BIRTHDAY TRIBUTE

Sir Francis Avery Jones at 80

Sir Francis Avery Jones celebrates his 80th birthday this month. The editor and the editorial committee join the contributors and his innumerable friends and colleagues in wishing him a very happy birthday.

From Bryan Brooke
It was at Friern Hospital, Colney Hatch, that we met, a mid-Victorian mental institution designed to the requirements of 19th century 'alienism'. It stood in grounds spacious enough to include a farm. All was enclosed within a high wall which was breached by Avery and me as part of a wartime redeployment from St Bartholomew's Hospital (Bart's).

Avery had been one of a vintage cohort of chief assistants (the nearest equivalent to registrars of today) and at the outset of World War II he held the post of casualty physician. The advent of war dictated Avery's move, together with a contingent of honorary staff, to Friern Hospital, allocated to Bart's as one of its sector hospitals as part of the Emergency Medical Service. On arrival, Avery found himself a chief with his own beds – and yours truly a new and untried house physician.

As chief assistant on the Medical Professorial Unit, first to Wits and then Christie, Avery had already displayed a special interest in the upper GI tract. In particular his publicisations immediately before the war had sought to rationalise the management of acute haematemesis. Criteria had been established for the appropriate timing of surgical intervention based on his evidence of increasing mortality caused by procrastination after restoration of blood volume. At the Friern Hospital there was little to do as we waited expectantly surrounded by empty beds. When it became clear that bombs were not going to fall immediately, we were able to return to the care of the civilian population. I was able to benefit from the association with a young but thoughtful physician. Even then he was a reserved man with a shyness which can still be detected today. Behind a disarming carapace, however, I discovered wit, firm intent and an insistence on reason; *inter alia* he discarded the test meal, then *de rigeur* as a routine investigation in patients with peptic ulceration. He saw the need for research in clinical medicine after the manner of Hurst, not only for its own sake but also for the improvement of the intellect. He is now what he was then: a rebel with the soul of discretion; thus he has been able to unlock doors in the corridors of medical power – by persuading the BMA, for example, to support a journal that was to become *Gut*, and subsequently taking on the editorship. It is no surprise that he should now personify the establishment in the United Kingdom of gastroenterology – in more sense than one. To think that he may have inspired my interest in gastroenterology would be anachronistic. War was paramount which turned my thoughts to surgery, but he gave me clinical appreciation and judgement for the years to come. By May 1940 Avery had joined Horace Joules, where he started his long career and founded a school of gastroenterology at the Central Middlesex Hospital.

From Donald Kellock
The birth of the NHS was an exciting time. It was clear that hospitals and, in particular, the non-teaching hospitals which had already greatly changed during the war would have a vastly expanded role to play. The Central Middlesex Hospital was in an excellent position to take advantage of the situation. Through the foresight of the Middlesex County Council it had acquired before the war a staff of highly qualified full time doctors. These were, of course, extremely few in number and included Avery who had joined the team in 1940.

The small numbers of a whole time, young and very able staff led to an academic atmosphere in which rapid progress was possible and above all to the close cooperation between surgeons and physicians, on which treatment in gastroenterology so much depends. In the early days of emergency gastrectomy for haematemesis, it was common experience for the operation to be done by the senior surgeon, the anaesthetist given by the senior anaesthetist, while it was watched throughout and blood transfusion controlled by Avery. In the same way surgeons and physicians would meet one evening a month in each other's homes, to review the gastroenterological literature: they were joined by Tom Rowlands who was still then at University College Hospital. Tribute should also be paid to the powerful, but tolerant figure of Horace Joules...
who, as medical superintendent, encouraged these developments. The factor which made for success in the gastroenterological department was Avery’s personality, particularly his friendliness and kindness. It would embarrass him to cite the innumerable examples of personal kindnesses, but one small boy was moved to exclaim ‘Oh, what bliss, what joy, what decency!’ Professionally this led to a word of mouth recruitment of first class postgraduates from home and abroad and the creation of an atmosphere in the department which was relaxed, intellectually vigorous and above all else, happy. The affection in which he is held by all who have worked with him is testimony to this. This same attribute led to fruitful contact with very many others who exchanged ideas, visited the department and stimulated everyone. The friendly rivalry with Norman Tanner at St James Hospital, Balham, over the treatment of haematemesis, is a good example.

