

THE FIRST HALF-CENTURY OF THE RENAL ASSOCIATION, 1950-2000

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(from: *Reports of Medical Cases*, by Richard Bright (1827))

Preface

This is the brief history of an Association of clinicians and scientists, and thus it concentrates on individuals and events rather than upon concepts and movements in the science and practice of medicine in general or of Nephrology as a specialty, although both necessarily put in an appearance in the background. The history of Nephrology in Britain during the half-century dealt with in the present account remains to be written.

I have concentrated particularly on the first three decades up to 1980. There are several reasons for this. The first is that few people now have first-hand experience of this period, and documentation is needed before its witnesses are lost to us. The second is that historical judgement usually improves with distance from the events; the full consequences of recent events, particularly those of the 1990s, are not yet evident. Third, of course, is a personal one in that it is difficult to comment in detail on individual contributions, when all the participants in these events are readers of the text ! On this occasion the desire to retain one's friends is stronger than duty to history.

It may be argued that all any Society needs is a vivid and positive future, and that the past is now irrelevant. Certainly the future must always remain more important to us than the past, but we can learn from where we have been, and above all from the mistakes that have been made. Of all the many quotations on the importance of the past to the future, perhaps my favourite is that of George Santayana

"Those who cannot remember the past are condemned to repeat it"

Finally it is almost superfluous to add that the opinions and judgements expressed are my own, and do not represent those of the Association's officers or executive

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The Renal Association is one of the oldest medical societies concerned with nephrology in the world. Only the Société de Pathologie Rénale has a prior claim, since it held its first meeting in Paris in February 1949, but this body only transformed itself into the full Société de Néphrologie ten years later, in 1959 [2].

The history of Nephrology is intimately related to the history of its component societies, which arose when the need for a speciality of Nephrology was perceived. Until the mid-twentieth century, what is now called Nephrology was part of general medicine. At that time there were in the United Kingdom clinical medical meetings held by the Association of Physicians, founded in 1906 by Sir William Osler, whilst the Medical Research Society was founded in 1922 by Sir Thomas Lewis. Other than these, the London-based Royal Society of Medicine in its general and divisional meetings had a busy programme, as did the College of Physicians, the British Medical Association and the Medical Society of London. As well as the Colleges in Dublin, Edinburgh and Glasgow there were a number of regional medical societies, and the Physiological Society meetings had strong representation in renal physiology, led by Ernest Verney (1894-1967). Finally Urology was a well-developed speciality both nationally and internationally, with its own journal and national society. There were at that time few specialist medical societies: dermatology had separated in the late nineteenth century and cardiology and then neurology in the early twentieth. The British Society of Gastroenterology was founded only in 1937 under Sir Arthur Hurst's impulse.

Part I: 1950-1979

The beginnings

By 1950 in most developed countries a sufficient body of physicians and scientists especially interested in problems relating to the kidney had arisen. Renal physiology had advanced rapidly in the 20th century, particularly due to the work of Homer Smith (1895-1962) and his colleagues in New York. On the basis of earlier descriptions by Bright and Rayer, parenchymatous renal diseases had been described in a clinico-pathological synthesis by Franz Volhard and Theodor Fahr in Germany before the first world war, and in the United States by Arthur Fishberg, Henry Christian and Thomas Addis. In the United Kingdom Robert Platt (1900-1978) and Arthur Ellis (1883-1966) were working on nephritis and chronic renal failure, and Ellis' pupil Clifford Wilson (1912-1997) on hypertension, diabetes and nephritis whilst Robert McCance and one of his and Platt's many protégés, Douglas Black (b.1913) together with Malcolm Milne (1915 -1991), were studying renal electrolyte handling. In renal physiology, the strong school led by Ernest Verney (1894-1967) at University College, London was only one of several centres working on renal problems. Almost ignored by the scientific community of the day, haemodialysis and peritoneal dialysis were launched as practical techniques for the treatment of acute renal failure during and just after the war. After

initial enthusiasm engendered by Eric Bywaters (b.1913), who together with Mark (Jo) Joekes (b.1921) dialysed a dozen patients at the Hammersmith hospital in 1946-47 [3], dialysis was taken up only briefly by the pathologist-clinician Michael Darmady (1906-1989) in 1948), and disappeared from the British medical scene for almost a decade.

How in this medical and social setting did the first Renal Association meeting come about? First, it is interesting to find that none of the individuals mentioned above played a major role - only one (Bywaters) was even present at the first meeting. The route to the foundation of the new society was circuitous. In January 1950 the newly-formed Ciba (now Novartis) Foundation held the first of many influential symposia, which happened to be on toxaemia of pregnancy, organised by Carl Schmidt. This had been preceded by an informal meeting in September 1949 organised by Sir Gordon Wolstenholme (b.1913), the director of the Ciba Foundation from its beginnings, and at this meeting he was approached by Kenneth (KJ) Franklin (1898-1967) a vascular physiologist working at St Bartholomew's Hospital, with the idea of holding a meeting on the kidney (Figure 1). Franklin had been interested for some years in the renal circulation, and was a co-author of the book by the Catalan orthopaedic surgeon working in Oxford, Josip Trueta (1897- 1977) on cortical ischaemia and medullary diversion of renal blood-flow during shock and acute renal failure, which was published in 1947 [4] and was influential in the 1950s. He had also worked on the possible role of diversion of blood from the renal cortex during toxaemia of pregnancy. In addition he was an avid historian of medicine, translating Harvey and other Latin texts.



Figure 1: "KJ" Franklin (left) and Gordon Wolstenholme (right) at the Ciba Foundation in the 1950s (courtesy Ciba Foundation)

In February 1950 Wolstenholme and Franklin attended a dinner in honour of Professor JGG Borst of Amsterdam, who had become famous on this side of the Channel for his "Dutch gruel" of glucose and custard powder for use in the conservative treatment of acute renal failure, and his opposition to

dialysis for this purpose. At this dinner Franklin introduced to Wolstenhome individuals who were to become several key figures in the genesis of the Association: Arnold Osman of Pembury Hospital and Guy's Hospital,



Figure 2: Arnold Osman, first president and co-founder of the Renal Association. A cartoon from *Guy's Hospital Gazette* of 1935. Note urine hydrometer in his hand.

Wilfred Payne, a chemical pathologist working at Great Ormond Street Hospital, and the obstetrician John Sophian. Dennis Ellison Nash (b.1913) of St Peter's and Barts, a urologist with a particular interest in urinary diversion in children paraplegic from spina bifida, also was involved in the discussions.

This group, with diverse interests in the kidney and its function in health and disease, planned and held the inaugural meeting on 30th March 1950, at the Ciba Foundation building 41 Portland Place, London, at which the Renal Association was formed. The Ciba Foundation records [5] note that the Foundation assisted in the formation of

" a Renal Association, which will foster co-operation between workers in widely differing scientific fields of investigation which have the kidney form or function in common".

This is the nearest to what today would be called a "mission statement" that we have; the minutes of the meeting are (and remained) brief and to the point:

Osman was elected as President, and Sophian as secretary. Surprisingly not noted in the minutes was Wolstenholme's adoption of the position of Treasurer, a position he occupied for nineteen years. Twenty-seven individuals were present according to a note in the Ciba records (Table 1).

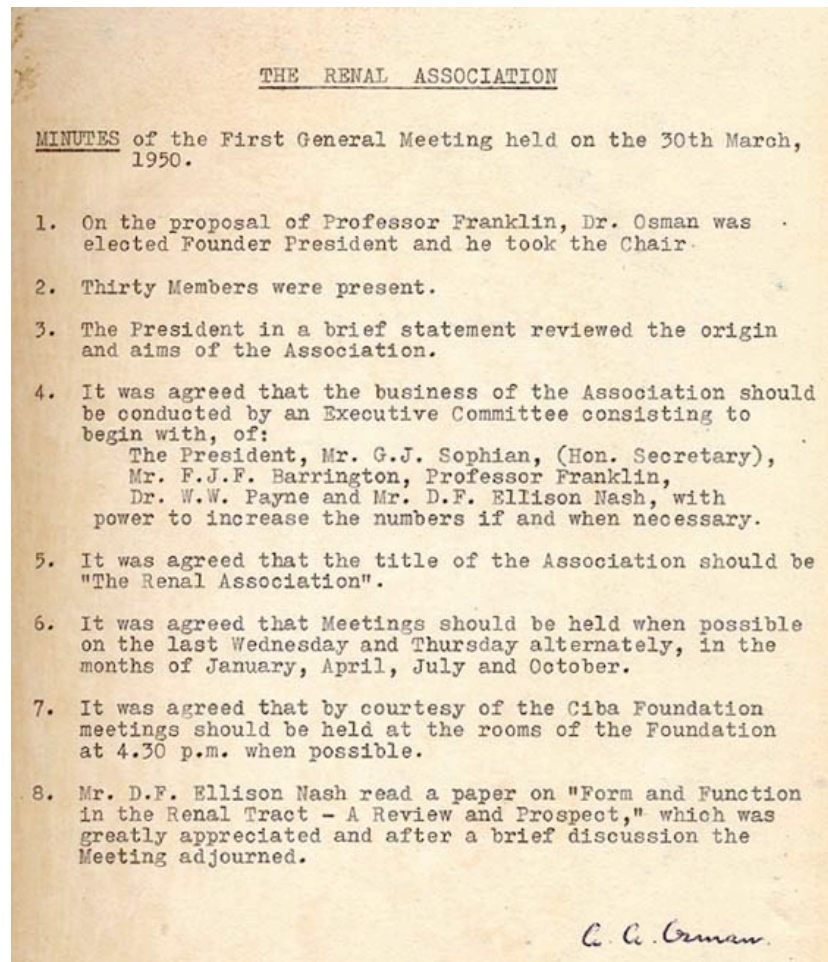


Table 1: Attendees at the founding meeting of the Renal Association, 30th March 1950:

Arnold Osman (*President*) (physician)
John Sophian (*Secretary*) (obstetrician)

Gordon Wolstenholme (*Treasurer*) *

Executive committee:

Kenneth Franklin (physiologist)
Wilfred Payne (paediatric chemical pathologist)
Denis Ellison Nash (urologist)*
FJF Barrington (urologist)

Members:

Ernest Baldwin (biochemist)
Eric Bywaters (physician)*
E Michael Darmady (physician/pathologist)
SE Dicker (physiologist)
Cuthbert Dukes
Grace Eggleton (physiologist)
Geoffrey Evans
Herman Lehmann (clinical pathologist)
S Locket (physician)*
Siggy de Navasquez (pathologist)
C Grant Nichol
WW Nixon (obstetrician)
HB Parry
Mary Pickford (physiologist)
R Reid
RE Rowell
JD Robertson
Eddy Tuckwell (urologist)
HP Winsbury White (urologist)
Frank Winton (physiologist)

* alive at January 2000

about most of whom I have been able to get some details [6]. A few names are familiar, others little known today. It is noticeable that as well as clinicians interested in renal diseases such as Osman, there were a number of physiologists and also urologists and obstetricians present, which was characteristic of the first decade of the society. A single paper was read, by Ellison Nash, on "*Form and function in the renal tract - a review and prospect*" but we do not have an abstract of this first paper; abstracts were kept only from 1952, and Dr Nash no longer has one. However one can note that this first

paper was given by a urological surgeon interested primarily in the urinary tract, and not what would today be termed a nephrologist.

On April 21st 1950 the first meeting of the executive committee, consisting of the three officers plus Franklin, Payne, Ellison Nash and Barrington of University College was held at Osman's rooms in 66, Harley Street. A library and collection of reprints were to be formed, organised by Elizabeth Ullman and JD Robertson, plus a museum if materials were offered. Not surprisingly Sophian was put in charge of "public relations". Max Rosenheim was to be asked to take on matters relating to research. A list of invited founder members was constructed, of whom today the names of Black, Bull and Joeke have the greatest impact.

It is interesting that most of those involved in starting the Renal Association could be described as somewhat peripheral to the study of kidney physiology and disease. Also, this was no meeting of "young Turks": all were well into their 50s except the host Wolstenholme and Ellison Nash, and all but had served in the armed forces during the first world war except Nash and Sophian, who was abroad. Where were the new leaders of infant Nephrology in the United Kingdom at this time – Robert Platt, Arthur Ellis, Clifford Wilson, Robert McCance, Douglas Black, Malcolm Milne? All were involved with the Association *after* its inception, but appear to have played no part in its birth.

