

Prediction and Diagnosis

Prophylaxis There has been very little predictive work, although methods exist. Root cause analysis – finding out what happened, and what allowed it to happen – could help diagnosis.

Poor rules can be improved. Treatment can be made safer if a nomogram is used for warfarin dosing, or patients whose thiopurine-methyltransferase activity is low are identified prior to azathioprine treatment. Adequate plans require knowledge of the basic principles and so teaching these should be a priority. Clinicians also need details of the relevant drugs, patient, and clinical context. Computerised prescribing and decision support can help, but need care: too little information, and patients are put at risk; too much, and clinicians ignore it. Slips and lapses are unavoidable, but we can reduce the probability that they will occur by less reliance on human action, by altering the conditions under which actions are performed, and increased checking. Castigation is counterproductive.

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PAST PRESIDENTS

John Rutherford (1695–1779)

He was the twenty-second President of the College, serving from 1752–1756, his son Daniel, following in his footsteps in 1796–1798. At one time, a portrait in the College purported to be of John was later found to be of Daniel and notes thought to be of John's lectures were found to be Daniel's. John was a son of the manse, his father being Minister in Yarrow in the Scottish Borders. At the age of 14 he matriculated at Edinburgh University to study philosophy and mathematics before going on to medicine, neither his age nor his choice of subjects being at all unusual in those days. After studying anatomy, surgery (very limited in those days) and *materia medica* he went to London, Paris and Leyden (studying under Boenhaave), gaining his MD at Rheims. (In those days it was possible, indeed common, to gain

a degree without having studied in that university.)

In 1721, he returned to Edinburgh and, with Andrew St Clair, Andrew Plummer and John Innes, gained permission from the Town Council to use a house they had bought as a chemical laboratory and teaching centre for students, much as the Hunter brothers did in London when no fewer than 26 such private 'medical schools' were in operation there. They were permitted to grow medicinal plants on some unused ground adjoining the house, selling some produce to local apothecaries and using the rest in their practice and teaching. So impressive was their venture, that in 1716 Rutherford was appointed Professor of the Practice of Medicine (lecturing in Latin), a post he held until retiring in 1765 when he was succeeded by John Gregory. It might be thought that being professor would give him the right to teach students in the Royal Infirmary, but that honour

was only bestowed on him in 1748. His Saturday morning classes were highly popular. Patients were invited to come before the students, describe their symptoms and then be diagnosed and discussed by Rutherford, before being sent home with appropriate medications. In 1750, such was the success and impact of his teaching, that he was given clinical charge of a ward. So began the famous pattern of medical care and clinical teaching in Edinburgh's Royal Infirmary, which is continued to this day.

He was married twice. Anne, the daughter from his first marriage, was the mother of Sir Walter Scott, a relationship Scott describes with some pride in his autobiography.

Like many other famous men in Edinburgh, he is buried in the Kirkyard of Greyfriars Church.

Derek Doyle
Obituaries Editor, The Journal RCPE