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Portraits from Memory

9—Professor Matthew J Stewart (1885-1956)

JAMES HOWIE

It is as editor of the *Journal of Pathology and Bacteriology* for 22 years (1934-56) that Matthew Stewart is most likely to be remembered;

and it is probably in that role that he would most wish to be remembered. But this is an incomplete picture of the great man himself—for he was a great man—and of his essentially lovable and humorous personality. His eyes had ever a twinkle; his speech was ever adapted to his listener's ears and to the context of his story; and his general tolerance of the weaknesses and follies of his fellow humans was handsome enough to win over even those who most strongly disagreed with some of his points of

view. Moreover, his contributions to the art and science of medicine have not been fully appreciated by those who dismissed him as merely a morbid anatomist of the old school.

"Social, friendly, honest man"

From Glasgow University, where he was the most distinguished medical graduate of his year, he came to Leeds in 1910 as clinical pathologist to the General Infirmary and was soon appointed to the university staff. He was recalled from a territorial hospital in France shortly before the end of the first world war and was appointed to the chair of pathology, as he happily recalled, only by the casting vote of the chairman. Pathology at Leeds grew apace under his stimulus. He was a magnificent teacher and, although not an experimentalist,

a first class interpreter of difficult pathological material. His records, meticulously kept, and the fine museum he designed and maintained, made great contributions to the teaching and development of his subject. In 1929 his book on gastric and duodenal ulcers, written with Sir Arthur Hurst, was a major contribution to knowledge.

But it is as the perfectionist editor of the *Journal of Pathology and Bacteriology* that most will remember him, and as I best knew him. Even in 1932 when, as a mere beginner, I first met him I thought him significantly different from other distinguished seniors of the Pathological Society. There was mischief and friendliness in his eyes and an eager desire to talk to and listen to a raw beginner. In 1940 I experienced his editing of a paper which John Cruickshank and I offered to the journal. Some of his editorial suggestions John would not accept, and I had to negotiate with Matthew. When I referred to one of his changes as "mere transliteration," he laughed and embraced me.

"I see you have a feeling for words, laddie; so let it stand. Stet!"

I met him next in 1945 when he approached me with a suggestion that I might do a spell as one of his two assistant editors. The other was Professor Roy Cameron. I knew something of the work that would be entailed and I knew also that one of the other commitments I was considering would not be compatible with work for the journal. He agreed; obviously I must dismiss all idea of accepting that other commitment. This would be perfectly honourable because I could not have known when I discussed it that I was about to be invited to assist with the journal. First things must come first. I agreed to give it a try and thus entered on seven exciting and exhausting years of association with one of the liveliest characters I have known.

Nothing but the best

Devotion to the journal ruled all. He was an obsessive perfectionist. He read all published papers three times—on their submission, at galley proof stage, and in final page proof. "We don't want erratum slips hanging out like a line of washing on every issue of our journal—as on that other one!" Cameron and I had to read each other's papers in page proof as well as our own in galleys; and so everything was checked at least seven times. Stewart reported always that at least one error was spotted by only one of the three of

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us. Referees were consulted very seldom and only on highly specialised topics.

Rewriting papers as necessary—not for foreign contributors only—was part of the assistant editor's job. "Here is a paper," Stewart would write, "of which I can make no sense. But we must have it for the splendid illustrations that are part of it. See to getting it into decent shape; and agree the new text with the author." That was seldom easy. The work required at least three evenings a week. Matthew himself corrected proofs wherever he went: in the train, at senate or faculty meetings, at tedious committees, and at intervals in the theatre.

Stewart, his two assistants, and Mr Robert Grant of Oliver and Boyd who published the journal attended (at our own expense) all meetings of the committee of the Pathological Society—"just to make sure they get their answers right for the sake of the journal." Stewart and Grant were experienced selectors of a good investment and never failed to have the journal's funds wisely disposed of. Because members might have strange ideas about how to use the profits no detailed balance sheets were submitted to the annual general meetings until after Stewart's departure in 1950. The journal's profits kept the Society's subscription low—what else mattered on the financial side? Matthew was also a good judge of a painting both as an artistic work and an investment.

The war years increased the journal's profitability. Smaller issues, due to paper rationing, kept costs low. Truly, they delayed publication but did that really matter? A publication in "our journal" stood for something special, no matter when it appeared. A good meal and a glass of fine wine were things that he understood and liked, and they played a part in all his contacts. He was admirable both as host and guest. At all our meetings he asked about all my family and he never seemed to forget anything he had been told. I resigned as assistant in 1953 when my commitments then made it impossible to remain with the journal, but it had been a great experience.

