

vigorously deny they are depressed but denial is a common and even sinister sign of depression which can generally be treated successfully by any physician if the patient co-operates.

Myre Sim  
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Sir, Thank you for the opportunity to reply to Dr Sim's letter. It is very pleasing that my review of the Chronic Fatigue Syndrome has attracted the attention of so distinguished a psychiatrist and has escaped so lightly. Unfortunately, Dr Sim mistakenly believes that I identify with members of Chronic Fatigue Societies. My intention was to describe for myself, and for others, the historical background to the emergence of ME as a syndrome, a phenomenon which is inextricably linked with the contributions of ME, self-help groups and societies, medical journalists and the media. To describe a phenomenon is not to identify with it.

Dr Sim's observations on the 'neurasthenia' of the First World War are fascinating; I wonder whether he would categorise the 'Gulf War Syndromes' and the recent anniversary recrudescence of illness among veterans of the Second World War as also obviously due to depression. Unfortunately, as reported in my review, most patients with the Chronic Fatigue Syndrome do not improve with anti-depressant medication; indeed, many appear to deteriorate following such an intervention.

Malingering in relation to Long-term Disability Insurance or Social Security Benefits is uncommon in patients with the Chronic Fatigue Syndrome seen in Edinburgh and, by implication, the rest of the UK. I am also unaware of any physicians who are seeking to line their wallets by maintaining their patients fully disabled through the application of ineffective remedies.

Finally, I see nothing incongruous in despairing of the dismissive diagnosis of a disorder as functional whether that diagnosis is made by a physician, a psychiatrist or a practitioner of holistic medicine. 'It's all in the mind' and 'what you need to do is pull your socks up' may discharge the physician's sense of responsibility for the patient but they rarely resolve the disorder and frequently compound it. If the term functional must be used, and I personally deplore it, it should be seen not as a diagnostic end but as the beginning of managing the disorder. I would suggest that success in management of the Chronic Fatigue Syndrome is most likely to be achieved when individual patients' disorders are assessed in the context of the wisdom, experience and knowledge which have accumulated over the years.

That is why I wrote the review.

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## College Affairs

### An Honorary Fellow: John Anderson Strong

THE TEXT OF AN ADDRESS BY JOHN MATTHEWS AT THE QUARTERLY MEETING, 28TH JULY 1994

*President and Fellows:* The Honorary Fellowship is the highest honour we can bestow, and over the years there has been a special group of doctors whom we have honoured in this way because of exceptional distinction in Medicine and outstanding service and leadership to the College. The names of Sir Stanley Davidson, Sir Derrick Dunlop, Rae Gilchrist, Christopher Clayson and Sir John Crofton immediately spring to mind. To this distinguished group, not before time, it is proposed to add the name of John Anderson Strong.

He was appointed in 1949 as senior lecturer in the University of Edinburgh and consultant physician in the Western General Hospital. Sir Stanley Davidson, responsible for the appointment, would have been impressed not only by John's ability as a doctor, but also by his enthusiasm as a sportsman, oarsman and air pilot, and by his service as a lieutenant colonel in the RAMC in Burma, for which he was awarded the MBE in 1942 and mentioned in despatches in 1945. Stanley had an intuitive way of assessing good men. He arranged to talk with them at times other than across the interviewing table, and with John Strong I am told the interview continued at the bar of the North British Hotel.

John Strong's main interest was in Endocrinology. He was for many years Secretary to the Clinical Endocrinology Research Unit of the Medical Research Council. He became Honorary Physician to the MRC Cytogenics Unit in 1959. He wrote well-researched papers in general medicine and endocrine journals on subjects ranging from renal diseases, hormonal control of cancer, growth hormone and obesity, and contributed to well known Edinburgh text books of medicine. A personal Chair in Medicine was conferred on him by Edinburgh University in 1966.

He served on many National and Specialist Committees—the British Diabetic Association, the Royal Society of Medicine, the Nutrition Society, the Medicines Commission, the Scottish Health Services Planning Council and the Health Education Committee, and he was for a number of years a member of the Lothian Health Board.

He is well known in London, Dublin, and overseas and his contributions to medicine were recognised by the Queen with the award of the CBE in 1978, which was the year before he became President of our College.

He served on the Council of the College in the 1970s, and was Vice-President from 1976 to 1978. Thus he was well prepared for his Presidency, during which the Tercentenary celebrations took place. Many of you can recall the dignified manner with which he conducted those proceedings in 1981.

We are approaching now the 10th anniversary of the laying of the Foundation Stone of the Conference Centre on 21st September 1994. After ten years we can look back and appreciate the great success of the building. Those who served on the Councils of ten and more years ago will know that it was through the persistent effort of John Strong that the project got off the ground and came to fruition.

