It is unusual for a foreign graduate to be appointed to a Professorial chair in West Germany, and virtually unique for a German Professor of Medicine to have served in the Royal Army Medical Corps. Professor Jan Brod can claim both distinctions, as well as enjoying a world-wide reputation as a nephrologist. This is a short account of his career with particular reference to the circumstances leading to his Anglo-German connections.

Jan Brod was born on 19th May 1912 in Nový Jičín, Czechoslovakia, which at that time was still part of the Austrian Empire. He studied medicine in Prague, graduated top of his class in 1937, and commenced his career as an unpaid house physician in the University First Department of Medicine. Later that year, intent on learning more about hepatic disease, he travelled to Vienna to work under Professor Hans Popper, then renowned as one of the world’s leading liver pathologists. However, things were to turn out differently. Popper had become interested in nephrology, and was in the process of developing the endogenous creatinine clearance technique. Brod was the third person to actually use the test, and was responsible for making it widely accepted as a tool in the clinical investigation of renal function. Thus, by chance, his lasting interest in renal medicine was initiated.

In 1938 Brod returned to Prague, but in March the following year Hitler’s army invaded Czechoslovakia. Having received an invitation to join a Canadian Research Foundation in Kingston, Ontario, he travelled to Paris where he hoped to obtain a visa. While waiting he worked in the Medical Clinic of the Hôpital Pitié, and on the outbreak of war immediately volunteered for the free Czech Army. In May 1940 the French applied to the Czech Government-in-Exile for medical personnel to work near the front line, because the local Doctors had fled with their families. Brod was sent with a group of 12 Czech medical officers and set up a first-aid post for wounded civilians in the village of Compiègne. He withdrew with the last French troops on 7th June, and rejoined the Czech Army concentrated around Béziers. On 24th June they were evacuated on a British cruiser from the harbour of Sète, and once safely at sea were transferred to the Egyptian ship “Mohamed-Ali-el-Kebir” — the vessel on which King Farouk had spent his honeymoon only a few months earlier.

On 7th July the evacuees were landed at Liverpool and accommodated in a camp in the grounds of
Cholmondelay Park. There the remnants of the Czech Army were reconstituted into a Brigade, and Brod was posted to its Field Ambulance. Early in October they moved to Leamington Spa, which was to be inundated with the casualties following the bombing of Coventry. There was an acute, local shortage of medical staff, and the British authorities asked the Czech commander for the loan of some of his surplus doctors — at that time there were 60 in a force of only 3000 men! As a result Brod was assigned as resident physician to the Warneford Hospital, a post he was to hold for a year.

Early in 1942 the Government started to recruit allied specialists into the British Army, and Brod volunteered for the Royal Army Medical Corps. On being called up in April 1942 Lt Brod RAMC underwent basic training at Beckett's Park, Leeds and the Army School of Hygiene, Mytchett. At the latter establishment he was instructed by Lt Col Robert Drew FRCP, who was later to become Director General of the Army Medical Services.

Lt Brod’s first posting was to 213 Field Ambulance in Northern Ireland. Initially this unit was stationed at Fintonna in County Tyrone, but later moved to Killichen House, Killaloe, Clady, County Londonderry. As the only junior officer with previous military experience Lt Brod was given command of a company, and during that summer undertook intensive training including a temporary detachment as company, and during that summer undertook intensive training including a temporary detachment as Departmental Medical Officer to the 10th Battalion the Gloucester Regiment in Castle Rock.

In the autumn of 1942 Lt Brod attended the tropical medicine course at the Royal Army Medical College, Millbank, and in November was posted as a trainee physician to 103 General Hospital, which was being formed in the grounds of the Royal Victoria Hospital, Netley. The commanding officer was a Col Campbell and the officer commanding the medical division was Lt Col. Thomas Hunt. On 13th March 1943 they embarked at Greenock on the SS “Windsor Castle” and sailed in convoy for the Mediterranean. At 03.00 hrs on 23rd March the ship was hit and sunk by an aerial torpedo. Lt Brod was among those rescued by one of the destroyers escorting the troop ships and was landed safely at Algiers. While waiting to be re-equipped he was detached to 98 General Hospital and worked under Lt Col John Richardson (now Lord Richardson MVO FRCP).

On reforming 103 General Hospital moved some 400 kilometres east to Chateaudun-de-Rhumel and set up a large tented unit to support the last stages of the Africa campaign and the invasion of Pantelleria and Sicily. During this period Lt Col Paul Wood, the famous cardiologist, took over command of the medical division. In December 1943 they crossed the Mediterranean, landed at Naples, and set up at Nocera Inferiore. In order to further his training Lt Brod was moved by Brigadier Boland, Command Consultant Physician, Mediterranean Area, to 220 Field Ambulance at Pizzzone. He worked in its main dressing station during the battle of Monte Cassino and the attempt at crossing the Garigliano. They moved to Mondragone and eventually Sparanisi, immediately behind the Garigliano front, where Lt Brod was put in charge of a small sub-unit designated for medical casualties.

