

Hugh Owen Thomas Revisited

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Introduction

Hugh Owen Thomas [1834-91] was an early pioneer of orthopaedics at a time when the treatment of fractures and dislocations was still emerging from the era of the unqualified bonesetter. Throughout his life, his ideas remained controversial and only gained acceptance when introduced during the First World War by his nephew Sir Robert Jones, earning him a place amongst the great British surgeons. This paper describes his life, his sometimes troubled relationship with colleagues and suggests reasons why he is not more widely remembered today

Hugh Owen Thomas was descended from a long line of highly skilled, but totally unqualified, traditional Welsh bonesetters with an ancestry so extraordinary as to suggest a work of fiction. Genealogical research, and a plaque in the parish church at Llanfairyingornwy, on the north westerly tip of Anglesey, suggests otherwise, however, and reveals a story worthy of Shakespeare. That story begins with Thomas's great-grandfather who, around 1745, was rescued as a small boy after a shipwreck off the Anglesey coast. This small child, of unknown nationality and the sole survivor, was adopted locally, given a Welsh name, Evan, and according to the church plaque, 'without the aid of education, or any other advantage, but by an extraordinary gift of nature, acquired such a knowledge of the human frame as to become a most skilful bonesetter'.¹

Evan Thomas went on to found a whole dynasty of traditional Anglesey bonesetters, but in 1834, his grandson, another Evan, decided to expand the family business by moving to the then rapidly developing port of Liverpool. At this time, Liverpool doctors, like others elsewhere, were campaigning for a medical registration act that would ban unqualified practitioners (such as Thomas) from work. Realising that the writing was on the wall, he therefore decided that his five sons would be the first of the line to enjoy the benefit of a formal medical education.

Hugh, the eldest, returned from Edinburgh with a medical degree in 1858, the year in which the Medical Registration Act became law, and joined his unqualified father in partnership at his rooms in Great Crosshall Street, thus providing him with legal cover that would enable him to continue in practice.² It was a move that immediately placed the son at loggerheads with his medical colleagues, and the professional humiliation which he experienced at that time was almost certainly the root cause of the assertive behaviour that later became such a major part of his personality.

Nelson Street

Not surprisingly, the partnership of father and son was not a happy one and, following an argument in 1866, Hugh left to set up on his own at 10 Nelson Street, an address destined to go

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¹ F. Watson, *Hugh Owen Thomas: A Personal Study* (Oxford, University Press, 1934), p.6.

² D. Le Vay, *The Life of Hugh Owen Thomas* (Edinburgh, Livingstone, 1956), p.18.

down in history as the birthplace of modern British orthopaedics. Here, he blended his newly acquired scientific knowledge with the more traditional skills of his ancestors, and, in doing so, gained a reputation for the treatment of fractures and dislocations that was to become legendary. Many of his patients were seafaring men, some with the most difficult of fractures and dislocations, often untreated for the weeks or months that their vessels had been at sea in what was still the age of tall ships.

Thomas regarded himself as much more than a trauma surgeon, however. Nelson Street, at this time, was at the edge of one of the foulest, most disease-ridden slums in Britain, with tuberculosis one of its most prevalent diseases. Tuberculosis in children was largely a disease of the joints, particularly of the hip joint, such patients then being generally regarded as untreatable, or ‘hopeless cripples’ in the language of the day. Around this time, however, surgeons were beginning to take advantage of the recent discovery of anaesthesia to operate, and to amputate. It was a move that led Thomas to become uneasy with what he regarded as the surgical ‘establishment’, for he believed that the majority of these lost limbs could have been saved.³

Rest

During his time in Edinburgh, Thomas had been greatly influenced by the seventeenth Century physician Thomas Sydenham [1624-89], whose works had recently been translated from Latin, the medical *lingua franca* of their day, into English. Sydenham had deplored the cupping, bleeding and purging then in vogue for he believed that nature was the best physician, with disease itself ‘an effort of Nature, striving with all her might, to restore the patient by the elimination of morbid matter’.⁴ Treatment, Sydenham believed, should be strictly limited to imitating nature, merely ‘fortifying’ her when she is weak.⁵

Thomas came to idolise Sydenham and, in an age long before chemotherapy, adapted his principles to the huge problem of tuberculous joints. Nature’s cure, Thomas asserted, was rest, ‘enforced, prolonged and uninterrupted’, until such time as all inflammation had disappeared, a process that could, and frequently did, take many years. To that end, in workshops at the back of Nelson Street, he devised a series of splints and frames to totally immobilise, or ‘rest’, affected limbs.

