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## Standing on the shoulders of giants. 2. John Blandy based on an interview 5/9/2009

### KEYWORDS

Blandy;  
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 BAUS

**Abstract** A quarter of a century after his retirement, Professor John Peter Blandy's influence, perhaps more than any other, is still very strongly felt by our specialty as a consequence of his drive to innovate and introduce new techniques, as a result of his efforts to rationalise and reorganise training, and from his still relevant and important textbooks. This profile of the professor is based on an interview with him in September 2009.



One of the most memorable characteristics of John Peter Blandy (JPB) is his chortle – a charming,

uplifting sound. His chortle and his undoubted charisma clearly have served him well over the years and one can imagine were instrumental not only in helping the progression of his own illustrious career but also in steering British Urology through difficult waters in the 1980s.

The Professor's contributions to Urology are many, but perhaps the most enduring is his influence on training, not just as a result of his brilliant and still highly relevant textbooks but also as a result of his efforts in developing both the FRCS(Urol) and FEBU examinations.

JPB was born in Calcutta in 1927. He was then,

*“Brought home [to Hampshire] at the age of 3 because that was the standard. My father was in the Indian Civil Service and for some reason it was believed that there was a huge mortality for children in India, probably from mostly diarrhoea diseases and hepatitis, so you were shipped home from the age of 3, and then I went to a Prep school in England until the war broke out and then I went back to India in 1939.”*

He returned after his father died in 1942. He was schooled at Clifton and went on to study

medicine at Oxford, and following qualification in 1950, started a life long association with The London Hospital. Whilst studying for his fellowship, he found himself earning cash by working for Ambrose King in the VD department,

*“One of the things there was, if you had gonorrhoea there was a simple test of cure for stricture which meant you had to pass a bougie on anyone who had had gonorrhoea to see they hadn’t got a stricture. So I learnt how to pass bougies on perfectly normal urethras, also I learnt how to dilate without hurting people and I think it was quite a great skill learning how to, because we didn’t use any anaesthetic. It wasn’t just making sure they hadn’t got a stricture it was also to punish the buggers [chortles]... so naughty!”*

JPB worked for many pioneers in various branches of surgery at The London, and he was obviously considered talented by his seniors:

*“I was then sent for one day by this delightful rather elderly physician at the London called Kenneth Perry who said,*

*“Oh Blandy, how old are you now?”*

*I told him. He said,*

*“You know that Prof. [Victor] Dix is going to retire in 4 years time?”*

*I said, “I hadn’t thought about that.” I had no idea!*

*“Yes” he said, “and we’re going to appoint a proper Urologist, are you interested?”*

*Of course I said “yes”, most of our work was cystoscopies and assisting in prostatectomies and things.*

*He said, “Yes but if you want to get on the short list you will have to have your Mastership and have been to America and spent a year at The Institute and you only have 4 years.”*

*He said, “Have you been to America?”*

*I said, “No sir.”*

*“Have you got the Mastership?”*

*“No sir.”*

*“Have you been to The Institute?”*

*“No sir.”*

*“Hmm,” he said, “You haven’t got much time.”*

The hospital had strong links with Presbyterian St Luke’s in Chicago.

*“I went to America and had a lovely time, it was absolutely wonderful.”*

It was in Chicago that JPB was first shown TURP.

*“I was astonished that they were taking out 20-30g of prostate and stopping the bleeding and it was such contrast to the open prostates that we were doing at The London, and I thought- I’ve got to do this.”*

Having completed the first of the tasks that he had been set by Perry, he returned to The London and set about his thesis on bladder substitution, the idea for which had come from his friend and sometime future colleague Richard Turner-Warwick.

He then got his opportunity of working at The Institute, where his thoughts again turned to TURP with which he had been so impressed in the States. JPB had audited the outcomes from open prostatectomy at a typical general hospital and found a staggering 20% mortality rate, although there was not really a forum for discussing such findings at that time.

He noted a significant difference at The Institute. After his first list of open prostatectomies,

*“We had a cup of tea with the sister, Sister Kidner and she said,*

*“Is that always the way you do prostates in The London Mr. Blandy?”*

*I said “Yes, why?”*

*“Nothing, it’s just that I think you ought to watch Mr. [Gerald] Fergusson.”*

*She was right; it was a completely different operation. He was a craftsman doing prostate and kidney operations; he was the most inspiring technician... His prostates were wonderful!”*

There was, though, resistance to the introduction of TURP – despite the obvious problems with the open operation,

*“My eldest and best respected mentor [JPB wouldn’t reveal who!], when I got on at St Peter’s took me to one side and said,*

*“You know John I want you to give up this silly TUR, you’ll bring St Peter’s into disrepute.” He was a lovely chap, I admired him enormously, he genuinely believed it.”*

After his subsequent appointment to The London as a consultant in 1964, JPB had the opportunity to persevere in a less sceptical environment,

*‘‘It wasn’t all that easy you know, the telescopes were bloody dim and the lights kept going off, but I knew what ought to be done and how it could be done from Chicago. I kept on plugging away trying to improve.’’*

His influence in bringing this new technique to UK urology was only enhanced when he produced a book on the subject accompanied by his, now legendary, illustrations.

