give just a flavour. In epidemiology and public health we published an excellent series of review articles on the health effects of passive smoke exposure, which have had a major impact on clinical practice and health service development in this area. We published a wide range of respiratory epidemiology and, in particular, Thorax took a lead in reporting work on the relation between asthma, obesity, and body mass index during this period.

At a management level we enjoyed the challenge of the emergence of online publishing during our period as Editors, and are pleased to see how these opportunities have since transformed the ways that journals operate and have increased their accessibility. We were proud to see the impact factor of Thorax improve from 1.96 to 4.08 in the year we finished. We did this without requesting contributors to cite past papers from the journal or from publishing multiple reviews quoting only work published in the same journal—the editorial equivalent of Selfrite” that does wonders for the impact factor but is of minimal value to readers. Editing Thorax was immensely enjoyable. We were supported superbly by our editorial assistants Hilary Hughes and Rachel Orme. Liz Stockman did an excellent job tidying up the errors in the papers we accepted, with unfailing discretion and tact. Alex Williamson and Richard Smith tried their best to make us toe the then BMJ Publishing Group line into education and what they referred to as “added value”, but never seemed to mind us ignoring them. However, after seven years we were more than happy when the time came, to pass responsibility on to the current team. Their record more than justifies that change. It was very satisfying to look through issues of Thorax we edited when they were delivered to us as the finished product; it is even more so now that someone else is responsible for it. Thorax continues to go from strength to strength. It’s a shame the same can’t be said for Nottingham Forest.

Dr A John Robertson (1919–2006): an appreciation

A Seaton

John Robertson was the second medical editor of Thorax, succeeding Guy Scadding in 1960 and serving in this role until 1970. It was my good fortune to learn clinical medicine on his firm at Liverpool Royal Infirmary in 1959/60 and later to work as his house physician and registrar. In those days, when many consultants still regarded themselves as ‘honouraries’ and attended their NHS sessions only occasionally, he was a beacon of conscientiousness both in his clinical work and his teaching, and was a role model for generations of students and junior colleagues.

After graduation from Liverpool and wartime service in the RAMC, he spent time at Ann Arbor where he demonstrated the efficacy of the medical management of bronchiectasis, exciting controversy with some distinguished thoracic surgeons. An early example of
his doggedness in pursuing the answer to questions was his discovery of the reason that infected sputum is green—this is the colour of crystallised peroxidase from white blood cells.1 Thereafter he published infrequently, but many of his papers are classics and worth re-reading even today. In the1950s the nomenclature of sounds heard through the stethoscope was confused, and confusing for students. We were told that wheezes were called rhonchi and crackles were called râles, but the terms seemed meaningless. He went back to Laennec and showed that the words were originally synonymous, rhonchus being Laennec’s Latin translation of the French râle, or rattle. The misunderstanding had arisen from Forbes’ influential English translation of “L’auscultation médiate”, which had led to use of the terms as distinct nouns. John wrote of this in a classic paper, “Râles, rhonchi and Laennec”,2 in the form of a conversation between himself, his own mentor Robert Coope (whose monoaural stethoscope remains the symbol of the British Thoracic Society), Laennec, and the physicians who contributed to the confusion. In 1980 he gave the Fitzpatrick lecture of the Royal College of Physicians of London on this subject.

In 1956 he was shown a shoulder radiograph which showed part of the right upper lobe infiltrated by small dense nodules. The patient worked as a tin refiner in Liverpool. In a pioneering and exemplary occupational medical investigation, he studied both the workers and the factory, and published a detailed account of the clinical and patho-physiological features of stannosis and of its causation.3 His curiosity unsatisfied, he embarked on a world tour to investigate the tin mining and refining industry from Australia and Malaysia to Bolivia, resulting in his Milroy lectures of 1964 on “The romance of tin”.4 From that time on his greatest interests were industrial medicine (notably medicolegal issues, his call for agreed expert reports coming some decades before Lord Wolff’s5) and, especially in retirement, exotic travel. Not for him the cosseted cruise or the package holiday; he travelled throughout Libya and Afghanistan to give advice on health care, he climbed in the Andes,6 and lived in the Arctic with the Inuit.

The small matter of increasing symptoms of aortic stenosis while at altitude in the Andes did not deter him, but he submitted to valve replacement and resumed his activities thereafter. Shortly before he died he was recruiting a group of friends to return to Afghanistan to help reconstruct some of the health services there.

John maintained high physical and intellectual standards, and retained an active interest in the careers of his younger colleagues throughout his long life. He attracted great loyalty from his many friends around the globe, and his five children were sufficiently devoted to him to be persuaded from time to time to join him on his dangerous expeditions. He died suddenly at home on the Wirral in June 2006, having just celebrated his 62nd wedding anniversary with his wife Elizabeth whom he had met as a ward sister in Liverpool and who died herself shortly after him.


Correspondence to: Professor A Seaton, University of Aberdeen, Aberdeen, UK; a.seaton@abdn.ac.uk

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