Abraham Guz

Researcher and clinician with a focus on physiological aspects of respiratory function

Abraham Guz (b 1929; q Charing Cross Medical School, London, 1952; MD Lond, FRCP), died from complications of colon cancer on 11 April 2014.

Abraham (“Abe”) Guz was born to Russian parents who had settled as refugees in east London after the Russian Revolution. Abe Guz entered Charing Cross Medical School in 1947 with a state scholarship. He won all the undergraduate prizes including the medical school gold medal; qualified with honours in medicine and surgery; and achieved an unusual first by being banned from the medical school library because he had hoarded so many textbooks in his room. He passed the MRCP exam at the age of 25—in those days you could take the whole exam in one—and then entered the army for two years’ national service. He completed this as chief medical officer to the hospital serving the headquarters of the British Army on the Rhine, with the rank of acting major.

On his return to civilian life in 1956 Abe became a senior house officer at Hammersmith Hospital. He went to America, initially as a research fellow to Harvard and then as a senior fellow to the Cardiovascular Research Institute (CVRI) in San Francisco.

In 1961 Abe came back to England and was appointed to an assistant lectureship in the newly created academic department of medicine at his old medical school, Charing Cross, by Hugh de Wardener, the inaugural professor of medicine.1 Space and money were both scarce; for some years the department was housed in huts in the grounds of the affiliated Fulham Hospital, and there was little funding for staff or equipment. This was, however, a halcyon era for medical research: the rich were philanthropic, the government still had public money to fund hospitals and universities, and charities were not yet threatened by inflation. Abe supported himself with a senior lectureship funded by the British Heart Foundation, and with further grants he recruited Mark Noble and Diana Trenchard. He equipped a laboratory and began research on cardiac mechanics and, later, on his life’s main work on physiological aspects of respiratory function.

Abe also set about modernising the care of patients with pulmonary disease—prompted by a spate of cases of respiratory failure during the last of the London smogs. He drew on his experience at the CVRI to treat severe cases with ventilation, and provided the necessary equipment and training for the junior clinical staff to take arterial blood samples and use oxygen and CO₂ tensions to control the patients’ treatment.

During this era, Abe and Mark Noble, in collaboration with John Widdicombe at St George’s and Autar Paintal of Delhi, investigated the role of the vagal afferent nerves in the sensation of breathlessness (the subject of Abe’s MD thesis in 1967). This could be studied only in humans, and involved some imaginative approaches. One of these involved blocking the vagus nerves in conscious volunteers with local anaesthetic at the base of the skull to see if respiratory sensations changed. It pre-dated the appearance of ethics committees, although in a sense it had informed consent because the first “volunteers” were his scientific collaborators.

There are many stories about Abe, often of dubious provenance; but one for which we can vouch is the story of the body box—an airtight device devised for measuring lung volumes, within which a human subject could sit, breathing through a port. Abe had commissioned one and was testing it with Mark Noble as his subject when he suddenly remembered that he was supposed to be giving a talk in an adjoining lecture room. He rushed off. There was no internal release mechanism; and body boxes are largely soundproof. By hammering on the walls, Noble finally attracted the attention of Hugh de Wardener,1 who was passing on his way to a ward round and wondered who was disturbing Abe’s lecture.

In 1973 the new Charing Cross Hospital was opened, with a floor dedicated to the academic department of medicine, and Abe, by now reader in medicine with consultant status, took responsibility for academic and clinical respiratory medicine. He created a respiratory service with ward, labs, and offices (and later outpatient facilities, a bronchoscopy suite, and a sleep laboratory), all on the same floor. He supervised an arterial blood gas analysis facility for the whole hospital, and negotiated a computerised results service for the pathology labs—one of the first in the country. Also in 1973 he was awarded a personal title as professor of medicine, and in 1982 he succeeded de Wardener as head of department.

By the mid-1970s Abe was established as an international authority on respiratory reflexes and sensation, and he continued to work on these topics until well after his retirement. When research funding became more difficult, he responded by establishing his own research charity, the Breathlessness Research Trust.

Throughout his career he continued working on the hospital acute medical rota as well as providing respiratory services. He was a very able clinician, and he had a reverence for medical history. So when, in La Paz in 1978, on his way back from a conference, he was called to see a British journalist in his hotel who was on his way to report on the World Cup and had fallen ill, he remembered Laennec and improvised a stethoscope from the cardboard core of a toilet roll. He diagnosed pneumonia, supplied some antibiotics and analgesics, and sent the patient on his way. When he reached England he found the story all over the sports pages and his office full of toilet rolls.

In later years, after the merger between Charing Cross and Westminster medical schools, Abe was instrumental in the setting up of a fibroptic link which provided two way vision and voice contact for teaching between all the five clinical teaching hospitals in the new school; his weekly open round was broadcast over this system for years and continued to this day as a revision facility for students doing their finals. He was a founder member and officer of the Medical Research Society, and served on the editorial boards of several British and European journals. He sat on grants committees for the Medical Research Council and the Wellcome Trust, and was an examiner for London University and the Royal College of Physicians, and was president of the British Association for Lung Research. In his lifetime he published papers in over 60 different physiological and medical journals. In addition to all this, he found time to play the violin.

He leaves Nita, his wife of over 50 years; and three daughters.

Mark Noble; Tony Seed

References are in the version on thebmj.com.

Cite this as: BMJ 2014;348:g3717
Sandy Holt-Wilson

Consultant ophthalmic surgeon
Newport, Gwent (b 1936; q Cambridge/St Bartholomew’s Hospital 1962; OBE, FRCS, FRCOphth), died from prostate cancer on 7 May 2014.

