

David Gardner-Medwin

Pioneered multidisciplinary team working for children with muscular dystrophy

David Gardner-Medwin, consultant paediatric neurologist (b 1936; q Cambridge and St Bartholomew's 1962; FRCP Lond, FRCPCH, MD), died from leukaemia on 14 June 2014.

David Gardner-Medwin, a paediatric neurologist, had broad interests outside medicine, but during his career he focused on the treatment and care of patients with Duchenne muscular dystrophy (DMD), a degenerative disease affecting boys. Despite advances there is still no cure for the disease, but when Gardner-Medwin—or DGM as he was known to his colleagues—first started working in this specialism in the 1960s, patients were not expected to live beyond their early teenage years.

His interest in the disease began when he was appointed a Medical Research Council research fellow under Professor John (now Lord) Walton in Newcastle, working on the early genetic associations of DMD. As a researcher he spent a long time with the families of children with the disease and learnt a great deal about the problems they faced. After a stint in the United States as a Harkness fellow, Gardner-Medwin was appointed consultant paediatric neurologist.

Because of his early contact with the children's families, Gardner-Medwin realised the importance of a multidisciplinary team long before the phrase became fashionable. Professor Kate Bushby, a colleague of Gardner-Medwin's and now chair of neuromuscular genetics at Newcastle University, says the introduction of holistic and coordinated care in a specialist clinic extended the boys' average life expectancy up to around 19 years. Nocturnal ventilation, which Gardner-Medwin first mooted just before he retired, led to another increase, up to around 25 years.

A 2007 report by the Muscular Dystrophy Campaign highlighted the progress made in Newcastle compared with other parts of the country: an audit of DMD deaths over 10 years in the southwest region showed a median age of death of 18 years, compared with almost 30 years in Newcastle where patients received home ventilation and specialist multidisciplinary care.¹

John Burn, professor of clinical genetics at Newcastle University, describes Gardner-Medwin as a "magnificent doctor." The two first worked together when Burn was a young researcher in the early 1970s, and Burn says



David Gardner-Medwin realised the importance of a multidisciplinary team long before the phrase became fashionable

that his supervisor did not write the children off as other doctors did, and was keen to improve their quality of life as well as extend it.

Gardner-Medwin was the only consultant paediatric neurologist in the Newcastle area, serving a large population, and when he retired he was replaced by four consultants. Thanks to the groundwork he laid, the Newcastle unit became a world leader in the treatment of neuromuscular disorders.

Because of the lifelong nature of DMD, Gardner-Medwin built up a strong relationship with families and, importantly, with the boys. One of his trainees remembers Gardner-Medwin "squatting, smiling at the end of a corridor with arms outstretched so a young child would run to him, which they did with total enthusiasm."

But while his warmth and humanity were evident, Gardner-Medwin applied an academic rigour to his work, and was a keen scientist. Burn says that this intellectual, who liked to spend Saturday mornings in the library, did not quite fit in among the typical "rolled-up shirt sleeves" clinicians in the Newcastle paediatrics unit. He retired just as the most recent breakthroughs in the understanding of the disease were becoming evident, but throughout his career he was keen to work with geneticists and was part of international efforts to understand the cause of the disease.

With Burn he worked out a woman's

probability of being a carrier of the DMD gene by measuring the protein creatine kinase, high concentrations of which are found in patients with DMD, as well as considering family history and other genetic markers. The complicated mathematical evaluations he undertook were Gardner-Medwin's "pride and joy," says Burn.

Gardner-Medwin was born in London in 1936 but was evacuated to Canada with his Canadian mother as war loomed. His daughter describes life in Canada as "blissful—wilderness and canoes," and it seems to have sparked a lifelong interest in the natural world. He had strong medical connections on the Canadian side of the family, and two great uncles worked with William Osler, one of the founders of the Johns Hopkins Medical School, to whom Gardner-Medwin was distantly related by marriage. He much admired Osler, a celebrated teacher, and kept a signed photograph of him in his study.

Gardner-Medwin had a peripatetic childhood. His father, Robert, was an architect and his job took the family to the Bahamas after the war. The family then moved to Edinburgh, where Gardner-Medwin's interest in ornithology was sparked by a biology master at his school.

Birds were a lifelong passion and at his funeral a recording of the call of the whimbrel, a bird he first saw in Finland, was played. His first scientific publication at Cambridge, where he originally studied natural sciences before switching to medicine, was a study of bird migration across the Pyrenees. And it was at Cambridge that he met his wife, Alisoun.

In his 20s he developed an interest in Thomas Bewick, a 17th century naturalist, who is best known for his wood engravings of birds. Bewick lived in the northeast, and Gardner-Medwin became active in the Bewick Society, editing his studies and undertaking original research into Bewick's family.

Bushby describes him as a "role model in how to retire." He stepped away completely from medicine at the age of 60 and pursued his other passions with vigour, saying that he had had 30 years in education and 30 years in a job he loved, and that he hoped he would have another 30 pursuing his interests.

He leaves his wife; a son; and a daughter.

Anne Gulland London

agulland@bmj.com

References are in the version on thebmj.com.

Cite this as: *BMJ* 2014;349:g5322

Ruth Gilly Arthur



Consultant and honorary senior lecturer in HIV/genitourinary medicine (b 1966; q University of Nottingham 1990; MRCP, MD), died from glioblastoma on 12 June 2014.

