



Royal College
of Physicians

In tribute: Remembering RCP
members and fellows who died
from COVID-19

President's introduction: in tribute to colleagues who have died from COVID-19

On one hand, this is a publication that ideally should never have needed to be produced. On the other, it is good we have the opportunity to celebrate the lives of the physicians who have died during the COVID-19 pandemic.

When we first published this collection of obituaries in December 2020, I worried that more tributes would unfortunately still need be written. This publication is now on its fifth edition, and was most recently updated in June 2022, but if you are aware of anyone we may have missed, please let us know.

Although such a collection of obituaries represents a huge loss to our physician family, reading through them is remarkably inspiring as well. So much has been achieved by each and every one of our colleagues celebrated here that our memories of them and the legacies they leave behind are all positive. I am proud that they were members and fellows of the RCP and that they all changed the lives of the patients they cared for and

the colleagues they worked with. They are role models for us all.

As the progression of the vaccine programme offers us hope for the future, unfortunately we are still seeing more of our membership lose their lives to COVID-19, and we will of course continue to update this memorial, as well as reflecting on the best way to honour their memories in the months to come.

We will also be creating a permanent memorial to all of the members and fellows that have died from COVID-19, which will be in the grounds of our Regent's Park home. Other memorials will be created around the world for doctors and other emergency care workers, but ours will be dedicated to those who are members of the RCP family. We will unveil this when, hopefully, the worst of the pandemic is over, and we will announce further news when we can.

For the moment though, let's celebrate the lives of our colleagues in the pages hereafter. May they rest in peace.



Professor Andrew Goddard
RCP president

Contents

Matteo Adinolfi	4
Mohankumar Adiseshiah	6
Anthony Arnold	8
Medhat Atalla	9
Nigel Baber	11
Tapan Banerjee	12
William (Bill) Cattell	14
Bruno Cheong	16
Judith Darmady	17
Michael Udoh-aka Eshiett	19
Alfred William (Bill) Frankland	21
Anthony (Tony) Gershlick	23
Kenneth Goldman	24
John Griffin	25
Peter Harper	27
Donald Lane	29
Martin Mansell	31
Victor Miller	33
Robert Emerson Nagle	35
John Norris	37

Contents continued

Donal O'Donoghue	39
Sivaramakrishna Iyer Padmavati	41
Jacob Plange-Rhule	43
Alfa Sa'adu	45
Anton Sebastianpillai	46
Tariq Shafi	47
Mohammad Siddiqui	49
David Slattery	51
David 'Brailsford' Tong	53
Peter Tun	55

Matteo Adinolfi MRCP

10 December 1928 – 26 April 2020

PhD(1954), MD(1966), MRCP(1997)



Matteo Adinolfi was born in 1928 in Asmara, Eritrea, to Attilio, a bank manager, and his wife Maria (née Sellitti), who had fled there from Italy to escape fascism. Attilio had been able to arrange a transfer to the bank's Eritrean branch.

Adinolfi remembered attending a local school with a handful of other Italian children, and enjoyed trips to the seaside. In his teens, he developed a lifelong passion for Russian novels. On a visit back to Naples in 1943, the family was trapped by the advancing war and unable to return to Africa. Attilio joined the navy. Matteo, his mother, and two sisters fled the bombing of Naples, taking shelter in the surrounding hillside. They fled from one hill to another, foraging for food, and finding shelter where they could. Matteo was half starved and severely ill with gastroenteritis; the experience motivated him to become a doctor.

Adinolfi read medicine at the University of Naples and worked there until 1962. In the same year, he moved to London and joined the haematology research unit at the Wright Fleming Institute, as well as practising at St Mary's Hospital. In 1966 he was awarded his doctorate in immunology at the University of London and became a senior lecturer at the paediatric research unit at Guy's Hospital and

medical school, where he and his international colleagues developed laser microscopy in prenatal diagnoses of chromosome disorders and single cell gene defects. For the next 30 years, Adinolfi worked as a consultant, teacher, and researcher at Guy's and at University College Hospital, and in Lambeth, Southwark, and Lewisham Area Health Authority. In 1983, he was appointed professor of developmental immunology at the University of London, and in 1994 he went to the Galton Institute at UCL.

His colleague Eric Jauniaux recalled:

'I first met Matteo soon after I was appointed at UCL in 1995. I was a very young senior lecturer then and he was already a scientific celebrity. Although we did not work in the same department, he had a well-established research relationship with Charles Rodeck, pioneer in fetal medicine. Together they established collaboration on the use of transcervical trophoblastic cells for the early diagnosis of genetic anomalies. This was an incredibly difficult technique that Matteo had managed to develop and perfect. In the 1990s it was considered as a possible alternative to invasive prenatal diagnostic techniques, such as amniocentesis and placental biopsy or chorionic villous sampling, which Rodeck had pioneered. In brief, instead of having to put a needle inside the uterus of a pregnant woman at risk of a genetic anomaly, their technique consisted of gently harvesting placental cells from the cervix of the patient using a simple

brush. This allowed use of only a few cells to make the diagnosis of various genetic anomalies. Their initial paper was published in *The Lancet* in 1995. A similar technique is now used to detect fetal cells in maternal blood, allowing for a fully non-invasive prenatal diagnosis of fetal chromosomal abnormalities. This has been a revolution in prenatal diagnosis, and Matteo certainly contributed to it. I had the privilege and honour to contribute to some of their projects. Matteo was a true gentleman, modest but enthusiastic, greater than life, and dedicated to his work. I had the opportunity to meet him and his wife socially and have great memories of these events and, of course, of his fantastic Italian dishes.'

Rodeck recalled:

'After retiring from Guy's, Matteo relocated to the Galton Lab (as it then was) at UCL. I had returned to UCL as head of the department of obstetrics and gynaecology a few years earlier and needed a collaborator in genetics to work on prenatal diagnosis. It was ideal that our interests overlapped so much. Genetic analytic techniques had become so sensitive and sophisticated that we were able to do research on single cell analysis for non-invasive prenatal diagnosis. He would drop into my office frequently, wearing his jaunty cap, and liven up the day. He and his co-workers collaborated with

my research fellows and trainees, and were helpful to and much appreciated by the latter. It was a very productive period. What a remarkable life he had. Those roots in Naples, the early years in Africa, and then a hugely distinguished career in London.'

Throughout his career, Adinolfi mentored many students. According to Terry Gibson, consultant rheumatologist at Guy's: 'Matteo was rarely without a retinue of students as he walked along the corridors.'

Adinolfi was also a talented artist. In his youth, he had been tempted to attend art college. He explained:

'A large part of my time has been, and is still, spent doing artwork and attending evening art classes, where I have learned different

types of printing techniques and, more recently, how to make metal sculptures. My collages, etchings, linocuts and sculptures are shown in galleries (and even sold) at least twice a year. Sometimes I suspect they have made me more 'famous' than my scientific papers, at least among my friends.'

He and other scientists founded the popular 407 Art Club at Guy's Hospital, inviting doctors and nurses to join. He met his wife, Jennifer Williams, an artist, at an etching class at the City Literary Institute in 1978 and they married in 1985. The couple participated in artist book fairs and shared creative projects.

Adinolfi retired in 2004, aged 76, which provided him with more time to create, learn different types of

printing techniques, and read modern literature and poetry, which was another lifelong passion.

He published hundreds of scientific papers and contributed to many books.

He leaves his wife, Jennifer, and three children – Carlo, Nora, and Marina – from his first marriage to Annetta De Giorgio, which ended in divorce. His second wife, Camille Guthrie, died in 1975.

Rebecca Wallersteiner

This obituary was originally published online by the BMJ:

www.bmj.com/content/370/bmj.m3309

Examples of Matteo's artwork. Left: *To the galaxies* (1976). Right: *Al concerto* (1996).



Mohankumar Adiseshiah FRCP

20 May 1941 – 24 April 2020

MBBS(1965), FRCS(1969), MA(1977), MS(1978), FRCP(1998)

Mohankumar Adiseshiah (known by all as Mo) was born in Madras, (now Chennai) India in 1941. His father, Malcolm Adiseshiah, was an internationally renowned UNESCO educationalist. His mother Helen (nee Paranjoti) was the daughter of a prominent clergyman.

Mo attended La Martiniere College in Lucknow prior to moving to the UK, where he attended Wandsworth School in south London. From there, he was successful in obtaining an entrance state scholarship to Kings and Westminster Medical School.

Mo graduated from Westminster Medical School in 1965 and was awarded the Arthur Evans memorial prize in surgery. He subsequently became a fellow of both the Royal College of Surgeons in 1969 and the RCP.

Following house officer posts at the Westminster and St George's he commenced his surgical training at University College Hospital London



and in Cambridge. He later spent time as a research fellow in Toronto and as a lecturer in Hong Kong. He was particularly influenced in his training by Harold Ellis, Charles Drew, David Bailey and G B Ong in Hong Kong, and Ronald Baird in Toronto. He was awarded an MA (Camb) in 1977 and MS (London) in 1978. On return to the UK he was appointed as a consultant surgeon in Huntingdon and a lecturer in Cambridge. Typical of Mo, he threw himself energetically into upgrading

Huntingdon Hospital to a full district general hospital with the help of the then local MP, Sir John Major.

Mo returned to the Middlesex Hospital and UCH in 1982, serving with enviable distinction in many capacities in the hospital and university, until his retirement. As clinical director for surgery, he redefined vascular surgery as an emerging subspecialty of general surgery and oversaw the transition of the service to the current excellent UCLH main campus.

Mo loved to travel. A visionary surgeon from the start, he understood that we can only see as far as our horizons.

He maintained a commitment to surgical research throughout his career and published widely. However, his most enduring legacy is undoubtedly his pioneering role in the early development of minimally invasive endoluminal stent graft

repair, as an alternative to open surgery. He was a very early convert, cobbling together homemade early prototypes, and patenting the UCL technique in 1995. He stuck with this new technique through its, at times underwhelming 'endo-gloominal' infancy while training, publishing and participating in defining trials for what is now the global default aortic operative approach. To Mo and his small band of pioneering colleagues, the vascular community owe a wealth of gratitude.

Mo loved to travel. A visionary surgeon from the start, he understood that we can only see as far as our

horizons. His professional travels took him to every continent. As a regular invited faculty member at international meetings, he contributed tirelessly. He served on the Council of the Vascular Society and published over 100 papers in peer-reviewed journals, including book chapters and national newspaper articles. He chaired the medical committee and was a trustee of St Luke's Hospital for the clergy.

Mo adored cricket, rugby union (Saracens) and the theatre, being responsible for a number of raucous productions while at medical school. He played squash and the violin. He

was also passionately concerned about the plight of the Palestinians in Gaza.

Surviving a major stroke in November 2018, the cruellest blow to a surgeon who had saved countless others from the same fate, he regained some quality of his life only to be taken by COVID-19.

Mo was a wise, compassionate and generous man and is survived by his wife Maria, six children and two granddaughters.

Irving Taylor

Anthony Arnold FRCP

14 July 1950 – 11 January 2022

MBChB(1973), MD(1984), FRCP(1987)

A consultant chest physician before retirement, and a medical referee up until his death, Anthony (Tony) died due to COVID-19 pneumonitis and VEXAS syndrome in January this year.

Born in West Runton, Norfolk, Tony grew up in less than ideal circumstances. His childhood years were a struggle from which he gained the resolve to make a better future for himself and his family. He found the motivation and desire to succeed at school and subsequently was admitted to the University of Manchester Medical School.

Lifelong friends were made during his time in Manchester and it was during his penultimate year as a student, during a clinical placement in Barrow-in-Furness, that he met his future wife. In fact, by the time he was 26 years old, he was married with two children

After junior posts in the Manchester region, Tony moved to the illustrious surroundings of the John Radcliffe at Oxford, and while there, he developed what was to turn out to be a lifelong interest in asthma. This resulted in a research post looking at the nature of acute asthma attacks and led to publications and a doctoral dissertation on the subject.

Having decided he was going to specialise in respiratory medicine, he obtained a senior registrar post in Leeds, rotating to Hull where he arrived in 1981 before being



Tony with his two grandchildren.

appointed a consultant in general and respiratory medicine in 1984.

At the time, chest medicine was based at Castle Hill Hospital, and was physically (and culturally) separate from all the other acute medical specialties at Hull Royal Infirmary (HRI), which were administered by a completely different group of managers and clinicians. As the first dually accredited chest physician, Tony argued strongly for cooperation and a bed base in HRI, which he ultimately achieved.

Tony was proactive in modernising chest services, acquiring new equipment and introducing modern

investigational techniques. With the appointment of another two like-minded consultants working alongside him and with the arrival of the postgraduate and then undergraduate medical school, the team developed their research potential and were able to appoint a founding chair in respiratory medicine. The unit now provides a broad range of sub-regional tertiary level services and this made him extremely proud.

Tony always had an eye for the big picture and wanted to be involved in important decisions, which would affect how the chest unit functioned and more broadly how hospital

services were developed locally. He was much in demand for local, college and regional committees.

Although his clinical opinion was highly sought after and he had a busy practice, his most important legacy is perhaps his work with the Yorkshire Deanery. He was trainee programme director for general medical specialties and then in 2007 became head of the School of Medicine, a post in which he remained until his retirement in 2015.

Part of his role was to ensure that junior doctor posts in the region were supported, developing quality markers for safe practice and broad experience. This included adequate supervision, local teaching, procedural training, granting of study leave and even ensuring junior doctors could get a hot meal when on call. Many of these benchmarks have been taken up more widely at the national level at the behest of the GMC.

He was also quick to see the potential of new technologies for teaching using simulation, and with his talent for writing persuasive bids for

equipment, Hull now have one of the best simulation facilities and an excellent reputation in the region. Colleagues speak of his encouragement, support and strong sense of right and wrong, and patients almost always described him as sympathetic and a gentleman. There can be no higher accolade.

Aside from his work, sport was incredibly important to him. He completed more than a few marathons over the years, played squash, golf, skied at every opportunity, and over the last decade was a frequent participant and volunteer at Peter Pan Parkrun.

Tony was always supported by his family through his medical career, and later in life also by his partner. He was not only an inspiration at work, but also to family and friends. Unfortunately, the last 5 years of his life were plagued by bad health and he was ultimately diagnosed with VEXAS syndrome; an adult onset inflammatory syndrome, only recently characterised.¹ He battled through his ill health to the very end, determined to complete his 250th parkrun, slowly but determinedly



After completing the Grimsby 10k race, with his friend Bob

walking his way around with his family and many friends in tow, applauding his every step. Treatment was always going to be experimental and unfortunately in his weakened state, COVID took hold and didn't let go. He will forever be fondly remembered for his determination, dedication and warm heart.

Colleagues speak of his encouragement, support and strong sense of right and wrong; patients almost always described him as sympathetic and a gentleman. There can be no higher accolade.

Jennifer Arnold-Volakou and Mike Greenstone

Reference

- 1 Beck D, Ferrada K, Sikora A *et al.* Somatic mutations in UBA1 and severe adult-onset autoinflammatory disease. *N Engl J Med* 2020; 383:2628–38.

Medhat Atalla MRCP

3 January 1958 – 22 April 2020

MB ChB(1981), MSc(1987), MRCP(2005),
FRCP(Edin)(2017)



A greatly respected and much-loved doctor, his colleagues describe him as a gentleman, whose smile would light up a room.

Medhat was born 1958 in Egypt and, as a boy, was the country's 100 and 200 metre freestyle and breaststroke champion. He was the eldest of three siblings, and his father was Mr Soby Atalla, a vice minister in the Department of Electric Ministry in Egypt.

Medhat obtained his Bachelor of Medicine and Surgery degree from the prestigious Ain Shams University in Cairo in 1981, before going on to practise medicine across three continents: Africa, Asia and Europe. A hugely distinguished health professional, Dr Atalla had been a consultant physician and geriatrician at Doncaster Royal Infirmary since 2011, a fellow of the Royal College of Physicians (Edinburgh) and also an examiner for MRCP(UK) PACES examinations – a role he enjoyed immensely.

In early 2020, Medhat began exhibiting symptoms of COVID-19, and unfortunately his condition deteriorated rapidly. Diligently cared for by the same nurses and doctors he worked alongside, he passed away peacefully, surrounded by his colleagues and friends.

Dr Atalla was greatly respected and loved by all who knew him, and a number of colleagues have shared their memories of him.

Dr Andrew Oates, consultant geriatrician and clinical director, had known Medhat since he was a specialist registrar in geriatric medicine. He remembers him as an extremely hardworking colleague, who was very enthusiastic about his work and a quick learner, reflecting: 'He was a truly wonderful person to have in the department.'

Nursing staff fondly remember his personal approach to his work. He was very meticulous, and he reminded the staff to record lying and standing blood pressures at all times, and was known for chasing colleagues with an observations sheet in-hand to ensure it was completed – which always made them laugh.

Holding a special place of affection among them, staff nurses always kept at least one tendon hammer hidden on the ward at all times, available for his specific use. Reflecting upon their much-missed colleague, they remember most his great ability to make everyone comfortable, how his smile would light up the room, and how he provided the best care for his patients while also taking care of the staff – he was their trusted friend.

