhaps because they are a part of life.

## IV

For a brief time his capacity for normal work returned. “In spite of advancing age,” he said to a Canadian doctor in 1930, “life is just as happy as it was twenty years ago, and I have just as much fun out of my work as in my younger days. One ought to be very thankful for all this, and that all over the country now, owing to one’s struggles, orthopædic hospitals are growing up on correct lines.”

In December, 1931, during a walk in Princes Park with the dogs, he was taken suddenly ill and reached home with difficulty. Again he recovered, but following a sea voyage with Andrew Gibson, was stricken by an attack of toxæmia when about to operate, and was compelled to admit a severe defeat. It was a melancholy time. In July, 1932, King Manuel died suddenly. During the preceding ten years when the close association of Shepherd’s Bush was over, they had corresponded at regular intervals and never lost their mutual friendship. When King Manuel’s letters

bore the traces of increasing fatigue and sorrow, Robert Jones wrote and asked him to renew his interest in the cripple problem, but he was too deeply engaged in the colossal task of cataloguing his library of Portuguese books. "Since my return," he had written on Christmas, 1927, "I have worked like a slave at an average of nine and a half hours a day!"

A year later the first volume was in the printer's hands, and on July 5th, 1932, when the work was concluded, Robert Jones received a communication from the publishers which ran :

"We have the honour to send you, in continuation, volume II of H.M. King Manuel of Portugal's monumental work, to which you are a subscriber.

"It will interest you to know that King Manuel especially came to town to sign your copy of the book on Friday last, twenty-four hours before his tragic death."

On July 11th, 1932, the body of King Manuel rested before the High Altar of Westminster Cathedral. Three wreaths only were laid at the foot of the coffin. They were from the King and Queen of Norway, the British Legion, and Robert Jones.

. . . . .

Determined to die in harness, he struggled down to Nelson Street early in September. "I have had two days' work," he wrote to his daughter, "and seen about twenty patients. I have enjoyed it all, and there is no fatigue." And later—"I have got through the third day of work without fatigue or any unpleasant incident. I did my first operation and my hand was not shaky . . . The day is full of sunshine. I am enjoying my work no end . . . I am making very good progress, and apart from feeling a little weak and perhaps tired after work—which is rather a new sensation—I am going on very well, and no serious complication or happenings have taken place. I must consider myself very fortunate in having spent so long a life in such good health, but it does not matter what one's age is, one still wants to feel quite well."



On October 16th, 1932, he was able to make a broadcast appeal for the funds of the Royal Southern Hospital, an institution with which he had been connected for half a century. His appeal made a profound impression on those who heard, and was a model of its kind. But what moved his friends even more than the eloquence of an exhausted man speaking from his heart for the hospital where he had operated during so many years, was the delicacy with which he paid his final tribute to H. O. Thomas. "Don't let us forget," he said, "that in this Hospital were first practised those principles of orthopædic surgery laid down by that surgeon of genius, Hugh Owen Thomas, which led to such remarkable developments in the Great War." Thomas had no connection with the Southern, but the intense loyalty of Robert Jones to his memory had never lost its early fire. Within this brief speech also he was able to say a word for his old colleague, Sir Ronald Ross, to whom in his last illness in London he had been a constant solace :

"Let me mention," he said with reference to the distinguished staff of the hospital, "Sir Ronald Ross, whose name is immortal as the discoverer of the cause and prevention of malaria. He became Director of the Tropical School, founded at the Hospital, and here for many years carried on his epoch-making research. Hundreds of thousands of lives have been and will yet be saved by his discoveries, and although the economic loss to the British Empire from malaria was estimated at £50,000,000 a year, neither then nor later did he receive any monetary recognition from any government. Can I persuade some of my listeners to subscribe as a memorial to one of the greatest men *this* or *any* generation has produced?"

In this dark time he heard from his old friend Sir Wilfred Grenfell, that his brother at Parkgate was critically ill :

"It is a long way," said Grenfell, "and when Sir Robert consented to help we *begged* him to think of himself. Yet next day, there he was at the head of my brother's bed and McMurray standing at the foot. He looked so ill. But he

was even more than ever a healer of men. To-day my brother is a new man. Think of the debt that I (with the rest of the countless—literally countless people whom he has saved pain and weariness and inefficiency) recognise. My brother writes of the eye-opener that the 'Miracle' has been to him, in showing him that the endless letters of congratulation that he has received from the most unexpected people, have taught him that Sir Robert's spirit is more in all our neighbours than we might think."

With this weakening of strength went a fortitude which was not a little pathetic. Shortly before his own death, Frank Jeans, the distinguished Liverpool surgeon, brought from out of his pocketbook a pencilled note, which he had carried since a public dinner in the preceding December. It was from Robert Jones. Just a line on a menu card, to say that he was in too much pain to remain at the table to hear his speech, and so was going to sit behind the curtain in the doorway and would then go home. There was something there which went straight to Jeans's heart. He said it was so typical of Jones, and one must leave it at that. But it is by such small, even trivial, things, that friendship passes from one man to another, and lingers as in that crumpled note when more imposing instances are lost to mind. Most men would have stayed at home; many men having gone, would have pled indisposition. But Robert Jones struggled out, and then fearful as always that he would depress anyone with his unaccustomed quietude and evident pain, concealed himself upon the threshold.

