HISTORICAL NOTE

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Sir Gordon Holmes (1876–1965)

Gordon Morgan Holmes^{1–6} was born in Castlebellingham, Ireland, of a Yorkshire protestant family. He was a shy, solitary child whose mother died young. He qualified at Trinity College Dublin in 1899. At Richmond Asylum in Dublin he was awarded the Stewart Scholarship, which financed a visit to Frankfurt, where he studied comparative anatomy with Weigert (1845–1904) and Edinger (1855–1918). When he returned in 1902 he became RMO to Hughlings Jackson at Queen Square. He quickly mastered clinical work, and “brought it to a state of well-nigh scientific perfection”. His exhaustive yet rapid examination routine was unprecedented.^{1–4} He became physician to the Royal London Ophthalmic (Moorfields) and to Charing Cross Hospitals.

Myopia thwarted his volunteering for war service. Frustrated, he joined the staff of a Red Cross hospital just behind the frontline in France.⁷ His impressive work persuaded the War Office to renegotiate his disqualification. Holmes became consulting neurologist to the British Expeditionary Force in France. War injuries allowed him to study the cerebellum and the visual cortex,^{7–8} which were exposed in soldiers whose helmets were incomplete at the back. He had to treat up to 300 wounded men daily. Holmes performed all the neurological postmortems. This work culminated in 18 published wartime papers, many written in arduous conditions. He was twice mentioned in dispatches and was awarded the CMG in 1917 and CBE in 1919.

After the war, Holmes continued in busy neurological practice and research. In teaching,

“he had the great gift of making clear to his students the thread of his thoughts and the grounds on which he reached his conclusions. He never posed as an oracle or a maker of slick diagnoses... To be trained by him was a severe but most salutary discipline”. (FMR Walshe^{1–4})

Among many contributions⁹ he first challenged the accepted theory of the unitary function of the cerebellum. With Grainger Stewart he described the rebound phenomenon in cerebellar disease (Stewart-Holmes symptom). With WJ Adie he established the myotonic or Holmes Adie pupil. Holmes’ syndrome is a hereditary degenerative cerebellar ataxia involving the olivary nucleus.

Cerebellar disturbances he characterised by asthenia, ataxia, rebound, and adiadochokinesia.¹⁰ He developed the foundations of modern neurological examination.¹¹ He worked with Henry Head on the visual pathways and the optic thalamus.^{12–13} From 1922 to 1937 he was editor of *Brain*. His writings on neurology were comprehensive and regarded as authoritative.¹⁴

Spinal injuries of warfare were the subject of his Goulstonian Lectures in 1915; the Croonian Lecture in 1922 was on cerebellar disease. He was examiner, councillor, and censor for the College. His pre-eminence was recognised by his election as a Fellow of the Royal Society.

He received honorary university doctorates. Retirement came in 1941, knighthood in 1951. After enduring the London blitz he moved to a country house in Farnham, where his passions were his garden and golf. Aged 89, his quietus came during sleep on 29 December 1965.

Words like volcanic, tornado-like, brusque, demanding, and almost bullying were used to describe him by his pupils. He was tireless, but prone to migraine and duodenal ulcer. In Munk’s roll,¹⁵ we find the following characterisation:

With his tall, powerful frame and his hawk-like eyes under beetling brows and spectacles, he intimidated candidates for the College Membership [examination] until they found that direct answers to direct questions brought out the kindliness for which he was known to his intimate friends.

Holmes had strong likes and dislikes and no great gift for wit, diplomacy, or compromise. He was an irascible martinet devoted to detailed observation and collection of data. At the front, he disagreed with Harvey Cushing (1869–1939) about the treatment of casualties. His notorious feud with Kinnier Wilson was related by his house physician Macdonald Critchley:¹⁴

“Wilson was a vain and touchy man, jealous of Holmes, and he would ostracise anyone who stayed in the other camp. Holmes for his part could not care less, and simply ignored his colleague.”

“The story goes that whenever Holmes and Wilson made their respective rounds in Queen Square, each with his own retinue of doctors of all ranks, and they met in the passageways, neither of them would budge to make way for the other party. Lengthy blockages ensued...”

Despite his manner, he nevertheless inspired affection:

“...among these [physicians at Queen square] was that Colossus, physical as well as intellectual, of Gordon Holmes who shone brightest among the galaxy of stars surrounding him.”⁵

He was intolerant of any easy going dilettantism, yet was modest almost to the degree of simplicity, “with a heart of pure Irish gold”.

Holmes resembled Gowers more than Jackson, showing the same patient, punctilious methods of clinico-pathological correlation. Critchley’s obituary notice¹⁴ recorded:

“...many neurologists treasured the memories of their apprenticeship to one of the giants of neurology, and to a staunch, fundamentally warm-hearted counsellor and guide. In his profession, as in his garden, Holmes planted seeds for the profit and wonderment of generations to come.”

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