

KD BUCHANAN

Professor Keith Deans Buchanan, Diabetes/Endocrinology: b. 24.6.1934; d. 23.7.2004. MB Glasg 1958, MRCP Edin 1961, MD Glasg 1969, PhD Belf 1973, FRCPS Glasg 1971, FRCP Lond 1977, FRCP Irel 1986, FRCP Edin 1973.

Keith Deans Buchanan, born in Glasgow on 24 June 1934, was especially talented at English at school, but decided to study medicine, entering Glasgow Medical School in 1952 and winning many prizes, including the McFarland Prize in Medicine in 1956. After graduation, he focused on haematology gaining MRCP (Edinburgh, London and Glasgow).

Keith soon turned his attention from haematology to metabolic medicine. Becoming interested in diabetes, particularly the role of glucagon, he spent eighteen months in Seattle researching this in the University of Washington. After returning to Glasgow he completed his MD on 'The role of glucagon in health and disease' and in 1968 took up the post of Senior Lecturer at Queen's University Belfast and Consultant Physician in the Royal Victoria Hospital Belfast.

He accumulated almost four hundred publications, his interest in glucagon and glucagon-like immunoreactivity arising within the gastrointestinal tract continuing, then extending beyond glucagon to the ever-increasing array of gastrointestinal and brain peptides, particularly their physiology and pathophysiology.

Much of Keith's early period in Belfast was single-mindedly committed to building a research department of excellence. In 1973 he graduated from Queen's with a PhD entitled 'Studies on the Pancreatic-Enteric Hormones' and was awarded a personal Chair in Metabolic Medicine at Queen's in 1976. Thereafter he supervised more than fifty successful MD and PhD students.

In the mid-seventies, Keith again became increasingly involved in clinical work, starting a specialist clinic for neuroendocrine tumour patients and a Register of Neuroendocrine tumour patients in Ireland which included a tumour bank, putting Belfast at the forefront of knowledge, expertise and experience in this area.

Keith received many awards, sat on countless learned society committees, served on the editorial boards of prestigious journals and was examiner for a number of colleges and universities. He made a significant contribution to teaching, administration and research at Queen's for more than 30 years. Keith's greatest achievement, however, was his boundless enthusiasm for his chosen area of research and work and his absolute dedication to the department and to his patients. He retired from the university in 1999 and became ill only a few months later. When illness made his clinical work impossible, he retired from the NHS in 2000.

Keith gained his rugby Blue at Glasgow and was a formidable golfer. Additionally he began to train young swimmers and saw some of his protégés swim for their region and country, some to Olympic level. For many years he could be found by the poolside in the early hours before he came to work in the morning. He even published in the field of peptides and sports science, particularly in relation to swimming and long-distance running.

Keith died on 23 July 2004 and is survived by his wife Maureen and his four children. To many he was a mentor, teacher, friend and poet, greatly missed by his family, work colleagues, patients, swimmers and countless friends.

CW CLAYSON

Dr Christopher William Clayson CBE Hon, Respiratory/Thoracic Medicine: b. 9.9.1903; d. 17.1.2005. MB Edin 1926, DPH 1929, MD Edin 1936, MRCP Edin 1948, FRCP Lond 1968, Hon FACP 1968, Hon FRACP 1969, Hon FRCPS Glasg 1970, Hon FRCGP 1971, FRCP Edin 1951. President of the Royal College of Physicians Edinburgh 1966–70.

Christopher Clayson had two particular distinctions. He was the first consultant from a peripheral non-teaching hospital to become President of the Royal College of Physicians of Edinburgh (1966–70) and the first President to achieve his centenary. He died on 17 January 2005.

His career demonstrates the triumph of intelligence, talent and personality over the grim and life-threatening illness which afflicted him as a student and young doctor. During his final examination he began to cough up blood. Not surprisingly, he failed the examination. He continued to conceal his recurring bleeding until he passed the resit examination a few months later. Pulmonary tuberculosis was then diagnosed – grim news at a time when half such patients would die within a few years.

A year's bedrest was prescribed under the care of Sir Robert Philip at Southfield Sanatorium, followed by graduated physical rehabilitation.

After two years at Southfield, Derrick Dunlop (later Sir Derrick) who had been a fellow student, arrived as resident. This resulted in Clayson's rehabilitation work being converted from manual gardening to helping in the laboratory and restudying medicine in the library. Later, Sir Robert Philip appointed him to succeed Dunlop as resident. Philip first sent him off to Paris to work in the Laennec Hospital under Edouard Rist. There he was introduced to the technique of pneumothorax, in which air was introduced around the lung to rest it. This technique had not then been practised in Edinburgh. He returned to Southfield but was not allowed by the cautious Philip to practise his new skills. In 1929 he obtained the Diploma of Public Health.