December drew on, and he decided, at whatever cost, to support his friend Professor W. Blair-Bell in the opening ceremony of the "British College of Obstetricians and Gynæcologists," and receive the first Honorary Fellowship in company with the late Professor William Phillips Graves, of Harvard.

In conferring the Honorary Fellowship, the President, Professor Blair-Bell said,

"*Croesaw cynes i chwi yma heddyw* (A warm welcome to you here to-day)."

“That charming little state on the lap of England, Wales, has given us much to admire—scenery, music, language and wizards. Of the latter you are the greatest, for the most beneficial results follow your surgical wizardry, the art of which you have taught the world.”

. . . . .

It had become his custom to spend the Christmas holiday at Bodynfoel, but this year it was considered better to remain in Liverpool. To John Ridlon he wrote: “We are going to have a very quiet Christmas, and old Mrs. Watson and Hilda and Freddy are coming to me for Christmas Day. Hitherto we have met at Bodynfoel, but last year we all got colds there. Christmas, which used to be so full of excitements and happiness is now, I think, one of the most dismal times of the year.”

It passed with a sense of deepening shadow, and the next day accompanied by the dogs we set out for Wales, in the hope that the change of scene would restore that natural buoyancy of spirit which was so fast deserting him.

v

It was at Bodynfoel, near Llanfechain, Montgomeryshire, that Robert Jones found rest and relaxation during the last ten years of his life. The house stands in the heart of the Welsh hills, and only about fifteen miles from Oswestry Orthopædic Hospital. Bodynfoel gave him the greatest possible joy and amusement. There was excellent rough shooting, riding, local agricultural shows and eisteddfods. But Bodynfoel had graver issues. It was here that between 1924 and 1930 the *Cripples' Journal* was discussed, founded and published. Robert Jones had a great—perhaps too pronounced—belief in the importance of propaganda. He knew that upon the laymen fell the whole burden of the national scheme, and he felt with his natural enthusiasm that all that

was required to convert the public was a monthly paper. "We will," he said, "have an International Committee." So we had. There were distinguished members of our Advisory Council in France, Denmark, Sweden, Germany, Finland, Italy, Norway and America. Whatever else they represented, they certainly clearly indicated that life-long and almost mystical faith of Robert Jones in the spirit of internationalism. To him the problem of the cripple was the same in all countries—which is true enough—so that all knowledge should be pooled. The *Journal* was therefore to act as a kind of clearing-house. "There has never been a period in the history of deformity," he wrote in the first number, "when accurate information, based upon long and careful experience, could prove more welcome. The time has come when, after years of pioneer work, the ground has been cleared and the foundations laid for a progressive and concerted movement, both medical and social, to solve the problem of deformity."

What he said then possesses exactly the same truth to-day. Unfortunately, the *Journal* was not equal to such a splendid vision. But while it existed it provided him with a new experience, writing leaders modelled upon *The Spectator*, and growing extremely indignant by the calmness, if not apathy, of the public. A more loyal and resolute colleague never attempted to conduct a quarterly even in Fleet Street, and certainly not from a country house. It was well worth the earnest labour to share his enthusiasm, his exuberance, and discuss—as it might have been at a conference of *The Times* staff—new and certain ways of raising our circulation.

It was in sympathy with *The Cripples' Journal* and his admiration for lay workers, that we used to set forth from Bodynfoel for international congresses abroad, where delegates from all over the world, quite unacquainted with each other's languages, were dependent on a harassed interpreter to disclose hour after hour to each nation in turn the remarks of the last speaker. But fortunately there were always the restaurants. . .

Coming back to Bodynfoel on that December day of 1932 and looking out upon the quiet winter landscape, he recalled with a note of sadness all the good times we had shared together.

There was "Mrs. Jog." It had seemed to us about 1926 that he should be conveyed about by some friendly creature of no great stature, and gifted with what the Scots call "gumption." So, very secretly, we acquired a Welsh pony, and one morning tied a placard round her neck and led her to the open window of the dining-room at breakfast time. I forget exactly what the placard said. But it introduced "Mrs. Jog" (named after one of Surtees' characters), who pledged herself to carry him without disruption, friction, or stupidity. She did carry him, until his death, up the hills in the wake of hounds and shooting expeditions, and along the summer lanes. . . . To Joel Goldthwait he wrote: "It was very delightful following hounds over the hills, avoiding every jump, not from fear, but from a sort of feeling that I should be unhappy with a broken thigh or a dislocated shoulder."

He had always been a keen shot. Thirty years before he had shared a shoot in Cheshire, before the War he had another one on the frontiers of Luxembourg and Germany. Bodynfoel during the last ten years had opened a new chapter for him in this direction. It was not his nature to appreciate the rigid formalities of a big day. What he liked was to arrange by telephone with a few neighbours for an impromptu day amongst the small hill spinneys. It was all great fun while it lasted, but the final memories are over-shadowed with pathos. In the care of the keeper, and mounted in a low cart, he would start full of an assumed gaiety at his declining prestige. To the very end he clung with pathetic fortitude to those expeditions. They meant to him capacity or incapacity, holding his own or surrender. But he was compelled, at last, to compromise.

