

# Early clinical pathologists: 3 Sidney Campbell Dyke

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*Sidney Dyke aged 78, still active as chairman of Tetterhall Urban District Council, July 1965. (Reproduced by kind permission of the Express & Star, Wolverhampton).*

It is a delight to reflect on one of the truly great medical men of this century. Although I did not have the pleasure of meeting Sidney Dyke until the mid 1940s, I had been well tutored about his existence and his unique abilities by several senior colleagues. These included Frederick Hill, physician to Bruntcliffe Isolation Hospital, Morley, Georgina Bonser, clinical pathologist to Seacroft Hospital, Leeds, Alfred Gough, a distinguished Leeds surgeon and cofounder of the Association of Clinical Pathologists (ACP), and Peter Milligan, honorary physician and clinical pathologist to Doncaster Royal Infirmary, who had joined the ACP in the late 1920s. All spoke of a kindly and positive person who got things done and who believed strongly that laboratory based clinical expertise should be available not only in teaching hospitals but equally in non-teaching institutions.

My then chief, LCD Hermitte, pathologist to the Sheffield Royal Infirmary, kindly introduced me to Sidney Dyke some years before the start of the National Health Service. A pleasant friendship developed between us. I was impressed not only by Sidney's sparkling, kindly, and dominant aspect, but even more so by his real interest in my

future career, which pleased me greatly. Detecting a Canadian intonation in his speech I discovered that he and his family had emigrated to Canada in 1898 when he was aged 12, that he had been awarded a BA degree with first class honours by the University of Toronto, and had proceeded initially to a career in teaching and journalism. Later winning a Rhodes Scholarship to Exeter College, Oxford, he graduated in natural sciences, again with first class honours, subsequently being awarded a scholarship to St Mary's Hospital, London. After joining King Edward's Horse as a trooper he returned to St Mary's, qualifying (LMSSA) in the shortest possible time to rejoin the army as a Captain in the RAMC in France. As I had held posts in Oxford and St Mary's Hospital and as my father had also served in the RAMC in the First World War we enjoyed many happy reminiscences over the years.

After the war Sidney became assistant bacteriologist to the University of Durham, and subsequently went on to found a unit of clinical pathology at St Thomas's Hospital in 1920. Some four years later with the DM and MRCP behind him, the relevant committee had the good sense and fortune to appoint him as pathologist and bacteriologist to the Staffordshire General Hospital, later known as the Royal Hospital, Wolverhampton. I gathered from various senior staff members that Sidney's task at both St Thomas's Hospital and at Wolverhampton was far from easy, especially in the early days.

With each visit to Wolverhampton I learned a great deal. The kindness Sidney showed to all his patients was most impressive, whatever their status in life and whether they were fee payers or not. In return they had the highest regard for him and often confided to me that they "thought the world of the Doctor". What did his junior medical staff think of him? All of those known to me have told me of their highest regard for him and especially of competence, kindness, and genuine interest in their future careers.

He had many special interests. These included the use of insulin for the treatment of diabetes and of liver and liver extracts for the treatment of pernicious anaemia. In both developments he had a major role. Having seen the deaths of the parents of some of my school friends in the 1920s, when there was no treatment for these conditions available, such pioneering work was particularly impressive to me. Another of his interests was blood transfusion, for which he set up a local service in Wolverhampton.

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Accepted for publication  
5 July 1990

Sidney helped to found the European Society of Clinical Pathology, which later became the World Association of Societies of Pathology. He was WASP's first president at the first meeting held in London in 1951, and he was a firm believer in international mutual understanding and collaboration.

Up to 1928 it was abundantly clear that the few clinical pathologists in existence were having a raw deal, at which stage the ACP was founded. The Association was not open to anyone; members had to be registered medical practitioners with at least one year's experience in pathology. Sidney had a key role and his cheerful, kindly, and active nature got things done. His fundamental belief was that clinical pathologists were simply physicians who relied more on the microscope than the stethoscope, and who saw the value of laboratory tests as opposed to using unaided senses. I well remember him saying that a blood film from a patient with leukaemia indicated that the person had the disorder, irrespective of what clinical examination might suggest. He none the less insisted that the clinical pathologist should have a thorough acquaintance with clinical medicine and possess one of the appropriate higher qualifications.

At that time, an ideal post for training an aspiring clinical pathologist was one combining laboratory work with some definite clinical responsibility. In Wolverhampton the assistant pathologist was also resident medical officer, while in my time in Doncaster it was the other way round, but the end result was much the same.

The view of Sidney and of many of his generation was that a good trainee in clinical pathology would pick up a higher qualification, such as membership of a college of physicians around completion of house jobs. This idea persisted until the late 1950s and may have played a part in restraining the modern development of clinical pathology. Sidney also felt that clinical pathology held no place for the medically qualified "pure" laboratory worker, and for many years believed in one laboratory catering for all branches of pathology under a single head with competence in the complete range of clinical pathology and morbid anatomy. His basic belief was that patients benefitted from being in the care of a physician who, with the help of technical staff, could also carry out the necessary laboratory tests. To him the laboratory was like the scalpel to the surgeon. After a long struggle it is good to know that the specialty of haematology in the United

Kingdom has eventually caught up with his philosophy.

During my presidency of the ACP I was especially grateful for Sidney's strong support of the notion that the Association should remain a medical society with (from time to time) the invitation of a few distinguished non-medical scientists. Clinical pathology was and is a primary province of clinicians who know how to manage patients and to use the laboratory. The recent idea that laboratory work can be organised on a factory-like basis is, in my view, ridiculous, and the patients will suffer greatly if the concept is accepted.

It was always a pleasure to see Sidney at ACP meetings and dinners. At the latter one could always be assured of his delightful repartee which was always greeted with hilarity. His expressive style, well shown in his multiple publications, has always reminded me of that of other medical greats such as Lords Moynihan, Platt, and Rosenheim.

I was always impressed by Sidney's knowledge, not only of medicine but also of literature, music, the Arts and the Bible. These aspects of life had much to do with his character, particularly his integrity and generosity. I recall an ACP meeting in Dublin in 1958 which I attended with my 14 year old son. Crossing the Irish Sea from Liverpool had been somewhat turbulent and, although a pleasant aspect of the Standard Hotel was the presence of a charming Italian opera company, a bomb was detonated on the other side of the street. My boy was greatly upset, but Sidney, hearing of the event, promptly invited us both to dinner that night at the magnificent Shelbourne Hotel as his guests. This was typical of the man.

Although he was not easily receptive to ideas which differed from his own, he was open to persuasion. When it was suggested there should be a new college or faculty of pathologists, for many years he asserted that the then present colleges and societies met all the needs of the clinical pathologist. I think that later he did come round to believe in the idea my colleagues and I in Sheffield were pushing for—a college of clinical pathologists. Certainly he much appreciated the honorary fellowship bestowed on him once the College of Pathologists was eventually founded.

Sidney Campbell Dyke was truly a great medical gentleman whom I had the good fortune to know. He was a far-sighted man with the courage of his convictions and a loyal friend. The present generation of clinical pathologists owes more to him than it may realise.