The arrival of (Sir) Richard Doll, who had previously worked with Avery on the incidence of peptic ulcer in different occupations, stimulated the development of gastroscopy (using the semi-rigid Hermon-Taylor instrument) to assess the healing of gastric ulcers.

Later still came Tom Rowlands, the MRC and a vast expansion of which many others can tell. I have written of the early days, because they are less well known but were the foundation on which subsequent developments were built. They show how the personality of one man can achieve so much.

‘Forsan et haec olim meminisse juvat.’

From Peter Gummer

I find it astonishing and difficult to believe that Avery is rapidly approaching 80. Intellectually he is as active as ever with much originality of thought. Most of us are capable of the odd constructive thought or two, but few people that I have met have had the tenacity and determination, as Avery has, to bring these thoughts to fruition. Perhaps it has to do with his origin, for despite his name he comes from East Anglia, and East Anglians are well known for their determination and, when necessary, their obduracy.

I am not concerned with Avery’s many and great achievements; these are well known and well documented. I am much more concerned with Avery as a man and a person and as I had the privilege of working very closely with him for many years, I am in a good position to give an assessment. Without any question he was the best friend I had in my professional life. Frequently demanding in the extreme, but always courteous and appreciative of one’s efforts. The way in which he kept contact with the large numbers of junior staff who worked for him and who subsequently became not just consultants, but very well known ones, was remarkable.

Another aspect of Avery’s character which perhaps is not well known (probably because he did not wish it to be), is his kindness and generosity, and when I say generosity I mean it in the most tangible sense. Many a medical student who had fallen on hard times had good reason to be grateful to him, for he was ever ready to reach deeply into his pocket.

Now that he has retired, he still maintains an active interest in all medical matters in the widest sense, as his frequent letters to The Times show. Apart from this, he has become an enthusiastic gardener at his delightful home in Sussex with his wife Joan. His particular delight is his herb garden.

It is a great pleasure for me to wish him a very happy 80th birthday together with the hope that he will enjoy many more. Avery is very much a human being and so it would be wrong to imagine that he is faultless. I therefore have to report that as a member of the crew of my yacht he remains ‘Ordinary Seaman Jones’.

From Sir Christopher Booth

I first met Avery when I went to Hammersmith in the early 1950s. At that time, Sheila Sherlock dealt with the liver but for all other gastroenterological problems Avery came from the Central Middlesex as a consultant. He was a very busy man and would often arrive on the ward unexpectedly and late at night. No matter the hour, he would take his own careful and detailed history, make a full and painstaking clinical examination and then discuss the whole problem with both patient and house physician after writing a note in his characteristic spidery handwriting. If endoscopy was required, it was done on a Saturday morning in the outpatient clinic, Avery’s gentle technique with the formidable old semi-rigid gastroscope being a lesson to other more flamboyant figures at Hammersmith. His quiet modesty, his concern for his patients and his commitment to gastroenterology were an inspiration to all those, like myself, who were flirting with an interest in his specialty at that time. He would sometimes bring patients from the Central Middlesex to show at the legendary staff rounds on a Wednesday morning and was always generous in encouraging those of us who worked at Hammersmith to study patients in his own unit and to attend his clinical meetings. His book Modern trends in gastroenterology was the only text then available for the aspiring membership candidate and I remember reading it from cover to cover. Later in my career I owed a greater debt of gratitude for it would be used in the innumerable secretarial assistant must-want list that was a feature of the appointments committee that gave me my consultant post in gastroenterology as successor to Sheila Sherlock at Hammersmith, even though, as my patient estewite tutor, he had good reason to be fully aware of my shortcomings as an endoscopist. I knew little then of the extent of his commitments to the wider world of medicine – his activities for the King’s Fund, his pioneer work on the development of the meals-on-wheels service, his interests in industrial medicine and his work with Sir Richard Doll on peptic ulcer for the Medical Research Council. It was Avery who was the greatest advocate of research on common diseases in the district general hospital and the MRC, under Sir Harold Himsworth’s guidance, had the good sense to set up the only MRC research unit in gastroenterology in this country in Avery’s department at the Central Middlesex. In earlier years, he had a natural reserve that could on occasion seem a trifle formidable, but he had a finely honed social conscience and a warm and compassionate heart. It was only later that I came to appreciate his twinkling sense of humour, as, for example, when he delightfully pointed out that when investigating the incidence of peptic ulcer symptoms in the workforce at the nearby Heinz factory, he had found that it was 57 per thousand. Like so many other gastroenterologists in this country, I owe a great deal to Avery for his support, encouragement, and unfailing friendship through the years. It is the greatest contribution of any man to make the world a better place than when he entered it, and the greatest satisfaction to earn the regard and affection of his friends. There are none who have so generously achieved these objectives than Avery.

