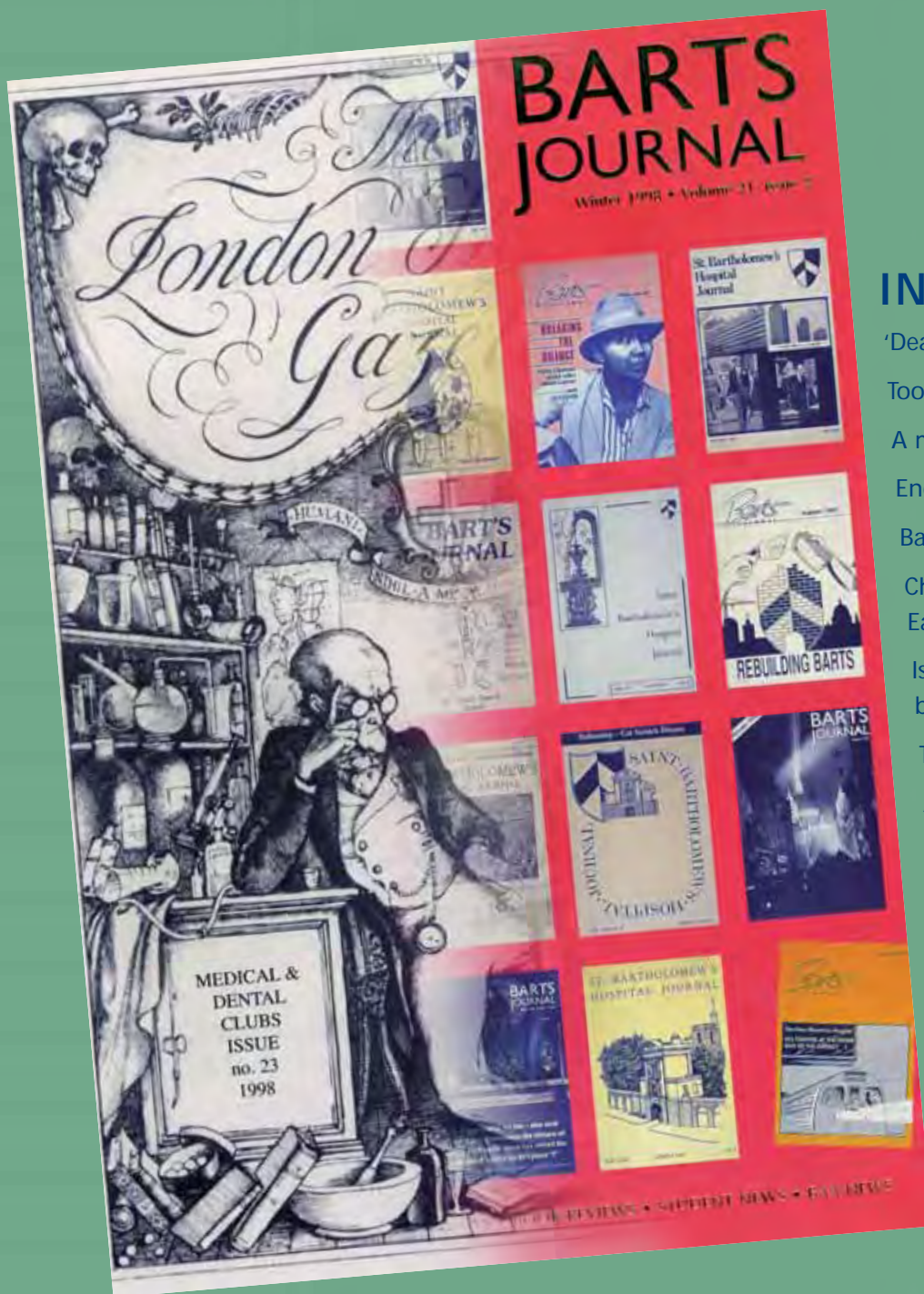


# BLC

BARTS AND THE LONDON CHRONICLE Autumn 2006 Volume 8, issue 2



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*The magazine for the alumni community  
of Barts and The London, Queen Mary's  
School of Medicine and Dentistry*

*Incorporating*

**BARTS  
JOURNAL**

*The  
London Hospital  
Gazette*

## Barts and The London Chronicle

*Barts and The London Chronicle* is the publication of the alumni of Barts and The London, Queen Mary's School of Medicine and Dentistry, and the alumni of the Medical Colleges of St Bartholomew's and the Royal London Hospitals.

The *Chronicle* aims:

- to keep alumni and staff informed of the achievements of both students and staff of the School, and of activities of the Alumni Association and its members;
- to cement the relationship between the School of Medicine and Dentistry and its graduates, and especially to encourage present students to maintain after graduation their links with the School and each other through continued readership;
- to inform readers of developments in the School and its Associated University Hospitals, and at Queen Mary, University of London, and City University in fields relevant to the world of medicine and medical education;
- to foster the rich history and lore of the constituent Medical Colleges and their associated Hospitals.

## Barts and The London Alumni Association

- provides a means for members to keep in touch with each other and the Barts and The London School of Medicine and Dentistry;
- publishes the twice-yearly *Barts and The London Chronicle*, issued free of charge to members;
- holds annual one or two-day medical and dental clinical meetings for which PGEA/CPD approval is usually granted;
- supports present medical and dental students of the School of Medicine and Dentistry by bursaries and hardship grants;
- organises social events, including an annual Dinner;
- encourages and supports special interest, regional and overseas groups with similar aims, including St Bartholomew's Decennial Clubs and the London Hospital Dental Club;
- promotes the well being of the School and its associated hospitals.

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### Subscription

Members of the Barts and The London Alumni Association receive the *Barts and The London Chronicle*, which is also distributed to staff and students of Barts and The London School of Medicine and Dentistry. Friends and others not eligible for full membership and who wish to receive the *Chronicle* may become Associate Members of the Barts and The London Alumni Association.

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# Editorial

Times are changing at the BLC and in a sense we are at the end of an era. Sue Boswell is, sadly, retiring after a decade at the helm as Head of Alumni Relations and later Head of Medical and Dental Alumni Relations, and most importantly the major force behind the success of the 'new' alumni journal. Having pulled together two disparate publications (the *London Hospital Gazette* and the *Barts Journal*), with their long, proud and independent history of representing two very different institutions, Sue as the architect has watched the fusion of cultures take place over the last few years. Without the energy, humour and imagination that Sue has put into the task it is more likely that the two elderly magazines, instead of being replaced by a bouncing new generation BLC, would have quietly faded into forgotten obsolescence. Sue has been truly wonderful.

The cover of BLC reflects its origins, being a meld for the first issue which was then retained by popular demand. This ability to put together a true blend of the best of two historic institutions reflects perhaps the way in which the new School of Medicine and Dentistry has itself flourished and gone forward. Building new traditions out of the best of the old is always a difficult balance, and many senior consultants still find themselves a touch perplexed as to how it all happened. Sue Boswell is perhaps the answer to that perplexity, in that she has ignored some of the old thinking and forged ahead with creating a bright, lively and genuinely inclusive journal. We are going to miss her enormously and those of us who were persuaded gently to produce for the journal will reflect on how well she coped with us all. We are also saying goodbye to Graham Hillman who has produced his seasonal jottings since Spring 2000. Replacing their combined humour, promptness and unflinching commitment will not be easy. Best of luck Sue, and a thousand thanks for all you have done to chronicle a new world.

**Dr Trevor Turner**  
**Professor Finbarr Cotter**  
Joint Chairs, Editorial Board



# BATLAA news

Barts and the London Alumni Association [www.batlaa.org](http://www.batlaa.org)

## Welcome

.... to all our new readers, and congratulations on joining your chosen profession at last! You will receive the *Barts and The London Chronicle* twice yearly, free of charge (as long as we have your up-to-date address!), and we hope it will help you keep in touch and remind you of happy times at Barts and The London.

*Editor*

## Black Tie Dinner & Dance

### Still time to book?



There may still be time to book for this year's Dinner and Dance to be held in the splendid setting of the Drapers' Hall on Friday 24 November. Details and a booking form are on the back cover of this issue of BLC, or you can download a booking form from the web site. **Closing date extended to 20 November.**

## Dental Club seeks presidential nomination

The London Hospital Dental Club will hold its Annual Clinical Meeting on 23-24 February 2007 (see page 7), during which Bryan Harvey will be installed as President 2007-08, and the President-elect will be appointed. Nominations are now invited for this post – ie President 2008-09.

Nominations must be received by **17 November 2006** and must be signed by the nominee, proposer and seconder, all of whom must be members of BATLAA and graduates or present or former academic staff of the School. Former Presidents are eligible. Nomination forms are available from the Alumni Relations Office (email [batlaa@qmul.ac.uk](mailto:batlaa@qmul.ac.uk)). In the event of a contested election voting papers will be issued with the December newsletter to dental members of BATLAA.

## BLC Editorial Board

The Editorial Board has welcomed **Dr Anthea McEwan** (q The London 1958) to its ranks. Many Old Londoners will remember her as an energetic and enthusiastic Secretary of the London Hospital Medical Club.

## Election results

The following were elected to serve for three years from 1 January 2007

- **President**  
**Dr Brian Colvin**



Dr Colvin qualified at Cambridge and The London in 1969 and then specialised in haematology, becoming Director of The London's Haemophilia Centre. He was briefly President of The London Hospital Medical Club before becoming Assistant Warden (now Dean) for Student Affairs, in which capacity he has been a familiar figure to several generations of students. He is due to retire from the NHS in 2007.

- **Vice-President**  
**Professor Peter White** (re-election)
- **Social Secretary**  
**Dr Aidan Gill** (re-election)
- **Management Committee**  
**Mr Michael Wareing** (re-election)  
[one vacancy]

*A profile of Dr Colvin appeared in the Autumn 2002 issue of the Chronicle.*



## Alumni support current students

The School was delighted recently to receive a substantial donation from an Old Londoner now living in Canada who wishes to fund 'the travel of a student to an underprivileged part of the world to gain experience in clinical medicine under adverse conditions' through the John and Lorraine Davies Elective Bursary. He also hopes that the students selected for this bursary will provide a report of their experiences for publication in the Chronicle. There are now several hundred alumni who regularly give to one of the BATLAA Benevolent Funds via Direct Debit – funds which are used to support current students in a number of ways:

- Bursaries for those taking an intercalated BSc or BMedSci course, for which MRC grants are no longer available.
- Elective bursaries for medical and dental students.
- Hardship grants for individuals in financial difficulties.
- The Geoffrey Flavell Excellence Awards, which provide £2,000 over the first three years of the course, awarded to one student each year. (All these awards are made on the recommendation of the appropriate School or College committees.)
- Grants to help the Students' Association and/or specific Clubs and Societies, such as the Rugby Club. The Alumni Association has also recently provided the Students' Association with funding to purchase a minibus.

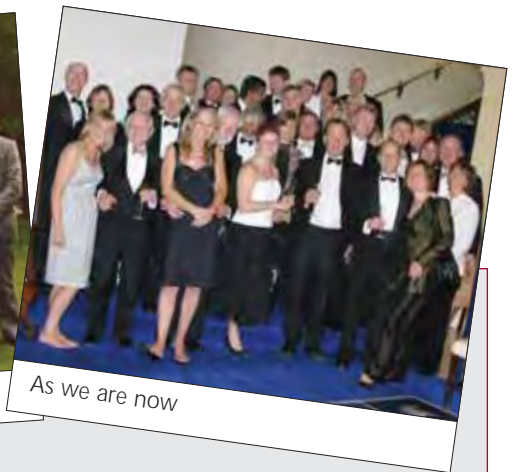
Enquiries have also recently been received from alumni wishing to leave a legacy to the School, or to the BATLAA Benevolent Funds – the Barts and The London Hospital Medical Club Benevolent Fund and the London Hospital Dental Club Benevolent Fund.

The Association would like to thank all the alumni who have contributed to the Benevolent Funds in the past and who still do so, or are planning to do so in the future, making it possible for the Association to go on supporting today's students.

For a Direct Debit mandate and/or Gift Aid form or Legacy Pack please contact the Alumni Relations Office. The Legacy Pack also gives details of how your gift can benefit the work of the Barts and The London School of Medicine and Dentistry.



As we were



As we are now

## Class of '76 – View Day Reunion

For the meteorological office the summer of 1976 was special in terms of temperatures and hours of sunshine. For twenty-one Barts medical students it was special because we chose to take a year out after 2nd MB mostly to do intercalated BSc's in Pharmacology, Physiology or Psychology, although Helen Holtby (née Koppell) spent that summer taking part in the Montreal Olympics. Because the year behind us were the first of a new MB course we twenty-one became a slightly separate group with different elective periods and final examinations. Although possibly closer as a result we nevertheless scattered in the usual way after house jobs and to a greater or lesser extent lost contact over the next thirty years.

And so to View Day, 10 May 2006. Remarkably – and with enormous gratitude to Stephanie Mannion and Sue Boswell in the Alumni Relations Office and numerous email exchanges over the preceding few months – thirty-three of us met next to the Henry VIII gate in glorious sunshine. This included sixteen of the original group together with wives, husband, girlfriend and a few extras – people had made enormous efforts to make the thirty-year

reunion, travelling from as far west as Toronto and as far north as Muswell Hill and beyond! Unfortunately one from Vancouver and another from Perth, Western Australia, were unable to make it but were present in mind and spirit!

We had a tour of the Great Hall and museum then moved over to Charterhouse Square for tea in Dawson (ex-College) Hall and a tour of the facilities there. After a quick change we reconvened at the Hand & Shears – nobody was refused entrance! – and then on to the Butchers' Hall outside the QE block for dinner in the Great Hall. This was made possible by joining forces with the BATLAA Oxford & Cambridge Club with whom we shared a wonderful evening thanks to the organisational and diplomatic skills of Sue Boswell and the generosity of their President Campbell McKenzie. We adjourned to the bar of the Malmaison Hotel in Charterhouse Square where the festivities continued into the early hours and the reunion concluded the following morning with breakfast al fresco at a Smithfield café.

It was a truly remarkable occasion and we all promised to meet again soon although suggested dates ranged from 12 May to 2036!!

**Mr Adam Scott, q Barts 1980**

## Reunions in view

**Miss Hilary Smith** (q The London 1967): a reunion in 2007 of those who started at The London in October 1962, and those who joined them along the way.

**Dr Elizabeth Cox** (q Barts 1978): a 30-year reunion in 2008 for those who qualified at Barts in 1978 (or started in 1973). Email: lizmiller@i31.co.uk.

**Mike Patel and Gauri Narayan** (q BDS The London 1977): a 30-year reunion, possibly to coincide with the Dental Club

Annual Clinical Meeting in February 2007. Please email gauri2@earthlink.net or mikepatel1a@aol.com if interested, and please pass the information on to others from the same year you may be in touch with. ■

*Thinking of organising a reunion? The Alumni Relations Office would be pleased to help. Please ask for a copy of our Reunion Guidelines which offers some handy advice and explains what can do to support your event.*

# School news

Two academics from Queen Mary's School of Medicine and Dentistry were awarded OBEs in the Queen's Birthday Honours list published in June.

**Dr Sheila Cheeroth** of the Institute of Health Sciences Education, and a Limehouse GP, has been honoured for services to refugee doctors and healthcare. Dr Cheeroth set up the Refugee and Overseas Qualified Doctors Programme (ROQDP) in 1997 to assist qualified refugee doctors to practise in the UK. The Programme provides training for doctors who have permanent resident status

in the UK but who must sit the Professional and Linguistic Assessment Board Test (PLAB) before they can register with the GMC and practise here. Between 2002 and 2006 it helped fifty-four doctors through exams and into NHS medical posts.