Thomas had been appalled by the many child amputees he had seen during his student days in Edinburgh, and, back in Liverpool, he now began to court controversy by speaking out against surgeons who chose, as he put it, to ‘cut mechanically that which can be unloosed physiologically’.⁶ In their defence, surgeons pointed out that tuberculosis was a disease of the poor, and whilst Thomas’s methods might work eventually, rest was a luxury the poor could not afford. But Thomas had an answer for that as well, and it was one that finally brought his ideas to public attention. One day, a young Liverpool surgeon called Rushton Parker came upon a crippled lad strolling down the street with the aid of a Thomas ambulatory hip splint, an ingenious device that allowed the patient to walk on crutches with his diseased hip firmly

³ Ibid, p. 81.

⁴ J.F. Payne, *Thomas Sydenham* (London, Fisher-Unwin, 1900), p. 227.

⁵ Le Vay, *The Life of Hugh Owen Thomas*, p. 23.

⁶ Ibid, p. 82.

splinted in full extension, thanks to a patten, or raised shoe, on the other foot. So impressed was he with what he saw that he approached Thomas and suggested that he publish his ideas.⁷

Contributions

Thomas's first book, *Diseases of the Hip, Knee and Ankle*, was published in 1875 and, although at first only printed locally, its tone immediately brought him widespread attention.⁸ Right on the book's title page, Thomas talks confidently of treatment 'by a new and efficient method', which he describes as 'enforced, uninterrupted and prolonged rest', 'a vast improvement on all modes of treatment hitherto practiced.'⁹

However, much of the book was taken up, not so much with an account of his own treatment, as a step by step criticism of that used by others, who he chooses to label, not as 'other authorities', but as his 'opponents'. Unsurprisingly, not all of Thomas's colleagues were enamoured with his ultra-confident approach but what upset them most was not so much what he said, as the arrogant cocksure language in which he said it. Thus recognised authorities were described, according to their preferred treatment, as 'extensionists, posterior fixationists, anticoncussionists, distractionists, plaster of Parisists, profriktionists', or simply as 'do-nothingists'.¹⁰ Typically, one reviewer commented that 'criticism of the most distinguished physicians and surgeons is only equalled for bad taste by the care taken to show that the problem which has puzzled them has been solved, and that the treatment has now been established for ever on a firm basis.'¹¹ If he was taken aback by such harsh criticism, however, Thomas showed little sign of it and responded by following his first book with a steady stream of others in which he continued in the same confident vein for the rest of his life.

Not all reaction was critical. Many were impressed with what they read and none more so than John Ridlon, a young intern at St. Luke's Hospital, New York who, in 1887, picked up a copy of Thomas's *Diseases of the Hip Knee and Ankle* and, on impulse, crossed the Atlantic to meet him. Unfortunately, when he returned to New York and fitted a Thomas splint to a patient without permission, he was sacked.¹² Thomas was fiercely loyal to his supporters, and, in characteristic fashion, he burst into print with a booklet entitled *An Argument with the Censor at St Luke's Hospital New York*. Here he roundly condemns the 'censor', Professor Shaffer, and scathingly asserts that 'better results would have followed if the patients had received no treatment whatever.'¹³ Unfortunately, Professor Shaffer was a highly regarded figure on both sides of the Atlantic and many who had in the past turned a blind eye to Thomas's behaviour now came to the inescapable conclusion that he was, quite simply, not a gentleman.¹⁴

⁷ Ibid, p. 57.

⁸ H.O. Thomas, *Diseases of the Hip, Knee and Ankle Joints* (Liverpool, T. Dobbs and Co., 1878).

⁹ Ibid, p. 94.

¹⁰ Ibid, p. 125.

¹¹ Ibid, p. 66.

¹² Ibid, p. 50.

¹³ H.O. Thomas, *An Argument with the Censor at St Luke's Hospital New York* (London, H.K. Lewis, 1889) p. 42.

¹⁴ Le Vay, *The Life of Hugh Owen Thomas* p. 124.

Recognised treatment

It was, however, a subject unrelated to orthopaedics that was to create the shadow over Thomas's reputation that was to outlive him for many years. In 1883 and 1884 respectively, Thomas and Frederick Treves, a young London surgeon (best remembered today for having befriended John Merrick, the elephant man), both independently published books on the subject of intestinal obstruction, a term then used for the common, and usually fatal, condition that followed paralytic ileus after perforation of the bowel.

