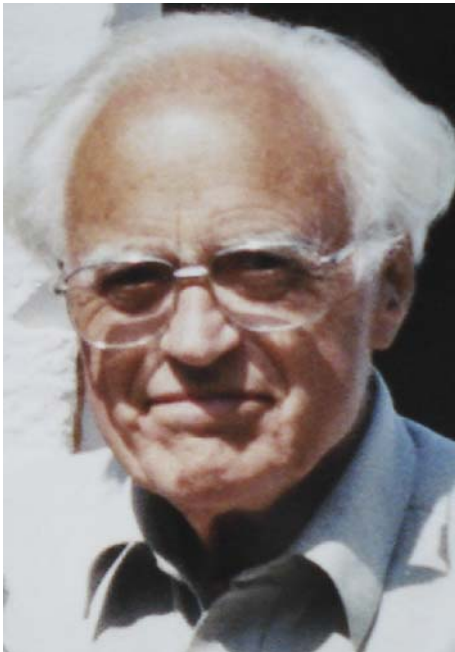


Kenneth Till (1920–2008)

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Colleagues from all round the world will be saddened to hear of the death on 8 July 2008 of Kenneth Till, the first full-time paediatric neurosurgeon in the UK and one of the founders of the International Society for Pediatric

Neurosurgery (ISPN). He was a pioneer in paediatric neurosurgery, and his major contributions and teaching remain a legacy for us all.

Kenneth Till was born in Stoke-on Trent and after the family moved south, he attended Poole Grammar School before obtaining a scholarship to Downing College, Cambridge. His medical training was completed at St. George's Hospital in 1944. After his military service as a Royal Air Force medical officer, Kenneth started his neurosurgery training in 1945 some 18 months after qualifying as a doctor.

In his “story” written on the occasion of the silver anniversary of the ISPN [1], Kenneth described how, as a junior doctor, he wandered into an operating theatre where the surgeon, Wylie McKissock, was so amazed to see anyone interested in neurosurgery that he offered him a job to return as a house surgeon (intern). The neurosurgery department was at the Atkinson's Morley Hospital (AMH), Wimbledon, separate and distant from the main St. George's campus and devoted to neurosciences. With approximately 50 beds, the neurosurgery service was very busy and Kenneth became responsible for the small children's ward. He learned that intracranial tumours were not uncommon, spinal tumours occurred, head injuries were numerous, and that for children with hydrocephalus at that time there was no treatment available.

He successfully passed his FRCS examination in 1953 and completed his general surgical training which included some neurosurgery. At the time with fewer than 50 trained neurosurgeons in the UK, McKissock appointed Kenneth to be his “first assistant” (senior resident) at the Hospital for Sick Children, Great Ormond Street (GOS), London. McKissock was officially on the staff at GOS, although he virtually never visited. His main clinical activity was round the corner in “Queen Square” at the National Hospital for Neurosurgery and Neurology, in addition to

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his work at AMH Wimbledon. He was asked to set up a neurosurgery department in GOS, so that children with neurosurgical conditions would no longer need to be sent 15 miles to AMH where there were no proper paediatric facilities. The neurosurgery service in GOS opened in 1953 as the first fully equipped neurosurgery department in a children's hospital.

In 1956, Kenneth spent a sabbatical year at the Children's Memorial Hospital in Chicago to consolidate his paediatric neurosurgical experience. In 1959, he was appointed as Consultant Neurosurgeon to the staff of GOS, where he virtually took care of the entire workload until the arrival of a second neurosurgeon (Norman Grant) in 1970. Kenneth was permanently on call and would always have to give the box office his seat number on a visit to the theatre.

One of his early contributions was the development of the Dahl–Wade–Till (DWT) valve for treating hydrocephalus. It came about from the improbable association with the writer Roald Dahl, whose son had developed hydrocephalus secondary to a head injury from a road traffic accident in New York during 1960 when aged 3–4 months. Problems with blockages in shunts, now available, were being recognised. Prompted by Dahl and in collaboration with Stanley Wade, a hydraulic engineer, a new type of shunt was designed. The special characteristics of the DWT valve were reported by Kenneth [2] in 1964 to be: “low resistance, ease of sterilisation, no reflux, robust construction, and negligible risk of blockage”.

Kenneth had also been interested in stereotactic surgery, having spent a period with Irving Cooper in New York. According to Jason Brice, one of his last trainees, Kenneth was the “fastest stereotactic surgeon in Europe”. Kenneth's speed and surgical skill were well recognised. Angela Mackersie, his main anaesthetist, told one of us that “the quickest she saw a medulloblastoma patient back on the ward after going to the operating theatre was 45 minutes!” Kenneth was ambidextrous and would swap instruments rapidly from hand to hand, said to have been most confusing for his assistants.

As Kenneth's reputation became established, he was able to enjoy further travel to lecture in Europe and South America, and meet with other neurosurgeons, who were developing a paediatric interest. Paediatric neurosurgery really became accepted as a sub-specialty after the European Society of Paediatric Neurosurgery (ESPN) was founded in 1966, and a short while later the International Society for Pediatric Neurosurgery (ISPN) in 1972.

Kenneth was one of the 11 founders of the ISPN and hosted its 2nd meeting in 1974 in London. Following the death in 1978 of another founder member, Raul Carrea from Buenos Aires, a special red “poncho” was donated to the

society. Originally a gift from Carrea to Anthony Raimondi, the poncho is given to the new president of the ISPN for safekeeping during his or her term of office. Each President has his name embroidered on the poncho which is passed to the succeeding president in a moving “poncho ceremony” held each year at the scientific meeting. In 1979–1980, Kenneth was President and the first to receive the poncho.

In 1975, Kenneth's “Paediatric Neurosurgery” was published [3], having been written as a “book for paediatricians and neurosurgeons”. Essentially a single author textbook, it was the state of the art guide for the diagnosis and management of infants and children with neurosurgical problems. For those in training at the time, this gave several of us the inspiration to do paediatric neurosurgery.

Kenneth was in practice at an exciting time with the dramatic invention of non-invasive brain imaging, first with CT and then MR scanning. He obtained funding for one of the first scanners at GOS, with subsequent priority of access for his patients. He was involved in the early development of cranio-facial surgery in the UK, including collaboration with Paul Tessier, who sadly died in June of this year.

After his retirement from clinical duties in 1980, Kenneth continued his academic interest in neurosurgery and neurosciences, working on the editorial staff of several journals, including the *Journal of Neurology, Neurosurgery and Psychiatry*. When the ISPN held its 1994 annual meeting in Birmingham, the second time in the UK, it was wonderful to welcome Kenneth as our honoured guest and hear his keynote historical address.

Kenneth continued to train junior neurosurgeons until his retirement, but his reputation was principally founded on the many years devoted to the care of children, many with profoundly distressing and anguishing problems. He was outstanding in his capacity to communicate with children and their parents.

For many paediatric neurosurgeons and older members of the ISPN, it has been a special privilege to have known Kenneth Till. Our sincere wishes go to his wife Morwenna, also a doctor previously engaged in leukaemia research, their four children and grandchildren.

References

1. Till K (1997) One pediatric neurosurgeon's story. *Childs Nerv Syst* 13:471–473
2. Till K (1964) A valve for the treatment of hydrocephalus. *Lancet* 1:202
3. Till K (1975) *Paediatric neurosurgery*. Blackwell, Oxford