From Basil Morson

I first met Avery in the early 1950s at a meeting of the Royal Society of Medicine at which I had put up a demonstration. He showed interest and subsequently introduced me to Richard Doll, Professor Magnus (Professor of Pathology at King’s College Hospital and Secretary of the BSG 1960–64) and his research assistant Barbara White, all of whom gave me valuable advice. Avery later arranged for me to give a paper at the Oxford meeting of the BSG in 1955. I tell this story because it illustrates his unselfish concern to help others and to promote the professional career of junior colleagues. Avery joined the staff of St Mark’s Hospital in 1949 at the
invitation of Clifford Naunton Morgan. Until then a purely surgical hospital Avery created and built up St Mark’s medical gastroenterology. He introduced physicians in this country to the sigmoidoscope and many will recall his attempts to popularise the use of this instrument by producing it with a flourish from inside his jacket at appropriate moments during postgraduate lectures. Avery did not like the distinction between medical and surgical wards and, as at Central Middlesex Hospital, all his patients were in beds alongside surgical patients. He was a great stimulus to research at St Mark’s, especially in inflammatory bowel disease and was for years a successful and respected chairman of the Medical Executive Committee.

For a man who has a huge private practice in gastroenterology including large numbers of overseas patients. But his consulting rooms at 149 Harley Street, which worked an almost seven day week, were also the centre for his amazing variety of administrative and political activities. It was here, for example, that he held editorial meetings of Gut, and meetings of colleagues from his own hospitals. The affairs of the World Organisation of Gastroenterology (for which he was awarded the Bockus medal in 1982) and his work for the King’s Fund were also centred here. In these rooms many have benefited from his gentleness, wise advice and support, including some colleagues who have found themselves in trouble and were candidates for rejection by society.

For a man who has spent his whole life in a dedicated pursuit of professional goals, retirement from clinical practice has seen no relaxation of effort. Avery’s prodigious energy now encompasses active Presidency of the British Digestive Foundation and the Society of Medical Artists. He is a past Master and Master Emeritus of the Worshipful Company of Barbers and now curator of their herb garden. At his delightful home in Nuthou, West Sussex, he cultivates a widely admired water garden with his wife Joan and is prominent in a variety of local activities. At 80 he has mastered the computer.

I once asked Avery for the secret to his success. Persistence he replied and added his admiration for the discipline of the long distance runner. We can add the virtues of patience, tolerance, and hard work. He is a good listener which is one reason why he is a good negotiator. His wisdom is compounded by a strong sense of humour which importantly includes a sense of the ridiculous. We salute a man who has given so much of himself to others.

From Sidney Phillips

AVERY AND GASTROENTEROLOGY; MELBOURNE, HARLESDEN AND ROCHESTER

Arriving at Central Middlesex Hospital in a cold winter of 1961-62, I was aware that my mentor in Melbourne, Bill King, had been one of Avery’s first postwar students (1948) and that Bill had introduced gastroscopy and gastroenterology to the State of Victoria. I was not to know for some years that another (and my final former) mentor in gastroenterology, Bill Summerskill in Rochester, Minnesota, would also be a graduate from Central Middlesex. Avery’s descendants at Central in the shape of David Silk and George Misiewicz recommended that Robin Spiller might benefit from spending time with me in Rochester. And so, the generations of academic medicine proceed, perhaps unevenly, but predictably!