In 1973 John Strong chaired a Council Committee which drew up a 'Brief for a Lecture Theatre'. Eventually this became the guidelines on which the planning of the Conference Centre was based. The money raised by Sir Derrick Dunlop for a lecture theatre in the early 70s was used for other purposes, and it was not until John Strong was elected President in 1979 that the matter was taken up again. He was greatly concerned at the time of the Tercentenary that we had to hire the Assembly Rooms because the accommodation in the College for meetings, symposia and lectures was inadequate.

After persuading the Council to pursue the idea again he personally undertook the feasibility studies, speaking to the owners of the adjacent site, architects, financial advisors and many influential Fellows. Thus he was able to show the Council that the project was viable.

John, like Stanley Davidson, has a flair for selecting the right person for a particular job. It was his inspired choice and persuasiveness which brought in Ian Campbell as co-ordinator of the Tercentenary Celebrations, and then led to his appointment as Treasurer of the College.

It was also John Strong's inspired choice which encouraged Sir John Crofton to take on the convenership of the Fund Raising Committee—an operation which as a result of considerable personal effort was extremely successful. John Strong was Vice-Convenor of that same committee. Indeed he was a driving force on all the committees to do with the Conference Centre.

The project was a combined effort of many Fellows and advisors and the College has recognised their contributions in various ways, but it is appropriate to acknowledge that the Conference Centre was really John Strong's baby, and now that it has grown to maturity it is right to honour his early vision, his hard work, and also his determination in persuading those who were against the project or lukewarm about it at the time.

Sir John Crofton retired from the Fund Raising Committee when the target for the Conference Centre was reached, but John Strong continued to convene this Committee. It was a difficult task to go on asking for more, but he saw the need to place the commitment of the College to further education on a sound basis, and it was due to his personal efforts that the Education and Research Trust Fund came into being.

As we know he continues to this day to be a quiet, unobtrusive and constructive critic of the ongoing activities of the College.

I have indicated that the Honorary Fellowship goes only to those who are held by us in the highest esteem, and in the case of John Strong it is a well deserved appreciation of all he has done for the College and for postgraduate education. The honour could not go to a more courteous and remarkable physician and a true gentleman.

Thank you President and Council for allowing me the great privilege of speaking on this occasion.

## Obituaries

KENNETH W. DONALD

Kenneth Donald who died on 17 July 1994 was professor of medicine in Edinburgh from 1959 to 1976 and effected marked changes in attitudes to health care, medical education and medical research. He was born 25 November 1911, the son of a Colonel of Artillery, and educated at Emmanuel College, Cambridge and at St Bartholomew's Hospital, qualifying just before the second world war. He served in the Royal Navy from 1939 to 1945, initially with the 2nd and 5th Flotilla of destroyers, and was decorated with the DSC for his services at Narvik. He also liked to claim that he was instrumental for the good health of the children of Britain during the war by bringing back large stocks of cod liver oil from the raid on the Lofoten Islands. He subsequently undertook pioneer research work with the Admiralty diving unit investigating the use of oxygen in diving operations. Oxygen poisoning underwater did not arise as a problem until the second world war when divers began to breathe pure oxygen during covert operations and Donald's work led to the development of oxygen-nitrogen mixtures useful for the crew of midget submarines. Equally important was its use by large teams of divers in clearing mines from newly captured ports. His work made him an acknowledged international expert in underwater physiology and he retained a lifelong interest in diving medicine, producing in 1992 an authoritative work entitled *Oxygen and the Diver*.

After the war, he became chief assistant in the medical professorial unit at St Bartholomew's, and for a time worked at the Brompton Hospital. A Rockefeller fellowship gave him the opportunity to work in the USA with André Cournand; there he helped in the development of the techniques of cardiac catheterisation that were just being developed. He published extensively on the investigation of cardio-pulmonary conditions. He moved from London to the academic unit at Birmingham as reader in medicine working with professor Melville Arnott. There he formed a team with John Bishop, Gordon Cumming and Owen Wade, publishing a number of seminal papers on the function of the heart in health and disease. Mitral valvotomy had been introduced and gave patients with mitral stenosis great relief. However if, at operation in those early days, the valve was found to be incompetent, it could not be repaired or replaced and the operation would have been unnecessary or even harmful. By passing a catheter through the right ventricle into the pulmonary artery they were able to diagnose mitral stenosis with greater precision. Using the Fick principle they were able to measure flow and derive vascular resistance; they then realised that more useful diagnostic information could be obtained by studies made during exercise as well as at rest. The findings in patients with heart disease were dramatic. Many had a low cardiac output at rest and the cardiac output hardly rose at all during quite