On December 15th, 1932, just a month before the end, he wrote "I think I should give up shooting. It will make my

visits to Bodynfoel none the less often and none the less interesting. Shooting to me is not the same as it used to be, when birds fell to my gun and when I could climb hills. My exhibition and present form is a pitiable exposure of senile degeneration. Am I likely to improve on this? I fear not. This last illness has taught me that I have to go steady. I am making steady progress, and I am sure will soon be quite as strong as I was before I was taken ill. But I am seventy-four and over. Although I hope to continue work I shall soon have to cease from operating."

It was noticeable during those last weeks, so full as they were of unmistakable omen, that for the first time in his life he was overtaken by the knowledge that his strength was passing from him. Until he was seventy he had carried his years as lightly as a boy. With ever accumulating certainty life held out no hope of restoration. He was overcome by the dread of inactivity and slow decrepitude. If his work was finished he did not wish to linger on the scene. Hugh Owen Thomas had once said to his wife: "I find my enjoyment in my work. I would much prefer a short and useful life to a long and lazy one. I hope to die in harness."

In that spirit Robert Jones had always looked upon life. His work was done and the greatest human tie was broken. He had no fear of mortality. "Death is not the end," he wrote Goldthwait at a time of bereavement, "I often feel when I am alone, that my wife is near me in love and sympathy. How those we loved must rejoice to feel they are influencing us for good."

Retirement, a leisurely old age, an opportunity to take things easily—all these would have been terrible to him. With ebbing strength, he surveyed the past and set no value on the future. If he could not be in the heart of the battle of life, he shrank from a place in the shadows.

His strength failed perceptibly after Christmas. Fatigue robbed him of that vitality which seemed his very life. The sombre symptoms of physical helplessness returned with ever deeper omen. Of himself, he gave no thought, but only of

the end of his work. In those last weeks, he struggled with a forlorn gallantry to keep his wasting hands flexible for surgical work, and attempted to prove he could still walk upstairs without fatigue. His patience, his fortitude, above all his determination to ignore what might so soon end all our happy times was natural to him. All his life he had refused to sadden other people, and he was not going to give in now. Nor did he. On the night of January 13th, he was so seriously ill that his death was imminent. But he awoke at eight in the morning and asked that the wireless from Australia should let him hear how the Test Match was progressing. All that day he was in good spirits, but when dusk drew on, seemed haunted by a premonition of another heart attack. On Saturday evening, January 14th, 1933, he fell quietly asleep and only woke to pass away just before midnight.

## VI

During fifty years in fine and heavy weather, Robert Jones had crossed the Mersey bound for the mountains of Wales. Agnes Hunt has recalled how he would leave his patients at a telephone call, if some crippled Welsh village boy in his care had taken a turn for the worse. So well was his car known that he had the privilege of precedence upon the crowded cargo boats, and upon many a fierce winter night sat warming his hands in the captain's cabin. There was no hamlet in North Wales that did not reverence his name and was grateful for his genius. It was to Wales he had driven by dog-cart to operate on cases in barns, on kitchen tables, and in low ceilinged cottages. And it was from Wales he set out at the end of the journey.

On January 16th, he crossed the river Mersey for the last time. Upon the distant shore the vast structures of shipping offices stood up against the wintry sky. They had arisen long after he had come as a young surgeon to take the ferry. Down the grey river with its memories of man's questing spirit and ultimate mortality the ships were standing out to sea. Along

those docks, where he and Thomas had tended the sick and hurt and impoverished, the interminable clangour of chains and the low monotone of engines persisted. And above them all, tall and consolatory, rose the arches of the Cathedral, where his ashes were laid to rest on January 18th, 1933.

