Robert Jones, Gathorne Girdlestone and excision arthroplasty of the hip

Gathorne Girdlestone was born in Oxford in 1881. He was educated at Charterhouse and New College, Oxford and trained at St. Thomas' Hospital in London. In 1910 he joined a surgical practice near Oswestry. He met Robert Jones and began visiting patients with him at the small hospital at Baschurch, nearby, which later became the Robert Jones and Agnes Hunt Orthopaedic Hospital. He then gave up general surgery and joined the staff of this hospital to work with Jones. They were to remain very close friends until Sir Robert's death in 1933.

At the beginning of the Great War in 1914 Sir Robert was asked by the War Office to...
Fig. 2a

My dear Chief,

You asked me to let you have an account of my operation for drainage in septic tuberculous hips, for the next edition of your book on Orthopaedic Surgery. You were very much struck with a case I showed you here.

The operation has proved very satisfactory in all those cases in which I have done it. I have used it for adolescents and adults, and was driven to carry out this type of operation on account of the extreme difficulty of providing really adequate drainage for a sufficient length of time by any of the regulation operations.

This operation provides a broad gap which remains open and allows perfectly free escape of discharges for as long as is necessary, and indeed allows light and air to penetrate deep into the joint.

The description of the operation is as follows—

Step 1. One makes a transverse incision about 5 or 6 inches long with its centre an inch above the great trochanter. One then widely separates the skin flaps both upwards and downwards, exposing the deep fascia and glutinous muscles.

Fig. 2b

Step 2. One removes by two transverse incisions all deep tissue, including gluteal muscles and great trochanter. A transverse wedge, about three and a half or four inches wide at the surface and an inch or two inches at the depth of the joint, is removed for the whole length of the incision. This gives very free access to the diseased joint and surrounding bone.

Step 3. One gouges out all cartilage bone and septic debris.

Step 4. Taking the condition of the parts into consideration one must decide either to leave enough bone to form a stout ankylosis or remove enough bone to form a free pseudarthrosis.

Step 5. When the bone operation is complete one draws each skin flap deep down and stitches it to the periosteous or fascial tissue close to the bone. This is done by continuous chronic catgut sutures. This deep suture of the skin flaps is of great value in that (1) it limits the granulations which normally close in upon a drainage track and convert it into a sinus, and (2) it covers all the sensory nerve endings in the raw areas of the wound, making the dressings practically painless.

Fig. 2c

Mr.

This operation is done only in cases of prolonged septic infection of the hip in adolescents or adults who are otherwise likely to go down hill. In these cases which can only heal by ankylosis or pseudarthrosis, no good purpose is served by the tissues that are removed.

Mr. Platt. I have found wide removal of bone leading to pseudarthrosis in accordance with the radiograms I enclose, the most satisfactory method. The radiograms are of the case you yourself saw.

Sometimes I find it necessary to do a smaller wedge on the inner side. The operation is described, with radiograms of which plates are available, on Pages 63 to 65 of my little book on Tuberculosis of the Hip of which you have a copy.

Yours ever,

Fig. 2d

Dr. Harry Platt, Esq.
6a, Lime Street,
Harley Street, W.1.
Telephone: ARMOUR 2667
March 30th, 1905.

Dear Jim,

In looking through some old documents recently my secretary unearthed the enclosed. The period 1906 was when I was working with Sir Robert on the 2nd edition of Jones and Livestock, and evidently he asked Girdlestone for a first-hand description of his technique for radical excision of the hip. I feel that the document would be more appropriately preserved in the archives of the 'Kingsfield House' rather than remain with me. If however you would prefer to keep them in your own archives that would satisfy me.

With kind regards,

Yours ever,

Figures 2a, b, c – A letter from Girdlestone to Sir Robert Jones describing the operation of excision arthroplasty for tuberculosis of the hip. Figure 2d – A covering letter from Sir Harry Platt.
advise on the management of the wounded. He advised the setting up of specialist orthopaedic units. Prominent among these were those at Alder Hey in Liverpool, Shepherds Bush and Oxford. Girdlestone was put in charge of the latter institution, which eventually, due greatly to the beneficience of Lord Nuffield, became the Wingfield Morris and then the Nuffield Orthopaedic Centre.

