Max Leonard Rosenheim, Baron Rosenheim of Camden, 1908-1972

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MAX LEONARD ROSENHEIM
BARON ROSENHEIM OF CAMDEN
1908–1972
Elected F.R.S. 1972

BY SIR GEORGE PICKERING, F.R.S.

MAX LEONARD ROSENHEIM, Baron Rosenheim of Camden, became a Fellow of the Royal Society by Special Election under Statute 12 a few months before he died. He was a distinguished clinician and medical scientist but his outstanding success was in persuading organized medicine in this country to face constructively the issues of the contemporary world. This he achieved through his immense vitality and through his remarkable capacity for making friends all over the world.

He was born in Hampstead on 15 March 1908. His parents were both non-practising Jews and members of the Ethical Society. Max received no formal Jewish religious instruction and never regularly attended any place of religious worship. His father, Ludwig Rosenheim (1869–1915), was the son of a wine merchant in Wurzburg. He left Germany as a young man and became a naturalized British subject. He was a member of the Stock Exchange on which he made enough money to leave his family comfortably off. He had wide interests and, as a young man, attended evening classes in London on chemistry, mineralogy, geology, etc. Max’s paternal uncle was Sigmund Otto Rosenheim (1871–1955) (see Biographical Memoirs of Fellows of the Royal Society, vol. 2, November 1956). Max’s great uncle, Max Rosenheim (1849–1911), was a distinguished art collector and antiquarian, also domiciled in England, and a generous benefactor to the Victoria and Albert Museum and the British Museum. His mother, Martha Rosenheim (née Reichenbach) (1881–1971), was the daughter of Carl Reichenbach of St Gall, Switzerland, and Ida Boas of Minden, Westphalia. Max’s maternal grandfather was a general practitioner, a genial, forceful and public-spirited man, who played an important part in the life of the community, becoming successively Schulrat, Stadtrat and Kantonsrat.

Ludwig and Martha married in 1905 in London and settled in Steele’s Road, Hampstead, where they had ten years of blissfully happy married life until Ludwig’s untimely death from cerebrospinal fever in May 1915. Max was a highly strung and delicate child. He suffered from rickets and, at the age of seven or eight, from what was then diagnosed as ‘bronchial glands’ (necessitating a move to Bournemouth, interruption of his schooling, and a period of
restricted activity during which he was pushed around in a bathchair). He returned to London in 1919. His childhood was reasonably happy and uneventful but clouded by the death of his father which cast a deep gloom over the household. Max’s mother, a woman of great charm and indomitable will-power, was left to bring up three children on her own. Her sentimentality and possessiveness, and the lack of a man in the home, to some extent influenced her children’s lives, and Max early showed an over-developed sense of responsibility for his mother and his family, which persisted throughout his life. Max’s sister, Adèle Helen, later Mrs Van Noorden, was born in 1906. His brother, Charles, was born in 1912. At the outbreak of World War II he joined the army and was a major in the Welch Regiment when he was killed in action in 1945, gaining an M.C. posthumously.

Max went to a preparatory school, The Hall, in Hampstead, from 1915 to 1922 with interruptions owing to illness. In 1922 he got a scholarship to Shrewsbury School, and in 1926 entered St John’s College, Cambridge, as a Scholar. He was awarded first class honours in the Natural Science Tripos, Part I, in 1929, and entered University College Hospital Medical School with the Goldsmith Exhibition. He gained the Junior Clinical Medal and the Samuel Tuke Medal, and qualified in 1932. He did his house jobs at University College Hospital, being House Surgeon to Professor C. Choyce and House Physician to Professor T. R. Elliott, F.R.S. After a year as Assistant Medical Registrar at the Westminster Hospital, he returned to U.C.H. as Medical Registrar in 1936. In 1939 he was awarded the Bilton Pollard Travelling Fellowship with which he went to work with Dr Fuller Albright at the Massachusetts General Hospital in Boston. Unfortunately he soon had to return as the war broke out just after he arrived. He was appointed First Assistant to the Medical Unit at U.C.H. under Sir Harold Himsworth, F.R.S., who persuaded him to take charge of the first year clinical students who had been evacuated to Cardiff. After a short subsequent stay in London at the height of the blitz, during which he evolved Rosenheim’s law of sleep (which states that you sleep more soundly if you believe that there is nowhere you might sleep more safely), he joined the R.A.M.C. in 1941. After a preliminary assignment in Belfast, he became Officer in Charge, Medical Division, in various countries in the Middle East, North Africa and Europe, ending his Army service as consulting physician to the Allied Land Forces, S.E. Asia. This experience gave him a deep interest in tropical diseases and a deep concern for all the health problems of the developing countries, to which he was later to contribute so much.

