

Obituary

British Heart Journal, 1976, 38, 1105–1107.

Sir John Parkinson



Sir John Parkinson, born in Thornton-le-Fylde, Lancashire, on 10 February 1885, died at the age of 91 on 5 June 1976. He had worked untiringly throughout the whole of his professional life to establish cardiology as an acknowledged specialty within medicine. A notable step towards this ambition took place when the Cardiac Club of 15 members was enlarged to admit 85 members in 1937, and renamed the British Cardiac Society. Parkinson became its first president in 1952. The Society now has a thriving membership of 400,

while its monthly journal, the *British Heart Journal*, enjoys an international reputation. He had set his heart on achieving for cardiology this premier position in medicine, and before retiring from active practice he had the satisfaction of knowing and seeing that this had come to pass. That he acted wisely in this has been amply confirmed, since it assured for this country a safe place in the van of modern cardiology.

Parkinson received his premedical education at the Manchester Grammar School and University

College, London. He trained in medicine at the University of Freiburg and the London Hospital which he joined in 1903, and later described it as his medical home. There he gained prizes in anatomy and physiology, and the Anderson prize in clinical medicine. He graduated in 1907, and after holding junior posts, he became medical registrar in 1911. In 1913 he became first assistant to Sir James Mackenzie in the cardiac department.

In the European war he served in France, first as medical officer to a casualty clearing station, and later as major in the RAMC in charge of the Military Heart Centre at Rouen. He was divisional officer at the military hospital for heart cases at Hampstead. When Sir James Mackenzie moved to St Andrews in Scotland in 1919, Parkinson assumed charge of his department at the London Hospital, and later he became physician to the National Heart Hospital.

The excellence and constancy of his work in and for cardiology within medicine gained for Parkinson recognition, honour, and distinction from many lands. He was elected President of the European Society of Cardiology, and of the Association of Physicians of Great Britain and Ireland. He received honorary degrees from the University of Glasgow, and the National University of Ireland, and honorary fellowships from the Royal Colleges of Physicians of Edinburgh, Ireland, and Glasgow, the American College of Physicians, and the Royal Society of Medicine. He was created an honorary member of the cardiac societies of France, Italy, Switzerland, Portugal, India, Brazil, Australia, and New Zealand. He was made consulting cardiologist to the Royal Air Force in 1931. The Royal College of Physicians appointed him Lumleian lecturer and Harveian orator, and awarded him the Moxon medal, while from the Medical Society of London he received the Fothergill gold medal. He received the gold stethoscope award of the International Cardiology Foundation in 1966. In 1948 he was invested with a knighthood.

By nature, Parkinson was a shy man. He enjoyed the company of close friends when he was a generous host, but unless obligatory, he preferred not to dwell long in the company of strangers, unless those with a common interest and especially the young seeking his advice; to them he would devote unlimited time and help. He despised committees, and his attendance at any came from compulsion. To speak publicly, apart from lecturing, was not to his liking, but at such discursive meetings, should the views expressed be contrary to his own, he would rise to speak, usually briefly, and always convincingly. He could converse in both German and French. His punctuality was

proverbial; never late at a consultation, lecture, ward-round, or out-patients' session.

Parkinson wrote no textbook of cardiology, but he did more, he undertook personal research into most ailments to which the heart is heir, and he conveyed his findings in his many publications. His collected papers, which are to rest in the library of the Royal College of Physicians, are literature enough for cardiology. Parkinson was no copyist. He cut his lone furrow, and those of us who viewed it from the headlands saw it as a pattern which we would wish to follow. In his researches he never allowed his gaze to stray from his avowed object of improving the diagnosis of heart disease in order to bring it within the compass of practical therapy.