**Professor Irene Leigh** (q The London 1971), from the Institute of Cell and

Molecular Science, was recognised for services to medicine. Professor Leigh's research focuses on skin cancer and genetic skin disease – looking for ways to translate clinical observation into laboratory research and vice versa. Professor Leigh has been Professor of Cellular and Molecular Science since 1999.

## Making an outstanding impact

**Professor Elizabeth Davenport** (q BDS The London 1974) from the Institute of Dentistry was among the fifty university lecturers and learning support staff recognised last June with the award of National Teaching Fellowships by the Higher Education Academy. Professor Davenport holds the first ever Chair of Dental Education in Europe and has been instrumental in the development of the dental curriculum at Barts and The London. The winners, who also included Queen Mary's Professor Evelyn Welch of the School of English and Drama, were chosen from 242 nominees and each received £10,000 to support their learning and teaching. The awards were presented at a ceremony and dinner in September.

*Inaugural Lecture: see page 30*

## Awards for Blizard Building

The School's new flagship Blizard Building at Whitechapel, designed by Will Alsop, has been awarded a prestigious Royal Institute of British Architects (RIBA) prize for 2006 for its high architectural standards and contribution to the local environment. Along with another Queen Mary project, the Lock-keeper's Cottage alongside the Regent's Canal on the Mile End campus, it is among sixty-two new developments across the UK and EU which have been recognised by RIBA.

The Blizard Building has also won a Civic Trust Award. These Awards, which have been running since 1959, recognise the very best in architecture, urban design, landscaping and public art; they are awarded to projects of the highest quality



design which have made a positive contribution to the local environment. The panel said of the Blizard Building: 'All parties involved should be congratulated for realising such a bold, imaginative and uncompromising solution that acts as a positive catalyst for the area.' 316 schemes entered the Awards this year. The most recent award to the Blizard Building is the Barbara Miller Award.

## Foundation year posts



The Warden, **Professor Sir Nick Wright**, has been in the forefront of national debate about the shortcomings of the online system introduced for the 2006 entry to Foundation Year 1 posts (FY1, which used to be known as pre-registration house jobs). Responsibility for oversight of the year rests with the medical schools, and in the past students have usually been placed close to their home school. Under the new system some students were offered places a long way from London. There were also complaints that the online application form failed adequately to recognise academic achievement and performance in favour of more nebulous concepts, such as team working, understanding of the GMC Modern Doctor concept and leadership potential. Discussions are now under way to draw up a revised scheme for 2007.

## Preventing the pandemic

A major international two-day conference held at the School in June and led by **Professor John Oxford**, Professor of Virology in the Institute of Cell and Molecular Science, discussed the role of vaccines in halting the spread of bird flu. 'Preventing the Pandemic: Bird Flu Vaccines', organised by Retroscreen, of which Professor Oxford is co-founder, focused on practical intervention using vaccines or passive antibodies, new molecular technologies, and the speed with which vaccines can be made. ▶

## Honorary Graduate



**Professor Gustav Born FRS** was installed as an Honorary Graduate of Queen Mary at the Graduation Ceremony held on 7 July. Professor Mark

Caulfield, Director of the William Harvey Research Institute, who presented Professor Born for the Degree of Doctor of Science (*honoris causa*) wrote:

Gustav Born was born in Göttingen, Germany, in 1921, the son of Max Born who became the Nobel Laureate in Physics in 1954. He graduated in medicine at the University of Edinburgh and began his postgraduate research in the Dunn School of Pathology in Oxford, graduating with a DPhil in 1951. In 1960 he was appointed Vandervell Professor of Pharmacology at the Royal College of Surgeons in London and subsequently held Chairs of Pharmacology at Cambridge and at King's College London, from where he retired in 1986. His association with Queen Mary began in 1990 when he joined with Sir John Vane and other colleagues to found the William Harvey Research Institute.

During his career Gustav Born has made seminal contributions to our understanding of circulatory physiology; many have led to novel therapeutic innovations. He invented the concept of platelet aggregometry and devised a simple device, 'The Born aggregometer', with which to measure the behaviour of these cells when they are stimulated to aggregate by pro-thrombotic stimuli. From his research, the first anti-platelet therapies, including drugs used for the prevention of heart attack and

stroke, such as aspirin and clopidogrel, were invented.

Throughout a long and distinguished career Gustav Born has received many awards and honours. He is a Fellow of the Royal Society and a recipient of the Royal Medal. He is an Honorary Fellow of the Royal College of Surgeons and a Fellow of the Royal College of Physicians. He is a former President of the International Society of Thrombosis and Haemostasis.

## New Honorary Fellows

*Two new Honorary Fellows of Queen Mary, installed during the July graduation ceremonies, have connections with the School of Medicine and Dentistry.*



**Professor Dame Lesley Rees DBE**

Dame Lesley Rees is a pre-eminent international figure and pioneer in the field of chemical endocrinology, and a strong role model for female medical students. Shortly after graduating with Distinction from the Medical College of St Bartholomew's Hospital in 1965 she embarked on co-founding a world-renowned Centre for Clinical Endocrinology at St Bartholomew's Hospital, and she has won numerous awards for her research. She was the first Secretary-General of the International Society for Endocrinology to be elected from outside the United States, a post she held for twenty years, and in 1980 she was the youngest Fellow to be admitted to the Royal College of Physicians.

As Dean of the Medical College of St Bartholomew's Hospital from 1989 Professor

Rees initiated a modern medical curriculum for both Barts and The London Hospital Medical College, placing both institutions well ahead in medical education for undergraduates, and she led the College to a successful merger as part of Queen Mary in 1995.

In recognition of her extensive achievements in medicine and medical education she was made a Dame of British Empire in 2001.

*Profile of Dame Lesley Rees: see pages 24-25*



**Roger Henderson QC**

A lawyer by training, Roger Henderson became a Governor of the London Hospital Medical College in 1989 and Chairman of its Council in 1993, thus becoming closely involved in the negotiations which led to the merger with Barts to form the new School of Medicine and Dentistry at Queen Mary. Subsequently he served on Queen Mary's Council, continuing to take an acute interest in the School.

Mr Henderson graduated with First Class Honours in Law from St Catherine's College Cambridge; he took silk in 1980 at the age of 36, was made a Recorder of the Crown Court in 1983, and a Deputy High Court Judge since 1987. He has been a Bencher of the Inner Temple since 1985. His distinguished legal career has included representing the General Medical Council in three major disciplinary cases, and he has been President of the Council of the British Academy of Forensic Sciences – illustrating the interest he has always taken in medical and scientific matters.

## MSc in Surgical Skills and Sciences: a UK first

The School's MSc in Surgical Skills and Sciences was launched in 2005 to concentrate and accelerate surgical training. Employing highly sophisticated state-of-the-art virtual reality surgical and endoscopic simulators, the course develops basic and advanced surgical and endoscopic skills in key fields – much as flight simulators are used to train pilots. It

is believed to be the only such programme in a UK medical school.

The benefits of simulators are many: students may practise the basic and advanced skills required in laparoscopic and endoscopic procedures without stress to themselves or the patient, whilst the software provides immediate, unbiased

assessment and feedback on their performance. In the open surgery module students learn basic principles of surgery, such as how to hold instruments and how to stitch and tie knots, honing their skills on synthetic double-layer intestines which mimic the texture, elasticity and resistance of the real thing.

## Attracting clinicians to medical research

The School has been awarded four Clinical Senior Lectureships in the first round of a scheme funded by the Higher Education Funding Council for England and local NHS trusts to increase the numbers of qualified clinicians undertaking medical research. The five-year awards are for staff who have completed their professional training in a specialist clinical area and have also shown considerable promise during their parallel training and early experience in research.

The awards – one in oncology, one in paediatrics and two in immunology/infectious diseases – are among a total of 38 lectureships at fourteen universities to be funded part of a range of UK Clinical Research Collaboration projects to support clinical academic careers in medicine and dentistry, and put Queen Mary in the top three universities – alongside Imperial and UCL – to be recognised.

**Professor Parveen Kumar** (q Barts 1966) with the Warden, Professor Sir Nick Wright, at her installation as President of the British Medical Association in July. The theme she has chosen for her year as President is ‘the quality of care we deliver to our patients’.



## Dean for Postgraduate and Postdoctoral Training

**Dr Joy Hinson**, Deputy Dean for (Undergraduate) Student Affairs in the School, has taken on the additional role of Dean for Postgraduate and Postdoctoral Training and Education. Her strategic aim is to improve postgraduate and postdoctoral education and training, thereby extending to postdocs the best practices already in place for undergraduates and in the Graduate School. She works closely with Institute Directors and their local postgraduate coordinators, and also continues in her role as Deputy Dean for Student Affairs.

## Professor of Biomedical Ethics appointed

**Richard Ashcroft** has joined the School of Medicine and Dentistry as Professor of Biomedical Ethics following the retirement of Professor Len Doyal. Professor Ashcroft, who comes from Imperial College, trained in mathematics, history and philosophy of science at Cambridge, where his doctorate concerned the ethics of scientific research. During postdoctoral studies at Liverpool he worked on ethics in clinical trials, and then moved to a lectureship in the Centre for Ethics in Medicine at Bristol University. His special interests lie in the ethics of medical research, ethics in public health, and philosophy of medicine. An interview with Professor Ashcroft appeared in *The Education Guardian* on 18.7.06.

## Twentieth anniversary for WHRI

The William Harvey Research Institute celebrated its twentieth anniversary in July with a programme of lectures at Charterhouse Square. Institute Director **Professor Mark Caulfield** (q The London 1984) wrote that the Celebration reflected not only WHRI’s scientific achievements, past, present and future, but also the people who had carried out and continued to undertake this very important work:

‘John Vane’s vision when he founded the Institute was to nurture and encourage pharmacological excellence with academia. The WHRI has exceeded this ambition, as illustrated by the representatives from industry, charity, the political arena and the health service who are with us today. The Institute has reached a far wider spectrum and we are particularly proud that over the past twenty years we have worked or collaborated with scientists from forty-four different countries. Since taking over as Director in 2003 the enormous contributions and benefits from these interactions have been very apparent and something cherished by myself and John Vane.’

During the day the second John Vane Lecture was given by Professor Gus Born FRS, who gave a fascinating account of ‘My life in science and Nobel Laureates I have known’ – who of course include his father, the physicist Max Born. One of Professor Born’s current projects is a book for children to encourage their interest in science – ‘Answers for Amelie’ (his granddaughter, who asks the questions) in English, ‘Wohin geht die Sonne wenn ich schlafe?’ in German.

## COLLEGE NEWS

Queen Mary Principal, **Professor Adrian Smith**, has been appointed Deputy Vice-Chancellor of the University of London.

### Nanotechnology to fight viruses

A UK-based consortium AVNP (Antiviral Nanoparticles Programme), a consortium of six academic institutions and businesses, including Queen Mary’s Department of Materials, is to develop a way of fighting viruses, including bird flu, by using nanotechnology (the science of manipulating material on the scale of atoms and molecules to build useful items). A nanometre is one

billionth of a metre and average office paper is about 100,000 nanometres thick. The £2 million, two-year programme will work on developing a range of nanomaterials for use in the fight against a broad spectrum of viruses and is funded by the South East England Development Agency. The programme will be carried out by a Team led by QinetiQ Nanomaterials Ltd and will develop a range of nanomaterials that have already proved effective against viruses in

initial tests. Dr Guogang Ren, from Queen Mary’s Department of Materials and a partner in Team AVNP, discovered that at the nanoscale, certain inorganic materials kill viruses such as SARS and avian flu on contact. The Team will develop combinations of nanoparticles and nanocompounds for use in a range of antiviral products such as face masks, air filters and antiviral coatings for, for example, bank notes, vending machines and photocopiers. ▶



## LEAGUE TABLES

Queen Mary has featured in the *Times Higher Education Supplement's* top 100 world university rankings for the first time – jointly placed at 99, up from 112 in the 2005 list. The College was also ranked 41 in Europe's top 50 universities. The *Sunday Times* in September ranked Queen Mary 32 out of the UK's 120 universities, two places up from last year and its highest ever ranking in this league table. 'The college has been setting the agenda academically for more than 100 years' said the report, adding that heads and academics rate Queen Mary highly. The ranking puts Queen Mary seventh out of London's twenty universities, with seven departments rated 'excellent', including Dentistry. The College is also ranked in the top ten for the 'best student/staff ratio' – in sixth place – and in the 'highest graduate starting salaries' – in eighth place, with average starting salaries of £20,902. The Sunday Times University Guide 2006 was compiled using data from the Higher Education Statistics Agency (HESA), the Quality Assurance Agency for Higher Education, the national funding councils and institutions themselves.

In the 2006 edition of *The Times Good University Guide* Queen Mary was ranked at number 41 – an improvement of three places from last year. The 'Top Universities 2007 League Table' ranks universities by measuring nine key aspects: student satisfaction, research assessment (the average quality of research from the 2001 RAE), entry standards, student:staff ratio, library/computing spend, facilities spend, good honours (percentage of graduates achieving a first or upper second degree), graduate prospects and completion.

## A £400 plus million annual contribution to UK economy

A study has revealed Queen Mary to be a significant player in the economy, generating employment and output worth over £400 million to London and the UK over the course of one year. Of the total output generated, £266 million was in London and £133 million elsewhere in the UK.

The study examined the major economic characteristics of the College during the academic year 2003-04, including its income, expenditure and employment. It also included economic activity generated in other sectors through the secondary or 'knock-on' effects of the expenditure of the College, its staff and students. Overall, Queen Mary makes a major economic contribution to the UK and London economies as a large higher education institution, and as a significant purchaser of varied goods and services.

## Queen Mary joins the 1994 Group

The College has been admitted to the 1994 Group of internationally renowned universities which undertake diverse and high-quality research, while at the same time ensuring excellent levels of teaching and student experience. The membership is now nineteen institutions, with a combined total of 190,000 students, research income of £453m and 18,000 academic staff. Members include the LSE and Durham, Exeter and Warwick Universities.

The 1994 Group provides a central vehicle for member institutions to protect their common interests in the higher education market, to respond quickly and efficiently to key policy issues, and to share best methods and practice for the smoother running of their own institutions. The Group, while working on this collaborative basis, recognises the need to preserve the distinct character and traditions of each individual member. There is ongoing assessment of how the Group's shared strengths and each member's distinctive elements can be promoted to best meet the diverse needs of students and staff, employers and industry, research councils, governments agencies and all other stake-holding groups in the higher education sector.

## Promoting innovation through UK-China collaboration and knowledge transfer

Queen Mary has been successful in a bid for just under £5m of funding for a collaborative programme involving several universities in the UK and China. 'Innovation China UK' (ICUK) was awarded £4,978,784\* (subject to additional conditions) by the Higher Education Innovation Fund (HEIF) and is one of eleven winning projects sharing in £52 million for higher education innovation.

ICUK, led by Queen Mary, will be the first collaborative research and knowledge transfer partnership supporting UK and Chinese higher education institutions (HEIs). ICUK will act as a springboard for UK businesses to access resources in China, and academics based in the UK will have access to leading scientists, expertise and facilities, easing entry into the potential markets of China.

ICUK will focus its main activities on areas of common interest, such as energy, including technologies for the sustainable environment, aerospace, e-science, marine technology and drug developments and therapies for infectious diseases.

