

HISTORICAL ARTICLE

The Strange Case of Sir Henry Gray

A Adam¹, JD Hutchison², TR Scotland³

¹Retired orthopaedic surgeon, Aberdeen. Librarian, Aberdeen Medico-Chirurgical Society

²Regius Professor of Surgery, University of Aberdeen

³Retired orthopaedic surgeon, 17 Marchbank Road, Bieldside, Aberdeen AB15 9DJ

Correspondence to

TR Scotland

E-mail: thomasscotland@btinternet.com

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Abstract

Sir Henry Williamson Gray was a prominent Aberdeen surgeon who took up the post of Chief of Surgery at the Royal Victoria Hospital, Montreal in 1923. In what subsequently became known as “The Sir Henry Williamson Gray Affair” in the annals of McGill University, his career was ruined and his reputation left in tatters. The authors examine the available evidence and conclude that Gray was treated unfairly. They hope they have helped restore his name and reputation.

Key words

Sir Henry Gray, surgery, Montreal, Aberdeen

In 1923, Sir Henry Williamson Gray (Figure 1), a prominent Aberdeen surgeon, was invited to take up the post of Chief of Surgery at the Royal Victoria Hospital in Montreal, which usually carried senior status at McGill University. The offer of appointment was made by Sir Henry Vincent Meredith, President of the Royal Victoria Hospital. Frustrated by what he perceived as “lack of progress”¹ in Aberdeen, Gray duly submitted his resignation and travelled to Montreal to take up his new position. There then began a bizarre series of events which became known as the “Sir Henry Williamson Gray Affair” in the annals of McGill University.² Gray’s career ended up in ruins, and his reputation permanently tarnished.

That injustice continues to the present day. In a publication entitled “The Principal and the Dean” in the Canadian Bulletin of Medical History (2003),² Gray is described as “an outspoken general surgeon from Aberdeen, Scotland, without academic teaching experience, but who had been knighted during the war for surgical contributions of a questionable nature.”

The article explains that senior administrators at McGill University were furious that Meredith had unilaterally made an appointment to the Royal Victoria Hospital without consultation. They were in the midst of a medical reform programme, and in delicate negotiations with the Rockefeller Foundation for funding. When Rockefeller executives heard that Meredith had ignored McGill’s policies, and appointed a Chief of Surgery to one of its principal teaching hospitals without prior consultation,



Figure 1: Sir Henry Gray (circa 1920, taken outside the Kepplestone Nursing Home, Aberdeen)

discussions were put on hold until the university asserted its policies. Meredith, they said, had made a colossal blunder.²

“Meredith essentially promised Gray the job as Chief of Surgery at the Royal Victoria, then bullied the medical board of the hospital to accept Gray and felt that he could bully Sir Arthur Currie to give him a university appointment.”² Here, Meredith greatly overestimated his own position and greatly underestimated the Principal and Vice Chancellor of McGill University, Sir Arthur Currie.

Sir Arthur Currie had been one of the most successful generals of the First World War, being in command of the Canadian 1st Division at the battle for Vimy Ridge on Easter Monday, 1917. When his superior officer, Sir Julian Byng, was promoted to lead the British 3rd Army, Currie became commander of the Canadian Corps. He led his Canadians to many successes including the capture of Passchendaele in 1917, and actions at the Battles of Amiens, the Drocourt-Queant Switch, and Canal

du Nord in 1918. The Canadians were amongst the very best of troops, and were most ably led by Sir Arthur Currie.

The unsuspecting Gray was taken to see Currie to discuss a university appointment. Currie had no idea who Gray was, or why he was in Montreal. He was incensed that university protocol for appointments had been ignored. He told Gray that there was no senior position available for him without thorough investigation by the appropriate committees.²

The article continues "A subsequent move was to remove Sir Henry from the student lecture rotation, because he was a poor, disorganised teacher. This move, calculated to humiliate Gray, did just that."²

"The final challenge to the beleaguered and unpopular Gray (who certainly attracted criticism because he was an insensitive, egotistical person) concerned a consultation on an RVH patient. Gray was consulted by the family and thought a surgical procedure was indicated. Martin (Professor Charles F Martin, Professor of Medicine and Chairman of the Education Committee of the Faculty of Medicine) was asked by the admitting doctor for a second opinion. Martin disagreed that surgery was necessary, thwarting Gray's opinion. Gray, again humiliated, called for an investigation of Martin by the Canadian Medical Association, and wrote a long rambling paranoid letter to the Canadian Medical Association Journal, saying his programmes were being interfered with, and that there was a plot against him."²

Gray was blamed for disrupting the hospital department by attempting to reorganise hospital systems, not promoting research, refusing to wear gloves in theatre, and refusing to cooperate with student teaching programmes.²

He felt forced to resign in 1925. He wrote the following letter to the British Medical Journal on the 24th October, 1925, drawing attention to his circumstances.³

"SIR- I feel that the virtual dismissal of one of the chief members of staff of such a well known institution as the Royal Victoria Hospital, Montreal, must be of interest to the medical profession, I send you the enclosed copy of correspondence for publication in the British Medical Journal. I am not aware of having committed any professional or social action which would merit such dismissal.-I am etc., Henry M. W. Gray.
Montreal, Oct 9th.

