

Eponymous doctors associated with Edinburgh – Thomas Addison, Richard Bright, Dominic Corrigan, Thomas Addis, and Thomas Hodgkin

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ABSTRACT Medical eponyms were a colourful feature of medical teaching and practice in past generations but are now seldom used or awarded. This paper (and two that follow) looks at the doctors, all associated with Edinburgh, behind some of the best known eponyms and at those who bestowed or encouraged them. It asks why some discoveries or inventions were eponymised, and asks what purpose they served and why they are losing favour.

KEYWORDS Armand Trusseau, Benjamin Harrison, Dominic Corrigan, Eponyms, Laennec, Thomas Hodgkin, Richard Bright, Samuel Wilks, Thomas Addis, Thomas Addison

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INTRODUCTION

Eponyms are a colourful and popular feature of our culture and language, associated as they are with many facets of our society. The medical profession, particularly in the UK and USA, has more than its fair share of them.

Who suggests linking a disease or syndrome with someone's name? Why is it done – to honour someone, to ensure that they are remembered, or to gain favour? Can it be to ensure a place in medical history even though, as we shall see, many eponymous doctors have a list of achievements not immortalised in an eponym? Are eponyms a relic of past times when doctors sometimes courted public acclaim and fame, their livelihood depending on it? Is it significant that many more surgeons than physicians are known because of their eponyms?

This paper, and two more which will follow it, will look at a few doctors, who studied in Edinburgh, their professional lives and achievements, their character and personality so far as we have records of them and their eponyms, and what we know about those who made the case for these marks of fame.

ADDIS, THOMAS (1881–1949)

Addis–(Hamburger) Count

Addis–Shevsky Concentration Test

Addis Formula

In the last three years, two papers about Addis have been

published.^{1,2} Both focus on the early years of his professional life (1905–1911) as a haematologist in Edinburgh, devising equipment to calculate clotting time, pioneering the use of blood transfusion for patients with haemophilia and advancing our knowledge of the coagulation cascade. These are considerable achievements, but no-one seems to have proposed honouring him with a haematological eponym; he was still young, and respected but not popular with his seniors. He soon moved to Stanford University, California where the rest of his very productive life was devoted to nephrology. No less than three eponyms resulted from that period.³

Addis wrote about estimating renal cellular excretion in the urine between 1911–1926. The eponym first appeared in 1925 shortly before Addis learned that Hartog Jakob Hamburger, who subsequently became Professor of Physiology in Utrecht, had suggested the same thing in 1883.⁴ They both agreed that the eponym should henceforth be known as the Addis–Hamburger Count. Who first suggested the eponym is, however not known, nor why Addis was unaware of Hamburger's paper.

The Addis–Shevsky Concentration Test (of the capacity of the kidney to produce urine of high specific gravity following 24 hours of a diet poor in liquid) honours Addis and Monica Shevsky, who was a co-researcher with him for several years.^{3,5}



FIGURE 1 Thomas Addison (by courtesy of Guys and St Thomas).

ADDISON, THOMAS (1793–1860)

Addison's Crisis

Addison's Disease

Addison–Biermer Disease

Thomas Addison, Richard Bright and Thomas Hodgkin (all Edinburgh graduates, because that university would accept Catholics and Non-conformists) were the most famous physicians at Guy's Hospital, London in the first half of the nineteenth century. Each was what today might be called a 'renaissance man' – excelling in many aspects of medicine, speaking several modern European languages, as well as Latin, and with many talents outside medicine. Bright, for example, was a skilled artist, a gift he used to effect with his sketches done at post mortems.

Choosing to study medicine rather than law as his grocer father had hoped, Addison entered Edinburgh University in 1812 and graduated in 1815 (aged 22) with his doctoral thesis entitled *Concerning syphilis and mercury*. He immediately moved to London and worked in a public dispensary under Thomas Bateman (1778–1821) who cultivated his fascination with diseases of the skin later evident in his description of Addison's Disease. He was accepted for training as a physician in Guy's Hospital in 1817 where it was recorded 'Dec. 13, 1817, from Edinburgh, T. Addison, M.D., paid pounds 22-1s to be a perpetual Physician's pupil.' He obtained his licentiate in the Royal College of Physicians of London on 22 December 1819, and was elected a fellow on July 4, 1838.