Central Middlesex in the early 1960s was an enteric cauldron, ready to take off in many directions; Richard Doll, Donald Kellock, Tom Rowlands, David Edwards, Alistair Connell, George Misiewicz, John Lennard-Jones and Michael Langman were all there. Those of us from other places were also numerous and diverse. And, assessing all of this with a benign, watchful and ever organisational eye was Avery. This was, for me, a fortunate example of being in the right place, at the right time.

For gastroenterology in Britain, the impact of Francis Avery Jones is clear; the BSG, its journal, the foundations which thereafter developed, and his many students who became leaders of the next generation of British gastroenterology all reflect very positively on Avery. Little more needs to be said. Hollow tube gastroenterology in many other countries has clearly benefited much from the training of their leaders by the ‘Avery group’. The tendency of European gastroenterologists to publish in the English language sprung from the Central Middlesex. In the Commonwealth, ‘Avery Jones and Gunner’, the first English language text-book of gastroenterology, was a beginning of traditions now strong world wide.

As Sir Francis enters his ninth decade he seems more vital than ever. And he Joan can reflect (‘not far from Gatwick Airport’) on a satisfying life, with the knowledge that an academic and humanistic approach has been rewarded by the achievements of his disciples. When this is seasoned with genuine affection and respect, who could ask for more?

I was fortunate to have been present at the time when British gastroenterology took firm root at Central Middlesex in the 1960s. From an Averian viewpoint, I saw the philosophy grow further in Rochester, just as I saw Australian colleagues the same work in the Antipodes. As we reflect on the influence of our mentors today we look forward to toasting the centenary!

From John Lennard-Jones

SIR FRANCIS AVERY JONES AT ST MARK’S

A small figure with a characteristic mannerism, in a slightly tight dinner jacket, moving purposefully from group to group, such was my first glimpse of Avery. The occasion was a reception at the 1955 BSG Meeting in Oxford. My memory is so vivid because Avery Jones was a legend and I aspired to be his registrar. I did not know that he was to be my mentor, close colleague, and friend for life.

Avery was invited in 1949 by the staff of St Mark’s to join them as honorary consultant gastroenterologist. Nine years later, I found a thriving clinic and inpatient consultation service built up from scratch with the help of voluntary clinical assistants. By the time Avery retired after 25 years on the staff, medical gastroenterology was established with two consultant appointments and a registrar. As the years passed he moved from one position of leadership in the hospital to another, first as chairman of its Medical Committee and Academic Board, and now of its Research Foundation. St Mark’s owes him an incalculable debt for his support over the years in the corridors of power. It is one of the quirks of the British system that a man can contribute so much to a hospital and yet serve in an honorary unpaid capacity for so long.

How does he achieve so much? Like a champion golfer, he combines total mental concentration with physical relaxation. At the height of his career he once told me that he never felt tired. Yet we saw a man with a punishing schedule, ceaselessly active and working long hours seven days a week. Avery doesn’t waste thought and constantly generates creative and constructive ideas. One of his sayings epitomises this gift, ‘keep many pots on the hob and one will always be coming to the boil’. Avery needs flexibility and even at his busiest he managed to keep time for manoeuvre. One of his secrets is a capacity for initiating a project, seeing it established and then moving on to a new endeavour. He misses neither a moment nor an opportunity. Even in retirement he has a boyish enthusiasm for a new gadget or project, recently his word processor and herb garden.
He came to St Mark’s a renowned gastroscopist and there acquired the art of sigmoidoscopy, at that time mainly performed by surgeons. As a physician, Avery took to carrying a sigmoidoscope in a special pocket in the lining of his jacket. He would enjoy producing it, like a rabbit out of a hat, at opportune moments.

Avery brought a new perspective to St Mark’s. Looking back on his clinical notes, they are full and perceptive. His intuitive diagnostic skill was based on the clinical history and for that he had a gift of establishing such a rapport with patients that they confided in him. He poked, rather than palpated, the abdomen in a rapid and seemingly casual manner but he always knew what he was looking for. His skill was born of the listening ear, immense experience and uncanny intuition. Patients loved him because in a few quiet words he conveyed buoyant optimism, clinical confidence and real concern.