Those working with Wolstenholme, besides Franklin (who was an FRS), are little known today. I have written in more detail about Arnold Osman (1894-1972) elsewhere [7] (Figure 2). He was a physician with a lifelong interest in renal diseases, then working at Pembury hospital in Kent, having trained at Guy's under Sir Arthur Hurst, but where he had only a non-consultant appointment before the second world war, relying on Hurst for beds. Blocked from a full appointment at Guy's after the war, he moved full-time to Pembury (to which Guy's had been dispersed during the conflict), and set up a Renal Unit, mainly for the long term observation of patient with nephritis and the nephrotic syndrome, all of whom he treated with enormous doses of alkalis. He remained firmly a man of the 1930s and early 1940s in his practice, and took no part in the work on electrolytes, renal biopsy and dialysis which came to dominate the fledgling study of nephrology after the second world war. In later years he became "something of a joke" with his abundant use of alkalis for almost every renal complaint. Nevertheless, he was probably the first clinician to advocate specialist renal units and attempt to define a role for specialists in nephrology locally and nationally.

John Sophian (1898-1976) was an exotic character, born in Calcutta as John Sophianopoulos, the son of a Greek jute merchant and an Armenian mother, where he was educated before transfer to Bart's and St Mary's for medical training in London, qualifying in MRCS LRCP in 1919. He became an obstetrician with various appointments including medical officer at Queen Charlotte's hospital, in the East end of London, and in Brighton, but (like

Osman) had rooms in Harley Street. He only took MB in 1929, so as to present and get his MD, which he did the following year. His major clinical passion was the pathogenesis of so-called toxæmia of pregnancy, on which he wrote a book (1953), as well as one on *Pregnancy nephrology* in 1971. He had considerable wealth (with which he sponsored some of Franklin's research), his other passion being his collection of works of art: Dutch 17th century paintings, Kang'shi Chinese porcelain, Chippendale furniture and Persian carpets. Besides the rather taciturn, reserved and (in later life) very deaf Osman, Sophian was large, impressive impetuous, argumentative and variously described by contemporaries as "*flamboyant*" "*melodramatic*", and by one at least as "*mad*". Unfortunately I have been unable to locate any photograph or portrait of him.

The name of the Association requires some comment. The word "*Nephrology*" is often said to have been invented by Jean Hamburger in 1960, for the christening of the nascent International Society of Nephrology. In Japan, equally, the word is often credited to Kenzo Oshima at about the same time. In fact, the word is much older than this, appearing in several dictionaries in both English and French during the nineteenth century as Hamburger himself pointed out [8]. However, its use outside of dictionaries is more contentious. The earliest use I can find is by Arnold Osman in a series of articles in the *Nursing Mirror* published in 1945, in which he describes himself as "Nephrologist" [9]. Amongst his papers from about the same time is one from 1948 on the organisation of "*Nephrology*" as a speciality [10]. Thus when the name of the new society came up in 1950, the choice was between "*Renal*" and "*Nephrological*"; I imagine Osman would have argued strongly for a Nephrology Society, but the Latin *ren-* won over Greek *nephro-* and Renal Association – not Society – was the name chosen.

It was agreed, at Wolstenholme's invitation (and financial support from the Ciba Foundation), that the meetings of the Association should be held at the Foundation's building in 41 Portland Place, just South of Regent's Park. This had important implications, because it limited the Association's membership owing to the small size of the Foundation's seminar room which officially could seat only 35 people. Throughout the 1950s, from 25 to as many as 40 members were reported as attending meetings, and admission to membership was (after the first few years) normally by invitation and usually only after presenting a paper to the Association. Unfortunately, no early membership lists have survived, so we do not know how many members there were in the early 1950s. The maximum attendance recorded at any ordinary meeting up to 1960 was 45, and membership fees (one guinea) were paid by 107, 110, and 117 members in the years 1957-59.

Table 2: Distinguished visitors who addressed the Association in its early years

1950-59

Homer Smith (USA)
 JGG Borst (The Netherlands)
 Alex Leaf (USA)
 Jean Hamburger (France)
 Maurice Dérot (France)
 Charles de Muylder France
 FZ Al Azfoury (Egypt)
 Heinrich Wirz (Switzerland)
 Karl Ullrich (Germany)
 Bob Muehrcke (USA)
 Vincent Hall (Sweden)
 Johannes Rhodin (Sweden)
 John Merrill (USA)

1960-1963

Jim Lawrence (Australia)
 Marcel Legrain (France)
 Chuck Kleeman (USA)
 Ernico Fiaschi (Italy)
 S Osnes (Norway)
 Francois Morel (France)
 Carl Gottschalk (USA)
 Bob Vernier (USA)
 David Earle (USA)
 Claus Brun (Denmark)
 Fred Boen (The Netherlands)
 Eric Windhager (Denmark)

With the Renal Association launched, the second meeting was held on 21st June 1950, and another special meeting in July, when Homer Smith addressed the new Association on "*Development of physiology of the kidney*". A record 68 people squeezed into the lecture theatre on this occasion. This was only the first of many addresses by distinguished visitors, many of whom became members of the Association (Table 2), and emphasises the international role of the Association at that time, when there were no continental or international societies of nephrology; and apart from the Société de Pathologie Rénale (founded in 1949) there were no other national societies until 1957, in which year the Società Italiana di Nefrologia was founded [11].

In addition, international figures were members of the society amongst them being Homer Smith, Bob Berliner, Donald van Slyke, Jean Oliver and Stan Bradley of the USA, André Lemierre, Maurice Dérot, Charles de Muylder and Jean Hamburger of France, Borst from Amsterdam, Dorhout Mees from Utrecht, Paul Govaerts of Belgium, de Graeff of Leiden, Bálint of Hungary, Jan Brod from Prague, and Poul Iversen from Copenhagen. All those prominent in nephrology in the United Kingdom gave papers to, and/or were members of the Association in the early years. Those not so far mentioned include Trueta, Bull, McCance, Platt, Black, Rosenheim, Joekes, Dempster, Milne, McMichael, Fourman, Stanbury, Wilson, de Wardener, Woolf. Later in the decade, the names of Heptinstall, Hardwicke, Soothill, Peart, Parsons, Wrong and Porter appear.

Only at the first annual general meeting in June 1951 were provisional rules of the Renal Association proposed and circulated discussed and approved - but unfortunately not filed in the minutes, as dryly recorded:

“The acting secretary then read aloud the revised draft, and after each Rule the Members either expressed approval by silence, or proposed such alterations and amendments as their experience, wit and humour suggested, and unanimous decisions were reached on all such proposals”

These rules persisted with little modification until they were completely updated only in 1994.

The early international role of the Renal Association climaxed in 1953, when together with the Ciba Foundation, at Sophian’s suggestion the Association organised what was the first international meeting on all aspects of kidney function and disease, with Gordon Wolstenholme from the Foundation, Charles Dent (1911-1976), Ken Franklin, Wilfred Payne and AAG “Bruin” Lewis as organisers. Osman was chairman, and Lewis edited the proceedings with Wolstenholme, who had become treasurer of the Association, which he remained until 1967. After the closed meeting at the Ciba foundation, an open session was held at the Royal Society of Medicine, at which issues raised during the meeting were discussed in public. This meeting was reported in the Lancet [12] and the full proceedings as a Ciba foundation symposium [13].

The titles of the papers given are presented in Table 3. In many ways this meeting, and the book it generated, can be regarded as the coming of age of the speciality of Nephrology in international terms. One wonders why at this meeting an international society was not formed - certainly most of the world players were present in London on that occasion, although one notes that only Mathé and not Hamburger - always a driving force - was present from Paris.

Table 3: Papers presented to the international meeting on “The Kidney” in 1953

J Oliver	The structural and functional aspects of recovery from acute renal failure
F Raaschou	Preliminary experiences with aspiration biopsy of the kidney
EM Darmady	Renal lesions in relation to amino-aciduria and water diuresis
H Wirtz	The production of hypertonic urine by the mammalian kidney
Bradley S, Leifer E, Nickel JF.	Distribution of functional activity among the nephron Population
Taggart JV.	Some biochemical features of tubular transport mechanisms
Lambert PP	A study of the mechanisms by which toxic tubular damage changes the renal threshold for glucose
Reubi FC	Glucose titration in renal glycosuria
JR Robinson	Renal acid-base control and cell physiology
RF Pitts, WJ Sullivan, PJ Dorman.	Regulation of the content of bicarbonate bound base in body fluids
RW Berliner, TJ Kennedy, J Orloff.	The relationship between potassium excretion and urine acidification
Sanderson PH.	Renal response to massive alkali loading in the human subject
JP Merrill	Mechanisms of sodium retention
LP LeQuesne, AAG Lewis.	Post-operative retention of water and sodium
MD Milne, NC Hughes Jones, BM Evans.	Electrolyte excretion in states of potassium depletion in man
Alwall N.	Treatment of electrolyte-fluid retention by ultrafiltration of the blood <i>in vivo</i>
Dent CE	Some aspects of calcium and phosphorus excretion
JGG Borst	The characteristic renal excretion patterns associated with excessive or inadequate circulation
J Hamburger, G Mathé.	Fluid balance in anuria
DAK Black	Renal factors in volume control

Also present (all from the UK) and took part in the extensive discussions of these papers:

KJ Franklin, E Baldwin, FJF Barrington, GM Bull, G Eggleton, H Heller, RA McCance, AA Osman, WW Payne, R Platt, D Russell, HL Sheehan, SW Stanbury, HE de Wardener, FR Winton.

Sophian was assisted by Payne as organizing secretary of the Association from 1951, and replaced by Lewis in 1953, having resigned “*owing to his prolonged absence abroad*”. Wilfred Payne (1894 -1978) (Figure 3) was again another figure rather marginal to nephrology. He had trained at Guy’s but transferred to Great Ormond Street Hospital in 1925 where he worked as a clinical chemist; he also had an appointment at Queen Charlotte’s Hospital, where he must have encountered Sophian. Payne founded the diabetic clinic at the Hospital for Sick Children, and had a principal interest in infantile acidosis and renal tubular disease, and also published on childhood nephrosis, as well as on haematuria and nephritis.



Figure 3. Wilfred Payne, one of the first joint secretaries of the Association



Figure 4: AAG (Bruin) Lewis, one of the early secretaries. He was responsible for organising and editing the 1953 Ciba Foundation meeting on "The Kidney"

Lewis (b.1912) (Figure 4) called affectionately “Bruin” from his bear-like appearance and manner had first trained as a scientist, but later qualified in medicine at the Middlesex and worked in the department of medicine at that hospital, after the second world war, on post-operative water and electrolyte balance with the surgeon Leslie Le Quesne.

In 1955, 91 members had paid their subscriptions. There were regular discussions about the size of the membership, which always ended with the idea of limiting it, although only to less than 130 - and then later 200 - individuals. By 1956 it was clear that Osman’s health was failing - he had diabetes and was becoming more and more deaf, which rendered it difficult for him to chair sessions effectively. Although reluctant to stand down, he was eventually persuaded to do so by Lewis, and in April 1956 Robert McCance became president, and A Mark (“Jo”) Joekes (b.1921) (Figure 5) who became one of the two secretaries of the Association on the retirement of Payne. Joekes played a major role in the affairs of the Association until 1961. As well as being a pioneer of dialysis in the UK with Bywaters in 1947, he was also amongst the first to do renal biopsies in the United Kingdom, in 1954. Since then, Presidents have served for three years, and McCance was succeeded in this office by Frank Winton in 1959. A full list of Presidents and secretaries of the Association is given in Table 4.

