

C L I F F O R D B R E W E R V D , P R , F R C S**By Richard Earlam****PART I BEFORE THE SECOND WORLD WAR (1913-38)**

The President asked me to write a Profile on Clifford Brewer because he is our most senior surgeon having passed his FRCS in 1938 aged 25. Part II will describe his Second World War experiences from 1939-45 as a front line medical volunteer officer. Part III concerns the thirty-three years he spent as a consultant surgeon at the Liverpool Royal Infirmary from 1945 to retirement in 1978. It must be emphasized that an obituary is usually written by a contemporary, but always post mortem, who will write comments which would not have been accepted by the honoured person during his life, but a profile is more lively because it is performed in vivo. I have therefore followed a risk-averse procedure in vivo of close cooperation with the eminent surgeon and the result is presented in two typesets, mine in normal script and Clifford's in italics (more important). This does not thereby become autobiographical but it does allow emphasis on his achievements which otherwise he would hide under a bush.

It is unusual to see a Senior with strange letters after his name, but these will be eventually explained by Clifford.

After three pre-clinical years at Cambridge Earlam had to choose whether to spend the next three clinical years in Liverpool, where his father was in general practice and had trained at the Medical School, or go to one of the London Teaching Hospitals where the majority of graduates went. I then made one of my best career decisions on the basis that the central London hospitals did not have enough patients, and so he went back to the Liverpool Royal Infirmary and the other Liverpool teaching hospitals. The choice was easy, because a larger population meant more experience and more teachers. There in the centre at the

Liverpool Royal Infirmary amongst the consultants was Clifford Brewer appointed after the war in 1945 aged 32. He was a junior consultant when I was a house surgeon in 1958 looking after Professor Wells' 30 male beds in a long Nightingale ward and 20 females in the circular Nightingale ward. I was the only houseman @ £365 pa because two would have been far too expensive. Twenty years passed in a flash until I met Clifford again after his retirement in 1978 at a medical meeting in Winchester. My mother lived in Twyford and Clifford lived nearby in the Forest of Bere not far away. We later had a memorable alfresco lunch on the banks of the River Itchen with other Liverpool exiles meeting Clifford and his wife Marjorie. As with all NRLs (non-resident-Liverpudlians) we had a lot in common. The Earlams lived in Mossley Hill on the borders of Sefton Park and the Brewers were on the South side of the hill near the old Domesday settlement of Garston, which was famous for its port and the import by Fyffes of all the bananas eaten in England. Clifford gave me a copy in manuscript form of his opus "Liverpool Royal Infirmary 1887-1978". This was a full detailed history of the Victorian gem designed by Alfred Waterhouse (1830-1905), a Liverpudlian born in Aigburth, with expert advice from Florence Nightingale (1820-1910). It was here that Clifford had worked from 1945 to 1978. Clifford also gave me a copy of another of his historical works "The Death of Kings", written after his retirement, combining history with pathology, extremely useful when studying the tombs at Westminster Abbey and on sale in their bookshop. I lost touch after the death of my mother and Clifford's wife Marjorie and all I possessed were his two works in manuscript form. There was no answer to his phone and no contact possible so I presumed he was dead.

One day in 2000 at Waterstone's I found a brand new edition of "The Death of Kings" by Clifford published by Abson Press, so presuming this to be a posthumous publication but ever optimistic I phoned the publishers and rediscovered Clifford living at Stable Cottage in the Forest of Bere near his daughter and son-in-law. It was quite clear that it was him, he

had a new car, was still fishing and tying his own flies, visiting antique shops, buying clocks, and completing crossword puzzles.

Clifford Brewer was born in Liverpool on 29 April 1913. He was the son of John Brewer a Liverpool Headmaster. Having obtained the 'Matric' at the age of 15 he was not anxious to take the Higher School Certificate. When his father asked him if he would like to do medicine he asked if 'Higher' was necessary and being told it was not a requisite he agreed to try for admission. He duly reported accompanied by his father to the Dean of the Liverpool Medical School, Professor Dilling. Both Dilling and his father were members of the Cathedral Committee and they had a lively discussion for some time. Finally Dilling turned to Clifford and said, "We start on 15 September and so his medical career commenced".

