

THE FIRST HALF-CENTURY OF THE RENAL ASSOCIATION, 1950-2000

J Stewart Cameron
Renal Unit, Guy's and St Thomas' Hospitals,
King's College, London



(from: *Reports of Medical Cases*, by Richard Bright (1827))

Preface

This is the brief history of an Association of clinicians and scientists, and thus it concentrates on individuals and events rather than upon concepts and movements in the science and practice of medicine in general or of Nephrology as a specialty, although both necessarily put in an appearance in the background. The history of Nephrology in Britain during the half-century dealt with in the present account remains to be written.

I have concentrated particularly on the first three decades up to 1980. There are several reasons for this. The first is that few people now have first-hand experience of this period, and documentation is needed before its witnesses are lost to us. The second is that historical judgement usually improves with distance from the events; the full consequences of recent events, particularly those of the 1990s, are not yet evident. Third, of course, is a personal one in that it is difficult to comment in detail on individual contributions, when all the participants in these events are readers of the text ! On this occasion the desire to retain one's friends is stronger than duty to history.

It may be argued that all any Society needs is a vivid and positive future, and that the past is now irrelevant. Certainly the future must always remain more important to us than the past, but we can learn from where we have been, and above all from the mistakes that have been made. Of all the many quotations on the importance of the past to the future, perhaps my favourite is that of George Santayana

"Those who cannot remember the past are condemned to repeat it"

Finally it is almost superfluous to add that the opinions and judgements expressed are my own, and do not represent those of the Association's officers or executive

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Stewart Cameron

The Renal Association is one of the oldest medical societies concerned with nephrology in the world. Only the Société de Pathologie Rénale has a prior claim, since it held its first meeting in Paris in February 1949, but this body only transformed itself into the full Société de Néphrologie ten years later, in 1959 [2].

The history of Nephrology is intimately related to the history of its component societies, which arose when the need for a speciality of Nephrology was perceived. Until the mid-twentieth century, what is now called Nephrology was part of general medicine. At that time there were in the United Kingdom clinical medical meetings held by the Association of Physicians, founded in 1906 by Sir William Osler, whilst the Medical Research Society was founded in 1922 by Sir Thomas Lewis. Other than these, the London-based Royal Society of Medicine in its general and divisional meetings had a busy programme, as did the College of Physicians, the British Medical Association and the Medical Society of London. As well as the Colleges in Dublin, Edinburgh and Glasgow there were a number of regional medical societies, and the Physiological Society meetings had strong representation in renal physiology, led by Ernest Verney (1894-1967). Finally Urology was a well-developed speciality both nationally and internationally, with its own journal and national society. There were at that time few specialist medical societies: dermatology had separated in the late nineteenth century and cardiology and then neurology in the early twentieth. The British Society of Gastroenterology was founded only in 1937 under Sir Arthur Hurst's impulse.

Part I: 1950-1979

The beginnings

By 1950 in most developed countries a sufficient body of physicians and scientists especially interested in problems relating to the kidney had arisen. Renal physiology had advanced rapidly in the 20th century, particularly due to the work of Homer Smith (1895-1962) and his colleagues in New York. On the basis of earlier descriptions by Bright and Rayer, parenchymatous renal diseases had been described in a clinico-pathological synthesis by Franz Volhard and Theodor Fahr in Germany before the first world war, and in the United States by Arthur Fishberg, Henry Christian and Thomas Addis. In the United Kingdom Robert Platt (1900-1978) and Arthur Ellis (1883-1966) were working on nephritis and chronic renal failure, and Ellis' pupil Clifford Wilson (1912-1997) on hypertension, diabetes and nephritis whilst Robert McCance and one of his and Platt's many protégés, Douglas Black (b.1913) together with Malcolm Milne (1915 -1991), were studying renal electrolyte handling. In renal physiology, the strong school led by Ernest Verney (1894-1967) at University College, London was only one of several centres working on renal problems. Almost ignored by the scientific community of the day, haemodialysis and peritoneal dialysis were launched as practical techniques for the treatment of acute renal failure during and just after the war. After

initial enthusiasm engendered by Eric Bywaters (b.1913), who together with Mark (Jo) Joekes (b.1921) dialysed a dozen patients at the Hammersmith hospital in 1946-47 [3], dialysis was taken up only briefly by the pathologist-clinician Michael Darmady (1906-1989) in 1948), and disappeared from the British medical scene for almost a decade.

How in this medical and social setting did the first Renal Association meeting come about ? First, it is interesting to find that none of the individuals mentioned above played a major role - only one (Bywaters) was even present at the first meeting. The route to the foundation of the new society was circuitous. In January 1950 the newly-formed Ciba (now Novartis) Foundation held the first of many influential symposia, which happened to be on toxaemia of pregnancy, organised by Carl Schmidt. This had been preceded by an informal meeting in September 1949 organised by Sir Gordon Wolstenholme (b.1913), the director of the Ciba Foundation from its beginnings, and at this meeting he was approached by Kenneth (KJ) Franklin (1898-1967) a vascular physiologist working at St Bartholomew's Hospital, with the idea of holding a meeting on the kidney (Figure 1). Franklin had been interested for some years in the renal circulation, and was a co-author of the book by the Catalan orthopaedic surgeon working in Oxford, Josip Trueta (1897- 1977) on cortical ischaemia and medullary diversion of renal blood-flow during shock and acute renal failure, which was published in 1947 [4] and was influential in the 1950s. He had also worked on the possible role of diversion of blood from the renal cortex during toxaemia of pregnancy. In addition he was an avid historian of medicine, translating Harvey and other Latin texts.



Figure 1: "KJ" Franklin (left) and Gordon Wolstenholme (right) at the Ciba Foundation in the 1950s (courtesy Ciba Foundation)

In February 1950 Wolstenholme and Franklin attended a dinner in honour of Professor JGG Borst of Amsterdam, who had become famous on this side of the Channel for his "Dutch gruel" of glucose and custard powder for use in the conservative treatment of acute renal failure, and his opposition to

dialysis for this purpose. At this dinner Franklin introduced to Wolstenhome individuals who were to become several key figures in the genesis of the Association: Arnold Osman of Pembury Hospital and Guy's Hospital,



Figure 2: Arnold Osman, first president and co-founder of the Renal Association. A cartoon from *Guy's Hospital Gazette* of 1935. Note urine hydrometer in his hand.