Dr Victoria Barradell, consultant geriatrician, remembers his constant willingness to bend over backwards to help his colleagues, describing

how Medhat held his ward teams in very high regard and viewed them as family.

Dr Rekha Ramanath, consultant geriatrician, colleague and close personal friend, wrote of Dr Atalla:

'To me, he was a very special friend and a fantastic colleague. We worked together for the last ten years in perfect harmony. He was a gentleman, and addressed me and all his colleagues by our surname. He grinned cheekily every time I reminded him to call me Rekha, rather than Dr Ramanath. He worked until he developed symptoms of COVID-19. He came to me when he needed assistance and considered me part of his close-knit family. I was privileged to be with him, holding his hand, while he took his last breath.'

Above all else, Dr Medhat Atalla will be missed, forever honoured and remembered by all of us at Doncaster and Bassetlaw Teaching Hospitals. He was a truly special doctor and a uniquely gentle, gentleman – may he rest in peace.

This tribute has been jointly written by staff at Doncaster and Bassetlaw Teaching Hospitals Trust.

Nigel Baber FRCP

6 March 1945 – 18 January 2021

BSc(1966), MBChB(1969), MRCP(1972),
FRCP(1990), FFPM(1992), FRCPE(1997),
DipClinPharm(Hon)(1998)



A courteous doctor and father, who applied his phenomenal memory in the fields of clinical pharmacology and medicines' regulation.

My Dad, Dr Nigel Scott Baber (hereafter 'Nigel'), was a very special man, with whom I have shared many pleasant times. My mum and I are missing him greatly. His absence, too, will be felt by others – both within our family and beyond.

Born in Oxford, Nigel spent most his formative years in Banbury – with the rest of these in Westcliff-on-Sea, while his father – who worked for Barclays bank – travelled to the bank's office in nearby Rochford. While in Banbury, Nigel attended Overthorpe Preparatory School, progressing to Banbury Grammar School and thence to the University of Birmingham – where he qualified as a medical doctor. Nigel was a keen cricketer, and was an opening batsman for the Grammar School – practising for many hours with his father in the long, narrow garden of his home. He was also hard-working, sensitive and ambitious, with his focus on training in medicine being to an extent due to his admiration for local general practitioner Dr Wharton.

In the latter days of his time at Banbury Grammar School, one of Nigel's friends was Brian Voakes – whose family had moved to Adderbury from Ireland. Nigel fell in love with one of Brian's sisters, later proposing to her successfully and marrying her in St John the Evangelist Catholic Church, Banbury.

The lady to whom I refer is, of course, my mum.

Nigel had a varied career, becoming first a member of the Royal College of Physicians (of London) and, later, a fellow of this institution, a fellow of the Royal College of Physicians of Edinburgh, a fellow of the Faculty of Pharmaceutical Medicine, a fellow of the British Pharmacological Society, and the recipient of a diploma in clinical pharmacology (honoris causa) from the Society of Apothecaries of London. He was initially a hospital doctor, then a GP, then a clinical pharmacologist – working for three of the world's leading pharmaceutical companies over a period spanning more than 20 years. Then Nigel put his pharmacological expertise at the service of the government, working as a medical regulator for several years. Before his full retirement, Nigel was employed by the University of Hertfordshire as an expert in its biosciences division.

Nigel's exceptional memory was a strong asset in the management of medicinal products and in the determination of safety requirements in the licencing of medicines. He outperformed me while we went through my set texts for Ordinary-level Latin, by quoting fluently the translation of passages from his Ordinary Level Latin examination 24 years earlier. As 24 years after

my Ordinary Level examinations I couldn't remember a single word of my set texts – except that one of Pliny's letters contained the Latin for the phrase 'What is the point of all this?' – this showed how much stronger my father's memory was than mine. In his period as a manager at the Medicines Control Agency – later the Medicines and Healthcare products Regulatory Agency, Nigel was finicky for detail – and would not give way to pressure from companies, politicians or regulators to licence, or renew the licence of, a pharmaceutical product that he considered to be risky. If he had still been working there during this period of the COVID-19 pandemic, only the safest vaccines would have passed his assessment.

Nigel wrote many published papers during his career, and was on the Editorial Board, then the Executive Editorial Board, and then the Editorial Management Board for the *British Journal of Clinical Pharmacology*. He held the post of reviews editor on the Editorial Management Board, and enjoyed this work greatly. He also contributed chapters to a leading pharmacology textbook, thus forerunning me as a writer of monographs.

Nigel had a lifelong interest in woodwork. Over many years, he constructed wardrobes, cupboards,

In his retirement years, Nigel took up the specialist hobby of wood carving. Several of his impressive wood carvings are located in our home.

cabinets, radiator covers, an oak table, a cross-bow, and legs for a snooker table – among other items. In his leisure time, he was often found in his work-shed making a mortise-and-tenon joint or planing a piece of wood. In his retirement years, Nigel took up the specialist hobby of wood carving. Several of his impressive wood carvings are located in our home – one in my study which is kindly labelled ‘Teacher, Scholar, Musician’ and dedicated to me in the form of a large ‘G’.

For a few years during my youth, Nigel sang tenor in the Wilmslow Opera Group. Later, he sang bass in the Stevenage Choral and Hertford Choral Societies. For most of the latter time, he and I would travel together – as choral singing is an interest that we shared.

Nigel and I also shared an interest in rambling. He and I have together been up hill and down dale on the Pennine Way, the fells of the Lake

District, the Yorkshire Dales, the Yorkshire Moors, the Pentland Hills, the Cheviot Hills, the Brecon Beacons and the Black Mountains. ‘Shall we go walking, son?’ was always the call, to which I often had a mixed response – being of a more settled disposition than he. One of the memories that I would like to share with you is of a 17-mile walk that we did in July in the Pentland Hills, where purple-flowering heather abounded, the sun shone, and we did not see another person all day. This was pure bliss. There was no scrambling or climbing – just strenuous walking for much of the day in the beautiful, largely-unknown scenery. Another is the rush along the River Ure to the bridge at Wensley – which is flat, so much speed can be gained. We did this at least twice, chatting of this and that. A third is the walk over the ridge from Swaledale into Arkengarthdale – where magnificent views open up over the northern Pennines, and the traffic on the A66 can be seen snaking its way across the vista. There is a picture of

me at home, which was taken many years ago by Nigel in Arkengarthdale, with a book entitled ‘Yorkshire Dales’ in my hand. This is some of the most majestic scenery in the whole UK, which we shared together. It, and our time together there, is forever etched in my mind.

Nigel managed the demands of career, family and hobbies as well as he could – although he was never a pram-pusher or a school-runner. He didn’t even like catching the bus, although he did take the train to and from central London in his time as a government regulator.

Nigel was well-travelled, both in association with his professional work during his time as a clinical pharmacologist and also with the family. With his work, he went to places to which I have not been and am unlikely to go – including, for instance, Egypt, Iran and Saudi Arabia. But he was always a lover of central and southern Europe – and especially of Italy. He longed to take a retirement property in Tuscany or Umbria, where he enjoyed the scenery and the way of life.

I remember Nigel as a friend and companion as well as father, especially in my adult years. In the time ahead, he will be very much missed.

Graeme Baber

Tapan Banerjee FRCP

3 November 1940 – 31 July 2020

MBBS(1965), MRCP(1973), FRCP(1991),
FRCP(Edin)(1994)



‘Dr Banerjee exemplified all the best attributes of a physician, putting the care of his patients and the support of his trainees and colleagues at the heart of his work.’

Dr Tapan Kumar Banerjee was born as Chandrashekhar Kumar Banerjee. He resolved, at quite a young age, to jettison his formal birth name and be known by his simpler nickname, on the grounds that it sounded less ornate. This, in many ways, would foreshadow his personal and professional world view. As an obituary in India’s *Statesman* newspaper observed, Dr Banerjee was ‘among the last of a dying breed in this world of super-specialisations, an old-school physician who trusted his vast experience of medicine and his immense diagnostic skills to offer sound and sensible advice to his patients.’

Dr Banerjee obtained his MBBS degree from Sir Nil Ratan Sircar Medical College in Calcutta. He subsequently passed his MRCP examination and became a fellow of the RCP in London and Edinburgh. Prior to working in India, Dr Banerjee worked as a house officer at Selly Oak Hospital in Birmingham, registrar at Bedford Hospital, senior registrar at Ipswich Hospital, and consultant physician at Sunderland Royal Hospital. During this period, Dr Angus Buchanan, consultant physician at Bedford Hospital, ranked as one of Dr Banerjee’s most important mentors.

On returning to India, Dr Banerjee worked in Calcutta as a senior consultant physician at the Calcutta Medical Research Institute, the

Sri Aurobindo Seva Kendra (a not-for-profit hospital), and the Apollo Gleneagles Medical Centre. He was also associated with the US Consulate in Calcutta as its chief medical adviser. Dr Banerjee kept alive his association with the RCP in London by serving as an international adviser for several years. He was also appointed as one of the first Indian examiners for the MRCP PACES examination, examining in Calcutta and Chennai. He played a pivotal role in bringing and conducting the PACES examination in Calcutta, which has since hosted examinees from eastern India, Bangladesh and South-East Asia.

Dr Banerjee’s patients included prominent personalities in India, such as film stars, international cricketers, artists, politicians, civil servants and diplomats. He also tended to hundreds of patients from modest backgrounds for little or no fee. A popular raconteur, he was a member of various prestigious social clubs, such as the Bengal Club (where he became its 107th president in 2000), the Tollygunge Club and the Calcutta Club. At the Bengal Club, he advocated for a relaxation in the membership criteria for doctors (who he felt were subject to unfairly high scrutiny) and succeeded in admitting many colleagues.

Dr Banerjee passed away while still in active practice. Professor Andrew

Goddard, president of the RCP, wrote in a letter: ‘He exemplified all the best attributes of a physician, putting the care of his patients and the support of his trainees and colleagues at the heart of his work.’

Professor Andrew Elder, former president of the RCP in Edinburgh and former medical director of PACES, issued a statement describing Dr Banerjee as ‘a tremendous ambassador for medicine, for his city and for his country.’ Among colleagues in Calcutta he had mentored, noted surgeon Dr Sanjay De Bakshi stated:

‘I first met Dr Banerjee as a young resident surgeon at Sri Aurobindo Seva Kendra, and was immediately taken under his very comforting and protective wing. This caring mentorship was unstintingly extended to me when I returned from my 4-year stint in the UK with an FRCS. Dr Banerjee went that extra mile to teach a young surgeon how to set up surgical practice in Calcutta and never lose the spirit of honesty, integrity and empathy, something he himself never ever compromised on.’

Dr Banerjee was survived by his wife Binita, sons Arnab and Arpan, and older brother Dr Dilip Banerjee, a senior consultant in England, who was fortunate to have made a quick recovery after contracting COVID-19.

Arpan Banerjee

William (Bill) Cattell FRCP

25 March 1928 – 11 April 2020

MBChB(1951), MRCP(1956), MRCP(Edin)(1956),
MD(1964), FRCP(Edin)(1969), FRCP(1971)

William (Bill) Ross Cattell was a highly regarded nephrologist who helped to set up the first haemodialysis service for acute renal failure at St Bartholomew's Hospital (Barts).

Subsequently, he set up a new renal unit between Barts and St Leonard's Hospital, with routine haemodialysis for chronic renal failure being undertaken at St Leonard's. Bill had a strong commitment to research throughout his career, and was widely recognised for his pioneering studies on urinary tract infection and renal radiology. He was an excellent teacher and mentor, and was much liked by his patients for his direct approach and clear explanations.

Bill's youth was spent on a farm near Nairn in northern Scotland. He was educated at Inverness Royal Academy and studied medicine in Edinburgh, where he obtained five first class merits. Several of his junior medical posts were in chest medicine and he did his National Service in the Suez Canal Zone. He claimed that an army assessment found him to have an IQ of 90, significantly below the median – but never revealed what he got up to the night before the test.

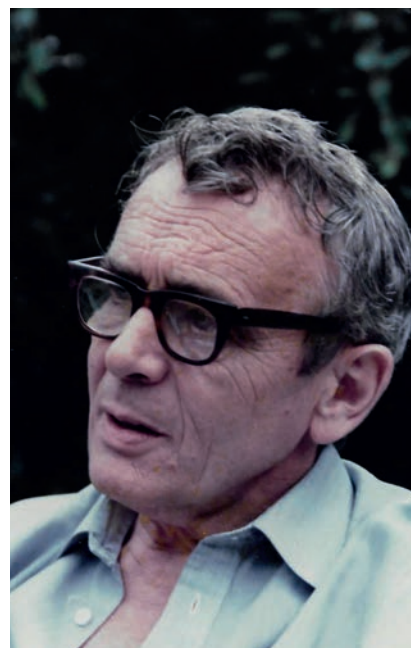
His interest in renal medicine and in research was stimulated by working as registrar to Professor Max Rosenheim and Dr AG Spencer at University College Hospital. Dr Spencer moved to the Barts Medical

Unit and Bill subsequently followed him as lecturer to help to start a renal service. In 1960, they set up a regional dialysis unit for acute renal failure.

At Barts, Bill became involved in several animal research projects, including an investigation of renal function in dogs with obstructive jaundice, which led to an MD. He was awarded a Rockefeller Travelling Fellowship and spent a year working in AS (Bud) Relman's laboratory in Boston. When he returned to Barts in 1964 as senior lecturer, he started two major research projects on which much of his reputation rests. The first, on urinary tract infection, was done in collaboration with Francis O'Grady, professor of microbiology at Barts. Their theoretical work on the kinetics of urinary tract infection and their clinical studies on the management of urinary tract infection led to better understanding and management of this common problem.

In the second project, on renal radiology, he worked with the radiologist Dr Ian Kelsey Fry. Their studies of the renal excretion of iodinated contrast medium led to a better understanding of the factors affecting the intravenous urogram, and resulted in improved radiological practice. Bill published over 120 peer-reviewed papers, and a large number of invited articles and book chapters. He co-authored a book on renal imaging and edited one on urinary tract infection.

After dialysis for chronic renal failure developed into an established



therapy, Barts became a regional dialysis centre in 1965, and Bill was appointed as consultant at both Barts and St Leonard's Hospital in Shoreditch. He set up a renal unit between the two hospitals, with regular haemodialysis being carried out at the new St Leonard's unit. In addition, where possible, patients were trained to undertake self-supervised haemodialysis at home.

At that time, demand for dialysis in end-stage renal failure exceeded supply in the UK. This could be stressful for staff, as could the fact that they were rapidly having to learn management of a relatively new type of treatment. Bill promoted a strong team spirit, with regular renal unit meetings at which everyone was encouraged to speak openly. He was ahead of his time in that he also arranged for Trevor Silverstone, professor of psychiatry,

Bill had a strong commitment to research throughout his career, and was widely recognised for his pioneering studies on urinary tract infection and renal radiology.

to attend occasional meetings to discuss issues causing concern to staff and to provide support.

Further developments included the establishment of 'satellite' haemodialysis units, and of continuous ambulatory peritoneal dialysis. In 1971, Dr Laurence Baker was appointed as consultant and honorary senior lecturer and thereafter he and Bill operated a 1-in-2 consultant on-call rota, which Bill must have considered something of a luxury.

A successful renal transplantation programme at Barts started towards the end of 1971, with the surgical work mainly provided by members of the Barts Urology Department: John Wickham, Bill Hendry and Hugh Whitfield. In the 1980s, the St Leonards Renal Unit closed and its

work was taken over by a new renal unit at the Barts site. An academic department of nephrology was established and its laboratory, which had a special interest in immunoassay, was run by Dr Anne Dawney. These research facilities were used by many young scientists and physicians preparing for higher science degrees and MDs.

Over time, and helped by the appointment of Dr (later Professor) Anthony Raine in 1988, the Barts Nephrology Department came to be recognised both nationally and internationally. Obtaining funding for Anthony Raine's appointment took all of Bill's ingenuity. In the crucial meeting at Barts, it seemed that the proposed third consultant post might not be funded. However, Bill came up with the plea: 'Please give us a third consultant – I am tired, I have been

tired for 15 years!' That entreaty turned the tide.

During his career, Bill was involved in NHS administration at both district and regional levels. He was a member, and later secretary, of the Renal Association. He was also a member of Council of the European Dialysis and Transplant Association, and a member of the Medical Research Society, and of the Association of Physicians of Great Britain and Ireland.

After retiring from practice, Bill was honorary librarian at the Royal Society of Medicine (RSM) and was also a member of the Committee of the Royal Society of Medicine Retired Fellows Society. He enjoyed having more time to visit the theatre and art exhibitions in London, and was particularly pleased to be able to spend more time at his home in Gissing in Norfolk. He was predeceased by his first wife, Ann Beardwell, with whom he had three children, Ross, Sarah and Caroline. With his second wife, Pat Gordon, he had two children, Kate and Alex. He is survived by Pat, his five children and ten grandchildren.