With no X-rays to assist with diagnosis, and with mortality still appalling, the abdomen was, at this time, still regarded as an area closed to the wise surgeon. Rather than accept defeat, however, a number of highly empirical treatments were nonetheless undertaken, these ranging from 'electrification of the bowel' to repeated and forceful enemata with everything from turpentine oil to mercury. Treves, in his textbook, describes all of these methods uncritically and in detail before going on to recommend surgery when they (inevitably) fail.¹⁵

Thomas, in contrast, believed that such patients would be better treated conservatively or 'nature's way', by 'resting' the bowel (with prolonged starvation, apart from sips of clear fluids and regular injections of opium to make the starvation more bearable), until such time as the perforation finally heals and hopefully, perhaps weeks or even months later, function returns.¹⁶ Thomas was well aware, however, that surgical mortality was falling, and, in his book, stated that he was not opposed to surgical treatment provided that primary treatment had been 'proper', that is, 'as well managed as if Sydenham himself had been in charge of the case'.¹⁷ It was not the surgery that infuriated him so much as what frequently preceded it, which he described as 'the higgledy-piggledy treatment then in vogue'. Unfortunately, it was precisely this kind of treatment that Treves appeared to have recommended.

On 23 October 1884, a case presentation and debate took place at the Liverpool Medical Institution that was to have lasting consequences both for surgery in general and for Thomas in particular. It concerned a patient with intestinal obstruction who had been treated surgically and had gone on to make a full recovery. When a report of the meeting subsequently appeared in the *Lancet*, both the report, and subsequent correspondence, demonstrated the extent to which doctors in Liverpool were now becoming divided into pro and anti Thomas factions. When one of the surgeons present, Mr Reginald Banks, described Thomas's method as nothing new but rather 'for many years the recognised practice', that expression was immediately pounced upon by Thomas's supporters who pointed out that, far from being 'recognised practice', Thomas's method had not even been mentioned in Treves' recent book on the subject.¹⁸ Treves himself was thus forced to enter the correspondence in order to defend his reputation. In his letter, Treves states that he has always considered the method described by Thomas to be the 'recognised treatment' (although he fails to explain why he neglected to mention it in his book), but then goes on to qualify this statement by describing it as 'the best introduction to such other and more active measures as the needs of particular cases may possibly demand', exactly the attitude that was guaranteed to raise Thomas's hackles.¹⁹

¹⁵ F. Treves, *Intestinal Obstruction* (London, Cassel and Co, 1884) pp. 415-493.

¹⁶ H.O.Thomas, *Past and Present Treatment of Intestinal Obstructions* (London, H.K.Lewis, 1879), p.8.

¹⁷ H.O.Thomas, *Intestinal Obstructions* (London, H.K. Lewis, 1884), p.158.

¹⁸ Treatment of Intestinal Obstruction. Report of meeting, Liverpool Medical Institution, 23 October 1884. *Lancet*, 2 (1884), 1019; C.E. Steele, *Lancet* 2 (1884), 1130 (correspondence)

¹⁹ F. Treves, *Lancet* 1 (1885), 40 (correspondence).

Thomas, now aged 51 and in poor health, was becoming aware that he might not have long to live and was becoming increasingly concerned that his principles might not outlive him. However, he was even more concerned that, even if remembered, he himself might not be credited with having invented them and, for this reason, any suggestion that his method was already ‘recognised treatment’ infuriated him. Thomas himself thus entered the fray, and in a letter to the *Lancet*, staked his claim for immortality by pointing out that, although Sydenham, his student hero, had anticipated him by over two centuries, ‘between Sydenham and myself a void exists, and there are no records to fill the gap’.²⁰ He then followed this up, in characteristic fashion, with a booklet bearing the extraordinary title *The Collegian of 1666 and the Collegians of 1885, or What is Recognised Treatment* (1885), in which he minutely analyses Treves’ book for any evidence of ‘recognised treatment’, and fails to find it.²¹

In his letter, Treves had claimed that he failed to mention Thomas’s method in his book for the simple reason that he had never heard him. However, he would undoubtedly have found himself in even more trouble had he mentioned it without acknowledgement, for Thomas was the kind of man against whom it was impossible to win. In the end, he did the only sensible thing and maintained a dignified silence.

Thomas may have won this particular battle but time was not on his side, and, by choosing to lock horns with one of the rising stars of the profession, he had made a serious error. Surgical mortality was now falling so rapidly that, in the second edition of *Intestinal Obstruction* (1899), Treves was able to state confidently that ‘it is less dangerous to jump off the Clifton suspension bridge than to suffer from acute intestinal obstruction and decline operation’.²² Three years later, he successfully drained an appendix abscess in the future King Edward VII on the eve of his coronation, for which he received a well-earned knighthood.²³ In contrast, Thomas, who had died in 1891, was remembered, if remembered at all, as ‘a quirky doctor who had held up the development of abdominal surgery for many years’.²⁴

Rehabilitation

Thomas’s professional reputation today rests largely on the work of Robert Jones, his nephew and pupil, who had come to stay with him as a medical student in 1878 and had stayed on after Thomas’s death to take over the Nelson Street rooms. Later, as Sir Robert Jones, Director of Military Orthopaedics during the First World War, he oversaw the introduction of the Thomas splint for the transport of patients with femoral fractures from the front line. It was a brilliant move that saved countless thousands of lives and, after the armistice, the *British Medical Journal* was generous in its praise:

Of no man can it be more truly said that time has justified [Thomas’s] teaching and practice. The experience of the war has proved that the principles he laid down for the treatment of injuries and deformities of the limbs were sound and

²⁰ H.O. Thomas, *Lancet* 1 (1885), 86 (correspondence).

