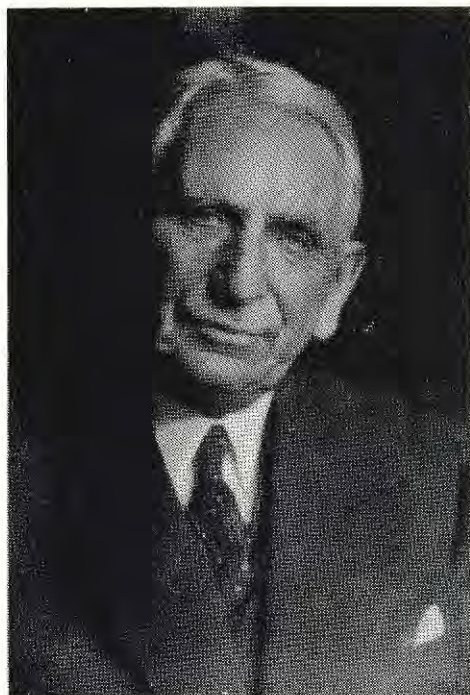


OBITUARY

BRIGADIER SIR JOHN BOYD, Kt, OBE, FRS, MD, FRCP, DPH



Brig Sir John Boyd, who was formerly Director of the Wellcome Laboratories of Tropical Medicine and Wellcome Trustee and Director of Pathology, War Office, died peacefully in hospital at Northwood, Middlesex, on 10th June 1981, in his 90th year.

John Smith Knox Boyd was born on 18th September 1891 and educated at Largs School, Ayrshire and Glasgow University where he graduated MB, ChB, (Hons) (Brunton Memorial Prize) in 1913. He was commissioned into the Royal Army Medical Corps in 1914 and served throughout the First World War. He was stationed first in France and Belgium where he was present at the 2nd battle of Ypres in 1915 when the first gas attacks occurred and he was appointed anti-gas officer. Later he was sent to Salonika where he was appointed Assistant Bacteriologist under Col L. D. Dudgeon, CMG, CB, and served in 2 Mobile Bacteriology Laboratory and 29 General Hospital.

Returning to the United Kingdom at the end of the war he shewed much evidence of his outstanding intellect, ability and industry. He wrote his first paper in the Journal of the Royal Army Medical Corps on the staining of thick blood films with methylene blue for malaria parasites in 1920 and obtained distinctions on both the Specialist and Senior Officer Course, on the latter of which he was placed first in Order of Merit. He received the Parkes Prize in

1923 and gained his DPH (Camb) in 1924. Between the wars he saw service in the Department of Pathology, Royal Army Medical College, Millbank, where he was first demonstrator and later Assistant Professor of Pathology, and in India from 1929 till 1936 where he became Assistant Director of Hygiene and Pathology, AHQ, from 1932 onwards. During his time in India he commenced work on the bacteriology of bacillary dysentery with particular reference to the flexner-like mannitol fermenting, inagglutinable strains of dysentery bacilli. This work was published in papers mostly in the Journal of the RAMC from 1931 onwards for which he was awarded the Leisham Memorial Prize in 1935. Its culmination was the presentation of a paper given before a meeting of the Royal Society of Tropical Medicine and Hygiene on 28th March 1940 under the chairmanship of Sir Rickard Christophers, where it was suggested that the six inagglutinable strains that Boyd described should be designated *B. dysenteriae* Boyd, now known as *Shigella boydii* and increased in number to (currently) 15 strains.

Notwithstanding the amount of time devoted to this work, he was ever ready to advise on other problems of laboratory medicine, advice given with friendly helpfulness and great common sense. Other causes of dysentery were not neglected as is evidenced by the publication of an article in the Journal of the RAMC in 1931 on amoebic dysentery among the hounds of the Bangalore hunt.

In 1936 he returned to Millbank to take charge of the Vaccine Department where he worked on the problems of active immunisation against tetanus. His work was published in the Journal of the RAMC in 1938 and he recommended the two dose toxoid immunization consequently introduced as a routine for the Services. He also noted that combination with TAB antigen appeared to enhance the immunogenicity of tetanus toxoid and this observation paved the way towards the introduction of combined TABT vaccine.

Promoted Col soon after the outbreak of the Second World War, Sir John served first at Tidworth where he was responsible for establishing the Emergency Vaccine Laboratory, created from the Vaccine Department on its move from London and later became the David Bruce Laboratories at Everleigh. He was then posted to the Middle East for three years as Deputy Director of Pathology. It was here that his full potential for leadership was realized as he dealt most successfully with the problems of the prevention and treatment of tropical diseases, the treatment of wounds and the administration of blood and transfusion fluids. He was mentioned in Despatches in 1941, made OBE in 1942 and appointed Honorary Physician to HM King George VI in 1944.

After a brief spell in Scotland, he became Director of Pathology at the War Office in the rank of Brig for a year from 1945 till 1946. During this year he commenced his membership of the Army Pathology Advisory Committee which lasted unbroken until its disbandment in 1974, during which time his valued advice on immunological problems was constantly available. He also served on the Committee of Management of the Journal of the RAMC and AMS Magazine until his death. Shortly before his death he was elected Emeritus to

the Committee of Management in recognition of his long and valued contribution and service.

He retired from the Army in 1946 after 32 years service and became Director of the Wellcome Laboratories of Tropical Medicine from 1946 till 1955, a Wellcome Trustee from 1956 till 1966 and Scientific Consultant to the Wellcome Trust from 1966 till 1968. He continued his scientific work throughout this period publishing many papers on a wide variety of subjects including further work on shigallae, salmonella, bacteriophages, chemotherapy of tropical disease, malaria and yellow fever. He was interested also in the history of medicine and his oration in 1966 in honour of Sir William Leishman on the occasion of the centenary of his birth was a masterpiece.