To watch Avery read is a revelation. His eyes move down the centre of a page at an astonishing rate. ‘Speed reading’ is natural to him. He devours journals, flicking the pages, and just as important, retaining what he reads. Thus, he is always up to date even in retirement. He has a facility for recalling some obscure reference at the right moment, often at the bedside. What he is always searching for is a new idea. Coupled with this is an ability to work through other people. Little notes come through the post, often with a copy of an article, or a telephone call one evening or at the weekend, all a gentle stimulus to activity.

Avery achieved so much at St Mark’s, as elsewhere, because he does not provoke antagonism. His charm, self effacement and enthusiasm dispel opposition. As a chairman, his homework is well done, consultation is complete, he knows where progress is possible, and carries his colleagues with him. At St Mark’s, Avery is now a father figure, but still an active member of the family. We congratulate him and Joan and join with so many others in affectionate greetings.

From Anthony Dawson

SIR FRANCIS AVERY JONES AND THE KING’S FUND

To many the image of Sir Francis Avery Jones is that of physician extraordinaire who created the premier department of gastroenterology in the United Kingdom and guided the enormous development of this specialty over the last 50 years. His service to the King’s Fund is less well known, but readers will not be surprised to know that his influence was immense. The Fund was created by King Edward VII in the late 19th century with the objectives to support, benefit and extend the hospitals of London, the word hospital having a broad interpretation.

Sir Francis was invited to join the Hospital Diet Committee of the Fund in 1947 having an established interest in the role of diet in medical treatment. Indeed his department at the Central Middlesex Hospital was initially called the Department of Gastroenterology and Dietetics and, not unnaturally, this department looked after patients with diabetes and two dietitians always attended Avery’s rounds. Soon after he joined the Fund’s committee there was a widespread feeling that the feeding of hospital inpatients was poor and the Fund changed the name of its committee to the Hospital Catering and Diet Committee. Avery persuaded Sir Jack Drummond, then Chief Scientist with the Ministry of Food, to join them and made a survey of the appropriateness of kitchen design, of the diets, including their nutritional value, and standards of training of catering staff. To help implement changes needed they re-equipped kitchens in some hospitals as demonstration projects and set up a College of Hospital Catering.

Avery’s gift of often making radical suggestions at Committee meetings, getting them accepted and then seeing the project through to completion was quickly appreciated by the Fund. He soon joined the Management Committee and then became its Vice Chairman.

The Fund’s remit was wide and related to improving facilities needed to provide first class medical care by facilitating equipment design, organisation of hospitals, staff training and care of disadvantaged groups. These problems all expanded rapidly after the war as the hospitals inherited by the Health Service had very variable standards and also technical developments started to accelerate. The Fund’s Centre, at first in small premises near Hyde Park, moved in the 1960s to a modern building in Albert Street, Camden. Avery was the moving spirit for this development and oversaw the project in detail. One important initiative stimulated and encouraged by Avery was the development of the King’s Fund bed. At one time there were 75 varieties of hospital bed in England and a working party of the Centre was given help by the industrial design team of the Royal College of Art to standardise and continually modify a bed comfortable and helpful to patients and staff alike.

We now take postgraduate medical centres for granted, but the first was financed and suggested by the Fund so that general practitioners could meet hospital staff socially and professionally. This was Avery’s idea, eight were supported by the Fund, after which the project was handed back to the NHS. The success of these centres was so evident that hospitals rapidly set about obtaining funds, so that their presence is now the rule. This cycle of innovation, demonstration and handing back is the way the Fund tries to work.

The emergency bed service that we all remember well as house officers was also chaired for many years by Sir Francis. It was a King’s Fund initiative in 1937 and became of paramount importance during and after the war.

Looking through old reports he seems to have chaired most of the committees. The list is too long to be spelled out in full and one cannot do better than quote Lord Hayter to summarise Avery’s impact on the Fund. He said at the Annual General Meeting of Council when Sir Francis retired in 1979 ‘if another history of the Fund was to be written one would find in the index one reference after another to Sir Francis Avery Jones. So many of the imaginative projects which have been undertaken in the last thirty-two years owed their inspiration to Sir Francis.’

