

R M Marquis and Edinburgh cardiology

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Robert (Bobby) Macfie Marquis

Robert (Bobby) Macfie Marquis was born in Liverpool and died on 10 August 1989 at the age of 72. Before entering medicine he trained in marine insurance acquiring habits of fiscal probity and prescience which later proved invaluable to many medical bodies who sought his advice. After graduating MB ChB in 1943 his first appointment was as house surgeon to Sir James Learmonth and his second as house physician to A Rae Gilchrist—an appointment that was to prove a formative influence on his professional career and which was the beginning of an association with Gilchrist that lasted for more than 45 years. He had an outstanding war career as a medical officer in the Parachute Regiment of the Airborne Division. He was dropped into Normandy on D Day minus one and lay buried in a ditch overnight with opposing armies passing close by. Thereafter he continued across Europe and was frequently engaged in heavy fighting. Not far from the Baltic coast he was with one of the first parties of British troops to meet one prong of the Russian army advancing along the same route from the East. After his return from the war he was awarded the Kirk-Duncan Fellowship

of the Royal College of Physicians of Edinburgh in 1948. His studies at this time on “blue babies” formed the basis for his future career as a physician and cardiologist with a particular interest in congenital heart disease. He became MRCP Edinburgh in 1949 and FRCP Edinburgh in 1956. He was appointed assistant physician to the staff of the Royal Infirmary of Edinburgh in 1955 and from 1964 to 1978 was chief of the department of cardiology at the Royal Infirmary, Edinburgh.

Throughout his professional career he was deeply conscious of the debt he owed to earlier teachers and saw his responsibilities in a chain of developments stretching back via his mentor, Gilchrist, to Gibson and Meakins at the beginning of this century. George Alexander Gibson was an international authority on heart disease and was early to recognise the need to extend the investigative approach beyond the MacKenzie polygraph, which had been developed and used in general practice long before it became commercially available in 1906. Gibson's initiative was responsible for opening the first clinical medicine research laboratory in the Royal Infirmary, Edinburgh—with funds which he claimed to have been left for this purpose by an anonymous donor. Early work from the new laboratory included Ritchie's description of atrial flutter and his report of the action of the vagus in the human heart and the absence of certain murmurs in mitral valve disease. In 1919 Jonathan Meakins, a Canadian graduate who trained in cardiology with Thomas Lewis in London and in respiratory function with Holding in Oxford, was appointed to the first chair of therapeutics in Edinburgh. He proved an inspired teacher with energy and original ideas and introduced biochemical analysis and respiratory function testing to the Royal Infirmary. In 1924 Gilchrist became house physician to Meakins and his early work on oxygen therapy, paroxysmal ventricular tachycardia, digitalis dosage, complete heart block, and further experimental work in atrial fibrillation all followed from the stimulus provided by Meakins. Meakins returned to Canada to take the chair of medicine at McGill University in 1924 but had passed on the excitement and inquiry to his eager students and not least he had won the lasting loyalty and admiration of his house physician, Gilchrist.

Like Meakins, Gilchrist was a tall imposing man with unbounded enthusiasm for every facet of medicine. He was fascinated by the

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developing science of electrocardiography and recognised the importance of separate clinics for children with heart disease and for pregnant women. He became a founder member of the Cardiac Club. During this early period of Gilchrist's career the clinical medicine laboratories established and developed by Gibson and Meakins proved their worth. John McMichael returned from Aberdeen to Edinburgh as a lecturer in physiology in 1934 and in 1936 was awarded a research fellowship to work in the clinical medicine laboratory and given honorary status as assistant physician in Professor Ritchie's wards, giving him access to cardiac patients. In correspondence years later he recalls "happy days of effort and freedom to do my own thing" and "the clinical lab and its denizens as a fascinating and distinguished coterie". He followed Sir Francis Fraser (another Edinburgh graduate) to the Hammersmith Hospital when he became his assistant physician at the beginning of 1939 and was soon to extend his studies of cardiac function by cardiac catheterisation with Sharpey-Schafer. Shortly after Gilchrist's appointment in 1939 as physician in charge of ward 25 (the ward that was associated with cardiology in the Royal Infirmary of Edinburgh from Gibson's time through to Bobby Marquis) he introduced Sir John Fraser to the idea of surgical ligation of a persistent ductus arteriosus. Cardiac surgery started in the Royal Infirmary the following year, when Sir John was the first in Britain to ligate an uninfected persistent ductus. The end of the war in 1945 witnessed increasing cardiological activity all centred on ward 25 and Gilchrist. There was a changing collection of research fellows and unpaid clinical assistants until the inception of the National Health Service in July 1948 and the appointment and work of these different junior members of staff highlight the contribution of Gilchrist to so many areas of cardiology. The fellows included A D Gillanders, who made substantial contributions to nutritional heart disease; Sheila Sherlock, who subsequently went to the Hammersmith and later became a world authority on liver disease; Bobby Marquis himself; John Tulloch, a future professor of medicine in Uganda; Michael Oliver; Hamish Watson who in 1967 was to introduce into Britain balloon atrial septostomy for the management of transposition of great arteries and who in association with Emslie Smith pioneered His bundle electrocardiography in this country; James Low, a modest man with a delightful sense of humour who, in Auckland, was to become internationally recognised as one of the most able and least peripatetic cardiologists of his generation; and Olav Simpson, who held a personal chair in the department of medicine at the University of Otago. In 1953 a new department of cardiology was opened adjacent to the restricted area formerly occupied by the electrocardiographic department on the ground floor of the clinical medicine laboratory. The specialist cardiac services that had been initiated by Gilchrist in 1928 for

children—and subsequently for pregnant women, ischaemic heart disease, and for cardiac surgery—were now consolidated by further senior appointments.

