THE ROBERT JONES TRADITION

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Four or five years after I qualified, and knowing almost nothing about orthopaedics which at that time was little understood in the medical schools of London, I came across Robert Jones at Baschurch. Robert Jones himself was a great discovery, and what I saw at Baschurch was a revelation. Children suffering from tuberculosis of the spine or hip, whom I had seen in the wards and balconies of my teaching hospital—pale and suppurating, inherited from dresser to dresser, until they died of lardaceous disease, I found in this Shropshire village hospital in the best of health and spirits. I began going to Baschurch to accompany Robert Jones on his visits. It was rather like going to school again, a new kind of school in which the class was carried along at the pace and in the manner of the Master. Before long I found myself on the staff, and a little later I had abandoned general surgery, for I had found my job!

Two other people were concerned in the making of this tradition. One was Agnes Hunt, now Dame Agnes, to whom the hospital owed, and looked for, everything. She had started it and it was wholly hers, though she surrendered her dominion to Robert Jones when he was there. To be at work with him was a joy. You shared in his obvious enjoyment, and if you were quick enough you could lend a hand. But when you were working on her staff at Baschurch you had to do your stuff and like it, and go on liking it—more patients to see—more operations to do—till the work was done. Miss Hunt saw to that! The second was Hugh Owen Thomas whom I never saw. Born in 1834, he died in 1891 with body and mind burnt out by an eager and indomitable spirit. This spirit lived on in the much stronger frame of his nephew, Robert Jones, and Thomas contributed his full share to that potent brew which supplies the Robert Jones tradition with its strength and life-giving properties.

You will understand that this is not a clinical lecture, and that you must look elsewhere if you want to acquaint yourselves with the scientific and clinical contributions of H. O. Thomas and Robert Jones. The professional writings of Thomas are still of vivid interest. You should also read Dame Agnes Hunt’s Autobiography (1938)

1. This is My Life. Blackie, London.

2. Hall the Printer, Oxford.


6. Of Hugh Owen Thomas there are two complementary accounts—a Personal Study by Watson (1934)3 and a presentation of his Principles and Practice by McCrae Aitken (1935)4. He also figures in that classical collection of brilliant and penetrating studies of Menders of the Maimed by Sir Arthur Keith (1919)5, a book which established the foundations of orthopaedic surgery, and is of extraordinary interest and value.

Robert Jones was born in Rhyl, June 28, 1857; the eldest child of Robert Jones, a journalist of London, and his wife Mary (née Hughes of Rhuddlan, Flintshire); and grandson of Robert Jones of Rhyl, an elder of the Welsh Methodist Calvinistic Church. His father was a man of great charm, and his portrait leaves no doubt as to the beauty and dignity of
his person. He was adored by his young son, and his early death from typhoid fever in 1875 put a tragic end to a growing friendship between father and son.

In 1870, three years before he left Sydenham College, his uncle, Hugh Owen Thomas of 11 Nelson Street, Liverpool, offered him a home if he should decide to study medicine. To the world's great good fortune he did come to this decision and accepted his uncle's invitation. So in 1873, aged 16, he left London for Liverpool. What a strange experience it must have proved! Hugh Owen Thomas was a genius of extreme individuality and an extraordinary way of life; he was original, autocratic, and solitary; he possessed a spirit of inquiry which was a perpetual challenge; he practised an intellectual austerity which was also a sleepless search for truth.

Robert Jones himself has given us this description of one of his uncle's typical days:

"At six o'clock in the morning Thomas was already on his rounds, seated in a high phaeton built to his own design by his smith on the premises. Sitting at a great height and behind two beautiful horses he visited a dozen patients before breakfast." Before we follow Thomas on this early morning round, let us hear Watson's description of the equipage:

"To his contemporaries, whether patients or the general Liverpool public, the spectacle of H. O. Thomas was one of the sights of the town. His diminutive figure tightly enclosed in an elaborate coat, his 'second mate's discharge' hat as seamen called it, pulled down over one eye, his tremendous gauntlet gloves, his cigarette, then quite a curiosity in itself—here was a Dickens character in everyday life. Place this unusual personage with his beautiful wife beside him in a very high home-devised chariot painted scarlet, and called not inappropriately the 'fire engine,' set two high-stepping black horses in the shafts (and sometimes in tandem), and there was H. O. Thomas going his rounds.

