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GUY PULVERTAFT – AN APPRECIATION

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The life and times of Guy Pulvertaft. His contribution to the development of hand surgery.

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I first met Guy Pulvertaft (Fig 1) when I was a registrar in the Hand Unit in Derby in 1975. John Varian led the unit at that time and a very experienced physiotherapist, Mary Orme, supported us. There was also a junior doctor, who dealt with admissions and minor injuries. This small establishment was the foundation on which Guy Pulvertaft had built his clinical reputation, most particularly in the last nine years as a full-time hand surgeon before his retirement in 1972.

We met in John Varian's car en route to a clinical meeting in Oswestry. From the back seat one was immediately aware of conversing with someone who had considerable presence, but wanted to know about you and your aspirations. It was also evident that one was in the presence of a delightfully entertaining raconteur. The journey to Oswestry passed swiftly with many amusing fishing stories – a shared love for Guy and John. The story I remember most clearly did not involve fishing, but rather Guy's need for spectacles. He wore them from an early age and must have been very short sighted. Guy was born in Cork in 1907. When Guy was a young child a rumour went around Cork that the eccentric local aristocrat had bought an aeroplane and planned to fly over Cork on Sunday around noon. No one in Cork had ever seen an aeroplane fly at the time and this rumour predictably caused enormous excitement in the city. On Sunday, at noon, the entire city stood in the streets waiting – eventually a sound, I presume rather like a lawnmower, could be heard in the sky and the plane appeared, to the joy of the local population, except Guy, who could not see the plane! A visit to the optician on Monday established the need for glasses. To have one's visual impairment diagnosed by being the only person in Cork not to have seen the first plane to fly over the city is noteworthy indeed.

Guy attended Cork Grammar School, then Weymouth College, followed by first class honours at Cambridge. He worked at St Thomas' Hospital in London with further training in orthopaedic surgery in Oswestry and Liverpool. In 1937 he was appointed consultant orthopaedic surgeon to Grimsby – a port on the east coast of England which had a large fishing fleet at the time.

We are all moulded by the environment in which we happen to live and the fishing industry would mould Guy's career in orthopaedics in ways he probably never considered at the outset. The fishing industry is harsh – the catch when landed needs to be gutted for sale, usually by the fishermen's wives. Cold hands and fatigue led to frequent hand injuries, often involving the flexor tendons. In the pre-antibiotic era such injuries could lead to septicaemia and death. Early amputation of the digit was considered the treatment of choice for many in those times.

Guy Pulvertaft radically altered the treatment of flexor tendons in Grimsby in the years that followed. It is interesting to note that his own curriculum vitae does not mention any publications in the area of flexor tendons till 1950, but he had produced a revolution in practice, most likely in the early 1940's and delivered a Hunterian Lecture on tendon repairs in 1948. He visited Sterling Bunnell (Fig 2) in San Francisco in 1948 (and also visited the Mayo Clinic and Philadelphia) and spoke on his experiences of flexor tendon repair and flexor tendon grafts as a reconstructive technique.

The Second World War heaped more work and experience on him, coping not only with his local patients but also the hand injuries of British and American airmen who flew from the many airfields in Lincolnshire and Yorkshire.

When Guy Pulvertaft died his family gave me his medical correspondence, including 10 spools of film. I have recently had these reviewed and all were of a satisfactory quality and have been converted to DVD and archived with the British Society for Surgery of the Hand. The earliest was from 1937, but in many ways the most poignant was filmed during the war years – it catalogues the injuries and rehabilitation of a group

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Fig 1 Guy Pulvertaft.

Fig 2 Sterling Bunnell operating in 1948 (from a glass slide).

of soldiers, sailors and airmen (and also members of the merchant marine) treated at Harlow Wood Hospital. Obesity is not evident in this film. The film closes with all ranks back in uniform being driven off back to their units (Fig 3) – one could not help wondering how many survived the remainder of the war.

Fig 3 Servicemen returning to their units, Harlow Wood.

More experienced surgeons know how a cluster of serious road traffic accidents can destabilize the work of an orthopaedic department for several days. Guy and his colleagues were constantly challenged in this way for six years – so much to do and perhaps so much to learn.

