Sir Arthur Hurst

(Born 23 July 1879, died 17 August 1944)

This year the British Society of Gastroenterology celebrates the Centenary of the birth of Sir Arthur Hurst, the Society's founder. In 1935 he wrote to Dr Georges Brohée of Brussels, who was making plans to form a Société Internationale de Gastro-Enterologie, saying 'A private Gastro-Enterological Club has been formed in Great Britain which will meet once a year in various cities the day before the Association of Physicians'. From this arose (in 1937) the British Society, which now has nearly 1000 members, and Hurst was its first President.

Few physicians have stimulated more young doctors to think for themselves and to argue about causes than did Sir Arthur (Figure). His approach to bedside medicine was basically physiological, and that great change which came over internal medicine in the early years of the 20th century from the pathology of structure to that of function owes much to his example.

Figure *Sir Arthur Hurst.*

He was in turn a pioneer in the use of x-rays, test meal analysis, sigmoidoscopy, and the gastroscope. From the beginning he had trained himself to look for causes and, as neurologist at Guy's Hospital, he had particular opportunities for studying the nervous pathways of sensation and the mechanism of behaviour. Much later this training made him a pioneer in the diagnosis and treatment of the psychoneuroses. During the 1914-18 war he became a leader in the use of suggestion in treating nervous disorders, and was one of the first to show why such physical labels as soldier's heart, 'shell-shock', and 'DAH', should be discarded and recognised as psychological. In this work he was helped and guided by Sir Charles Sherrington from whom he had already learnt much; though not itself new, it undoubtedly gives Hurst an important place in the development of clinical medicine.

In spite of—or perhaps because of—his knowledge of medical history, Hurst had a deep distrust of tradition, and was determined to clear away fixed ideas based on false theory or pure superstition. He removed from gastroenterology a mass of false conceptions, and was often able to substitute factual data from evidence which could be confirmed, for traditional and, as we now know, erroneous beliefs. This was evident in his early book, on constipation¹, in which he showed, partly by the use of the bismuth meal and radiographs, which he was the first to employ in man, how wrong were many of the current views on purgation and the mode of action of laxatives, and was able to define the way in which nervous factors influenced the behaviour of the bowel. He introduced the new word 'dyschezia' (suggested by Cooper Perry) to describe how habit and mode of life could lead to 'false' constipation.

He was one of the first great clinical scientists and a supreme clinical observer. He made clear fundamental facts which had either been obscured by traditional theories or not recognised at all. One example of this was his demonstration that muscular tension (stretching) was the only cause of true visceral pain, and another his recognition that variations in gastric secretion were not diseases but physiological variations.

An additional and far-reaching attribute was his clear appreciation of the role of the nervous system in the causation of digestive disorders. He had long been interested in Mesmer's life and the place of suggestion in treatment, and his training with Charcot and others had taught him much about 'hysteria' and the distinctions between physical and 'neurotic' illness. Through his understanding of these aspects of illness he was instrumental in the ultimate abandonment of such diagnoses as 'acid dyspepsia' or 'hypochlorhydria'; he showed that 'flatulent dyspepsia' was nearly always a misnomer for nervous air-swallowing or 'aerophagy'. He was one of the first to recognise that pernicious vomiting of pregnancy was not a 'toxic' disease but a nervous disturbance leading to starvation and dehydration.

Among that brilliant group of clinicians of the first decades of this century Hurst ranks very high, not only as a diagnostician, but even more so as a teacher. His sociability, wonderful memory, sense of humour, and his interest in young physicians made him a popular and inspiring teacher, and he exercised without doubt a powerful influence on clinical education.

Hurst did not suffer fools gladly, and at meetings he would sometimes ostentatiously throw down his bulky hearing-aid in obvious disapproval. But, though he could be intolerant, he was not afraid of being proved wrong and was receptive of the ideas of others. He had flexibility of mind and what Dr Johnson called 'the itch of disputation'. Of the qualities essential to genius

he certainly had three of the most important: curiosity, imagination, and enthusiasm, combined with an immense capacity for hard work.

He was born Arthur Hertz* on 23 July 1879, in Bradford, where his family had lived since 1841, being exporters of woollen and worsted from the West Riding of Yorkshire. His great-grandfather came from an old Jewish family in Hamburg before coming to Leeds; and his grandfather moved to Bradford, where his father was born in 1846. The family was much involved in the artistic and musical life of the Midlands. As a boy he went first to the Bradford and later to the Manchester Grammar School (1896), where he won many prizes and was an enthusiastic rugby football and cricket player. In 1897 he went to Magdalen College, Oxford, having won a Science Demy-ship, and in 1901 he took a First Class Honours degree in physiology.

