

Obituary.

SIR ARTHUR SHIPLEY, G.B.E., Sc.D., LL.D., F.R.S.,
Master of Christ's College, Cambridge.

THE death, on September 22nd, of the Master of Christ's though primarily a loss to science and to the University of Cambridge, is also a loss to medicine, because Sir Arthur Shipley was a good friend to generations of Cambridge medical students, and in various ways, throughout a strenuous public career, showed his practical interest in the work of our profession.

Arthur Everett Shipley was born in 1861, and left University College School in 1879 with the intention of graduating in medicine. But after a year at St. Bartholomew's Hospital, where, with the help of Stephen Paget, he had "dissected the leg of the wife of the butler of the first Napoleon," he went up to Cambridge, and (again to use his own words) "fell under the glamour of Morphology." It was about this time that Francis Balfour was finishing his epoch-making work on comparative embryology. Another Cambridge professor, but representing the older school, who influenced Shipley much in his undergraduate days was Alfred Newton, a dull lecturer but a great power in the world of ornithology and an inspiration to receptive minds; Newton's Sunday evenings in the old Lodge at Magdalene "saved zoology as the science of living animals in Cambridge."¹ Shipley gained a first in both parts of the Natural Sciences Tripos, became a Fellow of Christ's, and demonstrator of comparative anatomy in the University. His own researches (for which he was elected an F.R.S. in 1904) were mainly in the field of invertebrate zoology, but he took a large share in developing the teaching of zoology generally at Cambridge. He wrote much and pleasantly on many subjects, and was an admirable editor of scientific manuals. He was, moreover, a first-rate man of affairs, excellent on committees and such-like bodies, whether as chairman or ordinary member. In 1910 he was elected Master of Christ's, and at once became just what the Head of a House should be in these days, blending jealous regard for old traditions with liberal ideas and informal courtesy. By none was he better liked or more admired than by the medical students and graduates of his own college, and many of them have a repertory of "Shipley sayings" for intimate occasions.

Shipley's period of office as Vice-Chancellor of the University coincided with the most difficult years of the war. Besides taking a close interest in the development of the 1st Eastern General Hospital—that town of huts on the "Backs"—he made the Master's Lodge from 1915 a convalescent home for wounded officers, at no small sacrifice of his personal comfort. It was typical of him to find time in those anxious days to devise a dinner-table plate for the use of soldiers and sailors who had lost an arm, and an appliance by which an armless man could turn the pages of a book; both were described by him in our columns. Encouraged and guided by the Vice-Chancellor, Cambridge threw itself into the war, and the high honour of G.B.E., conferred upon him in 1920, was fitting recognition of indefatigable work for his country, both in public and behind the scenes. Shipley's very entertaining and instructive series of papers, "The minor horrors of war" and "More minor horrors," first appeared in the *BRITISH MEDICAL JOURNAL* in 1914 and 1915, and were afterwards reprinted in book form. Another direction in which he served our profession was by membership of the Central Medical War Committee, and in its early months he shared the duties of vice-chairman. He was also a Beit Trustee and an elected Trustee of the Hunterian Collection. Of his many other distinctions and services this is not the place to speak.

We are indebted to Sir HUMPHRY ROLLESTON, Bt., Regius Professor of Physic, for the following appreciation:

Arthur Shipley belonged to the new order of heads of colleges, who won distinctions in natural sciences rather than in classics or mathematics; in this capacity he was

¹ *Life of Alfred Newton*. By A. F. R. Wollaston. Chapter VII, Reminiscences by the Master of Christ's.