In 1933 Philip appointed him 'Assistant Physician' at Southfield and Lecturer in the University Department but it was not until 1935, after Philip's retirement, that he was free to use pneumothorax for patients in whom he thought it was clinically indicated.

For five years after Philip's death in 1939, with the heavy burdens of wartime, Clayson, together with Dr JC Simpson, carried both the clinical and the heavy teaching burden of the University Department as no professor had yet been appointed to succeed Philip. Then, in 1943, the Medical Superintendship of Lochmaben Sanatorium became unexpectedly vacant and Clayson was appointed.

The sanatorium served four local authority areas and the job was very busy and demanding. Here, Clayson showed all his organising and diplomatic skills in tactfully steering the Joint Local Authority Board towards steadily improving the service. With the introduction of the NHS in 1948 he developed outpatient clinics at Lochmaben, Dumfries, Newton Stewart and Stranraer 85 miles away. He took over 25 infectious diseases beds from a former infectious diseases hospital at Laurieston to accommodate the increased tuberculosis load resulting from the war and its aftermath.

Later, Clayson took full advantage of the revolution in chemotherapy then evolving, so successfully indeed that by the time he retired in 1968 a former bedload of 172 for tuberculosis, at its peak in 1955, had been reduced to six. Most remaining patients were being treated at home or at work.

As the heavy burden of tuberculosis declined, he launched, with the Medical Research Council, one of the earliest local community health surveys, covering not only tuberculosis, but also chronic bronchitis, heart disease and hypertension. This was one of the first projects which successfully defined morbidity in a local population.

He also began to devote increasing time to the medical politics of the NHS, not just battling for better conditions for doctors, but primarily seeking to give better service to patients and the public. He soon demonstrated both his skills as a negotiator and his outstanding gifts as a speaker. These rapidly made him well-known throughout Scotland, and later nationally in the UK. As a result, he became probably the first non-teaching hospital consultant to be elected to the Council of the Royal College of Physicians of Edinburgh. There, his ability, charm and good judgement soon made its mark. It was a measure of the Fellows' admiration, affection and confidence that in 1966 he was elected with acclamation as President. It was at a period when the College was facing complex challenges in the developing reform of postgraduate education. As President he was largely responsible for the rapidly rising prestige of the College among politicians and administrators, and of course among his own profession.

On his retirement from the Presidency, after a most distinguished term of office, it was a measure of his national standing that the Secretary of State asked him to be the first Chairman of the Scottish Council for Postgraduate Medical Education, a project which Christopher, as President, had been largely responsible for initiating.

Thereafter the Secretary of State further invited him to chair a Commission on the Alcohol Licensing Laws in Scotland – a very tricky and sensitive assignment both socially and politically. Christopher carried out this task with great skill. For years afterwards he was involved in much writing and speaking out on the subject all over the country. Indeed, even in his eighties, he was still being asked to write or lecture on various subjects.

Clayson achieved important academic, national and international distinctions. He obtained the MD (Edinburgh) with Gold Medal in 1936 for a thesis on seasonal incidence of tuberculosis and other infectious disease. He was made an Honorary Fellow of the Royal College of Physicians of Edinburgh (1990), of the Royal College of Physicians and Surgeons of Glasgow (1970) and the Royal College of General Practitioners (1971), as well as of the American and Australasian Colleges of Physicians. He was awarded an OBE in 1966 and a CBE in 1974.

In spite of his early illnesses Clayson seemed to be perennially young. To celebrate his 90th birthday in 1993, five ex-Presidents of the College and their wives gave a dinner for Christopher and his wife. It was a measure of his permanent youth that he himself drove up from Lochmaben to Edinburgh and that he gave a charming and witty after-dinner speech, as usual without a note.

In his hundredth year, he was still able for sessions of shortmat bowling.

To celebrate his hundredth birthday in September 2003, as by that time he would have found the journey from Lochmaben to Edinburgh too exacting, the then President, Dr Niall Finlayson, took a group of former Presidents and their wives to Lochmaben for a celebratory lunch in honour of Christopher and his wife. Christopher made a charming reply to the President's speech, as ever without notes.

In the following year, besides the increasing breathlessness stemming from his damaged lungs, he had two falls with hip fractures. A few days after the second operation he died quite suddenly. I spoke to him on the telephone a few days earlier and he was intelligent and cheerful as always. Indeed his career epitomises how courage, persistence and talent can overcome one of mankind's oldest horrors – tuberculosis.