Table 4. Presidents of the Renal Association, 1950-2000

Name	Period of Office	Honours
Arnold Osman	1950-1956	+
Robert A McCance	1956-1959	FRS, CBE +
Frank Winton	1959-1962	+
Clifford Wilson	1962-1965	+
Douglas Black	1965-1968	Kt
Malcolm Milne	1968-1971	FRS +
Stan Peart	1971-1974	FRS, Kt
Hugh de Wardener	1974-1977	CBE
Jim Robson	1977-1980	
David Kerr	1980-1983	CBE
Mollie McGeown	1983-1986	CBE
Bill Asscher	1986-1989	Kt
Netar Mallick	1989-1992	Kt
Stewart Cameron	1992-1995	CBE
John Walls	1995-1998	
Gwyn Williams	1998-2001	
Andrew Rees	2001-	

Secretaries of the Renal Association 1950-2000

John Sophian	1950-1953	+
Wilfred Payne	1950-1956	+
“Bruin” Lewis	1953-1960	
Jo Joeques	1956-1961	
Hugh de Wardener	1960-1967	
Oliver Wrong	1961-1966	
<u>John Soothill</u>	<u>1966-1970</u>	
Norman Jones	1967-1971	
Bill Asscher	1970-1973	
Bill Cattell	1973-1978	
Frank Goodwin	1978-1982	+
Gwyn Williams	1982-1987	
David Taube	1987-1992	
Chris Winearls	1992-1996	
Tim Goodship	1996- 2000	
Adrian Woolf	2000-	

NB: until 1971 the Association had *Two* secretaries, one primarily responsible for meetings, the other a general administrative secretary



Figure 5: A Mark Joeques, secretary of the Association from 1956-1961



Figure 6: Robert McCance, President from 1956-1959 (Royal Society)

Robert McCance (1898-1993) (Figure 6) was a fascinating and brilliant character, although it must be noted yet again that he was principally a nutritionist [14] and not what would now be called a nephrologist. However, he had worked on salt and water deprivation in the 1930s and 1940s, training Douglas Black amongst others, and for several decades afterwards studied neonatal renal function among many other interests. He served in the Naval air reserve during the first world war, flying planes off planks placed across the gun turrets of destroyers; their speed was quite insufficient for a successful take-off, and relied on the plane gaining enough speed by first falling towards the sea ! (Figure 7). However McCance survived these hazards and qualified in science and in medicine after the war. He ate sparingly, was always very thin, and cycled everywhere with a cyclometer on his bike; he clocked up more than 200 000 miles between 1939 and 1969 when at the age of 71 his leg was broken, with shortening on re-union of the bones, after being knocked off his bicycle. It was rumoured that until then he cycled the 50 miles to and from the Association meetings from Cambridge, where he worked from 1940, and always arrived with sandwiches in an old leather and canvas rucksack, often keeping on his bicycle clips throughout the meeting. Only in the 1980s did he fail to attend every meeting of the Association, for which he had great affection. His first scientific paper was published in 1922 and his last in 1992- a record which will be hard to beat !

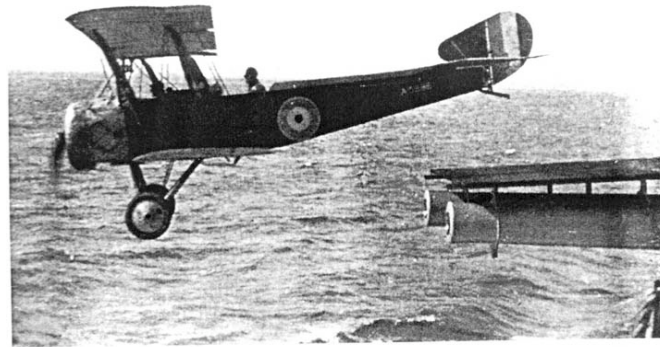


FIGURE 1. R.A. McCance flying off the midship gun turrets of the *Indomitable* in 1918.

Figure 7. (Courtesy of the Royal Society)

The meetings in the small meeting room of the Ciba foundation were intimate and lively. The front row was full with all the heavy artillery on the subject of renal function and disease, and giving a paper as a young supplicant member could be an intimidating affair. Robert Heptinstall remembers [15]:

“Attendance at these meetings instantly dispelled the notion that the British are a polite and gentle race. Not only were the presenters of papers likely to be abused verbally, as Jo [Joekes] and I were by Clifford Wilson when we first put forward the concept of focal glomerulonephritis, but physically as well, such as when Robert McCance of Cambridge quite literally threw me off the platform for exceeding my time”.

It should be added that Mc Cance probably weighed only two thirds as much as even the rather lean Heptinstall.

During the 1950s two to four papers were presented at each of four meetings—a total of about 10 per year and 95 in the whole decade. Because of interest in comparing the topics of the early meetings with those of today, they are listed in Appendix 1. They consist in the main of physiological or clinical investigation of kidney disease, with some urological contributions. Bill Dempster (b.1911) gave an important paper in April 1952 on “the nature and disintegration of homo-transplantation in dogs”, and another in 1957, at which meeting John Merrill of Boston spoke on transplantation also.

On dialysis, almost nothing – only Lewis reporting some work using an Alwall kidney to dialyse dogs in 1958 [16]. There had been no haemodialysis in the UK since the early work of Bywaters and Joekes, and Michael Darmady during 1946-8, until Frank Parsons’ return from Merrill’s unit in Boston in 1956 with a Kolff-Brigham dialyser [17]. To this unit in Leeds were added in 1957-8 another at the Hammersmith hospital using the French Usifroid version of the rotating drum dialyser, started by urologist Ralph Shackman and Milne, together with the RAF unit based at Halton hospital in Buckinghamshire, which used the new Travenol twin-coil kidney and was

run by Group Captain Ralph Jackson with help from Jo Joekes. Further acute dialysis units took patients in Edinburgh, Belfast, Glasgow, Newcastle and the London hospital during 1959. However the impact all this was to have on the face of general Nephrology was not yet evident, and most of those working in the field in the 1950s remained university-based, generally working alone or only in small groups. Thus when in October 1959 the Executive Committee received

“a letter from Dr [Frank] Parsons suggesting that a meeting should be devoted to a symposium on the artificial kidney. The Committee rejected this proposal”.

Correspondence took place between other interested groups in Europe, especially the Société de Pathologie Rénale and a Danish kidney club, which functioned for a time in the early 1950s in Copenhagen under J Byng and Poul Iversen. Then in January 1956 a letter was received from Jean Hamburger on behalf of the Société, proposing an international meeting in Evian in 1959. This was welcomed, and the two secretaries of the Association, Lewis and Joekes (both of whom spoke French well and had connections with the continent, Lewis being a friend of Jean Hamburger) were asked to provide the liaison. Thus the Association played a major role in promoting this first meeting of what became the International Society of Nephrology [18], with Joekes as secretary of the organizing committee. A further letter of 1958 from Gabriel Richet regretted that the main hotel in Evian had burned down, and the meeting had to be postponed to 1960. Eventually it was held successfully in Evian and Geneva under the presidency of René Mach, and the International Society of Nephrology was launched at the meeting.

Joekes relates that the first draft of the programme for the Evian meeting *“was high on spa water and low on the science of renal disease”*, possibly because one of the French organisers was also a director of the Evian water company which supported the meeting very heavily. The Association insisted on major changes in the programme to make it more scientific, which after much discussion was agreed. The minutes note that two formal requests by the Association to change the provisional programme had to be made to the secretariat in France, Richet’s initial reply being deemed *“very unsatisfactory”*. Only the delay occasioned by the fire permitted extensive revision of the programme. Lewis also records that the initial approach was for a meeting confined only to Europe, but that he argued successfully that it should be wider in geographical scope and that the Americans should be invited to participate also.

The 1960s

The small size of the venue at the Ciba foundation was already becoming restrictive. In 1961, two meetings were held elsewhere because of building work at the Ciba foundation, one in the Royal Society of Medicine in London, and the other at the Queen Elizabeth Hospital, Birmingham for a special session on proteinuria, organised by John Squire (1915 -1967) who had contributed so much to studies in this area and had assembled a powerful

research and clinical team including Denys Blainey, John Soothill, John Hardwicke and pathologist Douglas Brewer. These individuals, along with Douglas Black played a major role in the genesis of what was probably the first controlled clinical trial in Nephrology - the Medical Research Council investigation of corticosteroid treatment of the nephrotic syndrome [19]. This Birmingham meeting of the Association included also a session on renal transplantation at which John Hopewell of the Royal Free hospital, Bill Dempster, Marcel Legrain from Paris (also on behalf of surgeon René Küss) all spoke [20].

In 1962, because of the continuing building works at the Ciba foundation, meetings were held successively at Charing Cross Hospital, the London Hospital, Cambridge and the RPGMS at Hammersmith. In 1961 also the very influential Ciba foundation symposium was held on "Renal Biopsy" with full international participation. Although the Renal Association was not a direct sponsor of this particular meeting, Wolstenholme was of course intimately involved, and the (unsigned) preface begins:

"It was Dr A.M. Joekes who may be said to have needled the Director [Wolstenholme] into the organization of an international gathering to try to assess the usefulness, risks, and potentials of the procedure of percutaneous renal biopsy"

The book of this meeting, to which many Association members contributed, became immediately a landmark in the history of nephrology [21].

Frank Winton (1894 - 1985) was the next president (Figure 12). Of German



Figure 12: Frank Winton, President 1959-1962

extraction, a cellist good enough to contemplate a professional musical career and married to a musician, Winton was Professor of Pharmacology at University College London, but by instinct a physiologist. He trained with

Verney in the 1920s, and after a period in Cambridge during the 1930s he returned to London in 1938. His main interest then and after was the isolated perfused kidney, and particularly the subject of renal autoregulation. As a pre-medical student in the 1950s I used his short textbook, written with Leonard Bayliss, on *Human Physiology* as did almost all of us at that time. Winton was an impressive, intimidating and rather dogmatic man of strongly-held opinions. After his retirement from the presidency and his chair in 1962 and 1961 respectively, he was little involved with the Association after taking up a new career with the pharmaceutical company May and Baker.

The new secretary from 1961 was Oliver Wrong (b.1920) (Figure 8) who had worked on electrolytes and acid excretion in the 1950s, and then developed a life-long interest in renal stones and nephrocalcinosis. Clifford Wilson (1906-1997), professor of medicine at the London Hospital, took over the office of president in 1962 (Figure 9). Wilson had been hugely influential as a teacher and clinician but above all in three areas. First, a paper published with the German - American pathologist Paul Kimmelstiel in 1936 on the glomerular appearances of patients with what would now be termed type II diabetes was published, and resulted in the lesion of diabetic nodular glomerulosclerosis being known ever since as the "Kimmelstiel-Wilson" lesion. Second, with Kimmelstiel and later with the experimental pathologist Frank Byrom (1902-1975) in London, he did definitive work on the vicious circle of renal damage and high blood pressure in what was then called "malignant" hypertension. The paper on this, which appeared in 1941, was an immediate classic. In the same year his predecessor and colleague, the first professor at the London the Canadian Sir Arthur Ellis (1883-1966) described in his Croonian lecture *The natural history of Bright's disease* their joint work over many years on



Figure 8: Oliver Wrong, secretary from 1961-1967



Figure 9: Clifford Wilson, president 1962-1965

glomerular diseases[22], resulting in a new (?over-)simplified classification to replace the usual one of Volhard and Fahr still in vogue, which endured until new data from the application of renal biopsy rendered it obsolete. This lecture was in fact never actually delivered, because of enemy action in London, and it appeared only in print.

Under Wilson's presidency, in 1963 the venues for the association were again in the Ciba Foundation, with one meeting in Manchester. However, clearly there was a problem of numbers, with 114 members in 1961 and 130 in 1964, and only 40 seats at most. In October 1964 a vote was called, but surprisingly the majority of members did not want an increase in the membership and thus a move from the Ciba building, even though 35 further individuals who were worthy of nomination for membership were identified by existing members. A ballot had to be held to decide on which new members could be admitted, and Stan Peart, Bill Asscher and Geoff Berlyne were amongst those who survived the cut! Things could not continue in this fashion, however, and the meeting of April 1967 when the membership stood at 144 was the last full meeting at the Ciba Foundation: as Norman Jones (b.1931) of St Thomas' became secretary, 50 new members were admitted, taking the membership to 177. The next meeting was in Leeds, and two meetings followed at the Ciba Foundation with deliberately limited attendance, whilst the meeting of 18th October 1967 was held at the Institute of Child Health in London at the suggestion of the other new secretary, John Soothill (b.1929), who was on the staff there. This was to be home to the Renal Association for the next two decades. Ironically, the first meetings there in an auditorium capable of accommodating 250 people or more were (perhaps from long habit) attended by only some 40-50 members, although healthier numbers were recorded in subsequent meetings!