pre-eminently successful, for he took a fatherly interest in all, and especially the younger, members of the college, and, knowing them well, looked after their present and future in an exceptionally sympathetic and effective manner. His genuine kindness of heart was also shown by the affection he inspired among the servants of the College. He was a connoisseur not only in the art of living but in entertaining others so as to make them feel thoroughly at home in "the Lodge"—which he had made both comfortable and impressive—as was well shown by his unselfishness in giving up the quiet Lodge to wounded officers in the war. In addition to holding with distinction the Vice-Chancellorship of the University during a critical time in the war he was a power in the outside world, much in request on committees, and thus brought influential personalities into touch with Cambridge. Keenly interested in many directions, especially in the application of biology to practical problems, such as those of agriculture, he travelled much in connexion with his activities. Last spring he returned from such a visit to the West Indies ill and depressed with prophetic forebodings about his health, and it is sad that he has so soon followed his lifelong friend the late J. G. Adami, Vice-Chancellor of Liverpool, upon whose memoir he was engaged until almost the end. He wrote much, and always in an easy and attractive style; ever a popular after-dinner speaker, he had at his command a fund of good stories which he told in an inimitable manner with great effect. It is certain that with his mine of curious information he could have written a fascinating account of Cambridge life and manners during the last forty years, and indeed this would be an appropriate addendum to "J." (A Memoir of J. W. Clark, 1833-1910), which he brought out in 1913. His death leaves a gap which many will long feel can never be so exactly filled.

ADRIAN STOKES, D.S.O., O.B.E., M.D.DUBL.,
F.R.C.S.I., M.R.C.P.LOND.,

Sir William Dunn Professor of Pathology at Guy's Hospital,
London University.

THE death of Adrian Stokes, at the early age of 40, robs the Empire of one of the most brilliant students of medicine of this generation and of a man with many wonderful and lovable qualities. He was born at Lausanne on February 9th, 1887. His father was the late Henry John Stokes, I.C.S., of Howth, co. Dublin. His great grandfather, Whitley Stokes, was regius professor of medicine in the University of Dublin from 1830 to 1843, and his grandfather was the great clinician William Stokes. It is interesting to recall that in 1826 William Stokes nearly lost his life from typhus, which he contracted whilst working among the sufferers in the great Dublin epidemic.

Adrian Stokes was educated at St. Stephen's Green School, Dublin, and in 1905 entered Trinity College, with which his family had been associated for many generations as Fellows, scholars, and graduates. Here, and at the Meath Hospital, where his grandfather had been a physician and his uncle, Sir William Stokes, a surgeon, he studied medicine with distinction, obtaining first-class honours, a senior moderatorship, and the Banks prize. While still a student he published an excellent paper on a "Rare abnormality of the heart and great vessels." He graduated M.B., B.Ch. in 1910, and proceeded M.D. in 1911, and acted for a time as demonstrator in anatomy. He obtained the diplomas F.R.C.S.I. in 1912 and M.R.C.P. Lond. in 1924. In 1912 he was elected to the medical travelling prize, but with characteristic generosity resigned it in favour of the "proxime accessit." The prize being again awarded to him the following year, he went to the Rockefeller Institute in New York, where he engaged in research for eight months.

He returned to Dublin as assistant to the late Dr. O'Sullivan, professor of pathology at Trinity College, where he continued to work till the outbreak of war. He immediately volunteered for service, and shortly afterwards went out to France with a medical unit from Dublin. He took with him his own motor bicycle and side-car, which he packed with laboratory apparatus, this being

the actual parent of the mobile laboratories which were to play such an important part in the army medical services during the latter part of the war. Shortly afterwards a friend had a motor caravan equipped as a small pathological laboratory for him; this became No. 1 Mobile Laboratory, and remained with Stokes until he was demobilized in 1919.

In 1915 an outbreak of enteric fever amongst the civil population of Belgian Flanders aroused anxiety, and Stokes was detailed to cope with it. It was mainly due to the hygienic measures he took that the disease never spread to the large number of British troops billeted in the affected area. He published an account of his work in the *Lancet* under the title of "Examination of enteric convalescents." For his services in this connexion he was appointed Chevalier de l'Ordre de la Couronne by the King of the Belgians. By discovering the carrier, he was also the means of arresting a typhoid epidemic in the Guards Brigade in 1915. During most of his service in France he was attached to No. 10 Casualty Clearing Station at Remy Siding, near Poperinghe, but his influence was felt throughout the war area. Though he never neglected his official duties as pathologist, he was always ready to help in any capacity. In September, 1914, he rode 140 miles to fetch a supply of urgently needed tetanus antitoxin, and in times of stress he would act as anaesthetist or surgeon.