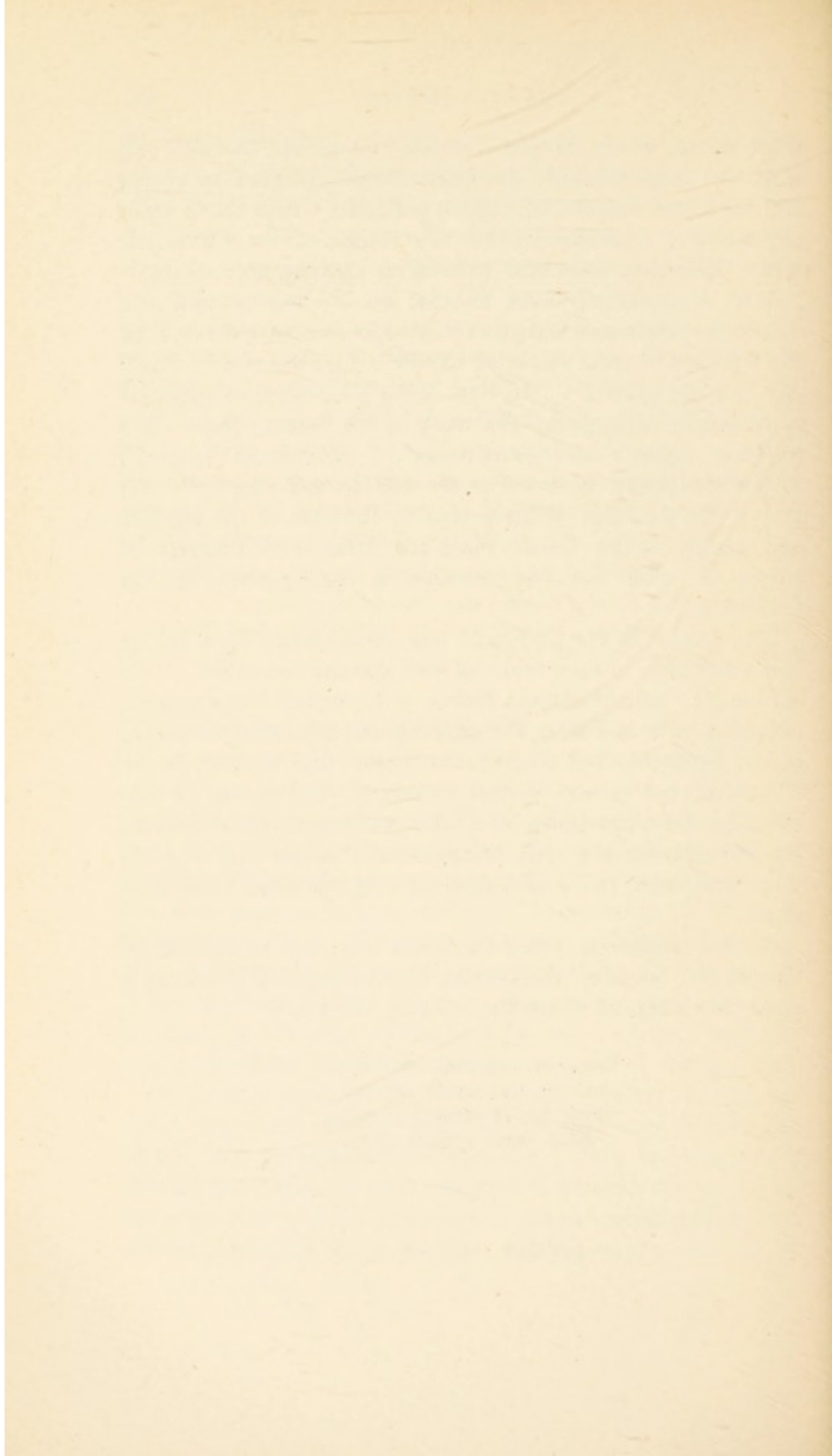
With a considered sense of what his life and example had meant, the Dean and Chapter of Liverpool Cathedral extended the loftiest and most enduring tribute within the power of any city and community. "In view of the great services rendered to humanity at large by the work of Sir Robert Jones, as a pioneer, teacher, and practitioner of orthopædic surgery; of the affectionate bestowal of his skill on suffering children; and of the devotion of his genius to the care of the soldiers and sailors of the Great War, the Dean and Chapter of Liverpool offer for his remains a resting-place in the Cathedral."

The service in the Cathedral was characterised by a beauty and simplicity, in tune with his own distaste for ritual. "To me his life," said Dr. David, Bishop of Liverpool, "is a parable, reflecting as in a mirror the creating and adventurous energy of the Spirit of God himself, the power that worketh in us. Thankfully we receive in this House of God to-day all that has died of Robert Jones, as a token and memorial of what he has brought into the spiritual inheritance of our City and our Cathedral, here to be sheltered so long as these walls shall stand."

At the conclusion, when the ashes were laid to rest in the Chapel of "Service," the evening hymn composed by a cripple child was sung, of which the opening verse is :

Give to cripples' doctors,  
Calm and sweet repose.  
With the children's blessing  
May their eyelids close.





## THE PERSONALITY OF SIR ROBERT JONES

*"This bronze has been fixed in a place in our hospital which we all pass, going to and from our daily work, in order that we shall be reminded of an ideal of kindness of heart and of love to our fellow men."*—Plaque to Robert Jones unveiled in Leiden, Holland, by Dr. Murk Jansen, May 21st, 1931.

*"The shining lustre of his name is an abiding glory of British surgery ; but it is the man himself whom his fellow-countrymen will wish to hold in remembrance."*—From a leading article in "The Times," October 14th, 1933.

*"The work of Pasteur is admirable,"* wrote his colleague Dr. Roux, *"it shows his genius ; but one must have lived with him intimately to know the goodness of his heart."*



## THE PERSONALITY OF ROBERT JONES

LOOKING back on the career of Robert Jones, it might be said with justice that he was born under a fortunate star. Physically and intellectually he was given a perfect machine for the journey of life. In childhood, he had been particularly happy in his choice of a father, young, eager, and optimistic. With Hugh Owen Thomas, he had come as a youth under a personality kindly, but meticulous, inflexible in the search for truth, and removed above all that is superficial or malicious. From Thomas he learnt the first principles of a branch of modern surgery which he made, by his knowledge, an advanced science in the treatment and cure of deformities. He was enabled both to enter upon an original and progressive speciality and also to demonstrate its unrecognised factors in the greatest war in history, and with the influence of his fame, preach a new gospel of hope and restoration to hosts of children, industrial cripples, and others all over the world. Surgical genius, humanitarian, gifted with prodigious personal vigour and enthusiasm—such virtues have fallen together to the lot of few men. But if his career as followed in this record has carried down the pages a sense of predestination, there was something more than great ability following its destiny in a sympathetic environment.

Of the leading instances of his services to his day and generation, sufficient has already been said. But his personality remains. It is upon him as a man in remarkable communion with other men, and as a mode of life in harmony with other modes of life that the memory finally comes to rest. What was the talisman which opened doors which resolutely and obstinately remained closed for so many?

Here is a question not easily satisfied. Personality is notoriously elusive, submitting neither to analysis nor argument. Yet it is often enough the spirit by which great achieve-

ment is actually accomplished. And it is not too much to say that, in his relations with his fellow men, it was the personality of Robert Jones which carried all his ships to harbour.

