

Michael Oliver (1925–2015)

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History & Humanities

Financial and Competing Interests: No conflict of interests declared

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Michael Oliver, a memorable and effective President of the Royal College of Physicians of Edinburgh (RCPE) from 1985 to 1988, wrote a memoir entitled *In Good Heart: a cardiologist looks back*, arranging for it to be published posthumously and distributed to friends and colleagues. As one would expect of a book published in these circumstances, it is frank and fearless, verges sometimes towards the tactless, and offers a highly readable account of a remarkable life – one that is well worth summarising.

Michael Oliver was born in 1925 in Borth, near Aberystwyth. He describes an odd childhood with parents distant, a dutiful nanny and the main influence on his early life one Liddiard, the gardener who looked after their small estate, a kind and supportive man who taught him gardening and carpentry. Sent off to prep school at 7 years of age ‘physically quite strong but emotionally hopeless’, he was initially miserable but, with kindly support, he soon adapted.

His father, an infantry officer and subsequently Royal Flying Corps pilot in the First World War, he describes as a lost soul thereafter: an alcohol abuser who committed suicide in 1940 when Michael was aged 15 years. His mother remarried. The local GP, a Scot named Hugh Leishman, became ‘an ideal stepfather’ and a major influence on his stepson’s choice of career and place of study.

Schooled in wartime at Marlborough – his father’s old school – he discovered the potential of an active intellect combined with determined work habits; and decided on medicine at Edinburgh, on his stepfather’s recommendation, with second thoughts much later. ‘I regret that I did not study medicine at Oxford ... It was unnecessary to go to Edinburgh, although the medical school there was excellent ... It was really my stepfather, a Glasgow graduate, that suggested Edinburgh.’

As a first-year student he experienced ‘huge culture shock ... Nothing in common with most of the students ... The Scottish accent, in its various forms ... so alien to me that I often found it hard to understand ... Therefore my friends were all English ... I was very much “public-school English” ... and this was equally alien to many others’.

He led a lonely life, studying a lot and reading prodigiously. ‘First really big surprise ... to find in 1944 that I was the first of the 182 students in my year in biochemistry and physiology ... I had never thought of myself as a scholar ... It slowly dawned on me and give [sic] me much confidence to achieve more.’

In the clinical years he was greatly impressed by Rae Gilchrist, ‘large and powerful – a fearsome teacher’. His first lecture ‘really started me on my career as a cardiologist – though the specialty then scarcely existed’. (Andrew Rae Gilchrist, a pioneering cardiologist who first described myocardial infarction, was a prominent – arguably dominant – figure in Edinburgh medicine, and President of the RCPE from 1957 to 1960.)

In due course the medical student completed his studies and found that 6 months as a houseman in Rae Gilchrist’s cardiology wards in the Royal Infirmary of Edinburgh (RIE) in 1947 was ‘a terrifying experience. From being a student observer, I was now a decision-maker. Had it not been for a wonderful but fierce ward sister and Bobby Marquis, my predecessor in the post (and still with Gilchrist), I would have been very inadequate’.

Weekly waiting days were a sleepless 36-hour ordeal of lonely responsibility and vast overnight workload. ‘It was expected I should have the details of every new admission ... No matter how many there were during the preceding night, notes written in longhand with a differential diagnosis

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and proposed investigations ... We assembled by 10 a.m. for Dr Gilchrist's post waiting day round ... for three hours I presented details of each new patients. My findings ... my views very often were off the mark. Gilchrist's teaching was superb ... deeply concerned to reach an accurate diagnosis and institute appropriate treatment.' His houseman would be 'grilled regarding the reason for my decisions ... Without the discipline of that six-month period and Gilchrist's guidance I would not have been able to contribute to medicine as I subsequently did...'

After 6 months in a RIE surgery house-job with Walter Mercer ('I called him at midnight once ... He came in, rapidly performed a gastrectomy in 25 minutes and remarked when washing up "That was my eleventh today."') the newly registered Dr Oliver had a decision to take, and decided against National Service, choosing instead a reserved occupation within medicine. 'Therefore I opted to go into general practice.'