"It often happens that when he knocks at the door, usually with his bare knuckles, an empty leg can be handed to him, but as a rule they know the knock. The patient may have a broken leg, intestinal obstruction, or pneumonia. There is always time for a cheery word of advice and admonition. If it is a broken thigh the extensions may want tightening, or pressure pads adjusting, and many warnings are sure to be given to the household that no bandage is to be meddled with. Another house is visited and he finds that the bandage has been loosened in a case of Pott's fracture. The surgeon storms and the patient is immediately repentant. He is no longer to be trusted, however, so the bandage is reapplied and a large pin fastens it; but before the surgeon leaves, a blob of sealing wax covers the pin, and with a signet ring removed from his finger it is sealed with the initials 'H.O.T.' Another visit and Thomas is seen carrying a boot into the house in one hand and a box containing enormous cutting shears in the other hand. He is about to transform a bed splint into a caliper in a case of tuberculous knee, for the time for walking has come. . . . And so the round goes on until breakfast, which consists of a cup of tea and a couple of bananas. The meal rarely lasts for more than ten minutes.

"From nine until two he was at work in his room, where he meets with every variety of cases, both medical and orthopaedic. During the morning he will see between thirty and forty patients, prescribe and dispense medicine for them, dress their wounds, reduce their fractures and dislocations, and give each one his individual attention. Long experience on the surgical side has enabled him to make a rapid diagnosis and to ask only those questions which have a direct bearing on the case. So through all his cases one finds that Thomas has formulated principles, and diagnosis is based upon the relations of symptoms to them.

"His methods of examination, although rapid, are very gentle. He has wonderful knowledge of the movements that give rise to pain, and of the value of an accurate grip in steadying muscle and supporting limb. Whenever he has to handle a fracture he persuades the patient to abstain from all effort and to leave the muscles slack, knowing full well how often pain is self-inflicted. There is hardly a morning without one or two cases of fractures and these are always expeditiously dealt with without anaesthesia.
"The equipment of the establishment in Nelson Street is such that no outside aid is needed. There is a blacksmith at work in a smithy; a saddler finishing off the various splints; and the duties of others are the making of adhesive plasters and bandages, and the preparation of dressings. There are splints of every size to suit any possible deformity that may appear, or for any fracture that may have occurred. No matter from what distance a patient comes, no matter whether the affection be spinal caries, hip disease, or fractured thigh, he is always able to return home in an hour or so, most accurately fitted with a simple and appropriate splint.

"To see Thomas at work in his surgery was a liberal education. His mechanical knowledge was so profound and his observation so accurate that when a splinted patient appeared before him in discomfort there was no occasion for speech; the faulty spot was immediately pounced upon and corrected without delay. Although the examination was brief it was intensely concentrated and it was useless for either patient or assistant to ask any questions while it was in progress.

"Before starting for the afternoon round there may be a case of old dislocation of the shoulder waiting to be reduced, the displacement perhaps seven weeks old. It is now half-past two and people have to be seen at their homes without delay, for at four-thirty Thomas has a case at Nelson Street.

"His last meal finished, he hurried from the table to see his evening flock, who continued to come until eight o'clock. Although most of these were Club patients, quite a number were surgical cases, but the patients had more confidence in him than in hospital. In spite of his strenuous day he is bright and cheery, for he loves to chat with the working man on the character and scope of his work. Usually at eight he made his last round, confining his visits to those cases anxious in themselves, or interesting from the point of view of investigation. It was always an interesting round because compound fractures and intestinal obstruction were often encountered.

"From nine-thirty to twelve he either worked in his lathe-room—which was fitted with the most modern machinery, making new surgical instruments or repairing old ones, or he would find his way to the library to read and write.

"This then is an ordinary day's work, and to anyone who knew Thomas, with his frail body and anxious mind, entering wholeheartedly into his patient's troubles and always unsparing of effort, it is a marvel how he could work continuously at such pressure for over thirty years, for it must be remembered that he never took a holiday. During all these years of work he was only away from home some six nights, and even on Sunday mornings he had his free clinic, when nearly 200 cases, many of them of great interest, collected from all parts."

Beside all this arduous clinical work he managed to contribute to medical literature a series of books in which he set out his principles and his practice, illustrated by case reports, the whole conveyed in his own incisive, inimitable manner.

