

Anthony Peck (1933 – 2021)

Tony Peck was an unwitting pioneer in the specialty of Clinical Pharmacology. His course through life to get there was a mixture of serendipity brought about by trying to adapt to routine work in the NHS and inevitability, because he was a brilliant scholar. He went to school in Horncastle in Lincolnshire. He was immensely proud of his roots in that county as he would enquire of most who met him whether they were also privileged to hail from God's own county. To them he would be especially warm. In 1952 he was the first member of his family to go to university. He went from school to Middlesex Hospital Medical School which at that time had very fine professors of Physiology and of Pharmacology and members of the Academic Medical Unit with strong records in what would now be called Clinical Physiology Research. He clearly flourished there and took, in passing a BSc. In physiology in 1955 and MB.BS in 1958 when he was awarded the University Gold Medal. After that, the pull of research led him to a PhD in 1967 under the exacting guidance of Professor Franz Hobbiger in Acetylcholine esterases. As was common for doctors considering an academic life he moved with his family of four children in 1968 to work further in his chosen field with Professor Bob Featherstone at UCSF. Restless, he returned to UK to seek a future in academic medicine. Anyone with intellectual honesty could see that the future looked bleak then. Laboratory facilities were meagre and problems to be solved were insubstantial. He was approached to join a group of physicians of like-minded doctors being recruited to help develop new medicines in the Wellcome Research Laboratories at Beckenham Kent. Later he claimed that he was most persuaded by the offer of a car and a secure salary and the avoidance of seeing so many people routinely in a general practice. Of course, he was in fact a fine physician when the need to practice temporarily as a locum consultant physician arose.

The Wellcome method was to ask its clinicians for unequivocal answers to clear questions while providing generous support both in encouragement and equipment. So his first challenge was to examine benzylpiperazine, which looked like an antidepressant to the pharmacologists, but to the Wellcome clinicians it looked like an amphetamine-like stimulant and this had to be investigated in humans which became Tony's job. Together with Arthur Fowle he established facilities for studying CNS effects by collaborating with the MRC Applied Psychology Unit in Cambridge and the RAF Aviation Medicine Unit. The vigilance task

required subjects to sit in a soundproof room for an hour and differentiate beeps of different length and was greatly disliked by subjects. However, it did the job and Tony demonstrated that benzylpiperazine was amphetamine-like and addictive. Exit benzylpiperazine, and it always gave Tony great pleasure that his publication(1) was never picked up by drug dealers as benzylpiperazine was freely available and not on any controlled drug list. Publishing, according to Tony, was the best way to keep something secret and this story came up whenever faced with pharmaceutical company lawyers trying to keep findings secret. As it happened It took about 40 years to end up in the illegal markets.

His biggest accomplishment was the development of lamotrigine which he developed from the preclinic to registration and saw it expand to the standard drug in epilepsy it is today (2). Clinical Pharmacology in Wellcome around 1981 was run by physiologists like Tony, who had done experiments themselves and you very quickly got impregnated by the same experimental rigor they had picked up from their teachers. I distinctly remember my interview-in the bar of the Marriott Hotel in Amsterdam-where I was well in time only to discover that I was looking for three Englishmen and everyone seemed to speak English. When Tony, Arthur Fowle and Douglas Munro-Faure marched in it was immediately clear that they were quintessentially English-especially Tony- and the others American. Lesson one for a young Dutch physician. At Wellcome liking opera was virtually a job requirement and taking American colleagues to Covent Garden on the expense account was never a problem. The first administration of lamotrigine was under my responsibility-but dominated by Tony who was the first subject and of course went to have his usual solid lunch in the staff restaurant, to come back with autonomic T-wave changes that generated some concern as lamotrigine had a cardiotoxic metabolite in dogs which we could not measure in humans. Luckily, for millions of epileptic patients, we did not register such effects at the time particularly well.

Tony was unusual even in the less corporate environment of Wellcome at the time but greatly appreciated because of his direct razor-sharp opinion, wonderful ironical sense of humor originating from a part of England where directness was more usual than in London. Tony, when you got to know him really was a deeply emotional, although sometimes irascible, family man who seemingly ignored the children during his working life, but was of

course much more concerned (and proud of them) when he talked to his colleagues. A CVA after cardiac surgery affected his speech but not his character that shone through his reduced capacity for verbal expression. He lived independently but somewhat more isolated, as he never made much use of email. His quaint reluctance to adopt potentially helpful tools like DVDs, dictating machines and computers probably went along with his tremendous doggedness in reducing variance in his pharmacodynamic studies. So when he came to designing studies in reducing the seizure incidence in conditions where therapy had to be "add-on" in patients whose fits were randomly and often sparsely occurring he opened up a new vista for such studies and his approach keeps resonating in the work of his pupils. He died peacefully on December 21st in a nursing home that was established on the grounds of the old Wellcome research laboratories. He leaves four children. One of them followed him into medicine and clinical pharmacology (and is a fellow of the BPS) and seven grandchildren. His colleagues will remember a wonderfully insightful physician-physiologist-pharmacologist who contributed more than most to our field, as evidenced by the millions of epileptic patients who are controlled on lamotrigine and the hundreds of scientific publications that originated from his pharmacodynamically oriented approach to drug development.

Adam Cohen

Arthur Fowle

References

1. Campbell H, Cline W, Evans M, Lloyd J, Peck AW. Comparison of the effects of dexamphetamine and 1-benzylpiperazine in former addicts. *Eur J Clin Pharmacol.* 1973;6(3):170–6.
2. Peck AW. Lamotrigine : Historical Background. *Rev ContempPharmacother.* 1994;5:95–105.