A brilliant lecturer with a dogmatic and forceful manner, from 1835 Addison was joint lecturer with Richard Bright on practical medicine, becoming sole lecturer in 1840 when Bright retired from the lectureship, holding the post until 1854. He exerted much influence at Guy's, devoting himself almost wholly to his students and patients. A rather shy man he had a small practice, at a time when most physicians of his position had large practices.

The story of his eponyms starts when Addison wrote a small piece about the suprarenal glands (discovered by Eustachius in 1714) in the *London Medical Gazette* entitled *Anaemia – disease of the suprarenal capsules* but it is not clear whether he intended to focus on the disease or the anaemia.⁶

His monograph *On the constitutional and local effects of disease of the suprarenal capsule* (1855) stimulated the study of the endocrine glands, and also much debate in England and Scotland before it was largely discounted, people like John Hughes Bennett (1812–1875) in Edinburgh denying the existence of the disease.⁷ However, Addison's name was immortalised by a Parisian, Armand Trousseau (1801–1867). He was quick to recognise adrenal failure and gave it the eponym Addison's Disease. (We are also indebted to him for immortalising both Corrigan and Hodgkin.)

In a preface to this famous monograph on the suprarenal Addison refers to 'a very remarkable form of general anaemia occurring without any discernible cause whatsoever' during life or at post mortem. He subsequently thought it might be idiopathic due to 'some form of fatty degeneration'.⁶

Addison later wrote that he had been researching this new anaemia and then realised that it was unconnected to changes in the suprarenals. He worked closely with the young Samuel Wilks, later to become President of the Royal College of Physicians of London and a staunch defender of the good names of fellow physicians. Addison's classical account of some of his collaborative work with Wilks is worth repeating here.⁶

'The leading and characteristic features of the morbid state to which I would direct your attention are, anaemia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change of the colour in the skin, occurring in connection with a diseased condition of the suprarenal capsules . . .

The discoloration pervades the whole surface of the body, but is commonly most strongly manifested on the face, neck, superior extremities, penis, scrotum, and in the flexures of the axillae and around the navel.'

As is often the case with famous 'discoveries' others had made similar observations previously but they were ignored, not followed up or not thought worthy of an eponym. In this case it was Addison's closest colleague Bright

One of the eleven patients described by Addison had been treated by Bright, who had noted skin pigmentation, the irritability of the stomach, and the emaciation and asthenia which lead to the patient's death. He had also described the enlarged adrenal glands with deposits of a 'scrofulous kind', and deposits of pus. Bright may have been confused by the fact that the patient also had tumours of the chest and swelling of the parotid glands. He obviously did not connect everything with the changes of the adrenal glands, or we might have had another eponym honouring Bright rather than Addison.

Addison later commented on Bright not having made the association.

'It did not appear that Dr. Bright either entertained a suspicion of the disease of the capsules before death, or was led at any period to associate the colour of the skin with the diseased condition of the organs, although his well-known sagacity induced him to suggest the probable existence of some internal malignant disease. In this as in most other cases, we have the same remarkable prostration, the usual gastric symptoms, the same absence of any very obvious and adequate cause of the patient's actual condition together with a discoloration of the skin, sufficiently striking to have arrested Dr. Bright's attention even during the life of the patient.'

The disease known as Addison's Anaemia (pernicious anaemia) was first described by him as 'this remarkable form of anaemia' in a 1849 lecture to the South London Medical Society but not published as a paper, though he was known to have lectured on the disease since 1843. At the beginning there was some confusion. Was Addison describing one syndrome embodying the anaemia and suprarenal failure or two separate conditions?

In a leader in *The Medical Times and Gazette* of London in 1874,⁸ it was reported that Biermer in Zurich had described a new type of 'idiopathic anaemia' not yet known in England. The writer added '... no doubt there will soon be many observers on the lookout for it.' This caused Samuel Wilks to write seven days later in a letter to the *British Medical Journal* that the disease was well known in England as Addison had lectured on it in 1843! We now know that 'idiopathic anaemia' had been described by James Scarth Combe in 1822 in the *Transactions of the Medico-Surgical Society of Edinburgh*⁶ but there are no records of him becoming involved in the later claims for eponyms and fame. Today neither eponym – Addison's Anaemia or Addison-Biermer Anaemia – is ever used.

