Stanley Shaldon

Pioneering nephrologist who wanted to make dialysis the “insulin” of end stage kidney disease

Nephrologist and scientist (b 1931; q Queens’ College, Cambridge, 1952; MD, FRCP), d 21 December 2013.

Stanley Shaldon, who transformed dialysis treatment for chronic renal patients in Britain and had an international impact, seems to have stumbled into the specialty through the machinations of his superiors, and personality flaws he acknowledged after retiring.

His major contributions around home, overnight, and long term haemodialysis in the 1960s were aimed at helping patients with chronic renal failure to care for themselves while leading relatively normal lives. This usually included working during the day. He often spoke of a dream to make dialysis the “insulin of end stage renal disease.”

To make access for self care easier, he developed an arteriovenous fistula and used central venous catheters. To the displeasure, according to Shaldon, of manufacturers, he also cut costs by reusing dialysers.

Stewart Cameron, emeritus professor at King’s College London, told the BMJ, “[Shaldon’s] major contribution was the idea that patients could do dialysis for themselves at a time when most people thought dialysis—even in hospital—was outlandish. At the National Kidney Centre, a typically grandiose title, he made big advances.”

Later in his career Shaldon developed the interleukin hypothesis, observing that generation of cytokines was an important epiphenomenon of kidney disease. This suggestion directly linked kidney disease to inflammation, malnutrition, and vascular disease—a link that would later be confirmed by several studies.

Despite his considerable achievements, Shaldon is remembered also for his combative and barbed personality.

Cameron says, “He had a brutal method of inspiring people to do better, but it was very unpleasant to be on the receiving end. I always used to say that Stanley’s way to anything was over the maximum number of toes. He loved being provocative—especially stirring up the establishment.”

For six years from 1960 he worked at the Royal Free Hospital in north London under Sheila Sherlock, the UK’s first woman to be appointed professor of medicine (doi: 10.1136/bmj.324.7330.174).

Shaldon followed Sherlock from the postgraduate medical school at Hammersmith Hospital, where he had been her senior house officer and registrar. His research was interrupted for two years of national service from 1957. Shaldon had hoped to continue his research through a posting to London, but that plan was undermined by his attitude. One evening, climbing back into the Thames-side grounds of the officers’ mess, he punctured his thigh on a spike—incurring both significant blood loss and the wrath of army bosses. The latter earned him what he described as a “punishment station” posting—22 months in a centre 10 miles from Lagos, Nigeria.

Returning to London and then to the Royal Free, Shaldon held the title of lecturer in medicine for five years from 1960. Sherlock told him to attend the first international congress of nephrology and, on his return, to make use of the hospital’s underused dialysis equipment. Shaldon later claimed that Sherlock was worried that his research work was attracting more interest and funding than her own.

Left to his own devices, he claimed, he would probably have served out his career at the post-graduate medical school.

Having heard American long term haemodialysis pioneer Belding Scribner speak about dialysis for chronic renal patients at an international conference, Shaldon sought to replicate the process in London, treating acute patients with daily dialysis and then his first long term patients in 1963.

Rosemarie Baillod, a consultant nephrologist who, as a junior doctor, taught Shaldon’s patients how to use the equipment for self dialysis at home, said: “Shaldon had nerve and push: he had the nerve to do what others never did—he did not care [about tangled with colleagues and managers] and he achieved.”

With little or no money or space in hospitals for an expensive and experimental treatment, she says, self dialysis at home overnight became a popular option.

However, Baillod says Shaldon did not start work on patients with chronic renal conditions until returning from seeing how Scribner’s unit coped with this problem.

Although appointed consultant physician to the renal unit in 1965, Shaldon claimed he left the Royal Free Hospital on being rejected for a full consultant post after, in his words, “insulting” Sherlock. He founded the National Kidney Centre, a private facility “where you could buy your life in socialist Britain under the draconian rule of Mr [Harold] Wilson.”

Patients were “taught” to raise money to fund their treatment, but Shaldon claims that he tired of daily dialysis work. He closed the centre and left Britain for mainland Europe—where he spent the rest of his career and retirement.

Shaldon travelled first to Montpellier University in France, where he was visiting professor, and from 1977 he headed the nephrology research section at the University Hospital in Nimes, eventually being appointed emeritus professor. Shaldon also worked in Hanover for a long period during the 1990s, and in Stockholm.

For a man described as an international pioneer, Shaldon, reflecting on his work and his specialty a few years before his recent death, came up with some pretty damning verdicts in an interview recorded with the European Renal Association-European Dialysis and Transplant Association (ERA-EDTA). He was a key player in the formation of the association.

The provocative interview (available at http://tinyurl.com/o7xkuk7) has more than a whiff of belated score settling. However, Shaldon also admits that his “conceit” and “intolerance” limited his nonetheless considerable achievements.

He said, “In my old age now I realise I could have done much more creative work were I more tolerant. I made many mistakes and ended up ruining my academic work in England because of it. If you are insulting to your chief like I was to my professor . . . you don’t have a future in the UK.”

Stanley Shaldon leaves his wife, Penelope.

Chris Mahony, London

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Leonard Robert Bagg

Consultant chest physician King George Hospital, Ilford (b 1947; q London Hospital 1971; FRCP), died from ischaemic heart disease on 25 June 2013.

After senior house posts Leonard Robert Bagg ("Bob") went to Kenya as a lecturer at the University of Nairobi. Having completed his training he gained a consultant post at King George Hospital, Ilford, became clinical director of medicine, and was instrumental in developing the new district general hospital at Goodmayes. He integrated tuberculosis services for Redbridge and northeast London and was president of Ilford Medical Society. His ability to listen and discern shaped his success as a consultant, with medical colleagues often seeking his advice for themselves or family members. On retiring from NHS work he continued to enjoy holidays all over the world and pursued his love of the countryside on long walks, accompanied by his wife and his dogs. He leaves his wife of 44 years, Jen, three children; and four grandchildren.