It was indeed well that his nephew was so vigorous that he managed to combine the arduous life of a medical student with an eager participation in his uncle's life and work—a part-time apprenticeship of great value, if of a restless and exciting quality. No doubt young Robert Jones owed more than he knew to his Aunt Elizabeth, who, serene, affectionate, and religious, fostered a homely atmosphere in 11 Nelson Street which without her cultured and kindly presence might well have proved unbearably restless and disturbing. Here Robert Jones grew up, absorbing into the soundness and strength of his nature the dominant passion for effective service, with a complete disregard of self, which burned so fiercely in his uncle's trailer form.

In 1881 he was appointed Honorary Assistant Surgeon to the Stanley Hospital. In 1887 he married Susannah Evans, daughter of a well-known Liverpool merchant. Then in 1888 he became Consulting Surgeon to the Manchester Ship Canal. Platt speaks of this as "one experience in the early career of Robert Jones which, in its far-reaching consequences, might bring reassurance to those who see the life of an individual man
as a tiny part of the continuum of a larger design and purpose. In the early 1890's the citizens of the great cotton mart of Manchester vicariously carried through a feat of engineering which brought the sea some thirty miles inland to the heart of the city. During the construction of the Manchester Ship Canal nearly ten thousand men were engaged in the arduous and dangerous work of excavating the new waterway. There must have been men of intelligence and foresight in charge of this undertaking, for not only was the need for a casualty service realised from the first, but Robert Jones, the pupil of H. O. Thomas, was selected to organise and control this service.

"When fully developed, the Ship Canal accident service included a chain of first-aid posts and three receiving hospitals—wooden buildings, erected at strategic points between Manchester and Liverpool, each one in charge of a medical officer. The railway which ran along the line of the canal was also used for the transport of the injured men. Robert Jones himself often travelled by the little ambulance train when summoned by telegraph to deal with the most serious injuries.

"For four years this industrial battlefield provided a wealth of experience both in organisation and in the surgical treatment of accidents. In after years Robert Jones would conjure up from the stores of his memory—for no documented records had been preserved—a vivid account of this chapter of his life. He told us of the large numbers of amputations which were needed for severe crush injuries of the limbs, and how he had tried, but soon abandoned, the guillotine operation. Shock was treated by warmth, morphia, and hot drinks, and the mortality was surprisingly low. The Thomas splint was used, secundum artem, for the immediate fixation and transport of the lower limb fractures, thus foreshadowing its introduction some twenty-five years later to the battlefields of France. We thus see how it came to pass that when the Great War of 1914-18 flooded our military hospitals with compound injuries of the limbs, no other British surgeon had so much to offer to his fellow-countrymen."

In 1889 Robert Jones was elected Honorary Surgeon and Dean of the Clinical School of the Royal Southern Hospital. Suddenly in 1891 Thomas died, and Robert Jones was left alone in Nelson Street, face to face with "a decision upon which hung" as Watson reminds us "the whole future of British orthopaedics." He was now on the staff of the Royal Southern Hospital as a general surgeon, and Dean of the Clinical School. His future in general surgery was assured. Was he to confine himself to orthopaedics—or was he to adopt the more pleasant and profitable life of general surgery? Only those who sense the professional world in Liverpool at that time can appreciate the attraction that must have rested in the wider professional fellowship and greater scope of general surgery, especially to such a man as Robert Jones. Yet once again he made the right decision.

Sometime in 1900 Robert Jones the surgeon met Agnes Hunt the nurse, herself disabled by pain and persistent active tuberculous disease of the hip. She has described his impact on her life and wrote: "His character was a delightful blend of impish mischief and splendid understanding, love, and charity. To us who were cripples he came as a refreshing breath from heaven, giving hope when hope was dead." From this association of Robert Jones and Agnes Hunt there came the first country orthopaedic hospital for crippled of every kind, with open wards in which fresh air, hope, and happiness combined to cure body and mind as one unit.

H. O. Thomas had laid the foundations, stated the principles, and given his nephew an amazing example of selfless service. Robert Jones followed Thomas in aiming at the relief of pain, illness, and disablement in the most practical and lasting way. Thomas preached "Rest, enforced, uninterrupted, and prolonged" as the foundation of sound healing. To us with all our systems of compensation, benefit and dole, it may seem that he over-emphasised rest and failed to advocate the "curative workshop" so highly valued by his great nephew and the "occupational therapy" so rightly nowadays to the fore. How he would have smiled at our ignorance! For much of his splintage was designed to enable men to go straight
on with, or quickly back to, the work which alone kept them and their families from starvation or the workhouse.