There were no doctors in the Brewer family nor brewers as far as he knows. There was an aunt in Grimsby who was theatre sister to a Leeds surgeon so that is why Clifford had the future Lord Moynihan as a godfather.

The students who started the medical course in 1929 were to do a new six year course. More time was to be devoted to anatomy, physiology and pathology. Thirtysix students started the course and twentynine were to qualify in 1935. One died of the rare disease Actinomycosis.

As a medical student Clifford obtained a record number of medals and prizes. The Rankin Exhibition, the Mitchell Banks Medal, the Torr Gold Medal in Anatomy, the Holt Medal in Physiology, the Silver Medal in Pharmacology, the Kanthak Medal in Pathology, the A.C. Rich prize in Medicine, the University Gold Medal in Gynaecology and the University Gold

Medal in Surgery. He presented his Gold Medal in Gynaecology to the Medical Students Society where it is still worn by the President (around his neck).

This led to an apocryphal story set in the Students Union during the Staff/Student Medical Ball with Sir Henry Cohen (later Lord), Norman (Nobby) Roberts orthopaedic surgeon and Clifford Brewer. The subject is the number of student prizes won. Nobby asks Clifford "How many did you get?" "Nine out of the available twelve". He then asked Henry "And how many did you get?" "Eight". "Oh" replied Nobby "what went wrong, Henry?" It must have been boring but exceedingly amusing when this repartee was repeated each year in front of the students.

Relating to donations for the Students' Union was Professor Charles Wells' gift of a hammer and gavel to its President. This was very kind of him and allowed order to be kept. The Professor however, seemed completely unaware that these "instruments" were not just surgical but were closely associated with his membership of the Masonic Order which he had not attended for years.

Why did Clifford chose surgery? The answer to this question is that he first chose gynaecology.

In fact he was good at female anatomy and had won the University Gold Medal in gynaecology. He also won the Torr gold medal in anatomy, but it was a close run thing. The examiners were an external and Professor Woods, home team anatomy professor. In his viva the former asked the odd question "Brewer, what is the weight of Bartholin's gland (the size of a pea)?" to which the dangerously bright student replied "with or without its capsule, Sir?" Professor Woods collapsed in hysterical laughter and the external turned

sour, but Clifford got the honours and to this day does not know the weight with or without the capsule.

Clifford did the usual house appointments at the Liverpool Royal followed by a demonstrator job in anatomy. He got his Primary and then the Fellowship in 1938, aged 25. With the support of Professor Leyland Robinson he had applied for a gynaecological post at Queen Charlotte's in London but was unsuccessful. He was then RSO at the Liverpool Royal Infirmary and Sir Robert Kelly's registrar for twelve months. After this he became RSO at the Radcliffe where he did much of the work for his senior, HAB Whitelock, who was failing in health. While there he had a very interesting case; a lady of 67 had been getting enlargement of her abdomen and took to her bed. There she remained for three years before finally calling in her doctor. On admission she was found to have a somewhat large ovarian cyst. It was found to be slightly heavier than the patient, being some 6-7 stones (84-98 lbs). Removal, although easy, was complicated by difficult anaesthesia. Fortunately, Prof MacIntosh, the new Professor of Anaesthesia was giving the anaesthetic and the patient survived to have many more years of life. The Guinness Book of Records has yet to be convinced of the authenticity of this case – the removal of a tumour heavier than the patient.

Another incident of some interest at this time only became clear twenty years later in Liverpool when a private patient of Clifford's made a nuisance of himself with frequent calls giving details of information and tips regarding the stock exchange. At long last he was asked why he did so and the explanation was somewhat unusual. "In 1938 you were RSO at Oxford and my mother came in with severe acute appendicitis. The surgeon wanted to empty the uterus and take out the appendix but you said that you were working on the new drug sulphonamide and you would like to try this and merely take out the appendix. This you did. I was the foetus".