Dr Angus Walker in his Leith Links practice proved to be 'the best teacher I ever had – immensely assiduous, very knowledgeable, vastly experienced – humane, sincere and empathetic man, greatly respected and loved by many patients ... He taught me about impoverishment, sadness, bereavement, malingering, drinking, dishonesty and fear. These vitally important subjects were not taught in the medical school and, therefore, I was often out of my depth – particularly at first'.

Two years later, Gilchrist influenced the award of an RCPE Kirk-Duncanson Fellowship to his former house officer, with the advice, 'Go away and learn all you can about the causes of coronary disease' – which was then uncommon. Soon it emerged that it was exceedingly rare in premenopausal women, and seven times more common in men aged 35 years or over; as the clinician turned researcher put it, 'an observation made by me after studying 1000 consecutive case histories in RIE'.

By 1947 Michael Oliver had graduated MB ChB from Edinburgh and survived his RIE house-jobs with Rae Gilchrist and Walter Mercer and learned much from his 2 years in general practice with Angus Walker in Leith. Encouraged by Gilchrist, and armed with his College-funded fellowship, he resumed his research career, joining the Edinburgh University Department of Biochemistry. There he met George Boyd, 'a hard-headed Scot from Crieff – uncompromising, highly intelligent and, eventually, a very likeable man'. They collaborated closely, first developing innovative zone electrophoresis methods, then using them in studies of plasma cholesterol, plasma lipoproteins and their relationships with coronary heart disease.

This work resulted in Oliver's 1956 Gold Medal MD thesis, *Metabolic and endocrine aspects of coronary disease*, numerous influential publications, and an invitation to participate in the first international seminar on arteriosclerosis, held in Minneapolis-St Paul. 'I was thrilled by this my first visit to the US and met a number of world leaders in cardiology.' A third event in the mid-1950s was

his passing the exam for the MRCPE with cardiology as a specialty.

His reflections on research are modest and of some interest. '...I had some discipline in thinking. Partly from a fine education at Marlborough, partly from a successful undergraduate career ... Partly from self-discipline as a lonely child ... And partly from impatience with clinicians who seemed to consider their sole role was to care for and treat patients...'

Sadly, after 10 years, a highly productive collaboration and friendship ended with the sudden death of Boyd – by then Professor of Biochemistry – from an acute heart attack in 1957. 'It did not need to have happened. He had three attacks of angina that afternoon ... I know this because he actually wrote down his symptoms. He had a meeting to attend and was told by a janitor not to go out "because you look ill, professor"'. He died at his desk at 5:30 p.m. He could easily have been admitted to the Coronary Care Unit but he denied his symptoms and did not alert the emergency services. He was an independent man and would never admit to being ill.'

That Edinburgh Coronary Care Unit (CCU) – the first in Europe – had been set up in premises in the RIE's Ward 31 that had previously been allocated to a new geriatric unit. Another gifted colleague, the cardiologist Desmond Julian, was key to its success. The World Health Organization asked for the first-ever teaching course on intensive coronary care. This attracted 26 cardiologists from 14 European countries and led to the strengthening of the unit's junior staff, and much world travel for Oliver 'to offer lessons learned from the Edinburgh CCU'.

Continuous fellowships from the Scottish Hospitals Endowments Research Trust had funded Oliver's research post in the Department of Biochemistry and only in 1962 did he gain a tenured post. As an academic 'A+B' appointment with sessions in both the NHS and the University, and as a cardiologist, he became the first non-generalist medical consultant in the RIE, subsequently advancing via a readership to a new chair – 'The Duke of Edinburgh Foundation Chair in Cardiology' – attracting serious external funds, including more than £2 million for a pioneering Heart Disease Prevention project.

Unlike many professorial colleagues, he took great interest in student teaching: keeping an eye on the efforts of junior colleagues from the projection box and advising them ('gently') thereafter; and explaining to the undergraduates that his own 50-min lectures would consist of 30–35 min from him, then 15 min of random questioning of them. 'At least it kept them awake ... Using this method, I increased the attendance ... The discussions were lively, and afforded a contrast to the droning didactic lectures of some others.'

