

Professor Neil Pride



*Professor Neil Blair Pride MD, FRCP,
FERS: born Croydon 29 July 1931,
died Ealing 12 November 2016.*

Neil Pride, Emeritus Professor of Respiratory Medicine at Imperial College London, died on 12 November 2016, aged 85 years. He was a world-renowned respiratory physician and physiologist who made enormous contributions to our understanding of common lung diseases. He was an active member of the British Thoracic Society (BTS) and served as President from 1992 to 1993.

Neil was born in Croydon to a general practitioner father and educated at Bryanston School, Dorset. He studied preclinical medicine at Christ's College, Cambridge University, and went on to do clinical studies at St Mary's Medical School in London, qualifying as a doctor in 1956. After clinical training posts in London and Cambridge, in 1962 he went to work with Sol Permutt in the Department of Medicine at Johns Hopkins University in Baltimore, USA. It was here that he developed his physiological research, and he and Sol published a landmark paper on the determinants of maximal expiratory flow from the lung.¹ This was followed by time spent with Julius Comroe at the Cardiovascular Research Institute in San Francisco. He returned to London in 1964 to work at an MRC Unit at King's College Hospital with Philip Hugh-Jones, beginning his long-time association with the Medical Research Council. He was promoted to Senior Lecturer and Honorary Consultant at King's College in 1968.

Later that year he moved to the Royal Postgraduate Medical School and Hammersmith Hospital as Senior Lecturer in Medicine, where he established his international reputation as a respiratory physiologist. He subsequently became Professor of Respiratory Medicine and Head of the Division of Respiratory Medicine, and remained until his retirement in 1996. During his time at Hammersmith, he became a guru of respiratory physiology and fostered the careers of many academics in respiratory medicine across the world, but particularly in the UK (see reference list). In 1996, he was elected Emeritus Professor of Respiratory Medicine at Imperial College and continued his physiology research at the National Heart and Lung Institute at the Royal Brompton, working with established researchers and students.

He was a respiratory physiologist who made major contributions in the field of lung mechanics, which helped to understand the mechanisms of airway narrowing in common lung diseases, such as asthma² and COPD.³ Neil was one of the first to do research in COPD, probing its underlying mechanisms⁴ and helping us understand how treatments work. His scientific output was very broad, encompassing pulmonary gas exchange,⁵ inflammatory mechanisms in pneumonia with positron emission tomography scanning,^{6,7} ventilatory control,^{8,9} the benefits of bullectomy¹⁰ as well as dealing with the mechanics of every aspect of the respiratory system, from the nose^{11,12} to the alveoli^{13,14} and the respiratory muscles,¹⁵ including coughing¹⁶ and postural changes in heart failure¹⁷ and obesity.¹⁸

He was an outstanding intellect, who knew respiratory physiology better than anyone else and also knowledgeable about



many other areas outside his own research field. He was extraordinarily well read and had an amazing memory, never seeming to forget anything that he had heard.

He was a gifted teacher, able to simplify and communicate complex ideas in lung physiology. He was a doctor much loved by his patients. For all his brilliance, he was modest and generous person, and an inspiring mentor to young researchers. His writing was as clear as his talks and he published many very influential papers, reviews, chapters and books. He co-edited the first large textbook on COPD, now in its second edition and coauthored a book on *Lung Function*. His last paper written with Ann Watson on the history of COPD was published only last year.¹⁹

He received many honours, including an honorary degree from Athens University in 1997, the BTS Medal in 2002 and the European Respiratory Society (ERS) Presidential award in 2003. He was elected to the Fellowship of the ERS this year, but unfortunately was too ill to attend the ERS International Congress to receive it.

Neil Pride was one of the most influential thinkers in academic respiratory medicine of our time and was widely admired internationally for his insights and thoughtful contributions. He helped many people in their careers and was a continued source of inspiration to those who had the great fortune to work with him. Outside medicine he loved music, cricket and travel. He will be greatly missed by the international respiratory community.

He is survived by his wife Roma (married in 1962); his daughters, Fiona and Catherine; and two grandchildren.

Peter J Barnes,¹ Mike Hughes²

¹Airway Disease Section, National Heart and Lung Institute, London, UK

²Department of Respiratory Medicine, Hammersmith Hospital, London, UK

Correspondence to Professor Peter J Barnes, Airway Disease Section, National Heart and Lung Institute, Dovehouse Street, London SW3 6LY, UK; p.j.barnes@imperial.ac.uk

Competing interests None declared.