As a teenager, Sandy Holt-Wilson cycled across Europe to meet his hero, the theologian, medical missionary, and Nobel laureate Albert Schweitzer, who was living in retirement in Alsace. They shook hands, but, on realising neither could speak the other’s language, they parted almost immediately. This brief meeting had a profound effect on Holt-Wilson, who devoted his retirement years to tackling the poor standards of eye care in the Gondar region of Ethiopia. He pioneered the restructuring and development of ophthalmic training in the region, and as a direct consequence of his work, 60,000 cataracts have been removed by nurse ophthalmic surgeons, an eye centre was built, and an ophthalmoscope costing less than £10 was developed. In 2003 and an ophthalmoscope costing less than £10 was developed. In 2003 and an ophthalmoscope costing less than £10 was developed. In 2003 and an ophthalmoscope costing less than £10 was developed. In 2003 and an ophthalmoscope costing less than £10 was developed. In 2003 and an ophthalmoscope costing less than £10 was developed.

He left his wife, Evelyn; two children; and four grandchildren.

Ali S Jawad, Evelyn Nackasha

Cite this as: BMJ 2014;349:g4851

Benjamin Peter Richardson

General practitioner (b 1948; q Birmingham 1971; DRCOG, MRCP), died from pancreatic cancer on 25 September 2013.

Benjamin Peter Richardson (“Ben”) was brought up in Newcastle and followed his father into a career in medicine. Always a keen sailor, he met Olivia, who was to be his wife of 43 years, while on a sailing trip with the University of Birmingham in 1967. Ben joined the Golden Valley general practice in rural Herefordshire in 1976 and was a member of the local medical committee for several years. He retired as senior partner in 2008 and took an active role in many aspects of the local community, including bell ringing, golf, badminton, squash, and amateur dramatics. In January 2013 he was diagnosed with pancreatic cancer and subsequently had a Whipple’s procedure in Birmingham. He died in St Michael’s Hospice, Hereford. He leaves Olivia; two children; and four grandchildren.

Will Richardson

Cite this as: BMJ 2014;349:g4670

Samie Safar

Emeritus professor of surgery
University of Baghdad (b 1943; q Mosul 1965; FRCS Eng, FRCSEd, FRCPath), died from metastatic prostatic carcinoma on 27 May 2014.

After his house and general surgical jobs, Samie Safar came to the UK to continue his surgical training. On his return to Iraq in 1975, he was appointed consultant surgeon in the main teaching hospital in Baghdad and assistant professor in the surgical faculty of the University of Baghdad’s College of Medicine. His research interests included the diagnosis and surgical management of hydatid disease—a common problem in Iraq—and endocrine tumours, especially of the parathyroids. Within a few years he was appointed professor of surgery. He came back to England in 2000 and worked as a locum general and breast surgeon in Norfolk, Harlow, Newham, and Medway until 2010, when he became unwell. He leaves his wife, Jenny; five children; and six grandchildren.

Norman Gage

Cite this as: BMJ 2014;349:g6577

Joseph Mathew

Consultant histopathologist
Royal Cornwall Hospital; head of School of Pathology, South West Peninsula Deanery; former chairman Peninsula Gynaecological Cancer Network (b 1957; q 1981 University College of Medicine Lagos, Nigeria, 1981; FMCPath, FRCPath, Cert TLHIE), died from complications of a cerebrovascular accident on 18 May 2014.

Joseph Mathew (“Smoking Joe”) had an illustrious and distinguished career in cellular pathology and histopathology, specialising in liver and gynaecological pathology. He published scientific articles in peer reviewed journals and presented his work at local, regional, and international scientific conferences. He was employed at the Royal Cornwall Hospital as consultant in 1998, a post he held until his death. He had an important role in the Royal College of Pathologists, promoting education, and he was a member of the college’s education committee. He leaves his wife, Deena; two children; a brother; two sisters; and his father.

Abi Oladipo

Cite this as: BMJ 2014;349:g4730

Laurence Read

Consultant orthopaedic and trauma surgeon (b 1936; q St Bartholomew’s Hospital Medical School, London, 1971; FRCS Eng), died from complications of renal cancer on 14 May 2014.

Having entered medicine as a mature student at age 35, Laurence Read (“Laurie”) was appointed consultant in trauma and orthopaedics at the Alexandra Hospital in Redditch, Worcestershire, in 1986. He retired from the NHS and private practice at the age of 67, but his thirst for orthopaedics remained undiminished. He worked in a mission hospital in Sierra Leone and then spent two years in Cambodia, employed by a charitable trust to treat orthopaedic trauma cases, and found himself confronted with adolescents and adults with uncorrected club feet. Even in his last days, Laurie was still teaching the medical students who came to observe the procedure. Laurie will be remembered with great affection by his colleagues, his students, and his patients.

Alan J Price

Cite this as: BMJ 2014;349:g4720

Alexander Thomas Dunford Williams

Health screening physician
London Clinic (b 1942; q University College Hospital, London, 1965; MSc, MRCS, DObst RCOG, DIH Eng, MFOM Lon), d 6 November 2013.

Alexander Thomas Dunford Williams (“Alex”) received much of his childhood education in Australia. He practised eclectic branches of medicine in Africa and Canada and was appointed medical director, Arctic Health Services, to the Canadian government, serving the Inuit peoples on Baffin Island, East Arctic, for five years. He then took a post as lecturer in medicine at the London School of Hygiene and Tropical Medicine, before opting for a career as director of occupational health and associated professor of medicine in Nova Scotia. On returning to England again, he was medical aviation adviser to Laker Airways and British Caledonian Airways, medical adviser to the Canadian government, and medical director at the London Diagnostic Centre in Harley Street. He leaves his wife, Olivia; two children; and four grandchildren.

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