Though his contribution to College life was substantial his initial impressions were cautious. 'Without great enthusiasm,

I joined the Council of the Royal College of Physicians of Edinburgh in 1983 ... acknowledging the prestige of RCPE, I did not understand its role in medicine ... supernumerary to other postgraduate organisations and its great tradition to be largely ceremonial and self-congratulatory.' He soon took on the chairmanship of a largely lay committee, the purpose of which was essentially to deal with all matters not covered by other College committees. After one of its meetings, two of its junior medical members suggested that he stand for President. His immediate reaction was one of astonishment, but he was encouraged by several more senior colleagues, including Sir John Crofton (President, 1973–76). The then Vice-President a 'respected general consultant ... had expected to stand unopposed ... He and I contested the post, the first contested election in 49 years! ... I won by a small margin ("many congratulations followed...") and served for three years'.

His first move was to cut the monthly Council meeting from 6 to 2 hours – a proposal met with outrage and disbelief, but nevertheless fulfilled. One of the main events of his Presidency was the opening of a new Conference Centre. The Queen Mother had accepted an invitation to open the Centre – the timing of which was judiciously contrived to ensure prompt completion of the work – and the opening a great success, 'The visit was one of happiness and laughter'.

Presidential duties were taken seriously, 'Hard work: 16.00-20:00 hours on weekdays'. And – because overseas Fellows constituted more than half of the College's numbers, and despite protests from the College Treasurer – an energetic programme of international visits was arranged and implemented over 3 years. These visits involved raising the profile of the College, participating in MRCPE examinations, and negotiating postgraduate attachments in the UK, which were diplomatically important and respected. A series of visits to Malaysia, Sydney, Hong Kong (all twice) and to Pakistan, Thailand and Singapore (once) were undertaken.

'I served for three years ... And had had enough.' There was much else to do, and he continued to worry about the College, with some anxieties about his successor, who 'brought risk of conservative gains'; and he intervened 6 years later to support the presidential bid of 'liewire Professor Jim Petrie from Aberdeen'.

Other such vignettes of clinical colleagues are of interest. One is summed up as 'too clever by half – highly intelligent but never let anyone forget it...'. Another as 'the ideal colleague. A man of total probity ... A fine teacher and a good friend ... He had no great ambition in the academic world but he gave a first-class opinion and cared for his patients in the most exemplary way'. A third was 'unique. Self-centred with excessive exuberance, he tended to refer to himself in the third person. The clouds from his pipe were impossible! He gave me great support on all occasions. He had no interest in any research'.

In his later career, and subsequently, Michael Oliver made a distinguished contribution in various roles, such as President of the British Cardiac Society, and committee service on a large number of government and other advisory committees – in recognition of which he was appointed CBE in 1985. He found honorary degrees from Karolinska Institute, Stockholm, and the University of Bologna, and numerous honorary fellowships of colleges and societies at home and abroad gratifying, along with – nearer home – his election in 1987 to be a Fellow of the Royal Society of Edinburgh.

His private life was not without challenges. In Dublin on a midwifery attachment along with an Edinburgh fellow-student, he embarked on a relationship that eventually resulted in a long and unhappy marriage, bravely borne. The sudden death in a road traffic accident of his older son was emotionally devastating for Michael, and effectively ended his first marriage.

His later life was much calmer. Following his retirement in 1989 he moved to London to serve as director of the Wynn Institute for Metabolic Research and support the National Heart and Lung Institute. A long and happy second marriage, together with much enjoyment of the climate and culture of Italy – where he had a second home, in Umbria, from 1985 – brought richly deserved contentment, not least from applying his formidable energy and intellect to art history, and in particular Italian Renaissance art.

This brief summary, with many verbatim extracts, of Michael Oliver's posthumously published memoir lights up for us the now largely forgotten post-war medical world, and the optimism and the pressures of the early decades an NHS very different from that of today. For that alone we should be grateful. 