With this letter, Gray submitted copies of two others.

First:

Royal Victoria Hospital, Montreal
September 25th, 1925

Sir Henry Gray K.B.E.,
Surgeon - in-Chief,
Royal Victoria Hospital, Montreal

Sir Arthur Currie has sent the hospital a copy of his letter to you of the 24th instant.

In view of that letter, and under the circumstances, the executive of the hospital has reluctantly decided to ask you to be good enough to hand in your resignation as surgeon in chief.

When you do so, the executive is prepared to appoint you consulting surgeon of the hospital,

Yours Truly,
H. E. Webster, Secretary.

Second:

H. E. Webster esq.,
Secretary, Board of Governors,
Royal Victoria Hospital, Montreal

Dear Sir,

In reply to your letter dated 25th inst, I formally accede to the request of the "executive of the hospital".

In view of all the circumstances of my connection with the Royal Victoria Hospital I prefer to sever my connection with it completely now.

I am sorry to trouble you further, but I should like to have the instruments, etc., which I provided for use in the hospital returned or replaced.

Yours` Truly,
Henry M.W. Gray

Gray's career was irreparably damaged. Not only was his name vilified in Montreal, but he is virtually unknown today in his own city. He lived out the remainder of his career in obscurity. The authors would like to examine available evidence, and ask if his fate was justified.

When Gray's death was announced on the 6th October, 1938, the Aberdeen University Review paid tribute to him as a great teacher and innovator,⁴ and hailed him a pioneer of modern surgery, bringing aseptic surgery to Aberdeen. It was he who stimulated the change from antiseptic surgery to aseptic surgery - sterilisation by heat and boiling, and the wearing of caps and masks.

Gray was no parochial surgeon. He believed in wide reading and in frequent visits to other units, both at home and abroad. He was an original member of the Moynihan Chirurgical Club, the main object of which was the interchange of ideas brought about by visits to home and foreign clinics. F. K. Smith, a senior Aberdeen surgeon, spoke of the loss of a leader, a counsellor and a friend, and extolled the virtues of a great teacher.⁴ The President of the Aberdeen Medico-Chirurgical Society, Dr Harold Edgar Smith, paid him this tribute: "Before beginning the business of the meeting, I should like to refer to the loss sustained by this Society by the death of one of whom it was very proud. Sir Henry Gray was for many years an Ordinary Member of this Society, and latterly was one of the distinguished Honorary Members. His big shining face, his broad chest, his upright carriage, his general air of cleanliness radiated surgery, inspiring confidence in patient and doctor alike, a confidence that was justified by a finished technique and meticulous pains. In his work and in his play (Figure 2), he remained to the end a lovable loon, quick to anger, but quicker to be sorry.

In meetings of this Society, he was, shall I say, an indifferent speaker, but to me personally the tongue-tied hesitancy of his utterance, such was his personality, conveyed an honesty of purpose that eloquence often fails to achieve."⁵

As an operator, he was considered methodical, neat and exact, being a source of inspiration to many an aspiring surgeon.⁴ He made valuable contributions to the surgical literature and, by his original research and skill as an operator, achieved a position of outstanding eminence in his profession.⁶

His work on regional and spinal anaesthesia was especially noteworthy.⁴ In the first decade of the 20th century, many abdominal and lower limb procedures were performed in Aberdeen under local or spinal anaesthetic. It was Gray and Sir

H. Barker of University College London who were largely responsible for introducing local anaesthesia to Britain.¹

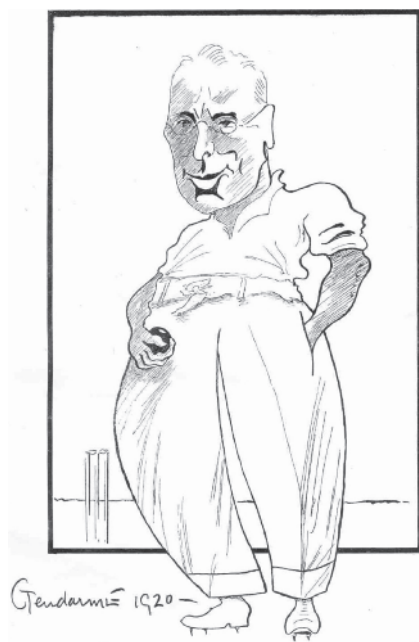


Figure 2:
Caricature of
Sir Henry Gray
(Drawn by "Gendarme"
(Archibald Reith Fraser,
MD), 1920)

During his working lifetime Gray published widely. A search of the Index Medicus revealed 60 publications including two books. So great was his contribution to the advance of knowledge in medical science that the University of Aberdeen saw fit to bestow upon him the honorary degree of LL.D.⁷

These do not sound like the achievements of a general surgeon accused of having no academic teaching experience and who was removed from the student teaching because he was a poor and disorganised teacher. His many publications and the award of an honorary degree by the University of Aberdeen sit uneasily alongside the criticism that he failed to promote research.

