OCCASIONAL PAPER

Lord Amulree: an appreciation

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Abstract

Lord Amulree was unique amongst UK geriatricians in having a ‘wide angled’ view of the care of elderly people. This resulted from his work at the Ministry of Health, his clinical commitments and his position in the House of Lords, which enabled him to bring the problems of old age, elderly people and infirmity before a much wider audience. It can be argued that his joint Parliamentary Presentation in 1946 stimulated a surge in publications relating to the care of older people. He will be remembered for his maxim ‘Adding Life to Years’.

Keywords: Lord Amulree, parliamentary presentation, geriatric medicine, elderly

Introduction

The reputation of Dr Marjory Warren, who is quite rightly regarded as the mother of British geriatric medicine, has overshadowed the achievements of one of her acknowledged disciples: Lord Amulree [1]. This article seeks to redress the balance and illustrate his all-embracing approach to the care of older people.

Background

Basil William Sholto Mackenzie, 2nd Baron Amulree, KBE, MD, FRCP (1900–1983), was the only son of a barrister and industrial arbitrator, William Warrender Mackenzie, the first Lord Amulree [2–5]. After qualification from University College Hospital (UCH) Medical School in 1925, he completed his house posts and then worked as an assistant pathologist at UCH and the Royal Northern Hospital. He joined the Ministry of Health in 1936. In 1942 he succeeded to the peerage, becoming Lord Amulree. He left the Ministry in 1949 to become physician in charge of the newly established geriatric department at UCH based at St Pancras Hospital: the first teaching hospital geriatric unit in the world. The creation of this facility was considered by Sir George Godber, Chief Medical Officer 1962–1972, as a refreshing approach to the otherwise ‘blinkered fashion of most teaching hospitals of the time’. In retirement Amulree helped to establish the Chair of Geriatric Medicine at UCH. In 1977 he was made KBE for a lifetime of public service to health and welfare. He died in 1983 of colonic cancer. He was unmarried.

He was a governor and president of many organisations including the British Geriatrics Society, which he headed for 25 years; the Society for the Study of Medical Ethics; the London County Division of the British Red Cross Society; the Association of Occupational Therapists; and the Association of Welfare Officers.

Amulree in the House of Lords

He was a Liberal Peer and whip between 1955 and 1977. As a member of that Party he was part author of ‘The Aged and the Nation’ [6]. This discussed deficiencies in the care of older people, and supported elderly people continuing in work if they wished. He spoke in the House of Lords on many aspects of the care of the older people. For example in 1947 Amulree raised the subject of the Nuffield Foundation Report on ‘Old People’, which drew only a somewhat platitudinous response from the government [7, 8]. In 1948 he expressed concern that the new NHS arrangements would result in less easy transfer of elderly patients between hospitals and local authority hostels [9]. In 1965 he spoke about the importance of community care [10].

Amulree at the Ministry of Health

Initially he worked on the delivery of cancer services [11]. Later he was directed to the care of the ‘chronic sick’ in Public Assistance Institutions and visited the leading geriatricians of the time: Drs Marjory Warren, Lionel Cosin, Trevor Howell.

Amulree, with Dr Edwin Sturdee his senior colleague, fired the opening salvo on behalf of the chronic sick and elderly people in a Parliamentary Presentation in April 1946 [12]. They reiterated that proper classification of patients...
was needed for correct diagnosis and treatment. It can be argued that this Presentation spurred a stream of publications relating to the medical care of the elderly. Before its publication few specific articles or reports about the care of the older people or geriatric medicine had been published in the UK [13–16]. Afterwards many articles, letters and editorials appeared, the British Medical Association formed a committee to report on the care of the old and infirm, and the Medical Society for the Care of the Elderly (the forerunner of the British Geriatrics Society) was set up [17].

Amulree returned to the attack in 1946 in an article in the *Lancet* [18]. ‘We have already made great strides with the improvements of conditions for infants and young children . . . let us now turn our attention to the old, who having worked all their lives, can pay no dividend: in fact it is we who owe them much. Their plight is desperate.’ He continued to press for employment for older people should they wish to continue to work [19].

**Amulree's general views**

Amulree started work at UCH at a relatively inauspicious time for the country and the newly created National Health Service. In the immediate post-war years there was a severe economic crisis. The country was bankrupt and in debt to America. Food rationing got worse. Bread was rationed for the first time in late 1946, meat in September 1947, the bacon ration was halved in October and potatoes were rationed in November.

Amulree’s thoughts were well expressed in his first major publications after his appointment to UCH, ‘Adding Life to Years’ and ‘Proper Use of the Hospital in the Treatment of the Aged Sick’ [20, 21]. In the former he wrote: ‘There must be a new approach to the conception of the care these patients need, and this can only be attained when it is widely realised that long term illnesses require just as much skill and consideration as short term ones. The success of a hospital cannot be measured only in terms of a rapid turnover of beds, but of a rapid turnover of beds combined with the satisfactory disposal of every patient who leaves them’ (p. 39).

