MAJOR-GENERAL P. H. MITCHINER, C.B., C.B.E., M.D., M.S., F.R.C.S.
(1888—1952)
PHILIP MITCHINER — HIS LIFE AND TEACHING*

Mr. R. J. V. BATTLE, M.B.E., M.Chir., F.R.C.S.

In a lifetime we meet distinguished men who have, by their example, stimulated their colleagues and ourselves to greater efforts: men who have some additional magnetism that has triggered off enthusiasm in the laggard student—in short, who have given us something to think about. Some of these have been schoolmasters, others our professional teachers of medicine. Some, both in peace and war, have been great commanders and leaders of men, whose names are commemorated in the National History of Biography, or in the public memorials of the country. These are in a minority. The greater majority of all these men are not, however, known to succeeding generations, nor are their praises sung beyond their own lifetime. Their busts and portraits are concealed in attic rooms, mostly face to the wall, and their professional attainments pooh-poohed and discounted by their successors in office.

Mitchiner was one of these. A man of distinction, Mitchiner was one of those men to whom all looked for advice and got it. To many people in all walks of life he was a father figure to whom my generation turned when in trouble or doubt. He was mostly popular but, being human, made enemies as well as friends. However, at his Memorial Service in St. Margaret’s Church, Westminster, there was not a seat vacant. Few surgeons, and certainly none from Mitchiner’s own hospital, have been honoured by the good wishes of so many from all ranks of the profession, civilian and military.

By many in his own hospital this interesting figure is forgotten; by the new generation, unknown. However, in the Army Medical Services the memory of this remarkable man is being kept alive. To-day I am honoured to have the opportunity of telling you about him.

I knew him for many years, starting in my earliest days when he was H.S. to my father. As a student I sat at his feet and enjoyed his jokes. As his “H.S. to Block 8”, as a Territorial officer in a division of which he was A.D.M.S., I enjoyed passing on his jokes.

When I first left general surgery to join the specialists he would go out of his way to send patients to me, underlining the fact that he wanted only myself to handle the situation. When he heard I was at the R.A.M.C. Depot in Leeds he made a special point of ringing up the Officer Commanding so that he would keep an eye on me. Later, when I was in need of a special officer as reinforcement in the C.M.F. he immediately arranged for an exchange from within the M.E.F. At the Rome Conference in 1945 he went out of his way to find out all about the patients we were treating from the Balkans.

After the war, in sickness or in health, he was interested in everything and, furthermore, remembered everything. Mrs. Mitchiner explains this uncanny memory for facts and names as a “fly-paper mind”. In other words, one could throw facts at him and they would be tucked away in his computer-like memory, ready to be brought out at the most appropriate time.

Perhaps the best description of P.H.M. was given by Sir Heneage Ogilvie (see obit. notice, Lancet, October 25th, 1952): “Mitchiner’s courage, honesty and loyalty

*An abridged version of the first Mitchiner Memorial Lecture delivered on 11 November 1968.
are the qualities that come at once to mind. He had courage, physical and moral, above most men. If he believed in a cause he would fight for it; if he believed in a man, he would support him. There was no fencing with Philip. He came to the point at once and, further, he left no possible doubt as to what the point was. His language was direct, forcible, almost Chaucerian in its imagery, but phrases that, coming from others, might have given offence, were detoxicated by his glowing sincerity. Soft soap and compromise were alien to his nature. He was a remarkably efficient committee man, better able than most to see the essential point of a problem, more ready than most to state it clearly and forcibly. He had, in debate, the natural eloquence of a man of action.

His personal appearance went well with his colourful and forceful character. He had the clear-cut features and piercing eyes of a medieval Pope. He wore his hair clipped short. He dressed simply and travelled about London bare-headed and on foot. Off duty, in a theatre of war, his disregard of display and even of the prescribed details of Service dress, were sometimes an embarrassment to his fellows and to his superior officers.

This remarkable person was born at Croydon in June, 1888, and died at the early age of 64 in October, 1952. His father was a corn merchant and his was not a wealthy family. At 10 years of age he won a scholarship to Reigate Grammar School: the family moved to Reigate at this time in order to be close to him and to avoid boarding problems. At 18 he entered St. Thomas’s Hospital with a science scholarship. He won the Mead and Bristowe Medals and in 1912 took the London M.B., winning the Gold Medal, passed his F.R.C.S. (Eng.) 1913 and M.S. (Lond.) in 1914. Becoming R.A.S. in 1919, he very unselfishly agreed to interrupt his career and to return to Serbia in 1920-21, for the Relief Fund Organisation. On return once again he completed the appointment of R.A.S. and became Surgeon to the Royal Northern Hospital, until receiving the appointment of Assistant Surgeon at St. Thomas’s in 1926.

