

DR. CAREY COOMBS

Dr. Carey Coombs was a founding father of British cardiology, who combined meticulous observation with follow up and laboratory based research. He was born 5th September, 1879 at Castle Cary in Somerset, the son of a Frome G.P.

The household was congregationalist and deeply religious.

He proceeded to University College Bristol and matriculated in 1896. He entered St. Mary's Hospital Medical School in 1897. In addition to winning half a dozen prizes, he gained a General Proficiency Scholarship and the Gold Medal in Clinical Medicine.

He qualified M.B.B.S. in 1901, with honours in medicine and obstetrics.

He held house appointments at St. Mary's and in 1903 he was awarded the M.D. and appointed medical registrar.

At the instigation of a predecessor Dr. Frederick Poynton, he developed an interest in rheumatism and he published an article in 'The Lancet' entitled 'Some Clinical Aspects of the Rheumatic Infection' in 1904.

He described three forms, transitory, protracted and malignant. He thought that recrudescence was possible to explain the later appearance of endocarditis and mitral stenosis.

In October 1904, he married Nina Matthews, a Somerset farmer's daughter and they moved to Bristol, where Carey Coombs set up in general practice in Henleaze Road.

He looked upon his time in general practice as widening his experience and as part of his training for his longer term view of combining clinical practice, epidemiology and research.

This general practice experience may have contributed to his later success in achieving the co-operation of colleagues in recruitment and follow up of patients in his research studies.

Within twelve months, he was appointed registrar at the Bristol Royal Hospital for Sick Children.

He continued to accumulate the records of patients with rheumatic heart disease, matching symptoms with pathology, where this was available.

He took the post of Demonstrator in Pathology at the University College, Bristol, to enable him to study the histological changes.

In recording his findings, he described the diastolic murmur, which was to bear his name. It was not a new finding, having been described by Walter Cheadle in 1889 in a Harveian lecture, when it was thought to be due to narrowing of the mitral valve. Coombs demonstrated the murmur in patients with no evidence of mitral stenosis subsequently at post mortem.

He postulated that the murmur indicated a relative stenosis of the mitral valve due to a smaller increase of the valve area compared with the expansion of the left ventricle in rheumatic carditis.

In 1908, he became a member of the Royal College of Physicians and was

publishing regularly on rheumatic heart disease.

He formed a clinical society for students and junior staff with whom he was very popular. The medical students' journal of the day, 'The Stethoscope', published a couplet:

C stands for Carey, that wonderful man
Who cures broken hearts whenever he can.

In 1907, at the age of 28, he was appointed Assistant Physician at the Bristol General Hospital.

In 1909, the University College received its charter and at a dinner to mark the event, he took up the cause of uniting the General Hospital and Royal Infirmary.

Even an offer to give the hospitals the sum of £105,000, by Mr. H.H. Wills, was not enough for the B.G.H. to agree to amalgamate with the B.R.I., despite the money going to the B.R.I. absolutely, if amalgamation did not take place.

Historically, the B.R.I., founded in 1735 and the General, founded in 1832, had very different philosophies. The B.R.I. was viewed as Tory, Church of England and supported by the Dolphin Society, whilst the General was seen as Whig, Nonconformist and supported by the Anchor Society.

Hence the quip at the time was, 'patients going to the Infirmary with its Royal title could expect a sovereign remedy, while those going to the Hospital would receive a radical cure.'

Unlike his fellow protagonist, Hey Groves, Coombs was not to see amalgamation take place in his lifetime.

In 1914 he was called up and served in Bristol, France and Mesopotamia, now Iraq.

He gave a graphic account of his time in Basra and Amara in 1916 in the Med.-Chi. Journal.

There was a high incidence of sickness linked to thin tents in excessive heat, water drawn directly from the Tigris, mosquitoes, sandflies, lice, poor diet and depression.

In 1917 he was awarded his FRCP.

After the war he resumed his researches into rheumatic heart disease.

Most of his seven hundred patients were traced for follow up over a period of fifteen years.

He became a founder member of the Cardiac Club.

He published his standard work on rheumatic heart disease in 1924.

Three years later the University Centre for Cardiac Research came into being at the General Hospital.

By 1931 there were 754 cases of acute rheumatism analysed at the Centre, which showed a five fold increase in incidence in the city of Bristol compared with the surrounding counties.