In the spring of 1916 an epidemic of jaundice broke out among the British and French troops in France and Flanders. Stokes was prominent among the small group of British officers whose investigations proved that the disease was caused by infection of the liver and kidneys with the same spirochaete which Inada and his fellow workers had discovered in 1914 in the blood and urine of the epidemic jaundice prevalent among Japanese miners. He found the spirochaete in rats caught in trenches in which the disease had occurred, and by showing that the infection was spread by the presence of their urine in badly drained trenches he was able to indicate how the epidemic could be stamped out. He proved that the jaundice was caused by the inflammatory changes in the liver, which produced obstruction of the smallest bile ducts, and that haemorrhagic nephritis at the same time gave rise to haematuria. He with J. A. Ryle published joint papers on the subject in the *BRITISH MEDICAL JOURNAL* in 1916, and in the *Lancet* the following year. He did work of great value in connexion with all the other infective diseases which occurred in the army. He took an active part in examining contacts with cerebrospinal fever cases, and made himself responsible for teaching the medical officers of the units of his neighbourhood the methods of diagnosis and of treatment with appropriate serum.

Stokes did much to improve the methods of preventing and treating the severe forms of wound infection, and was the first in France to isolate the organism of gas gangrene in the blood stream. When a crowd of victims of severe phosgene gas poisoning arrived at his casualty clearing station he found that the old-fashioned mask was still being employed for administering oxygen. Since it was proving both wasteful and ineffective he collected all the available rubber catheters and tubing in order that a satisfactory flow of oxygen could be given through the nose, with the result that innumerable lives were saved which would otherwise have been lost. The method he then introduced has now been widely adopted in civil practice. All who came into contact with him agree that no man did more to improve the lot of the sick and wounded than this young Irish officer, who was only 27 at the outbreak of war. He was directly responsible for the saving of countless lives.

After the armistice he served in Cologne, where he did most valuable work in helping to restrict the ravages of venereal disease. He was several times mentioned in dispatches, and was awarded the D.S.O. and O.B.E. for his services with the army.

In 1919 he returned to Trinity College, Dublin, as professor of bacteriology and preventive medicine and pathologist to the Royal City of Dublin and Adelaide Hospitals.

In 1920 he was asked to go to Lagos, West Africa, with the Rockefeller Yellow Fever Commission, his investigations on epidemic jaundice in France having attracted the attention of the authorities. He accepted readily, as it was a form of work that specially appealed to him. He spent about six months on the coast, but as he only saw one case—a man who escaped into the bush to avoid examination—he had no opportunity of carrying on any investigations.

In October, 1922, Stokes was appointed Sir William Dunn professor of pathology in London University at Guy's Hospital. At that time interest in pathology among the students was at a low ebb. Naturally attracted by the living interest of clinical work, they regarded any excuse as sufficient for non-attendance in the department. The course then covered a period of three months, but Stokes from the first insisted that it was impossible for pathology to be taught in less than double that time. The suggestion met with considerable opposition, and it was largely due to the charm of his personality that he eventually had his way, a whole winter session being now devoted to the subject. In order to give the students every opportunity to attend he duplicated the practical classes, although this could only be done at the sacrifice of his own time. When he first came to Guy's he threw himself into the task of perfecting his knowledge of the branches of pathology with which, as a bacteriologist, he had previously been comparatively unfamiliar. Few knew what an amount of reading and study this entailed, but all appreciated the success which followed in the vast store of accurate knowledge he accumulated. The students were quick to appreciate his willingness to help them, and they soon found that his department was free from any trace of red tape. As a result the attendance at the pathology classes improved in an extraordinary way. Whereas previously the pathologists had complained that the clinicians prevented the students from giving them a fair share of their time, the complaints now came from the clinicians, who found themselves deserted by their clerks and dressers when pathology classes were being held. He arranged a weekly demonstration on fresh *post-mortem* material, which was always well attended and was of the greatest practical value. With him the interests of the students always came first, and he fought for his subject because he believed that a knowledge of pathology was essential in the make-up of a "good doctor." It was his custom to offer a prize, at the conclusion of each course, on the results of a special examination.