Wilfred Payne, a chemical pathologist working at Great Ormond Street Hospital, and the obstetrician John Sophian. Dennis Ellison Nash (b.1913) of St Peter's and Barts, a urologist with a particular interest in urinary diversion in children paraplegic from spina bifida, also was involved in the discussions.

This group, with diverse interests in the kidney and its function in health and disease, planned and held the inaugural meeting on 30th March 1950, at the Ciba Foundation building 41 Portland Place, London, at which the Renal Association was formed. The Ciba Foundation records [5] note that the Foundation assisted in the formation of

" a Renal Association, which will foster co-operation between workers in widely differing scientific fields of investigation which have the kidney form or function in common".

This is the nearest to what today would be called a "mission statement" that we have; the minutes of the meeting are (and remained) brief and to the point:

Osman was elected as President, and Sophian as secretary. Surprisingly not noted in the minutes was Wolstenholme's adoption of the position of Treasurer, a position he occupied for nineteen years. Twenty-seven individuals were present according to a note in the Ciba records (Table 1).

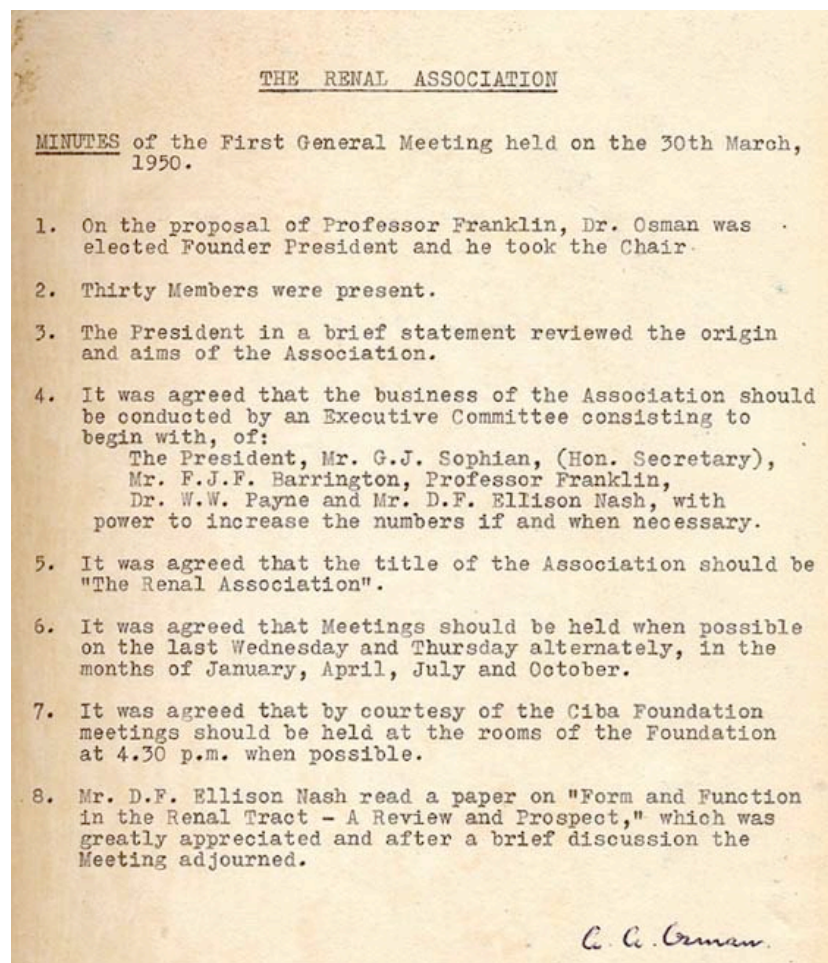


Table 1: Attendees at the founding meeting of the Renal Association, 30th March 1950:

Arnold Osman (*President*) (physician)
 John Sophian (*Secretary*) (obstetrician)

Gordon Wolstenholme (*Treasurer*) *

Executive committee:

Kenneth Franklin (physiologist)
 Wilfred Payne (paediatric chemical pathologist)
 Denis Ellison Nash (urologist)*
 FJF Barrington (urologist)

Members:

Ernest Baldwin (biochemist)
 Eric Bywaters (physician)*
 E Michael Darmady (physician/pathologist)
 SE Dicker (physiologist)
 Cuthbert Dukes
 Grace Eggleton (physiologist)
 Geoffrey Evans
 Herman Lehmann (clinical pathologist)
 S Locket (physician)*
 Siggy de Navasquez (pathologist)
 C Grant Nichol
 WW Nixon (obstetrician)
 HB Parry
 Mary Pickford (physiologist)
 R Reid
 RE Rowell
 JD Robertson
 Eddy Tuckwell (urologist)
 HP Winsbury White (urologist)
 Frank Winton (physiologist)

* alive at January 2000

about most of whom I have been able to get some details [6]. A few names are familiar, others little known today. It is noticeable that as well as clinicians interested in renal diseases such as Osman, there were a number of physiologists and also urologists and obstetricians present, which was characteristic of the first decade of the society. A single paper was read, by Ellison Nash, on "*Form and function in the renal tract - a review and prospect*" but we do not have an abstract of this first paper; abstracts were kept only from 1952, and Dr Nash no longer has one. However one can note that this first

paper was given by a urological surgeon interested primarily in the urinary tract, and not what would today be termed a nephrologist.

On April 21st 1950 the first meeting of the executive committee, consisting of the three officers plus Franklin, Payne, Ellison Nash and Barrington of University College was held at Osman's rooms in 66, Harley Street. A library and collection of reprints were to be formed, organised by Elizabeth Ullman and JD Robertson, plus a museum if materials were offered. Not surprisingly Sophian was put in charge of "public relations". Max Rosenheim was to be asked to take on matters relating to research. A list of invited founder members was constructed, of whom today the names of Black, Bull and Joeke have the greatest impact.

