

1. The London Hospital Renal Unit

By John Blandy

In 1946 undergraduates at Oxford were being taught about Kolff's pioneering work but clinical students at The London two years later were not. I was house physician under Professor Clifford Wilson at The London in 1952 and helped Michael Floyer to set up a peritoneal dialysis on a patient with renal failure. I was responsible for inserting the cannula and running the fluid when disaster struck (for which naturally I got the blame), the bung fell out of the bottle and three litres of precious electrolyte flooded the ward.

In 1955 I returned to The London as a junior assistant on the Surgical Unit. A patient developed acute renal failure and with some reluctance my chief, Victor Dix, referred him to the Hammersmith with the hope that he would be dialysed. Instead an operation to incise the renal capsule was undertaken. I do not know who was responsible for this, but Dix was incensed. He decided then and there to have his own Kolff machine. H D Ritchie was at that time Senior Lecturer on the unit and was deputed to set it up, and I was one of the juniors who inserted the cannulae and took part in the tedious watching process to make sure the coil had not burst. As I recall the sessions went on for 6 to 8 hours, and the stink arising from the Kolff tub grew hour by hour. The physicians took a somewhat disdainful interest in the process, being still convinced that the Bull regime was the sovereign remedy. Nobody dreamed of chronic dialysis let alone transplantation. So matters continued and my expertise with cannulation and bath-watching came in useful when I spent an exchange year as a second-year urology resident at Presbyterian-St Luke's in Chicago 1960-61. On my return to the Surgical Unit I managed to avoid bath-watching duties but continued to insert cannulae.

Clifford Wilson changed his attitude to treating chronic renal failure when a delightful Essex GP, Charles Chilton,

developed end-stage renal failure. Chilton had been a POW in Changi with Hugh de Wardener, and I think it was de Wardener who shamed Clifford into treating him. Anyway I was detached to Charing Cross to learn how to put in a Scribner shunt, and later was taught how to make a Cimino fistula. All this came in useful when I was RSO at St Paul's where Joekes and Harrison were running a small chronic intermittent dialysis unit. I got back to The London now on the staff as a general surgeon with an interest in urology in October 1964. By now the work increased exponentially, and the Medical Unit soon became overwhelmed with the numbers requiring dialysis. After three years David Ritchie (now the Professor of Surgery) and Clifford Wilson cornered me in the staff room, filled me with gin, and told me it was my duty to learn how to do transplantation, and furthermore that I should stop wasting my time in private practice and become a professor. There was, of course, no money, and no purpose-built accommodation, but it seemed something I had to do. So I took myself off to Roy Calne to learn how it was done, taking with me a young physician and a young surgeon. (

I have told the rest of the story in my memoirs. (Life and Urorology, Cromwell Press Ltd, Trowbridge) My first transplant was done on September 28 1968. The first 6 went swimmingly and it all seemed too easy. I was to learn humility soon after.

2. Royal London Renal Unit History

by Frank Marsh

At the London John Blandy, David Ritchie and the later Dickie Balme were using a Kolff twin coil for acute dialysis in the late 1950s. The late Frank Goodwin, John Thompson and Rod Dathan dialysed a very few chronic renal failure patients in a side ward at the London about 1965, using Kiil machines.. The Ministry of Health (as it then was) supported purpose built

dialysis centres in the UK and the first of these was opened at the London in 1968: the first year's results were reported in the Brit Med J. in 1970. The first renal transplants at the London were done from Septembr 1968 by John Blandy, and his team was responsible for the surgery and urological support for many years, with the renal team providing the medical and immunosuppressive support, The renal physicians put in the Scribner shunts and later the vascular surgeons and John Blandy's team put in the Cimino fistulae, which were too tricky for the physicians! The late Hilliard Festenstein, with John Sacks (unfortunately deceased) and Tim Oliver, *developed the tissue typing and organised, with Andrew Paris, for the London Transplant Group* to set up a system which swapped kidneys around to get the best tissue match, often flying kidneys from centre to centre by plane. *Later the Ministry decreed that this service be transferred to Bristol under the name of the National Kidney Register.* Tthe London and Barts were not on the Ministry's initial list of proposed transplant centres, but Clifford Wilson (then Prof. of Medicine) simply said that we should go ahead and transplant some kidneys and after the first few we could not be stopped! I remember reporting at a local meeting that we had lost none of the *first 20* transplant patients kidneys; then a few weeks later we had a number of bad rejections.