

## John MacVicar

Pioneer of medical ultrasound and clinical educator

The science of diagnostic ultrasound began with a landmark paper published in the *Lancet* on 7 June 1958 (1958;271:1188-95). Its authors, Donald, MacVicar, and Brown, were three very different characters. Ian Donald, Regius professor of midwifery at the University of Glasgow, was forceful, aristocratic, and, some thought, slightly crazy. John MacVicar, his registrar, was intelligent, practical, and devoted to duty. Tom Brown was a brilliant young engineer not long out of apprenticeship who had heard that Donald was trying to use ultrasound on human beings, and phoned up offering to help.

Ultrasound, called ASDIC, had been used during the second world war to detect submarines. By the 1950s, renamed sonar, it was being applied in the Clydeside shipbuilding industry and elsewhere to identify flaws in metal. Donald, who had arrived in Glasgow in 1954, was fascinated by technology and had the idea that sonar could be adapted to detect flaws in the human body. His first attempts had failed for technical reasons that were obvious to Brown, who changed the Heath Robinson apparatus into something that stood a chance of success.

### Birth of a science

John MacVicar's role was to undertake what today would be called the clinical trials. This meant experimenting with surgical specimens in a bath of water (ultrasound does not travel through air) and then recruiting volunteers. The team quickly realised that sonar linkage could be achieved with olive oil instead of water, leaving patients and investigator (but not the hospital door handles) relatively dry. Working long hours in addition to his labour ward duties, MacVicar endured the highs and lows of exploring a completely new discipline. Later he recalled what a thrill it had been to see a baby move on an ultrasound screen. He was the first person to do so. Other firsts were the diagnosis of a large ovarian cyst thought by the professor of medicine to be ascites, and the first report of a hydatidiform mole diagnosed by imaging.

The lows included doubts sown by his clinical colleagues. He was, as he later put it, "just a young doctor who wanted to get on in his specialty," and his seniors were sure that he should be honing his

clinical skills rather than wasting his time with useless gadgetry. Although MacVicar continued to work on ultrasound for several years, his heart lay in clinical care and medical education. In 1965, now a senior lecturer in the new Queen Mother's Hospital in Glasgow, he was seconded to Nairobi, Kenya, to establish a department of obstetrics and gynaecology in the newly founded faculty of medicine of the University of East Africa. He quickly established a rapport with the staff, negotiated

links with the University of Kampala, Uganda, and developed a lifelong affection for Africa. Later, as a professor, he often visited Ghana, representing the United Kingdom for 10 years on a team that established a postgraduate training programme there.

In 1974 he moved to England as a foundation professor in Leicester Medical School, then the newest in the UK. He relished this opportunity,

which brought other challenges in addition to setting up a new course. Leicestershire's perinatal mortality rate was already high when, in 1972, about 10 000 Ugandan Asians, forced out by the dictator Idi Amin, arrived in the city. MacVicar not only chaired the medical school's curriculum committee but also began work on the Leicestershire Perinatal Mortality Survey, which revealed the high risk among ethnic minority

women, particularly in specific subgroups. Within six years these differences were reduced and the overall perinatal mortality rate was more than halved.

When the school admitted its first students in 1975, the curriculum was a skilful blend of innovative design and traditional teaching. As his senior

lecturer during the 1980s, I saw at first hand his dedication to patients and students. Every morning he visited the labour ward, quietly reviewing the register to check the events of the previous night.



**MacVicar (right) endured the highs and lows of exploring a completely new discipline. Later he recalled what a thrill it had been to see a baby move on an ultrasound screen**

### Home from home

His concern for ethics reflected his upbringing as a son of the manse. He was born in a village on the Mull of Kintyre, and the family became famous in Scotland through the memoirs of his much older brother Angus, a successful writer. John,

the youngest and most academic of the siblings, attended Campeltown Grammar School while it was housed in wartime accommodation, the main building having been commandeered as (coincidentally) an ASDIC training school. He emerged as dux, went to Glasgow to study medicine and was recruited to obstetrics and gynaecology during the summer vacation by a specialist holidaying in the village. After graduation he spent two years in Singapore on national service, which fatefully delayed his arrival in Donald's department until just the right moment.

In Leicester he rarely if ever reminisced about Glasgow. Perceived as a traditional professor, respected for his clinical skill and devoted to bedside teaching, he unobtrusively made far reaching innovations. These included outlying clinics in deprived areas and a delivery unit led by midwives in the maternity hospital—the first such "home from home" facility in the country. He put down roots in Leicester, remaining there in retirement, and sought no credit for his many achievements. He leaves his wife, Esme, a son and three daughters.

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John MacVicar, professor of obstetrics and gynaecology (b 1927; q 1950, Glasgow), died on 23 May 2011 from multiple myeloma.

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## John Anthony Robert Anson



Former general practitioner south west London (b 1927; q Sheffield 1952; DObstRCOG, DPH), died from bronchopneumonia on 18 April 2011. After national service as regimental medical officer to the 2nd Battalion Grenadier Guards in Egypt, John Anthony Robert Anson was a trainee assistant in a general practice in St Albans. He then took the full time academic diploma in public health at the London School of Hygiene, but subsequently returned to general practice, in which he worked until his retirement in 1989. Predeceased by his first wife, Brook, in 1987, he leaves his second wife, Jane, and a son from his first marriage.

