

## Conversation with Dr. John Silver, June 2011

I qualified in 1954 and I had become interested in Orthopaedics while still a student. My first job was at Luton and Dunstable Accident Unit where there were lots of road accidents and I was working under a very hands-on and inspiring consultant, Laurence Plewes; I did six months there. When that finished I said to the senior registrar I was working with, 'Well I have seen a lot of acute Orthopaedic cases; where should I go to experience chronic Orthopaedic cases?' He advised visiting either the National Orthopaedic Centre at Stanmore or to Stoke Mandeville. So I visited Stoke Mandeville in 1956 and witnessed the quite superb spinal injury work that Guttman was doing there. This was between jobs.

At this time spinal injuries was not a popular field to work in; it was seen as both too specialised and also as a bit of a dead-end job. Also Guttman already had a reputation as a man who was known to be very difficult to work with. One of the results of this was that he was surrounded by junior staff who were neither very good nor very committed. Very few English doctors seemed prepared to put up with working under him. Ludwig Guttman was always short of staff and invited me to work for him but I could not as I was not fully registered. I went to do my House Physician's job. I did my 6 months medical job and had a very bad time of it. It was uninspiring; I was learning nothing; but working 100 hours a week, sometimes three nights in succession. I wanted to give up medicine, but I remembered how good it had seemed at Stoke Mandeville; and Guttman had always said, 'Come back and work for me'.

So I went to Stoke and for the first six months he was wonderful: devoted to his patients, inspiring to his staff, a good teacher. I loved him; I wanted to be like him; I respected him; the work he was doing was quite fantastic. My eyes were opened when we received one particular patient, who as it happened, was the nephew of the consultant Neuro-surgeon at the Middlesex. He had had a spinal injury accident abroad and she had supervised his transfer home to the Middlesex where he was cared for. While I was a student at the Middlesex, I had seen him there at his arrival. He had to wait eighteen months before he could get transferred to Stoke; and when he came to us he had every complication in the book; he was covered in pressure sores; his kidneys were full of stones; he was practically dead. And this little German Jew, working with poor staff who he had welded into a team that he could rely on (he had done it all himself): he cured him, sent him out into the world and back to a meaningful life. For me it was one of those Damascus moments. The stories about him were true. Then I did a months' full time research work which was very stimulating.

He had arranged things so that when I went off to do my military service in the RAF, I was stationed at the RAF hospital at Halton nearby so that I could cycle across and do research work at Stoke as well. I realised while I was in the forces that I wanted to make a career in spinal injuries but that I would have to obtain a higher qualification and further training before going back to Stoke Mandeville Hospital. I passed my membership and worked for the professor of neurology at the Middlesex Hospital for 2 ½ years and by then I had a very good training in orthopaedics in the air force and civilian practice and 6 months in neurosurgery. In 1962 when I went back to Stoke Mandeville, there was no registrar post for me; instead I worked as a researcher with the understanding that I would also have clinical work as well.

But that all turned into a bit of a power game with him: he was withholding the clinical work from me and when I queried this he would say 'I am not satisfied with your research work yet.'

Additionally a lot of my research he sought to use and present under his own name. He was stopping me from publishing my own research and at the same time cherry-picking from it and presenting it as his own work at meetings. After repeatedly getting the same response – ‘No, it’s not satisfactory yet. We will see’ - I realised that I was being strung along and I told him I was leaving. In fact by this stage I loathed and hated him personally and had almost ceased to respect him professionally. Like Stalin he had this bunch of acolytes, whose qualifications were blind unquestioning obedience and never to challenge the master, who were hanging around him and were jealous of me as I was the only one with proper training and a higher qualification. The only thing that really mattered was whether Guttman approved and was pleased at what they did. The outcomes for the patients didn’t really matter. We were all caught up in this intrigue.