**Laurence Baker
and Judith Webb**

Bruno Cheong FRCP

1 February 1957 – 27 April 2020

MBChB(1980), MRCP(UK)(1983), FRCP(2016)



A respiratory physician who treated all his patients with compassion, dedication and the human touch.

Dr Bruno Cheong became a member of the RCP in 1983, a mere 3 years after qualifying from Cardiff University. On a cold and crisp November evening in Birmingham, where he was working at the time as an senior house officer in internal medicine, he celebrated the passing of the MRCP examination at a local Chinese restaurant – on the menu: roast duck, steamed sea bass and lemon meringue, washed down with a pint of shandy. Joining the royal college was a much-coveted milestone, and he would proudly be elected a fellow in 2016.

Making swift progress from junior doctor to registrar and research registrar in respiratory medicine, he developed an interest in the treatment of asthma. Several publications later, the completion of his registrar training in Penarth, south Wales, led to an overseas opportunity for a year as consultant physician in Saudi Arabia. The return home to his roots came in 1989 – his life mission was about to begin.

Bruno was born on the paradise island of Mauritius. His humble beginnings, growing up in the back of his parents' hardware store, the third of five children, are the backdrop to a life of early challenges, shaping a man who would become a hero to so many. While he was an obviously stellar student, Bruno – the one with the sunny disposition and easy smile

– was everybody's friend, and in return everybody was Bruno's friend.

Bruno joined the public health service on the island in 1989, when the system was on the way towards major reform. He was an eminent physician who treated all his patients with compassion, dedication and the human touch, which demarcated him from his peers. He also contributed immensely through all the meetings and seminars with the policymakers at the Ministry of Health. Bruno served as president of the Mauritian Medical Consultants Association from 2011 to 2012 and was still the active vice president of the Mauritian Respiratory Society.

Accruing over 30 years of service to the healthcare system in Mauritius, Bruno worked tirelessly in several major hospitals throughout the island. His daily routine was an arduous 12-hour day, combining a thriving private practice with his work in the hospital setting. He would often say that his hospital work was where he felt most intellectually stimulated and made his best contribution to society.

Espousing the merits of evidence-based medicine, he flew the flag for the RCP with pride and distinction. While understanding the importance of guidelines, he was a practical and realistic clinician who was not afraid to challenge dogma: he spoke his mind and would always fight for a good

cause. Continuously keeping up to date, he contributed to the teachings of his peers at all levels. He embraced diversity of approach and understood its value with an open mind, never patronising non-UK graduates. His last role was as consultant in charge of the Medical Unit at Flacq Hospital, now re-named Dr Bruno Cheong Hospital.

Despite his heavy workload, Bruno always found time for friends and family. His wife of 30 years and two grown-up children were his pride and joy. Bruno was a member of several social groups, which included golf outings, a local circle of gourmet doctors and a group of ten childhood friends who have known each other for 52 years, called the Kravats. They gathered yearly, spouses included, for dinner (steamed fish and roast duck always on the menu!).

Bruno's death brought great consternation and grief among the medical fraternity and his patients alike, as he sadly lost his personal battle against COVID-19. Bruno, we will miss you – but memories of good moments shared will last.

Bruno is survived by his wife Sandra, a talented artist; his daughter Julia, a junior doctor for the NHS and his son Oliver, a graphic designer.

Harold Hin, Farouk Bholah and Julia Cheong

Judith Darmady FRCP

28 September 1935 – 28 April 2020

MRCS(1961), LRCP(1961), DCH(1963), FRCP(1979),
FRCPCH(1996), OBE(2010)



A fireball of energy, Judith Darmady was a doctor who made a difference to the lives of children in the UK and around the world.

Following a career as a consultant paediatrician, she became involved in an orphanage in Romania, which led her on to global charity work.

Judith Darmady was born in London in 1935, and at an early age moved down to a small village near Salisbury. Her father, Michael Darmady, was a pathologist working initially at Salisbury Hospital, then an RAF doctor at RAF Wroughton during the Second World War. Frustrated by seeing many of the repatriated wounded soldiers dying of acute renal failure, he led the construction and clinical use of the first artificial kidney machine in the UK.

Judith was educated at Goldolphin School, where she initially struggled, probably due to dyslexia. She was later thrilled to become a governor at the school. She was determined to be a doctor, partly because of her father's work, but also after being involved with medical care when her brother John had a serious head injury.

She won a place at St Bartholomew's Hospital Medical College, London, and joined a relatively small number of women there at that time. The male and female students had separate common rooms, and so she had to arrange to play bridge with male students in the corridor. She qualified in 1961 and found her calling, specialising in paediatrics.

Following junior posts at Portsmouth and Southampton, she worked at the Cleveland Clinic in the USA between 1964 and 1966.

She returned to the UK as a senior lecturer in child health at Southampton General Hospital and was involved in research as a fellow at the Institute of Child Health, Hammersmith. One of her interests was cholesterol in infancy.

Her drive and determination, along with her charm, were perfect skills for fundraising.

She was appointed as a consultant paediatrician to Basingstoke Hospital in 1972, where she worked for 23 years. Her contract was one of the first in the UK to include community paediatrics sessions. She gained expertise in disability, cystic fibrosis and childhood cancer.

In 1996 she became a founding fellow of the Royal College of Paediatrics and Child Health.

She was devoted to her work; one of her patients wrote: 'Dr Darmady always went beyond the line of duty, arriving on the ward early in the morning and popping in late at night to check on her patients. She is kind, caring and loving, giving the reassurance and encouragement so greatly needed when you are very ill.'

She did not marry or have children of her own, but had 22 Godchildren. She was incredibly sociable and loved having friends around.

While she was still working at Basingstoke Hospital, she answered an appeal from the Romanian Orphanage Trust for a consultant paediatrician specialising in caring for children with special needs. She was given a 6-month sabbatical to go to Romania to help with one of the many orphanages that were a legacy of Nicolae Ceauşescu's regime of promoting population growth. The unintended consequence was the abandonment of children who were deemed 'incurable' after failing tests aged 3 years old.

On her arrival at Ungureni, a village in the north of the country, she was faced with children who were so undernourished that their ages could not be determined, and toddlers with legs and arms tied to beds. She got to work straight away, and she set up the Ungureni Trust on her return to

the UK. Her drive and determination, along with her charm, were perfect skills for fundraising.

The trust paid for physiotherapists, special needs teachers, occupational therapists, nurses and junior doctors. The transfer of knowledge benefited the children, the specialists and the Romanian carers. The trust set up models of good practice and then continued to support the children by establishing houses for disabled teenagers and teaching basic skills to allow them to be more independent.

When she retired, she devoted much time to Romania and many other charities. In India she travelled the Lifeline Express, the world's first hospital train, and in Ecuador she evaluated proposals for premature baby units. She was also a trustee of the Parthenon Trust, and on their behalf she travelled the world to visit the projects they were supporting.



In 2010, her extensive charity work was recognised with the award of an OBE. In 2012, she was a runner up for *The Times*' Sternberg Active Life Award, which honours the achievements of people aged over 70.

She loved travelling, both for her charity work and on holidays. It was

said that she would never go to an airport without bumping into someone she knew. She had been about to go to Romania the day she first became unwell in November 2019.

Simon Williams

Michael Udoh-aka Eshiett FRCP

27 October 1954 – 24 November 2020

BMBCh, FRCPI, FRSTMH, MSc, LLB, FRCP(2001)

Dr Eshiett wrote his own eulogy, included in the order of service for his funeral, which took place in December. This is reproduced here with the kind permission of his family.

My name is Michael Udoh-aka Eshiett. I am from Ukana Ikot Ideh in Essien Udim local government area, in Akwa Ibom State, Nigeria.

I was born to Chief Udo-aka Eshiett and Madam Grace Odo-aka Eshiett on Wednesday 27 October 1954. I had my primary school education at Central Annang County Council School in Ukana Ikot Ideh. If I am not mistaken, it was one of the first colonial primary schools in the then Eastern Nigeria, and boasted famous pupils, including the late chiefs Ibanga Udo Akpabio and Akpan Ekuinam Bassey.

I completed my secondary school education at Holy Family College, Oku Abak, after a year's interruption by the Nigerian Civil War. From secondary school, I took and passed an entrance examination to read pre-med/medicine at the University of Nigeria, Nsukka. After my house job at St Luke's Hospital, Anua, Uyo, I did my National Youth Service Corps (NYSC) [a non-military national service programme completed by Nigerian university graduates] at St Camillus' Hospital, Uromi and the General Hospital, Ugbuaja, both in Ishan in the then Bendel State of Nigeria. After NYSC,

I worked for a year and a half at the Qua Iboe Mission Hospital, Etinan, from where I left to undertake my postgraduate medical education in the UK.

In the UK, I trained in general internal medicine, neurology, rehabilitation medicine, tropical medicine and hygiene at some of the best hospitals and medical institutions in the world, including the postgraduate Medical School, Edinburgh; the institute of Neurology, London; the School of Tropical Medicine and Hygiene and Guy's and St George's Hospital, London. My main area of practice is in the subspecialty of neurological rehabilitation. This is because, apart from being a fascinating and fast-growing subspecialty, it is a 'hands-on', interdisciplinary and multi-agency specialty, with the widest scope for research, covering all types of brain injuries and diseases such as stroke, multiple sclerosis, Parkinson's disease, epilepsies, as well as traumatic brain injuries.

My aim was to return to Nigeria immediately after my specialisation and extensive training, in order to help train our doctors and those in healthcare-related professions, as well as delivering high-quality, evidence-based medical services to our people. I noted the large number of Nigerians who travelled to the UK and other European countries to be treated by Nigerians working here in Europe, at an enormous expense to our third-world economy.

However, things do not always work out the way we want. After being



interviewed and offered a post as a consultant physician/neurologist at the University of Calabar Teaching Hospital, I was shocked to see the provost who interviewed me and offered me the job visit me at home in Ikot Ekpene two days later, to seek my advice on how he could return to the UK before going back to Nigeria. It dawned on me that things might not be indeed as I was made to understand. On careful enquiry, I discovered that facilities for training medical students and doctors were not only in short supply, but the existing ones were out-modelled and unfit for purpose. In my naivety and enthusiasm to go back and help, these things were never in my contemplation at the time. I am happy to say that my UK mentors and trainers were incredibly pleased to see me return to the UK to practise what I spent years training for. The rest is now history.

I have been a consultant physician and neurologist in rehabilitation medicine in the north-west of England for over 22 years now, during which time I have led, directed and chaired various clinical developments in three hospitals I now cover. In addition, I am involved in training undergraduate and postgraduate medical students and medical doctors undertaking their specialty subspecialty training. I am also a medical undergraduate examiner for the University of Manchester, and an external postgraduate medical membership examiner for the Royal College of Physicians of Ireland.

I am a fellow of the Royal College of Physicians of London, Republic of Ireland and the Royal Society of Tropical Medicine and Hygiene. I belong to many professional organisations including the Association of British Neurologists and British Society of Rehabilitation Medicine. I am a member of the Specialty Training Subcommittee of the RCP, the Society for Research in Rehabilitation, the UK Research Ethics Committee, among others. I was made an ambassador of peace by Wrightington, Wigan and Leigh NHS Foundation Trust in 2017, the trust I worked for and retired from.

Outside medicine, I am a law graduate and have completed by part-time bar vocational training. I am a student member of the Inner Temple Inn of Court, a member of the Chartered Management Institute and an ordained minister of the Pentecostal

Assembly of the World Mission. It was my brain child to form the Nigerian Medical Forum with some friends from the former south-eastern State of Nigeria in the late 1980s/early 1990s here in the UK, with the aim of improving medical education in Nigeria. With the generosity of British medical institutions, we received medical books, journals, equipment etc, which we shipped to Nigeria to be distributed to the medical schools during the Abacha regime, when those items were very much in short supply. We even secured the franchise to publish the Nigerian, and later West African edition of the world renowned *British Medical Journal* in Nigeria. I was also involved in running medical training workshops for doctors in Benue State, Nigeria, under the sponsorship of the British government in 2001. So, in a small measure, we played our part in trying to improve medical education in Nigeria from our base in the UK.

After making my marks on the sand of time, I decided to take my retirement on 30 March 2018. I met my wife and partner, Teresa Michael Eshiett (née Teresa Daniel Enang), now a social worker, while we both studied at the University of Nigeria. We got married soon after graduating, on 13 May 1978. I am survived by my wife, my daughter Mrs Otobong M Turner, my sons Michael Eshiett Jr and Eminimo M Eshiett and 11 beautiful grandchildren: Sean Rodden, Ayesha Turner, Tamia Turner, Tia Eshiett, Louie Turner, Alesha Ashiett, Theo Eshiett, Savannah

Eshiett, Levi Turner, Evander Eshiett, Evie-Rose Eshiett – as well as a host of family in Nigeria and around the world.

The saint returns home

by Teresa Eshiett

Mike, my husband, my best friend and my prayer partner. Please forgive me, for I am so short of words at a time like this. You were such a wonderful man; a good husband, father and grandfather. I am not sure I can really express just how much I will miss you, my brother and my hero. I used to feel like a queen when you were by my side. Your ability to make everyone feel comfortable, secure and loved were your greatest strengths.

It has been nearly 43 years since we got married, and I look back over those years with so much happiness, but it still feels like yesterday.

I was broken the day I lost my rock of support, but God will put the pieces back in place. I go to bed and night and say 'Let us pray', only to discover that you are not with me. I wake up in the morning and stretch my hand out for us to pray, but all I hold is an empty bed.

My steadfast rock that helped me through thick and thin. You supported and loved us all, and were always there to help us navigate through life's challenges.

Alfred William (Bill) Frankland

FRCP

19 March 1912 – 2 April 2020

MD(1938), FRCP(1995), MBE(2015)

Bill Frankland, who died earlier this year – aged 108 and still writing papers – gave unstinting and unselfish commitment to allergy, to medicine and to humanity over a career spanning 85 years, including decades of work after his official retirement.

He was an inspiration to generations of allergists worldwide.

Bill was a twin. Born prematurely, weighing 1.4 kg, he was not expected to survive. However, both he and his brother Jack, who became a clergyman like their father, lived long lives. Aged nine, Bill caught tuberculosis; the doctor who treated him made rather a poor impression, leading Bill to try to do better in his own career as a doctor. He read natural sciences at Queen's College, Oxford, before qualifying in medicine in 1938 at St Marys Hospital, London. At the beginning of the Second World War in 1939, he was mobilised, appointed as medical officer to the Warwickshire Regiment and sent to Singapore, where he became medical officer in charge of Tanglin Military Hospital.

When Singapore fell in February 1942, Bill was captured and spent 3 and half years as a prisoner of war, including some time in the infamous Changi Prison. While interned there, he tended the sick, regardless of their nationality: his patients included British, Australian,



Dr Frankland with HRH The Princess Royal, patron of The Not Forgotten Association, at their annual Buckingham Palace garden party for war veterans and members of the armed forces, in 2015.

Indian and even Japanese service personnel. Such was his reputation, especially in the treatment of dysentery, diphtheria and malaria, that local civilians sought his opinion. Despite suffering appalling privation and being unable to talk about his experiences until he was over 100, Dr Frankland bore no malice towards his erstwhile captors. His father had once explained, after Bill had claimed to hate his brother Jack, that hate did nobody any good – least of all the hater. That childhood lesson set the tone of Bill's subsequent life.

After the war, he returned to St Mary's Allergy Department (now renamed the Frankland Clinic), having developed an interest because of his own hay fever. The detective work involved gripped him for the rest of his long life. His activity, in contrast to that of one of his consultants, Sir Alexander Fleming, was mainly clinical, rather than in the laboratory. Bill's career spanned a time of great advances

in allergy: immunoglobulin E (IgE) was unknown when he began, and non-sedating antihistamines and steroids were yet to be introduced. His prodigious memory for detail made him an excellent source of advice. His curiosity and willingness to learn about other fields, such as botany, entomology and psychology remained sharp until his death. Like all good allergists, he knew the importance of listening to the patient – and of clear explanation of the facts.

In the 1940s, allergen desensitisation (allergen-specific immunotherapy) was a mainstay in the treatment of respiratory allergies, having been introduced in 1911. In St Mary's Inoculation Department the scale was prodigious: in 1945 under Dr John Freeman, some 6,000 patients were given pre-seasonal pollen vaccine, produced at a pollen farm in Woking, Surrey. The principle had earlier been extended to include animal dander and

In the great tradition of self-experimentation, Bill used himself for an experiment on induction of allergy, using *Rhodnius prolixus*, a biting insect that can induce anaphylaxis.

mould spores. It is now thought that the Inoculation Department was the source of the momentous contamination in the 1920s of a Petri dish in Fleming's laboratory. Bill, having read about double-blind, placebo-controlled trials, proceeded to demonstrate the efficacy of grass pollen immunotherapy for seasonal allergic rhinitis in a landmark study. In a similar trial, to the dismay of some of his senior colleagues, he clearly demonstrated the lack of efficacy of bacterial vaccines in asthma treatment. Bill's research on antihistamines demonstrated efficacy in allergic rhinitis, but not asthma, and found that 20% of subjects gave a placebo response.