It is interesting that most of those involved in starting the Renal Association could be described as somewhat peripheral to the study of kidney physiology and disease. Also, this was no meeting of "young Turks": all were well into their 50s except the host Wolstenholme and Ellison Nash, and all but had served in the armed forces during the first world war except Nash and Sophian, who was abroad. Where were the new leaders of infant Nephrology in the United Kingdom at this time – Robert Platt, Arthur Ellis, Clifford Wilson, Robert McCance, Douglas Black, Malcolm Milne? All were involved with the Association *after* its inception, but appear to have played no part in its birth.

Those working with Wolstenholme, besides Franklin (who was an FRS), are little known today. I have written in more detail about Arnold Osman (1894-1972) elsewhere [7] (Figure 2). He was a physician with a lifelong interest in renal diseases, then working at Pembury hospital in Kent, having trained at Guy's under Sir Arthur Hurst, but where he had only a non-consultant appointment before the second world war, relying on Hurst for beds. Blocked from a full appointment at Guy's after the war, he moved full-time to Pembury (to which Guy's had been dispersed during the conflict), and set up a Renal Unit, mainly for the long term observation of patient with nephritis and the nephrotic syndrome, all of whom he treated with enormous doses of alkalis. He remained firmly a man of the 1930s and early 1940s in his practice, and took no part in the work on electrolytes, renal biopsy and dialysis which came to dominate the fledgling study of nephrology after the second world war. In later years he became "something of a joke" with his abundant use of alkalis for almost every renal complaint. Nevertheless, he was probably the first clinician to advocate specialist renal units and attempt to define a role for specialists in nephrology locally and nationally.

John Sophian (1898-1976) was an exotic character, born in Calcutta as John Sophianopoulos, the son of a Greek jute merchant and an Armenian mother, where he was educated before transfer to Bart's and St Mary's for medical training in London, qualifying in MRCS LRCP in 1919. He became an obstetrician with various appointments including medical officer at Queen Charlotte's hospital, in the East end of London, and in Brighton, but (like

Osman) had rooms in Harley Street. He only took MB in 1929, so as to present and get his MD, which he did the following year. His major clinical passion was the pathogenesis of so-called toxæmia of pregnancy, on which he wrote a book (1953), as well as one on *Pregnancy nephrology* in 1971. He had considerable wealth (with which he sponsored some of Franklin's research), his other passion being his collection of works of art: Dutch 17th century paintings, Kang'shi Chinese porcelain, Chippendale furniture and Persian carpets. Besides the rather taciturn, reserved and (in later life) very deaf Osman, Sophian was large, impressive impetuous, argumentative and variously described by contemporaries as "*flamboyant*" "*melodramatic*", and by one at least as "*mad*". Unfortunately I have been unable to locate any photograph or portrait of him.

The name of the Association requires some comment. The word "*Nephrology*" is often said to have been invented by Jean Hamburger in 1960, for the christening of the nascent International Society of Nephrology. In Japan, equally, the word is often credited to Kenzo Oshima at about the same time. In fact, the word is much older than this, appearing in several dictionaries in both English and French during the nineteenth century as Hamburger himself pointed out [8]. However, its use outside of dictionaries is more contentious. The earliest use I can find is by Arnold Osman in a series of articles in the *Nursing Mirror* published in 1945, in which he describes himself as "Nephrologist" [9]. Amongst his papers from about the same time is one from 1948 on the organisation of "*Nephrology*" as a speciality [10]. Thus when the name of the new society came up in 1950, the choice was between "*Renal*" and "*Nephrological*"; I imagine Osman would have argued strongly for a Nephrology Society, but the Latin *ren-* won over Greek *nephro-* and Renal Association – not Society – was the name chosen.

It was agreed, at Wolstenholme's invitation (and financial support from the Ciba Foundation), that the meetings of the Association should be held at the Foundation's building in 41 Portland Place, just South of Regent's Park. This had important implications, because it limited the Association's membership owing to the small size of the Foundation's seminar room which officially could seat only 35 people. Throughout the 1950s, from 25 to as many as 40 members were reported as attending meetings, and admission to membership was (after the first few years) normally by invitation and usually only after presenting a paper to the Association. Unfortunately, no early membership lists have survived, so we do not know how many members there were in the early 1950s. The maximum attendance recorded at any ordinary meeting up to 1960 was 45, and membership fees (one guinea) were paid by 107, 110, and 117 members in the years 1957-59.

Table 2: Distinguished visitors who addressed the Association in its early years

1950-59

Homer Smith (USA)
 JGG Borst (The Netherlands)
 Alex Leaf (USA)
 Jean Hamburger (France)
 Maurice Dérot (France)
 Charles de Muylder France
 FZ Al Azfoury (Egypt)
 Heinrich Wirz (Switzerland)
 Karl Ullrich (Germany)
 Bob Muehrcke (USA)
 Vincent Hall (Sweden)
 Johannes Rhodin (Sweden)
 John Merrill (USA)

1960-1963

Jim Lawrence (Australia)
 Marcel Legrain (France)
 Chuck Kleeman (USA)
 Ernico Fiaschi (Italy)
 S Osnes (Norway)
 Francois Morel (France)
 Carl Gottschalk (USA)
 Bob Vernier (USA)
 David Earle (USA)
 Claus Brun (Denmark)
 Fred Boen (The Netherlands)
 Eric Windhager (Denmark)

With the Renal Association launched, the second meeting was held on 21st June 1950, and another special meeting in July, when Homer Smith addressed the new Association on “*Development of physiology of the kidney*”. A record 68 people squeezed into the lecture theatre on this occasion. This was only the first of many addresses by distinguished visitors, many of whom became members of the Association (Table 2), and emphasises the international role of the Association at that time, when there were no continental or international societies of nephrology; and apart from the Société de Pathologie Rénale (founded in 1949) there were no other national societies until 1957, in which year the Società Italiana di Nefrologia was founded [11].

