

## Dr David Purser Jones 1915–2005

Around 1957 or 1958, while I was doing a senior internship in internal medicine at Shaughnessy Hospital, a new staff member arrived on our service. I remember a little pipe-smoking man in a dark brown corduroy suit with an accent I guessed was Welsh. Dr David P. Jones was a man of few words, a teacher who taught by example more than by lecturing. He was not one to accept sloppy thinking from the residents, and it wasn't long before I was treated to his stern questioning of my motives for ordering a skull X-ray on one of his patients while having no well-thought-out reasons for doing so. (In those days, a skull X-ray was one of the few diagnostic investigative techniques available to us. Who knew there could be any real problem in suggesting one?)

I think it was probably that same day when it began to rain heavily and David excused himself so that he could go outside and raise the unwieldy top on his enormous old English car—an Alvis I think. I remember watching him from the window as he struggled alone with the top and, having been wounded by his criticism, I decided not to go out and help him. I have carried a load of guilt for that inaction ever since. However, I found I was very careful thereafter about ordering skull X-rays or any other kind of investigative maneuvers.

Some time later, during the same rotation and once I had absorbed my lessons and softened my opinion of him, David told me that on the coming weekend, he was to admit a patient who would require cervical traction. I bit my tongue—I was not on call that weekend nor did I have the faintest idea how to apply cervical traction—and said that I would be there to do what I could.

I showed up early on the assigned day, only moments before David himself appeared and took me down to see his patient. He carefully showed me how to put on the apparatus of cervical traction, which seemed enormously complicated to me. I won on that one. He knew that I was not on call and was pleased I had shown up anyway. I learned much from him that day as he took extra care to explain things and to show me what was to be done.

Around this time I had decided that I wanted to specialize in neurology and asked David for advice, which he thought about carefully and gave freely. It helped me to choose a residency training location and to focus my interests.

When I returned to Vancouver and attended medical grand rounds at Vancouver General Hospital, I was reminded once again of David's ability to use as few words as necessary and to speak only when he had something that needed saying.

## Wanted: Good guys

The *BCMJ's* Good Guys column is a biographical feature of a living BC physician (or physician who practised in BC for a significant time period). This column is intended to celebrate the achievements of our colleagues while they're still around to appreciate it. It's a place to talk about the great work and diverse interests of our friends and colleagues.

Profiles should be less than 2000 words, and photos are welcomed. Our Guidelines for Authors are available at [www.bcma.org](http://www.bcma.org), or call 604 638-2815 for a copy or for more information.

On one occasion, a pompous visiting professor spoke about hypertension and ended his lecture by lambasting the rice diet that had been popularized in North Carolina. He said that patients leaving the hospital after being on the rice diet would board the train in Chapel Hall and immediately order a huge steak with fries covered in salt. The chairman of the rounds, Dr R.B. Kerr as I recall, invited questions or comments from the audience. When none came, he turned in desperation to David, who he knew had spent some time in North Carolina before arriving in Vancouver, to ask him for his comments. David slowly and, I think, reluctantly stood up, took his pipe out of his mouth, and said, "It's not Chapel Hall. It's Chapel Hill. Furthermore, there is no train station in Chapel Hill." Then he slowly sat down to a rather stunned silence.

When I started my practice as a neurologist at St. Paul's Hospital, I was alone and without backup from neurological colleagues there, and would occasionally ask David to help me out on difficult cases. On one occasion, I had laboriously worked out what was wrong with a patient and treated him accordingly, with less than spectacular results. I asked David to have a look at him. In his consultation letter, he wrote that he fully understood how I had arrived at my conclusion but that I was wrong and the patient had something else, which proved to be the case on further investigation. Oddly, I didn't feel in any way inadequate, nor did I think his words implied any criticism of my thinking processes.

On another occasion, I had a patient who I thought probably had Creutzfeldt-Jakob disease, which at the time was rare and I had not seen before. Once again, I asked for David's opinion. The disease now known as CJD had been described in England by

Dr Jones and a neuropathologist named Nevin and was known as Nevin-Jones disease before priority, I suppose, resulted in the name by which it is now known. The consultation request form at St. Paul's was a yellow sheet, the top third of which was reserved for a brief history to be supplied by the requester. I filled it in and ended with what I thought was the clever question, "Is this a case of your disease?" The following morning I was disappointed to see that the bottom two-thirds of the page seemed all yellow, until I saw, in small, neat handwriting at the exact centre of the space, "Yes" and underneath that, "D.P. Jones."

I continued to see David over the years that followed and came to respect him even more and to develop a real affection for him. He always greeted me with a twinkle in his eyes and an elfin grin.

At some point, he left Vancouver and moved to Whistler. I don't ski so I didn't see much of him after that, though I did hear about his exploits on the mountain from friends who do ski.

Some years later, on a cold blustery day, I was walking downtown over the Granville Street Bridge to my job at St. Paul's when, coming toward me in the opposite direction, I saw a little figure in snow jacket, boots, and mittens and with a large backpack. It was David and we stopped to talk. He told me he was on his way to the funeral of his friend, Dr John Kerridge. I fantasized that he'd walked all the way from Whistler, which is unlikely, but he was the sort of person for whom you might briefly think that such a feat was possible.

I wish I'd known him better and I wish he was still with us.

—Kenneth Berry, MD  
Vancouver



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