Bill was also the first to identify what is now called local allergic rhinitis in subjects who are skin-prick test negative, but who respond positively to nasal allergen challenge. In the great tradition of self-experimentation, Bill used himself for an experiment on induction of allergy, using *Rhodnius prolixus*, a biting insect that can induce anaphylaxis. Repeated self-inflicted bites led to

increasing local reactions, then to severe anaphylaxis. Fortunately, after two adrenalin injections, he survived. Unwisely, he then undertook exercise, necessitating more adrenalin and provoking an interest in late phase reactions. Bill also initiated a pollen trap on the roof of St Mary's Hospital and made pollen counts available to fellow allergists and the press.

Bill was involved in the formation of the British Allergy Society, the forerunner of the British Society for Allergy and Clinical Immunology (BSACI), which now has almost 1,000 members. As the first secretary, he enrolled 30 founder members and helped to organise an initial meeting in 1948 at St Mary's with Sir Henry Dale and John Freeman as speakers.

He was later BSACI president, president of the European Academy of Allergy and Clinical Immunology (EAACI), secretary general of the Asthma Research Council and vice president of the International Association for Aerobiology. BSACI has instituted the William Frankland award, which honours a

distinguished clinician in the field of allergy each year.

On retiring from the NHS in 1977, Bill was asked by Maurice Lessof, professor of medicine at Guy's Hospital, to help in their allergy clinic on a voluntary basis, which he did for 20 years. His fitness, memory and mental agility remained excellent, and Bill communicated easily with all generations, earning his nickname 'the grandfather of allergy'. He remained active until his last years: reading journals, participating in medical meetings, giving medico-legal advice, offering clinical advice, making TV and radio appearances and writing papers.

Bill was made an MBE in 2015, one among many other honours. He delighted in his honorary fellowship of Queen's College, Oxford, and particularly enjoyed their specially brewed Frankland Ale. The publication of his biography, *From Hell Island to Hay Fever*, won him a new audience of admirers.

His home life was very happy: in 1941 he had married Pauline Jackson, whose letters helped to sustain him during his incarceration. On his return from Singapore, Bill was asked if he wanted to see a psychiatrist and replied, 'No. I want to see my wife'. Pauline died in 2002. Bill leaves four children, ten grandchildren and six great-grandchildren.

Glenis Scadding

Anthony (Tony) Gershlick FRCP

2 October 1951 – 20 November 2020

BSc(1973), MBBS(1976), MRCP(1980), FRCP(1993)

The death of Professor Tony Gershlick has left a big hole at Glenfield Hospital in Leicester, and the shock waves of his loss have been felt across national and international cardiology communities.

Tony grew up in Southend-on-Sea in an ordinary household and went on to forge an extraordinary career as a clinician, educator and researcher.

He overcame problems with dyslexia and secured a place at St Mary's Hospital Medical School in 1970. Tony made the most of his opportunity, adding an intercalated BSc (pharmacology and biochemistry) during his course, which no doubt primed his future in clinical science. After pre-registration, Tony undertook prestigious training posts in London teaching hospitals, quickly gaining his MRCP. Cardiology became the career target, inspired by Wallace Brigden, an elder statesman of the day, and others, during his senior house officer post at the National Heart Hospital.

Early clinical and research experience was at the London Hospital. His senior registrar post at the London Chest Hospital introduced Tony to Raphael Balcon, his key career mentor, and Martin Rothman, who inspired him in the then new discipline of coronary angioplasty. Tony quickly embraced the skill set and was active in learning, teaching and developing virtually all



subsequent developments in coronary intervention.

In 1988 Tony was headhunted by Professor David De Bono to help establish an academic team alongside the busy clinical cardiology and cardiothoracic surgery services in Leicester (then at Groby Road Hospital). Tony became senior lecturer and honorary consultant, one of just four tertiary centre cardiologists for a population of 3 million in the East Midlands. Tony took on the immense service challenge and maintained a full frontline clinical role until his death, including on-call primary percutaneous coronary intervention (PPCI) for ST-elevation myocardial infarction (STEMI) care until the start of this year.

His drive and collaboration with UK and world leaders in coronary

intervention brought major technical advances. After transfer to Glenfield Hospital in 1993, Leicester's clinical and research programme flourished and achieved a strong national and international reputation. Tony's part in the transformation was considerable. His presence in clinics, wards, catheter suite, research laboratory, multidisciplinary meetings and simply walking the corridors made him highly engaged and popular with all grades of staff. His loyal secretary coordinated his complex timetables and ensured that clinical duties interrupted by academic commitments were replaced by ad hoc sessions and swapped on-call duties. Tony worked hard, usually already at his desk before some might leave for work. He enjoyed the 8am MDT meetings to strengthen decision-making, and was always prepared to give and receive challenges.

Tony's research programme took off rapidly after arrival in Leicester. Within his first year, Tony was coordinating a multicentre clinical trial of post angioplasty anticoagulation. The academic output became increasingly prolific (over 250 publications) and addressed and influenced key contemporary clinical issues.

Tony was appointed to a personal chair at the University of Leicester in 2008, and has since had a major role in scores of local and multicentre studies. Tony also led the later 2015 CvLPRIT study that helped guide a decision to follow PPCI to the infarct vessel with treatment of disease found in non-infarct vessels. As recognition for his pivotal work, Tony was appointed to the European STEMI Guidelines Committee, a position he proudly held in 2012 and 2018.

He attracted over £3 million in research grants, and this year was chief investigator for studies of early coronary intervention for high-risk ACS patients, and whether ECMO has a place in cardiogenic shock (BHF Rapid Non-STEMI study and EUROSCHOCK respectively).

Tony embraced educating others, including over ten years as East Midlands training programme director. Probably his favourite role was organising and hosting highly successful 'Gershlick brand' live courses in Leicester – cases beamed to local or remote audiences, an international faculty, showcasing basic and new techniques, expert updates, lectures, panel discussions – they were a hot ticket! Invitations came to travel and teach, memorably a 3-month sabbatical tour to South Africa in 2015. His NHS and research registrars gained an amazing opportunity to develop their skills and reputation



Professor Gershlick (left) receiving British Cardiovascular Intervention Society Lifetime Achievement Award in 2017.

and many now populate consultant interventionist roles across the country and beyond.

In 2017 after nearly 30 years of development, research, training, setting standards and leadership, Tony was honoured as the inaugural recipient of the British Cardiovascular Intervention Society Lifetime Achievement Award – an accolade much deserved.

Tony also enjoyed an impressive array of pastimes. Sports included rugby (played when young and latterly an avid Leicester Tigers season ticket holder), cycling (Lycra-clad around Leicestershire) alternating with running in his local village, a couple of London Marathons and recreational squash. He was a passionate Jazz saxophonist, and could be seen performing with a group at his local pub, and opportunistically in a New York bar while relaxing at a US meeting! Less

well-known was his painting, good enough to frame and hang. He was a very successful and sharp-witted man: intelligent, ambitious, mischievous, loyal, hardworking, and he fashioned a great career. He was supported by his family and a wide circle of friends. Tony was particularly proud of his sons, David and Ben, both now developing their own careers.

Sadly, like many other healthcare professionals, Tony succumbed to COVID-19 infection despite taking protective precautions, most likely a result of continued clinical practice into his late 60s. He leaves his wife Mary, their two boys and many close personal and professional friends.

He will be missed.

J Douglas Skehan and Thompson Robinson

Kenneth Goldman FRCP

18 January 1928 – 14 April 2020

MBBChir(1957), MD(1963), FRCP(1977)



An expert in respiratory medicine, Kenneth Goldman continued his work on chest diseases in coal miners after his retirement.

Kenneth Peter Goldman was a consultant physician (general and chest diseases) at Dartford and Gravesham NHS Trust, Kent.

He was an expert in chest diseases of coal miners, an interest that began during his training, which he then pursued throughout his career, well after his retirement from the NHS. His other expertise was in tuberculosis and, having had an early experience in journalism during his student days as editor of the *St Mary's Gazette*, he enjoyed spending many years as editor of an important tuberculosis journal, *Tubercle*. Between 1960 and 1962 he was a registrar in thoracic medicine at Sully Hospital in south Wales, which at the time was the Welsh regional centre for thoracic and cardiac surgery.

Miners from many of the Welsh coal fields had occupational diseases, and Ken began to develop his major research interest in this area early in his career. At Sully Hospital, he completed his MD thesis on lung cancer in coal miners, graduating MD Cambridge in 1963. He wrote several articles in important journals about lung cancer, tuberculosis and pneumoconiosis. In 1970 he wrote and published a book, *The Chest in Health and Disease*.

Ken's father and mother, Frank and Lilly (née Cope) Goldman, lived in London, where Ken was born. His

father was a successful businessman, the managing director of a large retail fashion outlet. Ken attended St Paul's School, and soon after the war spent 2 years in National Service in the RAF, in communications, where he learned to type – a great benefit for a potential journalist – and also learned Morse code. He then went to Peterhouse College, Cambridge, and St Mary's Hospital University, graduating in 1957. His first registrar post in general medicine was at Paddington Green, before he moved into respiratory medicine.

I first met him when I was a senior house officer and he was the registrar at Sully Hospital. He was a most helpful colleague, an outstanding clinician, and a wizard reader of chest X-rays. He was a wonderful teacher, and conveyed to me much of his knowledge of the medical literature. We shared the same interests of music, theatre, cricket and journalism, and our friendship continued for nearly 60 years. He next became senior registrar at the Brompton Hospital and spent a year at the Royal Free. In 1969 he was appointed consultant physician in general medicine and chest disease at Dartford and Gravesham. His colleagues appreciated his help with respiratory problems and he took his turn in various committees, aided by having a good sense of humour, which often oiled the wheels in difficult situations. After retiring in 1992,

he worked part-time for the Ministry of Work and Pensions, examining and assessing coal miners with medical problems.

In 1960, he married his wife, Lorna. They held mutual interests in visual art, literature, ballet, classical music and the opera. After retirement they had a holiday cottage in Southwold, Suffolk, where they enjoyed the opportunities of the concert hall in Aldeburgh and Snape. Ken also enjoyed watching rugby and cricket, and playing snooker. They had three children, Richard, Helen and Robert, who has mild cognitive challenges. Robert is partly independent, largely helped by his family and with help from Bromley Mencap. Ken supported the charity, regularly producing *The Bromley Mencap Bulletin*.

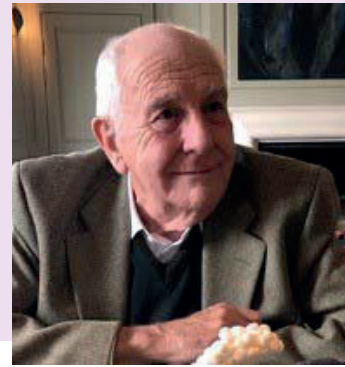
At 92, he was still intellectually active and physically fit, taking long walks and continuing some gardening. It was then that, tragically, Ken, his wife and their son contracted COVID-19. Fortunately, his wife and son recovered at home, but Ken was hospitalised and not allowed to have any visitors. Ken and Lorna's 60th wedding anniversary occurred while Ken was in hospital, 6 days before he died from COVID-19 pneumonia. He leaves Lorna, two sons, a daughter and two grandchildren.

Eric D Silove

John Griffin FRCP

21 May 1938 – 1 April 2020

BSc, PhD, MBBS, FFPM(1989), FRCP(1990), MRCS, FRCPath(1996)



A pioneer in his field, considered by many to be the ‘father of pharmaceutical medicine’.

On 2 April 2020, during the first wave of the COVID-19 pandemic, we sadly lost John, who had heralded pharmaceuticals into a new world of medicine, where their use was regulated and based on evidence of efficacy and safety. During his career in medicine, he contributed to the education of doctors undertaking the development of medicine by driving the establishment of the Faculty of Pharmaceutical Medicine (FPM) in the RCP and in his writing, being the editor of the first textbook of *Pharmaceutical Medicine*. Beyond education, he worked both within the pharmaceutical industry and in the Department of Health as the senior medical officer of what would become the Medicine Control Agency (MCA).

John qualified in medicine at the Royal London Hospital where he began his practice. He was a lecturer in physiology at King’s College London. He joined the pharmaceutical industry and was the head of clinical research at Riker Laboratories, that later became 3Ms, from 1967 to 1971. Then he moved to the MCA as senior medical officer, subsequently becoming the medical assessor to the Committee on Safety of Medicines. This in turn led him in 1977 to be appointed senior principal medical officer

and professional head of the Medicines Division, the forerunner of the Medicines and Healthcare products Regulatory Agency (MHRA). He was a member of the European Commission Committee on Proprietary Medicinal Products (CPMP) and became the chairman of the CPMP working party on safety requirements. This involved him in emergence of evidence of benefit and safety being made available. During this period, John served on the Joint Formulary Committee of the British National Formulary (BNF), during which time the current format was adopted.

In 1984, John return to the pharmaceutical industry as director of the Association of the British Pharmaceutical Industry (ABPI) and became an executive board member of the European Federation of Pharmaceutical Industries Associations (EFPIA). From 1988 to 1994, he chaired the ICH Safety Expert Working Group. These roles brought him the centre of debates about the sharing of information on medicines that led to safer prescribing. This in turn gave rise to the publication of the summary of the medicinal product characteristics (SmPC) that contains all the efficacy and safety data on market authorised medicines.

In the Faculty of Pharmaceutical Medicine, John served on the Board of Trustees, he was chair of the board of examiners and served on the Specialist Medical Training in Pharmaceutical Medicine programme, which led to the pharmaceutical medicine specialty being recognised and gave rise to a training programme that allowed members to join the GMC register of specialists.

He has authored over 250 papers, but is recognised for the first *Textbook of pharmaceutical medicine* that he jointly edited with Professor D’Arcy and the book on *Medicines, research, regulation and risk* which he co-authored with Professor J O’Grady.

John Griffin could be considered the father of pharmaceutical medicine, having brought clinical medical practice into the development of medicines and contributed to the significant improvement of the safe use of medicines. Above all pioneering communication of medicines and developing the current format for the BNF and facilitating the publication of the SmPC on all market authorised medicinal products. He will be truly missed.

Tim Higenbottam

Peter Harper FRCP

28 April 1939 – 23 January 2021

DM, FRCP(1978), FMedSci(1998), KBE(2004),
FLSW(2011)



A humble family man, Professor Harper was one of the world's most outstanding and distinguished clinical geneticists and genetic physicians.

Peter was born and brought up in Barnstaple, north Devon. His father was a GP and his mother was a talented Oxford graduate. He went to Oxford University (Exeter College) in 1957, where he attended lectures in genetics and biology at the Department of Zoology. His move to Liverpool in 1967 offered him the opportunity to work closely with Sir Cyril Clarke, who later became the president of the RCP. Both stalwarts of British medical genetics laid the foundation of genetics in medicine and developed the Nuffield Unit of Medical Genetics at the Liverpool Medical School.

During his 2 years in Liverpool, Peter continued acute medical training. He also pursued basic genetic training at the Zoology Department. After finishing medical training, he moved to Baltimore, where he undertook a research fellowship at Johns Hopkins with Professor Victor McKusick, globally acknowledged as the father of modern medical genetics. His work and seminal thesis on the genetics of myotonic dystrophy earned him a doctorate. Later, this work was embodied as Peter's famous legendary seminal book on myotonic dystrophy that remained his major clinical and research focus throughout his professional life.

In 1971, Peter joined the University of Wales College of Medicine in

Cardiff as lecturer in the Department of Medicine. From his new academic base, Peter developed links with biochemists, pathologists and others to establish a formal Department of Medical Genetics. This expanded rapidly in both its research and NHS activities. Initially, Peter provided the clinical service single-handed, while also taking a share of the acute general medical workload for the hospital. The clinical team soon started to grow, and the work of delivering services across Wales could be shared. Professor Harper's research interests focused particularly on muscular dystrophies and Huntington's disease, and Cardiff soon became an internationally renowned centre for neurogenetics.

Peter was a visionary person committed to furthering interests of medical genetics. In 1987, his vision for an integrated academic and NHS centre were realised with the opening of the Institute of Medical Genetics on the University Hospital of Wales campus. In a relatively small building, it provided space for the integrated unit including clinical geneticists, genetic counsellors, NHS and university genetic laboratory teams, a newborn biochemical screening lab, fetal pathology, experts in computer programming and mathematical genetics, social scientists, psychiatrists and psychologists. The diversity of professionals created a unique

atmosphere in which many skills and perspectives were brought to bear on inherited conditions. Peter continued to successfully pursue his long-term projects to identify the genes for myotonic dystrophy and Huntington's disease. It facilitated evidence-based approaches to predictive genetic testing and contentious areas, such as genetics and insurance, and genetic testing in children. Throughout these developments, voluntary organisations, such as the Muscular Dystrophy Support Group and the Huntington's Disease Association were involved as equal partners.

Peter attracted a steady stream of scientists, clinicians and genetic counsellors from many countries. Most of them returned with medical genetics training and established dedicated units in respective institutions. Many went on to become leaders in their professions, working in other centres and seeding aspects of Peter's holistic approach nationally and globally.