In addition, international figures were members of the society amongst them being Homer Smith, Bob Berliner, Donald van Slyke, Jean Oliver and Stan Bradley of the USA, André Lemierre, Maurice Dérot, Charles de Muylder and Jean Hamburger of France, Borst from Amsterdam, Dorhout Mees from Utrecht, Paul Govaerts of Belgium, de Graeff of Leiden, Bálint of Hungary, Jan Brod from Prague, and Poul Iversen from Copenhagen. All those prominent in nephrology in the United Kingdom gave papers to, and/or were members of the Association in the early years. Those not so far mentioned include Trueta, Bull, McCance, Platt, Black, Rosenheim, Joeke, Dempster, Milne, McMichael, Fourman, Stanbury, Wilson, de Wardener, Woolf. Later in the decade, the names of Heptinstall, Hardwicke, Soothill, Peart, Parsons, Wrong and Porter appear.

Only at the first annual general meeting in June 1951 were provisional rules of the Renal Association proposed and circulated discussed and approved - but unfortunately not filed in the minutes, as dryly recorded:

“The acting secretary then read aloud the revised draft, and after each Rule the Members either expressed approval by silence, or proposed such alterations and amendments as their experience, wit and humour suggested, and unanimous decisions were reached on all such proposals”

These rules persisted with little modification until they were completely updated only in 1994.

The early international role of the Renal Association climaxed in 1953, when together with the Ciba Foundation, at Sophian's suggestion the Association organised what was the first international meeting on all aspects of kidney function and disease, with Gordon Wolstenholme from the Foundation, Charles Dent (1911-1976), Ken Franklin, Wilfred Payne and AAG “Bruin” Lewis as organisers. Osman was chairman, and Lewis edited the proceedings with Wolstenholme, who had become treasurer of the Association, which he remained until 1967. After the closed meeting at the Ciba foundation, an open session was held at the Royal Society of Medicine, at which issues raised during the meeting were discussed in public. This meeting was reported in the Lancet [12] and the full proceedings as a Ciba foundation symposium [13].

The titles of the papers given are presented in Table 3. In many ways this meeting, and the book it generated, can be regarded as the coming of age of the speciality of Nephrology in international terms. One wonders why at this meeting an international society was not formed - certainly most of the world players were present in London on that occasion, although one notes that only Mathé and not Hamburger - always a driving force - was present from Paris.

Table 3: Papers presented to the international meeting on “The Kidney” in 1953

J Oliver	The structural and functional aspects of recovery from acute renal failure
F Raaschou	Preliminary experiences with aspiration biopsy of the kidney
EM Darmady	Renal lesions in relation to amino-aciduria and water diuresis
H Wirtz	The production of hypertonic urine by the mammalian kidney
Bradley S, Leifer E , Nickel JF.	Distribution of functional activity among the nephron Population
Taggart JV.	Some biochemical features of tubular transport mechanisms
Lambert PP	A study of the mechanisms by which toxic tubular damage changes the renal threshold for glucose
Reubi FC	Glucose titration in renal glycosuria
JR Robinson	Renal acid-base control and cell physiology
RF Pitts, WJ Sullivan, PJ Dorman.	Regulation of the content of bicarbonate bound base in body fluids
RW Berliner, TJ Kennedy, J Orloff.	The relationship between potassium excretion and urine acidification
Sanderson PH.	Renal response to massive alkali loading in the human subject
JP Merrill	Mechanisms of sodium retention
LP LeQuesne, AAG Lewis.	Post-operative retention of water and sodium
MD Milne, NC Hughes Jones, BM Evans.	Electrolyte excretion in states of potassium depletion in man
Alwall N.	Treatment of electrolyte-fluid retention by ultrafiltration of the blood <i>in vivo</i>
Dent CE	Some aspects of calcium and phosphorus excretion
JGG Borst	The characteristic renal excretion patterns associated with excessive or inadequate circulation
J Hamburger, G Mathé.	Fluid balance in anuria
DAK Black	Renal factors in volume control

Also present (all from the UK) and took part in the extensive discussions of these papers:

KJ Franklin, E Baldwin, FJF Barrington, GM Bull, G Eggleton, H Heller, RA McCance, AA Osman, WW Payne, R Platt, D Russell, HL Sheehan, SW Stanbury, HE de Wardener, FR Winton.

Sophian was assisted by Payne as organizing secretary of the Association from 1951, and replaced by Lewis in 1953 , having resigned “*owing to his prolonged absence abroad*”. Wilfred Payne (1894 -1978) (Figure 3) was again another figure rather marginal to nephrology. He had trained at Guy’s but transferred to Great Ormond Street Hospital in 1925 where he worked as a clinical chemist; he also had an appointment at Queen Charlotte’s Hospital, where he must have encountered Sophian. Payne founded the diabetic clinic at the Hospital for Sick Children , and had a principal interest in infantile acidosis and renal tubular disease, and also published on childhood nephrosis, as well as on haematuria and nephritis.



Figure 3. Wilfred Payne, one of the first joint secretaries of the Association



Figure 4: AAG (Bruin) Lewis, one of the early secretaries. He was responsible for organising and editing the 1953 Ciba Foundation meeting on "The Kidney"

Lewis (b.1912) (Figure 4) called affectionately “Bruin” from his bear-like appearance and manner had first trained as a scientist, but later qualified in medicine at the Middlesex and worked in the department of medicine at that hospital, after the second world war, on post-operative water and electrolyte balance with the surgeon Leslie Le Quesne.

In 1955, 91 members had paid their subscriptions. There were regular discussions about the size of the membership, which always ended with the idea of limiting it, although only to less than 130 - and then later 200 - individuals. By 1956 it was clear that Osman’s health was failing - he had diabetes and was becoming more and more deaf, which rendered it difficult for him to chair sessions effectively. Although reluctant to stand down, he was eventually persuaded to do so by Lewis, and in April 1956 Robert McCance became president, and A Mark (“Jo”) Joeke (b.1921) (Figure 5) who became one of the two secretaries of the Association on the retirement of Payne. Joeke played a major role in the affairs of the Association until 1961. As well as being a pioneer of dialysis in the UK with Bywaters in 1947, he was also amongst the first to do renal biopsies in the United Kingdom, in 1954. Since then, Presidents have served for three years, and McCance was succeeded in this office by Frank Winton in 1959. A full list of Presidents and secretaries of the Association is given in Table 4.

