OBITUARY NOTICE

Robert Reid Gillies

31 May 1924 — 2 July 1983

ROBERT REID GILLIES, first Professor of Clinical Bacteriology in the Queen’s University of Belfast, died suddenly on July 2, 1983, while holidaying in Perthshire. He was 59.

Professor Gillies was born in Kelty, Fife, on 31 May, 1924. From Beath Higher Grade School at Cowdenbeath, he proceeded to medical studies at the University of Edinburgh and graduated MB ChB in 1947. He was initially attracted to a surgical career. During his 2-year period of National Service with the RAMC he became particularly interested in aspects of infection and epidemiology and he returned to Edinburgh to take the DPH in 1952. In that year he joined Professor T.J. Mackie’s staff as lecturer in the Department of Bacteriology at Edinburgh University Medical School. Here he worked successively under Professor T.J. Mackie, Professor Robert Cruickshank and Professor B.P. Marmion, before proceeding to his Belfast appoint-
ment on June 1, 1976. At Edinburgh he was awarded an MD with commendation in 1959 for his thesis on "The fimbriae and fimbrial antigens of Shigella flexneri."

In 1962 he spent some months as visiting professor and head of the Bacteriology Department at the University of Ibadan, Nigeria.

In 1963 he became a Founder Member of the Royal College of Pathologists, and in 1971 a Fellow of the Royal College of Physicians of Edinburgh. He served the Faculty of Medicine at Edinburgh as Associate Dean for 9 years in addition to his academic duties at that time.

Despite his robust outward appearance and strong, sometimes aggressive, personality, he was a very sensitive man. He was courageous in observing and pressing for principles that he considered important. He would take up the cause of a deserving colleague or student with much compassion, and he would persevere in his representations. His patience paralleled his view of the merits of the case; he did not suffer fools gladly, a fact he took no great pains to conceal. However, his close friends knew that such exchanges sapped his energy and sometimes dispirited him.

Robert Gillies liked order and careful planning. His various desks showed no evidence of this; rather, their chaotic state indicated the restless energy that he brought to such a range of duties and they reflected his accessibility to staff and students, to parents, to hospital doctors, practitioners and administrators. We would often discuss the increasingly impossible task of coping adequately with a demanding teaching assignment while simultaneously encouraging academic research and development, coping with a heavy clinical service load, and tackling an unending stream of administration.

In his lectures, which were most carefully prepared, he saw things clearly and he transmitted indelible and often very colourful images. He taught authoritatively, with great flair. His enthusiasm was flamboyant and infectious. He was often memorably outrageous, responding splendidly to the obvious enjoyment of his class. At a teaching session, he could fix any miscreant with a fiercely penetrating gaze reserved for such confrontations. He would demolish the opposition with one of a stock of carefully turned phrases. There was no lasting rancour, but the measured broadside was devastating. He had a particular ability to make his subject live in practical classes, where he was in his element. He lectured widely at home and abroad, always with enthusiasm and with an understanding of his audience.

As a tutor, he was exacting and consistently encouraging. He had a genius for spotting and nurturing talent. He encouraged loyalty, and he responded warmly to it, finding an elusive security in friendship and fellowship. His technical, secretarial, and academic colleagues were devoted to him, and they warmly appreciated his worth and his commitment.

He was a most careful examiner. He checked assessments meticulously and prepared marks schedules personally. He made a point of checking the arithmetic himself and of knowing or finding out the reasons for a student's poor performance.

Entirely honest in his scientific work and observations, he saw everyday events in terms that were larger than life and he exaggerated some of these observations with sheer enjoyment, embroidering the record and loving the indulgence. In his scientific studies he worked tirelessly, often into and sometimes through the night when he was a younger man. He polished and rehearsed his papers repeatedly and he demanded similar standards from his associates. His research contributions included classical
studies on bacillary dysentery and colicin typing, significant contributions to the literature on streptococci and the pneumococcus, pioneering work with J.P. Duguid on bacterial fimbriae, important work on pseudomonas typing (subsequently developed by J. R. W. Govan), hospital infection studies and specialised biochemical test media.

During the middle years of his career when he was at Edinburgh, he was torn between senior administrative commitments at Faculty level and his expanding teaching and research. His dedication to administrative duties at that time was a considerable contribution to Edinburgh Medical School but this commitment inevitably channelled some of his energies away from his thriving research and development work.

With the late Tom Dodds at Edinburgh, he produced Bacteriology Illustrated which is a lasting tribute to a bacteriological teacher and a medical photographer who were each unsurpassed in the development of their skills. He went on to write his Lecture Notes in Medical Microbiology which was very successful and is still widely used throughout the world.

At Belfast, with Professor K.B. Fraser, his academic and clinical colleagues responded warmly to him and he was quickly accepted and respected as a teacher and an actively helpful clinical colleague. His influence on the microbiological curriculum and on the examining system was soon apparent. Faced with an acute manpower shortage in medical microbiology in Northern Ireland, he began to attract new recruits to his discipline; it is a tribute to him that seven young medical graduates began a career in the speciality within his 7 years at Belfast. His contribution to the Hospital Control of Infection Committee and to the Regional Communicable Diseases Liaison Group were greatly appreciated.

He had many interests in music and the arts. His delight in a good story was a great encouragement, and he himself was a skilful raconteur. He combined an unfailing memory with an indefatigable sense of humour and a remarkable ability to teach. He is remembered with much affection and regard at Edinburgh and across the world where so many students and associates will recall fond memories of this grand man who gave so much to his discipline.

J.G. COLLEE