Other books followed – ‘‘Operative Urology’’ first published in 1978, ‘‘Lecture Notes in Urology’’ first published in 1976 and ‘‘Urology’’ in 1983. The lecture notes book is still in print, but all remain entirely relevant to many aspects of contemporary practice. Of his illustrations,

*‘‘I’ve been an obsessive doodler ever since I was at prep school, I was always chastised for not paying attention, but I was learning while I was drawing. Actually my technique of drawing evolved- I started off trying to do half tones, but I ended up, after various experiments, with black and white simple line drawings, which are actually much more clear, I think.’’*

The influence of his books cannot be overstated, nor can several key papers in our discipline. I highlighted the importance of the paper he wrote with Singh on the high mortality associated with non-intervention for staghorn calculi.

*‘‘We were both astonished at how badly they had done, because we looked at not only the patients on the index, we also went to the path department and if you had a staghorn stone, you were likely to die, usually of sepsis or renal failure.’’*

His inspiration for stone work had come about following a demonstration by Gil-Vernet of his avascular approach to the kidney at a meeting in London.

*‘‘It was his approach to the renal pelvis which was so simple. I had never seen it before and nor had anyone else, although they pretended they had after the meeting.’’*

His championing of this technique led to a healthy rivalry with John Wickham,

*‘‘John, who I admired greatly, we were sort of in a way in a rival situation, for staghorns he had his ingenious cooling machine and he’d do radial nephrostomies, which I thought were bad for the parenchyma and I was right. Later John Fitzpatrick did a beautiful study, comparing the function after the extended pyelonephrotomy versus nephrotomies with cooling and Gil-Vernet’s operation was*

*far better, which made me chuckle. But John was always a very great gadgeteer, he had gone to Mainz and learned how to do the percutaneous nephrolithotomy, he was always very interested in endoscopy, operating through little tubes.’’*

As his career developed he recognized that surgery and particularly urology was going to change forever, and, as a senior nationally and internationally renowned surgeon, he became more and more involved in the politics of Urology. Regarding training he reflected:

*‘‘What an awful system we have in this country, there is no planned training and the chaps just wander from job to job. Why don’t we have a residency scheme like they have in the States?’’*

JPB was elected to the council of the Royal College of Surgeons of England where he joined Richard Turner-Warwick,

*‘‘But the idea of a residency programme, where the residents would be inspected and the chaps would have to do a test at the end of it was an anathema. Everyone said the fellowship, the FRCS, was the highest qualification you can get, even though you didn’t even need to have taken out an appendix to get it!’’*

There were however, similarly forward thinking specialties, and JPB and (the then BAUS president) Ken Shuttleworth visited the new specialist orthopaedic examination in Edinburgh.

*‘‘The people were talked to by the examiners, not as people talking down to a houseman but as one consultant to another and the discussion was at a proper professional level. We both came back and said ‘‘This is what we want’’, but we also agreed that we weren’t going to deal with only one college, it was either all four or none at all.’’*

The Edinburgh College were ‘‘extremely generous’’. However,

*‘‘In the English College there was a lot of opposition, they didn’t want anything to do with a specialist fellowship, and of course I had my own trouble at BAUS.’’*

*In Eastbourne [1985] there was a frightful row, and I was trying to sell the idea to the chaps that we needed a proper board certificate, and there were a number of people who should have known better who jumped up and said, ‘‘this is the beginning of the end’’ and, ‘‘you can’t expect chaps who are senior registrars to do another examination.’’*

JPB managed to persuade BAUS of the merits of the FRCS(Urol) and the first sitting of the exam was in the following year. The examination was only part of a wider package to radically improve training, including much closer scrutiny of individual departments training via the SAC.

After this success, JPB had the opportunity at the time of his presidency of the EBU (1988) to try to revolutionize training across the continent.

*“I used to use the analogy that you get into an aeroplane and you get to 30 thousand feet and you hear, “This is Joe Bloggs your captain speaking, we’re flying at 30 thousand feet and everything is fine.”*

*You know that chap has passed a test to learn how to fly a Boeing, every six months he gets re-examined to make sure he is still competent to do it. And yet you step off the plane and you have an awful attack of ureteric colic and you land somewhere in Europe and you are sent to a hospital where someone says, “I’m your local urologist, and I’m going to do this this and this” and you have no idea what his qualifications are.*

*In Italy they had no concept of registrar training, in Germany the person who operated on you would be one of a number of lackeys under a professor who got all the money for any private practice, who would serve him for five or six years and if they were lucky get a job where they could operate, if they were unlikely they went into the sticks and patted prostates and massaged penises.”*

Having had, it would seem, a truly fulfilling career where he had clearly made the most of his

many talents to be very influential in the future direction of his specialty, how did he feel about retirement?

*“I woke up on my 65<sup>th</sup> birthday thinking I’ve beaten the system, I’ve got my pension! I missed the operating room, there’s a special smell and the buzz and the noise and there’s that special camaraderie? The anesthetist giving you back chat all the time and a team of nurses and your houseman, registrars and nearly always lots of visitors and I thought that was all good fun and I loved the practical handi-craft. Did I miss that? Yes I did. The cutting and the sewing? Not really, although I still dream about it occasionally.”*

That retirement was nearly a quarter of a century ago, but Professor Blandy’s influence, perhaps more than any other, is still very strongly felt by our specialty as a consequence of his drive to innovate and introduce new techniques, as a result of his efforts in reorganizing training, and, of course, from his still relevant and important textbooks.

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