

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

A Memorial Service for Brigadier Sir John Boyd was held in the Chapel of the Royal Hospital Chelsea on 15 October 1981. The Rev Denys Bartlett conducted the Service and the Lesson was read by Lieutenant General Sir Alan Reay, Director General Army Medical Services. Amongst those present were representatives of the Army Medical Services, the Royal Society, Royal Society of Tropical Medicine and Hygiene, Wellcome Trust, Imperial College of Science, Research Defence Society, National History Museum and Glasgow University Club London.

An address was given by Sir Michael Perrin and the address by Major General M H P Sayers, OBE, AMS(Rtd), sometime Director of Army Pathology was as follows:

Address given by Major General M H P Sayers at the Memorial Service to Brigadier Sir John Boyd on 15 October 1981 at the Royal Hospital Chelsea

We are here to-day to give thanks to God for the long and valuable life of Brigadier Sir John Boyd. I have been asked to tell briefly of his time in the Army and of the man I was privileged to serve and befriend.

The milestones of his early career are well known. Graduating at Glasgow University in 1913, he was awarded the Brunton Memorial Prize. He was commissioned in the Royal Army Medical Corps the following year and served in Belgium soon after the outbreak of the First World War, being present at the Second Battle of Ypres in 1915. From 1916 to 1918 he joined a team of experts in Salonika, working on the prevention of malaria, typhoid and dysentery. Among the leaders of this team were Colonel Leonard Dudgeon and Major Joseph Bamforth, later to be my own mentors at St Thomas's. There is little doubt that Boyd's early interest in tropical medicine stemmed from these remarkable men.

After the war Boyd, now a regular officer, served at home and in India before proceeding on the Senior Officers Course and specialising in Pathology. He passed with distinction and was appointed Assistant Professor in 1924 and later Assistant Commandant of the College. In 1929 he returned to India where he was to spend the next seven years.

It was during this period that Boyd made the major scientific contribution of his service. He conducted a detailed study of the dysenteries, reclassified the causative organisms, described new strains and settled the laboratory diagnosis. He published the result of his findings as he went along — as he always did — in a series of papers, mainly in our Journal and culminating in the definitive presentation he gave after his return home on the laboratory diagnosis of bacillary dysentery at Manson House in March 1940.

It was on this occasion that Boyd with characteristic modesty suggested the name "India" for his new strains and General Marrian Parry, our Director of Pathology, intervened to propose the appellation "Boyd" as more appropriate. It was Boyd's felicitous reply ". . . call a rose By any other name would smell as sweet." Which filled me with a sense of vicarious pride that I, too, was one of "This happy breed of men."

Since the time of the Munich crisis in 1938, Boyd had concentrated the

mind on the implications of war on the production of vaccines. He was determined to ensure that adequate supplies would be available at the outset as Sir William Leishman and Colonel Harvey had done in 1914. He moved the Vaccine Department of the College out of the target area, set it up at Tidworth and got down to work.

As soon as the fighting began in North Africa, however, Boyd was off to become Deputy Director of Pathology responsible for the laboratory services and transfusion arrangements. The eloquent tributes we have seen tell better than any words of mine of the valuable part he played in that campaign for which he was appointed OBE in 1942.

I cannot resist recounting the last and most remarkable story Boyd told me not so long ago of a time when the front line was very fluid and one of our Casualty Clearing Stations was overrun. At dead of night and in the midst of battle Field Marshal Rommel paid a surprise visit to ask after one of his generals who had been admitted with serious wounds.

As soon as the fighting moved to Northern Europe Boyd was off again to serve in a similar capacity and with equal distinction in 21 Army Group, where he remained until the end of the war. After a brief spell in Scottish Command, he took over from General Poole as Director of Pathology, in the rank of Brigadier.

Then it was that I was recalled from the Far East to serve as his assistant and help him reorganise the pathology services on a peace-time footing with much reduced resources. Boyd's main interest at that time was immunology and he set up an active committee of experts to advise the Director General on all aspects of the subject. We were all so sorry when he decided to retire the following year as we had hoped he would have become our Director General following the precedent set by Sir William Leishman in 1923.

