

Editorial

Obituary: Professor Sir Peter Morris

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Peter Morris was the third Nuffield Professor of Surgery following Sir Hugh Cairns (1938-1952) a neurosurgeon and Philip Allison (1952-1974).

Peter Morris was born in Horsham in the state of Victoria, Australia in 1934. His father Stanley Morris was a civil engineer, and a twice medal winner in the Premier Australian Football League (AFL). His mother, Mary (née Hennessy), was a pharmacist. His father died suddenly at the age of 49 from a heart attack, when Peter was 14, and tragedy hit again a year later when his younger brother, Stan, was killed in a car accident.

At Melbourne University, Peter switched from engineering to medicine and was first introduced to immunology by Sir McFarlane Burnett who later shared the Nobel Prize for Medicine with Sir Peter Medawar. He excelled at sport, representing Australia in University baseball and cricket. He graduated in 1957, started his surgical training in Melbourne, and married Jocelyn. They then travelled to England, working their passage on a cargo ship.

He continued his surgical training in Southampton and was a surgical registrar at the Hammersmith Hospital when the first living non-related kidney transplant was performed.

In 1964, he moved to a surgical resident post at the Massachusetts General Hospital in Boston. The following years were spent as a research fellow while continuing his surgical training under the direction of Professor Claude Welch who had been President of The American College of Surgeons. He worked 120 hours a week, lucky to get two hours sleep when on call. The day began at 5am to see all the patients before the formal ward round at 6.15am. Not only was Welch a superb technical surgeon, but he remained calm and polite in theatre, however difficult the situation. Due to return to Melbourne in 1967, Morris received a phone call to say that the University was going through a financial crisis and his post had been frozen. On hearing this, David Hume, the Head of Surgery at The Medical College of Virginia, invited him to set up a Tissue Typing laboratory in what was then the biggest transplant unit in the world. Attracted by a -80°C freezer full of samples taken before and after every transplant, Morris accepted. He tested all those sera for antibodies with Paul Terasaki who gave him his new micro assay trays. Together, they discovered that, contrary to popular opinion, lymphocytotoxic antibodies did appear after transplantation and their presence at the time of transplantation imposed a high risk of hyper-acute rejection. The importance of humoral immunity was then gradually accepted by the transplant community.

He returned to Melbourne in 1968 to work as a transplant surgeon and to set up and direct the tissue

transplantation laboratories, working with Professor Priscilla Kincaid-Smith, a nephrologist and renal pathologist, and a surgeon, Dr Vernon Marshall who had started the transplant unit. There were often long nights as he was involved, not only in the tissue typing of the donor and recipient which was slow and tedious in those days, but also the donor nephrectomy and the subsequent renal transplant, being performed continuously over a 15-hour time span.

He was appointed as First Assistant in the Department of Surgery and became director of the Australian Kidney Foundation. From data of transplant outcomes, he showed that that blood transfusion before transplantation, which could 'sensitise' patients, was associated with improved survival of donor kidneys, rather than making it worse, which was the prevailing opinion. This conundrum has never been satisfactorily explained.

In 1973, Peter Morris was on the point of accepting the Chair of Surgery at Adelaide University in South Australia when a phone call from Sir Richard Doll, Regius Professor of Medicine in Oxford led a path to the Nuffield Chair of Surgery in Oxford in 1974 and a Professorial Fellowship at Balliol College. Arriving at the old Radcliffe Infirmary on 4 August, he found a note from Hans Krebs, who won the 1953 Nobel prize for the discovery of the citric acid cycle. Morris had no idea he was still alive and working!

In Oxford he established the transplantation programme with the support of Dr Desmond Oliver, a New Zealander and former All Black, who was running one of the biggest home haemodialysis units in Europe at the nearby Churchill Hospital. To that date the UK survival figures for renal transplantation were very poor: 40% of patients died within one year, and the graft survival rate was only 50%.