What were the qualities which may most simply be recalled as the sources from which he lived his life and found his happiness? To grasp what they meant to him would, one may venture to say, go a little way towards an understanding of a philosophy which is both rare and yet attainable. There was his humanity, his integrity, his fortitude, and his tolerance. It is of these kindly virtues one would like to speak in their turn.

## I

To speak of his humour without some attempt at definition is to excite an instant remembrance of people with a weakness for telling funny anecdotes. Humour is a broader and more honourable emotion than that. It has been defined as the humane faculty for entering into the temperament of other people. This capacity for adapting himself to other people, whether they were neighbours or foreigners, proved in Nelson Street, as in the War, his greatest genius. Satire repelled him, wit which is usually directed at other people's frailties failed to amuse him, comic stories he could never remember or repeat. For all such superficial appendages of humour he had little sympathy, knowing that they were mere tricks of speech. But for humour in the practice of life he provides—like the novels of Dickens—a challenging instance of a man who never hunted for happiness, but like the old lady who lost her spectacles found it before his eyes.

One of the greatest drawbacks to peace on earth is the delusion, shared by large numbers of persons, that they have this sense of humour, which is only another term for a sense of proportion. Robert Jones was vanity proof. Whenever he found there was no chair for him on the platforms of human life he was content. He went further and took a genuine enjoyment in those inevitable occasions when our urgent

struggle to maintain, not so much the decencies (which are daily ignored), but the dignities of our minute activities are toppled in the dust. At the zenith of his fame, he was coming home one day when he saw a crowd at the scene of an accident. He found a man lying on the ground with a fractured leg.

With borrowed walking-sticks and handkerchiefs he was setting the limb, when a man touched the policeman in attendance on the arm and said, "I have had first-aid lessons."

"All right," replied the constable, and turning to Robert Jones, said, "Stand back, sir, please—here is a first-aid man."

It is upon the sudden appearances of these "first-aid" men in our various degrees of obscurity that our vaunted sense of humour is too often found to be confined to an excellent dinner and a favourite, if familiar, jest.

It is not in the operating theatre, or the conference room, or in the library that one is most swiftly reminded of this fullness of life. Physical and intellectual vitality enabled him to work and play whole-heartedly. But his interests remained universal, and his sense of curiosity was never dulled. To the stranger he gave an instant impression of buoyant health and goodwill. His expression was habitually cheerful, breaking into a smile; his habit of speech always approaching the latitudes of fun. In those radiant blue eyes, keen and affectionate, the quick transition of scrutiny, sympathy, and assurance sped from him and became common property. Life was so evidently a jolly business that the poorest, the most anxious, the least exuberant, were moved to believe it so.

Because of so generous a perspective, his range of acquaintances offers a practical testimony to his popularity. If he was travelling on an ocean liner he would certainly be advised of an old patient in the engine-room; if he travelled on an express one could reckon that the guard, or a lady in the first class, or a carpenter in the third, would hail him. The writer happened only the other day to ask about some cigars he had purchased, shortly before his last illness, in Piccadilly. At once all of them, from the dignified head to the youngest assistant, suffered a change which was as instantaneous as it

was eloquent. Every face brightened. Everyone smiled. They all became *humanised*, and, as it were, intimate by the mere mention of a name. "Yes, they knew Sir Robert very well indeed. Yes, his death had been a great personal blow to them all. He used to come in and sit there—that was the chair—and smoke a cigar—he knew a good cigar—and talk with them all. And as customers came in and went out it was almost certain that very soon one of them would glance at him and cry: 'Sir Robert, this is indeed a pleasure,' and sit down."

These houses of call had a boyish fascination for him. He retained stores of wine, cigars—a dozen commodities—in the oddest places. There was a delightful elderly Italian in Soho in whose office he would sit deep in discussion about cheeses. Shortly afterwards some friends would receive a mysterious parcel—a little surprise—a York ham or a Port Salut. There is genius in such remembrance. His generosity was indeed prodigal. He preferred to play host. He knew the secret of forming such magic circles. It gave him pleasure to arrange a dinner, and if there were those who were prevailed upon perhaps too easily to accept such broadcast invitations he was never aware of the fact. To imagine Robert Jones permitting himself to notice the little frailties which betray the best, as the worst, of us into the commonplace vices of meanness, greediness and snobbery, would have been out of the question. He never confessed to the discovery of such things in those he called his friends, and they were a very large community.

Throughout his life he must have come into close personal contact with many thousands of people quite apart from consultations and casual encounters in hospital wards. He must perforce, and did, take people on trust. It was inevitable that he should—upon occasions—be fair game for the less scrupulous. But it is important to recall that he never brooded upon such episodes. After a luncheon, which was the direct cause of a loss of £2,000, he said with a rueful chuckle, "Pretty stiff that. It worked out at £500 a course, and he

smoked my cigar." He never bore resentment for such catastrophes, and curiously enough those who benefited unduly by his childlike relish in strictly confidential information upon the Stock Exchange never lost his affection. A man with whom he had only a slight acquaintance once told him of certain shares likely to enjoy a substantial rise. Robert Jones was, as always, electrified. "He was at work so early," recalled his adviser, "that I was still in bed. But he left a note apologising for leaving, saying good-bye, and a signed cheque for me to fill in any amount I considered suitable. Was there ever such trust in human nature? But," he added, "of course no one but a scoundrel could ever have willingly swindled R. J." The statement was, one fears, over optimistic. Upon one occasion he was swindled cold-bloodedly and lost a considerable sum of money. But when a relative commenced to break the news, all he said was, "Great heavens, what a shock you gave me. I thought —— must be ill."

