

## SIR JAMES MACKENZIE

### THE CENTENARY OF HIS BIRTH\*

Until his death in 1925, Mackenzie was the only Honorary Member of the British Cardiac Society. He had himself suggested more than once the formation of a cardiac club. In a letter to Sir Arthur Keith dated December 29, 1907, now in my possession, he wrote: "I have seen Cushny and mentioned the matter of a 'Heart Club' to him, and he is keen. Will you turn the matter over in your mind?"

The importance of Mackenzie's researches was recognized in Germany before he was at all widely known in Britain. The German translation of his book *Diseases of the Heart* (1908) was being studied in the wards at the University of Freiburg in 1910 when I was there, and this was the first time I ever heard of him. In 1911 he was invited to be lecturer in cardiac research at the London Hospital, thanks to the Chairman of the hospital, Lord Knutsford, who learnt that medical visitors from the Continent and the U.S.A. inquired more about Mackenzie than about any other physician in Britain. His appointment to the staff with borrowed beds was supported mainly by Sir Arthur Keith and Professor Bulloch.

Early in 1913 Mackenzie asked for beds of his own and the Cardiac Department began with twelve beds, an out-patient clinic, and an electrocardiograph. Having completed my medical registrarship, I had the good fortune to be asked by Mackenzie to become his chief assistant. Those were delightful days by reason of contact with that great man and because there were so many notable visitors from home and abroad. Among those specially welcome were Allbutt, Cushny, and Wenckebach. Osler had earlier visited him in Burnley when he was in general practice, and he never forgot that compliment. He always spoke feelingly, too, about Graham Steell who had allowed him to use beds in the Manchester Royal Infirmary, and about the pre-eminence of British physiologists like Gaskell and Starling. Among welcome visitors from the United States were Alfred Cohn and Paul White. His closest friends were Keith and Wenckebach, with both of whom he corresponded over years and who knew him at home. Thomas Lewis had his own physiological path to follow and was much more than a disciple: Mackenzie claimed no more than that he won his interest for cardiology; he had great affection for him and often expressed admiration for his achievements in research.

Mackenzie was not interested much in what was known, but in what was lacking in the understanding of a subject or of a patient. He had a remarkable originality of approach; while so often admitting that he did not know, he was downright, even dogmatic, on what he did know. At the bedside with a few who were interested he was at his best, and less at ease with undergraduates or at a formal lecture. He constantly expressed his surprise and half-amused annoyance at his own ignorance—and that of his profession. Never satisfied with himself, he was not easily satisfied with others.

Anyone at the bedside might question him and would receive a courteous answer though not always what was expected. The reply would often be a brief and searching question to the questioner, and then would start a miniature clinical conference round the bed in which anyone might join. The patient would never be forgotten and could not fail to perceive that the whole proceeding was something in which he or she was the centre of interest though not the central figure. One patient asked the nurse to open the nearest window for draught just before the Chief reached his

\* Mackenzie was born in 1853. These remarks are based on an address given at a dinner at the British Cardiac Society by its President, Sir John Parkinson, on October 30, 1953.

bed so that he could invoke and show him his anginal attack. Another with Stokes-Adams attacks stopped me late one night in the ward and insisted on fixing his consent for a necropsy: "I want him to have my heart."

He really took it for granted that anyone could do clinical research as if there must exist in every doctor a natural curiosity that would overcome the obstacles. Yet with this humility there was no complacency and he had enough self-confidence and courage to require that his views should be considered.

Unless there was urgency, we were not allowed to use any drug until the patient had been in hospital for a week; nor to use any combination of remedies; it had to be one drug at a time. He had completed his clinical studies of digitalis, published in *Heart*, 1911, 2, 273, which formed a new departure in therapeutic research in the ward.

It was in inspection and auscultation that he seemed infallible; certainly we never caught him out though we often tried. In palpation he did not follow the technique we had been taught to use, but applied his hands in his own way. As a Chief everyone liked him and felt proud to do anything for him. True, he expected more to be done each week than, in fact, we did, and yet he was quicker to praise than to criticize. He relaxed quickly at tea after the clinic and there made friendly personal contact with any visitor of note who had been round with him. Wednesdays he reserved for golf.

