

Commissioned Review

BAUS at war

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It is 100 years since the outbreak of the First World War (1914–1918), at the time BAUS did not exist and neither did the Urology Section of the Royal Society of Medicine (RSM). Indeed, although recognised on the Continent and in America, Urology in Great Britain was not yet a specialty; British Surgeons were General Surgeons. However, there were surgeons who were experts in the field of genitourinary surgery and there were other men who, in the future, would create British Urology and BAUS. In 1914, these men, like many others were called to war.

Some were already in volunteer units such as Clifford Morson (1881–1975; Fig. 1), who was an original member of the Royal Naval Volunteer Reserve (RNVR), which he joined in 1903 on its formation. The RNVR allowed civilian volunteers with no sailing experience to train in old warships. In 1914, he took

on full naval duties as Surgeon Lieutenant Albert Clifford Morson, FRCS, RN and served in Gallipoli [1].

The Gallipoli Campaign (April 1915 to January 1916) was a joint British and French attempt to capture Constantinople (now Istanbul) and secure a sea route to Russia; which failed with disastrous results. There were nearly half a million casualties and a further 145 000 British soldiers became ill during the campaign with enteric fever, dysentery and diarrhoea. Morson served on Royal Navy ships patrolling the Dardanelles and would have dealt with many appalling casualties, as well as those dying from disease. In 1919, he was awarded an OBE for valuable services in several of HM Ships and Hospital Ships during the War and at the Royal Naval Hospital Haslar.

After the War he was appointed Assistant Surgeon to St Peter's Hospital for the Stone and became Full Surgeon there in 1923. Working with radium at the Middlesex hospital, he became a pioneer in the development of radiotherapy for urological cancers. In 1933, he was President of the Section of Urology of the RSM, and in 1947 the second President of BAUS. He was the first Director of Studies at the Institute of Urology and the driving force in linking St Peter's, St Paul's and St Phillip's Urology hospitals in London.

Another young medical student who was a volunteer before the First World War was Ronald Ogier Ward (1886–1971). In 1908, Ward had joined the Honourable Artillery Company, part of the Territorial Army. With the outbreak of War in 1914, he was mobilised, not as a surgeon but as an artillery officer. This was unusual, army surgeons were a valuable resource. He had qualified from St Bartholomew's Hospital (Bart's) in 1912 and from October 1913 was a house surgeon at Bart's. Furthermore, he had field experience having volunteered to serve with a British Ambulance Unit during the First Balkan War (1912–1913). He undoubtedly preferred to fight with his unit and managed to escape being drafted into the Royal Army Medical Corps. He became acting Major in command of C Battery, 293rd Brigade, Royal Field Artillery (Fig. 2). In March 1918, his Battery played a vital role in preventing a major German advance, continuing to fire their guns until they had only four shells left. Under cover of

Fig. 1 Clifford Morson. Reproduced by kind permission of BAUS.

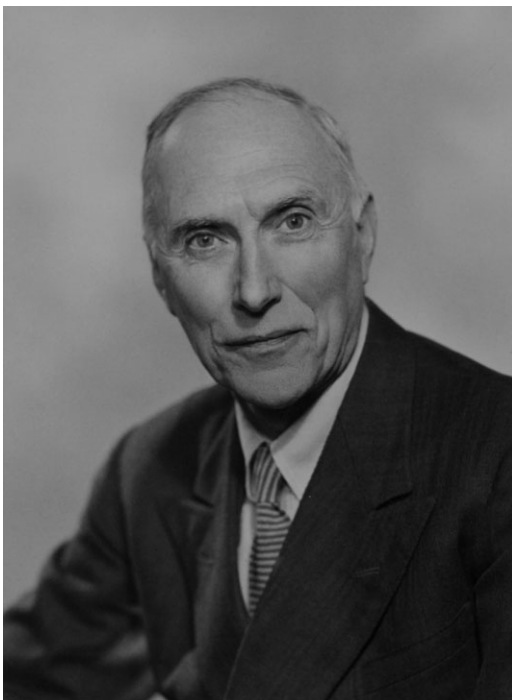


Fig. 2 Cartoon of Ogier Ward in the trenches. Contemporary illustration.



darkness and fog, Ward subsequently returned to the battle field to rescue his abandoned guns. For this and other acts of bravery, Ogier Ward was mentioned in dispatches, awarded the Military Cross and the Distinguished Service Order [2].