Table 4. Presidents of the Renal Association, 1950-2000

Name	Period of Office	Honours
Arnold Osman	1950-1956	+
Robert A McCance	1956-1959	FRS, CBE +
Frank Winton	1959-1962	+
Clifford Wilson	1962-1965	+
Douglas Black	1965-1968	Kt
Malcolm Milne	1968-1971	FRS +
Stan Peart	1971-1974	FRS, Kt
Hugh de Wardener	1974-1977	CBE
Jim Robson	1977-1980	
David Kerr	1980-1983	CBE
Mollie McGeown	1983-1986	CBE
Bill Asscher	1986-1989	Kt
Netar Mallick	1989-1992	Kt
Stewart Cameron	1992-1995	CBE
John Walls	1995-1998	
Gwyn Williams	1998-2001	
Andrew Rees	2001-	

Secretaries of the Renal Association 1950-2000

John Sophian	1950-1953	+
Wilfred Payne	1950-1956	+
"Bruin" Lewis	1953-1960	
Jo Joeques	1956-1961	
Hugh de Wardener	1960-1967	
Oliver Wrong	1961-1966	
<u>John Soothill</u>	<u>1966-1970</u>	
Norman Jones	1967-1971	
Bill Asscher	1970-1973	
Bill Cattell	1973-1978	
Frank Goodwin	1978-1982	+
Gwyn Williams	1982-1987	
David Taube	1987-1992	
Chris Winearls	1992-1996	
Tim Goodship	1996- 2000	
Adrian Woolf	2000-	

NB: until 1971 the Association had *Two* secretaries, one primarily responsible for meetings, the other a general administrative secretary



Figure 5: A Mark Joeke, secretary of the Association from 1956-1961



Figure 6: Robert McCance, President from 1956-1959 (Royal Society)

Robert McCance (1898-1993) (Figure 6) was a fascinating and brilliant character, although it must be noted yet again that he was principally a nutritionist [14] and not what would now be called a nephrologist. However, he had worked on salt and water deprivation in the 1930s and 1940s, training Douglas Black amongst others, and for several decades afterwards studied neonatal renal function among many other interests. He served in the Naval air reserve during the first world war, flying planes off planks placed across the gun turrets of destroyers; their speed was quite insufficient for a successful take-off, and relied on the plane gaining enough speed by first falling towards the sea ! (Figure 7). However McCance survived these hazards and qualified in science and in medicine after the war. He ate sparingly, was always very thin, and cycled everywhere with a cyclometer on his bike; he clocked up more than 200 000 miles between 1939 and 1969 when at the age of 71 his leg was broken, with shortening on re-union of the bones, after being knocked off his bicycle. It was rumoured that until then he cycled the 50 miles to and from the Association meetings from Cambridge, where he worked from 1940, and always arrived with sandwiches in an old leather and canvas rucksack, often keeping on his bicycle clips throughout the meeting. Only in the 1980s did he fail to attend every meeting of the Association, for which he had great affection. His first scientific paper was published in 1922 and his last in 1992- a record which will be hard to beat !

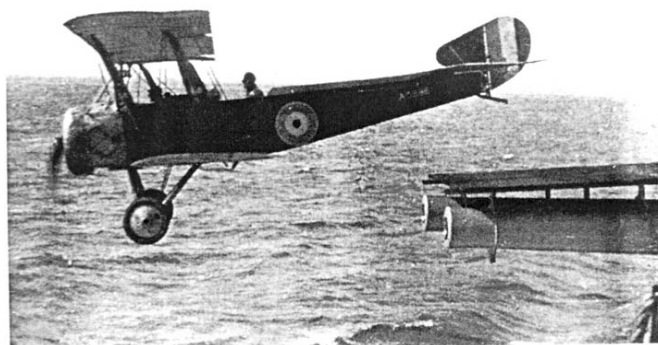


FIGURE 1. R.A. McCance flying off the midship gun turrets of the *Indomitable* in 1918.

Figure 7. (Courtesy of the Royal Society)

The meetings in the small meeting room of the Ciba foundation were intimate and lively. The front row was full with all the heavy artillery on the subject of renal function and disease, and giving a paper as a young supplicant member could be an intimidating affair. Robert Heptinstall remembers [15]:

“Attendance at these meetings instantly dispelled the notion that the British are a polite and gentle race. Not only were the presenters of papers likely to be abused verbally, as Jo [Joekes] and I were by Clifford Wilson when we first put forward the concept of focal glomerulonephritis, but physically as well, such as when Robert McCance of Cambridge quite literally threw me off the platform for exceeding my time”.

It should be added that Mc Cance probably weighed only two thirds as much as even the rather lean Heptinstall.

During the 1950s two to four papers were presented at each of four meetings—a total of about 10 per year and 95 in the whole decade. Because of interest in comparing the topics of the early meetings with those of today, they are listed in Appendix 1. They consist in the main of physiological or clinical investigation of kidney disease, with some urological contributions. Bill Dempster (b.1911) gave an important paper in April 1952 on “the nature and disintegration of homo-transplantation in dogs”, and another in 1957, at which meeting John Merrill of Boston spoke on transplantation also.

On dialysis, almost nothing – only Lewis reporting some work using an Alwall kidney to dialyse dogs in 1958 [16]. There had been no haemodialysis in the UK since the early work of Bywaters and Joekes, and Michael Darmady during 1946-8, until Frank Parsons’ return from Merrill’s unit in Boston in 1956 with a Kolff-Brigham dialyser [17]. To this unit in Leeds were added in 1957-8 another at the Hammersmith hospital using the French Usifroid version of the rotating drum dialyser, started by urologist Ralph Shackman and Milne, together with the RAF unit based at Halton hospital in Buckinghamshire, which used the new Travenol twin-coil kidney and was

run by Group Captain Ralph Jackson with help from Jo Joekes. Further acute dialysis units took patients in Edinburgh, Belfast, Glasgow, Newcastle and the London hospital during 1959. However the impact all this was to have on the face of general Nephrology was not yet evident, and most of those working in the field in the 1950s remained university-based, generally working alone or only in small groups. Thus when in October 1959 the Executive Committee received

“a letter from Dr [Frank] Parsons suggesting that a meeting should be devoted to a symposium on the artificial kidney. The Committee rejected this proposal”.

