Searching for Pappworth

To the Editor: Maurice Henry Pappworth (1910 - 1994) was a controversial figure. A lifelong outsider, he chose an unconventional career path as a private medical tutor rather than accepting anything less than his first job choice – a consultant post in a London teaching hospital. This story is not remarkable, as many reconsider their options after disappointment in their careers. However, Pappworth excelled as a tutor, helping 1 600 junior doctors to pass the gruelling MRCP in post-war London, many from overseas and more than 200 from South Africa.

Pappworth's other major contribution, which has not been fully documented or appreciated, is his contribution to the development of medical research ethics. Pappworth was a whistle-blower, and his 1967 book, *Human Guinea Pigs*,[1] is a major milestone on the journey towards the modern system of research ethics committee review.

As Director of the Glasgow Clinical Research Facility I have for many years taught health care professionals about the conduct of clinical research. While working on a book on the history of clinical trials[2] I first encountered Pappworth and have since been interested in his story. His contributions need to be re-evaluated, and to this end I am working on his biography.

I never met Pappworth and must rely on those who did, which is the purpose of this letter. Many South African physicians attended Pappworth's classes in his Harley Street consulting rooms in the 1950s to 1970s, and I would very much like to hear their memories of the man and his methods. If you were one of his students and are willing to share your memories with me, please contact me by e-mail at agaw42@gmail.com or by post at the address below.

Historical research is only as good as its sources. First-hand accounts of those who were actually there will always trump others, and it is by speaking to those who worked closely with him that I hope to find Pappworth and offer him the re-assessment I feel he deserves.

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1. Pappworth MH. Human Guinea Pigs: Experimentation on Man. London: Routledge, 1967.
2. Gaw A. Trial by Fire: Lessons from the History of Clinical Trials. Glasgow: SA Press, 2009.

Haemorrhage associated with caesarean section in South Africa – be aware

To the Editor: The algorithms in the excellent article in the *SAMJ*[1] for coping with bleeding at caesarean section (CS) cannot be faulted. I add some further comments.

With 2 years of internship, it should be possible to ensure that all trainees are allowed to opt for a 6-month attachment in Obstetrics and Gynaecology if they intend to work in peripheral hospitals, so they are able to do a sufficient number of CSs under supervision before they go to their new posts. My experience over many years with attempting to make interns competent during 4-month rotations was frustrating. They always moved on before I felt they were ready.

The most stable persons in rural obstetric services are usually the Advanced Diploma midwives and theatre-trained nurses. They are often the most competent in labour ward work, too. There may well be virtue in training carefully selected people from among them to do CSs. Our previous attempts to sell that idea to the Health Professions Council were not successful. Perhaps the circumstances have changed sufficiently for them to consider it now?

The practice of closing the uterine wound with a single suture should be abandoned in our teaching hospitals. A double suture technique should be taught. The first suture inserted should include the endometrium, thus ensuring haemostasis in the inside of the uterine wound. The second suture should ensure accurate apposition of the outside of the myometrium, thus ensuring haemostasis just under the peritoneum. It is simply too dangerous to teach staff to trust a single suture that may be poorly applied by inexperienced operators, or which may snap for many reasons, releasing the edges of a highly vascular structure to bleed uncontrollably.

Also, it should be routine to ligate the uterine artery above and below the incision whenever that structure is damaged during a CS. If young surgeons are taught how to do that in well-controlled situations, while protecting the bladder and the ureter from damage, they quickly lose their fear of heavy bleeding from that source, and become very good at securing haemostasis.

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1. Fawcus S, Moodley J. Haemorrhage associated with caesarean section in South Africa – be aware. S Afr Med J 2011;101:306-309.