Ronald Ogier Ward of course became a well-known urologist. In 1935 he became President of the Urology Section of the RSM and it was Ogier Ward who initiated the idea of a British Association of Urologists, becoming the first President of BAUS in 1945.

Ronald Ogier Ward was unusual being in a fighting regiment as a qualified surgeon, other urologists who fought in the First World War volunteered before they were medically qualified. Eric Riches (1897–1987) (later Sir Eric Riches) had secured a place at the Middlesex Medical School in 1915 but deferred it so he could fight (Fig. 3). Originally from Alford in Lincolnshire he joined the 10th Battalion, The Lincolnshire Regiment, an infantry regiment. Subsequently, he was transferred to the 11th Suffolk and rose to the rank of Captain.

Whilst still a Second Lieutenant in the Lincolnshire Regiment, Riches found himself in charge of an ammunition dump in

Fig. 3 Sir Eric Riches. Reproduced by kind permission of BAUS.

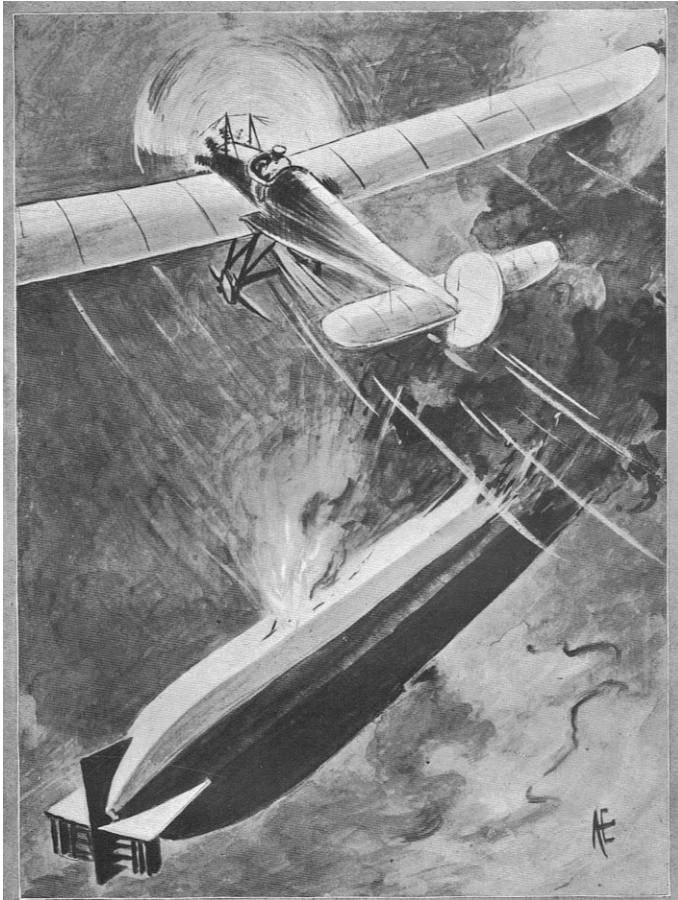


France. An enemy shell landed in the dump setting it on fire. Riches and his corporal rushed to put out the fire, despite being under continuous and heavy shell fire, and with boxes of rifle grenades exploding around them in the heat. This prompt and brave action saved the dump and many lives. This act won Riches the Military Cross for conspicuous gallantry and devotion to duty. The citation states, 'He displayed great coolness and courage' [3].

After the war Riches returned to his medical studies. He was appointed to the surgical staff of the Middlesex Hospital in 1930, specialising in urology. He later became Consultant Urologist to the army and to the Ministry of Pensions Spinal Injuries Centre. In 1955, he described a new cystoscope in an attempt to standardise equipment in the UK. The Riches cystoscope and its various attachments was a popular instrument until the development of the Hopkins Rod lens. He was a Hunterian Professor at the Royal College of Surgeons in 1938 and in 1942 was both Hunterian Professor and Jacksonian Prizeman. Riches was knighted in 1958 and died aged 90 years on 8th November 1987 [4].

