



Royal College  
of Physicians

**In tribute:** Remembering RCP  
members and fellows who died  
from COVID-19 in 2020



# 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 died during the pandemic.

As I write this, the pandemic is still in its second wave, and while the first vaccine has been authorised by the MHRA, there is still a long way to go – and I worry that more obituaries will need to be written in the months to come. We are hosting this collection of tributes online to allow such additions, sad though that will be.

We also realise there will be people that should be included that, for whatever reason, we have omitted in the first publication. This is either because their obituary was not ready or that we have not been notified of their death. 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.

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 next year when, hopefully, the worst of the pandemic is over.

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

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# 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](http://www.bmj.com/content/370/bmj.m3309)**

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





# 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.'

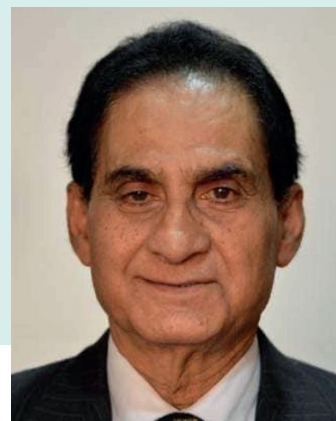
Above all else, Dr Medhat Atalla will be missed, forever honoured and remembered by all of us at Doncaster and Bassetlaw Teaching Hospitals. He was a truly special doctor and a uniquely gentle, gentleman – may he rest in peace.

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

# 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.

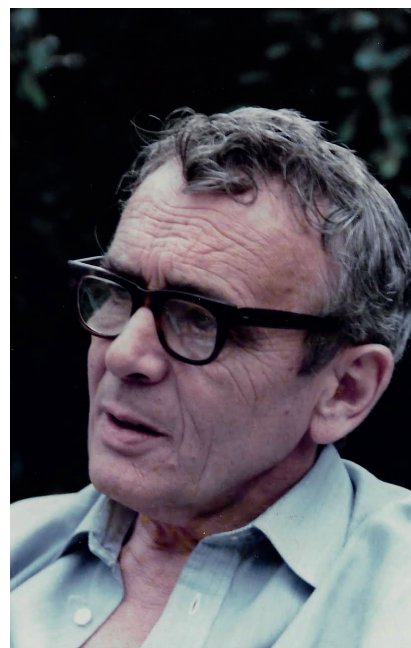
His interest in renal medicine and in research was stimulated by working as registrar to Professor Max Rosenheim and Dr AG Spencer at University College Hospital. Dr Spencer moved to the Barts Medical

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,



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## **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**



# 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

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## 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**



# 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**

# 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), MRCP(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**

# 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).

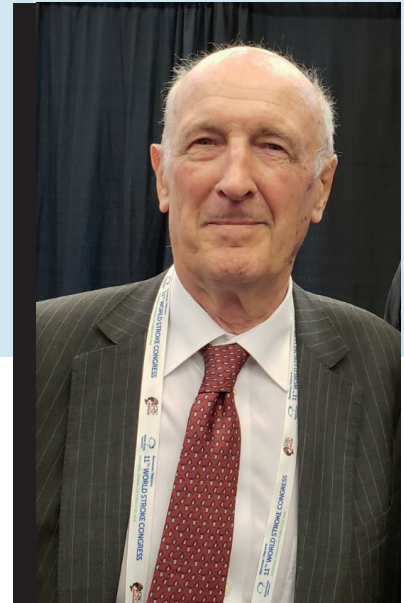
John remained in Toronto and was soon joined by Vladimir Hachinski at Sunnybrook, and the two of them founded the very first stroke unit in Canada. In the 1980s, stroke unit care was really the first and only intervention in acute stroke to make a

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.

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## 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**

# Sivaramakrishna Iyer

## Padmavati FRCP

20 June 1917 – 29 August 2020

MBBS(1942), FRCP(1968), FRCPE, 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**



# 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**

# 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**