In 1901 he became a student at Guy's Hospital, where he won Gold Medals in both clinical medicine and clinical surgery, and took his Oxford BM, BCh in 1904. His election in 1905 to a Radcliffe travelling fellowship had a notable influence on his future. Being required to study abroad for not less than 18 months out of three years, Hurst chose to visit France and Germany, and he was able to work under the great neurologists, Charcot, Déjerine, Babinski, and Raymond, as well as the gastroenterologist, Mathieu. He went first to Professor Friedrich Muller in Munich, where he worked hard at learning German and interested himself in people, books, pictures, and local customs, though he could not bring himself to enjoy the Munich beer.

After Munich he went to Strasbourg and then in 1906 to Boston, where he met J. B. Cannon at Harvard, who was using the new roentgen rays in his physiological studies on cats. This was the beginning of Hurst's lasting interest in x-rays; and he became the first man to use bismuth for the examination of the alimentary tract in man.

From being demonstrator of physiology at Guy's, Hurst was elected in 1907 to the staff at the age of 27 years, without having been a registrar. His first appointment was as physician in charge of the Electrical Department, but within a few months he had started the first neurological outpatient department in an English general hospital, and was soon appointed neurologist.

In 1908 he settled into his work at Guy's and began to see a few private patients: he records that during that year he made the sum of 163 guineas in private practice. In 1912 he married Miss Cushla Reddiford, of New Zealand. In 1915 he volunteered for service with the RAMC and was posted at once to Lemnos, the main base for the Gallipoli campaign, being moved soon after to Salonika, where he served until returning to England in July 1916.

Thanks largely to the wise advice of Sir William Osler and Sir Maurice Craig, Hurst was then appointed to the neurological wards at Oxford. His enthusiasm and energy soon led to his persuading the War Office to take over the buildings of Seale Hayne Agricultural College at Newton Abbot for conversion into a special hospital for the treatment of war neuroses. The years which followed, until the hospital closed in 1919, provide a remarkable example of Hurst's astonishing ability not only to stimulate others, but to provide the driving force which produces outstanding results. He collected a

*He wrote in 1917 when he was Temp. Major RAMC, Consulting Physician to the Salonika Army. '... I have made the change of name from Hertz to Hurst because under present conditions it is natural for one of English birth and English descent for several generations to be unwilling to retain a German name'.²

team of colleagues at the hospital and fired them with his own fierce enthusiasm and determination.

Much present-day psychological treatment by general practitioners or gastroenterologists owes its standing to the teaching of A. F. Hurst. A great part of the effectiveness of his methods of 'persuasion and re-education' was due to his own personal skill, enthusiasm, and force of character, which created in the hospital a 'curative atmosphere', producing by itself a powerful therapeutic effect.

His drive and energy were all the more remarkable, because, as he wrote in 1921, 'I suffer from Asthma so I have the advantage which few writers on the subject possess of 30 years' observation on a single case', and he fought a gallant battle with this disability for another 23 years. He was rarely free, though at first he found complete relief during his visits to Switzerland—where he was an enthusiastic bobsleigher. On many afternoons he would slip away from his wards to give himself an injection of adrenaline, with often two or three more during the day to keep himself going. He made light of his asthma, wrote very well about it, and fully recognised the part which nervous factors played in its causation.

In spite of an almost equally distressing degree of deafness, Hurst's indomitable courage kept him at full work with an optimism and sense of humour that rarely left him. As was said of Sydenham (about his gout), 'he never betrayed any indecent impatience or unmanly dejection under his distress'. He was able to accept—and almost ignore—such restrictions as his health imposed, though he gave up seeing heart cases early in his career when he could no longer hear clearly through the stethoscope. No degree of tiredness seemed to stop him working.

His days were always full, and he gave the same zest to his hobbies as he did to his writing, teaching, research, and clinical practice. He was the first physician at Guy's Hospital to own a motor car (1907); he loved country walks and was a skilful modeller in clay, which he learnt at the occupational therapy sessions that he instituted at Seale Hayne. His paintings and caricatures were well above average.

At the Royal College of Physicians he became in turn Goulstonian (1911), Croonian (1920), and Harveian (1939) Lecturer, but he took little part in College affairs or medical administration. He held many appointments and was awarded many prizes and medical honours. His fame and professional friendships were international. After his retirement from the staff of Guy's in 1939, he returned to Oxford and continued teaching both there and at Guy's until his death in 1944 at the age of 65 years.

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References

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