Sir Denis Browne (1892-1967),
the father of paediatric surgery in Britain*

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Denis Browne, DB to his friends and
colleagues, was born in Melbourne,
Australia on April 2nd, 1892. His parents
had married two years earlier. His father,
Captain Sylvester Browne had emigrated
from England, while his mother was the
daughter of Sir William Foster Stawill
who had reached Australia from Ireland
in 1856; there he rose to become first the
Chief Justice, and then the Lord Lieutenant of Victoria.

In 1901, when DB was nine, the family
moved to a large sheep farm in New South Wales where he grew
up, becoming a fine shot and a superb
horseman. He received his education at
King’s School, Paramatta and then, with
a scholarship, studied medicine at the
University of Sydney, graduating in 1914
at the age of 22. The Great War had
just begun and he volunteered at once
for service in the RAMC. 1915 found
him with the Anzacs in Gallipoli but on
contracting typhoid he was invalided
back to Australia. After convalescence
he returned to Europe and, with the
rank of major, took command of a field
ambulance in France.

Following the war DB came to England,
and having obtained the FRCS in 1922,
became first the casualty registrar and
then in 1925 the Resident Medical
Superintendent (RSM) of the Hospital
for Sick Children, Great Ormond Street,
London. In 1928 he was appointed
consultant surgeon to the hospital
and served there for the remaining 40
years of his life, being created emeritus
surgeon on his retirement in 1957. He
died at the age of 74 on January 9th,
1967.

So much for the bare outline of his life.

But what about the man? He was tall
and handsome with craggy eyebrows
(Fig 1). Besides being a first-rate shot
and horseman, he also played tennis to
a Wimbledon standard. He enjoyed the
company of women and defied the Great
Ormond Street edict that residents should
remain single. While RMS he secretly
married Helen Simpson, a successful
writer, and they bought a flat in Sloane
Street. When this came to light he nearly
lost his job. They had one daughter
before his wife’s early death in 1940. In
1945 DB remarried. His second wife,
Lady Moira Ponsonby, was a nurse
who later became Superintendent of the
St. John’s Ambulance Brigade. It was
another happy partnership and they had
two children, a son and a daughter.

DB was a complex person. Although
he could be brash and intolerant, he also
had great charm and the ability to inspire
the admiration and loyalty of his team
and friends. While being ambitious
and egotistical, there was also a shy and
sensitive aspect to his makeup. At the
same time he was kind and considerate,
had a boyish sense of fun and was at
his best with children. In his work DB
pursued perfection. He was a brilliant
and inventive surgeon with an enquiring
mind and great technical skill. At the
same time he had enormous energy, but
never gave the impression of being in a
hurry. When he was ‘in thought’ he had
the ability to shut himself off from the
rest of the world. DB never conformed
to established practice. Following
wide reading and study he then sought
a logical solution to any problem
confronting him. He had great strength
of character and firm convictions, and
was a rebel who courted controversy.
Taking nothing at face value he had a
disdain for the conventional approach
and a contempt for bureaucracy,
hypocrisy and pomposity. He enjoyed
battling against anything or anybody
he regarded as ignorant, prejudiced or
incompetent, and never gave an inch
in debate. Being blunt and having a
pungent wit, he made plenty of
professional enemies, as well as many
friends.

Denis Browne’s studies and teachings
covered the whole field of paediatric
surgery – hypospadias, hare lip and cleft
palate, neonatal intestinal obstruction,
imperforate anus, maldescent of the
testicles, fibration of the patent ductus
arteriosis, tongue tie – and the list could
go on (3). Undoubtedly though his
most important contribution was in the
recognition that a range of congenital
deformities were due to mechanical
compression before birth. Between
1931 and 1967 a series of his articles
appeared in the journals on this theme
(4-6) and on the early management of
postural deformities, including talipes,
congenital dislocation of the hip,
sterneomastoid torticollis and congenital
postural scoliosis.