During these years he gained his MD (Hons) in 1948 and advanced to FRCP in 1951, in which year he was also elected a Fellow of the Royal Society. He was knighted in 1958 and subsequently received many honorary degrees including LLD (Glas) 1957, FRCP (Edin) 1960, FRCPATH 1968 and DSc (Salford) 1969. He was also delighted to receive the Manson Medal of the Royal Society of Tropical Medicine and Hygiene in 1968.

He found time for innumerable commitments and served on many advisory committees associated with tropical disease during the years between 1945 and 1970. He was chairman of the Research Defence Society 1956-68 and a member of the Colonial Medical Research Committee 1945-60, Managing Committee of the Bureau of Hygiene and Tropical Disease 1956-73, the Royal Society Tropical Disease Committee 1956-64, the Tropical Medicine Research Board 1961-63 and the Medical Research Council Malaria and Leprosy Committee 1961-63.

His association with the Royal Society of Tropical Medicine and Hygiene lasted unbroken for many years. He was Honorary Secretary 1946-57 and President 1957-59 and he served as a Member of Council on several occasions.

To honour Sir John Boyd's 90th year an extra special meeting of the Society was held on 9th April this year, which Sir John was well enough to attend. It was a pleasure to see so many friends and associates who came to congratulate him and to attend the meeting.

An earlier tribute to Sir John was paid by the Royal Army Medical Corps when he was invited on 20th October 1977 to open the pathology laboratory of the new Queen Elizabeth Military Hospital, Woolwich. This laboratory is now known as the John Boyd Laboratory and a plaque on the wall records that Sir John Boyd's researches in bacteriology, virology and vaccines during more than thirty years in the Army and subsequently at the Wellcome Laboratories of Tropical Medicine have been acclaimed throughout the World and have added lustre to the reputation of the Royal Army Medical Corps. It is sad that an anticipated revisit to his laboratory to celebrate his 90th birthday in September this year was not to be.

Sir John's later years were lonely as he was twice widowed and had no children. He lived by himself at Northwood sustained by the kindness of his relatives, many friends and close neighbours. He loved his birds and took a

great interest in them: up till his death he was making observations on the territorial life of robins in his garden.

In 1970 his vision began to fail, he had to give up driving and gradually became unable to play golf. Despite the handicaps of increasing age his intelligence survived unimpaired and he was able to journey constantly to London to visit his club and to attend and maintain contact with his colleagues.

His last illness was short and he died in the small hospital in Northwood where he had been a number of times, the hospital which he loved as much as its nursing staff loved caring for him.

The packed chapel at the funeral service at Ruislip bore eloquent testimony to the respect and admiration of those who were privileged to know him. He was a great man who will be sadly missed by all his friends in the Army as well as in the worlds of Tropical Medicine and Pathology.

BOOK REVIEWS

High Velocity Missile Wounds. Lt Col M S Owen-Smith. London. Edward Arnold (Pub) Ltd. 1981. Pp VIII + 182. £12.75. Illustrated.

This is the first textbook on any aspect of military surgery to have been written in Britain since the end of World War II. From the wealth of his own experience in the Spanish Civil War Trueta wrote a text on the Principles and Practice of War Surgery which greatly influenced the management of British casualties at the outbreak of World War II. In 1942 Hamilton Bailey, supreme producer of surgical textbooks, edited a two volume Surgery of Modern Warfare assisted by 71 contributors who, he claimed, represented British surgery. Neither of these two textbooks has been of much interest or help to the many RAMC surgeons who have served with Field Surgical Teams all over the world since 1945 and very few of their contributors were involved in the production of the official Field Surgery Pocket Book which was published in 1962 and is due to be issued in a new version this year. Having read and re-read the Field Surgical Pocket Book before operation, between cases, and in the anxious hours waiting for casualties to arrive, I used it as the first test by which to assess the value of this new text to the young Field Surgeon. As a practical guide, it is not as valuable.

For a surgeon not experienced in neurosurgery the detailed advice given in the pocket book enables him to explore head wounds with confidence and important small steps in technique are emphasised for the tyro. In this new book basic surgical technique is assumed but there is a good account of standard operative procedures. In the very first case of high velocity penetrating missile injury of the liver I saw, I found the Field Surgical Pocket Book most helpful and reassuring. Col Owen-Smith's advice on the management of liver injuries is very detailed and owes a lot to the advances that have recently been described in the surgical management of closed injury to blunt trauma. Although the severe injury that he describes may well be seen as a result of terrorist rifle or bomb attack, my own experience and the recorded experience of other military surgeons, suggests that such patients will seldom be seen in Field Hospitals. Whether all wounds of the liver due to penetrating missiles need to be resected is an important question and has been continuously debated since World War II. Col Owen-Smith's account is a guide to what is possible, but only experience will show how often it is necessary.

The section on penetrating chest injuries is a good account of current military practice. I would have been interested in a discussion of the X-ray changes to be seen in chest X-rays after surgery for penetrating chest injury.

The initial treatment of vascular injuries is well described but the question of fasciotomy is barely alluded to. For the experienced surgeon who has just completed possibly his first arterial repair for gunshot wounds, the when and the where to do fasciotomy can be a difficult decision.

Decompression of the four osseofacial compartments of the leg is advised for the