During his four years at Guy's Stokes made a unique position for himself. Members of the staff, house officers, and students constantly sought his advice and help in the manifold difficulties they encountered in the wards, and they rarely failed to profit from his wide knowledge of the literature, great experience, and unbounded common sense. He realized from the first that a hospital pathologist should not live solely in his laboratory, but should be a regular visitor to the wards. In addition, once a week he made a round with some of his medical colleagues, joining in the discussions on difficult cases. His department was thus not merely a scientific institute, but formed a valuable unit in the everyday work of treating the sick poor of the hospital. He took a keen personal interest in any student who showed a desire to learn, and especially in those who wished to tackle a problem of their own, for he was never too busy to help or advise.

Many valuable contributions to scientific literature, generally published in the hospital *Reports*, came from his laboratory at Guy's. Without exception, however, they appeared under the names of others, the majority being students or recently qualified men, who performed investigations suggested by him and under his direction. In spite of their protests he always deleted their acknowledgment of his encouragement and help from the manuscript. Perhaps the most important investigation of this kind was that of achalasia of the cardia (so-called cardiospasm) by one of his most promising students. In every one of the eight specimens examined inflammation or degeneration was found in Auerbach's plexus in the neighbourhood of the sphincter, thus explaining its failure to relax on the arrival of a peristaltic wave during deglutition. Other

investigations dealt with the infective gastritis associated with the achlorhydria of subacute combined degeneration of the cord; acute suppurative gastritis; diffuse polyposis of the stomach; and aleukaemic leukaemia.

In the spring of 1927 the Rockefeller Commission on yellow fever in West Africa again sought Stokes's assistance. Their investigations had led to no definite result, and it was hoped that his clear judgement and genius for research would make it possible to unravel some of the difficult problems with which the Commission was faced. It has long been known that yellow fever, as it occurs in South America, is propagated by the common domestic mosquito, *Stegomyia fasciata*, and recently Noguchi described a leptospira which he believed was the cause of the disease. As the epidemiology of the yellow fever of West Africa is very different from that of South America, doubts have been raised whether the disease in the two continents was really identical. It was therefore necessary to discover whether the clinical and pathological characters of the West African disease were identical with the better known South American disease, and whether the fever was, like the latter, transmitted by mosquitos. This was just the kind of problem which fascinated a man of Stokes's character, and his only doubt as to whether he should accept the invitation of the Rockefeller trustees came from his dislike of neglecting his duties at Guy's for six months, for no man ever interpreted duty more strictly or adhered to it more conscientiously. Re-assured on this point he accepted the invitation and proceeded to Lagos in June. His first letter home was written from Accra a week after his arrival on the coast.*

"We bought three chimps at Freetown, one tame and two recently captured. We landed here instead of going on to Lagos, as there was a nice actual epidemic going on in a village about thirty-five miles away. I brought off two here and sent one on to Lagos, the big wild one I need hardly say, and we have attempted to infect both from three cases of yellow fever each. Neither shows any sign of doing anything; one of them is very ill with cancrum oris, and I think will die from it, but if he lives for two days more it will be ten since we inoculated him, and pretty certainly not a take for yellow fever. If the chimps don't take we have very little to fall back on. We had two good *post-mortem* examinations on genuine cases with typical liver and kidneys, but there seem to be fewer cases the last few days. . . . It is very hard to diagnose, and is apparently a trivial disease until you die. The natives are hardly ill at all and the jaundice is often quite unconvincing."

A fortnight later he wrote:

"We have infected some Indian monkeys; five out of six inoculated with blood from yellow fever cases have died with a good pathology. We have failed to pass the strain to others; this suggests an intermediate life history. I think it is a winner. No leptospirae at all found."