At one period the idea arose that Mackenzie was of a combative temperament, and this may have been fostered by some passages in his biography by Macnair Wilson. That was not my experience of him. It would be difficult now to realize the heavy opposition his views encountered from certain physicians in London, some to my knowledge who could only teach what they had been taught. As he remarked, "first they say it is not true, then that it is not new." He was a fighter for his convictions, responding adequately if attacked though not for his own sake, and he could not but win. Fortunately he was not only a discoverer but a determined and courageous man who meant to see his hardy-acquired knowledge applied in medical practice. "Unless you say it forcibly, they won't remember," he said to me, smiling.

In appearance Mackenzie was a tall and massively built Scot with a noble head set with searching, yet sympathetic eyes and bearing a sober expression often relieved by a smile. He was agreeable and courteous to strangers, genial and happy with his friends, and most perfectly happy in his home. I never knew how far it was love of truth or how far love of humanity that quickened his mind and spirit.

It was my privilege in 1917 to work with Lewis, Cotton, Meakins, and Drury at the Mount Vernon Hospital, Hampstead, on the so-called soldiers' heart. The whole scheme was arranged by Mackenzie through the War Office, and he, Allbutt, and Osler each came for a morning every week as consultants. They were three great men, and how different they were! Allbutt was dignified and delightful, but never condescending as we placed our problems before him. Osler arrived before we had breakfasted and added some joviality to the gathering there and information in the wards afterwards. Mackenzie took it more seriously and entered into each phase of projected research, especially the plan of physical exercise instead of rest and medication. Incidentally, in an earlier letter informing me that I would be recalled from France for this purpose, he wrote that the symptoms of these soldiers "are simply part of the general condition of weakness, affecting chiefly the vaso-motor system and the brain". That was in the first World War before the psychological explanation of Da Costa's syndrome in the second World War (Wood, P. H., *Brit. med. J.*, 1941, 1, 767, 805, and 845).

Mackenzie took his anginal pain and physical restrictions in good part, for he arranged his life accordingly and otherwise took no notice. I never remember him being nervous or anxious. A few weeks before his death he told me at his flat in London that I had to do "a post mortem" when the time came. I protested, but he smiled and said that his brother, the late Lord Amulree, would see that I did what he wished. At that period he would quietly chew a trinitrin tablet before leaving his study to enable him to walk into the lounge to greet one of his numerous visitors.

One of Mackenzie's greatest gifts to medicine, in my personal view, was his differentiation of

the arrhythmias, their respective prognosis and treatment, in everyday medical practice. To my knowledge, sinus arrhythmia and extrasystoles had been viewed with concern and were often treated by rest in bed and a restricted life. Digitalis used to be given only during acute heart failure until Mackenzie led the way to its wider application in chronic failure and in ambulant cases of auricular fibrillation to prevent failure.

For those who may wish to learn more of Mackenzie, his life and his work, reference may be made to:

Lewis, Thomas (1925). Sir James Mackenzie. *Heart*, 1925, **12**, 1.

Hay, John (1930). James Mackenzie and his Message. *Brit. med. J.*, 1930, **1**, 1033.

Pratt, Joseph H. (1941). Recollections and Letters of Sir James Mackenzie. *New Engl. J. Med.*, 1941, **224**, 1.

For other information see:

Evans, William (1931). A brief History of the Cardiac Department of the London Hospital. *Lond. Hosp. Gaz.*, 1931, **35**, 14.

Monteith, W. B. R. (1930). *Bibliography of the Writings of Sir James Mackenzie*. Oxf. Univ. Press, 1930.

And, intended for both lay and medical readers:

Wilson, R. Macnair (1926). *The Beloved Physician: Sir James Mackenzie*. John Murray, London.

JOHN PARKINSON