In memoriam: Oliver M. Wrong

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Oliver M. Wrong
1925–2012

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Oliver Murray Wrong, Emeritus Professor of Medicine at the University College Hospital in London, died on 24 February 2012, at age 87.

During a distinguished career spanning nearly six decades, Professor Wrong contributed enormously to our understanding of renal tubular acidosis, the renal Fanconi's syndrome, and inherited tubular disorders. He was a clinical scientist of broad intellectual scope, whose accomplishments reflected his great energy, devotion to his patients, talent for close observation, and deep understanding of electrolyte, mineral, and acid–base physiology.

Professor Wrong was destined to be an academic by both his genome and his environment. He was born at Magdalen College, Oxford, where his Canadian father taught. Both parents were historians, and he was surrounded by brilliant, and in some cases idiosyncratic, relatives. His maternal grandfather was master of another Oxford college, Balliol, and other relatives included highly prominent writers, academicians, politicians, and scientists, both in Britain and in Canada, not the least of whom were two Nobel laureates, Dorothy Hodgkin and Alan Hodgkin.

Oliver spent part of his childhood in Canada. He did his undergraduate medical studies at Magdalen College and trained at the Radcliffe Infirmary, Oxford, before his military service in the Royal Army Medical Corps in Singapore and Malaysia. His experiences and friendships in Southeast Asia remained with him and informed one of the important threads of his research interests. He became a senior intern in medicine at Toronto General Hospital and then a research fellow in medicine at the Massachusetts General Hospital. It was in Boston, working with Fuller Albright and Alex Leaf, that he developed what was to become a lifelong interest in salt and water metabolism.

He pursued an academic career in Great Britain, starting in 1954 as university tutor in medicine at the Manchester Royal Infirmary. It was there that he did the work, with H.E.F. Davies, that led to the seminal paper on "The excretion of acid in renal disease," which was published in 1959 and was to become a citation classic. He joined the Medical Unit at University College Hospital, where he worked with Charles Dent and Max Rosenheim. This was followed by appointment as a senior lecturer in the new clinical specialty of nephrology at the Royal Postgraduate Medical School at the Hammersmith Hospital, and then as the chair of medicine at Dundee University in Scotland. In 1972 he returned to University College Hospital in London as director of medicine, where he spent the remainder of his productive career.

Oliver's early work on acid excretion defined the standard protocol for the acid load test, and formed the background for his descriptions of both inherited and immune-related distal renal tubular acidosis. He was fascinated by the role of the gut in acid–base and electrolyte physiology and, in 1961, designed bags of cellulose tubing filled with a colloidal solution, which would be swallowed and, when they emerged, allow him to analyze the electrolyte content of the bowel lumen. Oliver felt that the importance of the gut in electrolyte physiology was underappreciated. He began his 1965 paper on "Electrolyte content of faeces" with the statement that "Stool is the Cinderella of electrolyte studies." He wrote a book on the colon.

For decades Oliver cared for and observed closely the many patients he had inherited from Charles Dent. This included the patients Dent and Friedman had reported in 1964 with hypercalciuric rickets and renal tubular damage; over time Oliver discovered that their condition was familial and associated also with kidney stones and renal failure. When 30 years later he reported these observations, with Anthony Norden and Terry Feest, the title of that paper represented a full summary of the phenotype of "Dent's disease: a familial proximal renal tubular syndrome with low-molecular-weight proteinuria, hypercalciuria, nephrocalcinosis, metabolic bone disease, progressive renal failure and a marked male predominance." He did the world a great service in offering a simple and elegant name for the disease, a significant improvement on the alphabet soup of alternative names that others had proposed. In fact,

Oliver's contribution to the definition of the phenotype was sufficiently substantial to warrant calling it 'Dent–Wrong disease.'

When, after an already impressive academic career, he took 'retirement' in 1990, he entered an even more productive phase. He and his wife even moved into Bloomsbury, where he could be within walking distance of University College Hospital and key libraries. He produced more than 40 additional publications during this period, including ten on the AE1 band 3 anion exchanger and renal tubular acidosis and Southeast Asian ovalocytosis, and over a dozen on Dent's disease, in addition to writings on anion-exchange resins in renal failure, and a range of new clinical observations. On his hospital deathbed he was working on revisions to what would be his 135th paper, a review on distal renal tubular acidosis in the tropics.

Oliver's productivity owed much to his happy domestic life. Among his many friends the story of how he met his wife Marilda is a charming legend: the dashing young Englishman driving through the Black Forest of southwest Germany stopping to offer a ride to a beautiful, dark-haired Italian hitchhiker. He and Marilda had three daughters, and maintained a home that was enlivened as much by discussion of history, politics, and art as of acid or electrolyte metabolism.

Professor Wrong left an indelible stamp on generations of physicians, in and beyond nephrology. He was a physician whose connection with patients was deep and mutual, and an insatiably inquisitive investigator who blended close observation with the broad view.

DISCLOSURE
The authors declared no competing interests.