

Westminster Hospital

by Michael Bending

I came down from Cambridge to Westminster Medical School in 1966 and in my first clinical attachment. I was assigned to Prof. M.D.Milne FRS FRCP, and his then lecturer in medicine, Lavinia Loughridge. Roy Calne was then performing renal transplants in the Gordon Hospital, Vauxhall Bridge Road, which was a satellite hospital in the Westminster group with a very strong surgical tradition. Ronald Raven was senior surgeon on the firm with Stanley Aylett pioneering ileo-rectal anastomosis in the treatment of ulcerative colitis.

The contribution of Michael Milne to renal medicine is a curious one. He was outstanding as a researcher in that specialty. He had been appointed joint director of the renal unit at Hammersmith, alongside Eric Bywaters, but took little interest in the use of the artificial kidney which was being pioneered there, chiefly by A.M. Joekes and Eric Bywaters. In line with the majority of physicians with an interest in kidney disease, he thought little of the prospects of the artificial kidney in the treatment of renal failure. Nevertheless, on appointment to the Chair of Medicine at Westminster he enlisted Lavinia Loughridge as lecturer, and she became one of the pioneers of dialysis in the UK.

After serving on the surgical firm at the Gordon Hospital, I was attached to Mr Duncan Forrest in the Westminster Children's Hospital. At that time he was pioneering the immediate closure of meningo-myelocoeles for spinal bifida. Many of his surviving patients remained under the care of the Carshalton Hospital for Children and they then presented to me as a consultant nephrologist, 30 years later for dialysis and transplantation.

I had returned to Westminster Hospital and Medical School as lecturer in medicine in 1976, again on the medical unit under Milne and Lavinia Loughridge. At that time the unit was performing single figure renal transplants each year and the renal unit was limited to 6 dialysis stations for patients waiting transplantation which had been started there by Prof. Sir) Roy Calne in 1962 The renal transplant surgeons at Westminster at that time were Michael Naunton Morgan and Kingsley Robinson. Dialysis at Westminster failed to flourish in the 1970s unit was finally closed by the Department of Health in 1981, just a year before I was appointed as second nephrologist at St. Helier Hospital, Carshalton by Dr Anthony Eisinger. I was appointed because of my interest in diabetic renal failure, and within months we were admitting our first diabetic patients for renal replacement treatment. The South West Thames unit at Carshalton flourished on its District General Hospital campus because of the drive and enthusiasm of Willie Rogers, A. Polac, and Victor Parsons. This happened in many units elsewhere, where the local “Voluntary” Hospital was unable to provide sufficient space for the new development, and it led to some friction between the two institutions when the move had to be made.

The St.Helier Unit, where I was privileged to work for 28 years had a number of claims to a place in the history of British dialysis and transplantation.

- Dr Rogers set up dialysis, to treat overdoses in his acute metabolic unit in 1964
- First abortive trials with UV light to reduce peritonitis in PD. (c 1974)
- Introduction of Rosenheim Hep B unit 1978
- Introduction of CAPD 1979
- Early satellite clinics up to 35 miles from regional unit 1982 et sequi
- Replacement of Cyclosporin by Tacrolemus as routine immunosuppression for renal transplantation in 1990.

- Mid 1990's - best renal transplant outcome in UK as published by "Dr. Foster". This attracted many high profile patients to the unit: during this period Mick Bewick was consultant transplant surgeon.

