

Christopher Parish

Heart Surgery at Papworth



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Foreword

Church Farm, Boxworth, the fine red-bricked principally 18th century (but 16th in part) farmhouse seen beyond extensive lawns on the northern side of the road through that village, has been the home of Christopher and Joan Parish for over 50 years. It is probably not known generally in our village that Christopher was the first cardio-thoracic surgeon at Papworth Hospital. In May 2004 he was interviewed about his life and work as part of the Papworth Oral Project by the Cambs. County Archives Department.

Three excerpts were published in the Elsworth Chronicle between 2005 and 2007 covering his wartime experiences and subsequent career in cardio-thoracic surgery. In the first excerpt he reflects on his wartime experiences and the impact of war on surgery prior to his appointment at Papworth. In the second excerpt he describes the early days at Papworth Hospital and the development of the heart unit. In the final excerpt he reflects on his role in developing medical education in Cambridge and the region.

CHRISTOPHER PARISH AND HEART SURGERY AT PAPWORTH

The War Years - A Learning Experience

As a Major in the RAMC during the Second World War, I learned an important lesson - not to worry about what was going to happen. In the desert we were a few miles back from the front line in 8th Army at Alamein. When we got to Salerno, about nine in the morning, we were the first landing ship on the beach. We carried all our equipment in panniers, and walked for about a mile to an orchard, where we were operating on heads and chests by one o'clock. We worked through thirty-six hours non-stop before we had a rest. We just did the bellies and heads and chests that couldn't be moved to the hospital ships. On our right flank there was nothing between the Germans and us. In fact a Brigadier gave me a rifle and told me to get in a ditch. I showed him my Geneva Red Cross identity card and told him what to do with his rifle! My batman was killed within a few yards of me, and one of our corporals was killed ... The 88mm guns were firing over our heads, and the situation was pretty bleak, but it all resolved itself, and we eventually moved into Naples via the Forum in Pompeii.

We were stuck on another beach at Anzio for about three months. We were under fire the whole time. Mine was the only operating tent that wasn't hit. A shell landed two yards from my dugout but didn't explode. Patients I'd operated on were killed in postoperative tents. Altogether it was a very tense situation for three months. But one thing we learned was to get on with your job and not to worry; you might be there the next day, you might not and so nothing worried me. War has always given a great boost to surgery. In the Franco-Prussian War, "The Impellor" for blood transfusions was first developed. It was only used in very small quantities but nevertheless the idea was there. In the Second World War, a pandemic of flu brought a lot of emphysemas and lung infections, and the need to open the chest, to operate on it without the lung collapsing and the patient dying of asphyxia. The positive pressure ventilation of the lung by the trachea had been developed by Meltzer and Auer in 1909 and positive pressure ventilation enabled open chest surgery to be developed. In the Second World War, again, cardiac surgery developed. You couldn't have done those things in peacetime; you'd have ethical committees, patient's relatives, and lawyers on your back. During the War there was no alternative; you had a living patient, you had to do it. You didn't argue with anybody, you didn't consult anyone. There was nobody to consult!

After the war Christopher returned to Manchester, where he worked as a consultant. But he knew Cambridge well as his family were Cambridgeshire farmers on both sides, and every year, and as a child, he had visited them in Swavesey and Boxworth. When the Consultancy at Papworth and Addenbrooke's was advertised in 1952 he applied and was appointed.

Papworth Hospital – Founding the Cardio-Thoracic Facility

His story continues with his appointment at Papworth Hospital in 1952.

“I recall that at that time Papworth was a very tiny organisation surgically, a little, tiny theatre - with an even smaller anaesthetic room - and very few facilities, and certainly not enough to do modern thoracic surgery. As a result, I made it a condition of my appointment that I was to get new operating theatres. I decided that it was a good idea to develop cardio-thoracic surgery in Cambridge, as there were no facilities of any note. There was a visiting surgeon and two visiting physicians from London. It was done on a very peripatetic basis. It was mainly tuberculosis lung, or carcinoma lung, or a certain amount of oesophageal surgery, but I'd had experience during the war with all types of surgery with 8th Army in the desert, in the Salerno landing and again at Anzio, where we had to deal with all sorts of chest wounds, and through Italy to the Po Valley battle, and finally to Vienna. Amongst these cases, there was one, a German prisoner of war, who had a large piece of British shrapnel sticking out of his chest wall and projecting in to the left ventricle of the heart. With the use of two chromic catgut sutures and big curved intestinal needles, and in the absence of ethical committees and families to consult, we decided to go ahead and attempt to remove it. We had a living patient. We had plenty of blood because the soldiers were always willing to give blood.

By allowing a lot of blood to escape, but no air to enter, we managed to close this wound in the heart and the patient survived. That was my first example of cardiac surgery and I knew you could operate on the heart. Howard Florey had brought Penicillin to us in Tripoli and we used it as a powder in wounds at Salerno in September 1943.

The teaching that I had been given as a student was that 'any surgeon who attempted to suture a wound of the heart would lose the respect of his colleagues'. So it wasn't surprising that because I knew it could be done, I decided we ought to try and develop cardiac surgery with thoracic surgery

at Papworth. We knew that TB was under control, the new antibiotics had come in, the case material was falling away but there were lots of cardiac cases waiting to be done, even dying on the waiting list. The initial opposition was chiefly by the nursing staff. However, we persevered and the Regional Board supported us.

