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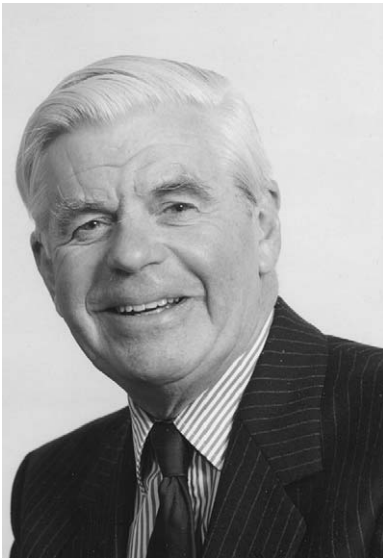
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## Standing on the shoulders of giants—Profiles of pioneers of British Urology. 1. Sir David Innes Williams



Towards the end of my visit with Sir David Innes Williams (DIW), he produced a photograph of the delegates at the BAUS meeting in Glasgow 1951. He identified the various faces for us and gave short vignettes on each of them.

“And are you there?” I asked.

“Yes there, small boy at the back,” he replied, with sweet modesty.

When he was a small boy DIW had witnessed his father, a general surgeon at UCH, consult and perform minor procedures in the rooms of their Park Square house. His pre-war school days were spent at public school in Dorset, then Cambridge and on to UCH as a clinical student while many of his friends were fighting over-seas.

“It always felt humiliating being a student when your friends were in the army, getting killed. I looked at a picture of my last term at Sherborne

*with the house I was in, it was quite a small group, six of them were killed in the war—people I had shared study with, one really felt a bit guilty. But there we are,”* he reflected.

In 1945, three years after qualifying, and with the FRCS, DIW joined the army and was posted to India where he gained vast general surgical experience:

“*Very much doing your own thing because there wasn’t any supervision about it at all and you did what you liked.*”

“*And then the Indian independence [1947]. . . so I came back on a troop ship (we had to sew up a perforated duodenal in a storm in the Mediterranean). But I decided that there were a hell of a lot of young men getting or just having got their fellowships who were coming back raring to go and that general surgery was going to be very, very competitive and that I would be a specialist.*”

Regarding his chosen branch of surgery:

“*I rather liked the idea of Urology and the way into it, of course, was to be a resident at Peter’s. So I applied and got the job. Of course, I mean, Urology hadn’t really gained anything from the war. Orthopaedics and Neurosurgery and Plastic Surgery had all gained enormously and the people coming back from those specialties were sort of ready to shoot, but in Urology there wasn’t anything special at all really, so it was rather interesting.*”

“*There was a text book on Urology published by Winsbury-White in ‘48 while I was a resident there [St Peter’s], and it is an extraordinary thing, more than half of the contributors are retired, it is so old fashioned, it has a huge long chapter on nephroptosis. And so it was all going to change, that generation was going mostly.*”

His further specialisation to Paediatric Urology came about when he discovered that there was not the expertise to manage a child that was admitted to St Peter's. So,

*"I thought it would be interesting to see what was happening at Great Ormond Street. So I went round there and there was Twistington-Higgins- a general surgeon with an interest in children, with an interest in Urology. He was getting on in years, a charming man, absolutely lovely man, very gentle but not very fired up any longer, so when my job at Peter's finished I got a two session, out-patient job at Great Ormond Street."*

The pay was not good and DIW did locum work for

*"Harkness the venereologist- I mean one had to live!"*

He was still practising adult Urology as a consultant at the "3P's" and Whipp's Cross, with Alec Badenoch generously helping with private work.

But it was Paediatric Urology that was the real draw.

*"I rather got hooked on the idea of doing children because it seemed to be exciting and nobody else was much doing it, hardly anyone else was interested in it at all, and because Great Ormond Street is a remarkable place, and you only had to say you were interested in something and the patients came in. At the time paediatrics was suddenly going to blossom under the health service and each senior paediatric registrar at Great Ormond Street went out and got a consultant job in the South of England- they sent me back their stuff, so suddenly there was a lot of material coming in."*

He was appointed consultant at GOS in 1952, at the age of 32, and remarkably was the first and only dedicated paediatric urologist in the UK for the next decade. He made his name internationally by writing papers and contributing to textbooks on his subject.

Reflux became the topic for research, this was a time when there was a wide held view that,

*"Any dilatation was due to obstruction, but really when one looked at it, and we were doing more and more radiology, you realised that the bladder was emptying perfectly well but a lot of it was going the wrong way. The Americans wanted to do cystoscopy for children. It turned out that cystoscopy doesn't tell you an awful lot about the child's complaint. Obviously there are some things- if you have urethral valves you're going to resect them. What you really want to know is the func-*

*tion of the thing, and micturating cystogram was the great investigation- it told you a hell of a lot, so that was a bit of a change."*

And,

*"We got much better at deciding whether reflux was good, bad or indifferent- whether it was better treating with prophylactic drugs or to repair it."*

Regarding oncology during his working lifetime, this

*"Changed enormously from being surgery to being chemotherapy. It was a question with a Wilms' tumour whether you went in straight away. We had worked out that we would treat Wilms' tumours as a surgical emergency more or less as soon as they came in- we would do them on the next day. And first of all there was a horrible drug that you could use on secondaries- but it didn't seem to do any good. Stanford Cade always wanted me to do it and I didn't want to subject dying children to chemotherapy, but then of course the better drugs came in and in regard to rhabdo-myo-sarcoma of the bladder and prostate there was no doubt had a huge advantage because you didn't really want to have to do a total cysto-prostatectomy on a small child, which is what we had done. So the chemotherapy business changed enormously."*

Another aspect that changed dramatically during his working lifetime was how health provision was organised and funded. When he first qualified in 1942 the NHS was still 6 years away.