Oxford had recruited a hospital for the RAMC and Clifford was appointed as one of the surgeons with the rank of Major. As war was declared in September 1939 Clifford was doing a nephrectomy when a breathless nurse told him he was wanted, urgently, at the RAMC site. Hurried completion of the operation was followed by a period of some five months doing nothing, because nothing much was happening. Being a Territorial Officer Clifford was awarded the "Volunteer Decoration" so he was entitled to have the letters VD to his name. This later became the "Territorial Decoration" and then "VD" was shown as "TD". PR will be described in Part II.

PART II MEDICAL OFFICER IN THE SECOND WORLD WAR (1939-45)

Clifford's wartime experiences in World War II as a medical officer were not just for a few months but from start to finish. As is usual with Clifford his descriptions are self effacing with a mixture of humorous stories or anecdotes and only very rarely the addition of its terror, the boredom, the horror, the stupidity, the smell of death from animals in the fields of Normandy and the triumph of individual survival over the possibility of joining many millions in death.

In 1938, aged 25, Clifford obtained his FRCS, had left Liverpool and was working in the Radcliffe Infirmary as a Resident Surgical Officer (RSO). He was in the Territorial Army as a volunteer Reservist so he joined 106 Military Hospital based on Oxford and the Radcliffe which was sent to Boulogne after the outbreak of war but just before Dunkirk (27 May – 4 June 1940). The commanding officer knowing that the troops up the coast at Dunkirk were surrounded and seeing a destroyer off shore, made the sensible decision to embark his whole hospital intact and return safely to Oxford. He appreciated full well that his action might result in a court martial or alternatively a decoration for valour. No action was taken.

Whitelock, who had commanded the hospital was invalided out and a regular officer, Crawford Jones was appointed. This officer had a high regard for Clifford which was to have a great influence on his future. The Oxford hospital was sent out to the Middle East and Crawford Jones was appointed DDMS Appointments for the area taking a keen interest in Clifford's whereabouts. The hospital went to Greece and all were captured except Clifford who had been moved by Crawford Jones. Crete was the next station where his parents were notified that he was a POW but again he had already been moved.

The journey to the Middle East had been of interest because it involved a huge detour round the Cape of Good Hope. Three Cunard ships, the Queen Mary, the Aquitania and the Mauritania travelled with two cruisers as escort. Clifford was in the Queen Mary with three to a state cabin. The ship had to use all its civilian food up by the time it reached India so meals were exceptional. To avoid the French at Dakar the convoy travelled half way across the Atlantic and finally finished up at Trincomalee. Here he transferred to a ship called the Karagola which had been the private yacht of King Farouk. The trip up the Red Sea was to be exciting as they were to pass Eritrea where it was known that there were two Italian battleships. The convoy had two cruisers so the odds were very short and they sailed past the Italians who made no move, so arrival at Suez was assured.

After the initial Greece, Crete and North Africa postings in Tobruk Clifford was posted to a hospital sited in the monastery on top of Mount Scopus outside Jerusalem. Here he worked with Ralph Marnham for some six months before being sent to a hospital at Sarafand. The orthopaedic chief was Brigadier St John Dudley Buxton (1891-1981, FRCS 1921) who had been appointed consultant to the Middle East. In peacetime he had been consultant at King's and later President of the British Orthopaedic Association. In WWI having qualified in 1913 as a doctor, he was awarded the Croix de Guerre and mentioned in dispatches in both wars. He was extremely experienced, a good administrator and an excellent surgeon. His contribution to surgery in the area has been much underestimated. He organised advanced surgical centres and formed five orthopaedic centres. Clifford was appointed as OC of No 5 at Sarafand. The facilities were excellent and Marnham was once again in the same location as general surgeon. While working here the Polish medicals asked Clifford for help with a "difficult case". This proved to be an officer with a very large carbuncle on his neck! Maybe there was a language difficulty but it was difficult to see why they did not do the emergency operation themselves. However, to be helpful, drainage was arranged; some three weeks later the officer about to be discharged now

appeared in great splendour covered with decorations. He was General Sikorski, Head of the Polish forces who presented Clifford with a decoration for all his trouble, the Order of Polonia Restituta, a Polish knighthood. This now meant that Clifford could put after his name the two decorations which had a somewhat unfortunate ring, the Volunteer Decoration VD and PR.