But then when I took advice from some senior colleagues elsewhere I was advised, ‘Guttman is the king pin of spinal injuries. If you fall out with him or walk away your career will be finished; you will end up doing Infectious Diseases in somewhere like Bolton’. Anyway, this person then had a word with Guttman and slowly I started to get a little clinical work. But it made me realise that what people had been saying about him was no understatement. I realised I had to leave as quickly as possible. I left in 1965 and went to work in Liverpool as director of the regional unit. While there, Guttman told me that he had given up all hope for Stoke Mandeville and looked to the future of spinal injuries at the Liverpool unit and at Sheffield. I returned again in 1970 as the Consultant in Spinal Injuries when Guttman had retired, but the problem was that he wouldn’t let go; he wouldn’t leave. He still used to come in and strut around the wards and intrigue and undermined everybody.

Guttman could not tolerate other consultants around him. He relied on having junior staff. In fact he deliberately selected vulnerable and defenceless staff, foreign doctors without a higher qualification, because he understood how to manipulate and bully people. These were people who he could exploit, often foreign doctors who were desperate to stay in the UK; there was even one Polish doctor who he threatened to have shipped back to Poland and the communist regime from which he had fled! Able doctors came, saw what he was doing but like myself could not stay and work for him and departed.

What was distinctive about Guttman’s treatment regime at Stoke Mandeville? Essentially if they went anywhere else for care, the spinal injuries patients died. He exerted a total, obsessive control over all aspects of care at the hospital, whether it was him coming round in the middle of the night to make sure that the nurses had turned patients, or checking on the quality of the cleaners’ work or that of the food served on the wards. Everything was his responsibility. This was such an enormous contrast with the approach of consultants in most other hospitals who would do a ward round once a week and expected to leave everything else to junior doctors or nursing staff.

In terms of the treatments he introduced that saved lives; the first thing was the treatment of pressure sores. He recognised that these were a medical, not merely a nursing, problem and he personally made sure that paralysed patients were turned regularly so they didn’t develop sores. Unlike other consultants his approach to integrated care drew no hierarchical distinctions between sophisticated medical and surgical interventions, on the one hand, and the day to day business of nursing care. It was all part of his responsibility.

The other major treatment he introduced at Stoke was the elimination of lower urinary tract infections. The treatments had been developed by Monroe in the States in the 1930s and by German doctors like Kocher and Wagner in the 19<sup>th</sup> century, but Guttmann was the first to introduce their methods to Britain. It was also significant that Guttmann had trained in Germany in the 1920s under Foerster. Medical training there was light years ahead of that provided in the UK. And significantly Guttmann's training included psychiatry as well. As a result he was an excellent psychologist and knew how to motivate both patients and staff.

Guttmann had entered into what was generally felt to be a very unpromising field of work. Spinal Injuries was a speciality that most doctors in the 1940s and 50s would avoid if they could. And yet he was able to transform the status of Spinal Injuries, so that by the 1960s and 70s it was regarded as an innovative and exciting area of medicine.

There were some things he was resistant to. He regarded spinal plating as a waste of time and believed that any surgical intervention on the spinal cord would only make matters worse. The standard regime at Stoke was 12 weeks bed rest. I later introduced spinal plating at Stoke after I saw the good results achieved by some of our patients transferred to the JR at Oxford where they underwent this treatment.

Guttmann favoured physiotherapy over occupational therapy and the latter service was very under resourced at Stoke. This was largely his personal belief; other hospitals took Occupational Therapy a lot more seriously. Part of the problem was what was on offer: basketry! If you give people useful things to do then they will enjoy it. I subsequently introduced the first computer room as part of OT and it was extremely popular.

Then there was the sports movement. It was hugely important to Guttmann and I too knew that sport as a method of rehabilitation is a marvellous thing. But I kept well away from this, knowing that it would only be a further source of conflict. Once again Guttmann insisted on being in charge and ran it with the help of his own acolytes who knew nothing, except to carry out his instructions. It wasn't being run properly, the facilities weren't right, the administration wasn't right and the politics weren't right.