He was an extremely successful director of the institute. His leadership style was informal, generous and encouraging. Peter was also perfectly able to take tough decisions and almost invariably made the right call when doing so. On few occasions, when things did not work out as he expected, he turned mistakes

Peter was a humble family person and always prioritised spending time with his family as a husband, father and grandfather. He particularly enjoyed sharing his knowledge of nature and wildlife.

or failures into opportunities to improve the way things would be done in future. He authored a number of books, some aimed at professionals, others for patients. His *Practical genetic counselling* was hugely successful, being translated into numerous languages and, after seven previous editions recently being updated as an eighth by Professor Angus Clarke, one of Peter's most trusted colleague.

Peter relinquished as head of department in 2000 and took full retirement in 2004. Before retiring, he developed and got approval for a long-term project for the institute and visionary shape to medical genetics and genomics in Wales. In addition, he embarked on collecting invaluable information from archives to record the history of medical genetics and build the Genetics and Medicine Historical Network. He undertook the painstaking task of interviewing several old colleagues and reviewed their papers, publications and other records. This turned into a major undertaking, occupying Peter until the end of his life and involving much international travel. The endeavour also included careful documentation of historical and contemporary abuses of genetics in Europe, the USA, Russia and China.

This important work, particularly recording the personal testimonies and reflections of elderly clinicians and scientists, required trust and understanding and was something that only someone of Peter's stature could have accomplished. Much of the material he accumulated can be read in his books, including *The landmarks of medical genetics*, *A short history of medical genetics* and *Evolution of medical genetics – a British perspective*.

Outside Cardiff, Peter Harper was active in professional societies and networks nationally and internationally, such as the Clinical Genetics Society, the British Society for Human Genetics (now the British Society of Genetic Medicine) and the RCP; also in the European Society of Human Genetics, which he helped to reform in the 1980s, the American College of Medical Genetics, which awarded him its lifetime achievement award and the American Society of Human Genetics, of which he was a member for over 50 years. He was chief editor of *Journal of Medical Genetics* for 10 years (1986–1996) and a member of the Human Genetics Commission and the Nuffield Council for Bioethics. He was awarded a CBE (1994) and a Knighthood (2004) for services to medicine and to medical genetics,

however, he never wanted to be called Sir Peter Harper!

Peter was a humble family person and always prioritised spending time with his family as a husband, father and grandfather. He particularly enjoyed sharing his passion and extensive knowledge of nature and wildlife with the family and made visits to his eldest son and family in Australia each year. Peter is survived by his wife Elaine, who he married in 1968, and their children, Mathew, Emma, Nicholas, Katy and Lucy.

Personally, I had the privilege to be assigned Peter's past clinical domain soon after arriving in Cardiff in November 2004. On a few occasions, we would discuss patients and related issues. His in-depth clinical acumen and deepest possible sense of patient welfare was unparalleled. It was indeed an honour.

Professor Harper passed away at the age of 81 after suffering from a stroke and then got infected with COVID-19 during a brief hospital stay in the University Hospital of Wales, Cardiff – the same hospital he served for four decades. He has left a legacy of a humble caring physician who aspired to bring scientific evidence in clinical practice and nurtured the chosen field of medical genetics and genomics to the highest level of existence that generations of doctors, clinical scientists and health professionals shall cherish.

Dhavendra Kumar

Some information from this obituary was first published in the *European Journal of Human Genetics*:
<https://doi.org/10.1038/s41431-021-00864-3>

Donald Lane FRCP

19 February 1935 – 13 March 2022

BMBCh(1960), DM(1970), FRCP(1975)

Donald Lane was born to Violet and Stanley Lane on 19 February 1935 in Charing Cross Hospital. He was brought up in a Methodist family in Morden, Surrey and attended Rutlish Grammar School. The war affected his primary education and he was often sent to his grandfather's farm in Devon to avoid the London bombings.

Donald's brother Robert had cystic fibrosis, and his brother's condition had a formative influence on Donald. Despite Robert's severe limitations, Donald encouraged him to participate in many activities, including the Scouts; Donald was particularly proud of his brother's perseverance, and especially when he received the Cornwell Scout Badge for 'bravery in the face of adversity'. They both loved cricket and would often watch the games at Lord's. Robert was well known by the cricket teams due to his illness, so they often got special treatment.

The summer before going up to Oxford aged 17 to study chemistry, Robert died from the complications of his cystic fibrosis, aged 15. Donald often recalled his first day with his tutor when the freshers were asked: 'Is everyone happy with what they are reading? Does anyone



want to change their course?' This proved a life-changing question for Donald, who replied that he'd like to change to medicine. The tragedy of his brother's death had clearly provoked this change of plan, and he mentioned Robert's death throughout the rest of his life.

Donald's subsequent move to his specialty of respiratory medicine was very much influenced by Robert's battle with cystic fibrosis. While still a medical student, Donald found further incentive to specialise in respiratory medicine, when he met two heroes of respiratory physiology, Dan Cunningham and Brian Lloyd, liking them both. Donald's time as a junior doctor consisted of a good general medical background and experience with patients suffering from tuberculosis at the old Osler Pavilion Hospital, where the John Radcliffe Hospital stands today. It was here that an exceptional neurologist,

Honour Smith, influenced Donald's understanding and management of tuberculous meningitis. There followed several general junior jobs in Redhill, Oxford and Manchester. A DPhil with Jack Howell in Manchester in 1970, on ventilatory control in patients with lung diseases, cemented his academic credentials. Donald was appointed a consultant in general medicine at the Radcliffe Infirmary, and a respiratory consultant at the Churchill Hospital, in Oxford in 1971 – the latter until his retirement in 2000. He was also a temporary medical director for the Oxford Radcliffe Hospital NHS Trust in 1997.

Donald developed a particular interest in asthma and, unsurprisingly, cystic fibrosis. He wrote a patient's guide to asthma, entitled *Asthma: the facts*, with psychiatrist Dr Anthony Storr, running to three editions. He built a highly cohesive unit at the Churchill, and the Wednesday lunchtime meetings, combining

medicine and food, were the highlight of the week. Such were his contributions to respiratory medicine that he was made the president of the British Thoracic Society for 1994. He helped set up the National Asthma Campaign in 1990, amalgamating the Asthma Research Council, the Asthma Society and the Friends of the Asthma Research Council, becoming its vice president for many years from 1993. He greatly assisted Greta Barnes in setting up the National Asthma Training Centre in Stratford on Avon (now the National Respiratory Training Centre), which trains thousands of healthcare workers who look after patients with respiratory diseases.

Donald also supervised several doctors doing their higher degrees, me included. I had an embryonic interest in sleep apnoea and – following on from Donald's own DPhil looking at reasons why only some patients with lung disease developed ventilatory failure – 10 years later I looked at whether sleep apnoea might be part of the explanation. Donald sorted out the finances of my doctorate at a time when studying sleep was considered rather eccentric and I was very grateful for his faith in my ideas. I then became his senior registrar and benefited enormously from his wisdom and gentle approach to both patients and staff.

I moved to Oxford as a very junior doctor in 1978 and first met Donald as an SHO on Rowney Ward at the Radcliffe Infirmary. It was at this point that our musical interests coincided. I had embellished my CV by stating that I played the trumpet. This was sort of true, but it had been some years since I had played, having given up during busy house jobs. That same year, in 1978, Donald had been asked by the parents of a nurse (Jill Broadis) who had died of a melanoma to organise

annual memorial concerts to raise funds for the Nuffield Department of Surgery. Five days before one of the concerts, he told me that he needed a trumpet and that I was to join the orchestra for the final rehearsal and concert that Saturday. Not wishing to prejudice my future reference, I duly complied with some trepidation.

These concerts went from strength to strength and were held three times a year, with an ever-increasing selection of performers that included healthcare professionals, their families and friends. Donald ran and conducted the Radcliffe Orchestra for over 25 years until 2005, raising money for many medical charities. These concerts inspired a loyal following of both musicians and audiences, largely due to Donald's kindness and enthusiasm. My children all remember an occasion when Donald was due to conduct the *Dance of the Sugar Plum Fairy*, from the Nutcracker, and they surreptitiously substituted a fairy wand for his baton. He carried on without blinking, even when the star came off and flew into the air, much to the amusement of the audience (and orchestra). In addition to conducting the orchestra, Donald played some piano concertos with the orchestra, and occasionally the viola, but only when he could entrust the occasional piece to a locum conductor! In an interview with his Oxford contemporary, Dr Derek Hockaday in 2013, Donald said that he would most like to be remembered for establishing and running the orchestra. Many medical musicians in Oxford are grateful that Donald kept their musical interest alive during a very busy time in their lives through the medium of the orchestra and its friendly rehearsals. The orchestra is still performing three concerts a year – some 44 years later – raising money for charity.

On moving to Deddington in 1996, Donald continued to organise musical events, especially encouraging young talent. He had always been interested in composing, but it was only on retirement that he was able to take composition lessons from Cecilia MacDowell, and he composed over 75 pieces, some of which were performed by the Radcliffe Orchestra. In February 2011, coincident with his 76th birthday, he organised a concert in Oxford's Holywell Music Room, performing some of his and MacDowell's songs. For his 80th birthday in 2015, he initiated a concert of his and others' works at Deddington Church.

Donald was always fascinated by medical history, and some years into retirement he started an extraordinary book called *The Poet, The Practitioner and The Professor*, dedicated to the memory of his brother. These three highly imaginative stories, based on fact, are about John Keats (who initially trained in medicine and died of TB), Dr George Bodington (a 19th-century GP with revolutionary ideas about the treatment of TB), and Professor William Osler of Oxford (who had a particular interest in TB and its treatment). The link between them is the effect tuberculosis had on their lives, personally and professionally. Writing these stories involved an enormous amount of research and are a joy to read. Sadly, his memory began to fail towards the end of writing these tales, and his daughter Tess played no small part in nursing them to publication.

Sadly, Donald's last few years were diminished by dementia, but he went on enjoying music to the end, which was brought about by COVID-19 and pneumonia.

John Stradling

Martin Mansell FRCP

28 September 1948 – 24 April 2020

MRCS LRCP(1971), MBBS(1971), MRCP(1974),
MD(1982), FRCP(1989), LLM(2017)



An esteemed consultant nephrologist, who did much to develop and contribute to the field of medico-legal opinion in the UK.

Martin was born in 1948 in London, the youngest son of Rena and Joe Mansell, second generation immigrants from Russia and Romania respectively. He obtained a scholarship to Haberdashers' Aske's Boys' School, leaving a year early to attend Guy's Medical School, from which he graduated in 1971. He trained in clinical nephrology at St Thomas's Hospital, where he also completed his MD, and was subsequently lecturer in nephrology at St Peter's Hospitals and the Institute of Urology, London.

In 1983 he was appointed to the post of consultant nephrologist at the St Peter's Hospitals, London and honorary senior lecturer in nephrology at the Institute of Urology and Nephrology. With the transfer of the St Peter's Hospitals from Covent Garden to University College London Hospitals NHS Foundation Trust in 1992, he became consultant nephrologist at the Middlesex Hospital, and was clinical director of renal and urology services from 1990 to 1994. In 2005, the Nephrology Department at the Middlesex Hospital merged with and moved to the Royal Free Hospital, where he worked until he retired from NHS practice in 2010.

Martin was a general nephrologist with broad expertise in the management of acute and

chronic renal failure, dialysis and transplantation. He developed a subspecialist interest in renal stone disease, and he became a noted authority on diagnosis and management of oxalate stones and oxalosis. He published and lectured in this area, which led to a national and international referral practice for this condition.

He was very supportive of his colleagues, being particularly helpful in a complex clinical situation.

Martin was an enthusiastic teacher of colleagues, junior doctors and undergraduates, and his lucid explanations of complex renal biochemistry provided for effective teaching. He published widely throughout his career, including research articles, reviews, presentations to learned societies and book chapters.

As a consultant, Martin contributed widely to numerous committees, both in his hospitals and also for

Bloomsbury District Health Authority and the North East Thames Region. These included those focused on developing clinical strategy for renal services, research, pharmacy, infection control and ethics.

Martin was highly regarded by his patients, as well as his colleagues, and he developed a successful private practice, including contributing to the establishment of the successful transplant unit at the Cromwell Hospital. He was very supportive of his colleagues, being particularly helpful in a complex clinical situation, and always provided a thoughtful view and excellent second opinion. He encouraged and supported his trainees, many of whom went on to consultant posts in the UK and internationally. Martin was renowned for his quick wit, with a dry sense of humour and a seemingly endless supply of jokes suitable for 8-year-olds.

Although he fell into it largely by chance, Martin developed a second highly successful career as a medico-legal expert, culminating in his 10-year tenure as deputy editor on the *Medio-Legal Journal*, appointment as president of the Medicolegal Society from 2012 to 2014, and an LLM in Medical Law and Ethics from the University of Kent in 2017. He was awarded the Cardiff University

Expert Witness Accreditation in 2005, with subsequent recognition as a medical expert by the National Policing Improvement Authority, GMC Fitness to Practise panel, Association of Personal Injury Lawyers and the Action against Medical Accidents Charity. He also provided advice for independent NHS review panels, courts and the Foreign Office pro bono medical panel.

His developing expertise benefited the Clinical Claims Review Group of the UCLH Trust, which aimed to settle meritorious claims as expeditiously as possible. His move into medico-legal work undoubtedly strengthened governance and safe practice within the nephrology departments at the Middlesex and Royal Free Hospitals. At the time of his death, he had decided to turn his medical expertise towards mediation, and had just completed the mediation course offered by the Centre for Effective Dispute Resolution.

After meeting on a shift in Accident and Emergency at St Thomas' Hospital, Martin married Cathy in 1979. They have one son, Nicholas, and six daughters: Alexandra, Hannah, Victoria, Sophie, Josephine and Hattie, as well as four grandchildren; Alexandra and Josephine have followed Martin into medicine. Martin was also devoted (although he might not have admitted to it) to the English and Irish setters they have had over the years.

Following his retirement from the NHS in 2010, Martin and Cathy moved to Beltinge on the North Kent coast, where they had always spent their family holidays. Martin continued to be very busy with medico-legal work, but found time to indulge his passions as a polymath, studying for master's degrees in the history of art, military history and philosophy. Martin had enrolled in the University of Buckingham MA in Philosophy 2018/19, taking particular

interest in the legal and moral issues in the ethics of organ donation.

Martin and Cathy enjoyed regular trips to Scotland, where they flew birds of prey, and Martin often joined the Royal Society of Medicine (Urology Section) ski trips, where he was an enthusiastic contributor both to the scientific meeting and to the social life, often supported by some of his children.

He had recently taken up cycling along the windswept seafront, and loved a good dinner with a drink or two beforehand, especially if he had family or friends to join him. He would no doubt have approved of the glass of Bollinger that his family raised to him at his private funeral – held due to the circumstances created by the pandemic. It is hoped a celebration of his life will follow next year.

Robin Woolfson

Victor Miller FRCP

20 September 1935 – 2 April 2020

MD(1961), MRCPS(1965), FRCP(Glas)(1979),
FRCP(1994), FRCPH(1997)



A quiet man with a long reach, driven by a steely determination, Victor was a pioneer of paediatric gastroenterology in the UK.

Since his death, we have received letters and emails from former colleagues and have come to see him through their eyes. Some colleagues told us that they followed his path, inspired by his vision and leadership. We were also incredibly moved to hear from a former patient who chose a medical career on the basis of his experience of Victor's care.

His patients and their families always came first, which sometimes put him in direct conflict with hospital management.

The younger son of refugees, Victor was born in Hackney on 20 September 1935. Life wasn't always straightforward for him. Moving from Islington to Hendon just before the start of the Second World War, he described how many of his primary school days were spent in air-raid shelters. He failed his 11+ exam

and found himself at a secondary modern school, where the cane was liberally applied, and he was bullied and beaten for being Jewish.

Eventually, he moved to a grammar school, but even there the teaching was at best mediocre, and he was told by his headmaster: 'Miller – some people just don't have it.'

This served as a gauntlet for Victor. He went to the Northern Polytechnic in London to resit his A-levels. He describes that year as the one in which he learned to fly, with the help of five devoted and inspirational lecturers. In 1955, he started reading medicine at Glasgow University.

He was studious and dedicated, and on 1 August, 1961, Victor started his surgical house officer post at the Western Infirmary, Glasgow. The switchboard operator predicted that it was going to be the worst day of his life; according to Victor, it was a baptism of fire. He moved to Stobhill Hospital, Glasgow, to work as a medical house officer. It was during this time that he became fully registered and decided to continue his career in hospital medicine, taking up a medical house officer position at the Royal Hospital for Sick Children in Glasgow, and then a senior house officer position at the Oak Bank Unit. Here he secured his first registrar post – in his own words,

saying that: 'it pays not to be slow in coming forward, and when you come to a fork in the road, take it.'

1965 was a watershed year for him. He passed his membership of the Royal College of Physicians and Surgeons of Glasgow, met Judy in September, proposed in October and was married to her the next February. On his way to his wedding, he posted his application form for the post of registrar in paediatrics at Great Ormond Street Hospital. At interview, he was asked what his special interest and specialty in the future might be. He answered gastroenterology, because his previous department had an interest in this area. Another fork in the road taken, and one from which he never looked back.