The first two patients Geoff Slade and Allan Newey were transplanted on 29 and 30 January 1975 before and after midnight. Both kidney transplants were successful, and the patients lived for many years. I met them both and had the privilege of looking after their urological issues. Soon there were more than a hundred patients on the waiting list. For the first few years Peter did most of the transplants himself but gradually he trained up a team of surgeons. He insisted on doing the living donor transplants himself as the consequences of technical failure involved both donor and recipient. He followed the example of his mentor Claude Welch in always being courteous and unflappable.

He was also a vascular surgeon, initially working with David Tibbs one of the NHS surgeons, and then set up an academic department of vascular surgery that provided a service to the Region.

He developed an internationally renowned

research programme in transplant immunology and under his leadership the NDS made pioneering discoveries in the fields of tissue typing and cross matching which led to longer kidney graft survival and more organs being suitable for transplantation. With Derek Gray they pioneered the successful Oxford Pancreatic Islet Research Programme for the treatment of diabetes.

He retired from the Nuffield Chair in 2001, with a three-day festschrift attended by 600 leading surgeons and scientists from around the globe, ending with a cricket match and banquet at Blenheim Palace.

He was elected President of the Royal College of Surgeons of England serving from 2001 until 2004. In this role he visited five to six hospitals each month, to see how surgical services and training were being delivered. He would meet the CEO's medical directors, consultants, and trainees, separately, listening to the views of clinicians as to how improvements might be made and follow up on the actions taken. He would ignore artificial health service boundaries if he felt these were detrimental to patient services and safety.

Despite his workload he enjoyed life with a fondness for fine wines, food and sport. He was the first President of the College to have Sky Sports put into the Presidential Office and Lodge, and would often walk into meetings late rattling out the latest test match score.

As Chairman of the RCS Research Board, he drove the implementation of the Research Fellowship Scheme, which has led to the appointment of more than 900 research fellows. He established and chaired a working party on Transplantation in the UK which led to the rationalisation and improvements in the way organ transplant services were run.

While President he realised that there were 19th century human remains that had been taken from Aboriginal graves in Australasia and some of this material had ended up in the museums of the Royal College of Surgeons. Understanding the Aboriginal spiritual belief that the body should be intact he repatriated more than 75 sets of remains to Australia and New Zealand.

He also invited Sir Richard Doll to lead a working party to advise on the future of surgical audit which led to the establishment of the Clinical Effectiveness Unit, bringing systematic methods to the collection and interpretation of surgical outcomes data.

In 2005 he established the Centre for Evidence in Transplantation at the Royal College of Surgeons and the London School of Hygiene and Tropical Medicine to evaluate the quality of evidence in the field of organ transplantation. He was responsible for the development of an electronic library of all randomised controlled trials in organ transplantation.

He later served as Chairman of the British Heart Foundation and President of the Medical Protection Society which provides medical indemnity for some 250,000 physicians worldwide.

He was editor of the Journal 'Transplantation' and author of 800 papers. His book on 'Kidney Transplantation' regarded as a classic is now in its seventh edition. He was the founding editor of Oxford Textbook of Surgery.

He was elected a Fellow of the Royal Society in 1994 and a Foundation Fellow of the Academy of Medical Sciences in 1998. In 1997, he was awarded the Lister Prize for his contributions to surgical science and the Medawar Prize in 2006 for his contributions to transplantation. He was knighted for services to medicine in 1996 and he was made a Companion of the Order of Australia for services to medical sciences in 2004.

While he upset a few people over the years, there are many, including heads of departments throughout the world, who owe their career to the fact that they worked

with Peter Morris in the NDS.

His family was an important part of his life and their home in Oxford was always welcoming. Jocelyn, herself an accomplished chest physician, who won more prizes than him at medical school where they met, and the family would often remind him of this when he was given yet another award. Joce would host the families of new arrivals to the Nuffield Department of Surgery for coffee mornings, which was greatly appreciated by the partners of new arrivals to the NDS. Many family suppers were finished with an assortment of people being welcomed to the dinner table where quality Australian wine would be consumed.

References

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