What shapes a professional career and service to our patients? The requirement for acquisition of multiple skills and knowledge by study and experience are unquestionably the foundation of one’s career and the pursuit of the craft of surgery. The invitation to write this article, at the time of a pandemic, has made me aware of other career and the pursuit of the craft of surgery. The invitation to write this article, at the time of a pandemic, has made me aware of other

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After qualification in 1936, he became a lecturer in anatomy at Cambridge, then returned to University College Hospital and took the FRCS when he was only 23 years of age. In 1954, the most fascinating part of his career began. In that year, a committed communist and disciple of Chairman Mao, he returned to China to help build a socialist state spending 15 years practicing as an accident surgeon both in Shanghai and in the countryside. He attended to sufferers from the precommunist regime, recording treating a youth whose penis had been chopped off by a landlord because his father could not afford to pay for a lardlord surgery and many adopted Bonnin's description of Munchausen syndrome in 1951 and the controversy that followed: A serious psychiatric disorder of self-harm was named after a largely fictionalized literary German Baron.  

"Here is described a common syndrome which most doctors have seen, but about which little has been written. Like the famous Baron von Munchhausen, the persons affected have always traveled far and wide through People's China, learning at firsthand the medical and social changes which had followed liberation during the Cultural Revolution. He wrote about his experiences in a fascinating book, Away with all pests: an English surgeon on People's China (1971). He intended to write more on the Baron, and named after him."

Sir Francis Avery Jones, a gastroenterologist and pioneer of gastroscopy, changed the management, results, and mortality of gastric bleeding due to peptic ulceration by persuading his surgical colleagues to operate on patients directly from his wards, leaving their postoperative care to him; something that was only just beginning to be managed scientifically with detailed attention to biochemical control.

Richard Asher, an endocrinologist, is best known for the description of Munchausen syndrome in 1951 and the controversy that followed: A serious psychiatric disorder of self-harm was named after a largely fictionalized literary German Baron.  

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It was considered that the use of the anglicized spelling "Munchausen" showed poor form; that the name linked the disease with the real-life Munchhausen, who did not have it; and that the name's connection to works of humor and fantasy and to the essentially ridiculous character of the fictional Baron Munchhausen, was disrespectful to people suffering from the disease.

Possibly of more interest was his plea for us to be led by evidence-based medicine and he emphasized the need "to be increasingly critical of our own and other people's thinking" in an article entitled Straight and Crooked Thinking in Medicine. Other provocative publications included "The dangers of going to bed," "The dog in the night-time," "The Seven Sins of medicine," and "Why are medical journals so dull?" Asher took his own life in 1969.

Finally, Martin Wilkinson McNicol, a consultant respiratory physician, who a fostered multidisciplinary team working and managing the surge in the incidence of tuberculosis in the early 1970s among Asian people, many of whom had been expelled recently from Idr Amin's Uganda. At the epidemic's peak, doctors saw as many as 360 cases a year. He was ahead of his time in managing the outbreak with chemoprophylaxis for newly arrived immigrants and the Bacillus Calmette–Guérin vaccination for all children born in Brent. Most people with active disease were managed as outpatients with excellent results, and by the 1980s, the incidence of the disease fell, although was still seen regularly in my own orthopaedic clinic. In retirement, he worked on reform of the healthcare systems in Russia for 4 years.

The orthopedic department was solely manned for 16 years by Josiah Grant Bonnin (1909–1989), an Australian who had had trained between 1936 and 1938 at Freiburg University and in Vienna under Lorenz Böhler. He is best known for his surgical technique of transposition of the tip of the coracoid popularized while being the President of the Orthopedic Section of the Royal Society of Medicine in 1972. His influence was surprising and can be accounted for the polarity and almost tribal nature in the management of recurrent anterior dislocation of the shoulder in the United Kingdom: Blundell Bankart’s legacy at the Middlesex Hospital had been virtually eradicated by the 1970s. The promotion by Sir Henry Osmond-Clarke of the Putti-Platt procedure together with the adoption of Rowley Bristow’s operation south of the Thames created confusion among trainees wishing to embark on the subspecialization of shoulder surgery and many adopted Bonnin’s procedure.

By 1993, I had the opportunity to move into a more central location but was still able to retain links with the multiethnic community of North West London. The orthopedic center of activity was at St Charles Hospital: It also had an interesting history and origins as the Marylebone workhouse and by 1918 the St Marylebone Union Infirmary having 744 beds for the "sick poor," many of whom had tuberculosis and other chronic lung conditions. Florence
Nightingale established a training school for nurses at the infirmary, one of the first in a poor law establishment. It features prominently during the 1918 Spanish flu epidemic. In October 1918, as a second wave spread across Britain, its wards were inundated with pneumonia cases. As per his classic description of the infirmary's medical superintendent, Dr Basil Hood, the hospital “literally reeled.” Hood’s harrowing frontline account is as follows:

“All training, and indeed every sort of trimming, went by the board,” Hood recalled in his notebook 30 years later. “The staff fought like Trojans to feed the patients, scramble as best they could through the most elementary nursing and keep the delirious in bed!”

