Biography

Professor D. D. Reid

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Professor Reid died on 26 March, 1977. He had served for many years on the editorial committee of the *Journal*, and this issue is offered as a memorial and tribute to him. All the papers have been specially written by his former colleagues, and the complete issue will later be reprinted as a memorial volume.

Donald Darnley Reid was born on 6 May, 1914 at Buckie, a small fishing village on the north-east coast of Scotland. His father was a telephone engineer, and it was to the Post Office that his son later turned for his major studies of chronic bronchitis in working men. His mother, Mary Darnley, was almost 40 when Donald was born, and he remained an only child. She was a dominant influence in his early life, a woman of strong character, much courage, and complete integrity; he took after her in each respect. He was deeply influenced too by his paternal grandfather, a village schoolmaster, with whom many holidays were spent browsing in his large library and wandering on the moors.

When he was six the family moved to Inverness, where he attended first the local primary school and then Inverness Royal Academy. During those years the family had to struggle financially, and that experience too was formative for his character. Even in much later life he would hesitate to hail a taxi; and in planning any research he was economical and resourceful: 'Two for the price of one' and 'If not Plan A, then Plan B' were among his favourite sayings.

At school he was fortunate in having an inspired teacher of English, Donald John Macdonald (later the Academy's rector), from whom he learned a respect for words and a concern for their correct use. In his publications and in his teaching each sentence was considered, precise, nicely balanced. The same mastery of words, spiced with an often mischievous Highland wit, made him a splendid speech-maker; and dull committees were less dull when he was present.

The formality and stiffness of the Scottish educational system of 50 years ago did not suit his more lively and intuitive style, and his schooldays were not entirely happy. It was there, however, that he met his future wife, Christine Macleod, daughter of an Inspector of Schools. His marriage was the centre of his life and his home was the source of his strength.

In 1937 he qualified in medicine at Aberdeen. Realising the imminence of war, he joined the Royal Air Force Volunteer Reserve, and in September 1939 he was drafted to Bomber Command. The war years influenced him profoundly. He had always respected courage more than rank, and he was lastingly possessed by a sense of obligation to those brave men. Aircrew mortality was enormous, but in the officers' mess the underlying tension was covered by a superficial bombast and jocular. This became part of his own style: in public he was lively, misleadingly extrovert, but inside himself he often suffered doubts, perplexities, and fatigue.

The war was also a formative influence upon his future career as an epidemiologist. By bringing together the medical records of psychological illness and the operational records of flights and casualties, he demonstrated most elegantly that breakdown related to the cumulative effect of multiple dangerous missions. This was the beginning of psychiatric epidemiology.

After the war, he was invited by Bradford Hill, whom he deeply admired, to join him at the London School of Hygiene and Tropical Medicine; and there he remained until his death, in spite of some

tempting offers to move elsewhere. He became interested in the causes of sickness absence, believing that, as with mortality data, a great wealth of material lay unexploited. From there it was a short step to the study of bronchitis. Some brilliant analyses of Post Office records identified the importance of exposure to air pollution among outdoor workers, and showed, too, the possibility of predicting serious disability by an excess, many years before, of minor respiratory illnesses. There followed studies with R. E. O. Williams on colds among office workers, and others on the hazard of tuberculosis in pathology technicians, and of cancer in coking plant workers.

In 1961 he succeeded Bradford Hill, and for the next 16 years he was head of the Department of Medical Statistics and Epidemiology at the London School of Hygiene and Tropical Medicine. Those were productive years in research, with major studies of international differences in bronchitis and cardiovascular disease, the US/UK/Norwegian Migrants Study, the Medical Research Council clinical trials in anticoagulant therapy, the Royal College of General Practitioners survey of chronic bronchitis, studies of respiratory disease in children, the Whitehall Study of cardiorespiratory disease in civil servants, and many others. In one way or another he was involved in most of the studies reported in this memorial issue, and nothing indeed would please him more than this continuation of his work. *Si monumentum require, circumspice*.

Although his contributions to research in cardiorespiratory disease were many and outstanding, they were equalled by his less visible contributions as counsellor and teacher. His help and opinions were widely sought; and, since he rarely said 'No', the important committees and councils on which he served are unfortunately too numerous to be listed here. In his later years he was indeed overburdened by too many tasks. He was a perfectionist, and it troubled him when there was not enough time to do each job properly.

He was always on the look-out for young people of talent who might find his rather unusual subject stimulating and challenging. He felt a personal responsibility for those of them who came to work with him, and he followed their subsequent careers with warm interest. He travelled widely, enjoyed travelling, and had many friends in many countries. The idea that his work contributed to international understanding was often in his mind, and the Reid family home was always open to foreign visitors. He particularly valued his visits to America. Oglesby Paul, Professor of Medicine at Harvard and an old and close friend in that country, writes:

'Professor Donald Reid contributed most im-

portantly to medicine in the United States of America, had many friends there, and has been sorely missed. One of his early activities was with the National Institutes of Health as organiser of a United States-United Kingdom Board of Cardio-respiratory Disease, a small group of scientists who studied the interesting differences in prevalence of chronic bronchitis and of ischaemic heart disease in the United States and the United Kingdom. At about the same time, he was a pioneer in studying what happens to British citizens migrating to the USA in relation to incidence rates of the same two conditions.

As his singular talents as an epidemiologist became known through the distinguished studies carried out in his department, he was frequently called upon as a lecturer, and as a consultant to American population studies involving problems of air pollution, smoking, and vascular disease—and his advice was so good and so helpful that he was equally frequently sought as a 'curb-stone' consultant. He was a welcome visitor to many of the annual meetings of the Council on Epidemiology of the American Heart Association which were enriched by his presence; and his special talents were recognised by the American College of Cardiology which made him an Honorary Fellow. As a teacher, he contributed very significantly, at the London School of Hygiene and Tropical Medicine, to the training of many young (and not so young) epidemiologists from the USA. He was a superb critic with an astute and quick discerning mind, a loyal friend of many American physicians, a proud Scot with a brilliant sharp wit, and an outstanding scientist lost to us at the peak of his career'.

Donald Reid will be remembered for his contributions to knowledge of the aetiology of chronic bronchitis and of psychiatric breakdown under stress, but the references in medical reviews will record only the lesser part of his real achievement. He set a standard in British epidemiology, and he won for it the esteem of clinicians and public health workers alike. The characteristics of his own work became the guiding principles of his pupils and of all who worked with him—to give meticulous care to detail; to know the strengths and limitations of one's data; to form intuitive judgements and then to test them by cold reason; to allow neither laziness nor impatience to erode the determination to 'get it right'; and, in all these activities, to be guided by the human values of compassion, integrity, and humility.

*London School of Hygiene
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