On July 7th he wrote from Accra:

"I came back here from Lagos about ten days ago, as there was another outbreak on the Togoland frontier. Two early cases were tried on monkeys. One died during the incubation period and the other ran a typical fever for four days and then recovered."

On August 13th he wrote from Accra:

"The stunt is going all right at Lagos and I am going back on Monday. They were able to run the strain through three monkeys and then, alas! had no more, and we had to depend on mosquitos to keep it till more came from home, and they did

*It should be noted that the following extracts are from private letters, and must not be regarded as accurate reports of the investigations referred to.

the job all right so far as I can see from records they have sent me.

"This proves our case fairly well, and as we can get no leptospirae at all it queers that organism as the cause of yellow fever. The last news I had, which was a cable, seems to imply that we have four mosquito transmissions out of four tried, and that seems good enough to chance a fourpence on. The third monkey had a beautiful clinical history and jaundice and albuminuria, and all the right things at the *post-mortem* examinations, and, best of all, showed a liver lesion that was almost typical of yellow fever, with quite obvious mid-zonal necrosis as well as the fatty changes. We still have the difficulty of not having a white man to monkey transmission and no *post-mortem* examination on a case that has been used to infect a monkey. That will be a question of time and fortune, but I am quite confident it will be all right.

"I am going up country to-morrow to get some convalescent serum from a recovered European case to do protection experiments with when I get back to Lagos. We went when he got ill and I tried a monkey, but it was three and a half days after the illness started and nothing happened. One must get it in forty-eight hours to get a winner so far as we know at present. However, protections are good evidence."

His last letter was dated August 26th.

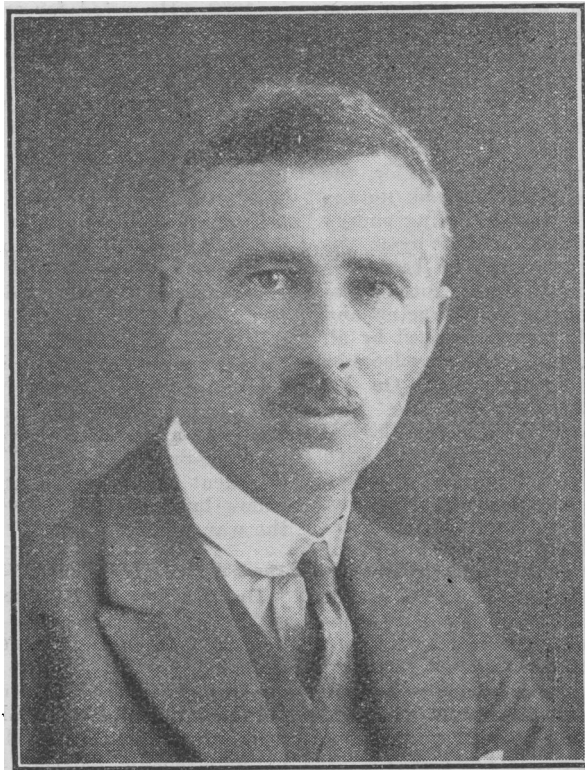
"We are a bit full of ourselves as we have the fish hooked all right, right down in the belly, and unless we are careless and break the tackle it will only be a question of time. The time may be years, but it must come. He rose to a grey monkey in May and we hooked him fair early in July, and now we can transfer it by blood or mosquitos at will and can protect the animals by convalescent serum and so on. Of course, the gaffing of the bug will be the thing that takes time, but getting a susceptible animal is a first and essential step. We have about 90 per cent. of successful transfers with blood and about the same with mosquitos, and we have had about a dozen animals die, so we think it is very nearly certain. The pathology and clinical picture is good on the whole. What we want is another strain or two isolated from human cases, and, best of all, a strain isolated from a patient that comes from autopsy.

"I have again ventured in cutting mosquitos, and it is infuriating to know that one has the virus under one's eye and cannot see it. I am cutting them in series—a normal one fed five days and two fed twenty-six and forty-two days. You get them all parallel and cut them from before backwards in series and then gaze in rapt admiration at nothing at all to see. They have lovely eyes though and

lots of other nice things to distract you."