## Proposed new Biosciences Innovation Centre for East London

A new £28m Biosciences Innovation Centre is to be developed at Whitechapel by Queen Mary and the London Development Agency (LDA) with the support of Thames Gateway funding from the Department for Communities and Local Government. The Centre, situated on New Road at Whitechapel, will provide a state-of-the-art facility comprising approximately 40,000 square feet of laboratories and offices designed specifically for high technology companies operating in the life sciences sector. It will also include separate education facilities for the School of Medicine and Dentistry. It is hoped that the Centre will attract start-up companies from Queen Mary and others from further afield. The Centre expects to contribute to the employment of up to 300 skilled professionals, supporting an additional 60-80 jobs in services in the local community.

In tandem with this development, Queen Mary and the LDA also plan to restore several Georgian town houses on Varden Street, creating new residential accommodation within this Conservation area. ■



# Dental news

## Graduate programme launched

An innovative undergraduate dental programme for up to twenty graduate-entry students was launched in September by the Institute of Dentistry. The Graduate Entry Programme – Dentistry (GEP-D) is a four-year course leading to a BDS, enabling more flexible access to professional dental training. The entry requirement is a good (first or upper-second class) Honours Degree in a science or health-related subject.

The programme takes advantage of existing education and training capacity in the School and its partner organisations to develop and deliver a more vocationally based dental education. The ethnic diversity of the Institute's local east London population provides a unique opportunity for dental students to deliver oral healthcare to a wide cross-section of the population who have different disease patterns and healthcare needs. Thus the new programme will increase the overall numbers of high-quality practising dentists who are particularly equipped to meet local healthcare needs.

## Awards

Dental student **Prashant Naik** was awarded first place in the 2006 BDA/Dentsply Student Clinician Programme Awards. Dentsply is the largest dental manufacturing company in the world; the Programme supports international undergraduate study and highlights the continuous bond that exists between the profession and the dental industry.

Prashant's presentation 'The role of insulin-like growth factor 1 and its receptor in oral cancer' won first prize, an all-expenses-paid trip to the 147th Annual Session of the American Dental Association held in Las Vegas in October.

**Huda Albasri**, who graduated in 2006, was amongst the winners of the GDC's 2005 Prize for Professionalism Award, an annual prize awarded to student dental professionals

who have demonstrated professionalism in areas such as patient care, clinical governance, team working, communication skills, reliability, integrity and knowledge. Each year the GDC invites all UK dental schools to pick a winner each from among their students, and Ms Albasri received the top score for 'Professionalism' scored by all her teachers in all disciplines over the second to fourth years of the course.

**Baldeesh Chana**, Deputy Principal Tutor and Hygienist/Therapist at the Centre for Professionals Complementary to Dentistry, was named Dental Therapist of the Year in the 2006 Dental Awards hosted by The Probe. She was judged winner for her commitment to the British Association of Dental Therapists, where she is a Council member and Chairman-elect, and for the care she provides to her patients in general dental practice.

## Mike Barsby retires

Dr Mike Barsby has retired after over forty years' service at the Dental School. He qualified at The London Hospital Medical College Dental School in 1963 and became a member of staff in the Department of Prosthetic Dentistry in 1965. He served as President of the London Hospital Dental Club in 1997-98. A Reception was held in September to mark his enormous contribution to the School and to Dentistry.

## Dental Club ACM 2007

The London Hospital Dental Club will hold its Annual Clinical Meeting on 23-24 February 2007 under the Presidency of Dr John Besford. Lectures will be held in the Perrin Lecture Theatre of the Blizard Building at Whitechapel, and the Old Library will be once again available for refreshments and Trade Show following the re-opening of the Old College Building after refurbishment. No more chilly marquees!

The Friday evening dinner will be in the Gallery at Queen Mary, Mile End.

Full details of the programme and a registration form will be circulated to all dental members of BATLAA during December. If you have not received this mailing by 1 January, please contact the Alumni Relations Office ([batlaa@qmul.ac.uk](mailto:batlaa@qmul.ac.uk)). ■

## Congratulations

... to **Sir Peter Simpson** (q Barts 1970), President of the Royal College of Anaesthetists, on the award of a Knighthood in the Queen's Birthday Honours for services to the NHS.

... to **Professor Parveen Kumar** (q Barts 1966), Professor of Clinical Medical Education in the School of Medicine and Dentistry and honorary consultant physician and gastroenterologist in the Trust, on her election as President of the British Medical Association from July 2006.

... to **Professor Dame Lesley Rees** (q Barts 1965), former Dean of St Bartholomew's Hospital Medical College, on her installation as an Honorary Fellow of Queen Mary, University of London.

... to **Professor Irene Leigh** (q The London 1971), Professor of Cellular and Molecular Medicine and Joint Director of Research and Development in the School of Medicine and Dentistry, on her appointment to OBE in the Queen's Birthday Honours for services to medicine.

... to **Mr Robert Greatorex** (q BDS The London 1970), Associate Medical Director, Queen Elizabeth Hospital, King's Lynn, on his election to the Council of the Royal College of Surgeons in April 2006.

... to **Professor Elizabeth Davenport** (q BDS The London 1974) on the award of a National Teaching Fellowship by the Higher Education Academy. ■

## THE SCHOOL IN THE NEWS

**Caribbean connection.** The *Tower Hamlets Recorder* and the *East London Advertiser* reported the visit in March by the First Lady of the Dominican Republic to sign a research deal with Queen Mary. Dr Margarita Cedeño de Fernandez visited Barts and The London Whitechapel campus along with a delegation of academics and Dominican government figures, following a visit to the Dominican Republic by Professor Harshad Navsaria of the Institute of Cell and Molecular Science. An agreement was signed for an exchange of ideas, personnel and scientific material covering the areas of neuroscience, infection and immunity, gastroenterology and dermatology and burns.

**A choc a day keeps the doctor away.** The *Sunday Times*, *Daily Telegraph* and *Daily Mail* reported in April that Professor Roger Corder, William Harvey Research Institute, was seeking ethical approval for a clinical trial to test the health benefits of dark chocolate on patients with cardiovascular disease. Professor Corder believes that flavanol molecules found in dark chocolate fight heart disease and that we may need to add more to our diet, although this would only apply to good-quality chocolate with a cocoa content of eighty-five per cent. The trial results should be available within twelve months.

**£2.99 handwash kills MRSA and bird flu virus.** The *Daily Mail* reported tests carried out by Retroscreen Virology at the School, which showed that the bird flu virus can be killed with a hand cleanser that is available on the High Street. Tests have shown that No-Germs can eradicate 99.8 per cent of the H5N1 strain in around thirty seconds, significantly cutting the risk of 'indirect transmission'. Dr Rob Lambkin, managing director of Retroscreen said: 'If the virus did cross the species barrier, healthcare workers, research scientists and the general public would benefit from a

hand wash against the H5N1 virus to prevent indirect transmission of the virus.'

**The little squirt that gives an all-over tan.** A new tanning product is being tested on volunteers at Queen Mary, reported the *Daily Mail* in April. Scientists have developed a product that can create a body-wide tan from just a squirt on the arm. The spray allows a tanning agent to be absorbed by the skin and, as this is transported by the blood round the body, it triggers the production of melanin, the pigment which turns the skin brown. The president of the company which is developing the spray technique to deliver the tanning agent said: 'We are optimistic that the system will work very, very nicely.'

**The science of me.** Two journalists from the *Sunday Times Magazine* have undergone a series of medical tests following a claim by scientists that they can map out individual medical destinies, revealing the diseases each person will encounter and how each person will die. Strands of hair from the two journalists were fed into a mass spectrometer at Queen Mary to measure the 'stable isotope signatures' of carbon and nitrogen. The results revealed that one journalist was a meat-eater and the other a vegetarian, and that the vegetarian was an American: US cattle eat maize and British cattle eat grass, leading to different carbon signatures.

**Tories to boost science profile.** Professor Fran Balkwill, Head of the Translational Oncology Laboratory in the Institute of Cancer at Barts and The London, has joined a task-force set up by David Cameron to advise him on how best to develop the disciplines of science, technology, engineering and mathematics (STEM), reported the BBC in May. The group will speak to universities, professional bodies, companies and individuals to get a feel for how British scientific and technological

endeavour can be enhanced. Key themes it intends to look at include: the relative importance of applied science and 'blue skies' research; the achievement and exploitation of STEM in a global market; the methods and mechanisms of attracting and retaining students/leading experts; the role of Public Sector Research Establishments; the remit, organisation and management of the research councils, and the impact of EU and international research collaboration in STEM.

**New MSc Surgical Skills and Science.** Mr Bijendra Patel, Locum Senior Clinical Lecturer (Laparoscopic & Upper GI Surgery) in the Institute of Cancer, was interviewed by BBC Radio 4's *Case Notes* presenter Dr Mark Porter on the new MSc Surgical Skills and Science being offered by Barts and The London. The course is unique in the UK and provides 'hands-on training' simulator experience to develop basic and advanced surgical and endoscopic skills in key fields, using highly sophisticated, state-of-the-art virtual reality surgical and endoscopic simulators.

**Doctors' campaign against alternative therapies.** Sir Colin Berry, Emeritus Professor of Pathology, was amongst physicians and scientists who were signatories to a letter to *The Times* on 23 May raising concerns about NHS encouragement of unproven or disproved treatments. The letter said: 'There is now overt promotion of homeopathy in parts of the NHS – including the NHS Direct website. It is an implausible treatment for which over a dozen systematic reviews have failed to produce convincing evidence of effectiveness. Despite this, a recently published patient guide, promoting use of homeopathy without making the lack of proven efficacy clear to patients, is being made available through government funding... While medical practice must remain open to new discoveries for which

there is convincing evidence, including any branded as 'alternative', it would be highly irresponsible to embrace any medicine as though it were a matter of principle...'

**Premature babies and disability.** *The Daily Mail* reported in February that researchers have found that babies born prematurely face higher rates of disability and learning difficulties compared to full-term infants. The EPICure study has followed more than 1,200 babies born under twenty-six weeks gestation since 1995 and found that eighty per cent had some form of impairment. In many cases this was mild, but some children suffered from cerebral palsy and blindness. Kate Costeloe, Professor of Paediatrics, said: 'We decided that we needed to essentially study what was happening in the UK and find out what has been happening to the children we were looking after.'

**'Let doctors kill without consent'.** Len Doyal, Emeritus Professor of Medical Ethics at Barts and The London, says that doctors should be allowed to end the lives of patients without their consent. Writing in the Royal Society of Medicine journal, *Clinical Ethics*, Professor Doyal says that doctor-assisted deaths are already taking place in Britain on a regular and recurring basis and need to be better regulated. He says that many doctors take part in a form of euthanasia by withdrawing essential treatment to alleviate suffering. 'When doctors withdraw life-sustaining treatment, such as feeding tubes, from severely incompetent patients, it should morally be recognised for what it is – euthanasia where death is foreseen with certainty. Doctors may not want to admit this and couch their decision in terms such as "alleviate suffering" but withdrawal of life-sustaining treatment from severely incompetent patients is morally equivalent to active euthanasia.' The story was covered in *The Times*, the *Daily Mail* and *Sky News* online.

**Betel nuts and children's health.** A study by Dr Barbara Boucher of the Institute of Cell and Molecular Science was covered in the *Daily Telegraph*. Dr Boucher found that men who chew betel nuts have children who are more likely to suffer obesity, high blood pressure and diabetes, even though the children do not chew the nuts. Betel nuts are chewed by ten per cent of the world's population, but are not widely used in the UK. Dr Boucher and researchers from Taiwan published the study in the *American Journal of Clinical Nutrition*.

**Lupus: the misunderstood epidemic.** Professor Rizgar Mageed of the William Harvey Research Institute was interviewed on BBC Radio 4's *Our Lives in our hands* about lupus, the most widespread but least frequently diagnosed form of arthritis. He explained the immunological causes of the disease and basic research to develop novel approaches to targeted therapy using stem cells. These avenues are currently being explored for their potential in the Bone and Joint Research Unit in the WHRI.

**The Hygiene Council.** Professor John Oxford of the Institute of Cell and Molecular Science is spearheading a new initiative to help combat the spread of infections across the globe. The Hygiene Council, of which he is Chairman, consists of some of the world's top experts in areas such as virology, microbiology and infectious disease, and has been formed to develop recommendations on hygiene best practice.

**The dangers of the heatwave.** Emeritus Professor of Physiology Professor Bill Keatinge, often quoted in the press about the dangers of cold weather, especially to elderly people, turned his attention to this summer's heatwave. With claims that temperatures reached 117F (47.2C) on the tube *The Daily Telegraph*, *The Daily Express*, *The Daily Mail*, *The Sun* and others reported his

warning that 'Once the body reaches a temperature of 43-44C, organs start to cook or denature. The brain is worst affected. It happens very quickly and is irreversible, causing severe damage if not death. I would advise the elderly, the overweight and those with heart trouble to avoid the Underground.' In *The Daily Mail*, and on *Channel 4* and *BBC News*, Professor Keatinge explained the risk posed to health by the high temperatures. Without enough water in the body, blood becomes very concentrated and packed with platelets, which can trigger clots. He said: 'This doesn't matter for young, fit people, but for the elderly with arteries in poor condition it means they are much more likely to have a heart attack or strokes.' Professor Keatinge worked with the Department of Health on its heatwave plan.

**Good news story.** The *Evening Standard* on 17 August told the story of Sophia Sanny who arrived in Britain in 2002 as a refugee from Ethiopia with little knowledge of English. Sophia, who studied at Latymer selective grammar school in Edmonton, was celebrating her A-level passes and planning to study medicine at Barts and The London.

**Expert comments.** As previously, Professor John Oxford has been called upon frequently to comment on news stories about developments in the threat of avian flu, appearing on, amongst other programmes, *Channel 4's Equinox Special: Beating Bird Flu* in March, *BBC2's Newsnight*, and answering questions from the public on the BBC's website.

Dr Michael Seed, William Harvey Research Institute, commented to the *Sunday Times* on the risks associated with testing TGN1412, the experimental drug for the potential treatment of leukaemia, rheumatoid arthritis and multiple sclerosis which caused severe toxic reactions in six volunteers: 'The danger is that they are messing around with T regulator cells and we don't know what all the T regulator subsets do. Some will switch things on and some will

switch things off', he was quoted as saying.

A 690-calorie Big Mac, introduced by McDonald's as part of a World Cup promotion, drew adverse comment in the *Daily Mail* from Professor Malcolm Law of the Wolfson Institute of Preventive Medicine: 'The introduction of this bigger burger flies in the face of earlier promises to do away with super-size portions. It is entirely the wrong message to suggest that a bigger burger is a special treat. A product containing so much fat and salt must have questions about its nutritional quality.'

Dr Daniel Pennington from the Institute of Cell and Molecular Science, commented on an investigation by *The Sunday Herald* which revealed that thousands of children in Scotland have received single jabs to protect them against measles, mumps, and rubella over the past five years, instead of the controversial MMR vaccine; worried parents have flocked to private clinics offering individual jabs costing hundreds of pounds. People probably perceive measles not to be quite as dangerous as it actually is, said Dr Pennington.

Following news that the leader of the Roman Catholic church in England and Wales was due to ask ministers to lower the 24-week limit on abortion, Professor Kate Costeloe, Institute of Health Sciences Education, commented on BBC online on improvements in the care of premature babies. Professor Costeloe is one of the leaders of the Epicure study, established in 1995 to determine the chances of survival and later health status of children born at less than 26 weeks. She said: 'We have got generally better at looking after babies before birth so they are born in better condition and we have made some progress in looking after them in neonatal units. There's much more widespread use of steroids given to women likely to deliver very prematurely. That not only promotes maturation of the lungs in the early part but it also reduces the likelihood of having

bleeds in the brain, and bleeding into the brain is a very high risk factor for later severe neurodevelopmental problems.'