In 1962 another unfortunate difference of opinion with French nephrologists had occurred, over whether or not there should be a journal devoted to nephrology and sponsored by the International Society of Nephrology. The point at issue was whether the subscription to the ISN should include the cost of such a journal and thus be much greater. The Association had already rejected the idea of a British-based nephrological journal during the 1950s. Most members were apathetic on the issue, with 19 members voting against a journal and 17 for it. Jean Hamburger wrote an appeasing letter to the secretary, but nevertheless the ISN journal went ahead and appeared as "Nephron" from 1963, and the Association agreed that its abstracts could appear in the journal.

A striking feature of the programmes of the Association during the 1960s is that still only 8 papers relating to dialysis were presented out of a total of 182, starting with one in 1961 given by Fred Boen of the Netherlands and Seattle on peritoneal dialysis. This was in sharp contrast to the meetings of the European Dialysis and Transplant Association [23], started in 1964 by William Drukker of Amsterdam (1910-1992), Stanley Shaldon (b.1931) and David Kerr (b.1927) in the aftermath of a meeting on acute renal failure [24] organised by

Shaldon at the Royal Free Hospital in 1963. Also, the early International Society of Nephrology meetings in Evian in 1960, in Prague in 1963 and Washington in 1966 took full notice of the boom in long-term dialysis in their programmes. These other meetings of new societies allowed the Renal Association to continue giving dialysis a low profile. In retrospect, it was perhaps more that those working principally in dialysis preferred the EDTA as a venue to the Renal Association meetings, but members of the executive committee at that time recollect debates as to whether dialysis and related topics were “*a suitable subject for scientific discourse*”.

Thus, the dramatic changes that took place in the field of dialysis during the 1960s in the United Kingdom [25] were not reflected at all in the *research* meetings of the Association and at that time it was purely a scientific body. Nevertheless, it offered in October 1964 to help the Ministry of Health consultations about the future of long-term dialysis during the following two years, in any way it could. During this period five centres in the UK, beginning with Stanley Shaldon at the Royal Free hospital from late 1962 and Hugh de Wardener’s (b.1916) unit at Charing Cross shortly after, had begun to treat patients using long-term haemodialysis. In 1964 the Ministry of Health asked a committee chaired by Max Rosenheim to consider the problem, and this in turn recommended a working party chaired by de Wardener (then also secretary of the Association) to suggest action. Most of those already involved in long-term dialysis served on this working party, and recommended the setting up of at least one dialysis unit in each health region, using central funds and making use where possible of the several other units already undertaking acute dialysis.

These recommendations, rather surprisingly in retrospect, were accepted by the Ministry, and within three years 35 new long-term dialysis units had opened. This in turn required an enormous input of new information, much of it of a practical rather than a scientific nature. In 1966 an informal “Dialysis Group” was formed by myself and others, whose main activity was to put people in touch with each other and to issue a newsletter of practical advice and telephone contact numbers on practical problems relating to dialysis from diet, to machines and vascular access. By 1968 it was suggested that Group become formally organised, and constitute itself as a society. This suggestion was narrowly warded off, with the alternative that the group fuse with the Association. The then secretary, Bill Cattell (b. 1928), recalls the rather acrimonious debate in the Association’s executive as to whether this could happen, but in the end the Association accepted as full members 22 individuals of the Group who were not already on board, in October 1968. The Dialysis Group continued to function until it was wound up in 1970, thus avoiding two rival renal associations, one based principally upon dialysis and the other more science-oriented, such as arose in a number of other European countries. However, papers on subjects relating to dialysis remained rare at the Association meetings for another decade more, and those involved in dialysis continued to publish principally in the EDTA proceedings.

Thus by the end of the decade the Association's membership jumped to 235, of whom a record 91 were present at the meeting in January 1969. In October 1968 also the decision had been taken to reduce the number of meetings per year from 4 to 3, by cutting out the Summer meeting (usually outside London) which was often poorly attended; a total of 182 papers were presented to the Association during the decade. A pattern of three meetings a year, with 8 papers presented at each meeting became established and served until the mid-1980s. The decision was taken also to have at least one meeting every two years outside London, but this recommendation was not followed through on a regular basis for another 15 years.

The second inkling of a role for the Association outside of purely academic matters, apart from advice on the setting up of the regular dialysis programmes, came in 1967 with the Royal College of Physicians. Nephrology had not previously been listed as a separate speciality, and those working in the area being lost amongst those listed as "general medicine". In response to a prompt from the Association, the Comitia of the RCP of 26th October 1967 adopted the motion "*that Nephrology should be considered as a specialty in medicine*", in view of the rapid expansion in numbers of doctors in the field and the opening of new renal units. The two bodies generated together a report on the training of nephrologists, and Nephrology was represented on the new JCHMT (Joint Committee on Higher Medical Training). However, for some time most of this work was borne by the College, whose committee contained members who were on the Association executive as well.

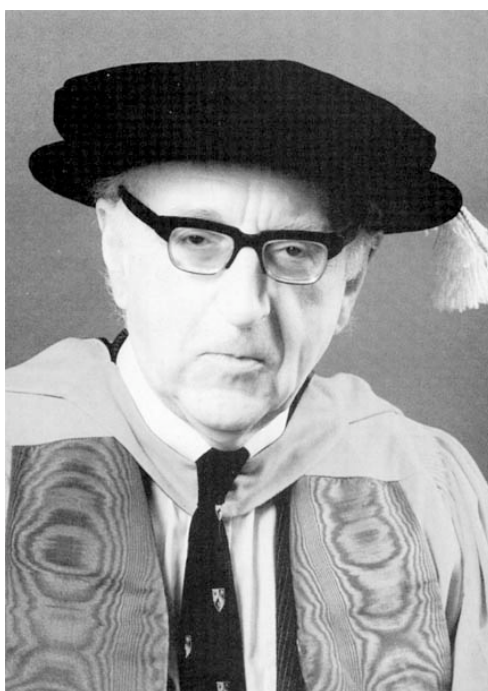


Figure 10: Douglas Black, President 1965-1968
(courtesy The Memoir Club, British Medical Journal)

During this time (1965-1968) the President was Douglas Black (b. 1913) (Figure 10). Black was born and trained in Scotland, and then went first to

Oxford, and then to Cambridge with McCance, who introduced him to salt and water. After service in the war, he trained under Sir Robert Platt (1900 - 1978) in Manchester and published important work on sodium and potassium handling, the latter with Milne. He remained in Manchester until he left there, first to become chief scientist at the Department of Health, from which post he was rescued (his own word) in 1977 by election to President of the London Royal College of Physicians - the third nephrologist after Platt and Max Rosenheim (1908 -1972) to occupy this office between 1957 and 1983. From the College, Black became President of the BMA. In 1962 he edited one of the first books on nephrology, *Renal Disease*, (Blackwell) which ran to four editions, and was translated into many languages. He is noted for his dry Scottish wit and keen intellect: his "*Black looks*" at various aspects of teaching and health care was for some time one of the best features of the journal of the London Royal College of Physicians.

One important initiative of the 1960s was the founding of the National Kidney Research Fund to raise money to support research specifically into renal disorders: hitherto such funding had come exclusively from local money or general bodies such as the Medical Research Council. The idea had been around for some time, promoted by Hugh de Wardener, Clifford Wilson, Oliver Wrong and Douglas Black amongst others, and in 1961 the name *National Kidney Research Fund* had been registered [26]. However nothing was done for a further three years, when the topic became a regular subject for discussion and action, and finally in July 1966 Peter Mullen (b. 1920) was appointed as the first administrator of the Fund, with Lord Chandos and (then Sir) Robert Platt as sponsors, with Tommy Frankland of the Abbeyfield Society as Appeal Consultant; the latter had worked previously with the Royal Society of Medicine in the same capacity, and helped draw up the framework for the Fund. The launch was in the House of Lords on 1st November 1966, and again the Ciba foundation helped with accommodation in 41 Portland Place until the nascent NKRF acquired some money. The secretary and president served *ex officio* on the executive of the Fund to begin with, but later this gradually ceased and the Fund became totally autonomous of the Association. Princess Alexandra consented to be its Patron in 1967.



**Figure 11: Malcolm Milne
President 1968-1971**

At about the same time, then secretary John Soothill deputised for the President de Wardener at a discussion on raising funds for renal research with Mrs E Silverman, later MBE, and Michael F Legg. The Kidney Research Aid Fund was formed as the result, which has continued to support renal research in children.

In 1968 Black was succeeded as President by his old co-worker Malcolm Milne (1915-1991) (Figure 11). In the 1940s Black and Milne had studied potassium handling together in Manchester under various unpleasant physiological manipulations, most of which experiments were done on themselves. Then in 1952 he moved to the Hammersmith for 9 years during which he did major work in many aspects of nephrology: after his early work on electrolyte physiology, Milne's principal interests were in tubular function, amino acid handling and the effect of urinary pH on drug handling but he published also on dialysis and nephritis. Thereafter he became professor of Medicine at the Westminster medical school in 1961, where he worked until retirement. A man of few words and dry wit, Milne could be a formidable opponent in public discussion, his Mancunian accent cutting through any verbiage like a knife. Bill Asscher recalls that at meetings:

"Malcolm Milne and McCance usually occupied the front row. If you presented a paper you could usually tell by the colour of Malcolm's scalp how you were doing. If red, beware – you were going to have a tough time in the discussion"

In 1969 Wolstenholme (now Sir Gordon), who had been Treasurer for 19 years, resigned and it was resolved initially that the immediate past-president should be honorary treasurer and Peter Mullen (Figure 12) now well in the saddle with the NKRF took over the money affairs of the Association as well, with the immediate past president as honorary treasurer. He continued to serve as Renal Association treasurer for 27 years until 1996, although he ceased to work with the NKRF in 1985. His cheery presence enhanced the meetings of the Association for several decades.

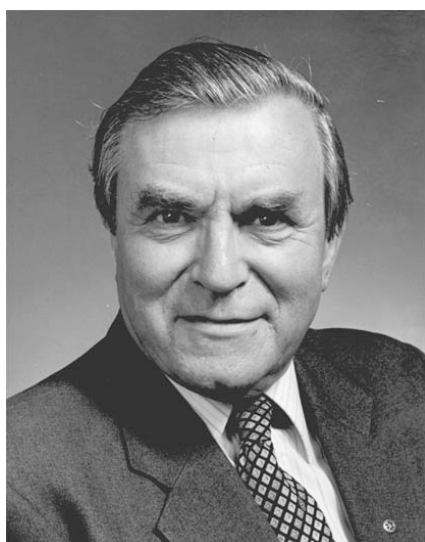


Figure 12: Peter Mullen OBE of the NKRF, treasurer of the Association for 27 years from 1969

The 1970s

In May 1970 Bill Asscher took over as secretary on the resignation of Norman Jones; from 1971 onwards he served the Association as its only secretary, which has remained the pattern since. At the same time also, Stanley Peart (b. 1922) became President (Figure 13). Peart had a remarkably productive career in several fields, beginning his research as a pharmacologist working on noradrenaline release with Gaddum and Marthe Vogt in Edinburgh in 1946, and then joined Sir George Pickering's team at St Mary's Hospital in 1950. There he was appointed professor of medicine in 1956 aged only 34, and served until 1987. His major work from 1950 was in the fields of renin and angiotensin and has retained an interest in this field until today; much of his other work has been in other aspects of hypertension. In 1955 he was able to publish the amino-acid sequence of angiotensin, at the same time as Leonard Skeggs (b.1918) in the United States, and the following year the structure of renin. For a period during the 1960s he co-ordinated a programme of cadaveric renal transplantation, in which St Mary's was a major pioneering centre in the United Kingdom, as well as being a pioneer also of peritoneal dialysis in this country.