Gilchrist was succeeded as chief of the department of cardiology by Marquis in 1964. Three years earlier Michael Oliver who had developed an international reputation for his work in ischaemic heart disease had been appointed as physician in the department of cardiology. The vacancy created by Bobby Marquis's promotion was filled by Desmond Julian who returned to the department, where he had earlier been a senior registrar, after three years as cardiologist in Sydney, Australia. Bobby Marquis was always to recall that his major contribution to Edinburgh cardiology had been to persuade Julian to return to Edinburgh. For the next decade the work of the department was characterised by a fine blend of industry, excellence, and good fellowship. Bobby Marquis took enormous pride in the professional achievements of his two junior colleagues, Julian and Oliver. He was modest about his role in developing a department that attracted many young trainee cardiologists because it was led by a trio of individuals of quite disparate personalities and qualities—uniquely working in harmony. Many of these trainees subsequently went on to head departments in this country and abroad and he took particular satisfaction in the academic achievements of those like Ronnie Campbell in Newcastle, Valentin Fuster at the Mayo Clinic and subsequently in New York, and Keith Fox in Cardiff and as successor to Michael Oliver in Edinburgh, but his influence on those who were not high flyers was as great if not greater. His high clinical standards, his insistence on the absolute primacy of the individual patient's needs at all times, and his ability to listen attentively, conveying the impression of being totally absorbed by the problem of either patient or student (and in so doing curbing his considerable loquacious instincts), created a profound impression. He was fascinated by and delighted in people. Like many clinicians he found writing difficult. To put his thoughts, opinions, and conclusions down on paper was an enormous burden to him, whereas talking, debating, analysing, and discussing were all enormous pleasures. None the less his publications were characterised by meticulous attention to detail and he contributed important early reports on heart failure in ventricular septal defect in infancy, on unipolar electrocardiography in pulmonary stenosis, and on congenital aortic stenosis and its surgical treatment. He was fascinated by the ductus arteriosus and his Gibson lecture in 1979 reviewed 40 years of Edinburgh and personal experience in its diagnosis and management in all age groups.

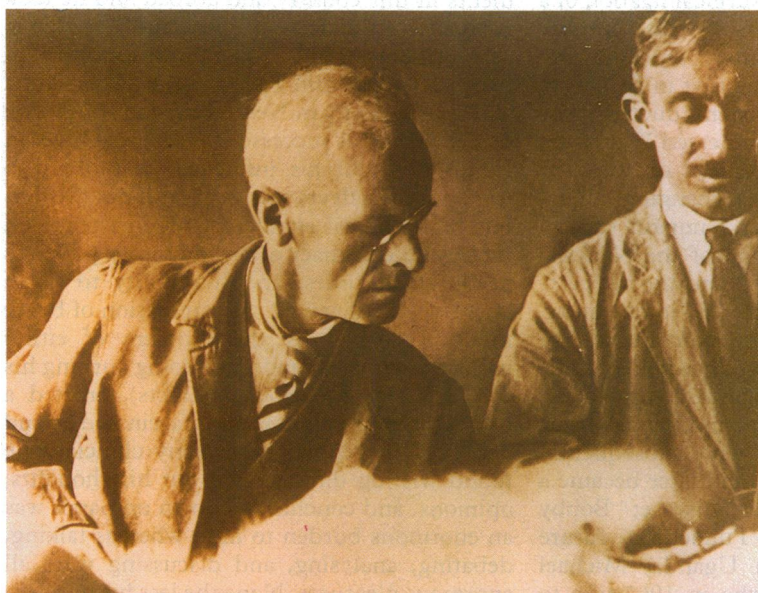
His heart was given to the life and mind of Edinburgh medicine and the Royal Infirmary but he was an able and colourful ambassador for Edinburgh and British cardiology nationally and internationally. He gave unstintingly of his time to the Cardiac Society and to the *British Heart Journal*. His critiques of papers

for the journal were in the form of meticulously detailed and handwritten reports whose characteristic style frustrated any attempt at anonymity if they were passed on to authors. He was a founder member of the Association of European Paediatric Cardiologists. As a schoolboy and young adult he had spent a considerable time in Germany and France and was a sound linguist and these and his other talents ensured that he played a major role in the shaping of European paediatric cardiology in the 1960s and early 1970s. But everyone who knew him will recognise that no account of his professional and other achievements can convey the impact of his extraordinary personality. All who met him were instantly enveloped in and usually enchanted by his endless enthusiasm. He had strong colourful ideas about individuals and a style that was very much his

own. He delighted in and admired those who were unusually gifted and talented; but though he respected intelligence he had no time for cleverness for its own sake. He was generous in support of friends but regarded it as a duty of friendship to criticise. He drew out unlikely people. He had a particularly high regard for what he defined as "character", and above all for those who showed character in adversity. He had vast generosity of spirit to those less fortunate and less endowed than he. Those who worked with and for him and those who shared his friendship will always regard it as a privilege to have known him.

I thank Dr A R Gilchrist, now in his 91st year, for helpful suggestions. Many of the descriptions of Bobby Marquis's predecessors and contemporaries have been drawn directly from his own published account "*Cardiology in the Royal Infirmary of Edinburgh*".

VIEWS FROM THE PAST *Ernest Henry Starling*



The physiologist in the laboratory (see also pages 4 and 22). Starling died in Kingston, Jamaica, in 1927 at the age of 61 while on a cruise intended to benefit his health, and is buried there (Lewis collection).

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