

James Learmonth: distinguished academic surgeon who operated on King George VI

This year marks the 50th anniversary of the death of Professor Sir James Learmonth, who held three chairs of surgery in Scotland, had an international reputation as a surgeon, research worker and teacher, and who was called upon, in 1949, to operate on King George VI.

John Rognvald Learmonth was born in 1895 at Gatehouse in Fleet, near Kirkcudbright, Scotland. His middle name, of Scandinavian origin, was used by his family and friends for many of his youthful years. His father was headmaster of the local parish school. John was educated at Kilmarnock Academy and entered the medical school at Glasgow University in 1913. Learmonth's medical studies were interrupted by the outbreak of the First World War; he joined the army and served in Flanders as an officer in the King's Own Scottish Borderers regiment. He was fortunate to survive the war and returned to medical school in October 1918.

I was a medical student in the Second World War. We were told that we would be of much greater use to the country as medical officers and that our duty was to qualify as quickly as possible. Failure in any examination meant call-up forthwith into the armed forces as a private – a great encouragement to students to work hard at their studies.

Learmonth qualified with honours in 1921 and became assistant to Archibald Young, Professor of Surgery. Learmonth then spent 1924–5 with a Rockefeller Fellowship at the Mayo Clinic with the pioneer neurosurgeon Alfred Anson, an experience that would greatly influence Learmonth's future career.

On returning to Glasgow, Learmonth obtained his Master of Surgery degree with

a thesis on spinal tumours. I came across this when I wrote my first paper – a review of spinal tumours in soldiers – when I was a National Service medical officer.

In 1928 Learmonth was invited by Will Mayo to return to the Mayo Clinic to join the staff as Associate Professor of Neurosurgery. Learmonth held this position until 1932, spending much of his time on the innervation of the bladder and on the surgery of the sympathetic nervous system.

“ In those days reconstructive surgery of occluded arteries was non-existent ”

Learmonth returned to Scotland in 1932 to be appointed to the Regius chair of surgery at the University of Aberdeen, where his work ranged over the whole spectrum of surgery. After 7 years in office, came his appointment, in 1939, as Professor of Systematic Surgery at Edinburgh. His work here was immediately disrupted by the outbreak of the Second World War, during which he organized a special unit treating peripheral nerve and vascular injuries for both civilian and service casualties. For this he was awarded the Commander of the British Empire in 1945.

In 1946, Learmonth took over the vacant chair of Systematic Surgery at Edinburgh, in addition to his other professorial duties, with its heavy load of clinical work, teaching and administration. In the days before effective drugs were available to control hypertension, he was interested in the use of thoraco-abdominal sympathectomy in the treatment of so-called 'malignant hypertension'. I remember well assisting my chief, Arthur Elliot-Smith, in Oxford with a number of these operations as his house surgeon in 1948; one of the patients returned, his hypertension now controlled by the new drugs, for me (now a senior surgical registrar) to repair his inguinal hernia in 1956.

In 1948, Learmonth was called upon to attend King George VI at Buckingham Palace, who was suffering from severe leg claudication. In March the following year, Learmonth carried out a right-sided lumbar sympathectomy on the King, assisted by Professor James Paterson-Ross, of St. Bartholomew's Hospital, London, who had written an excellent book on the surgery of the sympathetic system. Both surgeons were subsequently appointed Knight Commanders of the Victorian Order.

It should be noted, in passing, that in those days reconstructive surgery of occluded arteries was non-existent. Another decade would pass before the operations of endarterectomy and bypass grafts would be introduced. Apart from sympathectomy, which had only limited value, the only other available surgery was amputation (almost invariably above the knee) when the leg became gangrenous.

Poor King George; he was a heavy cigarette smoker in the days when the dangers of this habit were not recognized. Look at the portrait of the King with his wife and children at tea, which you will find in the National Portrait Gallery, he is holding a cigarette. Following his sympathectomy, the King underwent a pneumonectomy for a lung carcinoma by Sir Clement Price-Thomas of Westminster Hospital in 1951 and died peacefully in his sleep the following year, presumably of a coronary thrombosis; all three pathologies, of course, tobacco related.

In 1956, Learmonth retired from his two professorial chairs in Edinburgh and with his American wife, who he had met while at the Mayo Clinic, went to live in the village of Broughton in Pembrokeshire. Here he enjoyed his hobbies of gardening and reading the English classics, history and biography.

He died in 1967 of bronchial carcinoma aged 72 years and was privately cremated. Certainly one of the great academic surgeons of the immediate post World War I years. **BJHM**

Conflict of interest: none.

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