Figure 13: Stan Peart, President 1971-1974

The first ordinary meeting of the Association outside London, as decided the previous year, was held in Newcastle in October 1970, and another in Portsmouth in October 1973, but all others continued to be held at the institute of Child Health. As the meetings finished at the end of the afternoon, the meeting was invariably re-convened in the "*Lamb*" opposite, for what rapidly became known as the second session of the meeting; given the stricter licensing laws of the day, on occasion the thirsty nephrologists had to wait outside until the doors opened to get their beer. Many voted these

informal sessions better than the main meeting, since ideas were swapped in brain-storming sessions which might go on all evening until closing time, and in the Summer even beyond, in the street outside.

Members had voted, 74 to 8, for an increase in the annual subscription from one guinea (£1.1.0) to the staggering sum of £2 beginning in 1971 (worth, however, about £35 today); but a motion to become a registered charity did not achieve the required two thirds majority, and the Association did not gain this status until 1987, to its detriment. The fee was further increased to £3 from 1977; the early 1970s saw the worst inflation (23% in 1973 alone) that Britain had experienced in modern times.

The meeting of February 1971 broke new ground, when “more than 200 members and guests” attended a symposium on Immunology and the kidney with the lead speaker the charismatic Frank Dixon of the United States. This re-started the tradition of major invited speakers, which had lapsed during the latter half of the 1960s- although Jules Traeger and Gabriel Richet (b.1916) from France, Sergio Giovannetti (1922-2000) from Italy, Paul Michielsen from Belgium and Klaus Thurau from Germany had all presented papers within the general programmes of the Association between 1963 and 1969. This fall-off in the numbers of international speakers was undoubtedly a result of the multiplication of national and international societies of nephrology during the 1960s discussed above.

This problem of maintaining distinguished speakers was solved during the 1970s by the endowment of two named lectures: the Osman lecture, endowed by Mrs Ruth Osman, widow of the first President and founding member of the Association who had died in 1972; and the Chandos lecture, endowed through the National Kidney research fund by its patron, Lord Chandos. The first Osman lecture was given in May 1974 by David Baldwin of New York, and the first Chandos lecture in May 1976 by Larry Earley of Chapel Hill, NC. Subsequent Osman and Chandos lecturers are given in Table 5.

The international links of the Association were boosted in February 1973 and May 1974 when joint meetings were held with the French society of Nephrology. The first meeting was held in London with a programme provided in English by the French-speaking nephrologists. More difficult was the return meeting, with British nephrologists giving their papers in Paris in French ! However led by Hugh de Wardener, the Association gave a good show.

Hugh de Wardener (b.1916) (Figure 14) who became president in 1974, is perhaps the single most influential nephrologist the United Kingdom produced in the twentieth century. He qualified in 1939 and entered the RAMC, spending much of the war interned by the Japanese under appalling conditions, but by 1950 had returned to St Thomas' hospital as a lecturer, where his early work was done. During the 1950s he wrote a magnificent early text on the whole of renal physiology and disease, because - he has

stated - he needed the money. The result was a lasting monument to British nephrology, however [27]. In 1962 he was appointed Professor of Medicine at Charing Cross Hospital, and remained in this post until retirement in 1981. His early work was on urinary concentration and electrolyte handling, but in 1955 he took up renal biopsy and published several influential papers in this field, before returning to salt and water in relation to blood pressure, a field which has occupied him ever since. Unlike many other academic physicians, during the 1960s he played a major role in introducing and shaping the introduction and expansion of long-term dialysis in the United Kingdom, as noted above.



Figure 14: Hugh de Wardener, president 1974-1977



Figure 15: Jim Robson, resident 1977-1980

A further sign of a real change from a purely scientific Association came in 1975, when in response to independent suggestions from Netar Mallick and myself, the Executive commissioned a survey of manpower in renal units. At that time nephrology was not recognised in the Ministry of Health official statistics, so no information was available on manpower, despite its recognition as a specialty by the RCP in 1967. The secretary Bill Cattell, together with Norman Jones now representing the College of Physicians, was given the unenviable task of designing the forms and squeezing data out of the renal units, and suffered much semi-serious abuse and criticism as a result, much of it the *Lamb* after the meetings of the Association. Hitherto, virtually all matters which could be regarded as “political” or “practical” in nature were dealt with through the Royal College, whether higher medical training under their Joint Committee on this, or manpower through their Nephrology sub-committee. This manpower report was published [28] and represented a major initiative by the Association to document, objectively, provision of renal services throughout the UK.

In retrospect it was inevitable that more and more requests would come directly to the Association for its views or representation on questions of professional conduct, or practical matters in the delivery of health care in the renal field, and specifications for pharmaceuticals and dialysis fluids. The

Table 5: Osman and Chandos lecturers

Osman lecturers

- 1975 Dave Baldwin (USA):
 1977 David Kerr: Renal bone disease: the effects of dialysis and transplantation
 1979 Jonas Bergstrom (Sweden) : Uraemic toxicity
 1981 Hugh de Wardener: Natriuretic hormone
 1984 Robert Schrier (USA): The cell biology of ichaemia
 1985 Netar Mallick: Sapiient glomerulopathies, or how far since Ellis ?
 1987 (Oct) Philip Hoedemaeker (Netherlands): New developments in experimental glomerulonephritis.
 1990 Andrew Rees: rapidly progressive glomerulonephritis: from pathogenesis to treatment
(no lecturers were appointed 1991-1994)
 1995 Gerry Coles: CAPD – a critique
 1997: Robert Lechler: Overcoming the obstacle to successful long-term transplantation
 1999: Nick Hastie: Wilms’ tumour- a case of abnormal nephrogenesis: multiple roles for the Wilms’ tumour suppressor WT1

Chandos lecturers

- 1976 Larry Earley (USA): The development of the concept of control of sodium reabsorption by physical factors
 1978 Charles Cochrane (USA): Mediation of glomerular injury
 1980 Barry Brenner (USA): The physiological basis of glomerular filtration
 1982 Michael Mauer (USA):The glomerular mesangium in diabetic nephropathy
 1986 Saulo Klahr (USA): The effects of urinary obstruction
 1988 Ramzi Cotran (USA). Endothelial activation in vascular injury
 1991 Herman Waldmann: Prospects for transplantation tolerance
(1992-1995 no lecturers appointed)
 1996 Marc de Broe (Belgium): Recovery from injury in the kidney
 1998 Stuart Shankland (USA): the role of cell cycle proteins in glomerular disease.
 2000 Mark Pepys: prognostic and pathogenetic significance of C-reactive protein
-

more serious matter however was that, following the encouraging start with the setting up of regional renal units in the mid- to late 1960s, nothing further had been done, no further units were opened for almost 20 years. In addition, funding was transferred early on to poorly-informed and poorly-resourced local tiers of management, which themselves were repeatedly re-organised. During the 1970s Britain fell behind the rest of the developed world in the provision of services for end-stage renal failure, especially dialysis places and numbers of patients dialysed, although transplantation was relatively successful and available. In protesting this, however, the Renal Association played little or no part during the 1970s, protest coming from patient groups and individual physicians, who drew the attention of successive ministers of health and cohorts of department officials to the inadequate provision [29].

Jim Robson (b.1921) (Figure 15) succeeded de Wardener as President of the Association in 1977. Robson came relatively late to a career Nephrology, having spent time in Boston working in gastroenterology. However, he had long had an interest in the kidney, his first papers on renal physiology dated from as early as 1949 [30]. Only in 1958 was he driven, together with the Professor of Surgery Hugh Dudley and Anne Lambie (another student of the Boston school), to start haemodialysis for acute renal failure in Edinburgh. Robson has the advantage over most renal clinicians of being married to a renal pathologist, Mary MacDonald, which powerful team produced many papers, particularly on glomerulonephritis.

Part II: The 1980s and 1990s

By 1976 the Association had 361 members, and at the end of its first 30 years of existence more than 400; it now occupied a firm place in the national and international medical scene. A successful bid was submitted for the EDTA meeting to be held in London in 1983, and an application for the ISN meeting in 1987 had been tabled.

David Kerr (b.1927) (Figure 16) became president of the Association in 1980. An Edinburgh graduate, he first studied liver disease with Dame Sheila Sherlock at the Hammersmith hospital, then going North began working with dialysis patients in the late 1950s in Newcastle, spending the next 25 years there, mostly as professor of medicine. He worked on a broad range of nephrological topics, but most notably in dialysis and in the bone disease of renal failure. The latter study led to the discovery of the aluminium-related bone and neurological disease which ravaged units whose water supplies had been treated with this agent during the late 1960s and early 1970s, including Newcastle. Towards the end of his period as President of the Association, he came South again to become Dean of the Royal Postgraduate Medical School.

He was succeeded in 1983 by Mary (Mollie) McGeown (Figure 17) (b.1923), the only woman president of the Association to date [31]. Born, trained and practising in Northern Ireland, she became an icon for medicine there. She

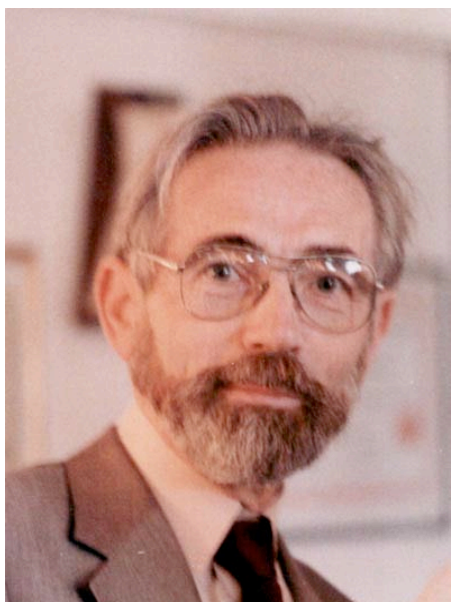


Figure 16: David Kerr, President 1980-1983



Figure 17: Mary (Mollie) McGeown President 1983-1986 (Neill studios)

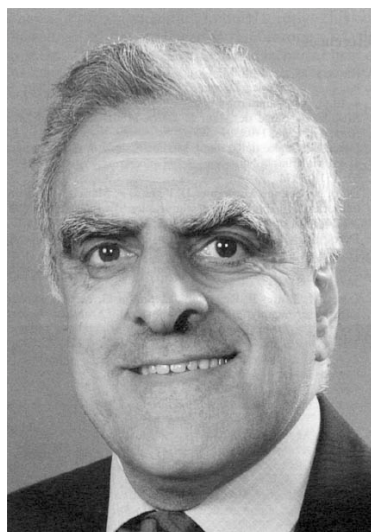
came to the study of renal disease in 1953 through an MRC grant to study renal stones, after working in pathology then in obtaining a PhD in biochemistry. Graham Bull, after he had left the Hammersmith for Belfast, helped her career, and later in 1958 when he wanted to start a dialysis unit not being attracted to dialysis himself, and knowing her interest in and knowledge of the biochemistry and management of renal stones, asked her to take this on. Thus the Belfast renal unit was founded (which is now named after her), which had a major influence in British nephrology, particularly in the areas of stone disease and transplantation, in which are a number of new approaches were pioneered.

In 1983 the Association hosted the EDTA-ERA and EDTNA meetings at the Barbican, with the outgoing President of the association David Kerr as Congress president; Frank Goodwin, previously secretary of the Association from 1978-1982, was secretary of this enterprise also. The first major international renal meeting of the modern era in the UK was counted a success, and the experience was invaluable for the second large meeting of the decade, the ISN meeting held in 1987 in the same venue. In 1978 the Association had put in a bid to host the 1987 meeting of the International Society of Nephrology, then held every three years. Until its 1981 meeting in Athens, the ISN had solicited and accepted applications to hold its meetings from individuals, who were then responsible for the local organisation and the scientific content of the meeting. Now in Athens for the first time the ISN Council reviewed applications solicited from national societies. The Renal Association bid, presented by Goodwin, was accepted on a warm feeling for the idea of a meeting in London, even though the submission contained almost no details, including who would be the officers responsible for the meeting, and only the sketchiest of budgets ! However a team was assembled with myself as President, David Kerr and Keith Peters as Vice-Presidents, and the meeting held very successfully in the labyrinth of the Barbican centre in

July 1987, despite considerable odds against: these included the dissolution of the professional company retained to help organise it, an unfavourable 50% change in the value of the dollar against the pound between 1984 and 1987, and the tragic fatal illness affecting Frank Goodwin, who again was secretary of the Congress. At that time the hosting Association took unique financial responsibility (which caused much worry during the preparations for the meeting), but a handsome profit was made as attendance (3500) and submitted abstract (2601) records were broken. The persisting lack of charitable status, however, debarred the Association from receiving any money at that time and steps were begun to achieve this goal, which resulted in the Renal Association being formed into a limited Company in 1988, which



**Figure 18: Bill Asscher, President
1986-1989**



**Figure 19: Netar Mallick, President
1989-1992**

in turn was registered with the Commissioners as a charity. In 1985 major changes in the frequency and site of meetings were begun. The event of February 1985 was the last at the Institute of Child Health, which had housed the meetings of the Association since 1967. New venues were investigated by the secretary Gwyn Williams (b.1939), ex-secretary now President Bill Asscher (b.1932) (Figure 18) and the executive, including the Barbican and the College of Physicians in London. Also from 1986, after the original suggestion to the executive by Victor Parsons (1929 -1995), a ballot was held which favoured cutting number of meetings from three to two per year, with each Spring meeting held outside London – starting in 1986 in Leeds, then 1987 in Exeter (see Table 6).