After graduating Ruth Gilly Arthur worked in Wellington, New Zealand, before training in HIV/GU medicine at Chelsea and Westminster and University College hospitals. She married Steve and the couple went to Nairobi, and Gilly gained her MD thesis in voluntary counselling and testing for HIV. Working with the Kenya Medical Research Institute as senior programme manager for the HIV/AIDS prevention and care programme, she improved HIV treatment and care across Kenya. In 2007 Gilly and Steve moved to Tanzania, where she was senior scientist for the US Centers for Disease Control and Prevention's global AIDS programme. Gilly had been back in England for less than a year when her cancer was diagnosed. She leaves Steve and two children.

Anne Hampton, Nicola Smith, Posy Greany

Cite this as: BMJ 2014;349:g5520

John Richard Stares Blake



Consultant surgeon King's Mill Centre for Health Care Services, Sutton-in-Ashfield (b 1943; q Middlesex Hospital Medical School 1966; FRCS), d 23 August 2013.

Initially set on pathology, John Richard Stares Blake later decided to become a surgeon and was appointed consultant general surgeon at the Mansfield, District General, and King's

Mill hospitals in May 1984. For more than 25 years, Richard was the general surgeon with a special interest in breast disease at Mansfield Hospital. He later devoted himself purely to breast surgery and did this until he retired. His early education as a senior registrar had given him an interest in the poor prognosis in elderly patients, and he developed a special interest in the management of elderly patients, particularly in relation to abdominal surgery. In the early 1970s, well ahead of his time, he became aware of the importance of checklists as used by the aviation industry and introduced this to his practice. He leaves his wife, Linda; two daughters; and a devoted family.

John Lynn

Cite this as: BMJ 2014;349:g5525

Hugh Alexander Evans



General practitioner Gorleston on Sea (b 1925; q Oxford/St Bartholomew's Hospital 1948; MBE), d 9 May 2014.

Hugh Alexander Evans was a full time GP for 37 years. For the first seven years he also had responsibility for obstetric care for the whole area, at a time when most deliveries occurred at home, and he carried out the emergency caesarean sections. He was also clinical assistant at Great Yarmouth General Hospital and area commissioner for Broadland and Great Yarmouth St John Ambulance. From the mid-1960s, with the emergence of the southern North Sea gas fields, Hugh was one of the doctors who undertook highly specialised training in diving medicine. Hugh was awarded an MBE for services to the community in 1991. His outside interests included running, cycling, fishing, and sailing. Hugh was predeceased by Barbara, his wife of 63 years, in 2013. He leaves three daughters and five grandchildren.

Pamela Coombes, Gillie Evans, Rosalind Evans

Cite this as: BMJ 2014;349:g5530

Katharine Florence Mary Farrer



Consultant neonatologist Rosie Hospital, Cambridge; neonatal transport lead for the East of England (b 1961; q Manchester 1987; MRCP, MRCP, FRCPCH), d 7 January 2014.

Katharine Florence Mary Farrer ("Kate") initially started training to become a general practitioner before dedicating herself to paediatrics. In 2001 she was appointed as consultant neonatologist at St George's Hospital in Tooting. She moved to Cambridge to take up the post of consultant neonatologist and neonatal transport lead for the East of England in 2007. An inspirational leader and an outstanding clinician and teacher, Kate had a magnetic personality and a wide circle of friends, as well as a lovely manner with parents of sick babies. She had an infectious laugh and a sense of fun and adventure, and she lived life to the full. The Kate Farrer Foundation has been set up in her memory (<http://katefarrer.org/>). She leaves her husband, David Jenkins.

Amanda Ogilvy-Stuart, Stephanie Goodwin

Cite this as: BMJ 2014;349:g5526

Helen MacDonald

General practitioner Manchester (b 1931; q St Mary's Hospital Medical School, London, 1955), died from metastatic breast cancer on 15 June 2014.

Born in South Africa, where her father worked as an engineer, Helen MacDonald came to England as a baby. She attended school in Bedford, chose medicine as a career, and trained at St Mary's, London. She enjoyed the outdoor life and classical music, and she was an intrepid traveller, cycling through Europe after her retirement. She fell in love with, and married, Neil, a surgeon, with whom she had three children. After time off bringing up their children, she retrained in

general practice in her 40s and worked in Longsight, Manchester, until she retired in 1993. A true "family doctor," she is missed by her patients, her friends, and her three daughters.

Lynne Enoch

Cite this as: BMJ 2014;349:g5192

George Sinclair Murray



Former general practitioner, Wolverhampton (b 1947; q Edinburgh 1971), died from pneumonia complicating liver failure on 15 July 1914.

George Sinclair Murray was the senior partner in a diverse practice in Tettenhall, Wolverhampton, until 2011. Fixed on general practice as a career from the start, he combined impressive diagnostic skills with mild eccentricity. His house rounds, which he made on motor cycle or push bike and occasionally kilted, were a celebrated feature of the locality. His retirement allowed him time to concentrate on a wide circle of friends, on Scottish history and restoration of a listed property near Golspie, in his beloved Sutherland, not far from his birthplace in Wick. He was a keen sportsman, excelling in golf, which he had played since childhood. An amiable and generous host and family man, he leaves his first wife, Glenys; his wife, Heather; and three children.

Adrian Hamlyn

Cite this as: BMJ 2014;349:g5372

Longer versions are on bmj.com. We are pleased to receive obituary notices. In most cases we will be able to publish only about 100 words in the printed journal, but we will run a fuller version on bmj.com. We will take responsibility for shortening. We do not send proofs. Please give a contact telephone number, and email the obituary to obituaries@bmj.com. We do not accept obituaries sent by post.