Correspondence took place between other interested groups in Europe, especially the Société de Pathologie Rénale and a Danish kidney club, which functioned for a time in the early 1950s in Copenhagen under J Byng and Poul Iversen. Then in January 1956 a letter was received from Jean Hamburger on behalf of the Société, proposing an international meeting in Evian in 1959. This was welcomed, and the two secretaries of the Association, Lewis and Joekes (both of whom spoke French well and had connections with the continent, Lewis being a friend of Jean Hamburger) were asked to provide the liaison. Thus the Association played a major role in promoting this first meeting of what became the International Society of Nephrology [18], with Joekes as secretary of the organizing committee. A further letter of 1958 from Gabriel Richet regretted that the main hotel in Evian had burned down, and the meeting had to be postponed to 1960. Eventually it was held successfully in Evian and Geneva under the presidency of René Mach, and the International Society of Nephrology was launched at the meeting. Joekes relates that the first draft of the programme for the Evian meeting *“was high on spa water and low on the science of renal disease”*, possibly because one of the French organisers was also a director of the Evian water company which supported the meeting very heavily. The Association insisted on major changes in the programme to make it more scientific, which after much discussion was agreed. The minutes note that two formal requests by the Association to change the provisional programme had to be made to the secretariat in France, Richet’s initial reply being deemed *“very unsatisfactory”*. Only the delay occasioned by the fire permitted extensive revision of the programme. Lewis also records that the initial approach was for a meeting confined only to Europe, but that he argued successfully that it should be wider in geographical scope and that the Americans should be invited to participate also.

The 1960s

The small size of the venue at the Ciba foundation was already becoming restrictive. In 1961, two meetings were held elsewhere because of building work at the Ciba foundation, one in the Royal Society of Medicine in London, and the other at the Queen Elizabeth Hospital, Birmingham for a special session on proteinuria, organised by John Squire (1915 -1967) who had contributed so much to studies in this area and had assembled a powerful

research and clinical team including Denys Blainey, John Soothill, John Hardwicke and pathologist Douglas Brewer. These individuals, along with Douglas Black played a major role in the genesis of what was probably the first controlled clinical trial in Nephrology - the Medical Research Council investigation of corticosteroid treatment of the nephrotic syndrome [19]. This Birmingham meeting of the Association included also a session on renal transplantation at which John Hopewell of the Royal Free hospital, Bill Dempster, Marcel Legrain from Paris (also on behalf of surgeon René Küss) all spoke [20].

In 1962, because of the continuing building works at the Ciba foundation, meetings were held successively at Charing Cross Hospital, the London Hospital, Cambridge and the RPGMS at Hammersmith. In 1961 also the very influential Ciba foundation symposium was held on "Renal Biopsy" with full international participation. Although the Renal Association was not a direct sponsor of this particular meeting, Wolstenholme was of course intimately involved, and the (unsigned) preface begins:

"It was Dr A.M. Joekes who may be said to have needled the Director [Wolstenholme] into the organization of an international gathering to try to assess the usefulness, risks, and potentials of the procedure of percutaneous renal biopsy"

The book of this meeting, to which many Association members contributed, became immediately a landmark in the history of nephrology [21].

Frank Winton (1894 - 1985) was the next president (Figure 12). Of German



Figure 12: Frank Winton, President 1959-1962

extraction, a cellist good enough to contemplate a professional musical career and married to a musician, Winton was Professor of Pharmacology at University College London, but by instinct a physiologist. He trained with

Verney in the 1920s, and after a period in Cambridge during the 1930s he returned to London in 1938. His main interest then and after was the isolated perfused kidney, and particularly the subject of renal autoregulation. As a pre-medical student in the 1950s I used his short textbook, written with Leonard Bayliss, on *Human Physiology* as did almost all of us at that time. Winton was an impressive, intimidating and rather dogmatic man of strongly-held opinions. After his retirement from the presidency and his chair in 1962 and 1961 respectively, he was little involved with the Association after taking up a new career with the pharmaceutical company May and Baker.

The new secretary from 1961 was Oliver Wrong (b.1920) (Figure 8) who had worked on electrolytes and acid excretion in the 1950s, and then developed a life-long interest in renal stones and nephrocalcinosis. Clifford Wilson (1906-1997), professor of medicine at the London Hospital, took over the office of president in 1962 (Figure 9). Wilson had been hugely influential as a teacher and clinician but above all in three areas. First, a paper published with the German - American pathologist Paul Kimmelstiel in 1936 on the glomerular appearances of patients with what would now be termed type II diabetes was published, and resulted in the lesion of diabetic nodular glomerulosclerosis being known ever since as the "Kimmelstiel-Wilson" lesion. Second, with Kimmelstiel and later with the experimental pathologist Frank Byrom (1902-1975) in London, he did definitive work on the vicious circle of renal damage and high blood pressure in what was then called "malignant" hypertension. The paper on this, which appeared in 1941, was an immediate classic. In the same year his predecessor and colleague, the first professor at the London the Canadian Sir Arthur Ellis (1883-1966) described in his Croonian lecture *The natural history of Bright's disease* their joint work over many years on



**Figure 8: Oliver Wrong, secretary
from 1961-1967**



**Figure 9: Clifford Wilson, president
1962-1965**

glomerular diseases[22], resulting in a new (?over-)simplified classification to replace the usual one of Volhard and Fahr still in vogue, which endured until new data from the application of renal biopsy rendered it obsolete. This lecture was in fact never actually delivered, because of enemy action in London, and it appeared only in print.