This pattern of twice-yearly meetings, one in London and one elsewhere has remained until the time of writing, although it remains the subject of regular discussion and overview. The 1980s saw also a major increase in the number of papers at the Association's meetings. In the 1970s, 240 papers were presented during the whole decade: in 1980-84 155 were presented, including (at last!) two dialysis-related symposia, and in 1985-89 a further 200 or more.

From 1982, one meeting a year was designated as a joint meeting with the British Association of Paediatric Nephrology, which had been founded in 1973 and had already published reports on the treatment of renal failure in children [32]. In 1981, the Association considered whether it should sponsor a British Journal of Nephrology, but members voted by a show of hands against the idea.

Table 6: Venues of biannual meetings 1985-2000:

February 1985	Institute of Child Health
May 1985	RCP London
October 1985	Institute of Child Health
.....	
May 1986	Leeds
October 1986	RCP London
May 1987	Exeter
October 1987	RCP London
May 1988	Belfast
October 1988	RCP London
May 1989	Glasgow
October 1989	Amsterdam (with Dutch Society of Nephrology)
May 1990	Manchester
October 1990	RCP London
April 1991	Birmingham
October 1991	RCP London
April 1992	Sheffield
October 1992	Barbican Centre, London
April 1993	Leicester
October 1993	Barbican Centre, London
April 1994	Edinburgh
October 1994	University College, London
April 1995	Newcastle
October 1995	University College, London
April 1996	Oxford (meeting with Dutch Society of Nephrology)
October 1996	RCP London
March 1997	Cardiff
October 1997	RCP London
March 1998	Bristol
September 1998	Westminster Hall, London
April 1999	Dublin
October 1999	RCP London
April 2000	RCP London
September 2000	Cambridge

Throughout the 1980s an important question began to loom greater than ever before: should the Association remain purely a forum for exchange of scientific and clinical information, or should it enter in a major way a more and more politicised world of health policy and management? This question

polarised the membership throughout the decade. What turned out to be a majority favoured becoming even more embroiled in the difficult areas of health policy, provision of renal services, training and related topics, on the grounds that if it did not do so, there would be no adequate voice. Besides, as the account above shows, from the mid-1960s onwards the Association had, without deliberately seeking this role, played a greater and greater part in these matters nationally.

Already tentative and successful essays in this direction had been made in this direction by promoting the surveys of chronic renal failure in Northern Ireland and Scotland in 1968-70 [33] and the nephrology manpower surveys of 1967 and 1976 [28]. In 1984 a committee was set up, chaired by the President Mollie McGeown, to plan further surveys of the incidence and prevalence of chronic renal failure in the light of low intake figures compared with the rest of Europe. However others argued that all these topics were the responsibility of the Royal Colleges, who already had considerable political clout, specialist committees including one on renal disease formed in 1980, and a joint committee on higher medical training since 1970 with an advisory committee on Nephrology in place. In the end, the opposing view prevailed, and led by successive presidents Mollie McGeown, Bill Asscher and especially Netar Mallick (b.1935) (Figure 19) president 1989-1992, the Association plunged into the maelstrom; the full consequences of this decision were met fully only in the 1990s.

In addition a joint committee together with the London Royal College of Physicians and the British Diabetic Association examined the growing problem of renal failure in diabetes, and this reported in 1986 and 1988 pointing to the growth in numbers affected and the shortfall in treatment, particularly for type II diabetics [34]. By this time also the results of the further studies on the community incidence of chronic renal failure in several areas of the United Kingdom, funded by the NKRF and promoted by the Association had reported, which led to several publications of great practical and scientific importance [35]. Also from the beginning of the decade a group advised the Ministry of Health on dialysis equipment.

Another area which gave increasing – and surprising – cause for concern throughout the 1980s was a decline in academic nephrology. The cradle of British nephrology in the 1950s and 1960s had been the academic medical unit in a university hospital and nephrology's academic links initially seemed secure. However, by the late 1980s there was only a single professor of nephrology in the whole United Kingdom, and almost no involvement of medical units in nephrology. Bill Asscher as immediate past president headed an academic sub-committee – the first of many to be formed by the Association during the next decade – to report and advise, and give academic nephrology a higher profile [36].

Matters relating to manpower in Nephrology had, in practice, stagnated throughout the decade – despite many exchanges between the college, the

Association and the government departments ; information was still inadequate, and the number of training posts too low and poorly characterised, despite another survey by the RCP and the Association which reported in 1983 - to no-one's surprise - a marked increase in workload, and only a modest increase in manpower since 1976. By 1989 the membership stood at 430, and the decade ended with the second venture abroad- a joint meeting with the Dutch Society of Nephrology, with whom we had always shared a number of members and interests. A very successful meeting was held in October 1989 in Amsterdam.

The family of Robert Muehrcke, who had spent 1956 in London at the Hammersmith Hospital and introduced renal biopsy to the United Kingdom, endowed in 1987 a scholarship for a young nephrologist to visit the United States and attend the ASN meeting. The first recipient was Tony Raine, sadly lost to us in 1997.

The 1990s

At the beginning of the 1990s, to reflect changing circumstances, the composition of the Executive committee was revised. Hitherto only London and "provincial" representatives had been elected. Now the President of the BAPN was made an *ex officio* member, to make evident the close relationship between the two Associations, although paediatricians had been represented on the executive in an informal way for a decade or more. In addition, a representative of Renal Registrars was co-opted from their Club and the chairs of the growing number of sub-committees (see below) were made *ex officio* members.

Thus the Association entered the 90s with a major commitment to its political as well as its scientific role. First, the dramatic success of erythropoietin, plus its high per-patient cost led to the Association drafting recommendations for its use which were eventually accepted by the Department of Health. During this period an increasingly close relationship was developed with the various government agencies, at a professional and in many instances a personal level. Next both a Standards and Audit sub-committee and a sub-committee on provision of renal failure services were formed. The latter, chaired by president Netar Mallick, produced a report in 1991 on Provision of services for adult patients with renal disease in the United Kingdom [37] (familarly known as the "blue book" from its cover) which provided a template for the next several years. This led directly to the Department of Health's Renal Review of England and Wales, published in 1996, again chaired by Netar Mallick: past President David Kerr and Stewart Cameron (b.1934), president from 1992-1995 (Figure 20) also represented the Association in the Review. Cameron was the first elected President, the executive having decided in 1991 to devolve this decision to a general vote of the membership, but the appointment of secretary was retained with the executive committee.



**Figure 20: Stewart Cameron
President 1992-1995**



**Figure 21: John Walls
President 1995-1998**

Bill Asscher's Academic Sub-Committee sponsored a meeting on "Priorities in renal research" which was held at Guy's Hospital in December 1992, aiming to inform grant-giving bodies and the Department of Health, and to publicise the need of more research into renal disease. It identified clearly that the most productive units were those which had within them the greatest involvement from basic PhD scientists – a vital finding for the subsequent funding and organisation of research, and training for a career in clinical research. The Standards and Audit committee of 1989 was slower to bring a document to fruition than the manpower committee, but now the Standards document, whose first edition (Chaired by Ram Gokal) and second edition (chaired by Stewart Cameron) appeared in 1995 [38] and 1997 [39], and is under revision yet again for 2001 under Alison MacLeod in response to changing information and rising goals.

At the beginning of the decade, a sub-committee was established also to examine the possibility of a national Renal Registry. This task hung around as unfinished business for some years, but the need was exacerbated by the relative collapse of the ERA European registry in 1995. Only in 1996 was the registry under the guidance of Terry Feest got off the ground, and its first reports appeared in 1998 [40] and 1999 [41]. Now it is difficult to see how we functioned without it.

All this work increased the costs of the Association greatly. By the beginning of the 1990s the finances of the Association were in such a poor state they had to be boosted in 1991 by a one-off "whip-round" of £ 200 per renal unit ! Further vital support came with annual donations from the NKRF and the Kidney Foundation in Cardiff. Clearly this state of affairs could not be allowed to continue, and it was agreed to begin charging a modest registration fee for attendance at the Association's meetings. The first meeting of the Association ever to show a profit was only that in Sheffield in 1992, and

in that same year when at last the accounts of the 1987 ISN meeting were closed, this also produced a profit. In 1991 the idea of corporate membership from industrial companies was floated and after intense discussion accepted, although this idea was not finally implemented until 1995; since then the finances of the Association have been on a secure basis. The medical world is now a much, much more complicated place than even a few years ago: the difficult period of major re-organisation in medical training, with the introduction of the specialist registrar grade were master-minded into position for nephrology by presidents John Walls (1995-1998) (Figure 21) himself a regional post-graduate dean, and Gwyn Williams (1998-2001) (Figure 22) immediate previous chairman of the NKRF. In 1996 Tim Goodship succeeded Chris Winearls as secretary, both having to tackle a workload in the post of such size and complexity that past secretaries could only wonder at. Because of this, from 1994 onwards discussion began about setting up a permanent secretarial office using a professional agency, now that the finances of the Association could permit this. In 1997 this was put into effect using the firm Triangle 3, which arrangement continues to the present day. In 2001, Andy Rees (like Williams from the post of President of the NKRF) takes over as President, with Adrian Woolf of University College London as secretary from 2000.

The main work of the Association, despite all these changes, remains still the exchange of information on all aspects of kidney development, function and disease, and its main vehicle its (now) twice-yearly meetings and occasional free-standing symposia. The pattern of meetings set during the 1980s in general proved satisfactory (although kept under constant review), and the scientific quality of the papers has risen greatly both in number and quality - some would say to the detriment of the more clinical papers, which provide the bread and butter information of clinical practice. It has always proved difficult to keep this balance right, as the record of the past 20 years shows, and the fact that there is continual comment and criticism is a good sign, indicating that the membership are involved and active in their society's affairs. The number of presentations has been increased first, by the introduction of poster sessions in 1993, and then (after much heated debate) parallel clinical/basic sessions in two rooms in 1998. Paper selection, rather than the phoning round to solicit material as in the 1970s, had become the rule in the 1980s. At first the secretary undertook this task alone, but from 1988 a sub-committee has been convened for each meeting. One hundred and five carefully-selected posters and papers were presented in the meeting of April 1999 in Dublin, and in October 1999 - the last meeting of the century, in London - 95, as well as invited symposia and lectures; almost as many in a single year as in the whole decade of the 1970s. Membership stood at 648 at the end of the first 50 years of the Association's existence.



Figure 22: Gwyn Williams, last president of the Association in the 20th century

Envoi

It is difficult to know what Arnold Osman, John Sophian and Kenneth Franklin might think of the present Renal Association of some 650 members with packed two-day meetings rather than leisurely afternoon gatherings of a handful of friends. Probably the changes in the type of material presented would amaze them more than the quantitative changes in their Association. When they met first, effective diuretics and hypotensive agents were not available and transplantation was unheard of, whilst dialysis remained an experiment even in acute renal failure: controlled trials were a brand-new idea, and radio-labelled compounds in medicine and research a hot new topic. Renal biopsy had been done, but was almost unknown. Antigen localisation, electron microscopy and immunoassay did not exist, immunology was still primitive. Renal functions were assessed by study of the whole kidney, the smallest unit available for investigation. Of those involved in the beginning of the Association in 1950, Gordon Wolstenholme is fortunately still with us to see what the last half century has done with the ideas he and Franklin and the others hatched over dinner in 1950. We can only hope that the centenary of the Renal Association in 2050 will be celebrated in as happy a fashion as this first half century has been.

