

# **Charing Cross (Fulham) Hospital, London**

Hugh de Wardener

At Charing Cross we had our first patient on maintenance dialysis in March 1964, and three patients by the end of that year. We opened a five bedded unit in 1965, and later a ten bedded unit in 1967. Until that time I had had no interest in transplantation for the treatment of my patients, on account of its high mortality, but this had improved to such an extent that we decided to appoint a transplant surgeon. Grant Williams was selected for this post in 1967.

## **Grant Williams**

I had been fortunate to have been appointed to a residency at the Peter Bent Brigham Hospital before my appointment to Charing Cross, and was allowed to complete this one year appointment before starting work in London... It had, of course, been an invaluable experience. The first transplants at Charing Cross, some thirty in number, were impressively successful. There followed serious trouble with rejections, and we realised that the earlier patients had been on maintenance dialysis and so had received numerous blood transfusions, thereby gaining some immunity to rejection.

## **History of Fulham/Charing Cross Renal Unit 1964- 2006**

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The first dialysis took place on the 30<sup>th</sup> March 1964 in a single room in the Oncology Unit of Fulham Hospital. Legend has it that Hugh de Wardener connected himself to the system first but that the circuit clotted! Later in 1964 a 5 bedded unit was opened at one end of ward C2, and an additional 5 beds were situated over the A and E dept. Patients dialysed for 14 hours twice a week using Cuprophane membranes sandwiched between Kiil Boards prepared by the nursing staff. Dialysate was prepared in a central proportionating system with small individual monitors for each patient. Ultrafiltration was achieved by lowering the effluent dialysate line further down the drain! Softened water was prepared from a water tank in the roof space, beloved by pigeons, and it was the job of the junior renal staff to clean the tank, usually on a Sunday morning. Meltec multipoint dialysers replaced the first generation of Kiil dialysers enabling the dialysis hours to be reduced to 10 hours twice a week. Vascular access was by way of Scribner shunts, which occasionally clotted or became infected and were eventually replaced by Cimino AV fistulas. Single proportionating machines eventually replaced the central system.

In 1972 the Fulham unit was transferred to the newly built Charing Cross Hospital, first to ward 6 North, and in 1976 to a purpose built unit in 1 South. Patient numbers continued to expand and, as transplantation failed to match the demand for new places, the home haemodialysis programme rapidly expanded to 140 patients before CAPD helped to ease the load. At one time the unit at Charing Cross was responsible for a large

segment of SW London, Surrey, Sussex and Hampshire and even had patients in the Channel Islands. Patients were trained for home dialysis at a training unit in a nearby street [Claxton Grove] which could almost be described as the first `satellite unit`. Large fully functional satellite units were later set up at the West Middlesex, Ealing and Ashford Hospitals. The age of patients taken on for dialysis gradually increased until virtually there was no age limit thus increasing the numbers substantially, and requiring an additional unit on 1 South.

Transplantation was later moved to the Hammersmith Hospital and all renal services [except for maintenance haemodialysis] moved there in 2006, which, together with the move of the St. Mary's unit, became one of the largest Renal/ Transplant units in Europe.

## **Editor's Note**

Peter Gower's "legend" of Hugh de Wardener's being the first to be connected to the new dialysis machine rings true to Hugh's character. As a Japanese prisoner of war in the early 1940s he contracted diphtheria. He collected serum from all his patients, fellow prisoners, who had themselves recovered from diphtheria and prepared a serum which he injected into himself. The diphtheria immediately resolved itself by collecting into an abscess which discharged itself spontaneously!

Hugh de Wardener is of handsome figure, with a natural charm of manner and an engaging speaker in English and French. I had a pleasant social acquaintanceship with him. I begin with this encomium because later I have some disagreement with him about an opinion he gave in his ISN Video Interview  
[nephrology.ualberta.ca/ISN/VLP/Trans/deWardener.htm](http://nephrology.ualberta.ca/ISN/VLP/Trans/deWardener.htm) rs

In this he describes his remarkable life. Even before his qualification at St Thomas's Hospital he had become interested in medical research. He joined the RAMC and was sent to Singapore, just before it fell to the Japanese in February 1942. He was sent to work on the famous railway, and there cared for his fellow prisoners of war for their many afflictions, including malnutrition, cruel treatment and disease. He himself suffered from cholera and diphtheria. He took a special interest in Wernicke's encephalopathy and collected 52 cases, of which he made careful notes, keeping them with great difficulty to bring them home after the war and publish a paper on them. So a life of medical research began in the Medical Unit at St. Thomas's Hospital.

His interest in renal medicine began only when he began to work with George Prunty in the department of chemical pathology, proceeding to carry out research on the subject and finally writing one of the first textbooks of kidney disease which was widely appreciated. In 1960 he was appointed to the Chair of Medicine at Charing Cross Hospital. He describes how he attended the First International Congress of Nephrology

in Evian in 1960. He heard Scribner's first account in Europe of using a shunt for vascular access to treat three patients with chronic renal failure by repeated haemodialysis, without being impressed with its chance of having a future as a practical clinical treatment. He sent Peter Little to the next International Meeting in Prague (1962), and he returned with the news that the three patients were still doing well and there were three more under treatment. De Wardener then sent a team to Seattle to learn the details of the method. The Charing Cross Unit was set up and had the first patient under treatment in 1964. It became a leading and successful unit, in which Grant Williams began transplantation in 1969. However, de Wardener's further observation – "we were the first to have a maintenance haemodialysis unit in this country. Shaldon, of course, was in there, and was dialysing patients, I guess, on that sort of basis, before us, but it was done sort of "sub rosa" ..... so it (*Charing Cross*) was the first sort of, properly set up".

I always resented this remark as I had planned the renal unit at the Royal Free from 1957 specifically to treat chronic renal failure by haemodialysis and transplantation, and we had begun clinical transplantation in 1959. Professor Sherlock had arranged for her lecturer Stanley Shaldon to be "seconded" to this NHS renal unit as nephrologist, and he heard Scribner's paper at Evian in 1960, and started maintenance dialysis from the Spring of 1961 – hardly "sub rosa" – but Hugh de Wardener has explained in a recent telephone call (at the age of 96) that he had not known the whole of this story at the time, for which there was good reasons, as Stanley Shaldon's early papers did not give a clear account of these circumstances in which his work was carried out. I have recorded this in detail in my "Early History" (see directory above), but I do conclude there that de Wardener was the first in the U.K. to set up his unit in the most logical and successful order – that is, establishing maintenance dialysis before setting up transplantation.