His daughter Sarah was born in 1967, and soon after Victor was selected for a rotational scheme at the Children's Hospital of Philadelphia.

On returning from the US, Victor was appointed as senior registrar in paediatrics in Manchester, the place he and Judy called home for over 34 years. The role rotated between the Royal Hospital for Sick Children, Booth Hall Children's Hospital and the St Mary's Hospital Neonatal Unit. He also lectured at the university in paediatrics and child

health. Here he was encouraged to follow his interest in gastroenterology and start a specialised clinic.

His second daughter, Laura, was born in 1969. Soon after, Victor was invited to apply for a position as consultant paediatrician with an interest in gastroenterology. At that point, there were no such posts in the NHS, and only two university posts. Being single-minded and determined, Victor ignored all other national paediatric consultant positions being advertised.

Although Victor started this department from scratch – in time his department – he and his colleagues provided a service for the whole of Lancashire, part of north Wales, Yorkshire and part of the Midlands. His service, and one in Great Ormond Street, were the first to provide long-term intravenous support for infants with nutritional failure. His

department was also one of the three major centres for the management of Crohn's disease.

Victor was immensely proud of his achievements, including his election to fellowship of both the Royal College of Physicians and Surgeons and the RCP in London. However, he didn't claim the limelight. His patients and their families always came first, which sometimes put him in direct conflict with hospital management. In a letter to *The Times* about waiting lists, he wrote that after failing to secure extra theatre time for diagnostic and therapeutic endoscopy, 'the emotional strain of having to decide which child with undiagnosed intestinal bleeding would have to wait longer eventually led to my premature retirement from the NHS.'

In his retirement, he completed an MA in comparative religion,

where he explored how different religions respond to human suffering. Unfortunately, he had his own experience of this while caring for Judy, who had progressive supranuclear palsy. Although he was always a doctor at heart, he felt that the emotional toll of illness was often under-recognised.

Victor was a veritable renaissance man. He loved all things aesthetic, both in terms of the arts and the wilds. He was enjoying his life to the full with his new partner, Valerie, and his daughters and their families, when he was struck by COVID-19. He died at the Royal Free Hospital, Hampstead, and is profoundly missed by Valerie, Sarah and Laura and their families, his friends and colleagues.

Sarah and Laura Miller

Robert Emerson Nagle FRCP

28 November 1930 – 26 December 2020

BA(1952) MBBChir(1955), MRCP(1963), FRCP(1974)

Robert Emerson ‘Bob’ Nagle was a consultant cardiologist at the Selly Oak Hospital and Queen Elizabeth Hospital, both in Birmingham. He was an influential pioneer of the cardiac rehabilitation movement in the UK, an accomplished musician, photographer and artist, and a kind and skilful clinician.



Bob was born in Boston, Massachusetts, where his father, Ronald, was working temporarily as an engineer. Bob returned to Boston for a sabbatical at the Massachusetts General Hospital prior to taking up his consultant appointment in Birmingham. It was typical of his adventurous spirit that he travelled to America by sea on one of the last voyages of the Queen Mary, loading his family and his camper van on board, so that they could tour the states before returning home.

His academic abilities were clear from an early age. As a boy, he won a scholarship to Westminster School and, from there, an Exhibition and State Scholarship to Trinity College, Cambridge. His clinical training was at University College Hospital

(UCH). While working there as house physician to Dr Arthur Holman, he had his first paper accepted for publication in the *British Medical Journal*.

His national service was with the Royal Air Force. His potential as a clinical scientist was recognised by the RAF and he was posted to the Institute of Aviation Medicine where, working with Dr J Ersting, he took part in studies of the cardiovascular responses to the positive pressure breathing systems used to prevent hypoxia at altitude; studies which contributed to the development of the ‘g-suit’ currently worn by combat pilots.

During his subsequent medical and cardiology training, the list

of his mentors reads like a ‘who’s who’ of British medicine and cardiology in the 1960s. He worked with Professor Desmond Lawrence at UCH, and with Professor Jack Shillingford and Dr Patrick Mounsey in Sir John McMichael’s unit at the Hammersmith Hospital. His final post as a ‘junior’ doctor was as senior registrar to Dr David Verel at the Sheffield Cardiothoracic Unit.

His consultant appointment in Birmingham in 1967 was one of the first of a series of joint appointments between a district general hospital and the ‘marble halls’ of the teaching centre. While effective in exploiting this new way of working, Bob was probably at his happiest at the Selly Oak Hospital, where the physicians had established an ideal

Bob remained a powerful advocate of cardiac rehabilitation at the national and European levels throughout the rest of his career, and contributed to many major policy initiatives.

working relationship that included meeting in each other's houses for a monthly journal club and inspection of gardens.

Bob published widely during his training and thereafter; the focus of his research was coronary artery disease. He conducted several important trials with his colleagues in Birmingham, using what, at the time, were novel treatments of angina – namely betablockers and calcium antagonists. Probably the best of these was a double-blind trial of practolol done with Dr Charles George and Dr Brian Pentecost and published in the *British Medical Journal* in 1970. In all, Bob published 25 papers in peer reviewed journals.

In the early 1970s, Bob turned his attention to the rehabilitation of patients after myocardial infarction. He was struck by the lack of correlation between the amount of cardiac damage suffered by patients and their subsequent ability to return to work. Many of his patients at Selly Oak Hospital worked at the British Leyland car manufacturing plant in Longbridge, and Bob established a productive relationship with the occupational health team there.

Working with Dr Ian Picton-Robinson, he carried out an influential study of the factors influencing return to work after myocardial infarction. Published in the *Lancet* in 1971, the study demonstrated that an important and variable mix of physical and psychological factors were affecting return to employment. This work set the scene for the rehabilitation programmes comprising exercise, information, and psychological support that Bob and others went on to develop. This was at a time when such programmes were rare in the UK and when most British cardiologists showed little interest in promoting them. Bob's work in this area was driven not only by his scientific curiosity, but also by his deep interest in patients as individuals and in their lives beyond their presenting illness.

Bob remained a powerful advocate of cardiac rehabilitation at the national and European levels throughout the rest of his career, and contributed to many major policy initiatives. Perhaps the most important of these was the report of the joint committee of the RCP and the British Cardiac Society on rehabilitation after cardiac illness, published in the college journal in 1975.

One of the great pleasures of working with Bob was to be exposed to his extensive knowledge of subjects beyond the specialty, and travelling with Bob to medical meetings usually involved a cultural excursion of some sort. A cardiac rehabilitation symposium in Vienna coincided with the anniversary of a meeting between Mozart and Hayden in that city. Bob hired a car and organised a pilgrimage to the Haydn Haus in Eisenstadt. The return to Vienna was punctuated by visits to several of the delightful *heuriger* – local taverns – where the new wines of the Burgenland could be carefully evaluated. A meeting in West Berlin prior to unification gave Bob the opportunity to organise a somewhat bold expedition to the East, using the U-Bahn to travel beneath the wall. The presence of heavily armed guards did not deter Bob from indulging his lifelong interest in photography, as he took what seemed to his very anxious fellow travellers to be rather risky pictures of the city and its people.

In retirement, Bob had time to pursue his many interests outside cardiology. He studied for an Open University degree in French. He painted watercolours and did advanced courses in photography. Most importantly, he continued, while able, to play the violin to a high standard in a string quartet together with his wife Sue, a musician and teacher who he had married in 1956. They had six children: Christopher, Patrick, Michael, Katharine, Peter, and David. When Bob eventually became unwell, Sue cared for him at home despite the challenges of his final illness.

Patrick Cadigan

John Norris FRCP

17 October 1933 – 8 April 2020

DM(1957), FRCP(1982)

John W Norris was born in Portsmouth and was schooled in the UK during the Second World War. With the help of his family physician, Dr Duncan, he became a medical student in Scotland at the medical school in Aberdeen.

He graduated in 1957, sharing the first place with Derek Ogston, who later went on to become dean of their medical school. John went on to postgraduate training in England, spent time in neurology in Leeds with Maurice Parsonage and Hugh Garland and, after he failed to obtain a consultant position in neurology, emigrated to Canada, initially becoming a fellow at the Montreal Neurological Institute (MNI) in 1967.

At the MNI, he worked on experimental cerebral ischaemia with Hannah Pappius and, in 1970, became a consultant in neurology at the Sunnybrook Medical Centre in Toronto. There he established his practice, succeeding Dr Henry Barnett who, at that point, moved to London, Ontario to join Charlie Drake. Together, they established Clinical Neurological Sciences at Western, then the University of Western Ontario (UWO).

John remained in Toronto and was soon joined by Vladimir Hachinski at Sunnybrook, and the two of them founded the very first stroke unit in Canada. In the 1980s, stroke unit care was really the first and only intervention in acute stroke to make a

difference in terms of clinical outcome. Barney, Vladimir, David Spence and John were very influential in those game-changing early days of preventative stroke trials, aided by the Heart and Stroke Foundation of Ontario. The Sunnybrook Unit became internationally recognised and trained a whole generation of young stroke neurologists, who now lead important stroke units in all continents of the world.

John was mentor to many international rising stars, who now lead their respective national stroke efforts.

John was mentor to many international rising stars now leading their national stroke efforts. He will be remembered for his early work in asymptomatic carotid stenosis at a time before the North American Symptomatic Carotid Endarterectomy Trial (NASCET) got going. In 1987, together with Nate Bornstein, Brian Chambers and others, he published a very influential paper in the *New England Journal* that showed the risk of even quite tight asymptomatic carotid stenosis was of the order of 1 % or less – challenging the dogma that it required the risk of surgical intervention. He was very influential in the early days of



deploying RCT to question the validity of preventative treatment, such as carotid endarterectomy. He was involved from Toronto in supporting the successive world-leading trials, Canadian ASA Cooperative study, CAPRIE, EC/IC and NASCET – all led from London and Hamilton, with Toronto the powerhouse, contributing large numbers of patients, helping make Canada famous for stroke research.

It was John who inspired Canadian stroke neurologists to achieve the first glimmerings of evidence to support acute interventional treatment, emerging from his experience in the Sunnybrook Acute Stroke Unit.

To support the trials, and arguably his biggest triumph, was John's leadership in establishing the Canadian Stroke Consortium in the late 1980s. He organised many delightful meetings in south-west Ontario, involving Canadian colleagues coast to coast, but it was the act of chartering the Canadian Stroke Consortium (CSC) which was John's vision. It was this that put Canada on track to developing the capability of evaluating interventions – initially neuro-protectives – that sadly proved to be non-efficacious. But what it heralded was the capacity for evaluating what was to come: thrombolysis, imaging and endovascular thrombectomy

and, when the opportunity arose, for intervening in acute stroke. John Norris, the CSC and Canada had huge impact in this field.

While HJM Barnett, aka Barney, was the grandfather of Canadian stroke research, John Norris, always with an eye to history, was a proud member of what he called 'the big three' which included himself, Vladimir Hachinski, and Antoine Hakim. Between them they led the efforts of Heart and Stroke Foundation of Canada, the Canadian Stroke Network, and the CSC. They had the foresight to not only participate in trials, but to train up and mentor the next generation of stroke neurologists, as a direct result of John establishing the CSC. Beyond the trials, the CSC established important annual education and training events, which have educated and inspired the current generation of Canadian stroke neurologists.

John and the CSC made important observations around the risk of chiropractic manipulation as a cause of vertebral dissection, which put John and the CSC very much in the eye of a storm in terms of the evaluation of evidence. Importantly, the CSC wrote the very first guidelines about the use of tissue plasminogen activator (tPA), which prompted studies such as CASES, the use of ASPECTS and then later – growing out of these early contributions – important endovascular thrombectomy trials, such as the Calgary-led ESCAPE trial.



Dr Norris (left) with colleagues Diane Brodie and Vadim Beletsky

The resulting network of clinician scientists, the tradition of international mentorship and training and, above all, the collegiality that John personified, has resulted in Canadian stroke neurology not only leading the world in the early days of stroke prevention with NASCET, the aspirin studies, the EC/IC bypass, but more recently now in acute intervention.

All of us will remember John with great affection. I did not agree with him when it came to UK politics, and not even remotely about the leadership style of his heroine, the Iron Lady, Mrs Thatcher. In my last encounter with John, we found ourselves at polar positions on Brexit, but together at the Royal Society of Medicine in London last summer, we conferred at an

imaging workshop on dementia and together agreed that Canadian stroke neurology was really the very best – and we had both been very privileged to have contributed our parts.

John Norris became a victim of COVID-19, and died on 2020's frontline, during a pandemic that has put all of humanity at risk. In the *Stroke* journal obituary written by Vladimir Hachinski, Nate Bornstein, and Hugh Markus, their summary statement was that: 'Stroke is a relatively recent field. No history of vascular neurology would be complete without the name of John W Norris. We have lost him to coronavirus, but his contributions continue to have an impact.'

Alastair Buchan

Donal O'Donoghue FRCP

15 August 1956 – 3 January 2021

BSc(1977), MBChB(1980), MRCP(1983), FRCP(1995), OBE(2018)

On 3 January 2021, the medical community lost one of the most inspirational leaders of this generation – a person who touched and helped the lives of so many patients with kidney disease, and of those professionals who devoted their careers to caring for them.

Donal Joseph O'Donoghue was born in Manchester in 1956, the son of a headteacher, with his mother devoted to him and his brother. He entered medical training and qualified from the University of Manchester in 1980 with first class honours in physiology and honours in medicine. His career path was in internal medicine and, choosing nephrology as his future career, his specialty training was undertaken in Nottingham, Manchester and Edinburgh.

His initial kidney research work was in immune mechanisms in glomerular disease, notably IgA nephropathy and ANCA-associated vasculitis, first in Manchester, and then as a Medical Research Council travelling fellow at Necker Hospital in Paris. In 1992 he was appointed as a second consultant nephrologist at Hope Hospital in Salford, later renamed Salford Royal Hospital. At the time of his arrival, the renal unit was small, understaffed and overstretched. He became clinical director and helped transform the service, imbuing a multi-professional team approach with a patient-focused culture that was to become a prominent feature of his future local, national and international



work. There had been a lack of coordinated service development and historic underinvestment in renal services across Greater Manchester, as had been the case in many parts of the UK. A lack of haemodialysis facilities afforded patients little choice in therapy such that 50%, including many frail and elderly, had to commence end-stage kidney failure treatment with peritoneal dialysis; by comparison 90% of dialysis patients in the United States, and European countries such as Germany, had opportunity to choose haemodialysis.

A radical review was required, and Donal oversaw implementation of a hub and spoke model of renal services across Greater Manchester, with patients and carers involved throughout all stages of the planning process. The Greater Manchester Renal Managed Clinical Network became the first of its kind in the UK.

Donal had found his vocation in clinical and organisational leadership,

and an opportunity arose for him to drive forward the National Service Framework (NSF) for Renal Services in the early 2000s. This outlined the requirements for an optimal service, against which existing services could be compared, so that resources could be sought. Donal led the NSF to a successful completion in 2005, and a year later was appointed as the first national clinical director for kidney care, a post which he held until 2013. His tenure as the inaugural renal tsar was marked by a major expansion in the UK's kidney services, particularly with regard to haemodialysis capacity and the nephrology workforce, the latter exemplified by the 21-strong renal consultant body at Salford Royal at the time of his untimely passing. He ensured that the implications of kidney disease for healthcare were properly understood across the health community. Many key changes occurred during this period which we rely upon today, with Donal a major player. Clinical laboratories were mandated to routinely report



Donal and his wife Marie on the day of their wedding

estimated GFR alongside serum creatinine results, and he drove awareness of the sub-optimal clinical care that people with acute kidney injury (AKI) were receiving. Mandatory real-time reporting of suspected AKI among inpatients, and the extensive education needed across the health community to drive improvements in AKI care, were much needed developments.

Donal's skills and personality were ideally suited to these roles; he had deep emotional intelligence and a unique ability to connect with all he met. He could take criticism with realism and dignity and his natural gift of friendship and his freedom from self-importance were endearing characteristics. He ensured that the voice of patients would always be heard when key care was being planned and implemented. These attitudes underpinned his success as a mentor to a whole generation of UK nephrologists. In earlier days the broader team approach to kidney care was not accepted everywhere in the UK. However, Donal was a great advocate of the importance and central role of the multi-professional team, and this was recognised in his being appointed as president of the British Renal Society (BRS) in

2000, an organisation that increased opportunity for all professionals involved in kidney care – especially nurses, dietitians, technicians and pharmacists, as well as doctors – to collaborate and share skills and knowledge. Donal had been a consistent and major contributor to the Renal Association, the specialty's professional and academic body, since his registrar days. He became president in 2016 and throughout his tenure he helped implement important changes in governance and in the management and secretariat structure, which were key enablers for the subsequent creation of the UK Kidney Association, a merger of the BRS with the Renal Association that has finally integrated all factions of the renal multi-professional team into one organisation.