Jennifer Bagg, Violaine Carpenter

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Darius Faridoon Boomla

General practitioner (b 1926; q St Bartholomew’s Hospital 1953; DO, MBE), died from myocardial infarction on 9 January 2014.

After qualifying Darius Faridoon Boomla joined the Royal Army Medical Corps and served in Egypt and Germany. On his discharge he returned to Woolwich and worked as a general practitioner, with his brother and another doctor, in the practice his father had originally acquired before the formation of the NHS. He obtained a doctorate in ophthalmology and enjoyed this specialty alongside his work as a GP. He took a keen interest in the administration of the NHS and served as the chairman of the national area heath authority for which he was awarded an MBE. He leaves his wife, Deborah; two children; and five grandchildren.

Mark Boomla

Cite this as: BMJ 2014;348:g1870

Former general practitioner (b 1916; q St Mary’s Hospital 1956; MRCS), d 25 November 2013.

Born in South Africa, John Hofmeyr retired to Reading in 1989 from Thurrock, Essex, where he had been a GP for nearly 25 years. In early 1945 he went to Holland on voluntary service with the Allied advance; April 1945 found him on relief work immediately after Arnhem was captured. At cessation of hostilities on 6 May 1945 he continued on with No 2 Mobile British Red Cross Hospital, dealing with a typhoid outbreak in Holland, until August 1945. Although an Anglican, he worked as a mission doctor in southern Africa; he had also been a ship’s doctor, and a medical officer in the US Air Force in the early 1950s in the UK. He married Joyce, a wartime ship’s doctor, and a medical officer in the newly formed NHS in Whitleigh, Plymouth, Devon, early pioneers of health education within their own, and in the wider, community. When they retired after 33 years’ service, their patients organised a farewell celebration widely covered by the local media. Predeceased by Yvette in 2010, John leaves two children and four grandchildren.

Derek E Sibson

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John Hofmeyr

John Michael Stanley McCoy

Senior general practitioner partner Plymouth (b 1922; q 1947), died from heart failure on 28 June 2013. John Michael Stanley McCoy ("Michael") studied medicine at Caius College, Cambridge. His first job was that of house physician at the Metropolitan Hospital in Hackney, London, where he met his wife, Yvette Woodford Williams, the first female casualty officer in an all male environment. After a short post war commission with the Royal Army Medical Corps in Germany and several locum positions, the couple started their fledging practice under the newly formed NHS in Whiteleigh, Plymouth, Devon, early pioneers of health education within their own, and in the wider, community. When they retired after 33 years’ service, their patients organised a farewell celebration widely covered by the local media. Predeceased by Yvette in 2010, Michael leaves two children and four grandchildren.

Alix Phillips

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David Aloysius Macfarlane

Consultant surgeon St Stephen’s Hospital, Chelsea, and Sutton and Cheam Hospital, Surrey (b Glasgow 1921; q Cardiff 1944; FRCS; KGCHS), died after a short illness on 13 December 2013. David Aloysius Macfarlane was appointed consultant surgeon at Sutton and Cheam Hospital in 1958 and at St Stephen’s and Princess Beatrice Hospitals from 1960 to his retirement in 1986. His interest in teaching yielded a successful textbook, and he was a member of the Court of Examiners at the Royal College of Surgeons from 1977 to 1989. He was vice president of the section of surgery at the Royal Society of Medicine and chairman of St Raphael’s Hospice for 10 years; he was awarded a papal knighthood for this work in 1991. Predeceased by his wife, Moira, in 2002, he leaves five children and six grandchildren.

Derek E Sibson

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John Rowsell McCrae Moore

Consultant otolaryngologist (b 1947; q Sheffield 1970; FRCS Ed), died from a ruptured dissecting aortic aneurysm on 15 November 2013. John Rowsell McCrae Moore was a registrar at Sheffield before becoming senior registrar in Bristol. He was appointed consultant otolaryngologist in south Birmingham, Redditch, and Bromsgrove in 1980 and took on a huge clinical workload. His extensive practice was a testimony to the hard work and high quality care he gave to his patients. He moved with his department to the University Hospital Birmingham in 1995, with duties at the Children’s Hospital, where he developed an interest in deaf children. He played a full and active part in administration and education both in his own hospital and nationally. His recent retirement meant he could indulge his passion for vintage cars and miniature railways. He leaves his wife, Jane, and three daughters.

John Brandrick

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Helen Sapper

General practitioner (b 1935; q Royal Free Hospital, London, 1959; FRCGP), died from infective endocarditis and sequelae on 29 December 2013. Helen Sapper was a general practitioner in Acton, west London, for more than 30 years. A trainer and teacher for medical students and GP registrars, she advocated multiprofessional collaboration. She undertook research with the Medical Research Council and the Royal College of GP’s research unit, undertook audit work within her practice and local medical audit advisory group network, did hospital accreditation visits, and was the local health authority’s resource for doctors in difficulty. After retiring, Helen joined the college’s heritage committee and authored a compendium on the college presidents’ portraits. At the migrant and refugee community forum, she mentored overseas health professionals studying to practise in the UK, sat on incapacity benefits tribunals, and was an executive member of the Royal Free alumni association. She leaves two children and three grandchildren.

Sheila Hunt, Reena Majus

Cite this as: BMJ 2014;348:g1242

John Brandrick

Helen Sapper

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