Acknowledgement

I would like to thank Jackie Hicks, Research Co-ordinator in the Renal Unit at Guy's Hospital until this year, for her invaluable help in chasing down much material which appears in this history.

Appendix 1

The 91 papers presented to the Renal Association during the 1950s

1950

March 1950	DF Ellison Nash	Form and function in the renal tract- review and prospect
July 1950	HW Smith	Development of physiology of the kidney
October 1950	C de Muylder & El Azfoury	Innervation of the kidney

1951

January 1951	AM Miles	Some aspects of the fetal kidney
	CE Dent	Certain aspects of tubular function
	EB Verney	The neurohypophysis and the kidney
April 1951	KJ Franklin	The kidney and the circulatory system
	A Telford Govan & McGillvray	Renal changes in obstetric shock
	AH Galley	Spinal anaesthesia and the kidney
June 1951	EM Darmady & D Richardson	Nephron dissection with special reference to acute renal necrosis
July 1951	SE Bradley	Renal haemodynamics and electrolyte excretion with special reference to the harbour seal
October 1951	MG Eggleton	Alcohol and the kidney
	AG Marshall	Aberrant renal arteries and hypertension
	J Black	The biochemical origin of some renal stones

1952

January 1952	J Hamburger	Disorders of cellular hydration
	S de Navasquez	Experimental pyelonephritis
	M Derot	One hundred cases of anuria personally treated.
April 1952	WJ Dempster	The nature of the disintegration of homo-transplanted kidneys in dogs
June 1952	HE de Wardener & BE Miles	Autoregulation of the renal circulation
	E Baldwin	The evolution of excretory function
	WW Payne	The treatment of nephrotic oedema
September 1952	JGG Borst	Electrolyte and water balance from the renal angle
October 1952	MH Roscoe	Function of the kidney in experimental renal failure
	F Wemyss Smith	Structure of the kidney in experimental renal failure
	R Platt	An overall review of the work on experimental renal failure

1953

January 1953	AW Wilkinson	Biochemical changes after transplantation of the ureters
	D Innes Williams	Long term results of transplantation of the ureters for ectopia vesicae
April 1953	H Wirz	The osmotic work of the mammalian kidney
July 1953	Symposium on "The kidney" (see Table 3)	
October 1953	EB Verney	Discussion on "Emotion and the kidney"
	BE Miles	
	AAG Lewis	

1954

January 1954	RV Sellwood	Factors in the excretion of sodium
April 1954	IH Griffiths	Renal arteriography
	R Gaunt	Studies on an experimental "eclampsia-like" syndrome
June 1954	C Wilson	The classification of nephritis

October 1954	J Hamburger RA Dale VD Eisen	The classification of nephritis The adrenocortical control of sodium and potassium metabolism Studies of renal potassium excretion in the adrenalectomized rat
1955		
January 1955	D Innes Williams & RCB Pugh	Renal hypoplasia
April 1955	SW Stanbury & MD Milne LI Woolf EM Darmady F Stranack	Potassium-losing renal lesions Amino-aciduria associated with renal disease A general review of the value of micro-dissection of the kidney in relation to biochemical changes
July 1955	A Leaf	The control of the volume of body fluids
October 1955	O Wrong LN Pyrah G Wilson & AD Care BT Murphy	The control of the volume of body fluids Renal calcification and calculus formation The use of polysodium metaphosphate in the prevention of bladder calculi in the rat Crystallographic methods applied to the study of renal stones
1956		
February 1956	DAK Black and EW Emery EN Allott WM Macdonald	Renal handling of ⁴² K Hyperelectrolytaemia in relation to cerebral lesions Congenital pitressin-resistant diabetes insipidus of renal origin
April 1956	P Lindop AM Joeke & T Freeman R Muehrcke	The renal effects of hypotensive anaesthesia in the aged Nephrotic proteinuria: a tubular lesion Serial renal biopsy: studies of patients with the nephrotic syndrome
June 1956	Symposium on hypertension:	
	S Locket. M Floyer. C Wilson	Control of blood pressure Role of the kidney in experimental hypertension Treatment of hypertension associated with renal disease
October 1956	V Hall J Rhodin TS Lees	The minute functional anatomy, organization and development of the capillaries of the renal glomerulus of rat, rabbit and man Studies of the nephron ultrastructure in mouse, goosfish & dogfish Correlation of structure and function in the mesonephros and metanephros of the rabbit: an electron microscopic study
1957		
January 1957	SW Stanbury CE Dent	Azotaemic renal osteodystrophy Azotaemic renal osteodystrophy
May 1957	JP Merrill WJ Dempster	Homotransplantation of a kidney in the human The cause of functional arrest of homotransplanted kidney
June 1957	JR Elkington O Wrong & HS Davies	The renal response to acute acid-base disturbance The excretion of acid in renal disease
October 1957	TM Chalmers, EM Darmady, VD Eisen, FTC Harris. MD Milne HE de Wardener & F del Greco.	Renal effects of potassium depletion Primary aldosteronism Certain factors concerned in the final concentration of the urine

1958

- February 1958 WJ O'Connor Comparison of some factors which affect sodium excretion in conscious dogs
- MF Lockett Action of isoprenaline on the kidneys of conscious rats
- PH Sanderson Mechanisms of calcium nephropathy in rats
- Darmady EM, Stranack F. Histological changes seen in potassium-depleted rats
- Lewis AAG, Watson F, Weale FE. Preliminary report on the use of an Alwall kidney in dogs
- J de Graeff Severe potassium depletion following the use of purgatives
- April 1958 Gauer O, Henry JP. Studies on the mechanism of blood volume control
- P Anthonisen, Raaschou F, AC Thomsen. The diuretic response to isotonic and isoncotic intravenous infusions in man (Effect of ventilation on renal excretion of water and electrolytes) (title not available on abstract)
- Bull GM
- July 1958 Hutt MSR, Pinniger JL, de Wardener HE. Acute glomerulonephritis
- J Hardwicke The nephrotic syndrome
- RH Heptinstall, AM Joekes. Focal glomerulonephritis
- October 1958 CJ Hodson Blood supply to the kidney
- D Edwards Movements of the urinary tract (film)
- P Balint Certain aspects of renal denervation in relation to acute renal failure

1959

- January 1959 P Alexander, DA Nixon, Widdas WF. Renal function in the sheep foetus and gestational variations in the composition of foetal fluids and urine in the sheep
- RA McCance Problems in pre-natal renal function
- April 1959 KJ Ullrich The role of the renal medulla in concentrating urine and regulating acid base balance
- KA Barclay, RF Crampton, DM Matthews. Some observations on the chemical composition of the cortex and medulla of the kidney and their correlation to mechanisms of urinary concentration
- DAK Black, EW Emery, AH Gowenlock, Riddell AG. Electrolytes (Na and K) in serial slices of the dog kidney
- June 1959 MD Milne Excretion of indolic acids and its application to Hartnup disease
- GC Kennedy, R Parker, C Flear. The relation between chronic potassium deficiency and senile kidney changes in the rat
- October 1959 JF Soothill The theoretical and diagnostic value of relative protein clearances, immunochemically determined, for seven serum proteins
- T Freeman, AM Joekes, AS McFarlane, CM Matthews. Studies on ¹³¹I-labelled albumin metabolism in adult patients with a nephrotic syndrome

Notes and references

1. Sources: This history has been based largely upon a number of unpublished sources:

First, the *minute books* of the meetings of the Association, complete from 1950 to present; *abstracts for the papers presented* are available from 1952 onwards.

Second, the *minutes of the executive meetings* of the Association from 1950 to present. Before 1990, only a limited amount of *correspondence*, almost all from the 1980s onwards, has been kept. Abstracts of the Association meetings have been published from 1963-71 in *Nephron* and from 1971 in *Kidney International*, as well as in the programmes of the meetings.

Third, the oral and written memories of many of the officers and members of the Association, some unsolicited, most in reply to enquiries; some have been cited specifically in the text. I would like to thank in particular Sir Gordon Wolstenholme, without whose testimony the events of the 1950s would have been woefully incomplete; Nancy Spufford, archivist of the Novartis (formerly the Ciba) Foundation gave valuable assistance with this period also. Recent secretaries of the Association helped to assemble complete sets of minutes and programmes.

Fourth, my own personal recollections and notes of the Renal Association as a member from 1966, a member of the Executive from 1968 to 1971, member of the SAC in nephrology during the 1970s and as President of the Association from 1992-1995.

Deceased officers of the Association almost all have their obituaries published in *Munk's Roll* of the College of Physicians of London, the *British Medical Journal* and sometimes the *Lancet*, and some in national newspapers. Some also have extended biographies in the *Biographical Memoirs of the Royal Society* and the *Dictionary of National Biography*. I have not specifically referred to these widely available sources.

2. Richet G. La Société de Pathologie Rénale (1948-1959). *Néphrologie* 2000; 21: 23-26.

On February 21st 1949, after a preliminary business meeting on November 23rd 1948, a group met in the apartment of Professor André Lemierre (1875-1956) at 29, Boulevard de Courcelles for the first séance of what was called the Société de Pathologie Rénale. However, a look at the papers presented on that occasion - printed in full in the *Journal D'Urologie* Vol 55 of 1949 - shows that the name chosen was much more restrictive than the range of papers presented which was much wider than the name chosen would lead one to suppose: all aspects of what then constituted nephrology were discussed, and not just renal histology as the name might imply, at least to Anglo-Saxon ears.

However the Société de Pathologie Rénale was only formally constituted on 16th March 1950, a few days before the Renal Association formally came into being at its first meeting on 30th March 1950. Finally, after a decision taken in 1959, on 20th January 1960 Marcel Legrain as president registered the changed name of the Société to the “Société de Néphrologie”. This has never been simply the national society of France, but has always had members from all the Francophone countries in Europe and Africa.

3. Bywaters EGL, Joekes AM. Artificial kidney: its application to treatment of traumatic anuria. *Proc Roy Soc Med* 1948; 41: 420-426. They were the third team to use the artificial kidney - only Kolff and Alwall preceded them, since Gordon Murray's first dialysis in Toronto was later in 1946 than the first at the Hammersmith.

4. Trueta J, Barclay AE, Daniel PM, Pritchard MML, Franklin KJ. *Studies of the renal circulation*. Oxford University Press, Oxford 1947. This book (and its authors) is almost forgotten today, but was much discussed in the 1950s.

5. The key role of the Ciba Foundation in the formation and running of the Renal Association is evident throughout this account. For an account of this remarkable body, see Lee K, Spufford NG. *Portrait of a foundation: a brief history of the Ciba Foundation and its environment*. Ciba Foundation, London, 1993.

6. The Ciba records give 27 names, but the Renal Association minutes say “30 members were present”. A surprising name was the noted haematologist Herman Lehmann, a fugitive from Germany in 1936 who became a world authority on haemoglobinopathies in the 1950s (See Pyke D. Contributions by German émigrés to British medical science. *Q J Med* 2000; 93: 487-495). I am grateful to John Soothill for explaining that Lehmann was, in 1950, a medical registrar at Pembury hospital, and was almost certainly bought along by Osman. Lehmann was appointed as lecturer to Bart's the following year.

7. Cameron JS. Arthur Arnold Osman (1893-1972): a forgotten pioneer of nephrology. *Nephrol Dial Transpl* 1997; 12: 1530 - 1534.

8. Hamburger J. La naissance et essor de la Néphrologie. *Néphrologie* 1980; 1;1-2. Hamburger cites the French dictionaries of Boiste in 1803 and Morin in 1809 as including “néphrologie”. However he was wrong in stating in his opening sentence “on ne trouve nulle part trace du mot NEPHROLOGIE dans les textes traitant des maladies du rein.” Later, in suggesting it spread from France to other countries in 1960, he neglects its prior use not only by Osman in 1945, but also in Italy in 1954 (Minerva *Nefrologica*) and in 1957 (Società Italiana di *Nefrologia*)

9. Osman AA. Medical diseases of the kidneys. I Nature and varieties of Bright's disease. *Nursing Mirror* 1945; Nov 10, 79-80; 2 Varieties of Bright's disease. *ibid* Nov 17 pp 101, 106; 3. Management of Bright's disease. *Ibid* Nov 24

p 1232-124. In each of these articles Osman described himself as "Honorary Nephrologist, Children's Hospital, Hampstead".

