Obituary

Thomas Lionel Hardy died on 16 May. He was born on 15 April 1887. He began his undergraduate career at Selwyn College, Cambridge, and obtained a university entrance scholarship to the Middlesex Hospital, London. There he was senior Broderip Scholar and gained the Lyell Scholarship and Gold Medal, qualifying in 1912. After resident experience, he served in the RAMC from 1914 to 1918 where he became temporary major in charge Medical Division CCS and was mentioned in Dispatches. He was appointed assistant physician to the General Hospital, Birmingham, in 1919, and honorary physician to the United Birmingham Hospitals in 1934. Other appointments which he held were clinical lecturer to the University of Birmingham, consultant physician to the Manor Hospital, Walsall, and chief medical adviser, Wesleyan and General Assurance Society. He held the Presidency of the Birmingham Branch of the British Medical Association in 1935 and 1936 and of the clinical and pathological section of the BMA from 1940 to 1945. He was elected FRCP in 1929 and was a member of the Association of Physicians of Great Britain and Ireland. He became a councillor of the Royal College of Physicians from 1944 to 1947 and was appointed to the Committee of Management of this College in 1950. He examined for the Universities of Birmingham, Cambridge, Glasgow, and Durham, as well as for the MRCP. He retired in 1952. He married Edith Clarke Ritchie in 1914, and is survived by three sons and a daughter. He became a widower and married Margaret Machin in 1954.

Lionel Hardy was a general physician in a teaching hospital and gained a warm respect both from colleagues and students. He soon became especially interested in abdominal disease and was a close friend of Sir Arthur Hurst, who founded the speciality of gastroenterology. He was a founder member of the British Society of Gastroenterology and its first honorary secretary. He described the birth of the Society as taking place around a tea table at the top of the main staircase of the Athenaeum where Hurst had collected a group of friends: John Ryle, L. J. Witts, Letheby Tidy, and himself. His contributions to gastroenterology particularly concerned the colon, and his Croonian Lectures in 1944 were entitled 'Order and disorder in the large intestine'. He was awarded a personal Chair in Gastroenterology in the University of Birmingham in 1948. At that time ulcerative colitis was a disease where medical treatment was a euphemism; surgery offered only a slender hope of survival, for the contraption used to collect the ileostomy discharge failed to prevent leakage of intestinal juice which digested the abdominal wall causing ulceration which could be as disabling as the disease itself. He then read a report of an American ileostomy bag that could be glued to the skin around the stoma. However, it was too expensive to import these bags from the USA and technical details of their construction were secret. So, with the help of the research department of the nearby Dunlop Company, a similar ileostomy bag was produced in Britain. This bag (Lancet, 1949), opened the door to surgery and allowed the patient to live a normal life afterwards. He wisely invited Brian Brooke to operate upon his patients and hence was born the modern surgical approach to ulcerative colitis. The Ileostomy Club was formed by one of their original patients.

Lionel Hardy will be remembered as a gastroenterologist and, by those privileged to know him, as a man. Tall, lean, white-haired, and distinguished in appearance, he personified the English gentleman. His capacity for making friends was immense, for he had charm and warmth of affection and never talked down to anyone. Interested in people, he could bridge generations with ease, so that younger people sought his company, finding common bonds and a refreshing reception to new ideas. He had a zest for life and many pursuits. His conversation was garnished with an irrepressible gentle wit and humour, which also appeared in his letters and these, whether addressed to general practitioners or to friends, were written in the clear English which he cherished. His retirement was a model one, his contentment being explained by continued curiosity and interest in life. These qualities kept him going throughout illness which would have defeated anyone with less reserves of character. Although confined to a wheelchair because both legs were amputated, he continued to live a full life and retained a wide circle of friends. He paid social visits to make new friends. He took up a new hobby—growing cacti in a greenhouse specially adapted for working from a wheelchair. Undaunted and undaunted, and wonderfully supported by his second wife, he never gave up. He was a fine physician, great company, and a perfect friend.

CLIFFORD HAWKINS
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