Under Wilson's presidency, in 1963 the venues for the association were again in the Ciba Foundation, with one meeting in Manchester. However, clearly there was a problem of numbers, with 114 members in 1961 and 130 in 1964, and only 40 seats at most. In October 1964 a vote was called, but surprisingly the majority of members did not want an increase in the membership and thus a move from the Ciba building, even though 35 further individuals who were worthy of nomination for membership were identified by existing members. A ballot had to be held to decide on which new members could be admitted, and Stan Peart, Bill Asscher and Geoff Berlyne were amongst those who survived the cut ! Things could not continue in this fashion, however, and the meeting of April 1967 when the membership stood at 144 was the last full meeting at the Ciba Foundation: as Norman Jones (b.1931) of St Thomas' became secretary, 50 new members were admitted, taking the membership to 177. The next meeting was in Leeds, and two meetings followed at the Ciba Foundation with deliberately limited attendance, whilst the meeting of 18th October 1967 was held at the Institute of Child Health in London at the suggestion of the other new secretary, John Soothill (b.1929), who was on the staff there. This was to be home to the Renal Association for the next two decades. Ironically, the first meetings there in an auditorium capable of accommodating 250 people or more were (perhaps from long habit) attended by only some 40-50 members, although healthier numbers were recorded in subsequent meetings!

In 1962 another unfortunate difference of opinion with French nephrologists had occurred, over whether or not there should be a journal devoted to nephrology and sponsored by the International Society of Nephrology. The point at issue was whether the subscription to the ISN should include the cost of such a journal and thus be much greater. The Association had already rejected the idea of a British-based nephrological journal during the 1950s. Most members were apathetic on the issue, with 19 members voting against a journal and 17 for it. Jean Hamburger wrote an appeasing letter to the secretary, but nevertheless the ISN journal went ahead and appeared as "Nephron" from 1963, and the Association agreed that its abstracts could appear in the journal.

A striking feature of the programmes of the Association during the 1960s is that still only 8 papers relating to dialysis were presented out of a total of 182, starting with one in 1961 given by Fred Boen of the Netherlands and Seattle on peritoneal dialysis. This was in sharp contrast to the meetings of the European Dialysis and Transplant Association [23], started in 1964 by William Drukker of Amsterdam (1910-1992), Stanley Shaldon (b.1931) and David Kerr (b.1927) in the aftermath of a meeting on acute renal failure [24] organised by

Shaldon at the Royal Free Hospital in 1963. Also, the early International Society of Nephrology meetings in Evian in 1960, in Prague in 1963 and Washington in 1966 took full notice of the boom in long-term dialysis in their programmes. These other meetings of new societies allowed the Renal Association to continue giving dialysis a low profile. In retrospect, it was perhaps more that those working principally in dialysis preferred the EDTA as a venue to the Renal Association meetings, but members of the executive committee at that time recollect debates as to whether dialysis and related topics were “*a suitable subject for scientific discourse*”.

Thus, the dramatic changes that took place in the field of dialysis during the 1960s in the United Kingdom [25] were not reflected at all in the *research* meetings of the Association and at that time it was purely a scientific body. Nevertheless, it offered in October 1964 to help the Ministry of Health consultations about the future of long-term dialysis during the following two years, in any way it could. During this period five centres in the UK, beginning with Stanley Shaldon at the Royal Free hospital from late 1962 and Hugh de Wardener’s (b.1916) unit at Charing Cross shortly after, had begun to treat patients using long-term haemodialysis. In 1964 the Ministry of Health asked a committee chaired by Max Rosenheim to consider the problem, and this in turn recommended a working party chaired by de Wardener (then also secretary of the Association) to suggest action. Most of those already involved in long-term dialysis served on this working party, and recommended the setting up of at least one dialysis unit in each health region, using central funds and making use where possible of the several other units already undertaking acute dialysis.

These recommendations, rather surprisingly in retrospect, were accepted by the Ministry, and within three years 35 new long-term dialysis units had opened. This in turn required an enormous input of new information, much of it of a practical rather than a scientific nature. In 1966 an informal “Dialysis Group” was formed by myself and others, whose main activity was to put people in touch with each other and to issue a newsletter of practical advice and telephone contact numbers on practical problems relating to dialysis from diet, to machines and vascular access. By 1968 it was suggested that Group become formally organised, and constitute itself as a society. This suggestion was narrowly warded off, with the alternative that the group fuse with the Association. The then secretary, Bill Cattell (b. 1928), recalls the rather acrimonious debate in the Association’s executive as to whether this could happen, but in the end the Association accepted as full members 22 individuals of the Group who were not already on board, in October 1968. The Dialysis Group continued to function until it was wound up in 1970, thus avoiding two rival renal associations, one based principally upon dialysis and the other more science-oriented, such as arose in a number of other European countries. However, papers on subjects relating to dialysis remained rare at the Association meetings for another decade more, and those involved in dialysis continued to publish principally in the EDTA proceedings.

Thus by the end of the decade the Association's membership jumped to 235, of whom a record 91 were present at the meeting in January 1969. In October 1968 also the decision had been taken to reduce the number of meetings per year from 4 to 3, by cutting out the Summer meeting (usually outside London) which was often poorly attended; a total of 182 papers were presented to the Association during the decade. A pattern of three meetings a year, with 8 papers presented at each meeting became established and served until the mid-1980s. The decision was taken also to have at least one meeting every two years outside London, but this recommendation was not followed through on a regular basis for another 15 years.

The second inkling of a role for the Association outside of purely academic matters, apart from advice on the setting up of the regular dialysis programmes, came in 1967 with the Royal College of Physicians. Nephrology had not previously been listed as a separate speciality, and those working in the area being lost amongst those listed as "general medicine". In response to a prompt from the Association, the Comitia of the RCP of 26th October 1967 adopted the motion "*that Nephrology should be considered as a specialty in medicine*", in view of the rapid expansion in numbers of doctors in the field and the opening of new renal units. The two bodies generated together a report on the training of nephrologists, and Nephrology was represented on the new JCHMT (Joint Committee on Higher Medical Training). However, for some time most of this work was borne by the College, whose committee contained members who were on the Association executive as well.