Meanwhile events had been preparing Agnes Hunt for her part in the forging of tradition. She had been learning in the school of suffering and frustration. I believe that it took her eleven years to complete her nursing training, for she had active destructive tuberculous disease of the left hip; again and again the disease seemed to become quiescent, and she returned to her training; again and again recurrence of disease and pain laid her aside. All this, no doubt, enabled Agnes Hunt to understand her patients in a way that nothing but personal suffering could teach. Thus, when she started her huts in Baschurch, she could set a standard of nursing care in which personal kindness was combined with the most practical and constructive skill.

Here she gathered round her girls of education and spirit to nurse the crippled children she had collected in this queer hospital, consisting of half-open huts in the rambling back premises of a house in a Shropshire village. Because she obviously demanded of herself more than was reasonably possible she could demand just a little less from these girls. The patients thrived, but the nurses wilted! Only the fittest survived—fittest in the best sense, for the "school" if hard, was good, and Sister Hunt kept a most perceptive and motherly eye on her nurses. Miss Hunt herself learnt the use of frames, splints, and plaster of Paris from Robert Jones, and then became a great artist in orthopaedic nursing by her powers of observation, and her determination that control should be accurate and effective without causing pain or discomfort. Many a time I have known her, at the end of a long day when everyone was very tired, go off on her crutches through rain and darkness to a distant hut to make sure that the splintage of some critical case was exactly right.

The very spirit of Baschurch was service—service to the patient, both by surgery and by that most difficult form of nursing, the nursing of splints, frames, and plasters, the nursing of the paralysed and the spastics. It was expressed in skill, care, and kindness. The children caught from Miss Hunt courage and cheerfulness. Many an older patient found in her someone who had suffered as they were suffering, and who knew how to keep alive that inner fire of resolution which, glowing in secret within the crippled frame, forges the fragments of ambition into the Roosevelt or, indeed, the Agnes Hunt! We who worked with Robert Jones and Sister Hunt in the original Baschurch Hospital were very fortunate. Those were golden days. The tradition was in the foundry, white hot and spilling over!

You can imagine that life with these three was never dull. I believe that gleams of dour humour were often to be seen through the strange façade of Thomas. For instance, there is the story of the man with a badly dislocated shoulder which Thomas had reduced. When asked for a fee of 5/- for its reduction the patient demurred. "As you like," said Thomas, "we'll soon put it out again for you!" Of course Robert Jones was the best possible companion, infecting every gathering with gaiety and good humour. When the British Orthopaedic Association visited a country hospital he liked to arrange a game of cricket the moment the day's programme was over. As for Agnes Hunt she had the best possible sense of fun, and when she and Robert Jones were together things never remained serious for long, for mischief would keep breaking out. Their enjoyment of life was enhanced by their perfect freedom from pride, fear, and self-regard, those common sources of unhappiness. They had no "feelings" to be injured, no pride to be hurt, no resentments to "nurse"; it was in their nature to prefer goodwill, good humour, and good manners. They had found something worth doing, and they did it with heart and mind and strength: with heart for they cared intensely about it; with mind in that they thought and worked until every process was mastered; with strength in that they never stopped or slackened until the day's work was done. Of Robert Jones his residents were prone to say that he was all a great surgeon, teacher, and friend could be, but that he possessed just one failing, and from their point of view a grave one—he never seemed to know when to stop work!
Robert Jones and Agnes Hunt were great teachers: both taught best by personal example; both had penetrating perception of the difficulties in the cure of deformity and the reasons for recurrence. They saw that if patients could be brought under effective treatment at the earliest possible moment the advance of deformity and disease could often be checked very quickly, and by simple gentle methods; and furthermore that the results would be much more nearly perfect than is possible at a later stage. In addition they knew that the best results would be made permanent only if cases could be kept under observation and continued care.