In 1934 he had been made a Member of the Royal College of Physicians and in 1941 he was elected to its Fellowship.

After the war he returned to University College Hospital where he became Deputy Director of the Medical Unit and Honorary Consultant Physician in 1946. When Sir Harold Himsworth left to become Secretary of the Medical Research Council, it was natural that Rosenheim should be elected to succeed him as Professor. Under him the Medical Unit became a centre for the production of able young medical scientists and for the training of wise, sympathetic and
skilful physicians. His open postgraduate rounds were particularly successful and popular. He served on many of the committees of the University of London and continued to travel widely in the Commonwealth and outside it. In 1953 he was a member of the World Health Organization team visiting Indonesia, and in 1955 of the Colombo Plan team visiting India. In 1956 he was Visiting Professor at New York State University Medical School and at the Massachusetts General Hospital. In 1958 he was the Sir Arthur Sims Commonwealth Travelling Professor, visiting Pakistan, Australia and New Zealand. He was an external examiner in Jamaica, Nigeria and Khartoum. Each year until he died he visited, in one capacity or another, at least four countries overseas.

His warm humanity and his wisdom quickly led him to a life of public service. In 1955 he became Consultant Adviser in General Medicine to the Ministry of Health, and in 1961 Chairman of the Medical Panel of the British Council. From 1961 to 1964 he was a member of the Medical Research Council and of the Tropical Medicine Research Board. In 1964 he became a consultant to the Rockefeller Foundation for the Study of Medical Education in Developing Countries. In 1967 he was a Trustee of the Wolfson Foundation. In 1968 he was elected to the Army Medical Advisory Board, and became Chairman of the Advisory Committee on Medical Research of the World Health Organization. From 1969 he was a member of the Medicines Commission, and from 1970 of the Parliamentary and Scientific Committee, and the Medical Research Council’s Cancer Coordinating Committee. In 1971 he became a Governor of King Edward’s Hospital Fund of London and a Consultant to the Josiah Macy Jr Foundation. In 1972 he was Chairman of the Medicines Commission of the Department of Health and Social Security, and was elected to the Board of Governors of University College Hospital.

The outstanding period of service began in 1966 when he was elected President of the Royal College of Physicians. It was fortunate that the College had a man of his calibre to guide it at the time of its 450th anniversary, and to grasp the opportunities which its move from the cramped quarters of Trafalgar Square to the splendid new quarters in Regent’s Park had placed before it. His ability to assess a situation shrewdly and to take quick action, together with his qualities of calm decision and expert judgement, made him one of the most outstanding Presidents that the College has had. He seemed to have time to give to any member of the College who came to see him. He could depute work and thus he always seemed to have abundant energy, not only for College affairs, but to devote to his teaching and clinical work at U.C.H. The College became a busier and more active place.

Since its inception the Royal College of Physicians had been concerned with the standards of ethics and professional competence of physicians. It conducted two examinations. the Licentiate which, in conjunction with the Membership of the Royal College of Surgeons, licensed a man or woman to practise medicine and thus to have his or her name entered on the Medical Register; and the Membership of the Royal College of Physicians, which most bodies recognize as a necessary qualification for the post of physician to a hospital staff. During
the centuries a number of lecturerships were endowed, and these were delivered at appropriate intervals in the College. The College was governed by comitia of the Fellows with a Council elected by themselves. Comitia met quarterly, and once a year to elect its President. In the old College in Trafalgar Square this was virtually all that went on. Although his immediate predecessors as Presidents, Lord Platt and Sir Charles Dodds, had seen the need to expand the activities and the influence of the College, it was Max who at once recognized and fully grasped the opportunities which the splendid and spacious new building offered. He fostered a programme of educational events. The lectures were often made the focal point for a more elaborate gathering of young people. Teach-ins (horrible word) were organized for junior hospital staff, there was an annual advanced medicine course, clinico-pathological conferences for Fellows and Members, and conferences on radiology and other special subjects for physicians. Both British and international specialist associations were encouraged to hold their meetings in the College. Symposia on growing points in medicine were held. There was even a concert and a summer ball. The Faculty of Community Medicine was housed in the College. Max was largely instrumental in initiating a system of regional tutors and advisers. These were chosen by the College in order to advise on postgraduate training and careers all over the country. He was largely responsible for persuading the three bodies concerned with the certification of physicians in the United Kingdom to merge their examinations. Thus the M.R.C.P. London, the M.R.C.P. Edinburgh and the F.R.F.P.S. Glasgow ceased to offer separate examinations and combined to offer one M.R.C.P. United Kingdom. This was something that perhaps only Max could have done, because it meant each body giving up some of its vaunted independence. He encouraged international action in this way so that those who had passed corresponding examinations in Australasia could be exempted from the relevant part of the examination in the United Kingdom. He also instituted the holding of examinations for Part I of the M.R.C.P. in distant lands, e.g. Ceylon, Cairo, Accra, Kuala Lumpur and Jamaica.