After a short spell as RMO to a Royal Artillery Anti-aircraft Regiment at Castellamare he was promoted Captain and posted back to 103 General Hospital at Nocera Inferiore. There he spent the rest of the war, during which time he carried out an extensive project on acute glomerulonephritis and was mentioned in despatches.

In October 1945 he was returned to England and demobilised from the RAMC. He travelled back to Prague with the Czech Army, and resumed work at the University First Department of Medicine. In 1949 he was appointed Reader in Medicine, and in 1951 Vice Director and Leader of Research at the Institute for Cardiovascular Research. In 1961 he became Director of the Institute, and 1963 was appointed Professor of Medicine at Charles University, Prague.

Throughout this period as well as acquiring an international reputation as a nephrologist Prof Brod also actively participated in the political developments taking place in Czechoslovakia. Discontent had built up as a result of the restrictions imposed by orthodox communism, and the academic staff at the University were in the forefront of the movement demanding more freedom. During the “Prague Spring” of 1968 Prof Brod was the initiator of the “Manifesto of 2000 words”. Inevitably these activities were to prove unacceptable to the Kremlin and on 21st August 1968 the Red Army marched in to Czechoslovakia much as the Nazis had done 29 years before. Prof Brod was forced to quit his homeland for a second time, and again lost all his belongings.

In October 1968 he accepted an invitation from Prof Wolff of Mainz to go to that city as visiting professor of Medicine, and thus commenced re-establishing his medical career in West Germany. In 1969 he was appointed to the Professorial chair of the Second Medical Division of the Medizinische Hochschule in Hannover, and in recognition of his outstanding contribution to nephrology was elected as honorary Fellow of the Royal College of Physicians of London.

In Hannover Prof Brod was able to renew his association with the RAMC, becoming friend, adviser, and tutor to succeeding groups of physicians at the British Military Hospital. Visitors to his department
at the Hochschule were amazed to find the weekly teaching round being conducted in English, and that several of the pupils were serving British Medical Officers. Thus his German students gained experience in the international language of medicine, and the British Officers benefited from the tuition of a world authority.

BMH Hannover is proud to number Prof Brod among its honorary mess members, and greatly appreciates his active support of its clinical meetings. To mark his retirement from clinical medicine in 1981 facsimiles of his war medals were obtained and he was entertained as guest of honour at a Regimental Dinner Night. The Commanding Officer, Col Cecil Bowen MC, delivered an interesting resume of Prof Brod’s life story, which has been amplified during interviews with the subject in order to produce this paper.

Publications: Abstracts and Summaries, 1981-83

LT COL I T HOUGHTON, RAMC


**Summary:** The Triservice anaesthetic apparatus is a draw-over system using ambient air as the primary carrier gas. Its modules are a self-inflating bag, a respirator, a supplementary oxygen regulator and a ventilator; each is described. The output of halothane and trichloroethylene were measured with changes of temperature, continuous and intermittent gas flows and with alteration in barometric pressure. The output of oxygen from the Houtonox regulator was measured and the effect of the oxygen supplementation on the inspired oxygen concentration determined. The resistance to airflow of the apparatus was also measured and the effect of extreme cold observed.

The merits, limitations and the way in which the equipment may be used are discussed. A carrying case with equipment for 10 anaesthetics is illustrated.

LT COL R J KNIGHT and LT COL I T HOUGHTON, RAMC


**Summary:** The experience of two military anaesthetists using the draw-over Triservice anaesthetic apparatus is described. The techniques used and the results obtained in two areas of armed conflict are considered. Two case studies in detail are presented to illustrate the use of the field anaesthetic equipment.

The value of using halothane and trichloroethylene simultaneously as a technique with spontaneous ventilation and the use of trichloroethylene 0.75% in air in conjunction with anti-depolarising muscle relaxants is commented on and commended. Uncomplicated induction, stable anaesthesia and rapid recovery makes the use of the Triservice anaesthetic apparatus very satisfactory for battle anaesthesia.

LT COL I T HOUGHTON and COL R J KNIGHT, RAMC


**Summary:** A method of preoxygenation prior to induction with the Triservice anaesthetic apparatus is described.

Although in the trial of the Triservice apparatus in Northern Ireland manual ventilation was used to the exclusion of a mechanical ventilator, a ventilator, such as the Oxford would be a useful addition to the Field Surgical Team Equipment.

LT COL D S JOLLIFFE, RAMC


**Summary:** The letter questions the statement by Bassioyny et al (British Journal of Dermatology 1982; 107: 467) that “Adequate Cryotreatment of cutaneous leishmaniasis will preclude the development of mucocutaneous extension.” The letter goes on to insist on the necessity of identifying the parasite precisely if correct therapy is to be administered, and, amongst other criticisms, points out that there were no control subjects in the study.