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

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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 the 1950s 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 raˆcles, but the terms seemed meaningless. He went back to La¨ennec and showed that the words were originally synonymous, rhonchus being La¨ennec’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.


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REFERENCES