IN MEMORIAM

Duncan Alexander Gordon

By Arthur A. M. Bookman, MD; Gunnar Kraag, MD; and Robert D. Inman, MD

Duncan passed away on December 2, 2012 in his 83rd year. Duncan was born in the original Queen Victoria Memorial Hospital in North Bay, June 15, 1930, and remained strongly connected to North Bay and Northern Ontario throughout his life. He was a graduate of Upper Canada College and the Faculty of Medicine at the University of Toronto. He studied internal medicine at the University of Toronto and McGill, and rheumatology and immunology with Dr. John Vaughan at Strong Memorial Hospital at the University of Rochester, in Rochester, New York.

Duncan had been a tremendous mentor to an entire generation of Canadian rheumatologists. He was a consultant in the Rheumatic Disease Unit (RDU) at the Wellesley Hospital from 1964 to 1974. Many senior rheumatologists learned their clinical skills in rheumatology from Duncan and held great affection for him. Amongst these early trainees were Dr. Barry Koehler, Dr. Gunnar Kraag, Dr. Isaac Dwosh, Dr. Howard Stein, Dr. Edward Keystone, Dr. Dafna Gladman, and Dr. Arthur Bookman. Those who came before us and those who came after are far too many to enumerate, yet all fondly remember ward rounds with Duncan at the Wellesley Hospital RDU.

Free-association characterized Duncan’s teaching rounds. Beginning at the bedside, his house-staff would traipse behind him to the x-ray department, to the pathology department, and then back to the bedside in rounds that extended for two hours or more. When the exhaustion would seem inescapable, and all around the bedside would wonder what in heaven he was thinking, Duncan would pull a brilliant diagnosis out of the hat, and he was usually right. We have seen him diagnose an Ewing's sarcoma at the bedside in a young woman, just by noting a subtle bulge of one buttock. We have seen him diagnose a synoviosarcoma in a finger that everyone thought was simply synovitis. Duncan was the first to report that you could diagnose ochronosis (alkaptonuria) from the synovial fluid (the “ground pepper sign”) as well as amyloidosis. He noted that a ruptured popliteal cyst could be diagnosed from looking at the skin of the lateral malleolus (the “crescent sign”). He found that hemochromatosis arthropathy could occur without liver involvement in hemochromatosis, and he reported the first comprehensive patient series on the extra-articular manifestations of rheumatoid arthritis (RA).

He was the Director of Rheumatology at McMaster University from 1974 to 1976, and was responsible for recruiting Dr. Gunnar Kraag to McMaster University. Said Dr. Kraag, “Dr. Fred Bianchi was the only fully active community clinician at that time with no one at the university. When he asked me to join him, it took about 18 seconds to say yes. The opportunity and challenge were irresistible. To establish a strong clinical program, develop and actually carry out the undergraduate and postgraduate teaching, start a clinical research program, and meet all the administrative requirements seemed daunting, to say the least. Duncan was unflappable and we even managed to establish an approved Royal College training program; Duncan quickly attracted several international and Canadian trainees.”
Dr. Kraag also reminisced, “There were, as well, the inevitable politics. Everyone knows the calm, gentle, conciliatory side of Duncan, but let me tell you, when his family, friends, rheumatology, or the Journal of Rheumatology (JRheum) were threatened or maligned, he was one tough dude and could rely on a wealth of data and experience to take care of business. I remember the shock when people thought he was going to be a pushover. He never screamed, pushed, or demanded, but he was someone that you just wanted to please and, if at all possible emulate; a true role model who walked the walk. He loved his golf, and he loved to ski. I do remember Duncan developing pulmonary edema at altitude in Snowmass. A minor setback for Duncan, who was up and at ‘em the next day.”

From 1976 to 1991, Duncan was Director of the Division of Rheumatology at the Toronto Western Hospital. He remained on staff as a Senior Rheumatologist and Professor Emeritus until his retirement earlier this year. He was responsible for recruiting Dr. Robert Inman to Toronto Western Hospital and the University of Toronto.