Together with W. H. C. Romanis he wrote the “Science and Practice of Surgery”, an important work for the prestige of both the authors and the hospital. It became a standard text-book for the qualifying examination in surgery and for the final Fellowship. The late Professor Dudgeon described it as a “book for boys by boys” and there was a constant fire between the Pathology Department and the Department of General Surgery. The fact was that, as the Battle of Waterloo was won on the playing fields of Eton, this war had already been won in Salonika, where Dudgeon held the senior position in pathology. Dudgeon had already enlisted Dr. Joseph Bamforth from Salonika to St. Thomas’s and was strongly behind P.H.M. when he applied for St. Thomas’s Hospital.

The cross-fire that developed in the hospital as Mitchiner walked down the corridors or into the diminutive staff-room, was characteristic of his progress in any walk of life. Open warfare with Miss Lloyd Still, the Matron, and head of the Nightingale Training School, led to several remarks much treasured by his students. For instance: “I told that nurse to go to the devil and she went straight to the Matron’s Office”. Miss Lloyd Still found him very difficult and almost impossible to handle, but stuck to her guns and found, as many others did, that to be firm with P.H.M. and fight back was indeed the only way of gaining the day. They finished up firm friends.

He was always a difficult surgeon and in his early days harassed everyone. For example, the dresser: “Dear God, you have gone and painted his (the patient’s) belly
all brown”: to George Potter, his old friend and anaesthetist: “Georgie, exhort your disciple to administer some more anaesthesia.” If handed the wrong instrument by the theatre Sister he would hurl this across the room, complaining in bitter language of the entire Nightingale School. It was in this context that a Charge Nurse, Miss Margaret Philpott, crossed his path. She refused to allow the “dirty nurse” to pick up the instrument. In fact, P.H.M. knew this charge nurse quite well. In 1920 she had nursed him when still a probationer. The two were married in 1928 and were ideally happy: unfortunately they had no children.

P.H.M. was very fond of children and used to call them “Tuppence Farthing”, telling them not to cry. He was excellent with hospital patients and was extremely conscientious, only becoming unduly vociferous and unsparing of language if he thought they had been badly treated or if they argued with him. A conversation with such a patient was recounted to me within the last few days. He was faced with a difficult woman who wanted to leave hospital before she was fit. He was faced with a difficult woman who wanted to leave hospital before she was fit. His final comment ran like this: “Of course you can go out to-morrow if you don’t mind walking about with your entrails dragging on the floor behind you!” He won his point. His picturesque speech and patter whilst on a Round with students made him a first-class teacher and he never went without a large and appreciative audience. He knew most students by name and took a particular interest in the foreign ones. These names he would never forget. Some he teased unmercifully but not so that they ran away. For instance, on a Round in the Septic Block a Chinese student was asked what he would apply to a granulating area. After a long pause the harassed student muttered “Salt”. A wail came from the surgeon: “Oh miserable child of unfortunate Chinese parents, you should have been an ancient Chinese torturer”. By the time this Round was over there was not a single student present who did not know the treatment of granulating areas.

This type of teaching was not by any means confined to St. Thomas’s Hospital. Mr. Girling Ball at Bart’s and Sir Cecil Wakeley at King’s, are reputed to have been of the same straightforward type, appealing enormously to medical students.

When carried on the same scale outside the hospital and accompanied by what, in those days was considered to be Rabelaisian, i.e. appalling, language, did not always favourably impress. P.H.M. has often been accused of playing to the gallery—a charge which he could not possibly refute. As he got older he became a little more aware of the effect he had on others as his position in the profession improved and his audience became more distinguished. Then he shocked only when he intended and kept a much firmer hold on himself.

He became a Hunterian Professor at the Royal College in 1933, with an address on the treatment of burns, and was elected to the Council in the College in 1943. He had already been on the Court of Examiners since 1936. In 1950 he became Vice-President of the College under Sir Cecil Wakeley’s Presidency.

