OBITUARY
Professor W. B. Matthews

W. B. Matthews was one of the best and most respected neurologists of the 20th century.

In 1963 he published the first edition of a medical classic - Practical Neurology. He filled his little book with the wisdom that comes from having seen thousands of patients and the clinical common sense that was pure WBM. In those days, and in some places even now, neurology was regarded as an elitist and stuffy subject, indulged in by eggheads with little interest in human beings. Not so Bryan Matthews, a modest and humane physician, who wrote:

'The best test of a physician's suitability for the specialized practice of neurology is not his ability to memorize improbable syndromes but whether he can continue to support a case of motor neurone disease and keep the patient, his relatives and himself in a reasonably cheerful frame of mind.'

That is hard on the doctor. After a busy clinic I remember Matthews saying that he had seen two new patients with multiple sclerosis but didn't have it in him to go through telling the second the diagnosis, having been emotionally drained by telling the first - later he would of course. And because he saw everything neurological there was to see he was sometimes worn down like the rest of us by the same old recurring problems. How else could he have had the wit to write:

'There can be few physicians so dedicated to their art that they do not experience a slight decline in spirit on learning that their patient's complaint is dizziness.'

Walter Bryan Matthews was born in London in 1920, the son of Walter Robert Matthews, later Dean of St Paul's, and educated at Marlborough College and University College, Oxford, where he read Medicine, and spent three years in the RAMC. After general medical experience in Oxford he trained in neurology in Manchester and King's College Hospital, London. At the age of 34 he was appointed consultant physician with a special interest in neurology to the Derbyshire Royal Infirmary, the first and for several years the only doctor in the East Midlands with any training in neurology at all.

The clinical burden was enormous. Not only did he see hundreds of new patients with neurological problems every year, but he reported all the electroencephalograms and did his own nerve conduction studies (nowadays done by specialist clinical neurophysiologists).

Even had to turn his hand to neuroradiology - direct puncture of the carotid artery in the neck to produce images of the blood supply to the brain, air encephalograms to show crude shadows of the brain, and myelograms to outline the structure of the spinal cord (now all superseded by less invasive techniques). Contemporary neurologists would find such a workload unthinkable and our modern trainees who are not allowed to work more than 56 hours a week would never have been able to cope.

In later life Matthews looked back at the Derby days as perhaps the most fulfilling of his career. He was doing what fascinated him and what he enjoyed, and he found time to write about it and to do research which began his national and international reputation as a master physician, wonderful writer and outstanding clinical researcher.

His research was not the factory work of molecular biology, nor the shifting sands of animal models of human disease, but research with his patients. There were thousands of them, and hundreds of questions to be answered.
He wrote about the symptoms of multiple sclerosis, described the unusual neurological manifestations of sarcoidosis (usually the preserve of respiratory physicians), told us the good outlook for middle-aged women who drop to their knees in the street and for those with a sudden paralysis of one side of the face, and memorably irritated the emerging speciality of clinical neurophysiology for relying far too much on the electroencephalogram in the diagnosis of epilepsy.

The master stroke came from a discussion with Peter Daniel, a neuropathologist in London, who showed Matthews that the brains at postmortem of patients with Kuru looked very similar under the microscope to those with Creutzfeld-Jakob Disease (CJD). Kuru was an obscure fatal brain disorder in Papua New Guinea tribesman, transmitted by cannibalism, that had recently been transmitted to monkeys by Carleton Gajdusek in the United States. CJD was a little-known but rapidly dementing and fatal disorder in man, occurring only once in every million people a year. But might it too be transmissible?

Back in Derby (not some fancy high-powered teaching hospital) Matthews soon found a patient with CJD. When the patient died he sent his registrar – David Stevens – from a busy outpatient clinic down to the postmortem room to collect the brain and make sure one half was sent to Daniel and the other to Gajdusek, who injected it into a chimpanzee. Nine months later Matthews phoned the registrar to say, ‘He’s got it’. At a stroke, an arcane and so-called degenerative disease of the brain had become – astonishingly – an infectious disease. No one then could have realized that this same disease, or something very similar, would be transmitted to man from cattle with the related disease of Bovine Spongiform Encephalopathy (BSE) which emerged as an epidemic in the UK in the 1980s. Indeed, the neurologist – Bob Will – who described variant CJD, together with the neuropathologist James Ironside, had been a research fellow of Matthews’s.

Derby was not in the end the right place for Bryan Matthews. To flourish more as a researcher and teacher he moved in 1968 to Manchester and then in 1970 to be Professor of Clinical Neurology in Oxford.

Today such a post requires someone with lots of grants and a big research team with the promise of major success in the dreaded Research Assessment Exercise. Matthews had just himself, no interest in big teams, bean counting or medical politics, and – clearly from his application for the chair – as much intention of developing the clinical service which he put down as his first aim, as research and teaching. Indeed, he started and ran a neurology clinic in Banbury to demonstrate that neurologists should work in District General Hospitals close to where patients live, even if they are Oxford Professors.

He continued his research into the epidemiology of CJD and the diagnosis of multiple sclerosis, wrote a book about multiple sclerosis for patients (Multiple Sclerosis: the facts, 1978) as well as editing and coauthoring the standard text on MS (McAlpine’s Multiple Sclerosis, 1985 and 1991), carried out one of the first decent trials of treatment in acute stroke and – crucially – greatly influenced the next generation of neurologists.

There are professors in Cambridge, Sheffield, Edinburgh, Derby and Nottingham who are his protégés and NHS consultants up and down the land who he helped to train. He didn’t dominate. He was unselfish, with a word of encouragement here and some advice there. We were allowed to do our own thing and when it went well he was as pleased as anyone. When it didn’t he would commiserate and tell of his own professional failures, usually with some amusing anecdote to lighten the mood.

Bryan Matthews retired in 1987 but continued to write, acting as a consultant in the early days of the BSE epidemic, and maintaining a lively interest in all things neurological. Sadly his last years were spent in declining health and looking after his wife, Margaret. But he was always ready for a pint and a chat in some favourite Oxford pub, and his advice was as welcome as ever.

I last saw him in the Churchill Hospital looking rather morose as he contemplated the possibility of amputation. But his ironic sense of humour was all there as he suggested he might have to buy a parrot. In the event he decided to keep his foot and go home to die, supported by his son and daughter. No parrot for Bryan.

He had decided it was not worth going on, and I am pleased that his doctors did not try to dissuade him.

Walter Bryan Matthews, neurologist: born London 7 April 1920; Chief Assistant, Department of Neurology, Manchester Royal Infirmary 1949–52; Senior Registrar, King’s College Hospital 1952–54; Consultant Neurologist, Derbyshire Royal Infirmary 1954–68; Consultant Neurologist, Manchester Royal Infirmary and Crumpsall Hospital 1968–70; Professor of Clinical Neurology, Oxford University 1970–87 (Emeritus); Fellow, St Edmund Hall, Oxford 1970–87 (Emeritus); Editor-in-Chief, Journal of Neurological Sciences 1977–83; President, Association of Neurologists 1982; married 1943 Margaret Forster (one son, one daughter); died Sandford-on-Thames, Oxfordshire 12 July 2001.

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Charles Warlow