Early clinical pathologists 2 Thomas Hodgkin: pathologist, physician, and philanthropist

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Figure 1 Portrait of Thomas Hodgkin (courtesy of The Gordon Museum, UMDS).

Thomas Hodgkin was born into a strong Quaker community on Friday 17 August, 1798 in Pentonville, London (fig 1). His parents, John and Elizabeth, seem to have been strict and earnest Quakers: John was a successful private tutor and was particularly skilled in the art of handwriting which was, at that time, an important part of social upbringing. Thomas was tutored, not at school but by his father, and soon became a skilled linguist and developed many other talents consistent with his subsequent brilliant academic career. After an initial apprenticeship to a Brighton chemist he registered as a physician's pupil of Guy's Hospital Medical School in 1819. His degree of Doctor of Medicine (MD) was awarded in 1823 on a thesis entitled "De Absorbendi Functione", written in excellent Latin and containing original observations on the absorptive function of blood and lymph.

He then travelled widely through Europe, and in particular was much influenced by Laennec in Paris, whose teaching on the importance of clinical investigation, including using the stethoscope, in combination with detailed pathological studies, seems to have

been of major influence in Hodgkin's subsequent career. Indeed, when he returned to England he read a paper at the Guy's Physical Society on the use of the stethoscope, and it is thought that he promoted the more general use of this instrument in London and elsewhere in the United Kingdom.

After an unhappy love affair in 1825 Thomas Hodgkin became a licentiate of the Royal College of Physicians and was invited to become the first lecturer in Morbid Anatomy and curator of the Museum of Guy's Hospital. At this time Guy's and St Thomas's Hospital were united, but a disputed appointment in surgery led to open hostility between the two hospitals and the union was dissolved. At this point St Thomas's refused to part with any of the surgical specimens housed in the museum and Guy's then determined to have their own complete medical school, and indeed this was planned and built within six months of inception. So this was a very appropriate time for Hodgkin to return to Guy's and to join Thomas Addison and Richard Bright (to form "the great triumvirate"¹). They shared a desire to compare clinical observations with detailed study of post mortem examination findings. Bright and Addison were excellent clinicians and Hodgkin was their outstanding morbid anatomist.

Two years later, as president of the Pupils' Physical Society, Hodgkin gave an address on the reform of the medical curriculum—even in those days a controversial subject and very revolutionary. He indicated the need for an adequate time for medical students to undergo clinical studies including morbid anatomy before being allowed to practise and he advocated that they should act as assistants to physicians, as indeed they did already for surgeons, as dressers or housemen.

He maintained a small clinical practice, in addition to his duties as morbid anatomist and museum curator, but devoted most of his life to his work at Guy's Medical School and after only four years had catalogued more than 1600 specimens which were arranged to show the pathology of diseases. All his post mortem examinations were preceded by a short clinical account; microscopy was very little used at this time in post mortem work, so the pathological findings described are mainly macroscopic.

It is not generally appreciated that Hodgkin described aortic incompetence² five years before Corrigan and also that the paper which

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ON SOME
MORBID APPEARANCES
OF
THE ABSORBENT GLANDS
AND
SPLEEN.
BY DR. HODGKIN.
PRESENTED
BY DR. R. LEE.

READ JANUARY 10TH AND 24TH, 1832.

Figure 2 Title page of Hodgkin's classic paper.³

was to immortalise his name is almost certainly not his most important contribution to the medical literature. This latter work was entitled "On some Morbid Appearances of the Absorbent Glands and Spleen".³ In this paper he describes the necropsy appearances of seven cases in which he observed the combination of considerable generalised lymph node enlargement, and in six of the cases enlargement of the spleen without any evidence of infection or other inflammatory pathology (fig 2). It was only six years later, however, that these observations were brought more to medical attention when Bright quoted them in his own paper on tumours of the spleen.⁴ Subsequently, Sir Samuel Wilks, in writing a paper on "lardaceous disease" (more latterly recognised to be amyloidosis), described a variant of this disorder⁵ in which there was a peculiar enlargement of the lymphatic glands frequently associated with disease of the spleen. In the latter part of this paper he had obviously encountered Thomas Hodgkin's original findings and gives him full credit for these. In a later paper (written some 33 years after the original description) Wilks collected a series of 15 cases and linked Hodgkin's name permanently with this new entity, "Cases of enlargement of the lymphatic glands and spleen (or Hodgkin's disease) with remarks".⁶