From an early stage of his career, Donal recognised the necessity for a patient-centred approach. In 2016 he became chair of the trustees of Kidney Care UK, the main renal patient charity in the UK, having been tireless in his support for people with kidney disease, never hesitating to listen to all, to highlight inequalities and to promote the best possible care for kidney patients.

His achievements were recognised with an honorary chair in renal medicine at the University of Manchester, and later, in 2018, with the OBE for his services to kidney patients. In 2018 he was appointed as the 45th registrar of the RCP. In this role, he oversaw professional and clinical affairs for the college and was the main interface with the regional teams and the medical specialties. His diplomacy, work ethic and ability to multitask made him an ideal person in this role and he developed strong relationships to the benefit of all. He chaired the NHS England Outpatient Transformation Clinical Advisory Group as part of this role, although it was the interaction with members that he most enjoyed. Regional updates, trust visits and the membership and fellowship ceremonies were his favourite parts of the job and he excelled in his role at these. In his too short time, membership flourished and the RCP was in a strong position when the pandemic hit.

Donal O'Donoghue was a fine clinical leader and a passionate advocate on behalf of patients with kidney disease. He once mentioned that his first career choice was to be an architect. Thankfully, he became a physician and became an architect for development of high-quality, patient-centred kidney services in the UK over the past three decades. When he died, the tsunami of messages capturing an outpouring of grief, admiration, respect and affection from all parts of medicine, the NHS and patient groups were testament to the impact he had on so many. He was a great friend, and he is sadly missed.

Philip Kalra
Graham Lipkin
Andrew Goddard

Sivaramakrishna Iyer

Padmavati FRCP

20 June 1917 – 29 August 2020

MBBS(1942), FRCPE(1958), FRCP(1968), DSc (Hon)(1994), PhD (Hon)(2008)

A legend of cardiology in India, Dr Sivaramakrishna Iyer Padmavati blazed a trail until her very last peaceful breath.

The daughter of a barrister, she was born in the city of Magway in central Myanmar. Nurtured by a privileged upbringing and blessed with a maverick brain, the young Padmavati topped the province in the final school examination. She went on to graduate from Yangon Medical College with the MBBS *magna cum laude* and began the journey of an illustrious career in medicine and cardiology, qualifying her for the sobriquet of ‘Godmother of cardiology’ in India.

Hers was the story of an indomitable spirit, cultivated during the gory days of the Second World War. Japan’s invasion of Myanmar in 1942 forced Padmavati, her mother and sisters to flee Myanmar for Coimbatore, in the Indian state of Tamil Nadu, leaving their male relatives behind. The family was only reunited once the war ended in 1945.

Thereafter, Padmavati left for England and acquired fellowship of the Royal College of Physicians of Edinburgh and the RCP in London. After her graduation, she did a stint in Sweden under Dr Gustav Nylin and Dr Gunnar Björck at the Södersjukhuset hospital in Stockholm, before moving



to John Hopkins in USA, where she trained under the legendary Dr Helen Taussig. She moved on to train further under Dr Paul Dudley White at the Harvard Medical School, and worked at Massachusetts General Hospital and Brigham and Women’s Hospital in Boston.

On her return to India, she was appointed lecturer at the Lady Hardinge Medical College (LHMC) in Delhi. Subsequently, she was elevated to professor and head of the department of medicine. She established north India’s first cardiac catheterisation laboratory at LHMC in 1954. Besides her clinical responsibilities, she engaged in research – her epidemiological research work in rheumatic fever, pulmonary heart disease, ischaemic heart disease and hypertension still stand ground and is oft-quoted. In 1967, she took over as director

principal of Maulana Azad Medical College, then Irwin and GB Pant Hospitals (GBPH), introducing the first DM courses in cardiology and other super-specialties, the first coronary care unit and the first coronary care van in India.

She undertook many roles, including president of the Cardiological Society of India and National Academy of Medical Sciences; and she was a member of the governing bodies of the Indian Council of Medical Research, All India Institute of Medical Sciences and Jayadeva Institute of Cardiology, Bangalore, before later serving as dean of the Faculty of Medical Sciences at the University of Delhi.

Dr Padmavati founded the All India Heart Foundation in 1962 and set up the National Heart Institute under the aegis of the Foundation in 1981,



and developed it into a modern heart hospital for tertiary patient care, research and population outreach.

Awards and accolades chased her, culminating in the award of Padma Bhushan in 1967 and Padma Vibhushan in 1992 by the government of India. Other prominent awards were Harvard Medical International Award (2003); Antonio Samia Oration of Asia

Pacific Society of Cardiology (2005); Sivananda Eminent Citizen Award (2012); Lifetime Award CSI (2012); Lifetime Achievement Award, National Academy of Medical Sciences (2013) and Exceptional Service Award of the Golden Jubilee of the GBPH (2014) and many others.

Privileged to see her from close quarters (Dr Yadava worked with her for many years until the end of her life), we never saw her be arrogant, rude or socially inappropriate. Her virtuous qualities included a quiet, yet resounding and firm demeanour, master of all she surveyed.

Multifaceted, she was a sports freak, lapping 20–30 lengths of a swimming pool well into her 90s. In fact, I recall an occasion in her mid-90s as she climbed up to a podium to receive a 'Lifetime Achievement Award'. I offered to hold her hand to assist while she climbed the stairs. She smiled, but sternly said 'no, thank

you', such was her level of fitness and well self-esteem. An aficionada of silk sarees and solitaire diamonds, and an envy of any fashionista, she was passionate for a 30-minute dose of BBC News with a glass of port every evening. With never a regret in life, although just five foot tall, Dr Padmavati stood tall among all that have walked the fields of cardiology in this part of the world, yet was grounded and God-fearing, with a tender and motherly heart. She was a mother to all cardiologists, kind yet firm, appreciating yet advising them, however brief her meeting with them would be.

Just as you march on, Padmavati Madam, we shall celebrate your life, taking solace that some of us have had more than our fair share of your love and affection.

O P Yadava and Ashok Seth

Jacob Plange-Rhule FRCP

27 July 1957 – 10 April 2020

BSc(1981), MB ChB(1984), PhD(1991), MRCP(2001),
FWACP(2007), FRCP(2007), FGCP(2011)

Professor Jacob Plange-Rhule, physician and physiologist, died in Accra, Ghana as a result of COVID-19 infection. At the time of his death, he was rector of the Ghana College of Physicians and Surgeons.

He was a successful investigator in physiology and community epidemiology, a committed educator, and an academic leader. He also played a major role in establishing the specialty of nephrology in Ghana.

Jacob Plange-Rhule was born in Winneba, a coastal town, in 1957 shortly after Ghana gained independence. He moved to the capital for his secondary education studying at the Accra Academy. He entered the School of Medical Sciences, Kwame Nkrumah University of Science and Technology (KNUST) in Kumasi, completing a BSc in human biology in 1981, and then studying medicine, graduating in 1984. His potential was recognised early, and he won an award as a final year medical student to spend his vacation at the MRC Unit in Gambia.

In 1987, after junior clinical posts in Kumasi, he was awarded a 4-year British Council scholarship to study in the Department of Physiology, University of Manchester. He completed his PhD on the natriuretic effects of arginine vasopressin in 1991.

On his return to Ghana he taught physiology as lecturer in the Department of Physiology at KNUST from 1992, in due course becoming professor and serving as head of the Department of Physiology for over a decade. He also completed his training in internal medicine, and was appointed consultant physician at Komfo Anokye Teaching Hospital (KATH) Kumasi, where he became head of nephrology services.

In 1994 he developed a research link with Dr John Eastwood, a renal physician at St. George's Hospital, London. His early funding included a grant in 1995 from the Association of Physicians of Great Britain and Ireland, which facilitated a pilot study on the prevalence of high blood pressure in the city of Kumasi. To support this endeavour, Jacob started at KATH the first blood pressure clinic in Kumasi. He became an honorary senior lecturer at St George's University of London, and in 2000 with Wellcome Trust funding established village-based field work to study the prevalence of high blood pressure, and the influence of salt intake, in 12 villages in the Ashanti region.

He was an inspiring leader of the work, building a loyal team of junior doctors and nurses, who he supervised and deployed with great skill. Many of these junior doctors continued clinical research related to renal medicine and high blood pressure, and indeed volunteered to help again in 2014 when the same population was revisited for a follow-up study.



He also collaborated with Dr Amy Luke, Loyola University Chicago, and was the Ghana lead investigator for a US National Institutes of Health (NIH) funded study of energy determinants in obesity, diabetes and hypertension. Jacob's extensive experience of working with village chiefs, inhabitants and health workers enabled him to establish teams to conduct fieldwork in the Ashanti region that continues to this day. Jacob also worked on other NIH-sponsored projects, including a training programme in cardiovascular disease epidemiology for physicians and scientists, and a genetic epidemiology study on kidney disease across sub-Saharan Africa.

The above two overseas collaborative studies led to the majority of Jacob's publications initially but more recently Jacob's research became more Ghana-led. Since 2017 he was involved with the H3Africa Kidney Disease Research

He was an inspiring leader ... building a loyal team of junior doctors and nurses, who he supervised and deployed with great skill.

Network and had a special interest in task-shifting in the management of high blood pressure, both of which led to high-quality publications.

In 2001, when he was president of the Ghana Medical Association, Jacob hosted the first visit of the International Society of Nephrology to West Africa (to Ghana and Nigeria). During the visit there was a nephrology CME meeting, and this element of training has been delivered annually ever since. In 2010, he was a foundation member and vice president of the Ghana Kidney Association, and president from 2014. He played an important role in establishing a nephrology training programme in Ghana in 2012, leading to a fellowship in nephrology at the Ghana College

of Physicians and Surgeons. He also played a major part in developing a national renal care programme.

Jacob played an increasingly important part in the growth and success of medicine and nephrology in Ghana as vice rector (2011–2015) and then (from 2015 until his death) as rector of the Ghana College of Physicians and Surgeons.

He was a valued friend – easy going, loyal, and dependable. These gifts combined with his natural flair for leadership made him a highly effective researcher, teacher and administrator. He invoked great loyalty in those he trained, and part of his legacy is that many of the young doctors who joined his community research projects are now nephrologists in Ghana.

His energy was formidable, managing to continue as clinician, researcher, and teacher while in his leadership roles. Badminton was his favoured recreation. He played frequently from his medical student days throughout his career, until he ruptured both his Achilles tendons in his early forties and started playing golf. Many collaborators and visitors from overseas will remember Jacob's generous habit of welcoming them by being in Arrivals in the airport to meet them.

His death, when still at the height of his powers, is a special sadness. He achieved so much for Ghanaian medicine and nephrology, yet there could have been so much more.

In 1987 Jacob married Gyikua, a paediatrician. He is survived by her and their three daughters, Kwegyiwa, Ama and Araba.

John Eastwood, Jo Adu, Emmanuel Addo-Yobo, Amy Luke and John Feehally

Alfa Sa'adu FRCP

31 August 1952 – 31 March 2020

BSc(1973), MBBS(1976), MRCP(1979),
DTM&H(1984), MSc(1985), PhD(1989),
FRCP(1999)



Dr Alfa Sa'adu had an illustrious 40-year career in the NHS and held a number of senior leadership positions.

Alfa was an experienced medical leader and consultant physician, dedicated to improving the health and wellbeing of older people, both in the hospital setting and in the community. He was enthusiastic about the multidisciplinary approach to healthcare and was a firm believer that the solution to the challenges faced lay in genuine clinical engagement. A very passionate clinical teacher, he was also an RCP examiner in the UK and internationally for many years. As a medical leader, Alfa had extensive knowledge and vast experience in the design and delivery of effective healthcare in England and Nigeria.

He was immensely talented, both academically and as a sportsman. He graduated from University College London Medical School in 1976, having done an intercalated BSc in anatomy, then went on to obtain his MRCP within 3 years; he also played rugby for the university. In 1989, Alfa completed a PhD in the immunology of infectious diseases, after obtaining an MSc with distinction, in clinical tropical medicine, for which he was awarded the Fred Murgatroyd Prize. He also received the Duncan Prize when he completed his diploma in tropical medicine and hygiene (DTM&H).

Alfa became a consultant physician in care of the elderly at Watford

General Hospital in 1994, where he went on to become divisional clinical director for acute medical care for the West Hertfordshire Hospitals NHS Trust. Subsequently he became

Alfa was very charismatic. One of his colleagues once said: 'when you meet him, you would never forget his unique character and his distinctive voice!'

deputy medical director for the West Herts Trust.

He joined Ealing NHS Trust in 2011 as the medical director and was also deputy chief executive for a period. He continued his clinical practice at Ealing Hospital while serving as a member of the board. He joined during a time of considerable change for the trust and applied himself to facilitating successful outcomes.

In 2015, Alfa was appointed associate medical director/care of the elderly consultant physician at the Princess Alexandra Hospital in Harlow, before retiring in 2017. Alfa then returned to work part time, at the Queen Victoria Memorial Hospital in Welwyn, until sadly, he lost his life unexpectedly to COVID-19 on 31 March 2020.

Born in Nigeria, Alfa stayed close to his roots and contributed widely to medicine in Nigeria, where he worked from 1979 to 1984. During this time, as well as working as a consultant physician, he was deputy chairman of the Nigerian Medical Association. Additionally, he set up and chaired the Niger State branch of the Association. Over the years, Alfa continued to be an eminent figure in the local community and was awarded a highly esteemed local chieftaincy in 2000, to become the Galadima of Patigi, his hometown.

A very active member of the Medical Association of Nigerians Across Great Britain (MANSAG), Alfa contributed greatly to the growth of the organisation. He also chaired the Kwara State Association of Nigeria (KWASANG) for a period.

Alfa was very charismatic, and one of his colleagues once said: 'when you meet him, you would never forget his



unique character and his distinctive voice!’

Interestingly, although Alfa was a keen rugby player and continued to follow rugby football, his son managed to convert him into an ardent Arsenal football supporter! As a consequence, the family have been season-ticket holders for several years and Alfa thoroughly enjoyed attending all the home matches with his wife and son.

An extremely devoted family man, Alfa will be remembered by his loved ones for his captivating smile, his passion, strength of character and the unconditional love he gave them. He is survived by his wife Dr Diane Macaulay (retired consultant occupational health physician), two sons, a daughter-in-law and two grandsons.

Diane Macaulay

Anton Sebastianpillai FRCP

23 January 1945 – 4 April 2020

FRCP(2002)

Anton Sebastianpillai was a consultant physician, author, historian, philosopher, philanthropist and social activist.

He came from a family of physicians and was born in Jaffna, Sri Lanka and raised in Kandy, where he attended the Catholic high school St Sylvester College. He was trained as a doctor at Peradeniya Medical School, University of Ceylon and graduated in 1972. After his training, he focused on general medical practice. He had his specialised training in the UK and trained in several hospitals, including Charing Cross Hospital and Kingston Hospital. After obtaining postgraduate qualifications, he worked as a visiting consultant to several hospitals in the UK and other countries including Sri Lanka, and in the Middle East he was a physician to the Royal Family in Saudi Arabia.

As a physician, he was knowledgeable, skilled, dedicated, compassionate and committed. He visited many hospitals and clinics in USA and other countries, sharing his clinical experience and academic wisdom with many medical experts. After graduating, he was interested in many fields including the history of medicine, science, and technology. Over 45 years, he collected over 5,000 books and thousands of articles. He authored many books, including *A dictionary of the history of medicine*, *Dates in medicine* and *A dictionary of history of science*.

His major work, *A dictionary of*

history of medicine (1999), is a unique and extensively illustrated dictionary of terms, people, events and dates spanning the entire history of medicine. He had surveyed 3,000 antiquarian books plus 2,000 volumes to produce 10,000 entries. It is considered a monumental work, with a large number of illustrations from many sources, compiled over years and from more than 5,000 books and many hundreds of medical journals. It is a major source of vital and detailed medical information relating to the founding fathers of medical fields, nursing, research experts, instruments, conditions, procedures, and dates. For this work, Anton won a BMA Medical Book Award.

The book *Dictionary of the history of science* (2001) focused on the history of applied sciences – it has approximately 3,000 detailed and extensively researched entries offering special value to scientists, doctors, nurses, therapists working in health sciences, and students. It provides authoritative information about notable scientific figures, inventions, terms and dates, captivating anecdotes and background material. The entries include each term's Greek and Latin origins and concise biography. It is a monumental work of scholarship using many original sources such as books and hundreds of journals.

Another of his works, *A complete illustrated history of Sri Lanka* (2012), was also very popular. This book took 6 years of intensive research – it is a hybrid of academic and popular history, while preserving the best



of both disciplines. This book starts with the geological formation of the land, and continues with the prehistoric and historic events up to the present day. During the writing of the book, Anton analysed myths, legends, prehistory, chronicles and inscriptions, geology, pathology, archeology and other allied sciences. He travelled to the remotest parts of the island, and met many Buddhist monks and spent days and nights in Buddhist monasteries. With the help of the monks, he was able to translate inscriptions that were written on palm leaves in the Pali language. In total, this book represented approximately 10 years of hard work.

According to Anton: 'While studying Sri Lankan history, I realised it was wanting in so many aspects, in that you have to look at Sri Lanka not in isolation, but how people from ancient times looked at our country.