Miss Hunt, who was herself a countrywoman and had done for a time the work of a district nurse, knew that it was quite impracticable to expect patients to come long distances to an orthopaedic hospital until they were seriously ill and crippled; and that it was even more futile to expect a mother to bring one of her children from a rural home to the market town, then on by train to a distant hospital out-patient department, there to wait, eventually to be seen, and then to do the long journey in reverse. Neither early diagnosis nor prolonged after-care could possibly be achieved unless the specialist could be brought within easy reach of the patient. For this reason she originated the idea of clinics, scattered throughout the region served by the central orthopaedic hospital, and visited regularly by the orthopaedic surgeon and an after-care sister. Miss J. V. L. Brown was the first of these after-care sisters, and has always seemed to me the model on which all future after-care sisters should be built. She enlisted the help of the Medical Officer of Health to the County and they agreed that not only must the clinics themselves be organised, but that every step must be taken to teach—preferably by demonstration—doctors, midwives, Health Visitors, School Medical Officers, and, in some degree the whole population, the sort of case which should be sent to the orthopaedic clinic. The great advantage of the stitch in time in orthopaedic work should be emphasised, in order that early diagnosis may be achieved and expert treatment begun promptly.

But before all this could bear fruit there came the first world war. Within eighteen months Robert Jones had risen from Major to Inspector of Military Orthopaedics; in 1917 he was knighted and made a Companion of the Bath, in 1918 a Knight of the British Empire, and in 1926 a Baronet. The loss of Lady Jones in 1918 was a terrible blow and a lasting sorrow, but his daughter Hilda took her mother’s place, and undertook such care as was possible of a man who was gone before eight o’clock and came back twelve hours later, hungry and tired at the end of a long day’s work, often with a group of visiting surgeons!

During the 1914–18 war his teaching and influence spread not only in the Army but in the hospitals throughout Great Britain. He was immensely helped by a number of American orthopaedic surgeons led by Joel Goldthwait and Robert Osgood of Boston, Mass. In the field the Thomas splint had reduced the mortality of gun-shot wounds of the femur from 80 per cent. to 20 per cent., and at home a great orthopaedic organisation had been set up. It was one of his major sorrows that soon after the war most of the units he had organised were dispersed. He made great efforts to preserve the Shepherds Bush Unit as a centre for orthopaedic teaching and research, but they were unavailing. The Baschurch-Shropshire prototype remained. Here at Oxford the Wingfield Hospital and its service in Berkshire, Buckinghamshire, and Oxfordshire was growing; but it was clearly necessary to multiply these units. In 1919 Sir Robert and I described our national scheme and its benefits in the British Medical Journal (1919, 2, 457) with the result that the Central Council for the Care of Cripples was set up. Thus a system of Regional Orthopaedic Hospitals and Clinics has grown up throughout England, and is growing in Scotland and Wales.

Each central hospital is linked with general and cottage hospitals, and scattered clinics serve every village in its region. This was indeed the first of the regional specialist services. In order to establish and maintain first-class services in any region it is necessary to secure the unstinted services of orthopaedic surgeons with a vivid interest in the care and cure of
crippled children. To help them in their work they need after-care sisters of similar quality and training, expert in all orthopaedic treatment including the remedial use of plaster of Paris.

The technical requirements of the orthopaedic surgeon and the after-care sister are, of course, important. But certain personal characteristics are also required if the service is to be effective. Both surgeon and after-care sister must be so keenly interested in the diagnosis and treatment of orthopaedic disabilities, slight or severe, that they are prepared to endure cheerfully a great deal of work which would otherwise be tedious drudgery, and throughout it all give both patient and parent the impression that they regard each and every case as of particular interest and importance. Only in this way are patients and parents convinced of the necessity of carrying out exactly the instructions they are given; only in this way are they content to take the trouble which regular attendance over a long period involves. In the great proportion of cases professional interest is slight, because the case is recognised immediately by the expert eye; yet it is in these minor cases, and very numerous they are, that the prevention of disability can most often be achieved, and by simple measures which do not interfere with school life. But such measures are successful only if they are carried out with enthusiasm as well as regularity. How well Robert Jones knew all this. McCrae Aitken, my colleague at Baschurch, writes: "Though I cannot ever remember Robert Jones use the word psychology he was really very strong on the psychological side. I remember one out-patient day when he saw four new cases of babies with congenital club foot. Afterwards a house surgeon said, 'What a fraud Bobbie is! He talked to each of those mothers as if her baby was the most interesting case he had ever seen.' That young man did not realise that to each of those mothers her own club-foot baby was the most important thing in the world."