It is now recognised, of course, that some of Hodgkin's original cases were not in fact Hodgkin's disease. In 1926 Fox examined the microscopic sections from gross specimens preserved in the Guy's Hospital Museum⁷; remarkably, histological appearances had been preserved despite the fact that the tissues had been kept in fixative for 97 years. He concluded that four cases showed typical Hodgkin's disease whereas the others were either of chronic infection (syphilis, tuberculosis) or of non-Hodgkin's lymphoma. These findings are not surprising really as Thomas Hodgkin himself never claimed any specific pathology, he only pointed out the rather peculiar syndrome (of non-infective generalised lymphadenopathy and splenomegaly), and it is

well recognised even with current histological technology that differentiation of the syndrome still presents considerable diagnostic difficulties.

Meanwhile, as he continued his career, Hodgkin had taken an ever increasing interest in the social aspects of medicine and particularly in the problems faced by underdeveloped and underprivileged ethnic groups. His views, often publicly expressed, on oppressive measures being taken by British colonialists, made him unpopular with many of his colleagues. In 1834 the Royal College of Physicians, having altered its ruling that Fellows must be graduates of Oxford or Cambridge and therefore members of the established Church, invited Hodgkin to become one of the first Fellows under the new rule. This invitation was not accepted, and it seems likely that Hodgkin and many of his physician colleagues felt that the new rules would lead to injustice towards many practising physicians in London.

At this stage of his life Hodgkin had two major professional setbacks. Despite being academically superior to his rival, he was not appointed to a vacancy on the Guy's staff for an assistant physician. Undoubtedly, Hodgkin's tendency to be awkward in the traditional sense, and in particular his known political views and criticism of colleagues, counted against him. Five years later, he was invited to become lecturer in medicine at St Thomas's Hospital, to assist in reorganising the medical school. His appointment was short lived and amid a series of internal quarrels among his medical colleagues, his tendency towards outspoken involvement probably led to his dismissal. During his short period at St Thomas's, however, he wrote many of his later medical papers, such as "On the principles and classification of diseases",⁸ and "On the anatomical characters of some adventitious structures—an attempt to point out the relationship between the microscopic characters and those which are discernible to the naked eye".⁹

After his major professional setbacks his medical work fell more and more into the background and his philosophical and philanthropic interests claimed far more of his time. He did publish other papers of a visionary nature, however, one of which was perhaps the forerunner to our modern clinical controlled trials ("Numerical methods of conducting medical enquiries"¹⁰) and the other a plea for the adoption of the metric system ("On the weights to be used in medicine"¹¹)—something which took another 100 years before being accepted by the British medical fraternity.

In 1850 Thomas Hodgkin married and continued to lead a simple life which brought him into contact with all aspects of humanity. In pursuing his philanthropic studies he travelled extensively abroad championing the ethnic underdogs. It was on one of these travels that he contracted acute dysentery (possibly cholera) from which he died in 1866 on 4 April at the age of 68. There can be no

more fitting tribute than on 15 December 1966, when a symposium was held on Hodgkin's disease, in Israel, and a memorial ceremony was held, at his tombstone to mark the centenary year of his death, before the official opening.

It seems that Thomas Hodgkin, though academically brilliant, never really fitted in to the conventional medical world. He seems never to have hesitated in becoming involved in criticisms and arguments, but undoubtedly he received universal esteem as a pathologist and physician and as a philanthropist. Although "immortalised" as the first person to describe the syndrome, later to be acknowledged as Hodgkin's disease, it is perhaps better that we remember him also as a far-sighted and outstanding morbid anatomist with a great desire to coordinate the symptomatology of disease with its pathology, something which we take for granted in present day medical education.

This article draws heavily on the excellent account¹² of the "Life and Times" of Thomas Hodgkin, given in the Fitz-

patrick Lecture, delivered by Dr Thompson Hancock at the Royal College of Physicians, London in 1966, the centenary year of Hodgkin's death.

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