Professor Graham Foster, from the Institute of Cell and Molecular Science, said that the National Institute for Health and Clinical Excellence (NICE)'s approval of the use of Pegasys (pegylated interferon alpha 2a (40KD)) to treat hepatitis C1 before measurable damage occurs to a patient's liver would give an increased chance of avoiding serious liver damage. Under the new guidance to treat patients with mild chronic hepatitis C, hundreds of thousands of people in the UK with asymptomatic infection may experience an early cure and avoid the potential progression of the virus to liver cirrhosis, liver cancer or death.

Research from the University of California into the fates of infants exposed to the smoggy air of Los Angeles has provided a link between air pollution and respiratory illness and death in babies, but Dr Jonathan Grigg of the Institute of Cell and Molecular Science suggested that current methods of research into the effects of air pollution on infants are 'still very crude' and that, ideally, researchers should actually put portable air-monitoring devices on infants to get more reliable numbers.

**And finally . . .** Professor Adam Timmis of the William Harvey Research Institute was quoted in *The Week* of 13 May which reported that an engineer who suffered a massive heart attack was saved by a hospital machine he had just finished repairing. He had been working on the X-ray heart scanner at the London Independent Hospital in Stepney Green when he collapsed. It took two major operations to clear an artery and mend a ruptured heart valve. 'Without the X-ray equipment we would not have been able to image the blocked artery' said Professor Timmis. ■

*From press summaries compiled by the Press Office of Queen Mary, University of London*



# Trust News

## Chief Executive

The Trust's Chief Executive, Paul White, has announced that he will be leaving Barts and The London to take on the Chief Executive role for the London NHS Programme with BT.

'Paul has led Barts and The London through one of the most critical periods in the long histories of our hospitals,' said Chairman John Ashworth. 'His role in securing their futures, particularly the new hospitals development, should not be underestimated, and the world class facilities now under construction will be a tangible reminder of his tenure. He will be a great loss to the Trust, but I am sure you will join me in congratulating him on his new appointment and in wishing him well for the future.'

## New building under way

Building work to transform both Barts and The Royal London into world-class new hospitals is now under way. The final steps towards the start of main construction were completed at the end of April, when funds for the £1 billion programme were confirmed and the contract between Barts and The London and Capital Hospitals (Skanska Innisfree consortium) came into force.

In early May Sterile Services staff became the first to transfer to new employers, and are now employed by Synergy Healthcare as part of the PFI arrangements being used to fund the new hospital redevelopment. The production arm of the Service has moved to brand new facilities – one of the largest of their kind in England.

## State of the heart

Barts and The London's award-winning Heart Attack Centre, based at The London Chest Hospital, was officially opened by the Department of Health's National Director for Heart Disease, Professor Roger Boyle (q The London 1972) on 7 April. The Centre is the largest of its kind in the UK, serving a population of almost two million people, from the City of London to the M25.

Patients having a heart attack, who previously would have been taken to A&E departments across east London, are now taken to the Centre for treatment by paramedics trained in heart attack diagnosis. Suitable patients then undergo a minimally invasive angioplasty procedure to clear the blockage and stop the heart attack. This normally takes around forty minutes and is

## WARD NAMES AT THE LONDON: CURRIE

Currie Ward was so named in 1876 and was one of no less than eight new wards opened in a year which saw The London, with 790 beds, become the largest general hospital in the country. It was opened, along with other new wards in the new Grocers' Company Wing, by Queen Victoria, accompanied by Princess Beatrice, on 11 March 1876. The ward was named after a family of distinguished benefactors of the London and in particular Leonard Currie, who was Vice-President of the hospital and his son, Sir Edmund Hay Currie (1834-1913), who was Chairman of the House Committee from 1868 until 1877.

By the late eighteenth century the Currie family were partners in an extensive malt distillery (Messrs Hatch, Smith & Currie) at Bromley-by-Bow and had business interests in the City of London. Leonard Currie was Chairman of the London Hospital from 1840 to 1841, which was at a time when the House Committee decided to bring all child inpatients in the hospital together in one ward: a pioneering move by the standards of the time. At the conclusions of the Crimean War, it was at Leonard Currie's suggestion that Florence Nightingale was made an honorary Life

Governor of the London Hospital in 1856, in recognition of her work in nursing the casualties of that conflict.

Sir Edmund Hay Currie was an early Chairman of the London School Board, (founded in 1870), and in this capacity he knew and worked with the pioneer of medical education for women, Elizabeth Garrett Anderson, who was the first woman to be elected a member of the School Board. Mrs Anderson, who as Elizabeth Garret had, in 1865, become the first woman to qualify medically in Britain, had done some of her training for the Licentiate of the Society of Apothecaries at The London, specifically her practical midwifery. As the London Hospital Medical College did not admit women at that time she had had to do this training under the auspices of being a surgical nurse. In 1876, she was able, with Sir Edmund's help, to persuade the London's House Committee to agree in principle to allow women to be admitted to the medical school. However, when the hospital's consultant medical staff were canvassed about the proposal they were, with some notable exceptions, against it and as they comprised the majority of the teaching staff of the college the plan failed.

Sir Edmund went on to become Chairman of the Metropolitan Asylums Board, and under his chairmanship they adopted a new policy whereby ambulance steamers conveyed smallpox and other fever patients to hospital ships moored on the River Thames. In 1882 he was elected Chair of the Governors of the People's Palace (later Queen Mary College) and through Sir Edmund's endeavours up £500,000 was raised towards this project to help the education of the people of the East End.

As well as managing its affairs and doing a great deal to raise funds for the London Hospital, Sir Edmund was a governor of the Metropolitan Free Hospital in Kingsland Road. He realised that the financial situation had to be improved and suggested that subscribers should contribute a small sum to the Hospital on a monthly basis, whether ill or in good health. This meant that the name had to be changed. The word 'Free' was omitted and the name became simply 'Metropolitan Hospital'.

Jonathan Evans  
Archivist, Royal London Hospital Archives and Museum  
(email: r.j.evans@qmul.ac.uk)

carried out under local anaesthetic, so patients are usually awake throughout. Research by doctors at the Centre shows more people survive heart attacks when they have an emergency angioplasty rather than clot-busting drugs, and emergency angioplasty patients also spend less time recovering in hospital.

### Critical care on camera

A new BBC documentary series on the role of surgery and medicine in helping the body recover from sudden illness or traumatic injury was filmed at The Royal London and The London Chest hospitals, amongst other in the UK, in June. The series, with the working title of *Survival*, comprises six one-hour programmes to be broadcast on BBC1 and the Discovery Channel in 2007. At The London Chest the BBC focused on heart attack patients

undergoing primary angioplasty, whilst at The Royal London they followed trauma patients treated in A&E through key stages of their critical care.

### Inside track for local students

The Trust, working in partnership with other local organisations, is providing sixty placements for sixth form students from Tower Hamlets College with the aim of increasing uptake of health and health science courses and attracting students into further training and education through the Health and Science Pathway for East London (HASPEL). The project has the additional benefit of highlighting the wide range of careers available in the NHS using drama groups and sessions at Barts and The London medical simulation centre. HASPEL complements the Actions for Community Employment project, which has

placed more than 180 local people in 'entry-level' posts across the Trust's hospitals, ensuring that the make-up of staff at the hospitals more closely represents the Trust's diverse locality and helping it to provide more culturally and linguistically appropriate services to the community, as well as a route into sustainable employment for local people.

### Ward music

Patients at Barts and The London now enjoy the healing power of music, thanks to concerts organised by Vital Arts, the Trust's arts project. Studies show that music can be beneficial for improving heart rate, blood pressure, immune response and pain management, and live concerts have been held in a number of wards and departments, from a chemotherapy day unit to cardiac intensive care. ■

*The news items above are taken from **The Link** and other publications of Barts and The London NHS Trust.*

## STOP PRESS!

### 'Excellent' rating for Barts and The London

Ratings published in *The Times* on 12 October, just as this issue of BLC went to print, showed Barts and The London as one of only eleven NHS Trusts in England (4.2 per cent) to score **Excellent** in the 'Quality of services' category. It was the only major teaching hospital in London and the only acute hospital in East London to be rated so highly on services.

In the 'Use of resources' (ie financial management category) the Trust was rated **Good**, in the top 16 per cent nationally, having achieved a break-even position for the past six years.

The ratings are the first produced by the Healthcare Commission under a new system replacing star ratings with four broader and tougher categories – excellent, good, fair or weak.

The Chief Executive said: 'This rating ranks our hospitals among the best in the country, reflecting the hard work and commitment of our staff who strive every day to ensure patients receive the very best care ..... This is an exciting time for Barts and The London. The £1bn rebuilding programme – Britain's biggest hospital redevelopment – is now underway. These new hospitals will ensure that the excellent services provided by our highly skilled staff will soon be matched by world-class medical facilities.'



Professor Peter Kopelman, who left Barts and The London in April to take up the post of Director of the Institute of Health at the University of East Anglia, is seen here with his son, Tom, and Steve Chatterjee, who all completed the ten-kilometre London Run on 2 July on behalf of the Friends of the Royal London Hospital. They raised in the region of £500.

### Dr Tim Leigh

Ms Judith Leigh writes that her father, Dr John Gerald Godfrey Leigh (known as Tim Leigh) trained at Barts in the 1940s and there met and married her mother, the late Phyllis Mary Wright, who trained and was a nurse at Barts. Judith is very keen to contact anyone who might have known either her father or her mother to learn more about them and life at the hospital during that time.

If you would like to help, please contact Judith at MORECROFTZ3@aol.com or via the Alumni Relations Office.

In his book *Blood and Sand*, describing his experiences after being shot and left for dead by al-Qa'eda fanatics whilst filming for the BBC in Saudi Arabia, Frank Gardner writes about the days and weeks following his return to Britain. 'The doctors at the Royal London Hospital .. were far from convinced I would pull through.' Whilst at the RLH he underwent his tenth abdominal operation, to graft skin from his thigh to

patch up the wound over his stomach, and gradually came to realise the seriousness of his condition and the likelihood that he would never walk again.

During his time at the Royal London, he writes, his wife Amanda helped to keep his spirits up by organising intimate dinners in his room, complete with candles, white tablecloth, their wedding china and crystal wine glasses – filled with mango juice or

fruit cocktail. Afterwards, they would 'snuggle up in bed and watch black-and-white classics on the little TV that the BBC had bought me'.

After several months at the RLH Mr Gardner moved to the Royal National Orthopaedic Hospital in Stanmore, where he was fitted with the callipers that enabled him to stand upright to receive his OBE from the Queen in 2005.

# Research news

## MOLECULAR PATHOLOGY OF CANCER



**Professor Nick Lemoine** (q Barts 1983), Director of the Institute of Cancer

A new £5 million five-year training programme in the Molecular Pathology of Cancer began in October, jointly hosted by the School's Institute of Cancer and the University of Cambridge. Funded by Cancer Research-UK, the programme has been set up to fill a national skills gap identified by the charity, and aims to develop a cohort of medical and non-medical scientists equipped intellectually and technologically to conduct the highest quality research in the molecular pathology of cancer.

The programme, led by Professor Nick Lemoine, Director of the Institute of Cancer, and Professor Andrew Wylie, Head of Pathology at Cambridge University, offers four-year PhD studentships, three-year clinical research fellowships and five-year clinician scientist fellowships.

Molecular pathology encompasses: the development of molecular and genetic approaches to the diagnosis and classification of human tumours; the design and validation of predictive biomarkers for treatment response and disease progression; the susceptibility of individuals of different genetic constitution to develop cancer; and the environmental and lifestyle factors implicated in carcinogenesis.

consultation skills and key asthma messages, designed to improve the GP consultation process for ethnic minority groups. Comparisons are being made of the number of asthma attacks suffered by patients from this group and the number of visits they make to the surgery and to hospital as a result of asthma attacks, with those of patients from the practices which did not take part in the presentations.

### MRC grant for Institute of Cancer

Dr Iain McNeish and Professor Fran Balkwill of the Institute of Cancer have secured a £600,000 grant from the MRC to fund a Phase II trial of a monoclonal anti-IL-6 in women with relapsed ovarian cancer, as well as a full-time clinical research fellow to run the trial, plus all associated clinical and laboratory costs. The antibody is provided by biomedicines company Centocor, and trial's initial cohort is fifteen women.

The MRC earmarked several million pounds for experimental medicine projects in all areas of medicine. Requirements of the bid were that a clinical trial should aim to satisfy and unmet clinical need and that there should be a strong scientific rationale behind the project, with a clear translational element of research within it. Interactions with industry were also encouraged. The grant given to Dr McNeish and Professor Balkwill was one of only four awarded in the cancer field. ■

### New imaging approaches

A major grant from Cancer Research-UK has enabled the Institute of Cancer to acquire the world's first NanoSPECT/CT imager. This state-of-the-art dedicated scanner can perform quantitative molecular imaging with uniquely high-resolution X-ray CT images and fuse this functional and anatomical into one image. The Institute expects that the availability of this instrument will allow it to accelerate a number of its research programmes while at the same time reducing the number of experimental animals required, a principle to which the Institute is committed.

### Ending health inequality based on ethnicity

Professor Chris Griffiths of the Institute of Health Sciences Education is a GP in Hackney, where his main research interests are in health inequalities and ethnicity relating in particular to asthma, chronic obstructive pulmonary disease and tuberculosis. He and a team of researchers are currently working to redress an inequality revealed by statistics showing that south Asian asthma sufferers are up to three times more likely to be admitted to hospital than white adults with the same condition.

The research, supported by Asthma Research UK and involving international collaboration with Michigan School of Public Health in the US, aims to develop a successful intervention to reduce disparities in asthma care based on ethnicity. All

104 GP practices in Newham and Tower Hamlets are involved, one group from which took part in two-hour interactive presentations reinforcing key

## DIABETES PREVENTION IN EAST LONDON

A joint research team from the Institute of Cell and Molecular Science (ICMS) and the Institute of Health Sciences Education (IHSE) has been awarded funding of more than £370,000 by the MRC and National Prevention Research Initiative to conduct a study into diabetes prevention in people of Bangladeshi origin living in east London.

Led by Professor Graham Hitman, Professor of Molecular Medicine and Diabetes at the ICMS, with co-principal investigators Professor Gene Feder and Chris Griffiths from the IHSE, the three-year study will determine the correct methods for testing whether a prevention programme can be successful amongst this particular ethnic minority group. Previous research, conducted in the US, Finland and India, has suggested that it is possible to prevent Type-2 diabetes with a programme of exercise and dietary change in addition to the use of the drug metformin.

Participants will be invited by their GPs to join the study. East London's Bangladeshi population is considerable and growing, faster in Tower Hamlets than in any other borough in the UK; it suffers high levels of deprivation and unemployment. The risk of diabetes in south Asians is around one in three, three to six times more common than among white Europeans. The number of people developing diabetes as adults is growing, with its increased risk of heart attacks, strokes, loss of vision and kidney failure, and in Europe is set to increase by at least fifty per cent in the next ten years – a statistic of epidemic proportions. This study will look for new ways based on medical data already held by GPs to identify who is at highest risk and then explore ways of motivating them to change to a healthier lifestyle using members of the lay Bangladeshi community rather than health professionals.



