OBITUARIES

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Paul Louis Tessier

Plastic surgeon who revolutionised the treatment of facial deformity

Paul Tessier's original description of techniques for craniofacial reconstruction led to the new subspecialty of craniofacial surgery and gave hope to many with severe facial deformities that were previously untreatable. He had an insatiable will to progress even into his eighth and ninth decades. Never content that a patient should look "better than they did before we started," he declared "if it is not normal, it is not enough."

Paul's initial ambition was to join the navy as an engineer, but this was thwarted by a combination of illness and injury. He considered forestry but finally entered Nantes medical school in 1936. In 1940 he became a prisoner of war and was held near Nantes He was eventually diagnosed by one of his former teachers as having typhoid myocarditis and was released in 1941 with a warning to take life easily—so he took up rowing because of the "total effort involved, from fingers to toes."

Paul escaped death for a second time in 1943. He would have been the on-call surgical resident on the afternoon American B52 bombers destroyed Nantes and its hospital had not students he had successfully coached for their exams invited him to a celebratory picnic on the river. The duty resident's room was destroyed and his deputy killed.

Paul developed an interest in treating facial deformity from observing techniques of repairing cleft lip and palate as a resident. The destruction of Nantes forced him to move to Paris, where, with little money, he was obliged to accept first an administrative job (he left because he saw no patients), then one as a steelworks medical officer (he was sacked because the unions complained he was too strict in interpreting sick leave). Finally, in March 1946, he joined the paediatric service at Hôpital Foch, where he later undertook his groundbreaking work.

After the second world war he began spending a month or two in England twice each year with the "big four" of plastic surgery—Gillies, McIndoe, Mowlem, and Kilner—from whom he learnt many new ideas. Always focused on his goals of learning, Paul later "disappeared" for six weeks during a supposedly administrative Marshall plan trip to the United States so he could see the great plastic surgeons of the day at work there.

In 1957 a young man consulted Paul with a facial deformity, the like of which he had never previously encountered. His subsequent research led him to believe that the deformities represented Crouzon disease resulting in severe maxillary hypoplasia, exposed eyes, and respiratory obstruction. Gillies had previously tried an operation to move the whole upper jaw and lower part of the orbits forward and declared "never do it." Undeterred, Paul sought to clarify the difficulties by working on dry skulls at home and then cadavers. Since he had not been to medical school in Paris the medical establishment denied him access to an anatomy room. So he travelled regularly to Nantes at the end of his working day to do dissections there, returning on the 2 30 am train to be back at work in Paris by morning.

Finally, Paul successfully operated on his patient, completely freeing the facial skeleton from the cranium, advancing it by 25 mm, and securing it by the novel use of bone grafts. The procedure was an enormous achievement in itself, made more remarkable since he had only simple tools (no power saws and drills) and was denied access to orthodontic splints, hitherto always used to stabilise facial fractures, because of a historic dispute between the plastic and maxillofacial services at Foch.

He had simultaneously become interested in the correction of orbital hypertelorism and had the completely revolutionary idea that if the orbits were approached from inside the skull they could be mobilised and relocated safely without damaging either the eye or the brain. This contravened all accepted neurosurgical dogma but together with a gifted, open minded neurosurgeon, Gerard Guiot, he spent three years devising a method to shift the orbits medially via a transcranial approach. In 1964 they carried out their first clinical case but it was not until he presented his work in Rome in 1967 that Paul realised the enormity of its impact. Such was the interest generated that he organised a meeting at Hôpital Foch later the same year to which several distinguished neurosurgeons and plastic, maxillofacial, and ophthalmic surgeons were invited, together with paediatricians.

Over a week he presented all the patients on whom he had operated and carried out four further procedures, two hypertelorism corrections and two facial corrections for Crouzon disease, for their critical review. At the meeting's end he provoked a discussion to see whether the assembled clinicians felt it reasonable to continue the surgery in view of the inherent risks. They gave their enthusiastic support. Thus Paris became the birthplace of the new specialty of craniofacial surgery, and Paul's approach to problem solving—"pourquoi pas"—the motto of the international society when it was formed in 1983, with Paul its honorary president.

Over the ensuing years Paul not only pursued and developed his ideas but trained the first generation of craniofacial surgeons worldwide. In 1972 he carried out the first craniofacial procedure in the United Kingdom at Great Ormond Street, where he continued to visit, teaching in the operating theatre and clinics, for 25 years.

He never sought the limelight but could not avoid many prestigious international honours. He became chevalier de legion d'honneur in 2005. He leaves his wife, Mireille, daughter, Laurence; and son, Jean-Paul.

Barry M Jones

Paul Louis Tessier, plastic surgeon, Paris (b 1917; q Nantes 1940), d 6 June 2008.

Cite this as: *BMJ* 2008;337:a693

OBITUARIES continue on p 119

William Atchison Boyd

Former general practitioner Halifax, and Shenington, Banbury, Oxfordshire (b 1924, q Queen's University, Belfast, 1949), died from renal failure on 11 February 2008.