Hood made the nurses wear lint masks and advised them “not to interpose their faces too near the blast of those coughing.” But when it came to tending to a fellow nurse, many refused to wear the masks for fear of distressing their colleague.

Revisiting his notes in retirement, Hood called the epidemic “the worst that Ellis had ever seen, more so than any professional life.” In fact, the hospital had admitted 850 patients with influenza. In an era before vaccines and antibiotics, nearly half had developed pneumonia, many because of secondary bacterial infections, and 197 had died. By the time the pandemic ended in April 1919, 250,000 Britons had perished. Writing shortly after the establishment of the National Health Service in 1948, Hood worried that despite the arrival of vaccines and new drugs such as penicillin, the hospital system would struggle to cope with a virus as destructive as Spanish flu. “Our helplessness now,” Hood wrote, “would be nearly as great.”

My academic base was St Mary’s Hospital, affiliated to Imperial College, London. It also enjoyed the diversity of population characterized by Irish, central European, Afro-Caribbean patients and, more recently, people displaced from the Middle East. Its proximity to Paddington station and the train links to Wales gave a distinctive flavor, not only with respect to prowess at rugby but also its influence on its graduates. It transpired that St Mary’s Hospital had been the cradle of shoulder surgery in the United Kingdom. In 1937, three noteworthy events occurred. A moral tale of practising medicine in the Welsh valleys and Central London was written by A J Cronin called The Citadel. Cronin was a local general practitioner working within a stone’s throw of Paddington. A film followed in 1939 starring Robert Donat, Rex Harrison, and Ralph Richardson receiving four Oscar nominations including best film and best actor. Many of my outstanding trainees received a copy of The Citadel or Codman’s The Shoulder on completion of training; depending on their needs!

In the same year, Valentine H. Ellis (1901–1953), the orthopedic surgeon to the hospital, published jointly Recent Advances in Orthopaedic Surgery in which he demonstrated his interest in disorders of the shoulder and admiration for Amory Codman, writing in the preface:

“...The chapter on painful shoulders is considerably more detailed than some others, as we feel that this obscure subject has been greatly illuminated by Codman’s recent book. We have not hesitated to draw on the works of others as extensively as we consider necessary we hope it will be found that suitable acknowledgment has been made in the text in all cases.”

Mary’s was a small friendly hospital and medical school, and it is almost certain Ellis would have been aware of one of his students graduating in the same year, Alexander William Lipmann Kessel, a South African of German and Lithuanian parentage.

Kessel returned to St Mary’s after the Second World War to the position of Valentine Ellis’ senior registrar at the age of 42 years, having been decorated with the Military Cross and awarded Member of the Order of the British Empire. Kessel’s wartime story is well known, but it is interesting to consider the scenario of receiving a trainee who had been in command of No. 1 Parachute Surgical Team at the battle of Arnhem in 1944, operated on prisoners of war in a hospital under occupation of the SS, assisted the escape of his patients to the Dutch resistance, escaped from prison of war camp at Apeldoorn, lived underground behind enemy lines, escaped to freedom by canoeing across the Waal river and probably worst of all, leading the surgical team to Belsen Concentration camp in June 1945.

Valentine Ellis pursued his interest in the shoulder, publishing articles on rotator cuff injuries until shortly before his premature death in 1951, and Lipmann Kessel acknowledged his influence in the preface to Clinical Disorders of the Shoulder: “Lippy,” as he was widely known, practiced with an “informed but questioning approach” and made a major contribution to our sub-specialty. He left the Communist Party in 1956 after the Soviet invasion of Hungary but “held firmly to Marxist principles.”

The timeline of my career has seen the transition of a low-volume subspecialty to major contributor to reconstructive surgery. The outcomes of our procedures are well documented; whether it be from pooling of data, often provided by opinion leaders and enthusiasts, or the many shoulder registries now available. However, the evaluation of our patient’s journey and particularly the effect of adverse complications on their lives is sparse. This severely limits our ability to provide risk benefit ratios and, in many situations, essential informed consent to our patients undergoing treatment.

On reflection, I firmly believe that one’s ethos of care and clinical decision-making, whether or not it favors a conservative approach, is characterized by the community in which we choose to work and the patients we serve.

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