# Research updates

A brief look at a selection of research reports appearing in recent months from Barts and The London

Institute of Cell and Molecular Science  
Dr Wai Man Liu

## Cannabis destroys cancer cells

Researchers investigating the role of cannabis in cancer therapy reveal it has the potential to destroy leukaemia cells, in a paper published in the March 2006 edition of *Letters in Drug Design & Discovery*. Led by Dr Wai Man Liu the team has followed up their findings of 2005 which showed that the main active ingredient in cannabis, tetrahydrocannabinol, THC, has the potential to be used effectively against some forms of cancer. It has previously been acknowledged that cannabis-based medicines have merit in the treatment of cancer patients as a painkiller, appetite stimulant and in reducing nausea, but recently evidence has been growing of its potential as an anti-tumour agent. THC and its related compounds have been shown to attack cancer cells by interfering with important growth-processing pathways, but it has not hitherto been established exactly how this is achieved. Using highly sophisticated microarray technology – which allows scientists to simultaneously detect changes in more than 18,000 genes in cells treated with THC – Dr Lui and colleagues have begun to uncover further the existence of crucial processes through which THC can kill cancer cells and potentially promote survival. Dr Liu has since moved to the Institute of Cancer in Sutton where he continues his work investigating the potential therapeutic benefit of new anti-cancer agents.

Institute of Dentistry  
Professor James Elliott

## New microscope with limitless possibilities

Researchers led by Professor Jim Elliott of the Institute of Dentistry have developed a unique three-dimensional microscope that provides a revealing insight into how materials are affected over time by changes in temperature, humidity, weight load and other conditions. The device uses X-rays to provide information about an object's internal structure down to micron scale, or a millionth of a meter. What makes the microscope unique is its innovative use of a technique called 'time delay integration' which enables it to generate better images of larger objects than any other device. Professor Elliott said: 'As well as developing these microscopes to study subtle variations in internal structure, a main aim of ours is to work with the wider scientific community to

identify problems where they could make a real contribution. There's no limit to what it would be useful or interesting to look at.'

Institute of Cell and Molecular Science  
Dr Stella Man

## Gene mutation associated with deafness can play a part in wound healing

Dr Stella Man, a research student from the Institute of Cell and Molecular Science, told the annual European Society of Human Genetics conference in Amsterdam that a mutation in a gene commonly associated with deafness can play an important part in improving wound healing. The discovery may have implications for the treatment of a wide range of wounds, including post-surgery. Dr Man and the team, led by Professor David Kelsell, studied the association between a mutation of gene 'GJB2' which produces a protein called 'Cx26', which is the most common cause of genetic deafness. Professor Kelsell speculated that the gene must have an evolutionary benefit for those who carry a mutated version of the gene and the team now suggest the Cx26 gene does have a health benefit.

Institute of Cell and Molecular Science  
Institute of Health Sciences Education  
Professors Graham Hitman and Gene Feder

## New diabetes network

The UK Clinical Research Network and the Department of Health have appointed eight Local Research Networks to support the delivery and conduct of clinical diabetes research. Professors Graham Hitman and Gene Feder of Barts and The London will lead research in the north east London network, promoting research that will improve care for people with diabetes. An average of £300,000 to £400,000 will be provided to each network annually to employ dedicated research nurses and similar staff who will support clinical teams in hospitals to facilitate involvement in diabetes clinical studies. Professor Hitman told the Stratford and Newham Express that this was an enormous boost for people living with diabetes in north east London in which there are estimated to be over 100,000 people with the condition and a similar number at very high risk of developing it. Diabetes is now recognised as one of the most important diseases of recent times; for example, globally, there are currently more deaths from diabetes each year than from HIV/AIDS.

Barts and The London School of Medicine and Dentistry

Dr Rupert Pearse

## High-Risk Patients Need Better Post-Surgery Care

A lack of post-operative care is putting high-risk patients in danger, researchers have warned. A team from Barts and The London found that eighty-five per cent of patients at risk of complications and death after surgery may not receive sufficient post-operative care. Older patients and those with multiple medical conditions or undergoing complicated procedures have a higher mortality after surgery, but only fifteen per cent are transferred to intensive care units (ICUs), found Dr Rupert Pearse and colleagues. The team looked at data on elective and emergency surgical procedures at ninety-four NHS hospitals in the UK, from January 1999 to October 2004. They calculated that thirteen per cent of procedures involved high-risk patients, and these accounted for eighty-four per cent of deaths after surgery. But the researchers found that: 'Only a small proportion of this population is admitted to the ICU, suggesting inadequate critical care resource provision.'

Institute of Cell and Molecular Science  
Professor David van Heel

## Recent advances in coeliac disease

A review article by Professor van Heel, from the Institute of Cell and Molecular Science, in conjunction with the University of Nottingham's Medical School, has looked at major recent advances in clinical and scientific aspects of coeliac disease. The article, published in the *British Journal of the Gut*, focused on studies published within the last five years and concluded that coeliac disease is much more common in Caucasian populations than previously thought with several large population studies estimating the prevalence at one per cent.

Institute of Cell and Molecular Science  
Professor Adrian Newland

## Glaxo drug improves platelet count in study

Professor Newland is the Principal Investigator in the UK for the Phase II trial of GlaxoSmithKline's investigational drug 'eltrombopag' which the results show significantly improves platelet count and response rates in patients with the blood disorder ITP (idiopathic thrombocytopenic purpura) who typically have low levels of platelets in their blood. Data from the study demonstrated that treatment with eltrombopag resulted in a significant increase in platelet count compared to placebo across a variety of typically poorly responding ITP patients. Professor Newland, who described this as 'very exciting and a major scientific advance', presented the European results at the Annual Scientific meeting of the European Haematology Association in Amsterdam in June. ▶

Institute of Cell and Molecular Science  
**Professor John Priestley**

### Damaged nerves given a helping hand by silk fibres

Scientists at the School's Neuroscience Centre are using silk to encourage damaged nerves to regrow. It is hoped that their research will lead to new treatments for damaged peripheral nerves and, further down the line, to treat spinal cord damage. The research is illustrated by one of the winning images in this year's Wellcome Trust Biomedical Image Awards 2006. Professor John Priestley has used bundles of silk fibres to encourage damaged nerve cells to re-grow in culture. The silk fibre, as Spidrex®, comes from silk worms but has been modified to develop special properties, increasing its strength and biocompatibility and enabling nerve cells to bind more readily to the fibres. The modified silk has properties similar to that of spider silks. The award-winning images were on display at the Wellcome Library along with audio clips of the scientists behind the images discussing their work. This story was also mentioned on the BBC Website.

Institute of Cell and Molecular Science  
**Professor David Rampton**

### Stress may trigger ulcerative colitis inflammation

Stressful events may trigger disease attacks in people with the inflammatory bowel condition ulcerative colitis (UC), according to research led by Professor David Rampton of the Institute of Cell and Molecular Science and reported in the Journal of Gastroenterology. The researchers concluded that these observations might help to explain how acute stress could cause relapse in patients with inactive UC, and suggested that investigation of the therapeutic potential of stress reduction should be undertaken.

Wolfson Institute of Preventive Medicine  
**Dr Vicky Cattell**

### Social cohesion agenda 'must not neglect' role of street markets

Chances to progress key Government agendas on social cohesion and sustainable communities are being lost by neglecting the role of street markets, according to new research led by Dr Vicky Cattell of the Wolfson Institute of Preventive Medicine. The study, by Dr Cattell and Nick Dines, examined public spaces in east London, and noted that although markets are amongst the most valued local public spaces, which can play a vital role in sustaining social relations, economic and design priorities have sometimes overridden these less tangible assets of public spaces. The research is one of two new studies from the Joseph Rowntree Foundation. ■

*From reports compiled by the Press Office of Queen Mary, University of London*

# Student News

## Congratulations to last year's Students' Association President, Vicky Tittle, on being nominated University of London Union Student President of the Year in 2005-06.

*The Association's incoming President, Tom Barton, writes:*

Hi! My name is Tom Barton and I am the new Student President of Barts and The London Students' Association. Following on from Vicky Tittle is not an easy task! This is reflected in ULU awarding her 'President of The Year 2005'. I hope that I can follow on her marvellous



work, and also guide the Students' Association into a new era of prosperity and growth. To me, Vicky's award and the numerous advances the Association has made in the last few years under a number of excellent Student Presidents show what most of us have believed for a very long time, that BL is one of, if not the best, Student Associations in the country.

There are a number of projects happening over the next year which will transform the Union but will preserve the huge levels of tradition and history. Firstly towards the end of the year work on the new Charterhouse Square Facility for PhD students will have begun. This facility will provide the student body as a whole with a very useful and very much needed multi-functional space. Primarily it will be a common room for the PhD students on site, but it will also have space dedicated to at least one squash court. The space will also be used by the Drama, Dance and Martial Arts classes, all of whom need extra space for their activities. This project will usher in a new era of activity on the Charterhouse site and hopefully bring us closer together as an organisation.

Due to the hugely generous support of the alumni, the Association has invested

in a minibus. This will allow us to increase safety for our Freshers during their first weeks in London, and will allow much easier transport of teams to and from away games.

On entering the Union from the beginning of this term you may also spot a number of differences to the entrance. This term will see a new Info point being set up in the Foyer along with a lick of paint and within the Griff-Inn, brand new furniture and facilities.

The Association's numerous Clubs and Societies are always changing and expanding. We have made leaps and bounds in the quality and number of participants in Clubs and Socs, and this can be seen in some excellent results such as the 1st XI Men's Hockey team reaching the final of the UH Cup Final and many more. If at any stage in the following year you would like to get into contact with any of your old teams then please feel free to contact me anytime at the contact details listed below, as I am certain that they would love to hear from you.

Without the help and support of alumni we would find life very difficult. Luckily, unlike some medical schools, we have a wonderful relationship, and this allows Barts and The London Students' Association to grow and thrive in a very difficult time.

I hope that you will visit us soon.

**Tom Barton**  
**0771 774 5523**  
**President@BartsLondon.com,**  
**VPAssociation@qmsu.org.**



## Rite of Passage Ceremony

Once again the Students' Association held its immaculately organised 'Rite of Passage' Ceremony for graduating doctors and dentists on the morning of the formal Queen Mary Graduation Ceremony in July. Once again smiling graduands and their smiling families and friends gathered in a large marquee on the Charterhouse Square lawn to celebrate not only academic achievements – and there were plenty of those – but also Association colours and prizes for a range of sporting and other extra-curricular activities. And once again,

The morning's main speaker was Dr Brian Colvin, Dean for Student Affairs. He too spoke of the special nature of the School – its academic, sporting, cultural and charitable achievements (the students consistently raise up to £150,000 annually in Rag Week, despite the dubious nature of the Rag Mag to those of a certain age!), and its atmosphere. And Dr Colvin paid special tribute to Student President Vicky Tittle, who had been voted London University Student President of the Year, and earned a special award from the Warden's team for her 'enthusiasm, dedication, empathy and sureness of touch'.



Professor Ray Powles with twin sons Sam (left) and Luke, who graduated from Barts and The London in July. A generation ago Ray and his brother, Trevor, were Barts' 'terrible twins' – they graduated in 1964, both destined to become eminent Professors at the Royal Marsden.

a series of speeches reminded the audience of the special nature of Barts and The London and its students and graduates.

Staff President of the Association, Professor Mark Caulfield, was the first to speak after the Warden's welcome. He reminded the audience that here at Barts William Harvey had discovered the circulation of the blood; that in a building close to where they sat it had been discovered that folate deficiency causes spina bifida, so that now thirty-nine countries worldwide supplement staple food with folic acid; that studies in the School have changed the way we screen for cervical cancer and identified new approaches to the prevention and treatment of breast cancer; and that work done recently in the ASCOT trial has changed national guidance for high blood pressure treatment. And he told the new doctors and dentists: 'Hard though it may be to believe, amongst you rests the future of UK medicine ... incredible though this may seem, sitting next to you now are future professors of medicine and dentistry, directors of hospitals in places like KwaZulu, GPs and leading scientists.'

The student address was given by graduand Stephen Hamshere, a former President of the Association. On behalf of his fellow ex-students he thanked family and friends for their support and the staff of the School 'for getting us ready'; and he wished his colleagues good luck with the words: 'No matter where in the world your careers of MDAP send you, nothing can take away from you that you studied medicine and dentistry here in the heart of east London, you've walked down the Mile End Road in togas, and are now leaving Barts and The London as doctors and dentists.'

And finally, an emotional moment too for your correspondent, Chronicle Editor Sue Boswell, when Vicky Tittle in her address awarded her Honorary Students' Association Colours and Life Membership of the Association in recognition of her support for the students, as Secretary to the Barts and The London Alumni Association. Her greatest honour after forty years working in higher education administration!! ■

## The ceremony's lighter moments...

### An old adage

The physician knows everything and does nothing.  
The surgeon knows nothing and does everything.  
The psychiatrist knows nothing and does nothing.  
The pathologist knows everything, but is always a few weeks too late.

Dr Stephen Hamshere

### Quotes from real letters about patients

'The patient has been depressed since she began seeing me in 1993.'

'Patient has left white blood cells at another hospital.'

'Since she can't get pregnant with her husband, I thought between you and me we ought to be able to get this lady pregnant.'

'She stated that she had been constipated for most of her life, until she got a divorce.'

'The patient refused autopsy.'

'The patient has two teenage children, but no other abnormalities.'

Professor Mark Caulfield

### William Byrd:

'Senex puerum portabat puer autem senem regebat'

An old man carried the child but the child ruled the old man: A deliberate insult to the Dean of Student Affairs or harsh reality?

Exam results by phone during a postal strike: operator, 'You're through'; student, 'Yippee!!'

Dr Brian Colvin



## Seasonal Jottings from General Practice ...

### *Those famous blue tablets*

'Have you got any Niagara tablets, doctor? You see, it's the wife's seventy-fifth birthday and I wanted to give her a surprise!'



The question emanated from the cheerfully plethoric face of Mr Arthur Sclerosis, an energetic man in his early eighties, who was, nevertheless, already

dutifully downing a formidable array of my personally prescribed poisons. As he peered at me through powerful pebble-lenses his dense arcus senilis was brought vividly into focus; and I was immediately reminded of the perilous state of his arteries. He had, after all, just survived a traumatic repair of his aortic aneurysm followed by a severe myocardial infarction, neither of which, incidentally, seemed to have dulled his zest for life. For a moment, I felt as if I was being interrogated by a very eager but grossly atheromatous goldfish.

When I commented that the famous blue tablets might do both him, and, *sotto voce*, my MDU subscription, no good at all, he immediately subsided, saying 'In that case, doctor, I'll follow your advice and take her out for the day to Walton-on-the-Naze.'

A few weeks later, while restlessly sipping my mid-morning beverage, insidious inklings of guilt seeped into my mind, and I found myself ruminating on my true motivation for having denied this latter-day, latent Lothario his, possibly lethal, last chance of rekindling the fires of youthful lust.

Was it really a concern for his already well-furred vascular pipe-work, with all the potential complications of a sudden and spectacular arterial blow-out, as he valiantly attempted the equivalent of hammering a

pre-war Bull-Nosed Morris down the A12 to the coast? Or did it reflect a pathetic personal pusillanimity, founded in unspoken fears of prosecution, mixed with an innate distaste for having to get involved in the *sostenuto* sexual shenanigans of these particular senior citizens?

As I shook myself from this mood of morbid introspection and gathered my strength for the next surgery, I sought reassurance by remembering that the truly great thing about general practice lay in the very word *general*.

As privileged primary care physicians, I and my *confrères* and *consoeurs* were entirely free of the terrible tedium experienced by specialists. Not for us an afternoon of tunnel vision in the gynae clinic, or the endless hours of scotopic scatological telescoping suffered by rectal surgeons.

On the contrary, for us, the very Princes of the Profession, the whole kaleidoscopic gamut of human disease and behaviour was brought daily to our surgeries, and there laid humbly before our feet, thus making us feel as wise and indispensable as any of the ancient Oracles.