While working at Sarafand two interesting young surgeons were posted to the unit. A certain Captain John Charnley from Manchester with an interest in orthopaedics and Captain Reggie Murley. There was great trouble with flat foot which would categorise a soldier as B2 and unfit for active duty. As a work shop had been established Charnley was given the job of making instep supports and thus began his orthopaedic career. Murley was a great help and assisted at numerous operations. A friendship was established which was to last until the death of the President many years later.

The Syrian campaign (June 1941) was to give much work and even greater trouble was to come when it was over. A POW compound housed many Vichy French and they had a fight with their guards who replied by turning machine guns at their legs. Suddenly there were some 90 cases of compound fractures of the lower limbs. How to deal with so many? It was decided to treat their open wounds and immobilise their legs in Thomas splints incorporating plaster fixation so that they could be evacuated. This proved to be very satisfactory; the method was seen by Marnham who took the brilliant idea with him to Tobruk. It became called the Tobruk splint and was described by Major Jack in the small surgical handbook published by Heneage Ogilvie (1887-1971) with no appreciation either of its originator Brewer or the original developers of the Thomas splint, the Welshmen Hugh Owen Thomas and Robert Jones from Liverpool.

It is perhaps helpful at this stage to list the disastrous events of 1941, in Yugoslavia, Greece and Crete, all places that Clifford was lucky to avoid. On 6 April the Germans invaded Yugoslavia and Greece, taking Athens by 27 April 1941. The British lost many troops and 26 large ships including hospital ships before retreating to Crete. This island was invaded on 20 May and evacuated on 1 June 1941. In the Eastern Mediterranean the British invaded Iraq (4 June) and Syria/Lebanon (8 June). In North Africa Rommel arrived in Tripoli on 11 February 1941, and began the siege of Tobruk on 10 April; it was relieved on 10 December 1941, captured by Rommel on 21 June 1942 and retaken after the battle of El Alamein (23 October – 4 November 1942) with a further westward advance in November 1942.

During these difficult times Clifford was first of all in Palestine and later posted to Cairo to work with Naunton Morgan and Boyd of Manchester in the new hospital at Agouza. Although very attractive in some ways the work was not very exciting being mostly simple civilian work. Clifford thought it time to move on and as there were now mobile surgical units being established managed to transfer and become OC of No 12 Field Surgical Unit.

Shortly after this posting there was a move to send units back to the UK in preparation for the Normandy campaign so back went No 12 FSU. When leaving Suez the ship was delayed for an 'unknown' reason. This proved to be due to Clifford's brother who was in charge of 'movements' and had delayed the ship to see his brother. Clifford went down the gang-plank to talk with his brother and caused a great delay. A voice from the watching troops rang out – "give him a kiss and lets get home", so home they went to dear old England.

Clifford was at the D-day landings after 6 June 1944 not in the first wave but in the second. There was some delay because the American in charge of his landing craft containing all

the medical staff and equipment hit a sand bank and stuck, peacefully he thought, until he was shelled so suddenly and surprisingly they moved forward to the beach which was safer. On shore was Jack Leggate (1904-85) FRCS later to be Dean of Liverpool Medical School (1953-69), to welcome him having survived from the time of the initial landing. Clifford had been warned that survival in the first wave was dicey and he was extremely pleased to see Leggate alive and well.

Clifford's unit No 12 FSU was no ordinary unit. It was perhaps the only unit in the army where everybody was a non-combatant; all were Quakers. Apart from the two medicals, surgeon and anaesthetist, there were eight other ranks and a sergeant. Of these, three were graduates and the clerk was a reporter from a London paper able to type at lightening speed; I was able to dictate my notes while operating so that the clerk could type them on to the medical form I 1220 which was to travel with the wounded back to base. I am sure no other unit sent typed notes with their casualties. They considered themselves a crack unit. The medical staff had difficulty in living up to their expectation! On landing we attached ourselves to a CSS and then to other forward units and we were very busy. Arthur Porritt, although he had no experience of military surgery, had been appointed as consultant surgeon. He visited regularly and by his pleasant personality gave great encouragement. The unit was also visited on many occasions by General Montgomery. Monty was anxious to see the wounded but he was somewhat difficult to deal with. He would accept no drinks, no tea, no coffee but he would shake hands and give an encouraging pat before doing a round. In spite of his frequent visits I felt that he had no knowledge as to who I was, but I was mistaken. After the war, when he wrote his book, he sent me a signed copy. We chased after the army as they progressed in Normandy but we were in for a surprise. A Liverpool doctor (Garson) had been appointed to arrange medical work and an FSU was now needed to follow the tank attack Monty was to mount round Caen. He selected his Liverpool unit No 12 and so we found ourselves involved with the Guards armoured unit.