Browne’s approach was based on clinical
observation and anatomical dissection
accompanied by wide reading and
adoption of the Baconian method of
inductive reasoning.
In 1936 he wrote about the aetiology of congenital deformation as follows:

“To prove the question one way or another by direct observation is at present impossible, and it appears likely ever to remain so. In consequence I am reduced to a method that might possibly be used more in medicine than it is, the method of comparing what abstract argument shows to be the consequence of the granting of the hypothesis under test with what is actually found in real life. If the results of abstract inductive reasoning of this sort coincide with those of observation over a wide and complicated range, the truth of the hypothesis on which the reasoning was conducted is proved as nearly as absolutely as most things can be in this world.”

DB recognised that the newborn infant could be readily folded up into its prenatal posture soon after birth and that the moulding deformities, when present, appeared to be dictated by mutual pressure within the womb or by the shape of the intrauterine container (Fig 2).

In Fig 3 may be seen on the left the posture favouring talipes calcaneovalgus and congenital dislocation of the hip, two deformities which often go together, and, on the right, the posture favouring clubfeet or talipes equinovarus. Browne also noted that most children with moulding deformities were otherwise perfectly normally formed.

Although the idea of mechanical deformation in-utero was not new – it dates back to Hippocrates as Browne acknowledged – the concept was widely rejected by the profession during his lifetime, much to his frustration. His letters to the journals became more and more angry, particularly those directed at the orthopaedic community. To be fair to his critics, DB did include one or two serious errors in his hypothesis; first he suggested that hydramnios caused arthrogryposis, and second, that prenatal pressure on the embryo might be responsible for spina bifida. These mistaken beliefs weakened his general argument.

At this point I wish to inject a personal recollection of DB. It came about as follows: Between 1958 and 1962 I was working as paediatric registrar at the Birmingham Maternity Hospital and writing a thesis on the aetiology of congenital postural deformities for a Cambridge MD based on observations I had made on the babies in my care. In 1961 I was invited to give a lecture at the Robert Jones and Agnes Hunt Orthopaedic Hospital in Oswestry. While preparing my talk, someone mentioned that I must be a disciple of Denis Browne. As at that time I had never even heard of Sir Denis or of his theory, I went at once to the library and sought out his publications. My delight was great at finding the similarity between his and my own observations and conclusions. I wrote at once to him acknowledging this. His reply 42 years ago in 1962 read as follows:

“Dear Dr. Dunn,

Your letter interested and cheered me quite a lot. If my work is carried on it must be by juniors, since to admit that obvious facts and principles have been overlooked would involve far too great a loss of face for Professors to consider. This is not cynicism, it is the fruit of considerable experience and study of human reactions. However, I notice the first signs of the normal change from being a wild theoriser to becoming a bore telling people what they knew already. I wish there was an intermediate stage in which one’s colleagues would say, “You seem to have got some interesting stuff there. Would you explain exactly what it is?” However, this never occurs.

Yours sincerely, Denis Browne”
Later I had the opportunity to meet Sir Denis when he visited Bristol shortly before his death. He would be happy to know that the hypothesis that he pursued so vigorously throughout his life became firmly established after his death. The 9th edition of the World Health Organisation’s Classification of Diseases in 1977 (11) which I helped to prepare, took account of it and David Smith, the doyen of dysmorphology in Seattle, acknowledged that he had based his book ‘Recognizable Patterns of Human Deformation’ (12) in 1981 on my MD thesis and, of course, DB’s hypothesis.

Denis Browne was the first surgeon in Britain to confine his practice to children and he came to be recognised as the father of paediatric surgery in the UK. Many honours came his way. He was Hunterian professor on four occasions; he was awarded the Dawson Williams prize; and also the William Ladd medal of the USA. France made him a Chevalier Legion d’Honneur, and in 1961 he was appointed a Knight (KCVO) for services to our Royal family. On returning to Australia for the first time in 50 years in 1965 he was made an Honourary Fellow of their Surgical College. In 1954 DB helped to found the British Association of Paediatric Surgeons and was then elected its first president. After his death the Association struck a medal in his honour “to mark an outstanding contribution to paediatric surgery” with the additional comment, characteristic of DB, that “the aim of paediatric surgery is to set a standard, not to seek a monopoly”. It provides a suitable epitaph for a life devoted to the service of children with surgical problems.

REFERENCES