There are few surgeons in the country who have equalled P.H.M’s academic record, but now comes an even more astonishing thing. He made the Territorial Army his “hobby”. The anonymous obituary notice in the St. Thomas’s Gazette of December 1952 suggested that he was precluded from taking much part in the world of sport by his eyesight, but found an outlet for his physical activity by his association with the Medical Unit of the London University O.T.C. Mrs. Mitchiner has confirmed this and has told me that he was also colour blind.
In fact, he became a cadet in 1904, at the age of 16, in the 5th Queen’s Volunteers. The Medical Unit of the London University O.T.C. was formed in 1908, when on January 8th they held their first parade in a snow-storm. It is amusing to recall that when P.H.M. became a sergeant, his senior officer was Webb Johnson, whom he met again in the Council of the R.C.S. when Lord Webb Johnson was President of the College. In 1914 he was given a Territorial Commission, and appears in a photograph taken in 1915 of the 5th London General Hospital, which is in fact a picture made up almost entirely of the staff of St. Thomas’s Hospital in uniform. He was the Registrar and one can imagine how he felt about this appointment.

St. Thomas’s Hospital had already sent two members of their staff to the Balkans. Mr. McKellar went at the end of the century and Sir Charles Max Page just before the first world war. The latter had taken a group of St. Thomas’s students with him. Little is written about those foreign expeditions. One does know that the Balkan Beam was improvised in about 1912 for the treatment of leg fractures, and is attributed to Page. A few words with Lt. Col. Rowell, R.A.M.C. in 1939 (one of his students of 1912) indicated that much was learned by all concerned but little written.

Mitchiner’s first visit to the Balkans lasted from 1916 to 1919. He became O.C. Surgical Unit and performed notable services for Serbia. The Serbian Forces were regrouping when he arrived at Salonika. A great deal of his work was in the field of hygiene and public health and here his versatility and experience as an active Territorial put him ahead of the previous English contributions, which were purely surgical. He also found time to learn Serbian, which placed him in an even more unusual position, since now he could talk to the rank and file—at least, make himself understood. In his pay-book there appears the entry “President of the Linen Committee”. This particular entry is of help in establishing the outstanding loyalty to friends that has always distinguished P.H.M.

As is normal with British Forces overseas, equipment such as bed linen, towels, blankets, etc., is much coveted by the local inhabitants and fetches a high price in local black markets. Unfortunate Quartermasters are called upon to explain these deficiencies, particularly in Base Hospitals, where there had been no shelling or other enemy activities. P.H.M. had a shrewd suspicion that some of his friends amongst the Serbian rank and file could tell him a thing or two. His knowledge of the language made it possible to go outside the normal path of duty, frighten the individuals concerned into returning many thousands of pounds worth of equipment, and at the same time promise not to reveal any names of individuals so long as they were returned promptly and in good condition. The Committee made its report, the majority of lost articles reappeared, but the President refused absolutely to go back on his word about the anonymity of those concerned. Personal interviews and threats from senior officers made no impression on him at all. The final blow, which hurt him very much but which he pretended to ignore, was the award of a decoration which was originally recommended for himself and then given elsewhere; presumably to teach him that he was supposed to be an officer first and a gentleman afterwards.

For his services in the Balkans he was Mentioned in Despatches, received from Serbia the Order of St. Sava and the Gold Medal for devoted service; and from Russia, the Order of St. Stanislaus. When he appeared with these very distinguished medals we used to ask him what they were. Knowing that he was partly having his leg pulled,
he used to put on a very serious face and appear confused. Finally, he would pretend he was not quite certain, point at one and say: “This is the Order of Chastity, I’m glad to say 4th Class”, and in an instant the atmosphere was cleared.

On return from the Balkans in 1919 he took over the post of R.A.S. at St. Thomas’s Hospital, which entailed firm administration, surgical judgement and an expertise in general surgery, particularly of the acute abdomen.

As an example of his character as an administrator, the following serves as an example. During the war the senior consultants had started a practice of leaving their cards with general practitioners, writing on the back: “Please admit to St. Thomas’s Hospital”. The G.Ps. would then just have to send a patient up to hospital and the R.A.S. was expected to find a bed in the appropriate ward. One can visualise the problem for the new R.A.S. who found himself loaded with patients he did not want, who might not even be very ill, and who had not, in fact, been seen by the consultant. It would not have been like P.H.M. to go round cap in hand and ask for the practice to be stopped. His technique was bold and imaginative. A car drew up at 49 Harley Street, rather late on a wet night. It contained three patients and a porter with a note addressed to Mr. W. H. Battle. This read: “I have no accommodation for these patients; perhaps you have”. The visiting cards were withdrawn.