It became clear to Coombs that rest in a rural location was needed for child sufferers of the disease and he campaigned successfully with his ally Hey Groves, who was by now Professor of Surgery, for a suitable facility,

which resulted in the opening of Winford Hospital and School in 1930.

With the upswing in syphilis following WW1 Carey Coombs showed that the disease accounted for 12.7% of cardiac deaths between 1919 and 1929.

Subsequently, he moved on to study myocardial infarction and by 1932 he had a series of 144 patients.

The first recorded diagnosis of myocardial infarction made during life was published in Germany in 1910.

In the early 1900s Coombs made the diagnosis in a vicar with hypertension and a stroke, who had an attack of sub-sternal pain in his presence and afterwards developed acute pericarditis. Fortunately, for the man of the cloth he survived, but Coombs was unable to confirm his diagnosis of myocardial infarction and to be the first to report the condition.

Carey Coombs lived at 3, Pembroke Road, Clifton, with his wife and five children. He was described as notorious for his cheerfulness and his anecdotes, but he lay great importance on politeness and punctuality.

His day started with a cold bath and he expected his children to follow suit. Family prayers preceded breakfast and the family were regular worshippers at Highbury Chapel. The household was a happy active one with a stream of visitors to enjoy the friendly Coombs hospitality.

In August 1932 he went on holiday with his family to the Cairngorms.

Whilst walking with his youngest son, Richard, up a steep fell, he experienced angina, but after a brief rest resumed on an easier route.

Some weeks later whilst walking with Dr. R.H. Parry, the Medical Officer of Health, he collapsed at the bottom of Park Street. Although there was no pain, he was extremely ill.

He was admitted to his own ward. An ECG showed bundle branch block and a 'coronary accident' was diagnosed.

He rapidly recovered and started to make plans for the future but he would not countenance curtailment of his activities. He remained on bedrest, but when he was allowed up some five weeks later, he suddenly fell down dead on 19th December 1932 at the age of fifty three.

There was much irony in his passing.

Firstly, myocardial infarction was becoming a major research area for him.

Secondly, the editor of the Med.-Chi. Journal on the day before Carey Coombs died, received a letter from him, with an amendment to a paper he had submitted to the Journal on coronary thrombosis, to the effect that he had under-stated the overall prognosis.

Thirdly, his obituary in the Med.-Chi. Journal appeared on later pages of the same edition containing his paper on coronary thrombosis.

Fourthly, although it was reported that his death was due to coronary thrombosis there was no pain in the episode in Park Street as already mentioned

and the fatal episode too, was apparently painless.

Fifthly, later examination revealed no obvious cardiac infarction and the coronary arteries were in good condition.

More information came to light almost seventy years later in 2000, when Hollman published a personal communication in 'Heart', from C. Bruce Perry, who subsequently became Professor of Medicine at Bristol, but at the time was a twenty nine year old registrar to Carey Coombs.

The details are macabre, but the passage of three quarters of a century and a decade on from Perry's own death, allow one to take a historical perspective.

On the day before the funeral, Mrs. Coombs asked Perry to remove her husband's heart, saying that it was his wish to have it placed in the pathology museum.

His body was in a coffin in his consulting room, Perry had to unscrew the lid and remove the heart, with the help of a post mortem technician. Perry was then faced with a dilemma, which he wrote about as follows: 'Externally the heart looked normal. I did not know what to do, or to say to the people who looked after him. Geoffrey Hadfield (then a pathologist at Barts. having previously been at Bristol) was coming to the funeral so I phoned him up and he agreed to 'demonstrate' the heart to the senior physicians afterwards. This he did showing them an infarct that was not there but they were satisfied. When they had gone he gave me the heart and said 'now find out what was wrong.'

We took sections of all parts histologically and found a small lesion in the region of the AV bundle. I am afraid there was nothing to put in the museum.

Looking back on it I think he had a Stokes-Adams attack when he fell unconscious (referring to the episode in Park Street) and a massive pulmonary embolism (he had been on five weeks bedrest) when he died.

But of course we did not examine the lungs, so we shall never know.

One should not agree to a partial incomplete examination, if one wants to get as near as possible to the truth.'

It seems probable that Carey Coombs with his already large series of coronary patients and meticulous follow up, would, had he lived, gone on to make a significant contribution in the study of coronary heart disease, which would counter-balance the declining opportunities in acute rheumatism.