From Michael Langman and George Misiewicz

It is hard to discern how an unobtrusive presence can make as positive a contribution as that made by Avery whether in furthering the interests of patients, of research or of the welfare of general clinical services. What has been striking has been Avery’s devotion to broad issues rather than to specific intricacies. This has been particularly well shown where research is concerned. His own work initially centred on the causes and management of upper gastrointestinal bleeding, and also inflammatory bowel disease and nonspecific alimentary symptoms. His interests have run beyond this, however, to include for instance the general medicinal properties of plants. His greatest talent perhaps was to recognise the inherent abilities of others. Thus he brought to a single institution expertise in epidemiology and clinical trials (Richard Doll) in the study of motility disorders (Tom Rowlands, David Edwards, Alastair Connell and the MRC Gastroenterology Research Unit), malabsorption (Margot Shiner), inflammatory bowel disease and peptic ulcer management (John Lennard Jones). As a consequence it was possible to see work being conducted on the best way to manage haematemesis and melena, the dysmotility patterns of the irritable bowel, the most logical drug regimes for ulcerative colitis, the genetics of peptic ulcer and the bacterial
flora of the gut. Apart from using the written output in these important areas as measures of stature, we can also look at the positions filled by staff members. They include at present many directors of research units abroad and holders of at least five Chairs in the United Kingdom. It may no longer be open to us to discern such a large field as gastroenterology and develop it, but in truth it would be difficult to find a man with the same breadth of vision if the job did exist.

Working with Avery at the Central taught one more than gastroenterology. By the time we arrived there, at different times, but not too far apart, his reputation was at its height. The MRC Gastroenterology Unit, which he persuaded the Council to fund, was well established under its Director, E N Rowlands, with members of the Unit working in parallel with the NHS staff. It was a large, happy and productive Department, given cohesion and direction by Avery. He provided the prestige and the energy; the rich mix of patients that attended the clinics were referred because he took care to establish a firm clinical base and to root the research firmly in the realities of clinical practice.

He is proud of, and often emphasised the fact, that he had created an internationally known research department in a district general hospital. It worked (and still does) exceedingly well and we tend to accept it as the normal state of affairs, but it was revolutionary at the time.

Avery has helped many doctors in very practical and always unobtrusive ways. He continues to see the best in everyone, and, as always, to encourage the young, however unpromising they may seem at times. He was always a patient’s, rather than a doctor’s doctor, and many of us have taken this lesson to heart.

Most of us had a desk, or an office in the department at the Central, but Avery did not. This was a lesson in management, the implications of which are becoming more important as time passes. The most unfussy and unpompous of men, he was always accessible, no matter how busy. Immensely hard working, he made others work by example, rather than by demand. Visitors were numerous, arrived from all parts of the world and remained hours, days or years. This has had a wonderful effect on one’s medical travels, because it provides one a permanent international passport, instant welcome and hospitality all over the world. The mention of Avery’s name, or of the Central Middlesex Hospital is enough to trigger these responses. ‘How is Avery?’ – they want to know that, more than one’s offering on the latest kink in the alimentary tract.

We are happy to report that Avery is extremely well at 80 and in close touch with the goings on in the gastroenterological world. He is active as a member of various committees, some concerned with gastroenterology, or nutrition, and some with local, or charitable issues. The British Digestive Foundation remains under his Presidency. The phone rings, and the friendly voice at the other end of the line says: ‘Avery here’. One then has a short, but searching, viva voce on what is happening and one can get informed and stimulating opinions on medical, research, or medico-political matters. One can also have, if so inclined, a tutorial on gardening.

It is right and fitting that in this his 80th year, our wishes and thanks should be conveyed to him through the pages of Gut, which he was instrumental in starting and of which he was the first and highly successful editorial secretary and editor.
Sir Francis Avery Jones at 80.

Gut 1990 31: 489-493
doi: 10.1136/gut.31.5.489

Updated information and services can be found at:
http://gut.bmj.com/content/31/5/489.citation

These include:

Email alerting service
Receive free email alerts when new articles cite this article. Sign up in the box at the top right corner of the online article.

Notes

To request permissions go to:
http://group.bmj.com/group/rights-licensing/permissions

To order reprints go to:
http://journals.bmj.com/cgi/reprintform

To subscribe to BMJ go to:
http://group.bmj.com/subscribe/