OBITUARY

John Charles Brocklehurst

RAYMOND TALLIS†

†Address correspondence to: Email: raymond@rtallis.wanadoo.co.uk

John Charles Brocklehurst, a physician born on 31 May 1924 and died on 27 June 2013

John Brocklehurst, who has died of cancer aged 89, was the leading geriatrician of his generation. He made key contributions to the clinical care of elderly people and to the way their medical services should be organised. As professor of geriatric medicine at Manchester University, he was a pioneer in teaching and establishing training programmes for an emergent specialty that was still defining its identity.

Even more significantly, he brought scientific gerontology to bear on our understanding of the diseases of old age. His commitment to bringing together science and daily practice resulted in his monumental Textbook of Geriatric Medicine and Gerontology (1973), now named after him and still in its seventh edition, pre-eminent in its field.

The work highlighted how biological ageing modifies the symptoms with which diseases become apparent and their response to treatment. An illness affecting one organ might have a global impact on the patient and reveal its presence in a non-specific way. A patient with a chest infection might have not only a cough and shortness of breath but also confusion, incontinence or falls. This realisation was crucial in guiding the search for a diagnosis of an older person who had started to decline, since there would often be a readily remediable cause for what might have seemed an irreversible change.

John’s key role in establishing old-age medicine as a thriving academic discipline did not distance him from the most pressing practical needs of patients. He added enormously to the understanding and management of urinary and faecal incontinence—not the most glamorous topic but of supreme importance to many thousands of older, and quite a few younger, people. It was the subject of his first book in 1951 and of many decades of research that encompassed the physiology of bladder function and the practical design of incontinence aids.

He also made significant contributions to our understanding of stroke, falls and nutrition and therapeutics in old age. His research into day hospitals and geriatric rehabilitation units as user-friendly settings for the investigation and treatment of some frail older people has a particular resonance today in the light of revelations of inappropriate and often negligent care.

John was born in Liverpool, the son of Harold, an electrical engineer, and Dorothy. They were committed Baptists and John inherited their strong religious beliefs. He was educated at Glasgow high school and Ayr academy and graduated from Glasgow University MB ChB (1947) and MD with honours (1950). After junior hospital posts, and a 2-year spell as senior medical officer on the troopship Medway, he joined the Grenfell Mission in Labrador, Canada, as medical officer in 1955.

There he met a nurse, Susan Engle, who became his wife the following year. He returned to England in 1957 and was a consultant geriatrician in various hospitals for nearly a decade, managing to fit research around a punishing clinical load.

After his appointment to a chair at Manchester in 1970, his department acquired an international reputation, enhanced by the Unit for Biological Ageing Research which he created. He was president of the British Geriatrics Society (1984–86). Following his retirement as emeritus, he took a leading role in the Royal College of Physicians research unit (1989–98). In 1988 he was appointed CBE.

I got to know John well when I was appointed to the second chair in geriatric medicine at Manchester. With characteristic generosity, he pointed out that his imminent retirement would make me the senior professor. Seeing him close up only deepened the mystery of his huge productivity. His manner was gentle, he never seemed hurried and he had time for the many people who came to his office from the four corners of the world.

Often accompanied by Susan, he travelled widely, and they were generous hosts to those who came to study or collaborate with him. An excellent mandolin player, he was also a talented artist, his portraits being particularly striking.

He did not permit the many illnesses of his last years to dominate his life. The day after he had undergone major surgery, I found him sitting next to the bed, with a morphine pump, and we chatted about—of course—geriatric medicine.

John was a modest, courteous man with a quiet sense of humour. The last time I met him, a few days before his death, he talked in particular about his time in Labrador. Although he had lost the religious underpinning of the vocation that took him there, he retained the commitment to making the world a better place as a humanist.

He is survived by Susan and his three children, Morag, Paul and Neil.

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Address correspondence to: Email: raymond@rtallis.wanadoo.co.uk

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