### Colin Anson

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## Margaret Aureol Austin



Former consultant obstetrician and gynaecologist Queen Mary's Hospital, Sidcup, Kent (b 1925; q King's College Hospital, London, 1949; FRCOG), d 25 December 2010.

Margaret Aureol Austin ("Aureol") was born in Sierra Leone on the slopes of Mount Aureol, where her father ran the British Military Hospital, but grew up in England. She developed viral encephalitis during her junior posts at King's, which delayed her progress to senior office in her specialty. In the early 1960s she was senior registrar at Lewisham Hospital, where she helped to develop the technique of intrauterine transfusions into the peritoneal cavities of fetuses affected by Rhesus incompatibility, then being pioneered at the hospital.

Throughout her career, Aureol was uncompromising in carrying out her professional duties to the highest possible standards. She enjoyed film, bridge, and travelling, and spent her retirement with her sister in Dorset.

### Gisela Boss

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## Leslie Russell Davis



Former consultant haematologist King's College Hospital, London (b 1924; q King's 1948; TD, MD, FRCPath), d 5 November 2010.

Leslie Russell Davis's early career was interrupted by national service; he eventually transferred to the army in West Africa, and then joined the Territorial Army until 1976. The West African experience changed him from a physician to a haemato-pathologist, but he never lost the physician's approach. His attention to detail led to his persistence in freezing serum samples from children with aplastic crisis in sickle cell disease, eventually enabling the identification of parvovirus as its cause. His natural conscientiousness was responsible for maintaining a safe blood transfusion service to King's through many vicissitudes. He was a strong team player. He wrote books on small historic railway lines in the south east as a hobby. Predeceased by his wife, Margaret, he leaves four children.

### A J Bellingham

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## Christopher John Goodwill

Former consultant rheumatologist and consultant in rehabilitation medicine King's College Hospital, London (b 1935; q King's 1957; FRCP), d 12 January 2011. After house jobs, Christopher John Goodwill did national service as medical officer in the army. He was appointed consultant at Brook Hospital, Woolwich, in 1969 and at King's in 1971. Examiner for the College of Occupational Therapists,



he chaired the committee to start the first degree training programme for occupational therapists in England, validated in 1987 at Kent University. For over 20 years he was trustee of the British Home and Hospital in Streatham, having previously helped manage the Cheshire Home in Dulwich. He initiated, co-edited, and contributed to *Rehabilitation of the Physically Disabled Adult* (1988), the first comprehensive book on adult rehabilitation in the country. Predeceased by his wife, Berenice, he leaves four children.

### Catherine Patey

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## George Kenneth Mackenzie



Former general practitioner West Linton, Peeblesshire (b 1911; q Edinburgh 1936; MD), d 11 September 2010. George Kenneth Mackenzie ("Mac") was lieutenant surgeon, Royal Navy, in destroyers in the North Atlantic, Normandy, the Far East, and West Africa. As a singlehanded general practitioner he lived "to cure sometimes, to comfort always"—arranging for streptomycin, then unavailable in the UK, to be flown in from America to save the life of a tubercular child, and getting out of bed at 3 am to deliver a litter of puppies. Retiring to Nairn, he played golf until he was 97, Nairn Golf Club lowering its flags on the day of his funeral. He delighted in his many friends and his family. He leaves Marjorie, his wife of 66 years, and a daughter and son in law and their extended family.

### Judith Isaac (Mackenzie)

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## John Guymer Roberts

Former general practitioner Dolgellau, North Wales (b 1937; q Cardiff 1959; FRCGP), d 19 October 2010.

After a period of practice in Buckley, John Guymer Roberts joined a rural practice in Snowdonia, where he remained until retirement. Welsh speaking, he was a doctor held in high respect in the community. A keen protector of his local community hospital, he became president of its League of Friends, and was an active churchman and a Rotarian. He became chairman and later provost of the North Wales Faculty of the Royal College of General Practitioners, and secretary and chairman of Gwynedd Local Medical Committee, as well as adviser to the health authority. He leaves a wife, Irene; three children; and five grandchildren.

### Idris Humphreys

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## Peter Thompson



Former consultant in old age psychiatry Gateshead (b 1953; q Newcastle 1980; FRCPsych), d 26 September 2010. Peter Thompson trained initially as a diagnostic radiographer. After qualifying in medicine, he practised psychiatry in the Northern region, being appointed the first consultant in old age psychiatry in Gateshead in 1987. He transformed the local specialty from no dedicated provision to a highly respected and vibrant service, instigating old age psychiatry liaison services, in which he worked before retirement through ill health. An inspirational teacher and mentor, he attracted many of his trainees into the specialty. He was active in many royal college roles and was a respected senior figure in the region. He leaves a wife, Karen, and two daughters from his first marriage to Lesley.

### Richard Harrison

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