From the meagre details available it seems probable that Stokes contracted yellow fever from the bite of an experimentally infected mosquito. He became suddenly ill on September 15th, about five weeks before he was due to sail for home. He was removed to the European Hospital on the following morning. He died on the evening of the 19th. He was buried next day at the Ikogi Cemetery after a service conducted at the Colonial Church by the Bishop of Lagos.

As a sportsman he showed just the same delightful and infectious enthusiasm that he did in his work. He was in the Trinity College XI, and played hockey, lawn tennis, and squash racquets well. But the sports he enjoyed most were sailing, fishing, and shooting. His summer holiday was nearly always spent in Ireland, and he used to love on his return to tell about his experience with the trout and salmon. During September, until the commencement of the autumn term claimed all his time, one day a week was regularly given up to shooting. It was typical of the man that on these occasions, though an excellent shot, he would always endeavour to place himself where the birds were likely to be fewest and where the walking would be most arduous. He was extraordinarily popular; everybody liked him. An impulsive, warm-hearted Irishman, he was generous to a fault, and his boundless sympathy with those



Photograph by]

[Elliott and Fry, London.

ADRIAN STOKES.

in trouble allowed him no rest until he had done everything possible to put things right. His flat at Maida Vale was a refuge for the sick in body and in spirit; he would give up his own room and, single-handed, would nurse his guest back to physical and mental health. A superficially gruff manner hid a heart of gold, and the loss to the many who were privileged to be his friends is irreparable.

Dr. T. GILLMAN MOORHEAD, Regius Professor of Physic, University of Dublin, in the course of a warm tribute, writes:

Adrian Stokes, one of the most brilliant of Irish students of medicine in this generation, entered the Medical School of Trinity College in 1905; he devoted himself at once with intense energy and enthusiasm to his medical studies, but also found time to take part in other activities of university life. He was a fine cricketer and an all-round sportsman, but a somewhat negligent student of Arts. For some years he acted as secretary of the Dublin University Biological Association, and was a prominent figure in directing the energies of that association in his student and also in later years. Although eminently adapted for clinical work, and especially for surgery, his real bent from the beginning was for the laboratory. He early showed a flair for research, and in his student days published in the *Journal of Anatomy* a remarkable paper on a rare malformation of the heart. Coming under the influence of the late Professor O'Sullivan, he took up the study of bacteriology, and threw all his abounding energy into this branch. As an undergraduate, almost from the moment of his entering the medical school, he became a marked man, not merely for his brilliant intellectual attainments, but also for his strength of character and his capacity as a leader of men. It was recognized by all his teachers that the genius of his great predecessor William Stokes had been reborn in him. . . . On his return from working in the Rockefeller Institute, New York, he accepted the post of assistant in the Pathological Laboratory, Trinity College, and at the same time, with the object of bringing closer together clinical and pathological aspects of medicine, he undertook for a short period the work of an assistant physician at the Royal City of Dublin Hospital. Throughout the remainder of his life this object retained his deepest interest. He felt that clinical and laboratory work were to some extent estranged, and he never ceased in deeds and in conversation to endeavour to bring pathologists and clinicians more closely together. In the before-mentioned positions his powers as an original thinker and investigator became at once apparent, and many who came in contact with him felt that he had introduced a new stimulus into the medical life of Dublin.

At the end of the war he returned to Dublin, and for a time was professor of bacteriology in the University. During his tenure of this post he continued his scientific work, and published several papers of outstanding merit, including one with Professor Bigger on an outbreak of dysentery in the Dublin area, and one in conjunction with Professor Wigham on the sigma reaction. But, what was even more important, he gained a hold over the minds and thoughts of the younger generation of students, and stimulated many of them to undertake fruitful lines of research. Although he only held the appointment for a few years, his influence is still felt in the direction indicated. A hater of shams, he was satisfied by nothing less than the most rigorous proof. Careless or slipshod work was anathema to him, and no trouble was too great to ensure accuracy. His intense intellectual honesty was always apparent, and nowhere more than in connexion with his own particular line.