10. A Osman FRCP. *The science and practice of nephrology*. Throughout this typescript (kindly supplied by Mrs Rose Osman) Osman uses the terms "nephrology" and "nephrologist" frequently. It was not published as far as I am aware but clearly was intended to be so, as the length (10 650 words) is carefully appended. Internal evidence suggests a date of about 1948, and it may have been written for submission to Guy's hospital in that year; his request for a Nephrology unit there was turned down.

11. Fogazzi GB. Archivi storici della nefrologia Italiana. 28 Aprile 1957: la fondazione della Società Italiana di Nefrologia. *Giorn Ital Nefrol* 2000; 17: 63-68.

12. Anonymous. Renal Association. *Lancet* 1953; ii: 120-122.

13. Lewis AAG, Wolstenholme GEW (Eds). *Ciba foundation symposium on The Kidney in collaboration with the Renal Association*. Churchill, London, 1954

14. McCance's contribution in this field was enormous. His work, done together with Elsie Widdowson (1906-1999) not only produced the standard tables for composition of foods used world-wide, but they were responsible for designing the diet of the British nation during rationing in World War II.

15. Heptinstall RH. Acceptance of the 1999 Jean Hamburger award *Kidney Int* 1999; 56: 1991-1992.

16. This dialyser had an interesting history. It was taken to Paris from Alwall's unit in Lund, Sweden in 1952. The Necker unit ran it in their laboratory over the next two years with such little success that in 1955 Richet went to Merrill's unit and then after his return the Necker unit re-designed the Kolff-Brigham apparatus in Paris as the Usifroid version, which they then used clinically. The old Alwall dialyser was donated to the College of Surgeons in London by Hamburger.

17. Parsons FM. Origins of haemodialysis in the United Kingdom. *Br Med J* 1989; 299: 1557-1560. In this article, Parsons outlines the opposition to the introduction of dialysis for acute renal failure during the 1950s in Britain. Clearly the mainstream opinion in British medicine was that dialysis and its machines was not part of orthodox medicine - as opposed, perhaps, to surgery which may account in part for the prominent role urologists played in the introduction of haemodialysis in the United Kingdom. In some countries such as Italy and Japan, dialysis remained exclusively in surgical hands for 5 or more years after its introduction. See : Cameron JS. *Men, materials and ideas: haemodialysis in a historical context 1850-1970* (in press, 2000).

18. Richet G. A brief history of the International Society of Nephrology. *Kidney Int* 1989; 36: 938-940.

19. Black DAK, Rose GA, Brewer D. Controlled trial of trial of prednisone in adult patients with the nephrotic syndrome. *Br Med J* 1970; iii : 421-426. This trial *began* (in 1961) before the other trials in the 1960s published earlier, e.g. that in adult nephrotics in the South East of England by Sharpstone P, Ogg CS, Cameron JS. Nephrotic syndrome due to primary renal disease in adults II. Controlled trial of azathioprine and corticosteroids *Br Med J* 1969; ii: 535-539, or those in the childhood nephrotic syndrome: Barratt TM, Soothill JF. Controlled trial of cyclophosphamide in steroid-sensitive relapsing nephrotic syndrome of childhood. *Lancet* 1970; ii; 489-482. Abramowicz M *et al.* Controlled trial of azathioprine in children with nephrotic syndrome. *Lancet* 1970; i: 959-961.

The important message is that in the mid-1960s, many in the nephrological world realised at about the same time the power of the randomised controlled trial, 15 years after the publication of the first such trial in modern times (The MRC trial of streptomycin in tuberculosis, organised by Austin Bradford Hill (1897-1991) and Richard Doll (b.1912) and published in 1949).

20. During the 1960s papers on transplantation faded out at Association meetings. The London Transplant Group, an informal body, held regular meetings from about 1965 onwards, and finally in 1972 led to the founding of the British Transplantation Society.

21. Cameron MP Wolstenholme GEW (Eds) *Ciba foundation symposium on Renal Biopsy*. Churchill, London, 1961. For the role of this meeting in the history of nephrology *see*: Cameron JS, Hicks JA. The introduction of renal biopsy into nephrology from 1901 to 1961. A paradigm of the forming of nephrology by technology. *Am J Nephrol* 1997; 17: 347-358.

22. Ellis AE. Natural history of Bright's disease. Clinical, histological and experimental observations. *Lancet* 1942 i: 1-7, 34-36, 72-76. Ellis' over-simple classification can, with hindsight, be seen as step backwards. This paper nevertheless contain much clinical material of interest, for example an early description of what would now be called IgA nephropathy with recurrent haematuria – even though the classification as published took no account of this!

23. Drukker W. The founding of the EDTA: facts and lessons. *Nephrol Dial Transplant* 1989; 4: 401-407. Kerr DNS. EDTA to ERA. *Nephrol Dial Transplant* 1989; 4: 411-415.

24. *See* "From a correspondent" *Lancet* 1963; ii: 633 for a brief report of the meeting. Also Shaldon S. (ed) *Acute renal failure*. London, 1964.

25. It has proved impossible to find out who exactly was or were the prime movers in this action, or who suggested the name "*National Kidney Research Fund*". Apart from the registration document of 1961, the first occasion on which this name is used in the Association's records is much later, in November

1965. Prior to that, the many agenda items on the topic from 1963 onwards refer to “money for renal research” etc. Peter Mullen writes that the original title of the organisation was “National Renal Research Fund” and that he pleaded for the substitution of “Kidney”; however there is no record of a “NRRF” in the Association’s or the NKRF’s records. Immediately after its launch in 1966, there was confusion whether the money was to be raised for purchase of artificial kidneys, and the Association had to make a press release pointing out that the money was for research – a confusion which has continued in many areas to the present day.

26. Anonymous (Editorial). Profit and loss in intermittent haemodialysis. *Lancet* 1965; ii: 1058-1059.

See also: the several letters in reply to this provocative editorial, by Shaldon S, Comty C, Baillod R *ibid* 1965; ii: 1182-1183, Robson JS, *ibid* 1965; ii: 1183, Hall H *ibid*.1965; ii: 1183-4, Evans DB, Curtis JR, de Wardener HE *ibid* 1965; ii: 1245, Kerr DNS, Elliott W, Swinney J *ibid* 1965; ii:1245, Blagg CR, Parsons FM *ibid* 1965; ii: 1246, Eady RAJ *ibid* 1965; ii: 1246, Black DAK *ibid* 1965;ii: 1256-1246. This correspondence encapsulates well the frame of the then current debate on setting up long-term dialysis units.

See also: Anonymous. Progress in haemodialysis. *World Medicine* Jan 15 1966, 1: 19-24, editorial (Curtis JR) p.64; Challah S, Wing AJ, Bauer R, Morris RW, Schroeder SA. Negative selection of patients for dialysis and transplantation in the United Kingdom. *Br Med J* 1984; 288: 1119-1122; Halper T. *The misfortunes of others. End stage renal disease in the United Kingdom*. Cambridge University Press, Cambridge 1989; Stanton J. The cost of living: kidney dialysis, rationing and health economics in Britain, 1965-1996. *Soc Sci Med* 1999; 49: 1169-1182

All deal with this important topic which, however, lies outside the scope of the present article.

27. De Wardener HE. *The kidney*. Churchill, London, 1st edition 1956. The book ran to six editions, the last of which was in the 1980s.

28. Anonymous. Distribution of nephrological services for adults in Great Britain. Report of the Executive Committee of the Renal Association. *Br Med J* 1976; ii : 903-906.

29. *See* Halper (1989) and Stanton (1999) – details in reference 26.

30. Robson JS, Ferguson MH, Olbrich O, Stewart CP. The determination of the renal clearance of inulin in man. *Q J Exp Physiol* 1949; 35:111; *see also:* The renal determination of diodone and the maximal excretory capacity of diodone in man. *ibid*. 35:173. In the former paper Robson and his colleagues describe the use of single injection methods for the determination of the GFR in man, a technique rediscovered again, using radioisotopes or contrast media, 20 years later.

31. At that time the barriers to women progressing in medicine were much stronger than those (regrettably) still persisting today. Up until the end of the 1950s many authorities would not appoint married women at all, and although undoubtedly much progress has been made, it is sad to reflect that as we enter the 21st century still only 6% of consultant nephrologists in the UK are women - well below the national specialty average. It is impossible from the membership list of the Association to determine the proportion of women members.

32. The Renal Association had from the beginning members who were predominantly or exclusively in paediatric practice. Organised paediatric nephrology began in 1966 with the formation of the International Study of Kidney Disease in Children (ISKDC), yet again at the Ciba foundation building in London, by an international group led by Henry Barnett of New York. As a spin-off from this organisation, both the European (which had major British participation) and American societies of paediatric nephrology were formed the following year. In 1973 the dozen or so paediatric nephrologists in the United Kingdom formed the British Association of Paediatric Nephrology (BAPN), mainly with a view to forward planning of services for acute and chronic renal failure in children; most were members of the Renal Association. The Renal Association and the BAPN had an informal liaison to include paediatric presentations in the programmes well before the formal arrangement of 1982. Many paediatricians were members of the executive - at one time in the 1980s, 3 of only 8 members were paediatricians! As noted later, the President of the BAPN became and *ex officio* member of the Renal Association executive from 1991 onwards.

33. McGeown MG. Chronic renal failure in Northern Ireland 1968-70. A prospective survey. *Lancet* 1972; I : 307-310. In this survey a need for 40/million new places per year was envisaged. Again using contemporary criteria, a similar low figure was obtained in Scotland at the same time: *see* Pendreigh DM, Howitt LF, MacDougall AJ, Robson JS, Heasman MA, Kennedy AC, Macleod M, Stewart WK. Survey of chronic renal failure in Scotland. *Lancet* 1972 I : 304-307.

34. Joint working party on diabetic renal failure of the British Diabetic Association, the Renal Association, and the research unit of the Royal College of Physicians. (1) Renal failure in diabetics in the UK: deficient provision of care in 1985. *Diabetic Medicine* 1988; 5: 79-84. (2) Treatment and mortality of diabetic renal failure patients identified in the 1985 UK survey. *Br Med J* 1989; 299: 1135-1136.

35. Feest TG, Mistry CD, Grimes DS, Mallick NP. Incidence of advanced chronic renal failure and the need for end-stage renal replacement therapy. *Br Med J* 1990; 301: 897-900; McGeown MG. Prevalence of advanced renal failure in Northern Ireland. *Br Med J* 1990; 301: 900-903.

36. From the solitary professor of nephrology in the mid 1980s (myself), there are now - at last count - 15 professors of Renal Disease, 3 nephrological professors of medicine, and 2 nephrological Regius professors in the United Kingdom. Plus half a dozen professors emeritus.

37. The Renal Association working party. *Provision of services for adult patient with renal disease in the United Kingdom*. Renal Association, London, 1991. This important document noted the intake rate in 1990 for treatment for end-stage renal disease as 60.7/million total inhabitants/year, and recommended that this be increased to 80 pmp/y, the target which remained during the 1990s and was adopted by the Renal Review of England and Wales in 1995. Now, it appears that 100/pmp/y will be exceeded even by Caucasian populations in the UK, and that the incidence in South Asian and Caribbean communities (4% of the total population in 1991) is 3-4 times this.

38. The Renal Association. *Treatment of adult patients with renal failure. Recommended standards and audit measures*. Royal College of Physicians, London, 1995.

39. The Renal Association. *Treatment of adult patients with renal failure. Recommended standards and audit measures. 2nd Edition*. Royal College of Physicians, London, 1997.

40. Ansell D, Feest T. *First annual report. The UK Renal Registry*. No publisher given. 1998.

41. Ansell D, Feest T. *Second annual report. The UK Renal Registry*. No publisher given. 1999.