Other conditions associated with Addison that might merit an eponym include 'vitiligoidea lana tuberosa' or xanthoma, seen in hypercholesterolaemia, 'xanthoma diabeticorum,' 'morphaea' and what was for some time labelled Addison's Keloid – circumscribed scleroderma, otherwise known as Alibert's Keloid Syndrome.

Brilliance, fame and eponyms could not protect him from recurrent episodes of depression in one of which in July 1860 he committed suicide, having evaded the attendants keeping him under observation.⁷

BRIGHT, RICHARD (1789–1858)

Bright's Disease (Acute glomerular nephritis)

The son of a Bristol merchant, he went to schools in Bristol and Exeter before entering the Faculty of Arts, Edinburgh in 1808 and the Faculty of Medicine in 1809. His artistic and scientific skills were put to the test in 1810 when he joined Sir George Mackenzie's scientific expedition studying the flora and fauna of Iceland, something that stood him in good stead when starting his professional career. After the expedition he studied at Guy's and St Thomas's, London for two years before returning to Edinburgh, graduating MD in 1813. The next two years were spent with Thomas Bateman in the Carey Street Dispensary, London, gaining wide experience in skin disorders and general medicine as Addison was to do two years later.

In 1814–1815, he visited medical centres in Belgium, Holland, Vienna and Hungary, stopping off in Brussels just two weeks after Waterloo to see some of the thousands of wounded. After gaining more experience in London, much of it in the London Fever Hospital, he again returned to the continent in 1818, visiting Germany, Italy, France and Switzerland, spending much of his time studying 'Morbidity Anatomy' as it was then known. In 1820, he became assistant physician to Guy's, then in 1824, full physician. Between 1822–1824 he lectured on botany and *materia medica*, and after 1824, on the theory and practice of physic. A tireless researcher, he is said to have devoted about six hours daily to it, much of it in the post mortem room, making much use of his detailed drawings. It was in 1827 that he first described what subsequently came to be known as Bright's Disease.⁹

A naturally modest, humble man whose wife only learned long after it had happened that he had been attending Queen Victoria, there is no evidence that Bright at any time worked to have his name attached to the condition he had described and so skilfully illustrated. The eponym was first used by Pierre Rayer of Paris,⁸ and thereafter frequently known as 'Maladi de Bright'.

In addition to his eponymous Bright's Disease he made valuable and original observations, and had papers published, on diseases of the nervous system, diabetes

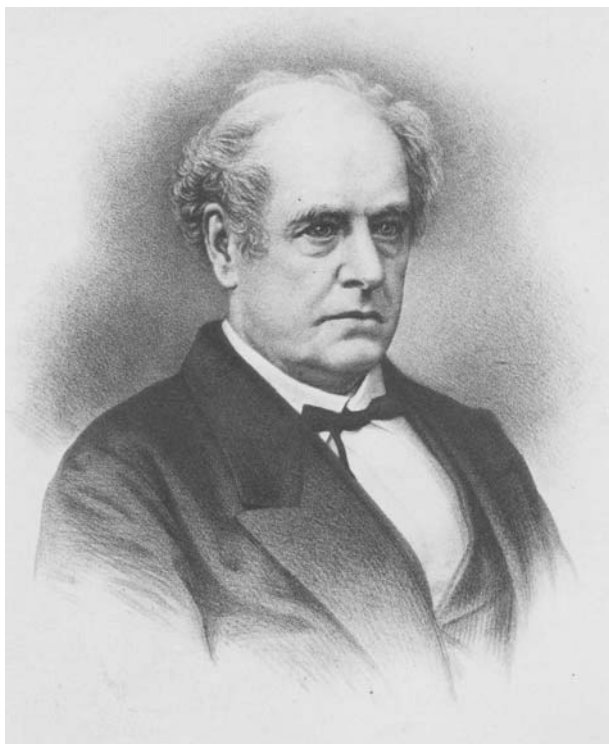


FIGURE 2 Dominic Corrigan (by courtesy of the Royal College of Physicians of Ireland).

mellitus, acute otitis, yellow atrophy of the liver, and typhoid fever.