William Atchison Boyd ("Bill") started medicine in 1941 at the age of 17. However, yearning to be a pilot, he joined the Royal Air Force at the end of his first year. Two years later there was no more need for young pilots, so he returned to his studies. After house jobs and general practice in Ballymoney, Bill went to Halifax. However, a recurrent cardiac arrhythmia forced him to seek a less arduous lifestyle in a rural practice just outside Banbury. He was also staff medical officer for many years at Banbury General Hospital. He leaves a wife, Margaret; three daughters; and three grandchildren.

Robert Logan

Cite this as: *BMJ* 2008;337:a667

Lisa Joan Fook

Consultant geriatrician Royal Liverpool and Broadgreen University Hospital (b 1967; q Sheffield 1990; FRCP), died from ovarian cancer on 19 July 2007.

Lisa Joan Fook was appointed consultant in geriatric medicine in 2001 after specialist training, including at Arrowe Park and Clatterbridge Hospitals in stroke medicine and age related multifactorial medicine. An honorary clinical lecturer at Liverpool University, she was an accredited Royal College of Physicians educator. She was also instrumental in the falls clinic, lead in directorate audit and clinical governance, and helped to develop a consent policy in those with fluctuating mental capacity. In May 2006 Lisa was diagnosed with advanced ovarian cancer, which proved refractory to chemotherapy in March 2007 after she had returned to work. She leaves a partner, Caroline, and two children.

Dawn Fook, Nadine Carroll

Cite this as: *BMJ* 2008;337:a665

Edmund Frederick Griffith

Former general practitioner Penarth, Vale of Glamorgan (b 1936; q Welsh National School of Medicine 1960; AFOM), died from glioblastoma on 27 May 2008.

After two years as a junior doctor at Llandough Hospital, Edmund Frederick Griffith ("Fred") started in general practice in Penarth in 1962 and continued until 1991, after which he worked for the Benefits Agency Medical Services for 10 years. In addition, he was at various times medical officer for medical and nursing staff at Llandough and for British Shipping, as well as medical adviser to the Geest Line, Royal Norwegian Consulate, and the Church in Wales, obtaining the AFOM in 1979. He made major contributions to counselling services in Wales and to Penarth Royal National Lifeboat Institution. He leaves a wife, Rosemarie; two children; and three grandchildren.

I A Campbell

Cite this as: *BMJ* 2008;337:a684

Peter Jespersen Lyne

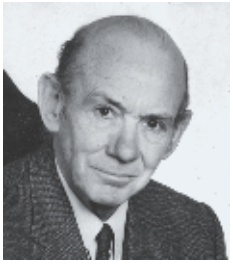
Former general practitioner Hove (b 1928; q Cambridge/Guy's Hospital 1952; MA), died from a cerebral haemorrhage on 5 January 2008.

Awarded a classical scholarship at Gonville and Caius College, Cambridge, Peter Jespersen Lyne gained first class honours in part I of the national sciences tripos before completing his training at Guy's. After national service with the Royal Army Medical Corps in Germany, he accepted a partnership in a practice in Hove. He later worked singlehandedly for many years before taking a partner. A keen fly fisherman and skilled woodcarver, he leaves a wife, Rosemary, two children; and four grandchildren.

Brian Latham

Cite this as: *BMJ* 2008;337:a685

Alexander Maitland Rennie



Former professor of orthopaedics Aberdeen (b 1911; q Aberdeen 1933), d 14 February 2008.

At the outbreak of the second world war Alexander Maitland Rennie was commissioned in the Royal Army Medical Corps and served with the 154 Scottish Field Ambulance in France. After escaping from Dunkirk, he was posted to Alexandria with the 15th Scottish General Hospital. In 1947 he took over the orthopaedic department in Aberdeen, developing it to deal with all aspects of adult and paediatric orthopaedic surgery. He also became an expert in slipped upper femoral epiphysis and its predominance in the farming communities of the north east of Scotland. After retirement he spent two years setting up an orthopaedic department in Kuwait. Predeceased by his wife, Barbara, in 2006, he leaves three children.

James McLauchlan

Cite this as: *BMJ* 2008;337:a662

Anthony Reynold Lucius Weekes

Consultant gynae-oncologist Queen's and King George Hospitals, Essex, and honorary consultant gynae-oncologist Barts and the Royal London Hospital (b 1941; q Calcutta 1968; FRCS, FRCOG), died from myocardial infarction on 15 February 2008.

After qualification, Anthony Reynold Lucius Weekes ("Tony") came to England and worked at Oldchurch, Hackney, and Tottenham Hospitals while completing his postgraduate studies. He became a senior registrar at Liverpool Women's Hospital and was appointed consultant at the Rush Green Hospital, Romford, in 1976. An innovator, he was one of the first to introduce colposcopic and laparoscopic/endoscopic techniques, and he developed nurse colposcopy and hysteroscopy training programmes. He collaborated with centres in France and the United States and practised advanced laparoscopic surgical techniques such as laparoscopic retroperitoneal para-aortic dissection and radical trachelectomies.

Chineze Otigbah

Cite this as: *BMJ* 2008;337:a214

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