A second visit to the Balkans in 1920-21 cemented P.H.M’s friendship in Serbia, now part of Jugoslavia. He returned to London and found that his old Unit in the London University O.T.C. was but a shadow of its former self. In the next few years he was in command and set himself out to build the Unit into an efficient and going concern. Guards of Honour were turned out to greet members of the Royal Family. Photographs are in existence showing him with King George V, Edward, Prince of Wales, King George VI (when Duke of York) and the Duke of Kent. Annual camps in training became more and more successful. A guard of honour turned out for his wedding in 1928, a parade that appears to have been well attended but not over-disciplined.

There are a number of amusing stories about his days in camp with the O.T.C. He was never a great expert on a horse, but enjoyed going out riding in camp. The guard on duty considered it a very funny joke when he passed through for a morning gallop and would precipitate his departure by making as much regimental noise—presenting arms, stamping feet, loud commands—as possible. The horse provided for his recreation would bolt precipitously towards the open plain, much to the joy of all. Determined to get his own back, he would ride quietly in behind the guard. One day they were numbering: “One, two, three, four, five, six, seven, eight, nine, ten, Jack, Queen, King, Ace.” This was his opportunity. A loud voice rang out from an unexpected point of vantage: “As you were. Court cards fall out and see me in the Orderly Room”.

During the general strike of 1926, P.H.M. mustered the Medical Section and marched them about looking very busy and very inoffensive. They were often accompanied by cat-calls and ruderies from the Lambethian onlookers. One day a particularly threatening and abusive tough kept interfering with the parade and threatening to bring matters to a head. P.H.M., probably considerably perturbed inwardly, went over and in a loud voice for all to hear, called out: “Now then, you, go home to your mother, tell her to take your trousers down and give you a good spanking.” This so humiliated the “enemy” that from all accounts he just crept away and bothered them no further.

Mitchiner’s enthusiasm was widely disseminated throughout his own hospital.
His Majesty King George V inspects the guard of honour on the occasion of the laying of the foundation stone of the Nurses' Home and the Obstetric Hospital, University College Hospital, 31 May, 1923.

He gave advice to many about service in the medical branches of the Forces. He was instrumental in obtaining many recruits for both regular and auxiliary commissions. At last, in 1933, he was appointed A.D.M.S. 2nd London Division, T.A. and his association with the O.T.C. was dissolved. In 1935 he left this and went to 1st Anti-Aircraft Division, and later to A.A. Headquarters, forming a great partnership and efficient administrative Medical Service. To provide adequate medical cover for many hundreds of gun positions was an unusual and challenging problem. After the war, General "Tim" Pile sent him a copy of his official War Report, with the following inscription: (Ref. No. 38149. Supplement to the London Gazette, Tuesday 16th December, 1947): "To Maj. Gen. P. H. Mitchiner. The finest doctor, the greatest medical organiser and administrator, the most outspoken critic and my best friend. F. A. Pile, Jan. 1948."

He was awarded the C.B.E. in 1938.

In 1940 he was promoted to D.D.M.S. IVth Corps in its ill-fated expedition to Norway, then, on its return, to Vth Corps. It is generally rumoured that this time he and his Corps Commander did not exactly hit it off together. It was probably with a considerable sigh of relief that he returned in 1941 to the A.A. Command.

In 1942 he was promoted Major-General D.D.M.S. Northern Command and awarded the C.B. Finally, in 1944, he left England as Consulting Surgeon in the Middle East. This was a busy period for him, when he went round every Surgical Unit in his new sphere of influence, meeting young surgeons, remembering names, examining
patients and occasionally criticising treatment of patients by all and sundry. It is probable that this was the height of his professional and military career. In any case, he could go no higher in rank, nor could he expect to recapture the somewhat brusque efficiency that he had demonstrated as an operating surgeon in his earlier days.

Mitchiner was not a great surgeon. His technique was acquired in acute surgery, such as is to be found in the advanced operating posts of modern warfare, or in the emergency service of civilian hospitals. I worked with him in the septic block of St. Thomas's Hospital. We used to treat, under his guidance, enormous carbuncles of the neck, leg ulcers, infected burns, infections of the hand, osteomyelitis. The discovery of penicillin practically removed these from the list of surgical conditions requiring special care and experience.

We were particularly proud of our tannic acid treatment of burns, for which Mitchiner recommended spraying the area with tannic acid solution. Indeed this treatment did excellently in partial thickness burns and would have been even better had we been able to combine it with the bactericidal drugs. The last war produced an enormous number of full thickness burns for which this treatment proved positively harmful, and this was another blow, since it completely altered the general approach to the treatment of burns as advocated in his practice.