Unquestionably he had the largest and most prestigious private practice in the London of his day. Numbered amongst his patients were Lord Macaulay, Dr John Snow who suggested that cholera was carried in contaminated water and Isambard Kingdom Brunel the civil engineer, a nephritis sufferer. In 1843, he retired from Guy's but continued in private practice until his death at home in Saville Row in 1858.

CORRIGAN, SIR DOMINIC (1802–1860)

Corrigan's 'Water Hammer' Pulse

Corrigan's Cirrhosis

Corrigan's Button (or Corrigan's Firing)

Corrigan's Bed

Corrigan's Diffuser

Corrigan's Stethoscope

Of the six eponyms associated with his name the most famous is probably Corrigan's Pulse, a feature of aortic incompetence. A Victorian toy, made like a water hammer, was probably the origin of the alternative name – 'Corrigan's Water Hammer Pulse'. If water is sealed in a vacuum in a glass tube and then shaken there is a peculiar knocking sound similar to what is felt at the pulse in aortic incontinence.

Some confusion has arisen with regard to Corrigan's cardiac eponym. At first it referred to aortic

incompetence with its characteristic pulse but not the descriptive term 'Water Hammer' a colourful description which, in fact, Corrigan did not use in his 1832 paper.¹⁰

By 1838, the French physician Armand Trousseau was speaking of the 'maladi de Corrigan'.¹¹ The eponym was first seen in print in 1838 in *La Lancette Francaise: Gazette Des Hospitaux*.¹²

Corrigan later recounted how, on one of his many visits to European medical centres, he joined a ward round in a Paris hospital. The physician declared that a patient was suffering from 'maladi de Corrigan' then, turning to his guest, who he knew came from Dublin, asked if he knew Corrigan of Dublin. When Corrigan replied 'C'est moi, monsieur' he was immediately taken to the hospital lecture theatre and presented to the staff and students and given what Francis Cruise described as 'a right royal welcome'.¹¹

The eponymous association between Corrigan and the descriptive 'Water Hammer' was proposed in 1909 by Sir Clifford Allbutt (1836–1925),^{2,13} credited with inventing the short clinical thermometer, though others give Benjamin Franklin credit for that.

Galabin wrote on the 'Water Hammer' Pulse in 1876 but did not credit Corrigan or himself with first using the description.¹⁴

Many others offered descriptions of the pulse between Corrigan's (1832) and Galabin's (1876) papers 'vibrant', 'jerking', 'hammering', 'thrilling', 'brusque', 'vibrating', 'visible', 'pistol', 'collapsing', 'visible', 'locomotive', 'splashing' and many more.

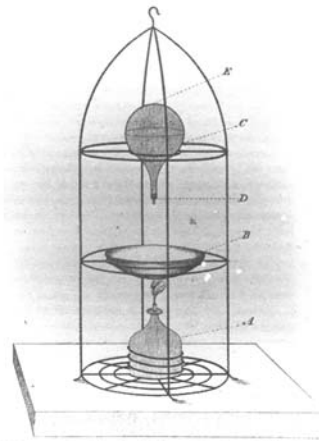
His paper, now regarded as a classic, brought him both fame and a long surviving eponym. His claim for its originality was immediately challenged by a Dr James Hope who said he had described aortic insufficiency as far back as 1825. This was true, but his description was neither as accurate or comprehensive as Corrigan's, only later was it realised that the condition had been described by several others – William Cowper in 1706, Raymond Vieussens in 1715, and Thomas Hodgkin in 1829.^{15,16}

Corrigan described fibrosis resulting from pulmonary tuberculosis as 'cirrhosis of the lung'

'This disease is in the lung what cirrhosis is in the liver. I have, therefore ventured to call it by the same name. A better name might be selected but as there are already in medicine so many instances of diseases bearing no connexion with their nature I have thought it better to retain the name, than burden our nomenclature with another. I would rather add an additional fact than a new name to science.'¹⁷



24. Corrigan's Button. Photograph by J. Hall.
(see p. 105)



25. "Doctor Corrigan's diffuser for the administration of Iodine Chlorine in the form of vapour". From the *Dublin Journal of Medical Science*, 1839. Vol. 15. p. 95. By courtesy of the Royal College of Physicians of Ireland. Photograph by J. Hall. (see p. 105)

FIGURE 3 Corrigan's Button and Diffuser (by courtesy of the Royal College of Physicians of Ireland).