Dr. Inman said, “Duncan’s leadership style was to lead from behind, and he was always prepared to let others take credit for the achievements of the division. Indeed, it became apparent over time that we might be dealing with a distinctive diagnostic category: Gordon’s syndrome. The diagnostic criteria for the syndrome appear to be: (i) recalcitrant optimism, (ii) refractory good will, (iii) chronically low levels of cynicism, and (iv) a titre of humour above the normal range. Although the syndrome is now well described, it may be many years before we see a second case. In the final analysis, Duncan was actually one-of-a-kind. He brought rheumatology back to Toronto and the University of Toronto behind, and he was always prepared to let others take credit for the achievements of the division. Indeed, it became apparent over time that we might be dealing with a distinctive diagnostic category: Gordon’s syndrome. The diagnostic criteria for the syndrome appear to be: (i) recalcitrant optimism, (ii) refractory good will, (iii) chronically low levels of cynicism, and (iv) a titre of humour above the normal range. Although the syndrome is now well described, it may be many years before we see a second case. In the final analysis, Duncan was actually one-of-a-kind. He brought rheumatology back to Toronto Western Hospital and the University of Toronto.

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Duncan was appointed Editor-in-Chief of JRheum in 1979 after the untimely death of founding editor Dr. Metro Ogryzlo. Dr. J. Desmond O’Duffy tells of sitting around the table for an editorial board meeting at Arthritis and Rheumatism at that time. Someone said that they were going to start a new rheumatology journal in Canada. One of the editors chuckled, “In Canada? Who’s going to read it?” They had a good laugh. But Duncan upheld Ogryzlo’s rationale that a new journal could stimulate interest in rheumatology and the study of arthritis. Since there were only 200 rheumatologists in Canada at that time, JRheum could not contemplate a future as a domestic-based journal but needed to cast its net as a Canadian-based international publication.

Some of the challenges in the early years included establishing a presence for JRheum, attracting contributors, getting accreditation, and achieving a listing in the U.S. National Library of Medicine’s Index Medicus. Despite the early skepticism, JRheum has thrived. A number of innovations introduced by Duncan have been copied by other journals. He often stirred up controversy by publishing provocative editorials and less-than-flattering letters to the editor to get people thinking and discussing. He used cross-fire editorials that showcased different points of view, and pieces on publication ethics, as well as historical vignettes on Canadian rheumatology, to deepen perspective. JRheum branched out to include a regular supplement on pediatrics under the co-editorship of Dr. Ron Laxer and Duncan’s eventual successor, Dr. Earl Silverman. All these new features won JRheum recognition, and it has since maintained an international perspective. Perusal of JRheum reveals editorials from Italy, Israel, and Brazil, as well as contributions coming from Japan, France, and the Netherlands. American, Chinese, Canadian, and Greek investigators all publish in JRheum.

The Canadian rheumatology community has regarded Duncan with great affection as a key figure in the evolution of the specialty. He was a proponent for recognition of Canadian achievement in the international arena. Duncan received many honours for his contributions; notably he was elected a Master of the American College of Rheumatology (ACR), and was Past-President of the Pan-American League of Associations for Rheumatology (PANLR), and a Vice-President of the International League of Associations for Rheumatology (ILAR) between 1990 and 1994. For his leadership in hosting the international rheumatology editors meeting for a decade, Duncan is highly respected among his fellow rheumatology editors. He has been a contributor to textbooks by Kelley, Cecil-Loeb, Dieppe and Klippel, and the Primer of Rheumatology. He received the Award of Merit of The Arthritis Society (TAS) in Canada and was named Distinguished Rheumatologist of the CRA in 1992.

He leaves a legacy of leadership and accomplishment, and the CRA can be proud to honour him for his contribution to our profession.

References:

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Donations to the Duncan Alexander Gordon Fund at The Arthritis Society will honour Duncan by going towards an annual award for a rheumatology medical publication by a Canadian author. To date, this fund sits at $26,000 through private donations as well as a contribution from the CRA.

Read more of Dr. Gordon’s contributions to the CRA:
http://bit.ly/TPXbMm