

OBITUARY

J. E. H. ROBERTS

James Ernest Helme Roberts died on August 25 at his home in Ottershaw, at the age of 67, after a long illness during which he maintained a remarkably keen interest in the activities of all his old friends, although he was fully aware of the fatal prognosis. He will go down in medical history as one of the great pioneers in surgery of the chest, for his interest in this specialty started in the 1914–18 war and was sustained through all the vicissitudes of its infancy; those practising thoracic surgery to-day must realize how much they owe to the courage of men like Roberts.

Born in West Bromwich, Staffs, he was educated at King Edward's School, Birmingham, and subsequently studied medicine at St. Bartholomew's Hospital. After qualifying M.R.C.S., L.R.C.P. in 1906 he graduated M.B., B.S. with honours in surgery in 1908, and proceeded to the Fellowship of the Royal College of Surgeons the following year. Of numerous house appointments there is no doubt that Roberts valued his period of service as house-surgeon to Mr. C. B. Lockwood at St. Bartholomew's Hospital more than any other, for he repeatedly referred to his teachings. Roberts's amazing powers of observation were probably developed through his study of natural history, but Lockwood's example may well have emphasized for him the importance of training this faculty. He was later appointed part-time demonstrator of pathology, and this influenced his approach to medicine throughout his career, for his hospital visits were rarely completed without his "dropping in" to see the pathologist to discuss some problem connected with the work in the ward. Concurrently he held the post of chief assistant to the orthopaedic department, and this period of training was never forgotten, for even when his surgical work had become almost confined to the chest his interest would always be particularly aroused by any abnormality of the bones or joints. A child with an obstructed diaphragmatic hernia

became a doubly fascinating problem when discovered to suffer from diaphragmatic aklasis as well.

Roberts learnt to appreciate the importance of studying children and their diseases as a house-physician at Great Ormond Street, and in 1913 he was appointed assistant surgeon to the East London Hospital for Children. Children are better judges of human character than many would suppose, for they choose for their adult friends those with patience, kindness, and absolute honesty, all of which Roberts had in abundance. These basic qualities, combined with his special training, were responsible for his remarkable success in handling children. He served in the first world war from 1914 to 1919 and was thrice mentioned in dispatches. The excellence of his work as a surgical specialist with No. 5 General Hospital and No. 41 Casualty Clearing Station was recognized officially by the award of the O.B.E. Before 1914 the surgery of the chest was more or less confined to drainage of empyemas, and it was during his war service that Roberts, having dealt successfully with large numbers of major wounds of the chest, realized that the knowledge gained might well be employed in bringing relief to conditions other than wounds. After the war his work for the wounded was continued by his appointment as surgeon to Queen Mary's Hospital, Roehampton.

In 1919 he was appointed assistant surgeon to St. Bartholomew's Hospital, where he was destined to become senior surgeon before his retirement from hospital practice in 1946. Practitioners of to-day who had the good fortune to serve Roberts as dressers in their student days will recall how much they owe to his teaching. He always stressed principles rather than details, and always emphasized the practical nature of the work of a doctor. He prided himself on his knowledge of practical nursing, and there must be many who remember the embarrassment of being asked to describe exactly how to prepare raisin tea or Imperial drink.



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Nothing annoyed Roberts more than cloaking ignorance with verbosity, and his irritation would reach its zenith if this was wilfully done, for deceit was anathema to him. He was a purist and insisted that others should be equally accurate: the expressions "almost," "nearly," "not quite" would always bring forth one of his fund of stories. His teaching in general surgery was remarkable for its clarity and simple logic; any student who heard him discuss intestinal obstruction would never afterwards delay in taking steps to confirm such a diagnosis. Although his name will always be connected with chest surgery, he was ever in the vanguard of general surgical progress. For example, he was performing gastrectomies for intractable gastric ulceration when many other surgeons were still practising gastro-jejunostomy. There was no limit to his courage as a surgeon so long as the patient's disease warranted drastic measures, and in the operating theatre he was at his best when undertaking truly formidable procedures.

It was his appointment as surgeon to the Brompton Hospital in 1919 which gave Roberts the opportunity to develop his interest in chest surgery and so to become one of the world's most famous thoracic surgeons. He was not a prolific contributor to medical literature, so that the propagation of his work was largely by personal teaching, which always proved a great stimulus to the younger surgeons because he was ever ready to discuss their problems. He is justly credited with being the originator of an excellent plastic operation for some cases of chronic empyema which is now usually designated the "Roberts flap operation." He was a frequent and much-valued speaker at meetings, and was at one time president of the

Medical Society of London, of the Society of Thoracic Surgeons, and of the Tuberculosis Association. His desire to do everything possible to raise the standard of treatment of the tuberculous, and his ability to divest a problem of its trappings so as to see the essentials, resulted in his serving on the Joint Tuberculosis Council for more than ten years and on the Standing Advisory Committee on Tuberculosis to the Ministry of Health for four years. He was particularly interested in the international aspects of surgery, and was for many years the British delegate on the committee of the Société Internationale de Chirurgie. His work was recognized abroad by his election to honorary membership of the American Association of Thoracic Surgeons and of the Polish Society of Surgeons.

Roberts generated a striking loyalty and affection among those who served him, and there are many who feel a deep personal loss in his death. Fundamentally a shy man, he covered any self-consciousness with a forthright, almost aggressive manner which was not always completely understood by his contemporaries. His interests were by no means confined to medicine, so that there was hardly any subject of conversation to which he could not make some valuable contribution. He was an enthusiastic alpine gardener, and was probably more proud of his awards as a member of the Alpine Garden Society than of many surgical triumphs; he was also a well-known authority on dragon-flies. His leisure pursuits were such that he was well equipped to enjoy the retirement which has been denied him. To his widow, a sister of the late R. C. Elmslie, the orthopaedic surgeon, the sympathy of all his colleagues and friends will be extended.

O. S. T.



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