Another subject on which he was extremely dogmatic, but original, was the treatment of carcinoma in the female breast. His colleagues all treated these patients with a radical amputation. Himself insisted that this was wrong and that the pectoral muscle contributed towards control of dissemination of the growth. Accordingly, he would perform a simple amputation and clear out the axilla only when glands were found to be involved, either clinically or at operation. His results were surprisingly good.

He never pretended to be expert beyond a limited field. One remembers a cerebral tumour which he uncovered, incised with a cruciate incision and then scooped out with his finger. The patient never "batted an eyelid" and the result was reported by P.H.M's Registrar as being the only successful operation on a cerebral tumour since the loss to the hospital of Sargent in 1932. Another time he decided to pin the neck of the femur for a fracture. The operation took exactly ten minutes and the X-ray showed that the pin had been correctly placed but had also penetrated the acetabulum. This in no wise perturbed him and he explained to the students that he found the patients did better if the joint was immobilised at the same time.

Mitchiner never pretended to be a great surgeon. George Perkins, writing an "In Memoriam" notice in the Annals of the R.C.S., explains that Mitchiner's great contribution to surgery was in his teaching. "Whereas other St. Thomas's men described themselves as surgeons to the hospital, Mitchiner called himself a teacher of practical surgery. Whatever the mysterious faculty is that makes a good teacher, Philip had it."

The final blow was increasing trouble with failing coronary circulation. He was getting breathless on exertion and having a great deal of pain. He tried his best to carry on and overlook these, but his wife and close friends became increasingly anxious. After managing to recover from a virus pneumonia he died of a massive infarction in October, 1952, at the age of 64.

Mitchiner's example must not be forgotten. I have hoped to convey in this lecture what I consider important about P.H.M. and which gave me, at any rate, a degree of
inspiration and confidence in dealing with the many problems that beset us in treating patients of different nationalities in war time.

Firstly, he taught the need for a sense of humour at all times—without this there is no possible way of getting people on your side in difficult and awkward situations.

Secondly, you must try and remember names of patients, however difficult this may seem to be. This is of course particularly important and relatively easy in patients requiring long-term treatment with multi-stage operations.

Thirdly, you must come to some decision as to whether you are first a doctor and after this an officer—or whether you are an officer first and then a doctor second. This is the most difficult decision for a Territorial and at times even for Mitchiner. Mitchiner almost went out of his way to suppress his rank so that he could talk to others on equal ground: he had, I feel sure, a natural shyness which caused him to do silly things. His bad language and silly stories were entirely designed to make the other chap feel at ease. He liked shocking people: it was his way of disarming the dignified and of finding out how they would react and how approachable they could become. He never enjoyed hearing stories from others and the whole performance was a reaction to a rather shy nature trying to keep abreast of its surroundings.

He was in fact always a doctor first. His manner of approach to any administrative problem was always that of the physician diagnosing a disease and pronouncing on the case. He never cared for King's Regulations or what had been laid down by higher authority. He set himself out to be helpful and whenever possible found a simple solution. He was not one of those bad administrators who excuses himself by saying: “I know I am being difficult, but I like being difficult.”

By virtue of natural endowments at birth, of courage, perseverance, and this “fly-paper mind”, he managed to reach the top in two careers where this is usually only possible in one. Long may his memory live.

**ACADEMIC ACHIEVEMENTS**

### M.D.(Edin.)

### F.R.C.O.G.

### M.R.C.O.G.

### M.C.Path.

### D.Obst.R.C.O.G.

### D.I.H.
- Captain T. W. Ogge, M.B., B.S., R.A.M.C.

### D.L.O.
- Captain M. R. Peacock, M.B., Ch.B., R.A.M.C.

### D.T.M. & H.
LIEUTENANT-GENERAL SIR ROBERT DREW,

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*1969 Chapter on Tropical Diseases. Med. Ann. 87,*
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**Publications by Officers—1968**

The following is a list of publications, by officers of, or late of, the R.A.M.C. and the R.A.D.C., which have appeared during 1968, other than in the Journal of the R.A.M.C.


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HINDSON, T. C. Ascorbic acid for prickly heat. *Lancet* i, 1347-1348.


Phillip Mitchiner – His Life and Teaching

R. J. V. Battle

*J R Army Med Corps* 1969 115: 78-89
doi: 10.1136/jramc-115-02-07

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