You feel very naked in a field sitting in an illuminated operating tent while tanks fire at one another. The attack was a great failure although Monty gives few details in his book. We lost about 400 tanks in three days. Our tanks were no match for the German Tiger tanks. Casualties were very few as in a tank battle the crews were killed or burnt to death. The survivors, usually those exposed in the turrets, suffered 50 % burns and nothing could be done to save them. Anaesthetists had the task of triage and deciding who should be operated upon and which were best cared for with morphine.

The Normandy battle now passed to the Falaise Gap and the German retreat. We went forward to Louvain in Belgium and here we worked in a convent which was attacked by bombs. Nursing Sisters were now present and Matron dashed out of her quarters to see if any had been wounded. She appeared at my unit and I was pleased to assure her that no sister had been involved. It was, however, the only occasion that I have had a conversation with a Matron of QIMNS when she was dressed only in bra and panties. We now went to Brussels to the Hospital Brugman and the Germans put in their fierce counter attack. We were busy once again. One difficulty was that following admission of casualties they were first inspected by the anaesthetist who had to select those most likely to benefit by surgery or at least able to stand anaesthesia. This put a considerable strain on the anaesthetist acting as God as to who would be treated and who was "unfit". I now lost my experienced anaesthetist who could take no more and I had to do with whoever was available. For reasons not quite clear Porritt decided that I too had had enough and he sent me back to Bayeux as OC of a Surgical Division. I worked there for three months when our war ended. Being 'first in' I was offered 'first out' and could either stay or go home and be demobbed. I decided to go home. I should have stayed because all OC Surgical divisions of six months standing got an OBE! But I wanted to get married to Marjorie and forget five years of fighting a war.

PART III

LIVERPOOL ROYAL INFIRMARY (1945-78), REST AND RECUPERATION

On return to Liverpool in 1945 the newly elected professor of surgery, Charles Wells, offered Clifford an appointment as clinical assistant. Some three months later six young consultants were appointed, all of whom had seen service in the Second World War. Brewer and Silverstone were at the Liverpool Royal Infirmary, Bennett-Jones and Doyle at the Royal Southern and Beattie and Hunter at the David Lewis Northern Hospital. Professor Wells had wanted Clifford to work with him which is what he had expected but the senior surgeon Hugh Reid, pulled rank and insisted that Brewer worked instead with him. So began a long and interesting period as assistant surgeon. Reid was surgeon to the Homeopathic Hospital and he now asked Clifford to take this on. There was also appointment as surgeon to the St Helen's hospital. This combination of three hospitals meant that work was very heavy.

Officially Clifford was paid for only nine sessions out of a possible eleven, because in those days everyone worked on Saturday morning. It was also the rule that if the consultant wished to do private practice he could only be paid for 9/11 of the 'full' week. He considers that he "might have been doing 12 sessions" on his calculations. This differs from a modern analysis of his surgical contract which might be nearer to 18 sessions, namely the present job of two surgeons.

Clifford had been lecturer in surgery to the dental school from 1947. As well as examining in this subject at various universities he examined at the Royal College of Surgeons in Dental Surgery from 1948 to 1970 (22 years).

