Commentary: John Pemberton
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Queen’s University, Belfast, 1958–1976

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John Pemberton became Professor of Social Medicine in Queen’s 1958, and I joined the first course he taught on public health.

On completion of the course, John invited me to join a research team to conduct a survey of chest disease and byssinosis in flax workers throughout the Province of Northern Ireland. Twenty-three flax mills were visited and 88% of the workers eligible for the survey were examined. Towards the end of the work in Northern Ireland John accepted an invitation to extend the survey to England and Scotland. One small mill in Halifax and two in Scotland were visited and a small number of workers examined—just sufficient to identify a few cases of byssinosis! A report on the work was published by the Government of Northern Ireland1 and on the basis of this international(!) survey changes were made in the industrial diseases legislation in both Northern Ireland and in England & Wales.

John often pointed out to me that while a research project may answer one question, it will almost always raise other questions and these should be followed up in further research projects. This was certainly true in the work on flax byssinosis and the basic survey led to a series of studies over the following 20 years.2

John was a lateral thinker and once the survey of flax workers got underway he encouraged me to commence work on iron deficiency anaemia. At that time this was considered to be a major public health problem. The first study he suggested was a randomized controlled trial of the effect on the circulating haemoglobin levels of several hundred women of additional dietary iron, baked into bread. The results gave no evidence of benefit.3 This led to alarm in the corridors of power because it was government policy that iron be added to all white flour milled in the UK. Again, this initial study raised questions about the clinical importance of iron deficiency and its prevention, the answering of which took over 20 years.4,5

An aphorism of John’s was that whatever evidence one produced from a study, someone else would be likely to re-examine the data later and come to a different conclusion. However, as he often commented, this continual searching for the truth and re-examination of evidence, is true re-search. In the following 40 years I have learnt how right he was—and how it adds to the fascination of the search!

John always showed gratitude, and a great respect for the subjects upon whose co-operation the success of his studies depended. Furthermore, unlike the next teacher I had, John also showed a great respect for clinical and laboratory colleagues, however limited or biased their evidence appeared to be!

I know I speak for many when I say that I will always be grateful to John for his teaching, for his encouragement, and for his interest which, for me, continue to this day. In fact, when I think about John’s role in the Boyd Orr and other pioneering studies, I feel that in those early studies at the start of my career in research, I was standing on the shoulders of a giant.

References