Meanwhile honours were showered upon Sir Robert at home and abroad:—the Liston Victoria Jubilee Prize, the Cameron Prize, and that rare honour the Distinguished Service Medal, U.S.A. He was given honorary degrees by the University of Wales, McGill University, Montreal, Harvard and Smith's College, U.S.A., Liverpool University, and Yale, U.S.A. He became without question the quasi-permanent President of the British Orthopaedic Association, an Honorary Member of the American Orthopaedic Association, and the First President of the International Society of Orthopaedic Surgery. He received the F.R.C.S. of England "by election."

On his seventieth birthday he was asked to dinner by a company of his friends who had collaborated to produce the Robert Jones Birthday Volume (1928) as an expression of their admiration and affection. It was a delightful occasion. But his other friends were innumerable, among them Grenfell of Labrador, Joseph Conrad, Professor Blair Bell, Dr Charles Macalister, and Dr John Ridlon of Boston.

He remained pleasantly immune to worldly wisdom. He made friends equally with duke and docker. He understood and enjoyed almost every form of sport; he was a formidable boxer in early manhood, and always delighted in a game of cricket. Indeed he loved everything that brought men together in friendship. Yet one had only to be with him in hospital to know that above all else his heart was in his work with an unfailing zest for the "case," a quick intimacy with the patient, and a way with children by which they knew at once how much he cared for them. His heart was eager, gay, and generous; his mind receptive, deep, and sound; his hands strong; his touch light. He was a clinician of unrivalled experience and resource, and an admirable teacher. He had founded a new School of Orthopaedics; what is more, he had brought British orthopaedic surgeons together with a strong sense of fellowship. We had become eager to learn, and as ready to discuss our failures as our successes for he had given us a true sense of values. Sir John Goodwin well wrote "he was the soul of honour and integrity." Towards the end he spent much time in the lovely country of North Wales at Bodyndool with his daughter Hilda and her husband, Frederick Watson, M.F.H. And there on January 14, 1933, he passed peacefully away.

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Lord Moynihan, P.R.C.S., colleague through the war and thereafter, contributed to the British Journal of Surgery (1933, 20, 545) an admirable appreciation of the surgeon and the man. He wrote: "Robert Jones is dead. England parts in grief from one of her greatest surgeons and finest gentlemen; orthopaedic surgery loses the supreme master. . . . It was a wonderful experience to visit Robert Jones and see him doing his routine hospital work. On arrival one was presented with a list of twenty-five operations to be performed! Robert Jones worked with almost incredible speed, and was supported by a team as efficiently trained as any one has ever seen. There seemed a silent conspiracy of united relevant effort in which every single person from surgeon to theatre porter took part. The surgical technique was flawless; there was none better in the whole world, and Jones enjoyed the distinction of being a fast operator whose technical methods had no weakness and did not give way under strain of speed. There is far too often a sacrifice of safety to haste; speed should be the accomplishment, not the aim, of an operator. As Jones worked, the clock seemed to be losing time. There was no slightest suspicion of hurry. One act followed another in due order without fuss, without delay; before one was prepared for it the list of operations was completed, and one began to wonder whether anything could conceivably go wrong with such superb unapproached mastery of diagnosis, of perfection in technique, of infinite resource. Many of Robert Jones' methods were of his own devising; he would employ, almost without one being quick enough to notice it, a device which alone would have made the reputation of another man. He would fashion a splint and make one feel that the pliant metal knew what was expected of it. He was, in fact, a consummate artist, in design and in accomplishment.

"It is impossible to tell truly of the love his patients bore him. He was greeted by the children in the open-air wards at Heswall, not with quiet respect but literally with a yell of delight. His manner to them all, his patience, tenderness, loving care, sweetness, and infinite gentleness, were a lesson to all. It may be doubted whether any man could win such love from patients as he did; his charm and kindness and compassion were infinite.

"Robert Jones was a man of great physical power. . . . And he was above the tyranny of fatigue. He went from one task to another with the gay inexhaustible sprightliness of youth, and wherever he went men's hearts were lightened, their courage strengthened and their joy increased, their ideals made more glowing. . . . He was the perfect friend. The kindly word, the cheering smile, the twinkling eye, the whole magnetic personality of Sir Robert Jones remains only as a memory."