Light touches

Matthew had a great capacity for taking a risk in a good cause. He gave generous space to papers on the great debate between two noted microbiologists of Dutch extraction about whether bacterial flagella were the cause or the consequence of bacterial motility. I took him to the meeting of the Society for General Microbiology at which the two opponents faced each other and argued the issue at

full length. (In the end, but not at this meeting, the flagella were proved to be the cause of motility.) At the confrontation the better scientist with the more reliable evidence was not a very good presenter of his case. The much weaker and more speculative case was presented by a brilliant and enthusiastic personality. Consequently the argument went on and on without any concession by either side.

"What did you make of it?" I asked Matthew, who was obviously needing some refreshment.

"It's what you might expect," he replied, "from people who eat cheese for breakfast."

That was typical of Matthew—always a word or a phrase, or an anecdote to lighten the atmosphere. Once I spoke to him seriously about the importance of medics and veterinarians getting closer together. He did not dissent but he took the chance to tell me the tale of a vet of past days in his birthplace, Dalmellington in Ayrshire. This vet, it seemed, often drank himself stupid and then went to sober up by weeping over his weakness on his mother's grave. His friends decided to scare him to sobriety by gathering in white sheets around the graveyard to await the vet's return from semi-coma. As the vet came out of his stupor they duly danced around and flapped their arms. But the vet looked at them not with terror but with curious interest.

"Is this a general resurrection?" he asked, "or just a daunderin' ane or twa?"

That was Matthew—ever a homely Scot, and always ready with a word to lighten the occasion. It was a great sadness to him when in 1935 the chair of pathology at Oxford went to Florey instead of to himself. The remarkable details of the meeting of the electoral board which made the appointment on 22 January 1935 are fully set out in Gwyn Macfarlane's book.¹ The electoral board had actually voted for Stewart; but before a formal resolution had been made Mellanby arrived (his train had broken down). He was allowed to reopen the discussion and persuaded enough members to change their votes to ensure Florey's election. At the time Matthew was bitterly disappointed but not resentful. He was big enough to realise that the horizons of pathology were widening to the good of all concerned.

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CLINICAL CURIO

Unusual complication of air travel

Painful otitic and sinus barotrauma are common consequences of the moderate pressure changes that occur during commercial air travel.¹ An unusual complication of air travel with a similar underlying mechanism occurred in a patient. In 1968 a 25 year old man developed type 1 diabetes. In 1970 he was in a car crash that resulted in a severe compound fracture of the right tibia and fibula, with appreciable skin necrosis, which required plastic surgery. He developed chronic osteomyelitis in the right tibia due to *Staphylococcus aureus* despite the removal of sequestra and appropriate antibiotic treatment. Eight years later a chronic sinus began discharging a small amount of purulent fluid each day, but it is otherwise asymptomatic. He now travels frequently by air in his work. When the aircraft ascends the discharge from his tibial sinus increases. On descent he consistently has severe pain around the tibial sinus that is not relieved by non-steroidal anti-inflammatory agents. The intensity is directly related to the rate of descent of the aircraft, and the pain subsides slowly two to three hours after landing.

Commercial aircraft are pressurised to the equivalent of an altitude of between 5000 and 7000 feet. In this range cabin altitude pressure decreases linearly but at a slower rate than aircraft altitude until a level known as the

maximal differential pressure is reached.² The swings in atmospheric pressure are greatest at low altitudes and even in uncomplicated airline flights passengers are subjected to substantial changes in atmospheric pressure.² In patients with otitic barotrauma and sinus barotrauma during ascent expanding air escapes from the eustachian tubes and sinus orifices respectively. During descent air cannot pass back up the relevant conduit, and a pressure differential develops between the middle ear, or sinus, and the atmosphere, causing pain. In this patient the expulsion of fluid from the bony sinus is presumably a result of the expansion of gas in the osteomyelitic cavity. The sinus tract acts as a valve, and a pressure differential builds up during descent of the aircraft that results in pain which is localised to the diseased bone.—STEPHEN O'RAHILLY, honorary registrar, Diabetes Research Laboratories, Radcliffe Infirmary, Oxford OX2 6HE.

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