John Pryor, who is widely considered the most important British andrologist, was particularly suited to being at the forefront of his specialty as it emerged during the 1970s and 80s. He combined surgical prowess and innovation with the ability to see ‘the broad picture’, working with others within and beyond his discipline.

Starting at King’s Medical School, London, in 1955, he considered paediatrics as a career during his clinical training, but had settled on surgery by the time he qualified. After rotating through junior posts at King’s College Hospital in Camberwell and orthopaedics at the Royal National Orthopaedic Hospital, Stanmore, his ‘coming-of-age’ surgical job came during two years in Doncaster, working on-call 8 in 14 nights and running a 50-bed unit with another registrar. This was a far cry from the Swinging Sixties in London, but his surgical experience was vast and included both retropubic and transvesical prostatectomy.

On returning to King’s, John furthered his experience with rotations through cardiothoracic and general surgery, before taking the opportunity, in 1968, to carry out research on organ preservation and transplantation for Fred Belzer in Professor J. Englebert Dunphy’s renowned Department of Surgery in San Francisco. Much of his time there was spent honing his craft, operating in an animal laboratory, performing liver and kidney transplants, and attending the many clinical rounds. By this stage he was considering cardiothoracic surgery or transplantation as a career, but returning to King’s and rotating through urology, he opted for this specialty instead.

By the time it came to applying for a consultant post, urologists, especially in London, were beginning to subspecialise. John thought that the male genital tract was a suitable area, a belief endorsed by Sir David Innes Williams (the ‘King’ of the Institute of Urology). And so it was that JP came across ‘andrology’ and would be appointed to King’s and the ‘Three Ps’ (St Peter’s, Paul’s and Phillip’s – London’s specialist urology hospitals) in 1974, with the remit to develop this emerging niche.

Sir David stepped down from clinical work in 1978 and, despite his relative inexperience, John was appointed Dean of the Three Ps. His chosen subspecialty made him particularly suited for the role, his ability to predict the length of procedures with greater accuracy, and fewer postoperative worries than colleagues doing cancer or reconstructive work, meaning that he was able to attend the many committees before, between, after and sometimes even during operating sessions.

Andrology was such a new specialty that the first major society (the American Society of Andrology) was only established in 1975. John became the first chairman of the British Andrology Society in 1977. In 1981, together with Alpay Kelami in Berlin, he instituted the annual Symposium of Operative Andrology.

During the 1970s, treatment for erectile dysfunction was limited to psychosexual counselling or implantation, with nothing between. John accepted that while counsellors had rudimentary knowledge of the physical causes of impotence, surgeons’ understanding of the psychological causes and consequences of the condition was limited. He worked with Elizabeth Stanley and the Association
of Marital and Sexual Counsellors to improve understanding between the groups. One of the counsellors, who had spent three months sitting in on his andrology clinics wrote, ‘Mr Pryor does not make any decisions but, having given the patient the various treatment options, will sit back and throw the ball back into the patient’s court by asking him what he would like him to do.’

The revolution in the surgical treatment of erectile dysfunction began with the Small-Carrion malleable device, rapidly followed in 1973 by Brantley Scott’s ingenious inflatable prosthesis. John implanted these from the very start of his consultant career and observed dramatic improvement in functionality and durability over the subsequent decades. He feels that, perhaps more so than in contemporary medicine, it was the clinicians who were the real innovators at that time, rather than industry. Despite issues regarding funding (which persist today), John’s reputation ensured that patients were referred to him for implants from all over the UK. This reputation was only enhanced when, in the late 1980s, an ITV documentary on impotence showed an implant operation and interviewed the satisfied patient. It was the first time that an erect penis had been shown on British TV.

**John helped counsellors understand the physical causes of impotence**

During the 1980s, John worked with scientists including Dame Julia Polak at the Hammersmith Hospital and Professor Geoffrey Burnstock at University College London, both of whom were interested in penile neurotransmitters. Regarding the famous demonstration at the American Urology Association in 1983 by the physiologist Giles Brindley (another collaborator and neighbour) of his own erection, aided by intracorporeal injection of papaverine, John recalls, ‘The impact was tremendous. The Americans are very conservative in general and it really took them aback.’

Although a wide range of potential treatments were available at this time, John bemoans the fact that they were often only available to a limited patient population with access to specialist departments. The introduction of first alprostadil and then PDE5-inhibitors in the 1990s went a long way to correct this.

The treatment of infertility underwent major change at the start of John’s consultant career. He saw the benefit that infertile couples gained from specialist interest in this area, and his work on the relationship between elevated FSH and spermatogenesis in particular pushed him to the forefront of this field. He had a friendly rivalry with Bill Hendry from St Bartholomew’s Hospital, collaborating with him on several papers, including a key report on ejaculatory duct obstruction. When he was first appointed, infertility clinics were typically given to the most junior consultant, but IVF in the 1970s and intracytoplasmic sperm injection in the 1980s would revolutionise the field.

John retired from King’s in 1994, but continued to work in clinical andrology until 2005. During this period, he was President of the European Society for Sexual Medicine and worked towards establishing a curriculum and certification in that specialty.

John now lives on the cliffs in Fairlight, Hastings, with the most tremendous views of the English Channel. He has always been interested in the Arts and is well placed for trips to Glyndebourne and the London theatre.

**Declaration of interests:** none declared.