Take South Africa and apartheid. For the 1980 Olympics to be held at Arnhem Guttmann had insisted that the South African team had to come and take part (they were all friends of his). However, it was a segregated team with only white athletes. I remember tackling him about this and he said, oh no, we had all been fed a story; there were black athletes in the South African team; it was alright. The stadium where the games were taking place was boycotted with a picket line and a South African nurse on the wards explained that the Black athletes were all using old heavy chairs and old equipment; they had never used sports chairs before and as a result, when they came up for the trials, they all got eliminated for selection to the South African team. I considered that it was a fraud. The matter reached the International Court at The Hague, the games were boycotted and a huge number of countries refused to attend. When Guttmann died, the boycott was immediately lifted and all the teams participated on a normal basis.

Guttmann was tremendously conceited. He was terribly averse to his doctors being exposed to other people's ideas. So much so that he would block or prevent our attempts to go abroad to obtain further training or for research posts. He denigrated all other work, and said that all

knowledge could be obtained from him alone. He thought he was the last word of knowledge about spinal injuries. Long after he was officially retired, he continued to indoctrinate those staff who would listen to him in this belief. He denigrated other practitioners in his field and tried to suppress information about their research among his team. Dr Michaelis worked with him; he was a very erudite German refugee like Guttman himself. He said that Guttman only praised people after they had died.

This self-conceit is probably best represented by the Stoke Mandeville Dictionary that he produced for staff at the hospital. In it, he listed all the appropriate treatments and equipment for spinal injuries work; it included his condemnation of treatments of which he disapproved. This book was like Mao's red book to bend people's ideas to the religion of Guttman.

He was an absolute dictator who would humiliate other doctors in public on the wards. I remember poor Dr Melzak, the Polish doctor, was reduced to tears in the toilet after one ward round. When asked a question by Guttman, he started to reply "I think..." to which Guttman snapped back, "When you think you get into trouble. You don't think; you should know".

It wasn't a spur of the moment thing, it was quite considered. He told a visiting doctor, as part of his indoctrination methods: "You have got to humiliate people in front of other doctors and patients, to show them who is boss". It was a policy of quite deliberate intimidation. When I was working for him as a researcher he used to quite deliberately summon me at the end of the day to make me late when I was travelling back to London. On one occasion, I said to him, "look I'm sorry but I want to get back home". When he asked why, I explained that my wife was in labour. He just snorted back, "Women! Kinder, Küche, Kirche" and laughed. In other words they were only fit for giving birth to children, cooking, and going to church.

Reg Maling was a brilliant engineer working at Stoke Mandeville. He designed and built the Possum machine which was powered by the patient's breath and allowed tetraplegic patients to control equipment like typewriters. When Guttman retired and was ousted as Director, he still wanted an office and he fancied Maling's office, so he had the man sacked so he could have the space. Reg was damaged for life by this; he never forgave him.

At first, I accepted a lot of Guttman's practices and methods. He was good at brainwashing people. After my first stint at Stoke, when I was working at RAF Halton, I remember reciting his mantra to my superior there, "You have got to get the treatment of the patient right; it doesn't matter if you upset other people in the process". Air Commodore Crookes, the senior orthopaedic surgeon at the air force corrected me: "It does matter what your colleagues think of you." Initially I believed everything Guttman said but I realise now, that it is possible to persuade people and lead by example and not through fear, intrigue and intimidation.

He left a lot of victims and damaged people. I think of the wives of all the doctors who worked for him who were terribly bitter about the way their husbands were treated. Having to turn up for meetings and conferences where he sat on the stage getting all the glory and they, who should have been alongside him, were consigned to the back row, watching him. In his religion of self-worship, he insisted against the wishes of the regional board, that they appointed as his successor, a sick man without higher qualifications who was broken by him, so that he could continue to run the unit by proxy. This led to a great deal of unhappiness as a result of which three consultants left.

But then as many other people have since argued (and ultimately I would have to agree with them) maybe he wouldn't have achieved what he did if he had not been so bloody minded; and remember, so many patients have benefited the world over because of it.