Victor Wilkinson Dix (1899–1992) also fought in the First World War before commencing his medical studies. At the age of 18 years he joined the Royal Flying Corps (RFC). At the outbreak of war flight was still in its infancy; however, it was clear that the air would become a new theatre of combat. The RFC was formed in 1912 with this in mind. The early aeroplanes and the lack of knowledge of this new form of battle led to dreadful casualties and the life-expectancy of a

Fig. 4 An open cockpit aeroplane of the RFC destroys a Zeppelin over Ghent, 1915. Contemporary illustration.



pilot in the First World War was 6 weeks (Fig. 4). Dix did survive and later in the war became a flying instructor [5].

After the war he trained in Cambridge and at the London Hospital Medical College qualifying in 1923. During the 1930s he learnt the new method of IVU in Berlin and brought this technique back to England. In 1947, Dix was appointed Professor of Surgery at The London Hospital. He was a founder member of BAUS, becoming President in 1962.

Urologists also were kept active on the Home front. The Territorial Medical Service had been mobilised on the outbreak of war but the four London Territorial General Hospitals were not ready to receive casualties when on 30th August 1914, 100 wounded men arrived rather unexpectedly, at Waterloo station. The news of these unfortunate men reached The London Hospital and Edwin Hurry Fenwick (1856–1944) immediately took some London Hospital medical students there to treat them. When Mr Morris, the Chairman of The London Hospital, heard of this he contacted Lord Salmon, a member of The London Hospital's House Committee and incidentally, Chairman of The Lyons Tea

Fig. 5 The First Wounded at The London Hospital, 1914 by John Lavery. 1914, Oil on canvas. Courtesy of The Royal London Hospital Archives.



Company. He mobilised 14 Lyons & Co. horse-drawn delivery vans to transport the wounded back to The London. More wounded arrived from France and by the following morning Fenwick had admitted 300 men [6] (Fig. 5).

Fenwick took command of The London Hospital's military section and then Bethnal Green Military Hospital as a Colonel in the Territorial Medical Service. He moved civilian patients to St George-in-the-East Hospital and Waterloo Road Workhouse, creating 709 beds for wounded and sick servicemen. His war service was recognised by the award of a CBE in 1919. Before the War, Fenwick was a well-respected surgeon with expertise in urology. After qualifying from The London Hospital Medical College in 1880 and gaining his MRCS, he travelled to Germany for further training under Bernard von Langenbeck, and Karl Thiersch. He became surgeon to The London Hospital and also to St. Peter's Hospital for the Stone. Fenwick did much to introduce and popularise the cystoscope in Great Britain. At the outbreak of war he had already retired from St. Peter's and The London Hospital and was Emeritus Professor of Urology there. After the war, the International Association of Urology (of which Fenwick was on the Provisional Committee) was replaced by Société Internationale d'Urologie with Edwin Hurry Fenwick a President of Honour, indicating the international recognition he received.

Sir Peter Johnson Freyer (1851–1921) was a contemporary of Fenwick working with him at St Peter's Hospital for the Stone, where he was world famous for developing and promoting open prostatectomy for BPH. He had made his fortune in India, where he became an expert in using the blind lithotrite.

Fig. 6 The Kitchener General Indian hospital Brighton. Reproduced by kind permission of <http://www.mybrightonandhove.org.uk>.



He was in the Indian Medical Service (IMS), part of the Colonial Force, retiring from the IMS in 1896 with the rank of honorary Colonel. From 1904 to 1909 he was a member of the honorary medical staff of King Edward VII's Hospital for Officers and from 1909 he was a consulting surgeon to the Queen Alexandra Hospital in London; the main postgraduate training hospital of the Army. So, with the outbreak of the First World War it was not surprising that he was quickly brought back into the Army Medical Service. He became consulting surgeon to the Indian soldiers in the Brighton Military Hospitals [7].

In 1914, the Indian Army was the largest volunteer army in the world with a total strength of 240 000 men. About 1 million Indian troops served overseas in all theatres of the First World War; 62 000 died and another 67 000 were wounded. There were too many casualties to treat in military hospitals in France. Clearly, they could not be moved home to India, so arrangements were made to accommodate the wounded Indian troops in Brighton. King George V instructed that the Royal Pavilion be used as a military hospital for wounded Indian soldiers and the Brighton General Hospital, renamed the Kitchener General Indian hospital, was converted and specially adapted for them (Fig. 6).