Adrian Flatt, at a meeting in Derby a couple of years ago, reminded us of his experiences in those times as a medical student at the London Hospital during the Blitz. There were in fact three Blitzes, the first with conventional bombers, then the V1 and, finally, the V2. During the most intense bombing, up to 300 casualties would appear within 24 hours at the London Hospital – it was a time with many personal challenges, as staff were obliged to act above their actual status because so many doctors were on active service abroad. Guy Pulvertaft will have faced many of these problems for the duration of the war. The apparent deprivation in London threw up some surprising consequences. Flatt recalled that rationing of food throughout the war radically improved the nutritional status of the poverty stricken East End of London. For many in these areas the balanced (minimal) diet with rationing represented a considerable improvement from their pre-war diet.

In 1947 Guy was head hunted by Derby. The city was not large and did not, in those days, have a University. He was invited to join as senior orthopaedic surgeon, which he accepted. His practice remained orthopaedic and hand surgery until 1963. His final nine years of practice was exclusively in hand surgery.

Papers on flexor tendon surgery started to flow from 1950 and his reputation in this area was internationally recognized. Sterling Bunnell visited him to witness his flexor tendon surgery. Bunnell considered his own tendon results less good than Pulvertaft's and wondered

if English fingers were 'more limber' than those in America.

Guy was an inaugural member of the prestigious Hand Club and, unusually, was also invited to join the splendidly named 'Second Hand Club' – a group of up and coming surgeons interested in hand surgery. He was an important link that allowed the two clubs to fuse in 1964 and four years later to become the British Society for Surgery of the Hand (Barton, 1998). It is interesting with hindsight to review the correspondence between our founding fathers on the implications of setting up a national hand society. Sir Reginald Watson-Jones could see the potential disadvantages to general orthopaedic interests – he shared them robustly in a telegram to Guy Pulvertaft:

> ***Telegram**: YOU MUST THINK LONG CAREFULLY AND BROADLY BEFORE SUPPORTING SOCIETY FOR SURGERY OF HAND WITH CLINICAL MEETINGS WHICH WOULD MEAN ALSO SOCIETY FOR SURGERY OF SPINE WITH NEURO SURGEONS SOCIETY FOR SURGERY OF PELVIS WITH EUROLOGICAL SURGEONS SOCIETY FOR SURGERY OF STERNUM WITH THYMUS SURGEONS AND SO AD ABSURDAM WILL WRITE AS SOON AS POSSIBLE = REGINALD.*

(This telegram was reproduced showing the telegraphist's spelling mistakes by Chapman 1987).

Sir Reginald and Guy Pulvertaft were close friends who had sailed on holidays together, off Ireland and Scandinavia, with other hand surgeons, including Eric Moberg (Fig 4). I do not get the feeling that most of the early members, including Guy, thought further than the benefits of sharing sub speciality interests. However, Graham Stack's correspondence to Guy Pulvertaft from the outset was more strategic. He considered that, if we had a national society, we should probably have a journal and generally made suggestions that would have the effect of developing the sub speciality. Guy received many honours in the years that followed – inaugural President of the British Society for Surgery of the Hand in 1968/9 and Vice President of the British Orthopaedic Association. In 1970/1 he was President of the International Federation of Societies for Surgery for the Hand. In 1972 he was awarded the title Commander of the Order of the British Empire. After he retired he had a very active clinical life for several years, working in Cork and then in Ethiopia and Kuwait.

What of the man and the reason so many people hold him in such high esteem? He was clearly a master surgeon. Recently I have had the pleasure of reviewing the other films in his collection, all related to operative surgery. The focus of the films was very contemporary – surgical technique and its outcome. These films are also archived with the British Society for Surgery of the Hand. His tendon results were exceptional, and at the least, would match contemporary best practice.

Fig 4 Guy (left) and Sir Reginald Watson-Jones (right) sailing in the Baltic.