Liverpool decided to build a large central hospital to replace all four existing ones and to call it the Royal Liverpool Hospital. Work on this went ahead at the speed of dead slow to reverse because in the building contract there were no penalties for delay or missing deadlines and the local Irish building workers therefore considered that this was the eternal answer to unemployment. When it became clear that the new hospital would not open before 1978 Clifford realised that he would be 65 so he retired in the same year that the old Liverpool Royal Infirmary closed. The Area Health Authority with great civic feeling looked after the empty hospital, eventually passing it on to the University so that together with Alfred Waterhouse's Victoria Building they could be preserved forever. Clifford had photographs taken of the building as a permanent record (now in the Picton Library Collection). As a crowning achievement he wrote a book entitled "Liverpool Royal Infirmary 1878-1978" which first appeared as a type written manuscript printed privately, followed by a reprint by the Area Health Authority in 1980 and hopefully with a further reprint in 2008, the year of Culture, which Liverpool will then celebrate. In addition to this book Clifford has also written a history of the Hahnemann Homeopathic Hospital where he worked for over 30 years as successor to Hugh Reid.

Clifford became an active member of the University Club, and was elected President in 1960. He also joined the Athenaeum, in Liverpool. We must allow him some rest, recuperation and recreation: fishing, clocks, antiques, gardening and history, exemplified by his books.

"Fishing has become a hobby with days on the Dee and Eden" is all that Clifford has written in his version of the profile. It is a gross understatement. This has been a life long obsession with Clifford. I suppose it does have a surgical element to it when considering the art of disembowelling and decapitation but the real surgical process comes with tying flies for his present fishing, aged 93, in the Rivers Test and Itchen. There can not be many

rivers of Wales or Scotland that were not accessible to a surgeon with a large fast car. One of his greatest achievements, chosen by himself, was the record rainbow trout in 1982, about twelve and a half pounds.

Why do surgeons fish? I do not know but I have the feeling that after the activity and excitement of hospitals and operating theatres, with the additional stress of five years of the second World War, it must really be true relaxation to follow a river in the peaceful countryside and concentrate on fishing.

Clocks and antiques were always an interest for Clifford and involved a Liverpool Irish lady called Ma Maitland, only known to the cognoscenti who bought antique clocks, furniture and silver from her shop in Everton. The quality was good to “museum standard” and the prices were reasonable because she bought at auction on the principle that if you paid just a little more than “the ring” you had a bargain. Her monument is the antique furniture scattered around the houses of Sefton Park, Rodney Street and Liverpool. It was the source of part of the collection of some fifty clocks gathered by Clifford for the Liverpool museums at their special request. Others were found in his spare time from examining for 22 years at the Royal College of Surgeons in the London Auction houses of Sotheby’s and Christie’s.

Clifford had written a book for Country Life at that time entitled “The Country Life Pocket Book of Clocks” 1983. *He also wrote another work for the Antiques Handbook.*

Not all Clifford’s antiques came from Ma Maitland. He gave the Royal College of Surgeons the sword of John Maling, surgeon to the Royal Regiment of Horse Guards. It was made in Germany at Sölingen. Maling was the first regimental medical officer ever to be appointed. It took part in the Peninsular War, Corunna and at Waterloo; hopefully

medical officers just wore swords then and rarely used them. This sword was bought by Clifford from the possessions of Doctor Minnett, the famous Liverpool anaesthetist, who invented the gas and air machine for help in childbirth. Minnett was a descendant of Maling.

LESSONS FROM THE LIVERPOOL ROYAL INFIRMARY

The building of the Liverpool Royal Infirmary in 1887 was a combination of architectural experience from Alfred Waterhouse (1830-1905), the most famous and prolific Victorian architect, and Florence Nightingale (1820-1910) who single handed established nursing as the essential component of patient care. The surgeons did not really contribute; it was left to two people outside the medical profession to give them the facilities they needed for improving surgical care. The LRI was the third central hospital in Liverpool, the previous two, based on Georgian buildings lasted about 56 years each. It is here that Clifford worked in the third quartile of the twentieth century (1945-78) and Earlam saw it as a student functioning properly. But I, in the fourth quartile of the century during my professional life, was witness to the decay and destruction of the surgical institution which had been carefully built up over generations. The National Health Service originally used to be called the “envy of the world” and employed more people than the Red Army. Both have changed. We have some lessons to learn from the first 25 years of the NHS from 1948 onwards.