Dealing first with *treatment*, he and Sir Alun Rowlands tested the effects of strychnine in heart failure at a time when it was standard therapy in patients with that condition. They found that it produced no benefit; their findings were announced at the 17th International Congress of Medicine in London in 1913. Parkinson was the first to introduce adrenaline in the treatment of Adams-Stokes attacks. In 1917 he wrote on the uselessness of digitalis in the so-called soldiers' heart, and in 1922 on the use of quinidine in paroxysmal and established auricular arrhythmia. In 1936 he highlighted the beneficial effect of a mercurial suppository, some years before the introduction of modern oral diuretics. In 1939 he and Gavey showed that digitalis was always indicated in heart failure irrespective of the heart rhythm. He warned not to accept readily statements on the superiority of new analgesics over morphine, a drug whose universal use through more than a century gave proof of its wonderful efficiency, and he reminded an audience of doctors that some of them were mean in their use of analgesics, adding that their attitude might change when they became ill themselves. To Parkinson, unfamiliar medicines were suspect, so that when I first reported to him for duty as his house physician, he warned me not to prescribe any medicine to patients admitted to hospital under his care, until he had seen and examined them. I interpreted this caution as an absence of confidence in his new house physician, but I was soon to notice how well the patients reacted to rest only, and in the absence of any medicinal therapy. Indeed, as house physician to Parkinson, I learnt that nature was itself a physician capable of curing illness, and that a knowledge of the natural history of disease along with its dictum of *vis medicatrix naturae* was being annihilated by overzealous therapeutics.

In 1925 he supervised a patient with mitral valve disease in whom Sir Henry Souttar undertook

digital dilatation of the mitral ring. Parkinson had retired from active medical practice when surgical treatment of heart conditions was gaining notable success, a progress he warmly applauded.

In the *diagnosis* of heart disease Parkinson made significant advances in several sectors. Evan Bedford and he were foremost in correlating the symptoms and electrocardiographic signs of cardiac infarction (coronary thrombosis), especially identifying the changes that take place during the weeks and months which follow the initial attack. With Maurice Campbell and Bedford he wrote extensively on the arrhythmias, with Clifford Hoyle on the heart in emphysema, and with Harold Cookson on the heart in goitre. In 1930, along with Louis Wolff and Paul White in America, Parkinson described bundle-branch block associated with a short PR period in healthy young people prone to paroxysmal tachycardia (the WPW syndrome). The paper in which they discussed this anomaly has been quoted in cardiological journals with a frequency probably greater than any other. Jointly with Bedford and Papp, he wrote a comprehensive dissertation on atrial septal defect which presently led to its more frequent surgical treatment. Parkinson's greatest contribution to diagnosis came from his compulsive encouragement to view the heart radiologically. Extolling this method, he pointed out that no organ was so favourably placed for x-ray inspection as the heart, for it was surrounded by translucent lung, while rotation of the patient enabled the heart to be viewed from all angles. In this way we look at individual chambers of the heart separately and not just its mass.

Parkinson's wise leadership in *clinical* cardiology will be remembered as long as hearts keep beating, and an age ahead will rediscover the truths he taught so convincingly at the bedside. He had a passion for truth. He relied on facts; he was never given to imagination, for the truth to him was what he saw. Indeed, he seemed a tyrant for truth, and through his diligent search for it, he often presaged it.

He did not decry a thorough investigation of a

patient's illness, and electrocardiography and cardiography were never omitted in uncovering concealed heart disease, or making its nature better understood, but he warned sternly against unneeded investigations in a stinging epigram: 'There is always a moment when curiosity is a sin'.

Parkinson was a plunderer for perfection. Should one of his assistants submit a film of his own recording, expecting to win high praise from the master, it was ever likely to draw a terse remark, highlighting a tiny flaw in the far corner of the film. Censure would then carry the injunction that no such exhibit should leave his department for publication. The assistant would retire subdued, but having taken a decided step towards perfection. He sought perfection too in the lay-out of his garden, addressing each shrub by its Latin name, and in the choice of furniture and paintings in his home and consulting-rooms; he himself was no mean painter in water-colour.

It is not only what John Parkinson did and said that have so materially benefited our knowledge of the heart in health and in disease, but also the way he said it. The purity of his prose in his writings and his lectures abound with examples of those apt and happy turns of phrase which fell so naturally from his pen and so authoritatively from his lips.

As we honour the passing of Sir John Parkinson we pay tribute to a great physician and cardiologist and a great teacher.

It were never possible for a man, so bent on enduring competency, to carry on while at the same time entertaining cardiologists who came from overseas to see his department and his work unless supported by a spouse of unusual composure and ability. Lady Parkinson, who predeceased her husband by two years, was such a one. Capable, tactful, self-possessed, graceful, and the epitome of calm, she was his constant help and counsellor on his climb to fame.

To the four daughters who survive their parents we extend our sympathy.

William Evans