Indeed, I have often thought, when trying to understand and re-interpret some of the cryptic diagnostic pronouncements written by my specialist friends, that I could easily have made a comfortable living at Delphi. Sentences beginning with 'I think what the specialist **really** meant was...' abound in general practice, and are frequently followed by 'I quite understand Mr Dull-Wit, and I will write to the specialist again for you, explaining it was your **left foot** and not your **right thumb** ...'

At which point I was abruptly projected back to what, in darkest Essex, passes for reality. The receptionist was buzzing through to say that the patients' toilet had once again become blocked and that evil-looking fluids were seeping into the waiting room; and, as a throw-away remark, would I kindly see Mr Sclerosis who was back in the surgery and looking very sad.

It seemed that on her celebratory day at the sea-side, poor Mrs Sclerosis had slipped on the remains of a discarded ice-cream cone and fractured her hip. Two weeks of immobility in the hospital were followed by the inevitable deep vein thrombosis and final fatal embolism.

'She thought the world of you, doctor, and we had a lovely day out at the coast,' he murmured as hugely magnified tear drops fought to escape from behind his spectacles. Fumbling in his carrier bag, he continued, 'and she wanted me to give you this.' Out of the depths of the container he produced a tattered hat labelled Kiss me Quick together with an outsized stick of sea-side rock bearing the stamped-through provenance of Walton-on-the-Naze.

It was now my turn to feel sad, as a small lump formed in my throat, and two very discreet tears had to be carefully brushed away.

#### DR GRAHAM HILLMAN q The London 1969

Dr Hillman is a GP in Essex. Sadly, he now retires as BLC's window on the world of the GP. The Editor and Editorial Board are most grateful to him for his series of contributions, which have appeared in every issue since Spring 2000 – always humorous but perspicacious and thought-provoking. His Jottings will undoubtedly be missed! ■

### Medical education in the Blitz

Dr Kim O'Flynn's article on 'Medical education in London during 1939-41, with special reference to the Blitz' appeared in *Medical Education* 2006: 40: 235-242 (Blackwell Publishing Ltd). A number of readers of the *Chronicle* provided information for the article, which quotes Professor John Beeston (Barts 1942), Dr K J Covell (The London 1947), Dr David Williamson (Barts 1940), Sir John Ellis (former Dean of the London Hospital Medical College), Dr Brendan Webb (Barts 1943), Dr Brian Orchard (The London),

Dr A E Clark-Kennedy (former Dean of LHMC), Dr Paul Barclay (Barts 1940), Dr C R Wood (The London 1942), Gwen Rowntree, the wife of Dr Paul Rowntree (Barts 1943), Dr Robert Stout (The London 1940). Many of the quotes are from pieces published in the *Chronicle*; thanks to all those who contacted Dr O'Flynn to offer their reminiscences.

A copy of the article is available from the Alumni Relations Office.

# Is Magnet Therapy a Billion-Pound Boondoggle?

Leonard Finegold, a 'Queen Mary College physics student of a century ago', now on the Faculty of Physics at Drexel University in Philadelphia, hit the pages of the British press earlier this year when he and a colleague wrote in the *BMJ* of the 'extraordinary claims but no proved benefits' of magnet therapy.

This saga starts with the publication of an editorial on this topic in last January's *British Medical Journal* (332:4) by physician Bruce Flamm and me (a biophysicist). It is estimated that, worldwide, large sums of money are spent on healing by permanent magnets. These are conventional magnets, of the same type that one uses to attach notes to a refrigerator or steel filing cabinet. (Pulsed magnetic fields are a different item, and are currently being investigated for therapy.) You are invited to enter 'magnet healing' into a Web browser, and spend a while in amused bewilderment, for such magnets are advertised to cure almost all the ills and pains that affect woman- and mankind, including



Sketch from memory by Len Finegold's colleague and friend Jack Cliggett

carcinoma. Magnets are advertised for healing by prominent athletes and are allowed to be sold without restrictions, so it is understandable that the person-in-the-street considers them a valuable therapy, with no side effects.

We surveyed the published literature and critically examined the best publications. Within the confines of a *BMJ* editorial, we could discuss only a few publications in some detail. By the standards of modern evidence-based medicine, we concluded that not only was there no scientific evidence that magnet therapy was effective, but also that it is highly probable that magnet therapy is simply of no benefit. We suggested to physicians that if patients insist on using magnets, then the patients should be advised to use the cheapest magnets (such as those on refrigerators), for we could confidently say that the cheapest would be just as effective as the most expensive, and also that the cheapest would relieve any pain in the wallet.

Now, our publications are typically read by the handful of colleagues in the field, our mothers, and that's about all. To my surprise, we were interviewed by many reporters for radio and press, and the article was even covered by the Arabic network Aljazeera (I read the English version). I was leery of reporters, yet can say that practically all reported our article fairly (and Aljazeera added a charming picture of a magnetic bracelet). The article was one of the most accessed of *BMJ* articles for the month (little does *BMJ* know that it was our mothers who were repeatedly looking at it). *BMJ* commendably publishes 'Rapid Comments' on papers, which are easily read on-line. You

may enjoy reading our responses to some of the most rabid of these.

Then, when the shouting and the tumult had died, lo and behold we were mentioned on the front page of the UK *Sunday Times* (26 February), since the National Health Service has now added magnets to prescription items. Pleasingly, NHS gets them at half price. (It appears that one of our rabid responders is connected with the company that sells these items.) It also appears that one Cherie Blair, an eminent lawyer, believes in them. (It is stated that a member of royalty wears copper bracelets, 'for they are magnetic'. As a physicist, I am most perturbed by this, for copper is simply not magnetic, and so the said member should immediately exchange the copper bracelet for a refrigerator magnet.)

You, Dear Reader, can help me in my bemused bewilderment, by explaining to me (L@Drexel.edu) why able people – who would never fall for a dubious financial scheme – nevertheless fondly wear magnets. An acquaintance told me that she knew I did not believe in them, that she would continue to wear the expensive shoe inserts sent by her sister, but could not wear them in dress shoes since they were too thick. I suggested that she use thin refrigerator magnets. She was delighted to report later that the thin magnets worked just as well. So perhaps I did some good after all.

*Coda: There is a spark of hope. The UK has a governmental Office of Fair Trading. This April, bless them, they stopped one Magna Jewellery from misleading claims that magnetic jewelry relieves back pain. Naughtily, one wonders if the Office will now pursue the makers of the NIH prescription items mentioned above. And then shall we have the spectacle of one arm of the government educating another? ■*

Len Finegold graduated from Queen Mary in 1956

# Acute hospital-at-home services: Barts brothers' brainwave

In 2002 Barts graduates Mark Lomax (q 1999) and his brother David (q 1986) co-founded MediHome, an innovative healthcare company specialising in caring for patients at home who would otherwise need to be in hospital, and providing a valuable addition to available services for clinicians and their patients. Mark, who has been Managing Director of MediHome since its inception, says that given the modern-day pressures faced by NHS hospitals the service is designed to help not only the patients that actively receive care at home, but also doctors and hospital managers alike.

It was a chance remark made by a patient to a nurse that first gave David the idea for MediHome. Whilst working on a ward five years ago he overheard a patient asking a nurse whether, if he discharged himself, she would look after him at home. The nurse's reply has been forgotten but the MediHome idea was born.

An idea it probably would have stayed, if it hadn't been for Mark, who was deciding at this time that hospital medicine was not for him, and was looking for further challenges. David, who is the non-executive Chairman of MediHome, is also a consultant at a London teaching hospital and did not have the time

to devote to starting up the business on his own. The brothers got together, Mark researched the idea, David funded the start-up, and the idea was turned into reality.

Overseas experience had shown Mark and David how effective and popular such services are. In Australia, whilst working in a district general hospital, Mark witnessed a service that was designed to support a population spread over a vast geographical area and, in addition, used telemedicine and remote monitoring services to good effect; he then did further research examining practices in the US, where acute home services are also widely used and have become commonplace

since their conception in the 1960s. Such services, although variable in quality, fulfilled the need in America for cost-effective solutions to be a part of establishing best practice protocols.

Having established that similar hospital-at-home services were available throughout most of the Western world it became apparent

to Mark and David that such services would have a significant contribution to make in the UK: 'When we realised how effective and how popular these services are with patients and that no-one else was offering them here in the UK we decided to found MediHome', David explains.

The four years since then have been highly eventful for MediHome. Proving to independent clinicians that such a service would be safe and appropriate for their patients was an early challenge.

'Fortunately, a few consultants believed in what we were trying to do and supported us from an early stage,' Mark recalls. 'However, what we were not expecting is how hard it would be to provide our services directly to NHS hospitals.'

From a purely clinical background, Mark quickly had to adapt to understanding and engaging with hospital managers and learning about the business side of healthcare. A steep learning curve followed whilst the MediHome service was adapted to be more digestible for NHS requirements and finances. Luckily, during this time private patients continued to pass through the doors of MediHome and contracts were established with most of the private medical insurers.

Mark says that the early days were some of the hardest – 'It felt like a roller coaster at times. But a little bit of luck along the way meant that some of the difficult moments turned into notable successes.'

One such success was a feature within the NHS Modernisation Board Report 2004 as a case-study of innovation and excellence in post-surgical aftercare, and another was having the opportunity to visit 10 Downing Street to discuss the impact on the future of healthcare of acute hospital-at-home services.

Along the way David and Mark have learnt many new skills that they did not anticipate learning whilst at Barts. Business skills, Mark



David Lomax



Mark Lomax



says, have been at the heart of this new direction. 'If you had told me on leaving Barts that six years later I would be running a company with around forty employees and rising, and that over that time I would have helped raise over £1 million of equity investment for that company, I would have been amazed.' Included in that list also could be the implementation of a unique electronic patient record system that is now available to all consultants using MediHome services and allows access to details about their patients via the web and can include not only observations and notes made by the MediHome nursing team but also ECGs, blood results and digital images of wounds etc.

More recent times have been no less exciting at MediHome. June this year saw the company featured as one of only four commercial organisations selected to be included in a show-case report from the NHS Confederation highlighting best practice examples of the independent sector working in partnership with the NHS. David was delighted to get such a prominent accolade for MediHome: 'It really shows what is possible if you completely believe in what you are doing,' he says.

Many NHS hospitals are now very interested in MediHome's services. A number a small pilots and studies completed with NHS hospitals have led to many hospitals now

looking at longer-term partnership working with MediHome.

'It has been unbelievably hard to get where we have got to today. I thought that I worked hard as a junior doctor but nothing prepared me for how hard I would work to get MediHome up and running. If we are embraced by the NHS then we can complete the vision – to help and support hospitals around the country with our advanced hospital-care-at-home services – and it will all be worthwhile,' Mark concludes. ■

[www.medihome.co.uk](http://www.medihome.co.uk)

## A TEACHER REMEMBERED: SIR HAROLD GILLIES CBE

Sir Harold was a truly remarkable man; whatever he did he reached the peak. As a pre-clinical medical student at Cambridge he became a double blue: at rowing and golf. He completed his training at Barts.

In World War I he went to France as an ENT surgeon. There he quickly realised that no-one was concerned about facial injuries, they were just cobbled up. He started to rebuild and reconstruct them, becoming the father of modern plastic surgery, ending up with his own hospital, The Queen's Hospital, Sidcup. (Now Queen Mary's Sidcup, the hospital today has an extensive collection of over 2,500 case files documenting the development of plastic surgery in the years 1917-25.)



The Plastic Theatre, Queen Mary's Hospital, 1917. Harold Gillies is seated on the right. Photo by kind permission of the Curator, Gillies Archives, Queen Mary's Hospital, Sidcup, Kent

In World War II he had his own maxillo-facial unit in Basingstoke. His greatest contribution to plastic surgery was the design of the tubed pedicle, where skin could be transplanted from the abdomen, via the wrist, to any part of the body that required new skin. This technique is now used throughout the world.

He was constantly thinking of new operations: 'Ninety-five per cent were so-so, but the other five per cent were winners'. He grafted big toes onto hands as new thumbs; he built a man a new, fully functioning penis, after the first had been amputated by the Japanese.

Amongst Sir Harold's pupils were Professor Kilner of Oxford, Sir Archibald McIndoe of East Grinstead; and Rainsford Mowlem of Hill End.

Apart from his surgical skills, he won the St George's Open Championship at golf, the highest amateur prize. He was barred from playing at St Andrew's because he always used a beer bottle as a tee – they said he would break it. He never did. He exhibited an oil painting at the Royal Academy. He was said to be one of the best fly-fishermen in England; he caught a thirty-pound salmon in Norway. He drove his Bentley faster than most, and it was said that if he had not been a surgeon, he would have been a successful racing driver. He played the violin in the Hospital orchestra.

Gillies was a very kind man. One day a woman brought her fifteen-year-old daughter, with a horrid scar across her mouth. The mother said she did not know if she could pay his fee. 'Let's do the operation first.' Six months later the daughter returned with a beautifully repaired mouth. Mother asked about his fee. 'Well, there was gauze, cotton wool and plaster. Would seventeen and sixpence be alright?' His normal fee (pre-NHS of course) would have been about £250.

Sir Harold worked mainly at his own hospital during the War, but visited Barts to do outpatients and occasionally operated when asked. I was taught by him as a student at Barts, and I was fortunate to become his houseman and then registrar, working under him for three years at Rookdown House in Basingstoke, where he taught by example, with young doctors from home and abroad as students.

**Dr Michael Roberts**  
q Barts 1944 ■

# The fat lady sings

Editor Sue Boswell has interviewed many distinguished people for the Chronicle. Fear of the blank page\* has not so far proved a problem. But for this, her final issue of BLC, the Editorial Board asked her to profile herself – a rather greater challenge!

Portrait by John Blandy



Ten years ago this summer as I sat in my garden drafting a report on the future of the *Barts Journal* I hardly imagined that I would be the founding Editor of its successor, and that I would have so much enjoyment personally putting together some

dozen issues – a task that would delay my planned retirement by several years!

I had taken early retirement from my post as Head of Secretariat and External Relations at Goldsmiths, University of

London, where I had spent over thirty years doing a mixture of 'straight' admin – I was Secretary to the College Council and other committees – and public relations activities such as press liaison, internal communications and publications. I suppose it was the variety of such a mixture of roles which kept me at Goldsmiths long after any sensible person would have moved on – that and a succession of promotions, if I am honest.

I was also very involved in various professional associations, including the Association of University Administrators (AUA), for which I was Editor of the newsletter for five years during the 1980s, amongst other roles. It was in this context that I first got to know Jean Krasocki, who later became Director of External Relations at Queen Mary. When she heard that I was at a bit of loose end – ie free-lancing after leaving Goldsmiths in 1996 – she invited me to undertake a study and recommend the best way forward to preserve the *Barts Journal*, which had not been published since the medical colleges merged with the then QMW the previous year. And so I met the members of the Editorial Board – chaired then as (jointly) now by Dr Trevor Turner. Of course, I told them exactly how it should be done!

Early in 1997, having continued to help out at Queen Mary and enjoyed freelancing, but feeling I'd like to be a real part of something again, I took on the post of Head of Alumni Relations, initially on a part-time basis. Later it became full-time when extra responsibility in the form of Graduation Ceremonies was added (fortunately the real Ceremonies job was done by the incredibly hard-working and well-organised June Young). In 2004 I stepped down from that post – travelling every day from Bexleyheath meant two or three tiring hours on public transport – and having acquired a bus pass I was ready to take it a little bit more easily. But not too much – when Susan Nettle took over as a very energetic and capable Head of Alumni Relations, I stayed on part-time to 'look after' the medical and dental side.