Provenance and peer review Not commissioned; internally peer reviewed.



CrossMark

To cite Barnes PJ, Hughes M. *Thorax* 2017;**72**:292–293.

Published Online First 11 January 2017

Thorax 2017;**72**:292–293. doi:10.1136/thoraxjnl-2016-209834

REFERENCES

- 1 Pride NB, Permutt S, Riley RL, *et al*. Determinants of maximal expiratory flow from the lungs. *J Appl Physiol* 1967;23:646–62.
- 2 Barnes PJ, Pride NB. Dose-response curves to inhaled beta-adrenoceptor agonists in normal and asthmatic subjects. *Br J Clin Pharmacol* 1983;15:677–82.
- 3 Fletcher CM, Pride NB. Definitions of emphysema, chronic bronchitis, asthma, and airflow obstruction: 25 years on from the Ciba symposium. *Thorax* 1984;39:81–5.
- 4 Leaver DG, Tattersfield AE, Pride NB. Contributions of loss of lung recoil and of enhanced airways collapsibility to the airflow obstruction of chronic bronchitis and emphysema. *J Clin Invest* 1973;52:2117–28.
- 5 Hughes JM, Pride NB. Examination of the carbon monoxide diffusing capacity (DL (CO)) in relation to its K_{CO} and VA components. *Am J Respir Crit Care Med* 2012;186:132–9.
- 6 Wollmer P, Pride NB, Rhodes CG, *et al*. Measurement of pulmonary erythromycin concentration in patients with lobar pneumonia by means of positron tomography. *Lancet* 1982;2:1361–4.
- 7 Jones HA, Sriskandan S, Peters AM, *et al*. Dissociation of neutrophil emigration and metabolic activity in lobar pneumonia and bronchiectasis. *Eur Respir J* 1997;10:795–803.
- 8 McNichol MW, Pride NB. Dichlorphenamide in chronic respiratory failure. *Lancet* 1961;1:906–8.
- 9 Stradling JR, Nicholl CG, Cover D, *et al*. The effects of oral almitrine on pattern of breathing and gas exchange in patients with chronic obstructive pulmonary disease. *Clin Sci* 1984;66:435–42.
- 10 Pride NB, Barter CE, Hugh-Jones P. The ventilation of bullae and the effect of their removal on thoracic gas volumes and tests of over-all pulmonary function. *Am Rev Respir Dis* 1973;107:83–98.
- 11 Pertuze J, Watson A, Pride NB. Maximum airflow through the nose in humans. *J Appl Physiol (1985)* 1991;70:1369–76.
- 12 Birchall MA, Phillips I, Fuller RW, *et al*. Intranasal histamine challenge in normality and allergic rhinitis. *Otolaryngol Head Neck Surg* 1993;109:450–6.
- 13 Gibson GJ, Pride NB. Pulmonary mechanics in fibrosing alveolitis: the effects of lung shrinkage. *Am Rev Respir Dis* 1977;116:637–47.
- 14 Gibson GJ, Pride NB, Davis J, *et al*. Exponential description of the static pressure-volume curve of normal and diseased lungs. *Am Rev Respir Dis* 1979;120:799–811.
- 15 de Bruin PF, Watson RA, Khalil N, *et al*. Use of mouth pressure twitches induced by cervical magnetic stimulation to assess voluntary activation of the diaphragm. *Eur Respir J* 1998;12:672–8.
- 16 Choudry NB, Fuller RW, Pride NB. Sensitivity of the human cough reflex: effect of inflammatory mediators prostaglandin E₂, bradykinin, and histamine. *Am Rev Respir Dis* 1989;140:137–41.
- 17 Yap JC, Moore DM, Cleland JG, *et al*. Effect of supine posture on respiratory mechanics in chronic left ventricular failure. *Am J Respir Crit Care Med* 2000;162:1285–91.
- 18 Watson RA, Pride NB, Thomas EL, *et al*. Relation between trunk fat volume and reduction of total lung capacity in obese men. *J Appl Physiol (1985)* 2012;112:118–26.
- 19 Watson RA, Pride NB. Early history of chronic obstructive pulmonary disease 1808–1980. *COPD* 2016;13:262–73.