Sir Arthur Hurst
HISTORY OF THE BRITISH SOCIETY OF GASTROENTEROLOGY

BY

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The early history of the British Society of Gastroenterology is the history of Arthur Hurst. Son of a Bradford wool merchant, he was born in 1879 and died in 1944. He studied physiology at Oxford in 1899 and 1900 under Gotch and Haldane at the time when Sir Henry Acland, at the age of 85, had just been succeeded as Regius Professor of Physics by Sir John Burdon-Sanderson.

Hurst qualified from Guy’s Hospital in 1905, and was elected to the staff of that hospital at the age of 27. Before this he travelled in Germany as Radcliffe Travelling Fellow of Oxford University and had worked both in Munich and (in 1906) in Boston and other cities in America.

The 64 years of his life covered a wonderful period of medical progress which began with the discovery of the tubercle bacillus by Robert Koch and ended with the first full use of penicillin in 1944. Hurst was at school, aged 16 years, when Röntgen discovered x rays (1895); he was 31 when Moynihan wrote his classic monograph on duodenal ulcer (1910); 45 when Elsner, Schindler, Henning, and others invented the gastroscope; and 59 when needle biopsy of the liver first showed the true nature of infective hepatitis (1939).

Hurst was born only 20 years after the publication of the Origin of Species, and the world of medicine in his early lifetime saw those advances in fundamental principles associated with the names of Pavlov, Ehrlich, James Mackenzie, Sherrington, and Thomas Lewis.

His earliest work began in 1906 when he was almost the first—if not the very first—man in England to use radiography for investigating the alimentary tract. His first subjects were students at Guy’s Hospital to whom he was teaching physiology, and the reports of his findings on the act of swallowing a bismuth meal mark the beginning of that great step forward which barium meal examinations and all the later developments in gastroenterological radiology made in the diagnosis of digestive disorders.

This was at the time (1906) when gastric neurasthenia was much in vogue, and treatment by static electricity or by bitter tonics, such as the popular condurango, or by silver nitrate was especially favoured. Gastroenterology was almost wholly empirical and there was much discussion of such conditions as gastric myasthenia or atony of the stomach and ptosis of the viscera. Popular biliary stimulants were sarsaparilla and dandelion, and the strenuous Weir Mitchell treatment was in great use with isolation, rest, massage, forced feeding, and electrical stimulation of the skin from an induction coil; beef tea was the universal standby in diet.

Hurst’s work with the bismuth meal led to knowledge of the movements of the alimentary tract and to recognition of the great variations in size and position in the abdomen of the stomach and colon in normal individuals. His paper on this subject published in the British Medical Journal (1907) is a landmark in gastroenterology, if only because it meant the end of much loose and speculative thinking on visceroptosis in general. This was followed by his book on constipation, and later, after his association with A. E. Barclay, by a series of investigations on the radiology of the digestive organs. Coincident with these advances in radiology what is now the great field of chemical pathology was also beginning. Though Hurst’s interests were partly biochemical, his clinical activities spread to cardiology and neurology. With G. Goodhart he recorded the earliest case of auricular flutter after the discovery of the electrocardiograph by Sir Thomas Lewis in 1910, and as neurologist to Guy’s Hospital he began to develop his interest in neurosis and hysteria. He was a fascinated attender in Paris at the clinics of Babinski and Dejerine and Pierre Marie. At about the same time (1908) he bought his first motor car, a two-cylinder Wolseley, which was the first consultant’s car to penetrate into the courtyard of Guy’s, hitherto sacred to the horse and carriage.