²¹ H.O. Thomas, *The Collegian of 1666 and the Collegians of 1885, or What is Recognised Treatment* (London, H.K. Lewis, 1888), p. 11.

²² F. Treves, *Intestinal Obstruction* (London, Cassel and Co, 1899) p. 476.

²³ S. Trombley, *Sir Frederick Treves: The Extraordinary Edwardian* (London, Routledge, 1989), p. 63.

²⁴ O. and S. Wantensteen, *The Rise of Surgery* (Minneapolis, University Press, 1978) p. 124.

the appliances he devised the best. Thomas's realization that repair could be 'fostered only by the patient, personal application of the surgeon's head and hand, day after day, week after week, month after month, year after year' was of even greater value than his discovery of the fuller meaning of the word 'rest'. No one who will take the trouble to ascertain what he did, and the circumstances under which he accomplished his life's work, will fail to see that he has earned himself a place among great British surgeons.²⁵

After the War, Sir Robert Jones supervised the establishment of a national network of open air country orthopaedic hospitals such as Stanmore, Wrightington, and Biddulph Grange, where, long before chemotherapy, patients suffering from tuberculous joints were treated nature's way, with their joints immobilised, or 'rested', for as long as was necessary, on Thomas splints and frames. However, Sir Robert realised that there remained a lingering unease about Thomas himself amongst surgeons. He thus came to realise that Thomas's principles would only be accepted if Thomas himself was quietly 'air-brushed' from the picture and, in consequence, discouraged anyone planning to write Thomas's biography.²⁶ Sadly, when these were eventually written, after Sir Robert Jones' own death in 1933, there were few of Thomas's generation alive who could remember him personally and, for that reason, he is destined to remain today as a shadowy and a surprisingly little-known figure.

Thomas's Legacy

Thomas always referred to himself as a 'general practitioner' and, when he died on 6 January 1891, at the age of 57, thousands of his patients, from one of the most deprived areas in Europe, showed their gratitude by lining the route to his grave:

A grief so profound and widespread as that which was manifested at Liverpool on the tenth instant when the remains of Dr Hugh Owen Thomas were laid to rest is seldom witnessed. There can be no more eloquent or touching testimony to the worth of a man's character than the tears of the poor among whom he lived. The toilers at our docks and warehouses are not sensitive beings, and the daily struggle of their lives is too earnest to admit of much display of sentiment. To see thousands of these, then, men as well as women, as anyone might have done in Liverpool last Saturday, stirred to their very depths by an emotion that found expression in passionate sobs and tears, as they lined the streets or pressed forward to gaze into the open grave, proves that its silent occupant had won his way to their hearts.²⁷

Sadly, Thomas's relationship with the profession was far more complicated. He is remembered for having successfully married the traditional skills of his ancestors with the rapidly advancing field of modern medicine, to create the speciality we now know as orthopaedics. Throughout his life, he remained deeply conservative and, although he did operate (at a small nursing home in nearby Hardy St), he never applied for a surgical fellowship or for a position in one of

²⁵ Memorial to Hugh Owen Thomas, *British Medical Journal* 2 (1919) 110.

²⁶ Le Vay, *The Life of Hugh Owen Thomas*, p. 57.

²⁷ Hugh Owen Thomas, MD, MRCS (obituary). *Lancet*, 1 (1891) 174-5.

Liverpool's hospitals. Nonetheless, his portrait hangs today with the great and the good in the entrance hall of the Royal College of Surgeons in London.

Thomas's early experience as his father's assistant undoubtedly lay behind his later obsession with his place in history and not only, he said, 'as a designer of mere splints, for any fool can do that'.²⁸ It was surely a reflection of the strength of that obsession that he chose to pin his hopes for immortality on an age-old technique that was rapidly being rendered obsolete by surgical advance. At the end of the day, Thomas's own vanity had been his undoing.

Although Thomas had frequently expressed doubts whether Robert Jones possessed sufficient strength to 'fight' for his 'principles', it was Sir Robert who eventually rescued them, if not their inventor, from the wilderness. What Thomas himself might have thought of this compromise can only be imagined.

²⁸ Le Vay, *The Life of Hugh Owen Thomas*, p. 134.