Unlike modern surgeons, we hadn't got trained cardiac and pump technicians. Before the construction of the twin operating theatres with space to accommodate all the equipment round the theatre, we had to do all that ourselves. In the past the theatres were more or less standard, you had room for an anaesthetic trolley, for a nurse's kit, and so on, and the main operating table and the anaesthetic machine but nothing else material there. There was a lot of travelling, and the A14 hadn't yet been developed requiring one to meander through the villages to get to Ipswich. Dr Grove, from Norwich, was doing a certain amount of TB surgery at Foxhall Hospital at Ipswich. I alternated with him to start with and did some surgery there, but eventually he took over all the Ipswich operating. With the help of the Ministry of Health, we managed to get Dr Lum appointed at Papworth as the first consultant respiratory physiologist in the country. The Ministry was very helpful in many ways. When we were considering getting the new theatres established, Ian McLeod, who was then Minister of Health, came one day and I saw him in the anaesthetic room after I'd done a particularly gory operation. I had a lot of blood all over my shirt, and was sweating. Ian McLeod sat down and we talked and the following day we got the go ahead.

I was given the opportunity to develop Papworth from a small tuberculosis sanatorium by expanding its staffing. We had no radiologist originally. I did the first aortagrams myself with Edmund Groves (a former Sidney undergraduate), the only radiographer who was there. We had two visiting London physicians and no cardiologist. I had the job of convincing the Regional Board that we should have a cardiologist because they thought that Dr Cole, who was on the staff of Addenbrooke's, was the cardiologist for the area, but he was not prepared to do the cardiac catheters and the sort of work we wanted at Papworth. Eventually we appointed Dr Fleming from Australia, and from then on the Cardiac Medical Unit developed.

The challenge was to convince people that these things were possible and that it wasn't meddling surgery, and that ethically it was satisfactory. I talked to various ethical medical committees on the subject. The Westminster Presbyterian Training College in Cambridge held a forum on the ethics of cardiac surgery and I talked to them about it.

The Authorities also had to be convinced that cardiac surgery should be done in the country as opposed to the town. I had been promised when I first came to Cambridge that we would be the first unit to move to Addenbrooke's when it moved to the new site, but the neurosurgeons had nowhere to go when they were appointed and they were subsequently given the first unit. So we were delayed, and for fifteen years, they've said 'In fifteen years, you'll move in'. Even to this day, they still say 'They want you to come into Cambridge', but we didn't want to go; the facilities at Papworth are better than we would get in Addenbrooke's, far better parking, far better surrounds, the patients come from all over the country and it's easier to get to Papworth than it is to get into Cambridge. Experimental work on heart pumps and oxygenators was undertaken at Cambridge University Veterinary School with tremendous help from Col. John Hickman and Dr Leslie Hall.

It is now over fifty years since the first heart operation in 1953 and more than twenty-five years since the first transplant operation, but that was when Terence English, later Sir Terence and President of the Royal College of Surgeons, was appointed in my place and I ceased to do cardiac surgery.”

Developing Medical Education in the Cambridge Region

Christopher Parish was Dean of Post Graduate education in the Medical School until 1982 when he became the National Consultant Adviser to the Central Council for Postgraduate Medical and Dental Education in London. In this final excerpt he reflects on his role in developing medical education in Cambridge and the region.

The development of Papworth coincided with the Goodenough Committee Report on the need for further medical schools and the University of Cambridge decided to go ahead and establish a school. I was the medical representative of Addenbrooke's staff on the Faculty Board of Medicine, and I proposed to them that we should establish a medical school in Cambridge. I was on the Clinical School Planning Committee from the beginning.

I was appointed Associate Lecturer by the University when I came, and I had been a lecturer in clinical anatomy in Manchester before that, but only for a short time. I'd taught undergraduates at Sidney Sussex College of which I was made a Fellow, and also postgraduates at the Postgraduate Clinical School. In fact, I topped out the Clinical School on a very wet day.

It was allied to the Undergraduate School, and the Postgraduate Dean and the Undergraduate Dean worked in close harmony. I established the teaching and the postgraduate centres throughout East Anglia. The centre at Peterborough I established with the aid of the General Surgeon (Dennie Bracey) who became mayor, and raised the money in his mayoral year. At Norwich we got half the Outpatients Department and converted that to a postgraduate teaching centre, the nurses had the other half. At Ipswich, we adapted an old building and eventually got a new one. Kings Lynn had a purpose built one and so on.

I was very fortunate that the University was considering a new medical school as a result of the Goodenough Report and I was in a position to do something about it. As the Addenbrooke's staff representative on the Faculty Board of Medicine, as a Fellow of a College I knew the ropes of the University organisation. It was a great opportunity to develop the Clinical School in association with Papworth. We tied it in with the University. Addenbrooke's and Papworth is a University Trust, a combined trust, although we're separately located and we're better off there than we would be in Addenbrooke's. As a University Library syndic, I advised combining the Addenbrooke's Hospital, undergraduate and post-graduate libraries in one medical library as part of the University Library, with the help of the then University Librarian, Eric Ceadel. As a member of the History and Philosophy of Science Syndicate, I negotiated the funding and establishment of the Wellcome Unit for the History of Medicine and became its first Chairman.