Apart from his reputation and standing as a man of science Adrian Stokes had many friends, and no man better deserved his friends or did more for them. In periods of distress he was always helpful in advice, and never spared either time or trouble to aid those who were in need. Though generous to a fault any expression of sentiment or emotion was foreign to his nature. Outspoken in criticism, he made some enemies, but no one ever accused him of unfairness in controversy or believed his criticism to be personal. There is pathos in a life cut

off with the promise of such rich fruit; had he been granted the normal span of human life he would undoubtedly have further enriched our scientific knowledge of medicine, and would probably have added new pages to medical history. Though he must be numbered among the inheritors of but half-fulfilled renown, he will be remembered as a pioneer who, like others, risked his life joyously and gave it nobly for the sake of scientific truth.

Dr. CHARLES EDWARD PAGET, who died on September 11th at the age of 68, was the second of four sons of the late Sir George Paget, K.C.B., Regius Professor of Physic at Cambridge, and nephew of Sir James Paget, Bt., the famous surgeon. Charles Paget went from Charterhouse to St. Bartholomew's Hospital, and obtained the diplomas M.R.C.S.Eng. in 1882, the L.R.C.P.Lond. in 1883, and the Diploma of Public Health of the English Conjoint Board in 1889. He acted for some time as private secretary to Sir James Paget, and in 1883 was appointed medical officer in charge of the Westmorland combined sanitary districts. Six years later he became medical officer of the borough of Salford, and in 1897 he was appointed medical officer of health for Northamptonshire, which post he held until March, 1926. He was a Fellow of the Society of Medical Officers of Health, and president of its North-Western Branch in 1893. For some years he acted as lecturer and examiner in public health at the University of Manchester. His literary contributions included a pamphlet entitled *Healthy Schools*, the handbook of the International Health Exhibition in 1884, and *The Arrangement and Construction of School Sanatoria*; he also collected and edited some of the lectures of Sir George Paget, supplying a memoir of his father. Dr. Paget was for many years a member of the British Medical Association, and in 1895 was secretary of the Section of Public Medicine at the Annual Meeting; in the following year he was vice-president of that Section, and in 1910 he was vice-president of the Section of State Medicine. He leaves a widow but no children, his only son having been killed in the war.

Dr. RALPH A. R. LANKESTER, who died with tragic suddenness on September 19th while on holiday at Eastbourne, received his medical education at University College, London, and at Durham University, where he graduated M.B., B.S. in 1898. In the same year he obtained the diplomas M.R.C.S., L.R.C.P., and two years later graduated M.D. He went to Bradford in 1899 as house-physician at the Royal Infirmary, and eighteen months later joined Dr. Messer in one of the longest established practices in the city. In this practice he remained, and was at the time of his death the senior of three partners. Dr. Lankester was appointed visiting anaesthetist to the Infirmary when this post was first created twenty years ago, and he was associated with the late Mr. Basil Hall (President of the British Medical Association in 1924) during the whole of the latter's term as surgeon. When Mr. Hall's twenty years came to an end Dr. Lankester retired simultaneously, and was appointed honorary consulting anaesthetist. A colleague writes: Dr. Lankester was a glutton for work, and in addition to his large private practice was always prepared to deputize at the Infirmary for another anaesthetist. His services were sought on all the important medical committees in the city; he never pushed himself forward, and was as modest as he was unambitious. But his broad common sense, integrity, impartiality, friendliness, and geniality led to his being elected to the British Medical Association Executive, the local Advisory Medical Committee, the Panel Committee, and the council of the Medico-Chirurgical Society. He was president-elect of the latter society. His death comes with a greater shock to his numerous friends because he had never had a grave illness, was a man who did not look his years, and always appeared to be able to take all he had to do "in the day's work," without any show of over-effort or tiredness. He leaves a widow and young son to mourn his loss.