

George Bonney (1920 - 2007)

George Bonney was one of the most colourful personalities in Orthopaedic Surgery in recent times. Between 1955 and 1984 he was an outstanding figure in the Orthopaedic Department at St. Mary's Hospital, London, and in its District. His impressive height and build, combined with his massive intellectual ability, overshadowed most of those about him. His acute brain was endowed with a sharp and stinging wit, which he used to such devastating effect that on occasion a victim might be forgiven for mistaking it for rudeness. But his venom was tempered with such boyish humour and infectious charm that it was difficult to take offence, although inevitably a few did. His personality was indeed complex; GB seemed never to have grown up, and yet he had acquired immense wisdom and sound judgement at an early age. He could have excelled in many fields, notably the Law, or in Politics, but fortunately for Orthopaedic Surgery, it was therein he became a Master.

Bonney was a product of St. Mary's itself, qualifying from the Medical School in 1943. He came there from Eton, to which school he had won a scholarship at the age of 13. At school, he studied the Classics and Ancient History in preference to Science, stimulating the deep interest in literature and history which were to be abiding passions throughout his life.

There were four important facets in Bonney's career: his surgery, particularly to the peripheral nervous system; his labours, both in committee and in the background, for the good of St. Mary's Hospital and the NHS in general; his contribution to the Medical Defence Union, and through it, to his colleagues; and his stylish sub-editing of the *Journal of Bone and Joint Surgery [Br]* for more than a decade.

His impressive contribution to Orthopaedic Surgery, and especially to the neurophysiology of the diseased and damaged brachial plexus, has been insufficiently recognised and appreciated, nationally and internationally, partly because of his reticence to impart his knowledge through the journals or at meetings. He excelled in those special fields of study which he made his own. Characteristically, he chose problems which were unusually difficult and therefore often shunned by less adventurous colleagues. Amongst these, were the thoracic outlet syndrome (or inlet depending upon whether your view is afferent or efferent), major destructive lesions of the cervi-



cal spine and injury to the brachial plexus. His published works on these matters remain definitive and immensely valuable. He became a noted exponent of the anterior approach to the cervical discs, including the transoral route to the upper levels. His view of the avulsed roots of the brachial plexus was first to analyse the precise level of the lesion in terms of each nerve and thereby to identify those which might be amenable to repair. As early as 1954, Bonney made an important contribution to this topic with his paper entitled 'The value of axon responses in determining the site of the lesion in traction injuries of the brachial plexus.'¹ He was a pioneer in the use of intra-operative nerve stimulation, and the later availability of myelography, CAT and MRI confirmed the value of this work. Bonney perfected the technique of nerve grafting, in particular the transfer of nerves with their vascular connections re-established through microsurgical technique. In this difficult field of uncertain outcome, he displayed exceptional stamina, being prepared to work for up to ten hours at a stretch, often at night or during a weekend.

His second forte was in administrative committee work. Here he learned wise judgement and counsel from his