THE HEART OF A LION:
Sir Gordon Gordon-Taylor (1878 - 1960)

Mick Crumplin

This great international surgeon was born in London, in 1878 in Streatham, the son of a wine merchant and a Scots mother from Aberdeen. He was educated at Robert Gordon's School in the latter city, graduated in 1898 with honours in classics and entered the Middlesex Hospital Medical School in October of that year. Having distinguished himself with three exhibitions and a gold medal in anatomy, he qualified by the Conjoint Diploma and the London MB in 1903.

It was at his first posting as an assistant pathologist to Lazarus Barlow, that he struck up a partnership with Victor Bonney. Fortified with coffee heated over a Bunsen burner and working three nights a week, they both achieved first class honours in the new BSc in anatomy from the University of London in 1904.

Much commended for his zeal and careful attention to detail as a researcher and demonstrator in anatomy (by his Chief, Professor Peter Thompson at King's College), he began his surgical apprenticeship in 1904. His first job was that of house surgeon to Sir Alfred Pearce Gould. After obtaining his MS and FRCS in 1906, he was appointed to the Middlesex Hospital as assistant to Pearce Gould and Sir John Bland-Sutton – also to be the Surgeon to Out Patients.

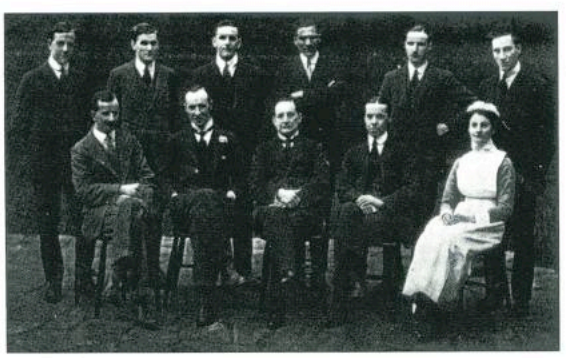


Figure 1: Sir John Bland-Sutton's last firm.
Sir Gordon, wearing his carnation, is on the right of his chief.

A London and Middlesex man through and through (although he also worked at the Royal Northern Hospital), he soon established a reputation as a bold and skilful operator. Such attributes would soon be called on in no small way.

The Great War broke out in 1914. After serving at first at home then at the Battle of the Somme and Passchendaele, he was soon appointed Acting Consulting Surgeon to the 4th Army. He became a legendary figure in the casualty clearing stations and contributed in many ways to the advancement of combat surgery. One of the great strides he made was his surgery of abdominal trauma. He undoubtedly bestowed much to the aggressive management of shrapnel and bullet wounds in that cavity, the surgery of which was so full of risk in the pre-antibiotic era and early days of intravenous fluids. He boldly

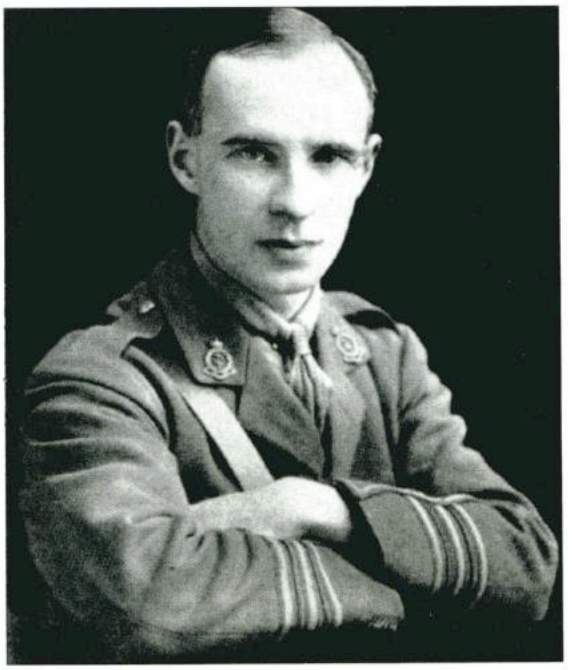


Figure 2: Major Gordon Gordon-Taylor.

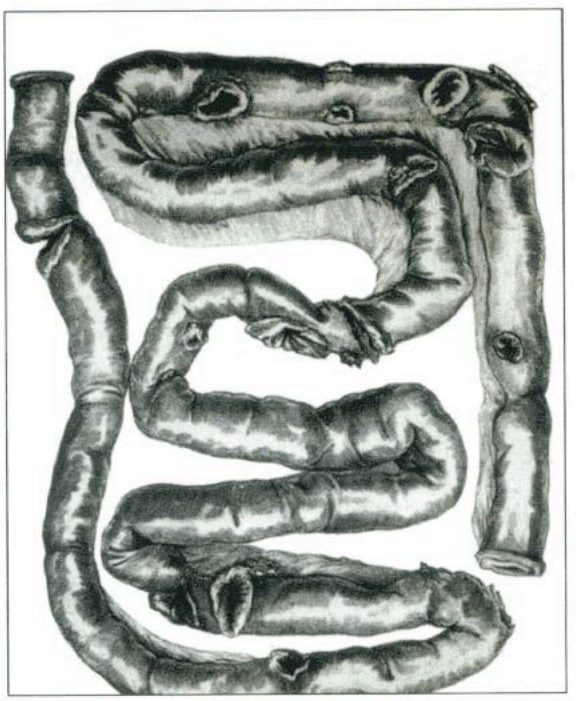


Figure 3: One of the diagrams from his work "Abdominal Injuries in Warfare". The image shows the first successful case of bowel injury – caused by shrapnel in World War One – treated in the spring of 1915.