*"At UCH as a house surgeon you had six pounds a month and your laundry or something, a little bit more later on but not much. In the army of course you were quite well paid, so that was not bad at all. And then I joined Peter's as an "old style" house surgeon and then I was suddenly transferred to be a senior registrar when the NHS started! But of course, you see, at the beginning of the health service the consultants were still really regarded as they had been when they were voluntary: people had great respect for you, and they listened to what you said and they believed you, and I think that changed, it was a left over from the old system, I think some people exploited it, but there we go. It was a rather nice relationship. Paternalism became a sort of dirty word but it wasn't in those days. You could very well think that you would advise this as you would your own child, but that's not particularly related to the health service, it's related to society in general."*

Although, for a few years, he was the only consultant paediatric Urologist in the country he avoided

potential isolation by maintaining an active interest in the RSM Urology Section and BAUS,

*“The RSM was of course the centre for discussion. It was an absolutely obligatory occasion and very enjoyable.”*

DIW was president of BAUS in 1976–1978, but long before that had played a key role in the development of the specialty,

*“I was secretary of BAUS with Leslie Pyrah and we used to do these trips around the country trying to persuade these general surgeons in big provincial hospitals that they ought to have a Urologist. It was quite interesting work.”*

After 25 years as a consultant at GOS he chose to focus his talents in other areas,

*“I decided if there was chance to do something different in latter years I would take the opportunity. Well I worked for Ogier Ward who’d obviously been a good man in his time, and quite clearly it was beyond him by the time I worked for him, and Higgins who was charming, but also ran out of steam long before he was 65. And then you saw a number of other surgeons who were hanging on when they were really past it and I thought, buggar that! I thought I was going to get out whilst I can still do it as well as the Registrars can! So that was why I was on the lookout for another job and, when the job at the British Postgraduate Medical Federation came up, I went for it.”*

When asked what he felt of the state he had left British Paediatric Urology in, he replied,

*“I was quite proud of it; I thought it is ready to move on to the next stage with the various new forms of investigation and the possibility of transplants and things like that. It seemed to me that there was going to be a new phase, and it wasn’t a bad time to be getting out.”*

Though retired from clinical practice, DIW was still very much concerned with the affairs of the medical profession. As director of the British Postgraduate Medical Federation he was responsible for the London University funding of the Institutes attached to the Specialist Postgraduate Hospitals (including the Institute of Urology). It was the time of the Thatcher era cuts and the Institutes were fighting (ultimately unsuccessfully) to retain their independence from the general medical schools. DIW had to conduct a “rear-guard action” on their behalf.

Happily the job left more time for constructive activity as a member of the GMC, Vice Presi-

dent of the RCS, Chairman of the Imperial Cancer Research Fund, and later President of the BMA and RSM.

Holding the 1951 BAUS photo, DIW gave pithy biographies on the few men who were largely responsible for the development of our specialty.

*“This is Eric Riches. Eric Riches, of course, was a surgeon at Middlesex, had to be surgeon, you couldn’t be a Urologist, but he could be surgeon in charge of the department. He became chairman of everything. So there we are that’s Eric. He was a lovely man, a lovely man.”*

*“This is Ogier Ward who in fact suggested the idea of BAUS in the first place. He was an officer and a gentleman. He’d been a medical officer in the Balkan wars. He fought as an artillery man in the First World War and as an administrative RMC colonel in the second, but he was a charming chap but really quite past it.”*

*“That was Terrence Millin, of course, who was a ball of fire, and brash. He’d come over from Ireland before the war thinking he was going to do everything with the resectoscope, found he couldn’t do everything with the resectoscopes that were available then and developed retro-pubic prostatectomy. He was Irish so wasn’t called up, so he was there during the war and built up a very fine practice. He was a most amusing chap. In the end he wanted to be a great man in his own country, but they wouldn’t allow him to be practicing and a great man. He tried to run a practice from Ireland and it failed and having been a wealthy man with a great thing, in the end he became quite poor and he used to smoke like a chimney, and he died of a carcinoma of the larynx, a horrid death because for a chap who talked all the time it was horrible.”*

*“That was David Band, you know Edinburgh people tend to be a little superior don’t they? And he was editor of the British Journal. The British Journal had been started by Winsbury. It was a horrid little thing! Then BAUS took it over and David Band became the editor and he was a good editor and he built it up to begin with.”*

*“And that’s Winsbury-White. You see Winsbury was on at St Paul’s and other various places and a prolific writer.”*

*“That’s Leslie Pyrah. He was really the one who made Urology nationally, he really pushed it and got around and made people concentrate on the political side of things rather than just the aca-*

*demic. He had a good unit in Leeds who were interested in stones. He wrote... he made the mistake of writing a book after he'd retired, and if you do that after you've retired it's no good- it's moved on and when I last saw him he handed me a suitcase full of the remaining copies!"*

*"Snorker Barrington, an amazing man! As a young man he'd been a physiologist. He did a lot of very good experimental work. I actually got him to show me in a rabbit how to get the pelvic nerve and he did the most delicate operation to show me. But if he was doing his surgery he'd do one cut, open the bladder. Boom! Boom! Prostate out and stuff something in... Extraordinary!"*

And David Innes Williams? Considering how he single-handedly pioneered British Paediatric Urology, how greatly he influenced the development of the specialty of Urology and his subsequent achievements for postgraduate medicine – no small boy at the back he!

## Conflict of interest statement

The authors declare that there are no conflicts of interest.

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