For such things, even if they are too personal, one is grateful. Even if they are intimate they offer an illustration of the real and unreal values in human life. Money meant nothing to him, not in the sense of the spendthrift, which is no more or less than ignorance, but in a knowledge of its relationship to independence of mind and serenity of soul.

This unflagging humanity protected him from boredom. To be bored was to him a terrible admission, and a definite white flag of defeat. "I have always tried," he once said, "not to be bored, because I think it is a pretty good sign when, for instance, meetings of young people cease to interest one, that the fatal claws of senility are burying themselves deeper and deeper." And again—"To keep young it is very necessary to see the humorous side of our work, and if we look out for it not a day will pass without its contribution."

It must not be taken as a sign of moral agility that he avoided being bored, and that he made a practice of avoiding the presence of dismal people or depressing topics. He knew their danger to his work. And as a consequence he drew about him so far as possible friends with a sense of humour—



by which one may be permitted to mean an appreciation of the beauty, the fun, and the happiness of life.

If he dreaded sorrow and sadness and mortality it was not only because he believed it to be injurious to his capacity for helping others, but also because he realised the utter futility of pessimism. For that reason he preferred that anniversaries should be ignored, funerals not attended, and reminiscences of the past and the dead discouraged. For those who accepted perhaps too easily the brevity and futility of human life, it came as a shock to be in the company of a man who declared war on all that was maudlin, depressing, and apprehensive. To many, his persistent optimism may have been a source of secret grievance; to some it may have been accredited to selfishness or superficiality. Were one to leave it at that, it would be reasonable for a stranger to picture a man of superb physical health, uninterrupted success, and universal esteem, held up as a kind of moral lesson for the obscure, the unhappy, or the unfortunate.

Before the War there were those who could only explain his habitual high spirits and kindly nature by an urbane ignorance of the less delightful sides of human nature. Concerning a man who had spent so many years in the slums of Liverpool, the explanation was not without humour. But even to such theorists, the War years must have brought some hesitancy, and to anyone familiar with his correspondence, a renewed astonishment at his forbearance. If any further novel of the War was to be encouraged, it might well occupy itself upon the petty bickering, jealousies, and intrigue which smouldered under the surface of every department. While men were being blown sky-high, Robert Jones must give grave attention to overtures for decorations and promotions, scales of pay and points of precedence. He was himself quite indifferent to personal dignity, profit, or power. That he refused to be cynical, disillusioned, or even a little dismayed, at the concentration of the war period upon personal aggrandisement, is perhaps the most definitely logical and practical tribute to the stability of his philosophy. To know all and

still to find excuses was what made him the true lover of human nature.

There is, beyond his humanity, an explanation for his patience, optimism and anticipation. To Robert Jones the War was not wholly destructive.

During all the turmoil of intrigue, selfishness, and hostility, he moved apart, thinking of the days when the disabled soldier would have gone forth from the Pensions Hospital, and the whole machinery in the campaign against human antagonists could be taken over for the more enduring campaign against suffering in peace.

A sense of humanity means a judicial estimation of the standards of life. But this—and here is the second point—demands a creed of life.

## II

In *A Personal Record* Joseph Conrad states the conviction “that the world, the temporal world, rests on a few very simple ideas ; so simple that they must be as old as the hills. It rests notably, amongst others, on the idea of fidelity.”

To Robert Jones, loyalty to certain principles of conduct was almost puritanical. He was from boyhood a purist in mind and action. It has been said of him that he was a very easy-going man. But he was only easy-going so long as his principles were unchallenged. He never permitted himself to be persuaded in argument against what he believed to be right. In his work for crippled children, in his prolonged struggle for the disabled soldier, there was no more resolute convenanter where the ultimate good was concerned. Righteous indignation smouldered in his kindly nature wherever wrong or oppression or cruelty were concerned. He wrote to his daughter in 1911 of “the tragedies of which I am constant witness—children deformed and destitute—hungry mothers’ devotion and despair, knowing the need and helpless to act. When one sees this sad and hopeless side of life, one feels there is much to do and so little time to do it.”

This gift of pity was no mere sensation with him. It moved above all other conventional emotions. At the end of the War, when the feeling of many in this country was bitterly hostile to enemy populations, Robert Jones received a pitiful letter from an Austrian surgeon well-known to him before 1914, pleading for the succour of starving Austrian children, many of whom were too weak to rise from their beds.

To Robert Jones such an appeal could not possibly go unanswered. On the very same day he approached Bishop Burke, who was then on his way to Austria and the distressed countries of Europe on a preliminary mission of enquiry, pledging himself for an old friend and fellow labourer, "a very able surgeon, very conscientious, with a real love for children," and adding diplomatically—"Dr. Hans Spitzky is more Italian than Austrian, having been born at Gratz, but I could not have it on my conscience not to do what I could to help in this extremity." To Spitzky himself he wrote with great sympathy, pointing out the plight of our own sick children, detailing the steps which he had taken to promote the Doctor's appeal, and enclosing personal letters for him to use as he thought fit.