Freyer subsequently became Consulting Surgeon to the military hospitals in the Brighton area and later for all of Sussex, part of the Eastern Command. He was awarded the Commander of the Bath (CB) in February 1917 and 6 months later became a Knight Commander of the Bath (KCB). Sir Peter Freyer was the first President of the Urology Section of the RSM in 1920.

Unfortunately, some of the wounded men coming back from France were left with serious long-term disabilities. Queen Mary expressed concern for the future of these young men,

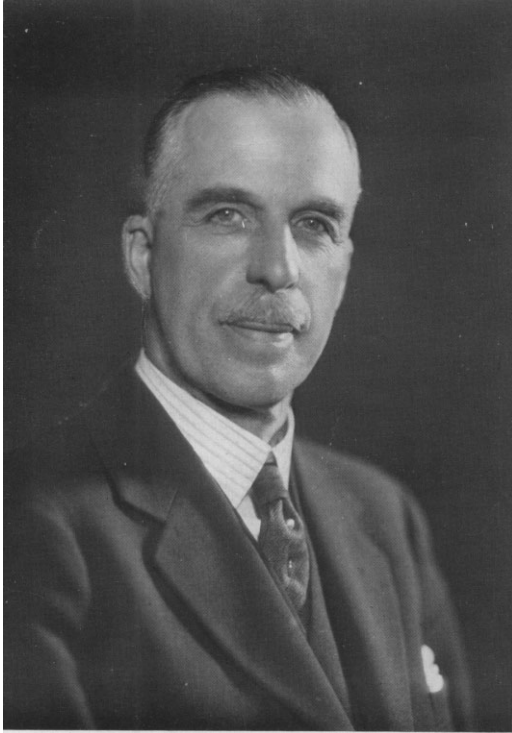
and charged the British Red Cross Society with the task of finding a 'permanent haven' for them. In 1915, the abandoned Star and Garter Hotel on Richmond Hill was purchased and converted into a hospital for their care.

One group of chronic patients were the spinal injuries. It was already known that the main cause of death in these patients was renal failure secondary to ascending urine infection. Several clinicians took an interest in these patients during the First World War, yet the only notable urologist was Sir John William Thomson-Walker (1871–1937) [8]. A urologist at King's College and St Peter's Hospitals, he was a pioneer of early cystoscopy and open prostatectomy following Freyer and Fenwick (Fig. 7).

The safest way of managing the paralysed bladder in the early stages of spinal injury was unclear. Intermittent drainage, via urethral catheter, led inevitably to infection. Indwelling catheters caused fistulae. Thomson-Walker cared for the spinal injury patients at The Star and Garter, where he taught the importance of draining the bladder by suprapubic cystotomy. He lectured Medical Officers going to the front but sadly the treatment in the trenches and at the casualty clearing stations was sporadic, and the ability to perform open cystotomy was variable [9]. The patients at the Star and Garter had their bladders salvaged by cystotomy and were carefully managed by Thomson-Walker. Many underwent rehabilitation, physiotherapy and occupational therapy to be discharged home. Sadly, towards the end of the war this aggressive and forward management deteriorated and the high infective death rate began to spiral once again.

Writing in 1937, Thomson-Walker lamented that the management of the bladder in these cases was one of the surgical failures of the war. However, the experience gained by Thomson-Walker and others, with spinal injury patients

Fig. 7 Sir John William Thomson-Walker. Reproduced by kind permission of BAUS.



during the First World War did eventually lead to the improved management of their bladders and improved survival [9].

There were of course many more urologists, surgeons and medical students who served their country in the First World War, the above mentioned are but a selection. Their experiences must have affected and formed their future lives. Those men who went on to build British urology and form BAUS were all great organisers and leaders, as well as talented clinicians. War tends to advance medical innovation. In urology, although Thomson-Walker lamented the poor

outcome of spinal patients in the First World War, his experience and that of others advanced the knowledge and future care of these patients, and in particular the vital management of their bladders.

This group of men who were the contemporary and future leaders of British urology were very active in the management of the sick and wounded, and brave in the face of the enemy in the First World War; the decorations they won attest to this. 2014 is an apt time to reflect on the horror of the First World War that began 100 years ago and changed the path of modern history in so many ways.

Conflict of Interest

None declared.

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