In the chapel of the Shropshire Orthopaedic Hospital there is a tablet on which is engraved "To the Glory of God, and in loving memory of Robert Jones, Great Surgeon and Greater Man. Who devoted his life to the healing of the maimed and the cheering of the 'desolate.'" And in the Times was written: "The shining lustre of his name is an abiding glory to British Surgery; but it is the man himself whom his fellow-countrymen will wish to hold in remembrance."

THE NEW ORDER OF ORTHOPAEDICS

Meantime the new order of orthopaedics, with its regional units of central hospital and surrounding clinics, had been growing. In 1919, Oxford and its three counties took shape, much on the Baschurch model. Other units soon followed, and the organisation in Britain is now almost complete. The system has been tested for twenty-five years and found to work. It is based on sound principles and made effective by early diagnosis, prompt expert treatment, and continued after-care:

1. Early diagnosis is made possible by including in the team field-workers of all sorts, in order to ensure early introduction of the potential cripple to the orthopaedic clinic;

2. Prompt expert treatment is given both in the out-patient clinic, and if necessary in the central orthopaedic hospital;
3. After-care field-workers and the out-patient team are relied upon to ensure and facilitate regular clinic attendance.

We have proved that the system works all along the line, that disability is thus prevented, cured, or reduced to a minimum, and that derelicts, or would-be derelicts, are restored to active, enjoyable, and productive life. It is an essential part of the Robert Jones order of orthopaedics. You have been told of its origin—how it so happened that Robert Jones the medical student went to live with his uncle, Hugh Owen Thomas, the doctor son of a well-known bone-setter; how Robert Jones the orthopaedic surgeon met Agnes Hunt the nurse; how it so happened that each of these three had exceptional gifts, and had been prepared exactly by heredity, training, and circumstance for what was coming. It was as if they had been cast, chosen from all the world, for the parts they were to play. But it is not their genius, or their skill, or their possession of great gifts, that compel us to follow them. The Robert Jones tradition is vital! It lives because they used their gifts so generously and to such good purpose. Others have been as able. It just happened that these three loved their fellow-men, and put all they had at the disposal of those who needed their gifts.

THE SOURCE OF THE TRADITION

Why did they do all this? What was their secret urge? I think it was loyalty to the work that had come to hand, a loyalty so strong that it amounted to a dedication like that of religion. To me as I look back, and it is good to realise that Dame Agnes is still very much alive, their loyalty to the work of healing appears a true response of spirit. Their reaction to suffering was immediate and practical like that of the Good Samaritan, which is only another way of saying that they were led by the Holy Spirit. I know well that Thomas, who was a devout atheist, would be deeply shocked at such a statement!

Loyalty to vocation and dedication of gifts—these are the secrets of the Robert Jones tradition. You may think it sounds suspiciously like "hitching your wagon to a star"; yet in fact it is much more like "helping a lame dog over a stile" with the opportunity always at hand. One begins by going to school again, just as I had to do at Baschurch. I think that a good orthopaedic school is bound to be a hard school because there is so much to learn if the patients' troubles are to be understood, and their limbs held accurately and comfortably on the queer contraptions in the wards of an orthopaedic hospital. But I hope you have found out that this life-term school of orthopaedics, in which we all study and learn together, can be not only high in its standards, but happy in its team-work, its common aim, and the delightful human material on which its practical work of kindness and craftsmanship is done.

We set ourselves afresh, as they did long ago, to understand every principle and master every process of orthopaedics. They gave all they had got—"even all their living." That their gifts were of gold does not let us out. For we can be no less generous with our gifts of silver and copper—it is precisely this that the Robert Jones tradition demands from you and me, just as it was precisely this that Sister Hunt demanded of her staff in those golden days at Baschurch.

Like them we shall work with one common aim. We shall make ourselves expert at our job—nursing, physiotherapy, occupational therapy, workshops, whatever may be our position in the orthopaedic team. If we are to live and work in the Robert Jones tradition it means a strenuous life, for we shall set ourselves to do each job as well as possible for its own sake, but even more for the sake of the person who needs our help. We shall regard the whole person of our patient—the care, the cure, and the reablement of his body, mind, and spirit. For after all the whole thing exists for him. He must be helped. He must understand what is being done and why. You must see his point of view and he must know what you do, and that you are with him all the way back to health and active life again.