During his Presidency (1966–72) the number of Fellows rose from 1247 to over 2000 in 1972, to keep pace with the greatly increased number of consultants in the country, especially in the regional teaching hospitals. He was ex officio on every College committee and took the chair at most of them! He did some fine work as an ambassador and was an immensely popular and successful visitor to many countries, especially Ceylon, Australia and the United States of America, and also to a great many local medical societies in the United Kingdom. He was a splendid ‘mixer’ and though not an especially good talker, always got people into a good mood.

Scientific work

The scientific work which brought Rosenheim renown was the treatment of urinary infections. Immediately after completing his house jobs, Max began what was to be an outstanding contribution to clinical science, namely the use
of mandelic acid in the treatment of urinary infections. It had been known for many years that if a normal subject eats a diet which contains much fat and relatively little carbohydrate, various ketone derivatives are excreted in the urine. This diet, known as the ketogenic diet, had been used with a modicum of success to control epilepsy. In 1931, two workers at the Mayo Clinic, Clark and Helmholz, discovered that this diet was moderately successful in controlling infections of the urinary tract, a very common clinical condition. Fuller, in 1933, had shown that one of these keto-acids, \( \beta \)-hydroxybutyric acid, would destroy bacteria cultured in the urine if the pH was maintained below 5.5. It occurred to Rosenheim that it might be possible to find a related substance which could be ingested by mouth, and which would have the same bacteriocidal properties. He tried the effects of a number of related acids when added to urine \textit{in vitro}. Benzyl acetic acid had the strongest effect, but when given by mouth was not excreted as such in the urine, but had been converted to hippuric acid and other substances. Mandelic acid was bacteriostatic and excreted unchanged when taken by mouth. So he introduced a régime in which 12 g of mandelic acid and 8 g of ammonium chloride were given \textit{per diem} to patients whose fluid intake was limited to 2 pints. The purpose of the ammonium chloride was to acidify the urine since mandelic acid was only bacteriocidal in these circumstances. The treatment was remarkably efficacious in controlling urinary tract infections. A little later he simplified the régime by giving ammonium mandelate and, later, calcium mandelate, to achieve both the requisite concentration of mandelic acid in the urine and the correct pH. This was by far the best treatment until the introduction of sulphonamides and the modern era of antibiotics began.