In 1926 Sir Robert was working with Robert Lovett, from the United States on the second edition of their book “Orthopaedic Surgery”, published by William Wood & Co, of New York in 1923. He wrote to Girdlestone asking him for an account of his operation for tuberculosis of the hip. Girdlestone’s reply came into the hands of Sir Harry Platt, who assisted in the preparation of the book, and he eventually sent the letter, together with the accompanying illustrations (Figs 1 to 3), to J. C. Scott, the father of the present editor of the Journal. These are reproduced here, and are an interesting reminder of the immense contributions made by these founders of orthopaedic surgery in Great Britain.

William and Charles Mayo were keenly interested in learning new ideas. With their father’s origins from near Manchester, England, it was understandable that they would travel to England to learn of the English surgical philosophy. They visited many practices and documented their impressions. In the course of their travels they visited Sir Robert Jones in 1906. William J. Mayo described his experience and the impressions of this visit in an article entitled “Present-day Surgery in England and Scotland: From notes made on a recent short visit” published in the Journal of the Minnesota Medical Association. He wrote that “The whole scheme of English hospitals makes no provision for the honest man in moderate circumstances. He must either swallow his pride and accept misplaced charity or take refuge in a nursing home where the charges are high and the service exceedingly poor. The common people who have made England what she is today do not receive the care and attention which is given to the tramp or the bar room loafer”. Their travels included visits to the practices of many famous surgeons of the time including Messrs Annandale and Stiles in Edinburgh, Mr Rutherford Morison in Newcastle on Tyne, the Hey family of surgeons in Leeds and numerous hospitals in London. After visiting Sir Robert Jones in Liverpool, William Mayo described the number of rooms and the manner in which Sir Robert saw his patients, indicating specifically that much of the clerical work was performed by his associates. Mayo contrasted and compared Sir Robert to other well-known surgeons of his time “just as Lawson Tait carried sound surgery into the abdomen, and Mr Victor Horsely into the cranial cavity, so has Mr Jones carried sound surgical principles into orthopaedic practice”. He particularly recorded Jones’ surgical expertise. “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”. Mayo also noted that Jones’ ability to use splints, plaster or alternative means of immobilisation was particularly skillful. “He is most careful in the after-treatment, and uses...
mechanical contrivances for their proper purposes, as an adjunt to surgery, not in place of it”.¹ In addition Mayo was impressed with Sir Robert’s careful clinical assessment and decisive judgement on treatment. “Mr Jones examines the patient, comes to a decision very promptly, and makes the recommendation as to treatment; the details of arrangements for operation etc., being carried out by another person”.¹ Mayo summarised in this short statement what might be considered an ideal model of practice, even today. Possibly the comment that best reflects the essence of Sir Robert Jones, that of his humility, is captured in this simple observation “So unassuming and modest is the man that he is, I believe, entirely unaware of his great ability”.¹ In conclusion, Mayo states, “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 to visit Liverpool to learn from Jones. Dr Henderson was particularly impressed with Sir Robert’s careful clinical assessment and decisiveness for operation etc., being carried out by another person”.¹

William Mayo and Sir Robert remained in contact with each other. Mayo wrote in 1923, “Your organisation enables you to do exactly three men’s work.”² Finally Jones (Fig. 1) visited The Mayo Clinic in 1928 and helped to establish guidelines for orthopaedic education.

Without question this humble, gentle and most complete of early orthopaedic surgeons has had a distinct impact on the founding and subsequent philosophy of the teaching and practise of orthopaedics at the Mayo Clinic. Those who work there recognise this heritage.

I had the pleasure to be invited to deliver the Sir John Charnley Trust Lecture in Liverpool in 1998. At that time I made a “pilgrimage” to 11 Nelson Street. This house, which was a Mecca for orthopaedic surgeons around the world, was destroyed by bombs during the second World War. The lintel was rescued and was presented to the Liverpool Medical Institution where it remains displayed in the library. The site is currently occupied by a Chinese restaurant! Nonetheless, the modern day reality cannot alter the influence of Sir Robert on the Mayo Clinic, enshrined in the brothers’ central belief that “the needs of the patient come first”.

References