As a result, I have taken Sri Lanka out of an isolated perspective and [placed it] into a global context.' According to Anton, the major feature of the book was its timeline. He declared: 'I constructed the timeline, which compared the events in the island to the rest of the world for instance. It was fascinating to know that king Gajabahu ruled in the second century AD, the Greek philosopher Ptolemy already put Lanka on the map to a fair detail.'

He was knowledgeable with ancient Buddhist medical practices in Sri Lanka, which are based on compassion, cleanliness, and meditation. He considered Lord Buddha to be the first psychotherapist and psychologist who practised and taught an advanced form of meditation (Vipassana), that in the West is referred to as

'mindfulness meditation' by Harvard professors.

Anton was a bibliophile and was interested in traditional medicine from various regions of the world, which related to traditional medical practices from various cultures namely Greek, Roman, Egyptian, Islamic, European, Indian Chinese, and American Indian traditions.

He also traveled outside of the UK to giving lectures and presentations. He gave a talk to the Foreign Correspondents' Club, New Delhi, India in 2012, and another to the Millennium Oration of the Sri Lanka Medical Association of North America in 2012. He also gave a talk in PEMSAA in Las Vegas in 1995 on the history of medicine and the importance of current medical ethical

practices. He was interested in other areas of medicine, such as ethics and patient-centered compassionate care, lifestyle medicine, integrated medicine and medical ethics. He was known for doing charity work in Sri Lanka. In addition to history, he had other interests in arts, philosophy, and social sciences and human rights.

Anton continued his clinical practice and died at the age of 75 while working at Kingston Hospital after contracting COVID-19. He died on April 4 2020 in Kingston Hospital. As well as being an excellent clinician, Anton Sebastian was a historian, humanist, philosopher, archeologist, polymath and a universalist.

Duraiyah Thangathurai

Tariq Shafi FRCP

9 August 1958 – 6 May 2020

FRCP(2007)



Described as a ‘true gentleman’, Dr Shafi was much-loved by both his patients and colleagues.

Dr Tariq Shafi, a well-respected haematologist, passed away at the age of 61 in the blessed month of Ramadan, after a hard-fought battle with COVID-19.

Born in Pakistan, he graduated from the renowned King Edward Medical University in Lahore, and first moved to the UK in 1988 as a registrar.

He subsequently travelled to the Riyadh Military Hospital, Saudi Arabia, to become the lead bone marrow transplant consultant. He stayed there until 2007, when he returned to the UK to become the eventual lead consultant in haematology at Darent Valley Hospital for cancer services.

Though domiciled in the UK, he maintained strong links with Pakistan and was a frequent speaker at the Shaukat Khanum Memorial Cancer Hospital and Research Centre. There he helped develop pathology services through his work at the Royal College of Pathology. In addition, he



contributed to the establishment of the British Association of Pakistani Pathologists and was a prominent member. He was committed to excellence and was a strong advocate for medical education in his role as an FRCPath examiner.

He will be remembered for his kind-hearted nature, his dedication to his profession and his impeccable character. A ‘true gentleman’, respected by his fellow colleagues and much loved by his patients. Nurses who worked alongside him still remember the way he took the time and effort to shake everyone’s hands on his first day, attending the funerals of his patients and continuing to work, even while unwell with COVID-19.

He was a devoted husband and a proud father to three children, all of whom have followed closely in his footsteps by working for the NHS. He is survived by his wife Varda, children Taimur, Umar and Meeral, as well as his first grandchild. On 14 August 2020, Pakistan’s Independence Day, he was posthumously awarded the Sitara-e-Quaid-e-Azam civilian honour for his services to Pakistan.

Kawai Yip

Mohammad Arif Siddiqui FRCP

15 August 1937 – 29 April 2021

MBBS(1954), MD(1962), MRCP(1969), FRCP(1982), FACP(1970)

An excellent physician, academic and an astute clinician, Professor Siddiqui was well-respected in his fraternity, revered by his colleagues and trainees alike.

Mohammad Arif Siddiqui started his career in medicine when he received his MBBS from the King George Medical College, Lucknow, India in 1954. He then went on to do his master's degree in internal medicine from the same college. He worked at NHS in the UK while completing his membership examinations.

After obtaining MRCP, he returned to India to join as a faculty member of the newly opened Jawaharlal Nehru Medical College and Hospital (JNMCH) at Aligarh Muslim University, Aligarh, India in 1969. In an illustrious career spanning close to four decades, he served the university with distinction in various capacities – professor at the Department of Medicine; dean and principal of the Faculty of Medicine; chief medical superintendent of JNMCH, and chairman of the Department of Medicine until his retirement in 1997.

A visionary, Professor Siddiqui made sure that the available resources

were best utilised at a time when the field of medicine was an up-and-coming specialty in India. In his role on various academic committees, he emphasised adapting new clinical-based curricula and moving ahead with times, at the same time adapting time-honoured traditions. He exemplified mission-driven leadership as the head of the department, spearheading the establishment of many sub-specialties of medicine at JNMCH at a time when resources were limited. These sub-specialties have now evolved into full-fledged departments, with many new super-specialty courses being offered at the University Hospital.

Professor Siddiqui was known among friends, students and colleagues as an excellent academician, teacher and clinician. A generous and passionate teacher, he mentored many who now hold positions of repute the world over. In spite of his busy schedule, he made sure he always took time to do the teaching and training for both undergraduate and postgraduate students. His unique style of taking the ward rounds is still remembered today! Above all, he was a kind-hearted man, and he was a staunch believer in helping others in whatever way possible. His clinical team still remember him offering financial help to those patients who were unable to



afford their medication. His surviving family only found out that he had paid many of his students' fees after he had passed away. The ward nurses remember him as a hard, but always just, taskmaster. A proponent of equality in education, he discreetly persuaded reluctant parents to educate both their daughters and their sons. He continued to demonstrate a persevering, albeit understated, commitment to philanthropy following retirement, having provided free clinical services to the underprivileged for over 20 years.

He was a loving and a devoted family man – he made sure that he was always there for the family functions, despite being busy with his administrative commitments. His special attention was reserved for his granddaughters! He leaves behind his wife, Mrs Rafat Fatima Siddiqui, two daughters and a son.

Asim Siddiqui

David Slattery FRCP

28 January 1930 – 26 December 2020

MBBS(1953), MBE (Mil)(1958), FFOMI(1977),
FFOM(1981), FRCP(1986)



Recognised for his service in the army, David Slattery went on to be a pioneer in the field of occupational medicine in the UK and Ireland.



David died at home in Wapping Quay, Liverpool, in the early hours of Boxing Day 2020. He was almost 91 and suffering from COPD. COVID-19 brought his life to an end, surprisingly peacefully.

His father was rear admiral Sir Matthew Sausse Slattery, a Royal Navy career officer and a naval aviation pilot. Educated at

Stonyhurst, then Osborne and Dartmouth, Sir Matthew was heavily involved in the rebuilding of the Fleet Air Arm from 1937 onwards, and responsible for naval aviation procurement and production during the Second World War. After retiring from the Royal Navy in 1946, he went on to act as chairman / managing director of various companies including, Shorts Bros, Bristol Aviation and the British Overseas Airways Corporation (better known as BOAC).

David's mother was Micaela (Mica) Swaine. One of four daughters born to Colonel Swaine, latterly chief inspector of Police in Trinidad and Tobago. His wife died young, so the four girls were brought up through their teens with no mother. Matthew and Mica's family home was near Warninglid, West Sussex.

David was born in Brighton in 1930, and educated at the Junior House and then Ampleforth College in

Yorkshire. He left in 1947 and went on to train as a doctor of medicine in St Thomas' Hospital, London. He qualified in 1953 and joined the Royal Army Medical Corps in 1954. He was posted to Malaya during the Malayan Emergency, and attached to the 17th Gurkha Division. He was medical officer in charge of the Gurkha Sanatorium in the British Military Hospital at Kinrara (nearly Kuala Lumpur) between 1956 and 1958, specialising in tuberculosis. He was awarded an MBE (Mil) for services in 1958. Part of his citation stated that '[his] great services rendered to the Gurkhas and therefore also to the spirit of Britain and the Commonwealth are deserving of high recognition'.

David retired from the army, moved north to Derbyshire, and became a specialist increasingly focused on occupational health and safety. He worked as medical officer for the East Midlands Gas Board (1959–69); then as manager of health and safety for the British Steel Corporation (Rotherham) (1969–73); and latterly as chief medical officer for Rolls Royce (1973–92).

In a wide-ranging career, he was also a consultant adviser to the RAF (1987–96), and a special lecturer

'His great services rendered to the Gurkhas and therefore also to the spirit of Britain and the Commonwealth are deserving of high recognition.'

at the Department of Community Health at Nottingham University (1978–93). He was adviser to various other medical bodies, including the Department of Health and Social Security, and published papers on occupational medicine, and on employment of the disabled. He was a founder fellow of the Faculties of Occupational Medicine (FOM), first in Ireland, and then England, and in 1986 he became a fellow of the RCP. He held a number of posts in the college and the FOM, including chair of the Specialist Advisory Committee in Occupational Medicine and as a regional adviser, among others. He was a strong champion of specialist training and a supportive mentor to the trainees with whom he worked.

Finally he moved to Liverpool in 1992, after taking a post as a visiting professor of occupational health at Liverpool University. He was also adviser on policy to the Mersey Regional Health Authority (1992–94).

He enjoyed rough shooting in Derbyshire, was a keen yachtsman until middle age, a skilled fly fisherman and latterly a genealogist.

He was married twice; first to Mary W Miller in 1954, and then to Claire L McGuinness in 1974. He was the father of three sons and two daughters.

Nicholas Slattery



David ‘Brailsford’ Tong ^{FRCP}

23 December 1941 – 26 May 2020

LRCP Lond(1966) MBBS Lond(1966),
MRCP(1972), FRCR(1976), FRCP(1992)



A consultant radiotherapist and oncologist at Guy’s Hospital, David ‘Brailsford’ Tong was not only a much-loved doctor and cherished colleague, but also a talented poet.



He grew up and went to primary school in Littleover, near Derby, and delighted his parents, Tom and Alice, by winning a place at Queen Elizabeth’s Grammar School in Ashbourne. There, he excelled as a scholar, rugby player and athlete, becoming head boy and school

athletics champion, representing Derbyshire schools in the All England Athletics Championship in 1958. The school bus drove through the village of Brailsford, whose name he later adopted as a tribute to his beloved Derbyshire countryside. In 1960, he entered Guy’s Hospital Medical School, where he was popular with his fellow students, many of whom he befriended and supported. He qualified in 1966 and undertook his postgraduate training at Guy’s Hospital.

In 1976, he was appointed consultant radiotherapist and oncologist at his alma mater, where he worked for the next quarter of a century. He was loved by his patients. He had a general radiotherapy practice, focused on the NHS. He was greatly respected by his colleagues for his quiet, pleasant manner and thoroughness. He never made mistakes. He was extraordinarily hard-working and might still be found in his clinic at 8 or 9 o’clock at night. If he sought advice from a colleague, his question was carefully posed and the answer tenaciously pursued. After the referral, he followed his patients and made sure that they received the best possible advice and care. He participated in the research of the Guy’s Hospital Breast Unit and contributed to more than 20 publications on

the radiotherapy and drug treatment of breast cancer. However, his major contribution was the clinical care he gave to all his patients.

At work, from time to time, he would be found sitting in the corner of the common room jotting down any lines that entered his head in a little notebook which he always carried. What few knew was that he was a talented poet who had composed more than a thousand poems by the time of his death. He was an enthusiastic and highly valued member of the Guy’s Hospital Keats Society, whose members meet twice a year to read poetry. The difference was that the poems which David read were his own and they were beautiful, for instance:

Crocks of Gold (April 2002)

In my childhood, I looked to skies ahead.
I gazed beyond the far, blue horizons,
Where I thought a new life lay, which would spread
Cloaks of dreams; clouds my thoughts could rise upon.
Now I am older and my Fate is sealed,
I look behind to golden days of yore;
Days of innocence that seem so unreal
And yet where my treasures were really stored.
We are all children of our memories,
Unaware of forces that defined us.
The spill of chance that ruled our destinies
Lay not in front of us but behind us.
The joy of Life, the rainbow’s crock of gold,
Lies at the beginning, not growing old.

He was devoted to his wife Beryl, a nurse from Edinburgh, whom he met at Guy’s and married in 1966. She developed Parkinson’s disease in 1996 and, by sheer bad luck, he developed the same disease himself the following year. Beryl sadly died in 2015 but David bravely soldiered on alone, despite increasingly severe disability. However, from his rise and recline chair, with notebook ever to hand and phone by his side, he still commanded his environment. He remained intellectually active, continuing to live on his own with support from his children, Suzanne, Richard, Alison and Nicola – and occasional respite admissions to the local Princess Royal University hospital.



David surrounded by (clockwise from the left) his wife Beryl, and his children Suzanne, Richard, Nicola and Alison

He doted on his eight grandchildren, those 'new flowers of the earth' as he described them in one of his poems. Already breathless because of his Parkinson's disease, he finally succumbed to COVID-19.

His poetic output flourished following his retirement, alongside his decreasing mobility from Parkinson's. He published two anthologies *Dawning Light: Perspectives on Friendship* (ISBN 1-904825-05-2) and *Tapestries of Life: A Weave of Colours through Different Eyes* (ISBN 978-0-9555298-0-1), both beautifully illustrated with photographs taken by a school friend, Peter Karry. Other poems were published in the *Guy's Hospital Gazette* and elsewhere, but many remain unpublished. Despite his considerable disabilities he was never downhearted, as witnessed by this lovely poem which he shared with the author shortly before his death:

Sunset

I am the sunset.
I am that warm glow of satisfaction.
I was the endless, hot day of battle
But now, I am the dying warrior,
Sinking to his knees, mortally wounded.
I lie bleeding on my burning ship;
My funeral pyre will be seen by all my kingdom.
I listen to the hymns of the birds,

High up on the trees,
Stretching to see their stricken king
Slip into the night.
My golden-haired son will rule tomorrow!

This final poem, **Eternal Flames**, was chosen by his son Richard, and sends a further heart-warming message to us all.

Eternal Flames

Even wise men do not live forever,
But their goodness and their wisdom will endure.
Death may extinguish smiles, but can never
Snuff out their bright flame or what they stood for.
Their precious thoughts, their warmth, their honey'd words
Will linger, as autumn fruits do, each year.
Warm thoughts will return, like migrating birds,
To the special places where they were reared,
Those words will hang, like swallows on the wires;
They will rise as the smoke from autumn fires
And the silver splash when salmon rivers flood.
Dear friend, cold sleep cannot put out your flame;
Your warm words, your wisdom will e'er remain.

Richard Hughes

Peter Tun FRCP

27 January 1958 – 13 April 2020

MBBS(1981), MRCP(1997), FRCP (posth)(2020)

Dr Peter Khin Tun was a neurologist, team leader, devout Buddhist and a loving family man. He was born on 27 January 1968 in Yangon, Myanmar, and passed away at the age of 62 at Royal Berkshire Hospital on Easter Monday, 13 April 2020.

A role model to doctors everywhere and a pillar of the community, he started his professional journey by winning a scholarship to study medicine at Yangon University. As a young man, he enjoyed athletics and represented his university in the shot put and discus tournaments.

Graduating in 1981, he went straight to work as a research medical officer in a project sponsored by the World Health Organization that focused on improving maternal and child



healthcare in rural Myanmar. He was especially passionate about providing education as a means to improve the standard of living in the communities he tended to.

It was during this period he met his future wife, Daw Win Mar, a history teacher from the small village of Mezaligon, located along Myanmar's Ayeyrwyady Delta region. They went on to have two children, Minko (Michael Tun) and Ye Aung (William Tun).

In 1994, the family moved to the UK to begin a new life, living first in Pontefract, West Yorkshire, before moving to London, where Peter was awarded membership of the RCP. His family finally settled in Reading, and for the next 20 years Peter would go on to become an expert in neurological rehabilitation, and was appointed as an associate specialist in neuro-rehabilitation at Royal Berkshire Hospital. His special interests included stroke, brain injury and spinal injury, and diseases such as multiple sclerosis, alcoholic brain disease and adult cerebral palsy. He was an advocate of rehabilitation through nutrition, horticulture, leisure and mindfulness therapy.

His career spanned many roles and included providing medical education, teaching and clinical supervision to physician associates/medical students, foundation year and core medical and specialist trainee doctors. He served as the associate postgraduate dean for SAS doctors in Oxford Deanery (Health Education Thames Valley) from 2012–2016. He was a speaker for Quality Improvement of Health Care at the Royal College of Psychiatry in 2017.

Peter was an incredibly caring, humorous and kind individual who loved his work, his colleagues and the community he served. His inner family home was filled with love and joy. He loved listening to music, especially the Beatles, sharing his favourite recipes, learning about different cultures, and his favourite hobby, tending to his garden. He was also a very spiritual and honoured his Buddhist upbringing by upholding traditions of prayer and meditation.

He leaves behind his wife and two sons.

Will Tun