The next subject to which Rosenheim made an important contribution was hypertension, or high blood pressure. This common disease was poorly understood and ineffectively treated. Paton, working at U.C.H. in Rosenheim’s department, and Zaimis had shown that the polymethylene bistrimethylammonium salts blocked the action of acetylcholine on cholinergic transmission in the central nervous system. In 1949 Rosenheim and Arnold showed that one of these derivatives, pentamethonium iodide, injected intravenously, profoundly lowered the arterial pressure in patients in whom it was high. Indeed, in one of their patients the fall of pressure was so profound that she became semi-comatose, and in a state of peripheral circulatory collapse, which was relieved by adrenaline. This pioneering paper was followed by others in which another related compound, hexamethonium, was given subcutaneously for weeks or months to patients with hypertension. The arterial pressure was controlled, the malignant phase was reversed, the manifestations of cerebral oedema, or hypertensive encephalopathy, disappeared, and left ventricular failure was relieved. Thus began the modern era of the treatment of hypertension by drugs, many of which, like pentamethonium, blocked transmission in the sympathetic nervous system. Rosenheim gave a very clear account of what this treatment would do, thus demonstrating the role of raised arterial pressure in producing the manifestations and complications of hypertension.
Rosenheim’s third great interest was in chronic pyelonephritis, a condition in which the kidneys are the seat of chronic inflammatory processes reputedly due to a low grade bacterial infection. The condition may produce renal failure, and is frequently associated with raised arterial pressure. The diagnosis during life is difficult and its causation obscure. Rosenheim and his colleagues, particularly C. J. Hodson, showed that the diagnosis is best made by rendering the kidney visible on an X-ray film during its excretion in high concentration of a radio-opaque dye, e.g. diodone. The affected kidney is usually diminished in size and shows a characteristic indentation of the surface, with thinning of the cortex at that point, and enlargement of the underlying calyx. They further showed that a reflux of urine from the bladder into the ureter during micturition was present in 23 of their 36 patients suffering from the condition. This, they thought, was at least partly due to a chronic bladder neck obstruction, and showed that, by suitable surgery, both could be relieved with beneficial effects on the course of pyelonephritis.

Rosenheim’s 83 papers deal mostly with renal disease and hypertension, but in his later years they became broader in scope and revealed his wide experience and interest in the problems of medical care, medical organization, medical research, and the need for continuing education and training of the qualified doctor.

His experience and massive common sense made his views on the controversial subject of medical education unusually valuable, for he combined innovation with experience. He saw too that medicine had been too long centred on hospitals and medical schools and now had to reach out widely into the community. It was largely for this reason that he became an active supporter of the new Faculty of Community Medicine and found it a home in his College.

Max was created a Life Peer in 1970, as Baron Rosenheim of Camden. There can be no doubt that he would have made his mark in the House of Lords, as he did everywhere else, had he survived.

Max resigned his Chair in 1971, feeling that he was overcommitted, and that a younger man should enjoy its opportunities. He continued as Physician to U.C.H., though in a part-time capacity. In April 1972 he gave up the Presidency of the Royal College of Physicians. In May he was elected a Fellow of the Royal Society. In December he died unexpectedly after a short illness. He was 64. All his colleagues were looking forward to the warmth of his friendship and the benign and enlightened guidance of this elder statesman in medicine and in science.

Max’s chief interest was people. He remembered nearly everyone he met and he remembered their backgrounds, interests and problems. Besides sailing and fishing, he was interested in photography, music, books, and especially in good conversation. He wrote lucidly with a fine economy of words and became an admirable after-dinner speaker, witty, courteous, apt and brief. He remained unmarried and lived in Hampstead with his mother until she died in 1971. His distinguished achievements and position made no difference
to his way of life. His sincerity and total lack of affectation, combined with his friendliness, were characteristics which made him so much beloved and the unique ambassador which he certainly was.

**Honours**

Rosenheim received the following honours:

1955  C.B.E.
1966  President of the Royal College of Physicians
1967  K.B.E.
1970  Created Life Peer
1972  F.R.S.

Honorary degrees:

1969  D.Sc. Hon. Causa  University of Wales
1970  Birmingham
       Ceylon
       Southampton
1972  LL.D. Hon. Causa  Liverpool

Fellowships:

1967  Honorary Fellow, University College London
       American College of Physicians
       Royal College of Physicians, Edinburgh
       Royal Australasian College of Physicians
       Swedish Medical Society
1969  St John’s College, Cambridge
       Royal College of General Practitioners
       Royal College of Physicians and Surgeons of Canada
       Ceylon College of Physicians
       Royal College of Physicians of Ireland
1971  Royal College of Physicians and Surgeons, Glasgow
1972  College of Physicians and Surgeons of South Africa

In preparing this note I am deeply indebted to Max’s sister, Mrs Adèle Van Noorden, who has taken endless trouble in supplying me with details about Max’s life; to Dr Thomas Hunt, who was the chief agent in the Royal College of Physicians’ Appeal and who worked closely with Max in many other fields; to Sir Cyril Clarke, F.R.S., his successor as President of the Royal College of Physicians; and to Dr Oliver Wrong, who supplied the bibliography.

The photography, kindly supplied by Mrs Van Noorden, is by Lotte Meitner-Graf.
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