Hurst was a man who brought warmth and vitality into both his social and professional life, and always felt the importance of linking the two together in friendship and good fellowship. He was an original member of the Association of Physicians founded by Osler in 1907, and of the Medical Travelling Club.
formed in 1927. When, as in cardiology, there arose
the need for someone to bring together those
working in this subject Sir James Mackenzie was
there, so in gastroenterology was there Arthur
Hurst. It was in 1936 that he first conceived the
idea of forming a small gastroenterological club
and asked one or two colleagues to dinner at the
Athenaeum Club to discuss the project. In 1937 he
proposed that a council of five be set up who would
draft detailed plans for the club, and on
November 19 and 20, 1937, the first meeting was
held at the Royal Society of Medicine in London
with Hurst as Chairman, the other members of
Council being T. L. Hardy, T. C. Hunt, Sir Henry
Tidy, and L. J. Witts. At this first meeting
36 members attended and there were seven visitors;
the draft rules for the club were approved. The
main subject discussed was gastroscopy, opened by
Hartfall, followed by a discussion on alkalosis
opened by Ryle and Dodds. At the dinner of the
club held at the Langham Hotel (now an office
building since suffering severe bomb damage in
the war) Hurst gave his ideas and purpose in forming
the club, the first rule of which was to read: ‘The
objects shall be the advancement of gastroenterology
and the promotion of friendship amongst those
who have a special interest in disorders of the alimentary
tract’. Sir Robert Hutchison spoke of the de-
sirability of admitting surgeons to membership.
It is recorded in the minutes that after discussion
it was resolved that as the club numbered one
radiologist (A. E. Barclay), one morbid anatomist
(M. J. Stewart), and one biochemist (E. C. Dodds)
of eminence, a surgeon occupying a similar standing
should be elected, and it was unanimously agreed
that Sir David Wilkie should be invited to occupy
this position.

The second meeting of the club in 1938 was held
at Cambridge with Sir John Ryle, who was then
Regius Professor of Physic at the University, in the
chair. Papers were read on many different subjects,
and it was at this meeting that psychosomatic factors
in ulcerative colitis, the action of aspirin on the
gastric mucosa, and the biochemical changes in the
blood after gastro-intestinal bleeding were first
discussed. At this meeting T. L. Hardy was elected
secretary. It is to him that a great part of the later
success of the club is due, and his contribution to
British gastroenterology is gratefully recognized by
the Society which owes him so much.

An important decision, which Hurst himself re-
garded as a vital one, was also made at Cambridge,
and it was to the effect that the club should choose
for itself a new President every year, as opposed to
electing a President who should hold office for
three, five, 10 years, or longer. Since the first
meeting in 1937 up to the present there have
accordingly been 19 Presidents, the disparity being
due to Hurst acting as unofficial chairman at two
war-time meetings. Their names are as follows:—

1937 Sir Arthur Hurst
1938 Sir John Ryle
1940-42 Sir Arthur Hurst (Chairman)
1943 Sir Henry Tidy
1945 Dr. Izod Bennett
1946 Sir H. Abrahams
1947 Sir Ernest Spriggs
1948 Prof. T. L. Hardy
1949 Dr. Geoffrey Evans
1950 Sir John Mcnee
1951 Prof. W. MacAdam
1952 Dr. A. H. Douthwaite
1953 Sir Stanley Davidson
1954 Dr. S. Patterson
1955 Prof. L. J. Witts
1956 Dr. T. C. Hunt
1957 Prof. C. F. Illingworth
1958 Sir Charles Dodds
1959 Prof. H. Rodgers
1960 Mr. Harold Edwards

During the 1939-45 war two meetings were held,
one at Oxford in 1941 when the subject of dyspepsia
in members of the Forces was discussed, and one in
London when it was suggested that the club might
exert its authority in the form of some published
statement on the prevention of peptic ulcer recurr-
cences. This arose from Hurst's criticism of his
own methods for ulcer prevention. Discussion soon
made it clear that the club was in no position to
issue any agreed advice, and as Hardy recorded:
‘Although there was no agreement on either funda-
mentals or details, there was abundant evidence of a
healthy individualism and a dislike for any sort of
authoritarian régime.’ The meeting arranged for
May 10, 1940, was cancelled owing to the invasion of
Holland, but a few members dined together as
guests of Hurst at the Athenaeum.

On August 17, 1944, Hurst died suddenly in
Hardy's house at Birmingham, and no meeting of
the club was held that year. Hurst's spirit and
vitality had stood up well to the period of war strain
when he had returned to work at the Oxford he
loved, and in spite of asthma and the deafness which
had taxed him for many years he was full of energy
and his own enthusiasm to the end of his life.
Though some of his many original ideas proved
wrong, his brilliant work on achalasia of the cardia,
on dyschezia, and on chronic gastritis as a precursor
of gastric cancer, are only three examples of his
far-sighted conceptions which have been confirmed
by the passage of time. His role as a stimulator of
medical thought, and as a promoter of international
cooperation, research, and friendship is not less
important than his achievements in the advancement
of knowledge.
In 1945 the club which he had founded recorded the following resolution:

"That the Club records its deep regret at the death of its founder the first Chairman, Sir Arthur Hurst, and desires to place on record its great appreciation of his services to the Club, his many original contributions to gastro-enterology and his outstanding qualities as a physician and teacher."