After he retired Boyd continued to help us in every way he could, serving on the Army Pathology Advisory Committee and taking his duties most seriously. He served on the Management Committee of our Journal until last year.

My most vivid recollection of this time is of the fierce controversies which raged between Boyd and Arthur Felix over the relative merits of our enteric vaccines, which made the meetings so exciting. But despite these antagonisms they remained good friends and it was Felix who sponsored Boyd's Fellowship of the Royal Society in 1951.

Boyd had no children and was twice bereaved. His last years following the death of his second wife, though comforted by relations and friends, must have been lonely indeed.

"Quiet, patient and without conceit," perhaps Boyd's most endearing quality was humility. I have a letter, written in his beautiful hand, of which I am proud. "Are you going to the Corps dinner?" he asks, "if you are, I shall ask to sit beside you." It never occurred to him that he would be invited to sit at the high table with the Director Generals, and in my reply I had to remind him.

Boyd had his full share of Scottish reserve and was not an easy man to get to know. He kept very much to himself. At first I doubt if he really approved of me. But I sensed a distinct thaw following the warm tribute I paid him after the

fine address he gave when 75 years of age at the Leishman Memorial Celebrations in 1966.

"I stood at one time" I said "in the same relationship to Sir John as he stood to Sir William. I regarded him with the same blend of awe and affection. He too, as has been said so well of Sir William, had the outward appearance of a soldier, yet spoke like a Fellow of the Royal Society."

When Boyd retired in 1946, we dined him out in the Mess. There cannot be many people around who were present on that occasion when our great war-time Director General Sir Alexander Hood, paid him a handsome compliment. "The mantle of Leishman" he said "has fallen upon Boyd's shoulders." Now it would be easy to sustain this statement. Their contributions to science, their careers in the Corps had much in common. But in one respect, I am happy to say, they differed markedly. Whereas Sir William was cut off in his prime, Sir John was spared for many years to become the elder statesman — the *doyen* of Army Pathology. He continued to be one of our most valued counsellors right up to the end.

If ever a man could be said to have happily harmonised the rival calls of Mars and Aesculapius, it was John Boyd. May he rest in peace.

BOOK REVIEWS

Problems in Practice Series. Var Eds. Problems in Geriatric Medicine. A Martin. Lancaster. M T P Press Ltd. 1981. p 187. £7.95.

Army general practitioners do not commonly see the considerable problems that the ageing civilian population are producing for their colleagues but this book gives a brief survey of the main problems. The chapter on the demographic and social factors clearly delineate the size of the problem comparing the European situation with that of Eastern Countries. This book does not claim to cover the subject completely but it is an excellent introduction to the subject for Army general practitioners.

W G KILPATRICK

Topics in Respiratory Disease. Interstitial Lung Disease. Respiratory Infections and Tumours. Assessment of a Patient with Lung Disease. Airways Obstruction. Var Eds. Lancaster. M T P Press Ltd. 1981. Pp var 88-112. £5.95 each. Illustrated.

This series of Topics in Respiratory Disease are pleasantly small books, clearly illustrated, well written, and cover a wide range of respiratory medicine. Each volume is complete in itself, but the series make more complete reading. For the undergraduate the series would make a complete text book, for the postgraduate working for his MRCP diploma, the series will be particularly useful to introduce and revise Respiratory Medicine, and for the general physician, an excellent refresher.

M BROWN

Bailey & Loves Short Practice of Surgery. 18th ed. Revised by H J Harding Rains and H David Ritchie. London. H K Lewis & Co Ltd. 1981. Pp ix + 1350. £23.00 (cloth). Illustrated.

No FRCS candidate can afford to be without this book which is the standard text in British surgery.

It would be presumptuous of a reviewer to offer anything but praise and I cannot claim to have read every word of its 1370 pages, however, I did notice a minor misprint on page 1148.

Army surgeons can find themselves in isolated situations faced with challenging surgical problems and, remembering some of my own, I looked up a few examples. It does not