

## JAMES GREIG SMITH

We come now to someone whose name was commemorated not in the name of a ward , but in the name of a theatre suite.

James Greig Smith was born at Nigg, near Aberdeen on 21st July, 1854. From Aberdeen Grammar School, he entered the University of Aberdeen in 1869 and graduated M.B. C.M. with distinction in 1876.

From a House Surgeon's post at Aberdeen Royal Infirmary, he was appointed Assistant House Surgeon at Bristol Royal Infirmary in June 1876, despite strong support of the staff for a local candidate and not withstanding his strong Aberdeen accent, which was said to bother some and confuse many.

He became House Surgeon in August 1877, Medical Superintendent, responsible for all patients in the absence of the consultant staff, in the following June and Assistant Surgeon in 1879.

For his publications on 'The Pathology and Treatment of Chronic Osteo-Arthritis ' and 'On the Formation of Callus', he was elected Fellow of the Royal Society of Edinburgh in 1883.

In the same year he married Miss Adela Ashby.

He became an active member of Bristol Med.-Chi. and seconded a motion to publish a journal, which was rejected by the Committee. An amendment proposed by John Beddoe and seconded by Greig Smith, put to a general meeting, was passed nem con.

Greig Smith was appointed Editor and the first edition of the Bristol Medico-Chirurgical Journal appeared in July 1883.

The contents are interesting. Greig Smith, in the opening two papers, weighed in with two controversial papers on tuberculosis. The first paper by Shingleton Smith , Physician to the BRI, supported William Budd's view of the contagiousness of phthisis.

The second paper by Markham Skerritt, Physician to the BGH, opposed this view. These papers were bound to stir debate, particularly when the two hospitals were taking opposing views.

Nine years later in 1892, Skerritt was a big enough man to admit that he had been wrong. Munro Smith and Edward Long Fox had contributions as well as two from the editor.

Greig Smith carried a large clinical workload, seeing patients with great rapidity in out patients and giving a running commentary throughout his operating lists, as he threw sub-standard instruments around the operating theatre. He expected a high standard of performance from the staff. Fools were not tolerated.

He published his book 'Abdominal Surgery' in 1887, which put in the front rank of his profession.

In 1888 he was appointed Lecturer in Surgery at the University College, becoming Professor in 1892. He was elected Chairman of the Bristol Medical Library Committee and was instrumental in gathering all books under one roof in the Medical School.

Greig Smith lived at 16, Victoria Square, Clifton and he had a small house at Burnett near Keynsham. Shooting, golf and art were his hobbies.

He was described as a persistent smoker and rarely missed the opportunity to have a cigarette, which have had a bearing on his illnesses.

In 1894 he had an episode of pneumonia and he had had two episodes of acute rheumatism. At the height in of his powers in 1897, he was taken ill.

His 'In Memoriam' published in the Med.-Chi.Journal carries very precise details of his last illness, as follows:

'On the morning of Monday, May 24th., he felt some pain in the left side of the chest, but attached no importance to it, thinking it rheumatism of the intercostal muscles. During the day he went to a consultation in the neighbourhood of Swindon, having for a part of the journey to drive in an open carriage.

In the evening, after his return to Clifton, he formed one of a dinner party of congenial friends, to one of whom he remarked that he thought he had mischief in his left lung.

After dinner he seemed bright, but left early. In the course of the night he vomited, and had a rigor and a temperature of 103 degrees.

Early in the morning he was seen by Dr. James Swain, who heard pleuritic rubbing in the left infra-axillary area. Some few hours later, when Dr. Shaw and Dr. Swain saw him together, there was a distinct impairment of resonance over the lower lobe of the left lung from the posterior border to the posterior axillary line.

The pulse was extremely small and rapid, the dyspnoea great, and the frequent cough brought away clear sputum brightly tinged with blood.

On Tuesday night he had very little sleep, but on Wednesday morning he seemed rather better and did not seem to lose ground through the day.

In the early part of Thursday he was doing fairly well, but about noon he became somewhat suddenly worse, complaining of pain in the head, and he was extremely restless.

At 3 p.m. the signs of lung consolidation were found to have increased considerably. During the next few hours he became dimmed in consciousness, and in the course of the evening Cheyne-Stokes breathing was gradually developed.

At 11p.m. he was barely conscious. Through the night he became steadily worse, and died at ten minutes past eight on the morning of Friday, the 28th.'

He was forty three and he had been in Bristol for less than twenty years.

I question the great detail published about his last illness in what had been his Journal. It certainly was not the practice at the time to publish so much, or indeed any, clinical detail. Although a fascinating and informative historical document, when read exactly a century later, it must have seemed to many to be very intrusive at the time.

He was buried at Redland Green Church, appropriately beneath a granite cross.

Reconstruction of the operating room at the BRI was carried out as a fitting memorial to him.

A bronze medallion of his likeness was made for the theatre and a bust in bronze was commissioned and is now displayed in Bristol Art Gallery.

Greig Smith was in Bristol for less than twenty years, nonetheless, after arriving from Aberdeen, he established himself as a dominant figure in the surgical life of a city, where most of his colleagues were local with much local influence and many were related to one another.