

REFERENCES

- Inclan A, Leon P, Camejo MG. Tumoral calcinosis. *JAMA* 1943; **121**: 490–495.
- Smack D, Norton SA, Fitzpatrick JE. Proposal for pathogenesis-based classification of tumoral calcinosis. *Int J Dermatol* 1996; **35**: 265–71.
- Steinbach LS, Johnston JO, Tepper EF, Honda GD, Martel W. Tumoral calcinosis: radiologic–pathologic correlation. *Skeletal Radiol* 1995; **24**:573–8.
- Mitnick PD, Goldfarb S, Slatopolsky E, Lemann J Jr, Gray RW, Agus ZS. Calcium and phosphate metabolism in tumoral calcinosis. *Ann Intern Med* 1980; **92**:482–7.
- Topaz O, Shurman DL, Bergman R et al. Mutations in GALNT3, encoding a protein involved in O-linked glycosylation, cause familial tumoral calcinosis. *Nat Genet* 2004; **36**:579–81.
- Chefetz I, Heller R, Galli-Tsinopoulou A et al. A novel homozygous missense mutation in FGF23 causes Familial Tumoral Calcinosis associated with disseminated visceral calcification. *Hum Genet* 2005; **7**:1–6.
- Araya K, Fukumoto S, Backenroth R et al. A novel mutation in fibroblast growth factor 23 gene as a cause of tumoral calcinosis. *J Clin Endocrinol Metab* 2005; **90**:5523–7.
- Slavin RE, Wen J, Kumar D, Evans EB. Familial tumoral calcinosis. A clinical, histopathologic, and ultrastructural study with an analysis of its calcifying process and pathogenesis. *Am J Surg Pathol* 1993; **17**:788–802.
- Mozaffarian G, Lafferty FW, Pearson OH. Treatment of tumoral calcinosis with phosphorus deprivation. *Ann Intern Med* 1972; **77**:741–5.
- Yamaguchi T, Sugimoto T, Imai Y, Fukase M, Fujita T, Chihara K. Successful treatment of hyperphosphatemic tumoral calcinosis with long-term acetazolamide. *Bone* 1995; **16**:247S–250S.
- Woolf DL. A case of calcinosis circumscripta. *Ann Rheum Dis* 1947; **6**:208–13.
- Bowyer SL, Blane CE, Sullivan DB, Cassidy JT. Childhood dermatomyositis: factors predicting functional outcome and development of dystrophic calcification. *J Pediatr* 1983; **103**:882–8.

A ROLE MODEL OF THE REAL KIND

I was saddened to read in the December issue of the *Journal* of the demise of Professor Gemmel Morgan. My association with him dates back to 1963–64 when I was a house officer in the dermatology department at Dundee Royal Infirmary under the late Dr W Frain-Bell.

Since I was preparing for the MRCP examination, I thoroughly worked-up every inpatient, even though they were admitted only for skin problems. A 70-year-old woman was admitted for eczema of both legs. History revealed that she felt weak, had lost weight and was constipated. I ordered a chest X-ray, which showed a recent rib fracture, but there was no history of trauma or severe cough. Having just read about parathyroid disorders in Charles Dent's *Metabolic Diseases*, I

obtained a urine sample and performed the Sulkowitch test. To my surprise it showed a thick curdy precipitate. I consequently sent her blood sample for calcium estimation with a provisional diagnosis of parathyroid adenoma on the requisition slip.

The next day, as I was having a quick lunch in the hospital canteen, a slightly built man came charging in waving a paper and wanting to know who Dr Yesudian was. Someone pointed me out and he came to my table and said 'Dr Yesudian, you must add a feather to your cap.' When I gave him a puzzled look he showed me the requisition slip I had sent the previous day and my patient's serum calcium was a whopping 19 mg! He then met my chief and had the patient transferred to the surgical ward under Mr Sturrock. Unfortunately, on the day of her operation, I was admitted to the

infectious diseases hospital with chicken-pox. When I returned, I was told that the patient indeed had a large parathyroid adenoma.

I am writing this anecdote to bring out the fine qualities of the man. Firstly, his humility – as the head of the department he could have easily summoned me, a mere house officer, to his department. Secondly, his bubbling enthusiasm shown by his rushing down to the canteen as soon as he saw the result. Thirdly, though he was in a non-clinical department, his care and concern for the patient, in immediately starting the ball rolling for her surgery. It is for these excellent qualities that I remember Professor Gemmel Morgan. Even though four decades have elapsed, I will continue to remember him for the rest of my life.

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