resected and exteriorised bowel under the most unfavourable circumstances.

One of Sir Gordon's heroes and undoubtedly a role model was that other great surgeon, so precious to this Association, Lord Moynihan. Having been examined by Moynihan and also after visiting his theatre in Leeds, one can sense the pride when Sir Gordon, having welcomed him to the Casualty Clearing Zone of the Fourth Army, was so proud to walk to the Officers' Mess with one arm linked with Sir Harold Stiles and the other with Moynihan! Following the Great War, he returned with the rank of Major and an OBE.

After his chief, Sir John Bland-Sutton retired in 1920, Gordon-Taylor was appointed as a full

staff consultant to the Middlesex and married Florence Pegrume, who was, like his mother, an Aberdonian. In the 1920/30s, his reputation and practice as a bold and meticulous surgeon flourished. Perhaps the two operations that are associated with his heroic practice and which I feel are best known are the interinnomino-abdominal (hind-quarter) amputation and the surgery for innominate artery aneurysm.

Figure 4: Sir Gordon in discussion during an operating session.

At the age of 52, he was elected to Council of the English College and two years later, first visited Australia. At the inception of the Second World War, he was, at the age of 60, appointed as Temporary Surgeon Rear-Admiral. This post involved visits to home naval hospitals and EMS hospitals throughout Britain, wherever naval patients were admitted. He also visited the USA, Canada, Australia and Russia, later being awarded a CB, KBE and the Legion of Merit in the USA. During the blitz, his flat was wrecked and, when he and his wife had been extracted from the debris and he had seen her safely admitted, he ran off in theatre gear under a mackintosh, with an amputation set to remove a trapped barman in a damaged hotel in Great Portland Street.

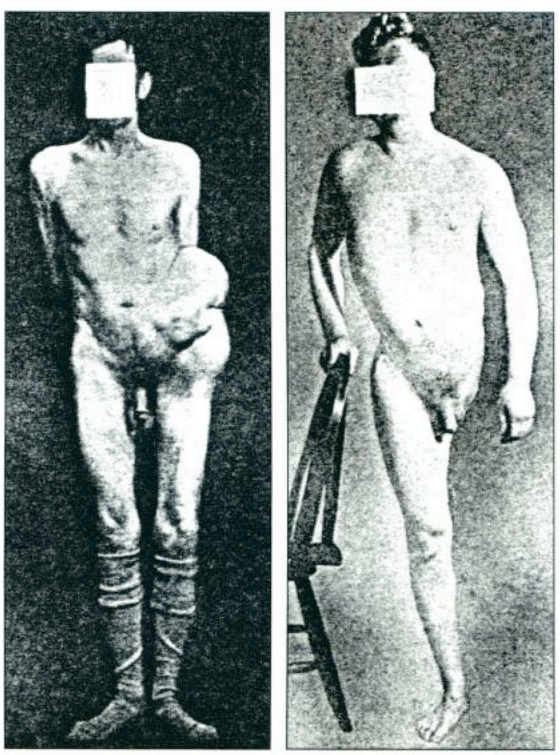
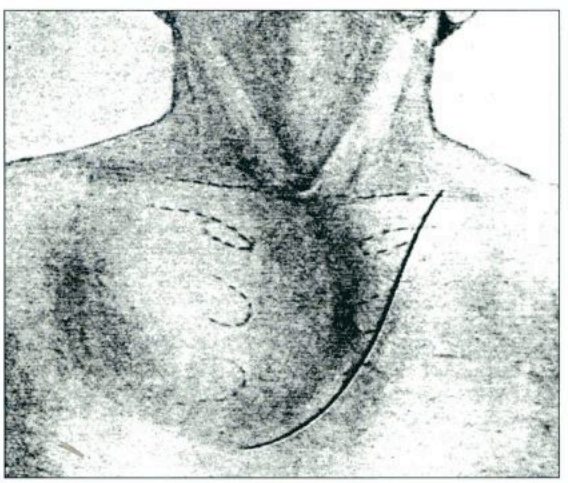


Figure 5: Left - Large Innominate Chondroma (1933).
Right - Patient after hindquarter amputation for an osteoclastoma of the innominate bone (1929).

