Robert K. Nixon, MD

Robert J. Priest, MD*

Robert Kenneth Nixon first came to Henry Ford Hospital in 1954. He was born in Santa Barbara, California, graduated from the University of California, Berkley, in 1942, and received the Doctor of Medicine degree from Northwestern University Medical School in 1946. His internship and residency at Cook County Hospital in Chicago, Illinois, were followed by a fellowship in hematology (1951 to 1952) at the Hektoen Institute.

His early description of the detection of splenomegaly (1) by percussion was noted as part of the physical examination for jaundiced patients in the second edition of the classic textbook by Leon Schiff, Diseases of the Liver (2). This “simple method in bedside diagnosis” has been described in subsequent editions of the 1963 textbook, through the fifth edition, published in 1982. His technique advised that the patient be placed in the right lateral recumbent position with the left arm extended forward and upward, and that percussion be started at the lower level of pulmonary resonance in the posterior axillary line. Percussion was carried downward obliquely toward the left mid anterior costal line. In this position the spleen lies above both the stomach and the colon, permitting determination of its upper and lower borders of dullness. Percussion dullness over 8 cm indicates splenic enlargement in the adult.

In his clinical practice at Henry Ford Hospital in the 1950s, Dr. Nixon diagnosed a series of patients—usually patients of Armenian, Arab, or Jewish ancestry—with recurring short attacks of abdominal pain. This disease, recurring polyserositis or Familial Mediterranean Fever, still remains an enigma of pathogenesis and management. Dr. Nixon recognized its simulation of acute surgical conditions in the abdomen, described the pitfall of the abdominal pain episodes, and suggested that “greater awareness of this entity among both surgeons and physicians is necessary, if unwarranted surgery is to be avoided” (3). At that time the disease was being established as an entity (4). Dr. Nixon’s wife, Pat, drew our attention to any current medical articles on the subject and accompanied us to a local nightclub every two weeks to hear the prime Armenian dance band, “The High Tones,” with a secondary objective of recruiting additional patients with the disease!

As a hematologist, Bob Nixon recognized the diagnostic value of bone marrow hemosiderin patterns (5). He described a hemosiderin pattern in the marrow of patients with hemochromatosis. This pattern was illustrated in the third edition of Gastroenterology, a textbook edited by Dr. H.L. Bockus (6). Dr. Nixon described patients with hemochromatosis having small (0.5 to 2.0 μm) uniformly round hemosiderin particles in contrast to the large particle hemosiderin pattern in patients with cirrhosis.

Using his experience in bone marrow techniques, Dr. Nixon collaborated with the late Dr. Boy Frame to recognize increased mast cells in patients with a decrease in bone density (7,8). It was speculated that heparin, which is synthesized by mast cells, may play an important part in the pathogenesis of age-related osteoporosis and helps explain the enlarging bone marrow cavity observed in osteoporosis.

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Dr. Nixon was honored by the Michigan Chapter of the American College of Physicians with the Laureate Award in 1985. He has served Henry Ford Hospital as head of the Second Medical Division beginning in 1966, as Chairman of the Henry Ford Hospital Medical Board in 1973, and as Acting Chairman of the Department of Medicine from 1984 to 1985, serving on the Board of Governors.

In his activities in the community, Bob had been a volunteer physician at the Cabrini Clinic in the inner city of Detroit since 1955.

His social concerns have been worldwide. He has served as a member of the Medical Board of Project Hope since 1966, was Chief of Medicine on the S.S. Hope with tours in Peru, Equador, Ceylon, and Brazil from 1962 to 1972, and has made several survey trips to other countries.

Henry Ford Hospital has been fortunate to have distinguished service from a doctor of such clinical and research acumen and social responsibility. Dr. Nixon’s career has touched us with pride and gratefulness. After leaving Detroit in 1986, he now lives in North Carolina where he is a Clinical Professor of Medicine at the University of North Carolina School of Medicine.

References