He developed his philosophy in further articles. In 1953 he stated: ‘intelligent care of the elderly is now based on two principles . . . old people are better in their own homes than in hospital and better out of bed than in bed’ [22]. In 1959 he emphasised the wide-ranging nature of geriatric medicine and that doctors needed an adequate knowledge of the work of local authority and voluntary organisations [23]. He considered the physician treating the aged infirm needed good medical knowledge, a sense of the ridiculous, much patience and an empathy with older people. The reward was the privilege of working with elderly people, which could be rich and satisfying, since these patients were mellow, humorous, concerned and remarkably resilient.

**Amulree’s specific views**

The key features of Amulree’s specific philosophy included consultant status for the senior physician in charge of sick elderly patients, classification of patients, rehabilitation, effective discharge arrangements, producing solutions to the problem of senile dementia and that acute geriatric wards should have nurse staffing levels similar to that of an acute general ward. Geriatric units should have full access to diagnostic and treatment facilities. Once turnover had been established in a geriatric unit, the length of stay would fall rapidly. In his St Pancras unit the average length of stay, including deaths, had reduced to about 50 days for those patients who stayed in hospital for less than 6 months [24]. He believed sick elderly patients should have their own ward, which should be cheerful, pleasant and provided with mental stimulation. A long-stay, small, friendly, pleasant and well-decorated annex, with a homely atmosphere should be available for those bedfast geriatric patients who failed to respond to rehabilitation. They should be transferred from the annex to the main geriatric unit and back again as and when clinically necessary, because ‘One can never be sure when the apparently irremediable will become remediable’ [25].

He had firm views on the treatment of dying patients and thought the act of dying should not be prolonged [26]. He was against legalised euthanasia. Medical students and young doctors needed to be taught about their caring responsibilities for the dying.

**Making geriatric medicine work**

Drs Norman Exton-Smith and George Crockett, who were Amulree’s assistant medical registrars, described Amulree’s newly created unit [27]. The patients who were taken over had vague medical diagnoses, e.g. senility or hypertension, but they were clean, well nourished and without bedsores. Almost all had painful stiff joints. The wards had walls painted in drab ‘institutional’ green with beds crowded back to back. Investigative facilities were very limited. The change of management from custodial care to investigation, treatment and rehabilitation was greeted with mixed feelings and a certain lack of warmth in the majority of patients. Many had been resigned to staying in a ‘chronic ward’ for life and relatives had given up their homes.

In 1951 Amulree and his colleagues described the result of one year’s work in the new geriatric unit [28]. Of those patients admitted after the unit opened, over half had died or had been discharged, whilst one-fifth of those still in hospital were thought suitable for discharge to a hostel. The average length of stay was about 70 days but by 1952 it was 40 days [29].

In 1955 Amulree gave the F. E. Williams lecture at the Royal College of Physicians of London [30]. He presented the results of the 1,956 admissions to his unit: only 325 remained in hospital more than 6 months. Within 2 months 44% were discharged to their home, welfare home or other accommodation, 22% had died, and 5% were transferred to other hospitals or wards. Of the 1,119 patients discharged, 17% were readmitted mostly within a year of the initial discharge.

Amulree’s last major foray into print was a review: ‘Twenty-five Years of Geriatrics’ [31]. The early pioneers had established beyond question the value of classification, diagnosis and rehabilitation, and had demonstrated that many so-called chronic sick could be treated and discharged, thus...
reducing bed requirements. The most successful geriatric departments were those integrated into the general hospitals. However, only one London teaching hospital had a geriatric unit—his own. He looked forward to the day when consultant physicians in geriatric medicine would be accepted as equals by their medical and other colleagues.

In retirement

In retirement he continued his interest in historical aspects of medicine, which had started in 1943 [32]. He wrote about monastic infirmaries; his uncle, Sir James Mackenzie; Dr Archibald Cameron, who had ‘the unenviable reputation of being the last person to suffer execution for loyalty to the House of Stuart’; the welfare situation of older people in the Middle Ages; the advanced hygienic conditions in Ancient Rome and the Asclepeion at Pergamum [33–38]. In 1968 Amulree served on one of the series of official NHS enquiries into allegations of abuse in the care of elderly people; in his case at Banstead Hospital [39]. Kenneth Robinson, Minister of Health 1964–1968, summed up Amulree’s achievements saying he helped to put geriatric medicine ‘on the map’ [40].

Key points

• Lord Amulree: an indefatigable advocate of geriatric medicine in the UK.
• Achievements of modern medical care of elderly people.
• ‘Adding life to years not years to life.’

References

1. Amulree, Lord. Treatment of Aged Sick. The Times. 9 December 1949. In this letter Amulree acknowledged that he was ‘no more than her [Dr. Warren] willing and humble disciple’.

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