The new eponym that was so created, popular for many years, is no longer used.

Corrigan invented an instrument which could be heated over a spirit lamp until the operator's fingers holding it half an inch from the heat found it uncomfortable. It was then rapidly and gently applied over (but not touching) an area of sciatica or lumbago to induce counter irritation, but never burning the skin so brief was the contact with it. The operators aimed to apply it about 100 times in the space of a minute. It came to be known as either Corrigan's Button or Corrigan's Firing and enjoyed considerable popularity for many years.^{18,19}

Having learned of Laennec strewing seaweed (a source of iodine) around his wards to relieve chest disease Corrigan invented an iodine inhaler or 'dispenser' as he called it (today it would be termed a vapouriser) which soon became yet another eponym.²⁰

Presumably he hoped that Corrigan's Bed (somewhat similar to today's 'ripple mattress') would further enhance his name, for by this time he was very proud of the eponyms.²¹ Certainly his personalised stethoscope – Corrigan's Stethoscope – gained popularity.²² He never missed an opportunity to highlight the benefits of a stethoscope.²³

Corrigan had no need to promote himself. He was the most famous doctor of his time in Ireland, Physician to the Queen in Ireland, a respected academic, a political activist, a member of countless boards and advisory bodies, and when his days in medicine came to an end, a Member of Parliament. During his Presidency of the Irish College of Physicians it became the first to licence women (1877) though they had to wait until 1924 before they could be admitted to the Fellowship. Corrigan's successes and fame were achieved in pre-emancipation days for he was

a devout Catholic living at a time when his fellow Catholics were much disadvantaged in Ireland.

HODGKIN, THOMAS (1798–1866)

Hodgkin's Lymphoma

It was a paper of 1832 by Hodgkin describing lymphoma that led to his eponymous name.²⁴ Entitled *On some morbid appearances of the adsorbent glands and spleen*, it described six cases he had seen at Guy's, and another attended by Lugol in Paris, reported to Hodgkin by his friend Dr Carswell. Hodgkin did not claim to have discovered a new condition, acknowledging that other clinicians must have come across it and even the anatomist Malpighi in Bologna, writing 200 years before him.²⁵ It has to be remembered that Hodgkin did not have the benefit of studying microscopic sections, because thin enough sections could not be produced. His descriptions were based on macroscopic examinations and clinical observations. In 1926, ninety four years after Hodgkin's paper, the pathological material from the six patients was subjected to microscopic examination by a pathologist, Herbert Fox. He found Hodgkin's disease in three, tuberculosis in one, syphilis in one and non-Hodgkin lymphoma in the other. It is interesting to note that lymphoma was described before leukaemia.

Eponymous fame was not sought by Hodgkin who, by the time his name was appropriately recognised, had not only left Guy's but given up all clinical work, to devote his life and energies to human rights issues, something that had always had pride of place in his life and Methodist faith. He was a founding member of the Aborigines' Protection Society (1838) and organisations dedicated to helping persecuted Jews.²⁵

Samuel Wilks, writing in 1856, described 36 cases of 'Lardaceous Disease and some allied affections.' Nine

years later he reported on another sixty cases and then came across Hodgkin's description of 1832. British and American writers wanted to honour Wilks but he pointed them to Hodgkin's work and publication. In his *Reminiscences*, Wilks quotes an unnamed physician from Bart's: 'Dr Wilks, with generous desire to perpetuate the name of his predecessor in the office of Teacher of Pathological Anatomy at Guy's Hospital, gave the name to this morbid state of 'Hodgkin's Disease',^{26,27,28}