The job hasn't just been about editing the *Chronicle*, of course. There was a great deal of work involved in bringing about the merger of the three former alumni associations (the Barts Alumni Association,

the London Hospital Medical Club and the London Hospital Dental Club) and their Benevolent Funds, and setting up and running the Barts and The London Alumni Association. Then there have been the events, including the Dental Club's annual Clinical Meeting and the BATLAA dinner-and-dances – the fourth about to take place on 24 November, my swan song. It has been enormous fun, and I have enjoyed getting to know alumni, staff and students of the School. I felt greatly honoured to be put forward for the Freedom of the City of London in recognition, as Wendy Mead said, of what I'd done for Barts. And thrilled and touched to be presented with Honorary Association Colours and made a Life Member of the Students' Association at their 'Rite of Passage' ceremony in July. And now, the great honour of a portrait by John Blandy, a former Editor of the *London Hospital Gazette* and staunch supporter of the *Chronicle*. I am really proud to be associated with Barts and The London, and I'm going to miss all the friends I've made during these years.

If I was interviewing myself, of course, I would want to know some personal details, and as an interviewee I would be happy to tell you that I grew up in Nottingham, was Head Girl of my grammar school (are you surprised?), did a French degree at University College London where I met my husband, Colin, in 1961; that we have two children of whom we are inordinately proud: a son, Tim, who trained at St Thomas's and is a consultant medical microbiologist at the City Hospital/Queen's Medical Centre in Nottingham, and a daughter, Jo, who is a senior manager with British Airways – both now in their forties, unbelievably (to me); that we have two beautiful and talented granddaughters in Nottingham, aged eleven and fourteen (you can see Emilie and Jessica with me in the photo); that for many years I played the clarinet in local orchestras and was Leader of the Goldsmiths Concert Band – a hobby I have vague notions of resuming when I retire; that Colin, whose career has encompassed lecturing in French, university fundraising, becoming the first Executive Director of CASE (Council for Advancement and Support of Education) Europe, working as



a fundraising consultant and now as a volunteer for Save the Children and other charities, and I have a large house in the Languedoc where we intend to spend more time in the future, hopefully welcoming many friends to share the relaxed life there.

Other plans for the future? Well, I expect to continue my work for AUA, which has recently awarded me a Fellowship of the Association; I'm currently Assistant Editor of its Journal of Policy and Practice in Higher Education, *perspectives*, and Series Editor for its *Good Practice Guides* on various aspects of university administration. I'm a lifelong bookworm, so I look forward to indulging myself with lots of reading. But mainly, I hope to find a worthy cause – perhaps a small medical charity – which can make use of my skills and experience as an editor and proof reader, unpaid of course. Maybe *Chronicle* readers might be able to help with some match-making here ...

Finally, I should like to thank all those who have sent good wishes for my retirement, and of course all those who have helped to make my time at Queen Mary so enjoyable and rewarding.

\* 'l'angoisse de la page blanche' (Mallarmé) – that's my French training, which I always feel was my real training in writing and editing English! ■

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**John Blandy** qualified at The London in 1951 and retired as Professor of Urology there in 1992. His distinguished international career as a surgeon and urologist is rivalled by his reputation as an artist, a calling which he has pursued as enthusiastically as ever in retirement.

## A TEACHER REMEMBERED: MR MICHAEL WARD

Michael Phelps-Ward, who died in October 2005, was a Junior Assistant on The London, Hospital's Surgical Unit under Professor Victor Dix when I was a surgical dresser. In the April 1952 issue of *The London Hospital Gazette* editors Michael Oates and Peter Bodley published a beautifully illustrated article by Michael Ward entitled *The 1951 Mount Everest Reconnaissance*. He had played a vital part in this crucial piece of mountain exploration when he accompanied Eric Shipton, Bill Murray, Tom Bourdillon, Ed Hillary and Earle Riddiford when they discovered an approach to Mount Everest from the Nepalese side, paving the way for the ultimate first ascent, news of which broke in London on the eve of Her Majesty's coronation.

In the December 1953 issue of the *Gazette* Jim Elsby and I were proud to published *The Ascent of Mount Everest* by Michael Ward, counting ourselves fortunate to have secured such an authoritative 'inside story'. As the official expedition doctor, he had played another important role in this milestone of mountaineering, when his climbing contribution complemented his medical and research work. Mike Ward was a hero for many of us students, and a bridge between the chiefs and us. Some of us could recall when he also had 'done time' in the Philpot Street Students' Hostel.

More than a quarter of a century later, when I was engaged in teaching mountain safety – particularly the pathophysiology and early recognition of exhaustion exposure (subacute hypothermia) to try and prevent deaths from this here in Tasmania's mountains, my most valuable resource was *Mountain Medicine* by Michael Ward. Written concisely and logically, one could hear him talking through its pages.

He made so many contributions to mountaineering and its literature that cannot be enumerated in a few paragraphs but in retirement (his and mine), I read with undiminished admiration his *Everest. A Thousand Years of Exploration*. Same style for the last milestone – so well expressed and thoroughly researched. A great example.

**Dr Kevin Doran**  
q The London 1955 ■



# Too pro-The London, too pro-Barts?

Tom Ind (q Barts 1990) interviews the retiring President of the Barts and The London Alumni Association, Professor Christopher Hudson. Portrait by John Blandy.

Chris Hudson is retiring as president of BATLAA, after an association with the two hospitals and medical colleges spanning over half a century.

Chris was the youngest of four children. His parents lived and worked in British India in Lahore and then Delhi. Although he spent a

short time there, much of his childhood was at boarding school in England. Nevertheless, a 'wanderlust' was in the blood, and it is fortuitous that for the last few years he has been working with a maternal mortality programme out of Lahore (he has been made an honorary Fellow of the College of Physicians and Surgeons of Pakistan).



Chris won an open scholarship to Cambridge. He elected to defer national service until after qualification, and went to Barts as a clinical student. However, later, when he went for his medical he was in a long-leg plaster. This was a result of a football match against the Barts theatre orderlies, where he tore a cartilage and ligament in his knee. He puts this down to the fact that the goal posts were two pints of beer and that he was keeper. The army duly rejected him.

His clinical student years were most remarkable for his motor car, a 1926 3-litre red label green Bentley. There was a vintage car rally in the Square one autumn Sunday morning, with five out of ten non-starters! He received a letter from the Clerk of the Governors instructing him to park the vehicle behind the East Wing 'as a strap over the bonnet was not in keeping with the dignity of the square'. Two persisting legacies of his involvement are the resurrection of the Vicarage Club and the Hospitals Bumping Races on the Thames at Kew.

An earlier injury to Chris's other knee had changed his life. It delayed his sitting Final MB by half a year, as he had spent a month in Hill End Hospital, a large mental hospital where several Barts units had been evacuated, including the orthopaedic department. He has some happy memories of his time as a patient – even spending a few days in a padded cell! As Jackson Burrows was civilian consultant to the Navy, many of his fellow patients were naval petty officers and ratings, who did not take kindly to the discipline imposed by the fearsome Sister FF1 (Aggy). When she was off duty on Saturdays, a cavalcade of walking 'wounded' would escort those on crutches and in wheel chairs round the field and across the main road to the Bunch of Cherries, whence they later returned with enough beer for the ward for a week. This they had to hide in their bedding and between their legs to avoid detection by Aggy, who could hear bottles rolling between beds! During this time he found a soul mate in the form of a student nurse called Caryl whom he later married. They



have three children, two in University posts and their daughter a senior physiotherapist.

Chris's first pre-registration house job was in Obstetrics and Gynaecology (John Howkins) at Barts. He later went to the Kent and Canterbury and to the Connaught Hospital in Walthamstow, where he has happy memories of a unique coming together of influence from The London Chest, Barts and The London. Joe Smart, an iconic and larger-than-life Bartsman from The London Chest, was the chief, and the outstanding senior registrar from the London was John Ross. On the traditional specialty ladder, he later took time out to be junior surgical registrar to Alec Badenoch and Ian Todd on the Green Firm at Barts, a landmark appointment which influenced his entire subsequent career.

It was during his time at Soho Women's Hospital that his career nearly had a hiccup. He attended an inquest on a woman who had died after an illegal abortion, and was threatened by the Coroner with proceedings under the Anatomy Act (1832). Because there was no refrigerated morgue at the hospital, he transferred the body of the unfortunate woman to the Middlesex Hospital. This resulted in the body being transferred from the jurisdiction of the Westminster coroner to that of St Pancras, a heinous offence. Luckily for him, the coroner accepted the explanation.

### 'He is best known in his speciality for devising the radical oophorectomy procedure for ovarian cancer'

Chris acquired FRCS and MRCOG and from a registrar post at Redhill (with James Andrew and Nigel Gourlay) he was appointed as a senior registrar at Barts. When John Beattie retired he was promoted to the grandiloquent-sounding post of Resident Assistant Physician-Accoucheur, which was a post that held senior lecturer status. It was during this time in 1967 that he was seconded as senior lecturer/consultant to the University of Ibadan in Nigeria. Here he covered the absence on leave of Professors John Lawson and Paul Hendrickse. In spite of the civil war, this was a life-moulding event,

sparking a lifelong interest in fistula (later Hunterian Professor, Royal College of Surgeons), and perceiving a role for a clinician in academic obstetrics and gynaecology, which he had not previously considered. Thus in 1969 he was appointed to the Medical College of St Bartholomew's Hospital as Reader in Obstetrics and Gynaecology in a Department soon to be merged with The London, with Peter Huntingford as Professor.

### 'He was voted out of the chair at the Medical Council at Barts for being too pro-The London Hospital and sacked from the Trust Board for being too pro-Barts.'

In 1978 Chris became Foundation Professor in Obstetrics and Gynaecology in the University of Sydney at a new teaching hospital at Westmead, Sydney. The University expected its professors to have a Doctorate, which Chris did not. He did, however, have the Mastership in Surgery of Cambridge, and the Dean in Sydney, who was a surgeon (Sir John Loewenthal), was adamant that this was as good. Chris and his family spent nine happy years in this position (including a short spell as Australian Government aid to Papua-New Guinea) before returning to Barts on the retirement of Gordon Bourne. By now Chris was an international figure in the field of Obstetrics and Gynaecology and maintained links in three continents (Europe, Australia and Africa). Within the RCOG he served on the Scientific Advisory Committee and was the chairman of the HIV and AIDS working group for many years. He is best known in his speciality for devising the radical oophorectomy procedure for ovarian cancer (Victor Bonney Prize, Royal College of Surgeons). It was no surprise in 1993 when he was awarded a personal chair in Obstetrics and Gynaecology, and he is now Emeritus Professor.

While Chris was a senior member of the staff at Barts and Homerton there was a series of political events and changes that could be called difficult at best and

acrimonious at worst, combined with major NHS financial cut-backs, and, after Tomlinson, an apparent determination by the then Secretary of State (Virginia Bottomley) to close Barts. It resulted in a divorce between Barts and the Homerton Hospital, where Chris was chairman of the Medical Staff Committee at the time. He recalls very icy meetings with the Regional Board 'hit team' and famously a joint letter to The Times from himself, the Mayor of Hackney and the Chair of the CHC deploring the Regional Board's total disregard of the 'consultation' process, a complete sham. The Medical Colleges and then the hospitals of Barts and The London amalgamated, with the formation of a Trust Board, on which Chris sat as an Associate Non-Executive Director, by virtue of having become Chairman of Barts Medical Council. This time Chris admits to being the most difficult of his career. He was voted out of the chair at the Medical Council at Barts for being too pro-The London Hospital and sacked from the Trust Board for being too pro-Barts.

Perhaps he got it about right, and he worked hard to hold the status quo until the Turnberg Report. Maybe it was for this reason that he eventually became the first elected president of BATLAA. Earlier he had succeeded John Currie (with whom he had rowed in Pair/oars in the UH Regatta, having capsized in training down the Tideway and been fished out by the River Police) as President of the Barts Alumni Association. Chris has been President of Barts Boat Club, United Hospitals RC and the BL Women's Boat Club. He is at present Chairman of his local Patient and Public Involvement Forum – 'gamekeeper turned poacher?' ■

**Tom Ind** is a Barts man (q 1990). He is a Consultant Gynaecological Surgeon at St George's & the Royal Marsden and was a doctor at Barts and The London Trust 'on and off' between 1990 and 2002.

**John Blandy** qualified at The London in 1951 and retired as Professor of Urology there in 1992. His distinguished international career as a surgeon and urologist is rivalled by his reputation as an artist, a calling which he has pursued as enthusiastically as ever in retirement.

# 'Deano! Deano!'

## An interview with Professor Dame Lesley Rees

*I was thrilled to be asked to do a piece on Lesley, writes Gerald Libby. I have long been an admirer, one of many, since those heady days of the sixties, of the glamorous girl in the years above, who was even then the source of gossip and intrigue! We all admired her vibrant personality which appeared to be flourishing in the male-dominated, traditional and so confident medical college that was Barts. It has been my good fortune over the years that our paths have crossed many times, and little was I to know then, that she was to become a loyal and wonderful friend to my family.*

Against this backdrop I thought I ought formally to meet with her, to seek out what lay behind this dynamic woman who electrified and vitalised everyone with whom she came in contact. Typically, Lesley insisted on treating me to a breakfast meeting and suggested *The Wolseley*, quite the most fashionable meeting place in town. I was prepared for an early power breakfast with the dealers on their way to the City, but 10.30 was suggested instead – much more civilised!

I arrived at 10.20 to find Lesley looking stunning and all ready to spill the beans. However I soon discovered that she is writing her memoirs (surely on the 'must read' list) and the agreement with her publishers precludes a personal story as off limits. Rest assured this meant not skeletons, but diamonds lurking in the cupboard! Clearly the first woman Dean, who then found herself the last-ever Dean of the Barts Medical College, was showing no sign whatever of crumbling, then or now. Had she, as a student, ever dreamt that she might sit at the other side of the Dean's desk, in whose office she had found herself on several occasions? 'It never crossed my mind. My main ambition was to get a job to earn some money to live on, as after all, the support from the Royal Air Force and Royal Medical Benevolent Funds was to come to an end the day I qualified.'

Like many students today, Lesley was working outside the medical college to support herself, her determination, drive and tenacity clearly

evident even then. Her contemporary and admirer, Professor Parveen Kumar, let slip that she must have failed at least one exam as many of us did in those days. 'It's true that I failed my final Anatomy exam and resat it three months later at the same time as I did Finals in Pharmacology and Therapeutics. The reason was, I was too busy earning money playing bridge and poker at the Bayswater Bridge Club! The great and happy memory is partnering both Gary Sobers and Rohan Kanhai at bridge! Incidentally the then Dean was very cross with me for playing bridge in the Abernethian Room (men only!) when I was a medical student.'

Of course Lesley qualified very well. I recall that mini-skirted girl, alight with colour and lipstick, in prized house jobs, marking her out as a force to be reckoned with. House jobs were tough then – 'I did a one-year house job for Sir Ronald Bodley Scott in Oncology – I learnt more about the art of medicine from Ms Chevars and Pat Ford (they were Sisters on Luke and Harvey wards) than I ever learned from anyone else. In one year I had just one weekend off to go and be bridesmaid at my best friend's wedding. I arrived on Friday evening at her house and woke up on Sunday afternoon having missed the wedding! No wonder I contracted viral meningitis during this job – madness! It really was a man's world in those days.'