This sense of the responsibility of the individual was drawn from his inherent liberalism. He had a political sentiment for the oppressed, the misused, and the unfortunate. Half his sympathy with Bradlaugh was because he stood alone amongst antagonists too often less Christian than an acknowledged atheist; his admiration for John Bright was drawn from the same source; his loyalty to Gladstone was inspired by his detestation of tyranny of thought or action.

This old-fashioned liberalism, now passing so swiftly out of our national life, was a secure rock in shifting sands. And it presents in the personality of Robert Jones an illustration and a memorial. It stood for faith in human progress and the ultimate triumph of justice. It also believed in international friendship just as much as personal relations. It took a delight in sports so long as they did not evoke gambling or vice; it loved literature untainted by indecency, and if it

delighted in great drama it was not intolerant of new ventures and experiments. Above all, it believed in integrity, by which is meant loyalty to fundamental principles known and cherished as a kind of bulwark against uncertain or treacherous weather.

This fidelity to truth made him the leader and teacher of young men, because the qualities they most desired and discovered in him were those of optimism in its attitude towards human progress. He believed in the infinite possibilities of human nature, and the hidden resources of even commonplace men. His liberalism was never submerged by convention. He was seventy when he said—"To those of you who are students, if I may venture to say it, be wary of trusting too much to authoritative dicta unless they bear the test of reason and experiment. No saying is more degrading than 'It is better to be the tail of a lion than the head of a dog.' To be like other people is to be unlike yourselves, and nothing can be less impressive than servile imitation. The cynical mind is fatal to progress, but a healthy scepticism is often imperative. The young mind should be encouraged to think and not be bound rigidly by traditions. Graveyards are not the best Universities, and children must not be forever beaten with the bones of their fathers. Students should not be set like posts in an orthodox road, but like trees that want light and sun and air." And it was through serenity, not pessimism, that he added, "Most of you will be going on making progress, others will stand still, and if we live long enough we all begin to show signs of exhaustion, and fail even to hold our own."

This loyalty to certain principles was neither exuberant nor illusory. It was said of him that he preferred to be blind to the defects of his friends and colleagues. John Ridlon, who had known 11, Nelson Street since the 'eighties, has remarked—"I cannot but feel that Robert Jones' generous estimate of his contemporaries has been an important factor in making all the world love him . . . I believe that he has had very few enemies, and those that he has had he has never

enjoyed. Thomas had more enemies than friends, and he enjoyed them keenly." There is solid truth there, but one may be permitted to seek for an explanation more in accordance with his personality. In his relations with people, Robert Jones preferred to get the best they could give. If it was a compromise it was at any rate one firmly rooted in ethical tradition, and if the outstanding stages of his career are once more recalled, it must be admitted the kindly habit produced astonishing results. But the critical faculty was not sleeping, only tempered by a knowledge of the innate possibilities within every man.

Finally, this fidelity to truth removed him from the intolerable burden of personal ambition, snobbery, enmities, and disillusion. Unburdened by petty responsibilities, he remained secure, because he was never haunted by the things which walk like dark shadows in the wake of other men. It is a pitiful commonplace that even success or riches do not ensure happiness. To Robert Jones came wealth, honours, prestige. He remained oblivious to them all. He did so, because he was able to gauge their actual value. And because of this indifference to social distinction there is in his career a note almost of the humdrum, just as though life were really at its best and sanest when it was furthest from the column of a fashionable weekly or the latest volume of political memoirs of the War. Here again there was a bulwark—an outer rampart in the citadel of his personality—which once more lies within the reach of the greatest and the least.

### III

The source of his most lasting happiness was in his passion for work. Like the mid-Victorian generation from which he sprang and to which he really belonged, he believed in sustained toil as the greatest attribute of self-expression, and the only enduring assurance of happiness. Such had been the tradition of Nelson Street, Totally dissimilar in temperament though

Thomas was to Robert Jones, their lives were sympathetic in at least one aspect. They both lived in their work and for their work. To them the philosophy of human life lay not in public recognition or wealth or—least of all—the prospect of retirement; it began and ended in the toil which spent the day. All through his life, Robert Jones never desired or made allowance for leisure, and, as a consequence, days or hours, snatched as it were by stealth, gave to him all the gusto of a schoolboy's holiday. To him, like H. O. Thomas, work was a religion. But it was also a refuge. "Why relapse into this very solemn vein?" he wrote in a letter. "I fear I cannot long remain quiet without the serious things intruding which is an argument for short letters and a bustling life."

It could not be said of him that he withdrew in periods of perplexity or sorrow into a philosophy of life. His only philosophy was work. Again and again he emphasises in letters, as in his own career, that certain and permanent consolation may be sought and discovered in one direction only, and that is in hard unceasing labour for others. To Conrad (as to many another) this quite commonplace talisman of his own serenity was shown in a brief note:

"My Dear Friend,

Thank you for thinking of me from your sick-bed. I have been so grieved to hear of your constant affliction.

"Poor Hilda (his daughter) has lost a very lovable little child, who was everything to her. One asks oneself what is the meaning of life? Why this intolerable pain? What is death, and where do our dear ones go? The only palliative is *work*, for it alone brings forgetfulness."