After Hurst’s death the small club of 40 original members decided to change its title to that of the "British Society of Gastro-Enterologists" and the existing rules were slightly changed; in 1949 the present title of "British Society of Gastroenterology" was adopted. During the 15 years of its existence the Society has grown in strength and prestige. Dr. Hunt, Mr. Hermon Taylor, and Dr. W. Bourne have successively followed Dr. Hardy as secretaries. Gastro-Enterologia has published the proceedings of the meetings which have been held yearly in November. In 1948, a proposal to establish a British Journal of Gastroenterology was studied by a small committee. It was then thought that there were not more good gastroenterological papers than could be satisfactorily—if not better—published in general medical journals than in a specialized journal which might only be read by a limited number of doctors. The proposal was accordingly decisively outvoted at the Society’s meeting, and it was not until 10 years later that it was again brought forward.

During these 10 years a number of notable happenings took place both in the life of the Society and in gastroenterology in general. In the first place the Society began again to take an active part in international meetings. It had been agreed in Paris in 1937 to hold the third International Congress of Gastro-Enterology in London in 1940 with Sir Arthur Hurst as President and Dr. Hunt as secretary. This meeting was of course cancelled and it was not until 1952, when truly international meetings again became possible after the war, that the British Society was officially represented at the meeting of the Association of the National European and Mediterranean Societies of Gastro-Enterology at Bologna. In July, 1956, the British Society acted as host in London at the fifth meeting of this Association. It was attended by over 800 visitors and delegates, including many distinguished physicians, surgeons, and others from North America and other parts of the world. It was generally agreed that this meeting reached a high standard and both the scientific and social programmes were carried through with great success.

The proceedings of this Congress were splendidly edited by Harold Edwards and published by Messrs. Karger within a few months of the end of the meeting. The 800-page volume which emerged is undoubtedly an important addition to gastro-enterological literature. Since the London meeting, the World Organization of Gastro-Enterology has been founded and has held its first meeting in Washington, U.S.A., in 1958, under the brilliant Presidency of Dr. H. Bockus. The British Society gives its strongest support to this Association, as it does to the Association of European Societies, and hopes to play an increasingly active rôle in the field of international research and postgraduate education.

In addition to these developments in European and world meetings, the Society’s own meetings have brought forward an increasing number of new contributions to knowledge, and there has been a rapidly mounting number of younger British physicians, surgeons, and research workers specializing in gastroenterology.

The volume of new papers, both scientific and clinical, is shown by some examples of the subjects discussed at the Society’s meetings.

- 1948, Birmingham, disorders of the small intestine
- 1949, London, gastric acid secretion
- 1950, London, post-gastrectomy syndrome
- 1951, Leeds, hiatus hernia
- 1952, London, haemopoiesis in relation to disorders of the alimentary tract
- 1955, Edinburgh, abdominal visceral blood flow
- 1956, Oxford, carcinoid tumours; anticholinergic drugs; the secretion of mucus, etc.
- 1958, London, blood groups
- 1959, Belfast, hormones and the alimentary tract

At the Society’s meetings many short papers are read and in most cases there are demonstrations and medical exhibitions so that new contributions have grown steadily in number and sometimes in complexity. At the same time more visitors interested in gastroenterology have attended, and in 1939 the number of members elected was increased from 65 to over 100.

And so, in 1960, the time has come for a journal, a time when both the special interests of gastroenterology, and the size and authority of the British Society of Gastroenterology have justified it. British medicine has a mistrust of narrow specialization and holds that just as a specialist must not lose touch with the main strain of medicine or surgery, so a specialist journal must be born out of the development of general medicine and must retain its contact with it; it must be a necessity fulfilled because the specialty needs it as an essential development of an advancing subject. Such, I believe, is Gut. As the Journal of the British Society of Gastroenterology it has an established parentage and background, and a future that, I am confident, will add distinction to gastroenterology.