He retired from his Middlesex practice in 1943, but continued to operate all over the country, whenever his skills were required. He lectured and wrote (135 contributions) assiduously. He set up, with the assent of the College, a one-man advice bureau, to help advise, place and instruct post war and foreign young surgeons.

What of him as a man? In the 1930s, he was a slim, neat figure in a brown suit, wing collar and bow tie. A Homburg hat, black boots and a pink carnation as a buttonhole completed the image of a man with a rapid, purposeful walk, full of energy. He always scorned an overcoat, no matter what the weather. There could have been no more courteous and kind surgeon, who always remembered faces, taking time and trouble with anyone, quite irrelevant to their station. He was the epitomy of a master surgeon, always supporting his apprentices, with great loyalty.



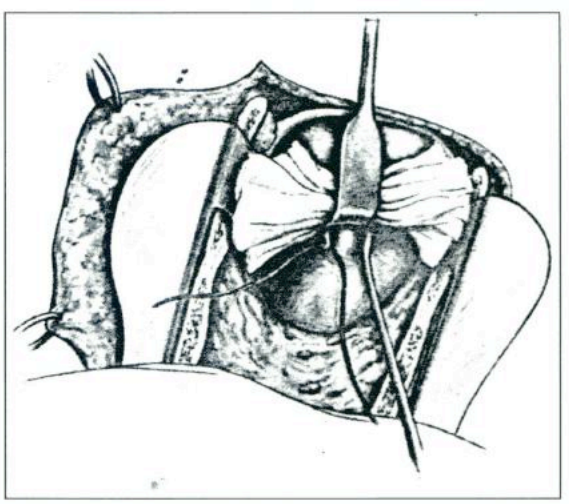


Figure 6: Top - Spontaneous aneurysm of the innominate artery (1936) treated by ligation –osteofascial flap drawn on skin.
Above - Ligation of innominate aneurysm – sac gently retracted (1942)

His generosity was legendary. He always gave the new house surgeon a cystoscope at the commencement of his appointment and cuff links on departure. He treated his staff to surgical visits and even defrayed the cost of patients' blood transfusion or travel fares. Little notes of gratitude to anyone who helped, sometimes in a

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most menial way were received with great cheer by many assistants!

He proudly admitted that he had not visited a public bar or cinema, ate and drank sparingly and never owned a motorcar. He did later have a Rolls Royce, chauffeur-driven, but mostly preferred to walk. He loved cricket and was a member of the MCC. As a student, the austere attitudes then predominant in East Scotland had enforced him to change his name, when playing the game, for the disapproval that engaging in the sport might bring!

Figure 7: A young Sir Gordon Gordon-Taylor.

His real love was for ballroom dancing and, having become proficient in this, he engaged a professional partner after his wife had became disabled. After an evening's dancing, he would come into the hospital and guide, assist and generally take an interest in the surgical wards at night. Sometimes, when he needed time to contemplate or just wanted a break, he would take the night train to Scotland and, for instance, walk on Rannoch Moor, before taking the train home. Suffering at one time or another post-herpetic neuralgia, the loss of his wife and a carcinoma of the colon, resected by George Grey Turner and David Patey, he demonstrated his own personal courage.

If he had any faults, they were few – pride in his achievements, his attitudes, dress and ability (well deserved!). He was intolerant of slower surgeons, an ignorance of the classics and had a disinterest in committees, at least in his early years.

What were his contributions to the practice of surgery? Foremost was his commitment to his patients and the craft. He was a pioneer of appropriate surgery for bleeding peptic ulcers, and also a bold advocate of interventional surgery for bowel injury in warfare. Combat surgery must have contributed to his expertise in amputation – latterly, he performed his hundredth hindquarter resection around the time of his eightieth year! Deeply interested in the surgery for cancer, he was as happy in the abdomen as he was with radical block dissections of the neck. Whilst shunning cranial surgery, he operated in the chest, neck and urinary system with great skill. He managed aneurysms of the innominate artery and tumours that, to many others, seemed beyond the scope of a surgeon.

He retained interests in subjects that today are often ignored or considered irrelevant - the classics, surgical history and eponyms – as to the latter, he questioned "Who has not heard of Gordon's Gin or Taylor's port?"

We are all the poorer for not having listened to Sir Gordon lecture or orate. He was an absolute master – not only profoundly eloquent, but also clear and well educated, with a deep knowledge of the natural sciences, classics and history.

He was one of the few British surgeons awarded an Honorary Fellowship of this Association and was President in 1944/45.

His surgical accolades, degrees, honours, diplomas and adulations were worldwide and far too numerous to mention. They included four honorary doctorates and five honorary fellowships. I feel that his greatest reward was the respect he earned for his integrity, skill, commitment and, not the least, his courage.

Figure 8: Sir Gordon (left) and Professor Eldred Walls, joint authors of Sir Charles Bell's biography standing over Bell's grave in Worcester.