There is, of course, no denying that his life was altruistic, and that altruism comes very near the joy of human expression. He was galvanised by a search for pure knowledge kindled by a devotion to his fellow-men—he was the scientist and the humanist in their perfect association. And because he rejoiced in his gift of healing, he was filled with enthusiasm. If this

record has revealed anything, it must have shown what work meant to him. During fifty years he maintained a routine which commenced before even busy men are at breakfast, and terminated when the world had long since settled down for the evening's relaxation. An extraordinary capacity to grasp the fullness of life and share it with other people, the virtue of healing both in body and in mind, a fidelity to certain principles of conduct, and a finely intense absorption in his daily task—these things explain much in their separate identities. But alone they are merely fortunate qualities more or less sympathetic to one another. Carlyle preached the gospel of work, and found small joy in existence; Mazzini followed the path of liberty and was hounded into exile; Charles Dickens, the greatest humorist in English fiction, could not practise his own philosophy. There is, quite evidently, something more durable required in the fluctuating phases and passages of human character to reveal—however clumsily—a personality like that of Robert Jones.

## IV

There was—indeed there had to be—in his personality a selective and controlling faculty behind his good nature, his rigid principles, and his passion for work and play.

It will have been apparent in this book that he accepted such things as opposition, delay, and lack of recognition with a kind of disciplined equanimity. What was the philosophy with which he faced and discountenanced the tedium and treachery and futility of human affairs? The faculty of producing harmony between his convictions and his inclinations must be sought in something deeper than tolerance or diplomacy. What was it enabled him to remain indifferent to the passage of time and circumstance? What removed him from incursions of boredom and apathy with which even the most dauntless are ultimately overwhelmed? It was not simply by arduous work, a humane genius, and physical

strength. It was of all these, but something more. Was he sustained by religious faith? Here is a matter about which little has been said, because it was one upon which Robert Jones was disinclined himself to speak. But as religious emotion even to-day is still the light of the world, a word or two may not be an intrusion. Ever since the days when his father in London, and afterwards Mrs. Thomas in Liverpool, had taught him the supreme virtue of tolerance, he had refused to express any opinion upon one or other denomination. He numbered amongst his friends and patients Jesuit priests, Nonconformists and Anglicans. Upon the question of personal immortality or its influence upon our life on earth he remained uncommunicative.

It is, one feels, not in religious expectation or orthodox practice that the ultimate completion of all the facets of his personality can be synchronised and understood. One might go a point further and suggest, in so much as he represented an entire freedom from conventional religion, he emphasised an equally valuable environment of what might be called, at the risk of sanctimoniousness, the kingdom of heaven on earth. George Eliot held as a solemn conviction—the result of a lifetime of observation—that, “in proportion as the thoughts of men and women are removed from the earth on which they live, are diverted from their own mutual responsibilities of which they alone know anything, to an invisible world which can alone be apprehended by belief, they are led to neglect their duty to each other, to squander their strength in vain speculations, which can result in no profit to themselves or their fellow-creatures, which diminish their capacity for strenuous and worthy action during a span of life, brief indeed, but whose consequence will extend to remote posterity.”

That was the horizon against which Robert Jones lived and worked. And yet in its finalities one is driven back to a principle not outside the reach of wayfaring men. An acute reflection of a man of distinction, who knew him well, was that he had shown in his life what is possible in human nature. But not beyond understanding or imitation, or the grasp of



those ordinary men who knew and loved him best. There was no alchemy in his magic or remote prescience in his handiwork. The things which made him great and greatly loved were not the obscure immensities upon which learned books are written. The citadel in which he lived and died lay without moat or rampart to the beauty and gladness of the world. "Oh, for light and heat united!" cried John Wesley. Knowledge and emotion were equally balanced in Robert Jones and of how few great men can that be said? That he was ahead of his age in freedom from superstition, fear, and hatred is true. The immense and lasting miracle of his life and personality lies to a high degree in its spiritual release from the props and fallacies which inspire and control even the most advanced thinkers. But he had in its perfection a less dramatic quality. It was the quiet virtue of which John Galsworthy has spoken so hauntingly when in *A Portrait* he said:

"As I remember him with that great quiet forehead, with his tenderness, and his glance which travelled to the heart of what it rested on, I despair of seeing his like again. For with him there seems to me to have passed away a principle, a golden rule of life, nay, more, a spirit—the soul of Balance. It has stolen away, as in the early morning the stars steal out of the sky. *He* knew its tranquil secret, and where he is, there must it still be hovering."

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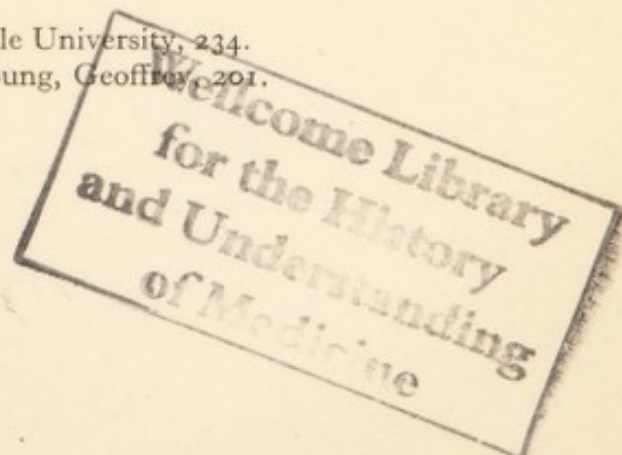
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