Robbie Robbins, in his perceptive address at Guy Pulvertaft's memorial service at Derby Cathedral, mentions his immense contribution to the development of hand surgery from a provincial hospital background without, in his time, teaching connections. Perhaps there is a message there for many surgeons who have chosen similar departments – sometimes it may be easier to move faster as a larger fish in a smaller pond. Nicholas Barton, in his obituary, emphasized two other contributions, which I fully endorse. He stated that Guy's dedication to hand surgery throughout his professional life changed what was perceived as an eccentric surgeon's hobby to a subject which is accepted in many countries as a speciality in its own right. When Guy retired in 1972, there were two hand surgery consultant posts in the United Kingdom (Derby and Glasgow) – now there are 50. I share Nicholas Barton's view that our development, in part at least, arises from Guy Pulvertaft's work. Nicholas also reminds us of the feelings I experienced in John Varian's Volvo in 1975. A prestigious surgeon – but extremely interested in the aspirations and thoughts of young surgeons in training. We started running courses shortly after I arrived in Derby and rapidly came to the view that, at the course dinners, the faculty should share themselves around the tables and not cluster on a high table. Guy was fully in tune with that sentiment and would always be sitting with trainees, hearing their views and sharing thoughts (Fig 5). In the early years we performed demonstration surgery each afternoon and Guy added great value to the occasions by commentating about the operation and the subject in general during the quieter, less interesting stages of the procedure (Fig 6).

Fig 5 Guy Pulvertaft at a course dinner.

When Guy was retired I had the pleasure of writing a chapter with him on flexor tendon reconstruction. It was after his wife Betty had died. He lived a couple of hundred yards down the road and we met at our house in the evenings about once a fortnight. Guy would come at 7.00pm and we would work on the draft for about an hour and a half. Linda would then call us to dinner. Wine flowed and the conversation roamed widely – enormous fun. Guy would then leave with torch and briefcase. To this day, I am uncertain whether the 13 drafts were based on the need to improve my contribution or an enjoyment of the meal and company.

They were special times and one does not forget. I was quietly stalking Guy in the summer of 1986 – I knew he was 79 and when his 80th birthday would be. I was planning an 80th birthday conference where we would celebrate his professional life. Unfortunately it was not to be. We had a doctors' course six weeks before he died and, at 79, his enthusiasm for our work was undiminished. He sat in the front row taking notes with the back up of a tape recorder in case a point was missed.

An exceptional surgeon, a rigorous thinker and someone who enthused young surgeons. I share Nicholas Barton's views that possibly his most important contribution was to give a credibility to hand surgery in the United Kingdom which allowed aspiring hand surgeons like myself to consider the subject as a separate speciality. I do believe that much of what we have built since arose from his unique contribution.

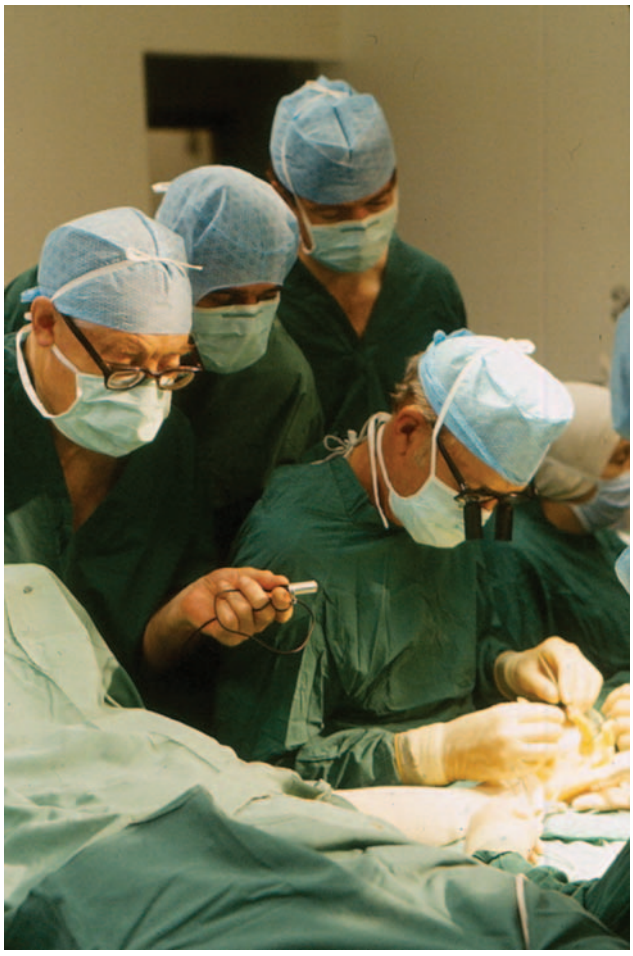

Fig 6 Guy Pulvertaft commentating during demonstration surgery by Harold Kleinert.

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