R. M. M. Porter makes a telling statement, which perhaps goes some way to explaining why Gray was so unpopular in Montreal.¹ *"He was in many ways years ahead of so many of his contemporaries, and the ideas he introduced, which were considered absurd, gradually became the standard methods universally adopted. Like all pioneers, Sir Henry was of an independent type."*

With the political situation between McGill and the Rockefeller Foundation so precariously balanced, Gray really had to be removed from the scene before further progress could be made in the medical reform programme. They quite openly stated that their aim was to humiliate Gray² and, by implication, force his resignation. This would have been made easier by Gray's difficult relationship with colleagues.

The Principal and the Dean dismisses Gray as having been *"knighted for surgical contributions of a questionable nature."*² This serious accusation is not supported by evidence.

The Aberdeen University Roll of Service in The Great War summarises Gray's service record:

"Major, R.A.M.C.(T), 1914. Seconded for service with British Hospl. (Red Cross), Wimereux, Nov.1914. Col., A.M.S., Consultant Surg., B.E.F., Feb 1915. Consultant, Special Mil. Surgery (Home Service) June 1918. Served France, Nov.1914-June 1918; Home, June 1918-June 1919. Final Rank, Colonel. K.B.E.(mil), C.B.(mil), C.M.G.(mil). Five mentions."⁸

Gray spent the first eighteen months at a base hospital in Rouen. In an article published in the British Medical Journal on 12th June 1915, concerning *"The Medical Arrangements of the British Expeditionary Force,"* Gray's work is specifically commended.⁹ Thereafter, Gray was consultant surgeon to the British 3rd Army, with responsibility to ensure that men received the best possible care. He introduced the Thomas Splint during the Battle of Arras in April 1917. Effectively splinted compound femoral fractures arrived at casualty clearing stations for definitive surgery in much better clinical condition and mortality was significantly reduced.

Gray had several major publications during the war, including the early treatment of gunshot wounds of the spinal cord, gunshot wounds of the knee joint, gunshot wounds of the head, general treatment of infected gunshot wounds, and the treatment of gas gangrene. He published on the radical excision and primary closure of gunshot wounds, and performed the previously unheard of procedure of removing a bullet from a man's heart under local anaesthetic.

When Sir Anthony Bowlby, Surgical Consultant to the British Expeditionary Force, published on the treatment of certain wounds by radical excision and primary closure, Gray corresponded with the British Medical Journal,¹⁰ pointing out the important work done by many surgeons in this field, who had not had their work publicly recognised but who had done a great deal of the pioneering work, thus paving the way for Bowlby. Gray named all those surgeons who had made such a contribution, wishing them to receive appropriate recognition for their labours.

Gray was the author of a book entitled *"The Early Treatment of War Wounds,"*¹¹ in which he outlined the treatment of all types of wound and their management in regimental aid post, dressing station, and casualty clearing station. It was designed primarily for medical officers going to war for the first time, and is clearly and concisely presented. Surgeons embarking on surgery of warfare today would do well to read it.

All this was done by a man who had been knighted *"for surgical contributions of a questionable nature."*²

In summary, there is certainly evidence to support the view that Gray was not an easy man. He returned to Aberdeen after the war and, for whatever reason, was frustrated, and felt the need to move on. When the chance of the post of Chief of Surgery at the Royal Victoria Hospital in Montreal presented itself, he grasped the opportunity, only to find himself embroiled in a political minefield which was not of his creation. The real villain was Sir Henry Meredith, who, without consultation with either the board of RVH or McGill University, offered Gray the job at RVH, and subsequently browbeat the board into ratifying the appointment. However, he overstretched himself when it came to persuading Arthur Currie to provide an academic appointment. He should have known better. Gray became a victim of Meredith's misjudgement. There is certainly evidence that Gray was dealt with unfairly in Montreal. Accusations were levelled against him without proof, while we, on the other hand, have presented evidence to support Gray's qualities as a teacher and innovative surgeon who made great contributions to the surgical literature, and who had a very distinguished record in the Great War.

We believe that Gray was hounded out of his position and therefore a historical injustice has been perpetrated against him. To this day the episode is referred to as *"The Sir Henry Williamson Gray Affair"* in the annals of McGill University. It does them no credit. We hope we have restored credibility to the

reputation of Sir Henry Gray.

Acknowledgement

We are grateful to Dr I. Levack for providing us with the photograph of Sir Henry Gray, and the Aberdeen Medico-Chirurgical Society for the caricature of Sir Henry Gray from the collection of drawings of Archibald Reith Fraser, MD presented to the Society by his brother.

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Footnote

Alexander Adam 1920-2009, was an inspirational figure to a whole generation of orthopaedic surgeons, and after retiring from the NHS, he brought an unsurpassed depth of knowledge to the role of librarian of the Aberdeen Medico Chirurgical Society, a position he held right up until his death on 20th December, 2009.

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