A man who from his youth had been deeply concerned about the rights of his fellow men, Hodgkin cannot have been an easy man to work with.^{30,31} It is easy to see why he so frequently clashed with Benjamin Harrison who administered and managed Guy's, and was also Governor of St Thomas's Hospital and Almoner of Christy's Hospital. In 1809, Harrison was elected to the seven-man Grand Committee of the Hudson Bay Co., and later Deputy Governor, committed 'to seeing that the Gospel should be spread in that territory.'²⁹ Hodgkin had always been concerned about indigenous people in the 'colonies'. In 1821, whilst still a student, he wrote to a friend going to New Zealand to ask if he would look for two youths who might benefit from being further educated and trained in England to make their better elders and chiefs in their homeland, all expenses to be met by Hodgkin.²⁵ In 1823, after qualifying, he wrote from Rome to a North American Indian Chief, offering to pay all expenses for two promising men to come to Britain to be educated and trained to be leaders of their people, and years later shocked London, and Harrison in particular, arriving at Guy's with a half-dressed North American Indian in tribal dress in attendance.²⁵ In 1837, feeling very unwell and feuding with Harrison, Hodgkin had a 'nervous breakdown' and absented himself from his clinical and Museum work, resigning shortly afterwards. His entire clinical career had lasted 14 years.^{25,30,31,32}

It is left to Wilks to assess Hodgkin, whom he described as a 'brilliant but restless man.' In Hodgkin, Guy's Hospital lost one of its greatest ornaments and the medical profession in England also lost one who was destined to add lustre to its ranks.^{27,29,31,32}

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DISCUSSION

A full discussion of issues raised in these papers will appear at the end of Paper 3. Here only issues arising from the doctors just discussed will be addressed.

Without exception, these doctors were brilliant, some worthy of being called a polymath and even polyglot. Much as they may have enjoyed their eponyms, none was self-awarded, nor suggested by immediate colleagues. There is no suggestion that any was awarded the better to understand a clinical condition nor to bring fame to, or promote, the eponymous doctor, each having already achieved professional and public fame. Indeed, learning that Trusseau (himself famous for his own three eponyms) fostered at least three eponyms it seems that British doctors and their work were well known and respected in Europe.

Why did these men choose to study in Edinburgh? Cameron, writing of the history of the Royal College of Surgeons in Ireland and Irish Medical Schools, reports that in 1726 one Irishman graduated in Edinburgh. By 1750, it was 12, by 1775 it was 22 and by 1800 it was 50. In the last quarter of the eighteenth century, 237 Irishmen qualified in Edinburgh, 217 English, 179 Scots and 167 'colonial and foreign'.³³ It was the time of the Scottish Enlightenment but it cannot have been coincidental that Edinburgh fees were lower than in many other universities,³³ and Edinburgh, unlike Oxford and Cambridge, accepted students who were not members of the Church of England.

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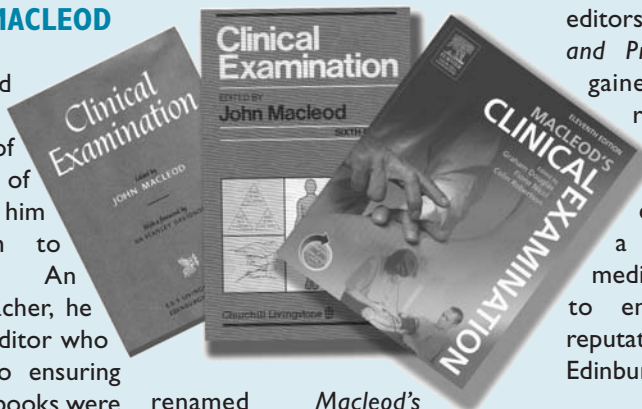
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DR JOHN GEORGE MACLEOD

Dr John George Macleod died in Edinburgh on 4 April 2006, at the age of 91 years. Generations of doctors are indebted to him for his contribution to medical education. An inspirational clinical teacher, he was also a meticulous editor who paid equal attention to ensuring that the contents of his books were accurate and the language concise and unambiguous. One of his books, *Clinical Examination*, was first published in 1964 and subsequently



renamed *Macleod's Clinical Examination*. It is now in its eleventh edition and has sold over 5,000,000 copies. Sir Stanley Davidson handed him the

editorship of *Davidson's Principles and Practice of Medicine* which gained greater worldwide recognition under John's stewardship and has now sold over two million copies. John Macleod's life as a physician, teacher, and medical editor have done much to enhance the international reputation of this College and of Edinburgh medicine.

JF Munro
Retired consultant physician