It is of interest to see how a large hospital was organised in the early days of the state service. A House Committee consisted of a Chairman and some ten members who were voluntary workers and included the Matron and two medical members together with the Hospital Secretary. They were responsible for the general running of the hospital. A Medical Board included all medical staff. The chairman and secretary were elected every two years. They were responsible for all matters medical including election to hospital

posts. The nursing staff were organised and under the charge of a Matron with two deputies. Each ward (there were twelve) had a Sister, four staff nurses, and some 10-12 probation nurses, night sister and staff. This gave a total of about 140-160 nurses. They were very well organised and all lived in a nurses' home. The medical staff was organised as a Unit consisting of a senior consultant, junior consultant, two registrars and two house officers. There was no restriction as to hours of work and a house officer might well work 70-120 hours a week. Each unit had a male and a female ward consisting of some 50-60 beds in total. Each hospital had a private ward of some 20 beds available for the private patients of staff. This form of organisation worked very well indeed. Patients were seen in out-patients with no delay and a waiting list for admissions of some three weeks. All work was on a sessional basis so that costings were defined and restricted. There was no itemised method of payment which would have made finance impossible. These conditions continued from the onset of the NHS until 1950-70 when conditions began to change with the growth of a regional hospital controlling service, more and more central organisation and the disappearance of the matron and other changes.

The establishment, building and arranging the functions of an institution can be divided into places, people and organisation. Places include everything pertaining to a hospital from the Nightingale ward to the buildings for the patients and staff, theatres, laboratories, radiology, etc. The people are the same as in Victorian days with doctors and nurses but many more ancillary staff. Probably the greatest difference between the third and fourth quartile is the organisation of this institution

Under the heading of organisation, comparing Clifford's time with today, I shall concentrate on the destruction of the key element of the institution namely the ward sister in control of a 30 bedded ward where two consultants worked sharing the same junior medical staff. The essential point is that this close knit unit was the foundation of surgical care, and

when destroyed continuity of care is lost. Clifford had a male (30 beds) and female (24 beds) ward “shared” with a senior consultant who “took” the majority of the beds. In 1958 when Hugh Reid retired and Clifford became senior, he improved the system and split the beds equally (in numbers) down the middle, left and right. When I became a consultant at the London Hospital in 1972 my senior consultant, Sir Anal Parks split the beds down the middle – 23 to him and 3 to me - but luckily I had plenty of beds at Mile End Hospital. Clifford kept his same wards and ward sisters until he retired in 1978. By the time I retired in 1998, the hospital in its so-called wisdom had destroyed surgical wards and the related controlling ward sisters and put patients “where the services were needed” (ICU, progressive care etc) so I and my junior staff visited our patients on up to 20 different wards, with different sisters and usually the only nurse, who knew the patient, absent on a tea break. When I asked my housemen which ward they visited for coffee and a chat with sister and the nurses, they looked at me in blank amazement. How often I wished myself back a generation or two in a different system.

In 1985 Clifford’s wife, Marjorie, wanted them to retire to Hampshire as sons and daughters lived there. Accordingly the move was made to a house near Winchester but it is a great mistake to leave your accustomed “home”. Fishing on the Test and Itchen are all very well but nothing replaces old friends. The new area is most attractive and the house, in the middle of the forest of Bere excellent, but nothing seems to happen here, so different from active Liverpool. Marjorie died in 2000 so life has to be lived alone. The area is most beautiful and the noise of the wind in the trees restful. The last few years pass in peace, along with memories.

The purpose of this profile has been to honour our most senior fellow Clifford Brewer TD, PR, FRCS – a Prince of surgeons, a “Compleat Angler”, a historian, teacher and common man, indeed a most un-common man. He will be 94 years old on the 29 April 2007.

Figure 4

A long Nightingale surgical ward (30 beds) at the Liverpool Royal Infirmary (1978) with later added bed curtains and Clifford Brewer discussing treatment with a nurse.

Figure 5

One of the oldest oak trees of England in the Forest of Bere. The tree is well over 900 years old; 300 years a-growing, 300 years living and 300 years a-dying. Clifford is aged 93 and Blackie, the Labrador, is over 14 ($x 7 = 98$ dog years). Long may they live.