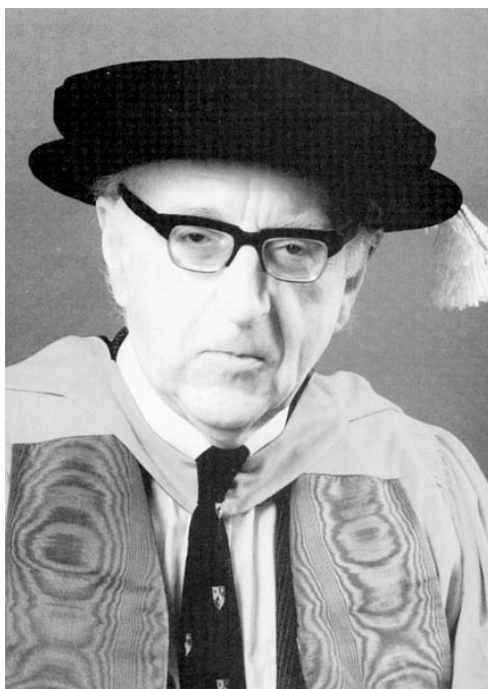


Figure 10: Douglas Black, President 1965-1968
(courtesy The Memoir Club, British Medical Journal)

During this time (1965-1968) the President was Douglas Black (b. 1913) (Figure 10). Black was born and trained in Scotland, and then went first to

Oxford, and then to Cambridge with McCance, who introduced him to salt and water. After service in the war, he trained under Sir Robert Platt (1900 - 1978) in Manchester and published important work on sodium and potassium handling, the latter with Milne. He remained in Manchester until he left there, first to become chief scientist at the Department of Health, from which post he was rescued (his own word) in 1977 by election to President of the London Royal College of Physicians - the third nephrologist after Platt and Max Rosenheim (1908 -1972) to occupy this office between 1957 and 1983. From the College, Black became President of the BMA. In 1962 he edited one of the first books on nephrology, *Renal Disease*, (Blackwell) which ran to four editions, and was translated into many languages. He is noted for his dry Scottish wit and keen intellect: his "*Black looks*" at various aspects of teaching and health care was for some time one of the best features of the journal of the London Royal College of Physicians.

One important initiative of the 1960s was the founding of the National Kidney Research Fund to raise money to support research specifically into renal disorders: hitherto such funding had come exclusively from local money or general bodies such as the Medical Research Council. The idea had been around for some time, promoted by Hugh de Wardener, Clifford Wilson, Oliver Wrong and Douglas Black amongst others, and in 1961 the name *National Kidney Research Fund* had been registered [26]. However nothing was done for a further three years, when the topic became a regular subject for discussion and action, and finally in July 1966 Peter Mullen (b. 1920) was appointed as the first administrator of the Fund, with Lord Chandos and (then Sir) Robert Platt as sponsors, with Tommy Frankland of the Abbeyfield Society as Appeal Consultant; the latter had worked previously with the Royal Society of Medicine in the same capacity, and helped draw up the framework for the Fund. The launch was in the House of Lords on 1st November 1966, and again the Ciba foundation helped with accommodation in 41 Portland Place until the nascent NKRF acquired some money. The secretary and president served *ex officio* on the executive of the Fund to begin with, but later this gradually ceased and the Fund became totally autonomous of the Association. Princess Alexandra consented to be its Patron in 1967.



**Figure 11: Malcolm Milne
President 1968-1971**

At about the same time, then secretary John Soothill deputised for the President de Wardener at a discussion on raising funds for renal research with Mrs E Silverman, later MBE, and Michael F Legg. The Kidney Research Aid Fund was formed as the result, which has continued to support renal research in children.

In 1968 Black was succeeded as President by his old co-worker Malcolm Milne (1915-1991) (Figure 11). In the 1940s Black and Milne had studied potassium handling together in Manchester under various unpleasant physiological manipulations, most of which experiments were done on themselves. Then in 1952 he moved to the Hammersmith for 9 years during which he did major work in many aspects of nephrology: after his early work on electrolyte physiology, Milne's principal interests were in tubular function, amino acid handling and the effect of urinary pH on drug handling but he published also on dialysis and nephritis. Thereafter he became professor of Medicine at the Westminster medical school in 1961, where he worked until retirement. A man of few words and dry wit, Milne could be a formidable opponent in public discussion, his Mancunian accent cutting through any verbiage like a knife. Bill Asscher recalls that at meetings:

"Malcolm Milne and McCance usually occupied the front row. If you presented a paper you could usually tell by the colour of Malcolm's scalp how you were doing. If red, beware – you were going to have a tough time in the discussion"

In 1969 Wolstenholme (now Sir Gordon), who had been Treasurer for 19 years, resigned and it was resolved initially that the immediate past-president should be honorary treasurer and Peter Mullen (Figure 12) now well in the saddle with the NKRF took over the money affairs of the Association as well, with the immediate past president as honorary treasurer. He continued to serve as Renal Association treasurer for 27 years until 1996, although he ceased to work with the NKRF in 1985. His cheery presence enhanced the meetings of the Association for several decades.

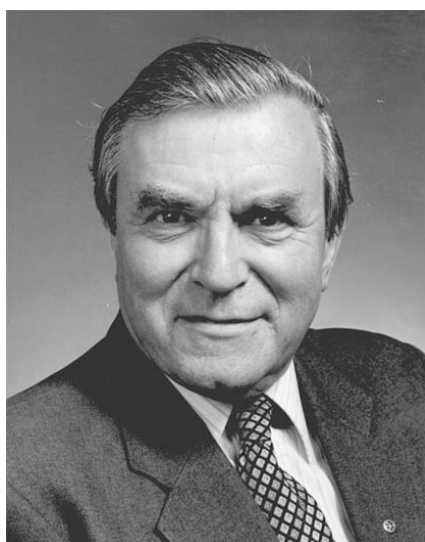


Figure 12: Peter Mullen OBE of the NKRF, treasurer of the Association for 27 years from 1969