Lesley then did six months' Neurosurgery, having been told by Mr Os Tubbs that she wasn't strong enough to do Cardiothoracic surgery! (Being a woman of course.) 'I did Neurosurgery instead, working for two wonderful men – John O'Connell (JOC) and Campbell Connolly. A similar experience occurred when I went for the Viva for the Matthew Duncan Prize in O & G. The examiners, Donald Fraser and John Howkins, said as I walked in, "Oh God, it's one of the girls". They did award it to me – £50 – great, and much appreciated. I then went to the Hammersmith to do a Cardiology job, having failed to get a job at the Brompton where at the interview consultant cardiac surgeon Matthias Paneth asked me why I wasn't getting married and

having babies – I told him to mind his own business – I didn't get the job. He taught my husband Gareth and later became a great friend.'

It was while at the Hammersmith that GMB (Professor Michael Besser) phoned and suggested that she become an endocrinologist – 'I thought, why not? He found me a job as a junior lecturer on the Medical Professorial Unit for Sir Eric Scowen. GMB then went on to found one of the world's great clinical endocrinology units and with Professor John Landon (Professor of Chemical Pathology) an equally successful laboratory endocrine research department. I am forever grateful to them both – my two great mentors. It was because of JL that I went on an evening University of London (Chelsea College) part-time course and obtained an MSc in Medical Biochemistry – I have always been fascinated by pathways and reactions, enzymes, transmitters and interactions to this day.'



Lesley's popularity, combined with an intuitive understanding of medical students, made her the ideal choice for sub-Dean which of course led inevitably to the most responsible job in the Medical College. Those were great days at Barts, as indeed they were at The London: the exam results were excellent and student life centred around sports and societies. The annual College Dinner and the Students' Union dinners in the Great Hall were truly wonderful events and the roar of 'Deano, Deano' as Lesley rose to speak upon such occasions remains a joyous memory to this day. The student body could be pretty raucous but fortunately rarely loudish. Lesley remembers many amazing episodes including a Rag Week capture at gunpoint (toys) outside the

Barbican (then Aldersgate) Tube, of Arthur Scargill (boss of the National Union of Mineworkers) for a ransom. 'The City Police appeared in my office at Barts – needing a great deal of placation – coffee and chocolate biscuits and reassurance that they (the students) were all wonderful.'

However, all London medical schools were at this time facing the threat of great change and the inevitable was to happen to dear old Barts. 'The merger was very painful and challenging as was the threatened closure of Barts itself. Several senior staff became clinically depressed. The Evening Standard, under the Editorship of the late Stewart Steven (a very old friend of mine since medical school), launched a brilliant "Save Barts" campaign which John Major refers to in his autobiography. From it all, I took home the lesson – never trust a politician; their duplicitous behaviour seems boundless, with some exceptions of course, including Brian Sedgemore and Peter Brook, who were wonderful. I was not in favour of the merger because I thought it would create a school of unmanageable size, but I have to say that under the superb leadership of this Warden and the Principal, I get very good vibes – and I am delighted to be proven wrong! During those difficult days I was fortunate to be wonderfully supported by Gareth at home and Julian Axe, Jackie Roe and Joy Parsons in the Medical School.'

In her own words, 'I was obviously very disappointed not to be chosen as the first Warden of the new School'. But, typically, she has since found many other projects. She is Chairman of the Editorial Board of *Clinical Endocrinology* – the clinical journal of the UK Endocrine Society with a rising impact factor. She also chaired until recently HRH The Prince of Wales' Foundation for Integrated Health: 'Because of my longstanding research interest with the late Dr Vicky Clement Jones into the endocrine changes that occur in people undergoing electroacupuncture. I am also sympathetic to people who search for alternative and complementary therapies when mainstream medicine appears to fail them.'

Breakthrough Breast Cancer, of which Lesley is a Trustee, is a very successful young charity whose main objective is to eradicate breast cancer by research into the causes, treatment and prevention; 'I am also on their Science Committee which allocates

substantial funding – I find this very rewarding. We have over a hundred scientists working in the Toby Robbins Breast Cancer Research Laboratories at the Institute of Cancer Research, Fulham Road, as well as centres in Glasgow and possibly new ones yet to be established.' In addition to this Lesley is a Trustee, as is the Warden, of the Jean Shanks Foundation which supports young people (students, doctors etc) interested in pathology research and education. 'We particularly support UK medical students doing a BSc or BMedSci in pathology-related disciplines.'

As if all this were not enough, Lesley is a member of the Council of the Winston Churchill Memorial Trust, 'Which enables around a hundred people per year (of any age) to have the "chance of a lifetime", be it in the fields (categories which change each year) of opera, children with special needs, ballet, canoeing, AIDS and HIV, care of the dying, etc. These individuals travel overseas for four to six months to gain new insights and experience in their chosen field to bring back home. HM The Queen presented one hundred with medallions at Buckingham Palace in June this year – it was inspiring to learn of their achievements.'

Lesley then went on to tell me of her rediscovery of old passions and interests: 'I have rediscovered my love of writing poetry and now have time to enjoy my passion for all things musical and also for the ballet, art and sculpture. I have read more in the last ten years than I did in my forty years in medicine, and have discovered some wonderful modern novelists – William Boyd and Colm Toibin to name but two – as well as old favourites – Shakespeare, Elizabeth Jennings, Henry James – and am embarking on the Bible and The Koran (give me time please!). Gareth and I can at last enjoy the Everyman Cinema in Hampstead, our three granddaughters, Amy, Beth and Eloise, entertaining in our four houses in London, Hereford, Italy and France. Another of my great enjoyments is cooking – time at last!'

Clearly Lesley still has Barts close to her heart and typically finds a practical outlet for this by working toward the restoration of the Great Hall. 'I am Chairman of the Barts Great Hall (North Wing) Committee. We are trying to stop its fabric deteriorating. The roof leaks etc. It is in need of urgent restoration. We have established a new

charity, a Buildings Preservation Trust, and in order to raise funds (estimated at £6-8 million) we need to secure a transfer of the Hall (on a long lease) from the NHS Trust to this charitable trust. We hope to raise funds both for the initial restoration and also for the long-term maintenance, undertake the restoration and then transfer the Hall back to the NHS Trust.'

Clearly this is a vitally important project as it would allow for restoration of the Great Hall in parallel with the new hospital development.

Alas, with her publisher's restrictions, our splendid breakfast was coming to an end but I was compelled to ask her one last question. 'Last, but most importantly – four years ago my son Lloyd, whom I gave up for adoption when he was born in 1962 (whilst I was a medical student), traced me. This reunion has been wonderful – not least because of the warmth which he generates and with which he has been received by Gareth, Gareth's son Phillip and indeed all our family and friends. Lovely Eloise, born one year ago to Lloyd and Penny, is the icing on the amazing cake! Remarkably, his parents brought up my son around the corner from us in Hampstead – I often wonder how many times I may have passed him in the street. Our wonderful meeting with Lloyd Senior and Lesley Lambie is indelibly etched on my psyche, amazing and ultimately life affirming. Thank you everyone, all of you, who supported me through this.'

Professor Dame Lesley is a truly remarkable woman whose humanity and intellect blend into an inspirational life force. Perhaps the time has now come to ensure that a portrait is both commissioned and completed for future generations to wonder and marvel at and remember a quite extraordinary human being. ■

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**Dr Gerald Libby** (q Barts 1967) continues his interest in functional gastrointestinal disorder. He is Honorary Senior Lecturer, Gastroenterology and Psychiatry, at Barts and The London and the Wingate Institute of Neurogastroenterology. Currently he chairs the Barts Archives Committee, is President of the Boat Club, and a past Staff President of the Barts and The London Students' Association.

# End of life issues

## Some introductory thoughts



Dr Ian McLellan (q Barts 1968) retired from practice as a cardio-thoracic anaesthetist in 2003 and later started a PhD at the School of Law, University of Southampton, researching a comparative study of end of life issues across Europe. He also holds an MPhil in Medical Law from the University of

Glasgow. Dr McLellan believes that there are a number of end of life issues which have particular concerns for doctors; these include withholding and withdrawing treatment, advance directives, the doctrine of double effect and ownership of the body and its parts, as well as the emotive subjects of euthanasia and assisted suicide. He writes here about the difference between euthanasia and physician-assisted suicide, and other current issues.

Recently the House of Lords debated a Bill giving doctors the right to prescribe a lethal dose of drugs on a patient's considered request if the patient was a competent adult who was terminally ill and in pain. Although the Bill was sidelined, the issues which arose have not. Whatever one's personal feeling about assisted suicide and this Bill, it became obvious that there was a great deal of confusion about what exactly it proposed. It is one of the most difficult issues for doctors in discussing the issues to be certain that there is no variation in meaning of the terms used by different groups or individuals. This applies also to different countries.

### Euthanasia and physician-assisted suicide

This variation was recently shown in a British newspaper article on euthanasia and physician-assisted suicide (PAS). Euthanasia briefly is actively bringing about a person's death with that as the intent. That is not PAS. The article stated that doctors brought about death every day by administering drugs which were to treat pain and suffering but may speed up the patient's death. The author appeared to equate this with

euthanasia, rather than seeing it as a standard practice of relieving suffering, covered by the doctrine of double effect. Under this doctrine it is reasonable and legal to use appropriate drugs and dosages with the intent of relieving pain and distress. The significant point is the intent to relieve the symptoms while understanding that this may speed up the patient's death, but not having that as the intent.

In the recently published consultation document on homicide the Law Commission states in discussing their models of homicide: 'We would not want the adoption of either the First Model or the Second Model to have the effect of making a doctor who gives pain-killing medication to a terminally ill patient guilty of murder merely because he or she knew it would have the effect of shortening the patient's life.' The same document makes the interesting point that 'mercy killing' which can be equated in this document with euthanasia is viewed in the same way as other intended deaths although it is carried out with benevolence rather than malevolence. Doctors will have differing views as to whether the benevolent intent should be punished differently from the

malevolent. In the consultation paper it is proposed that there will still be partial defences to the 1st degree of homicide as at present. These lead to a reduction in the offence committed and thereby a possible sentence. This may even be non-custodial.

What then about PAS? This is the concept of a doctor prescribing a lethal dose of drugs for the patient to administer to themselves at a time and place of their choosing. Supporters of this would say that the patient can be prescribed the drugs so that they can consider when in the disease process to take them. It also covers the setting up by a doctor of an intravenous infusion which contains a lethal drug or drugs but not starting it. The patient has a control button and starts the infusion at a time of their choosing. Some feel this latter technique involves the doctor more closely with the process.

It has been suggested that, if suicide is legal, it is illogical for assisted suicide to be illegal. Euthanasia and PAS are legal in the Netherlands and Belgium for residents of those countries and in Switzerland PAS is legal for non-residents, and a number of cases of British citizens travelling there have been reported. In each of those countries there are controls and reporting systems which are adhered to in the vast majority of cases. The euthanasia commission in the Netherlands reported that in 2005 only three cases in nearly two thousand did not fit the criteria.

Confusion also arises with withholding and withdrawing treatment, which are part of standard practice in appropriate circumstances. The significant word is appropriate. This means taking into account the clinical situation coupled with the patient's, relatives' and any proxy views. There will of course be due notice taken in the case of an incompetent patient of any advance directive or living will covered by the conditions of the Mental Capacity Act 2005. It is difficult on occasions to accept that the refusal of life-sustaining treatment



does not have to be logical but that in a competent patient, or an incompetent patient with a valid advance directive, it must be followed.

In some countries in Europe withdrawal of treatment followed by death is classed as euthanasia, another example of the confusion of terminology which arises.

Euthanasia carries with it the primary intent to end life rather than withholding/ withdrawing treatment in futile states in the patient's best interest.

### Advance directives and living wills

Advance directives or living wills have been with us for a number of years and their influence in the future can only be postulated. The legal validity for the incompetent patient has been formalised by the Mental Capacity Act and in my and

others' opinion advance directives will come into more widespread use. This will put emotional strain on healthcare workers whose primary aim is to treat and save life and who have to watch and care for a dying patient following a valid advance directive refusing treatment. Like face-to-face refusal of treatment a valid advance directive declining treatment does not have to be logical. It is better I believe to use the term advance directive rather than living will as the latter implies that death is near and generally relates to refusal of treatment. An advance directive can also mean that the patient is indicating which treatment path they would wish to follow and can apply to reversible as well as terminal conditions. This is not covered by the Mental Capacity Act.

### Body and body-part ownership

Body and body-part ownership is also an area of concern. This comes to the forefront

when considering organ donation. At present the relatives' wishes control donation even if the potential donor has indicated their wish that organs can be retrieved. Will this change with the conditions of the Human Tissue Act 2004? This states, '... wishes of the deceased take precedence'. I doubt it in cases where the relatives are adamant about refusing donation. I cannot see the hospital staff going ahead with organ retrieval against strong objection from the relatives. Not only would this be distressing for members of the team but also the possible media furore would be too much to contemplate. This may mean that the hoped-for increase in donated organs will not occur or will be lower than anticipated.

These are some examples of end of life issues which need to be faced. They cannot be dealt with in one country in isolation from their neighbours, Europe or even the rest of the world. ■

### Barts and The London Olympians

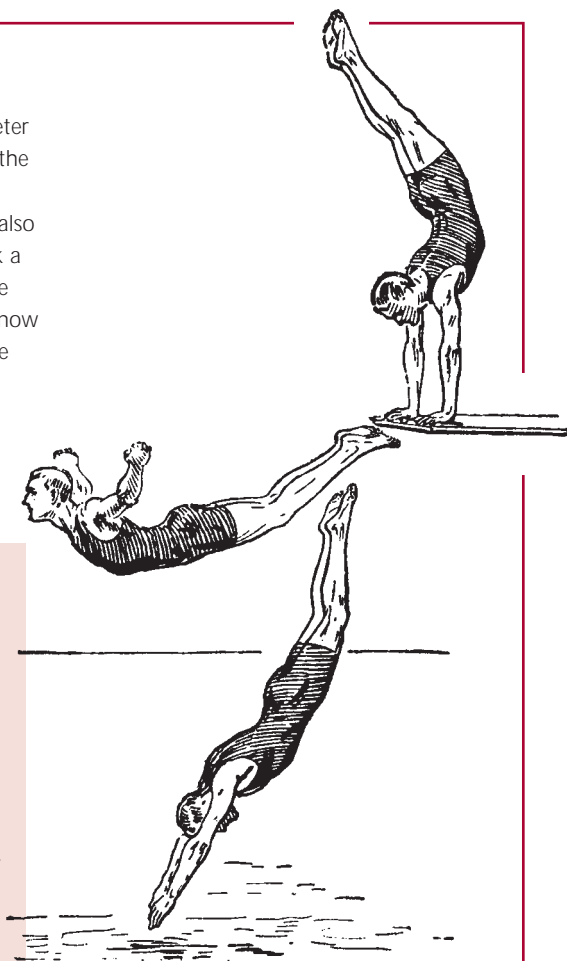


The 2012 London Olympics will bring an important role for Mr Peter Hamlyn, as Medical Adviser, and the Sports and Exercise Medicine Department at The London, and also for Dr Richard Budgett, who took a Diploma in Sports Medicine in the Department in 1989 and who is now Director of Medical Services at the British Olympic Association.

Dr Budgett was himself a rowing Gold Medallist in the 1984 Los Angeles Olympics, winning in the coxed fours with, amongst others, Steve Redgrave and Queen Mary alumnus Martin Cross.

Last year the Chronicle carried an article about Barts Olympian Arthur Wint, and this sparked off a number of letters about other Barts and The London Olympians. On the right is the tally so far. Can anyone provide other names, or details where missing, of those who have competed in the Olympics?

|  |   |
|--|---|
| <b>William Stewart, runner</b><br>The London. Stockholm 1912           | <b>Arthur Wint, runner</b><br>Barts. London 1948, Helsinki 1952               |
| <b>William Blue</b><br>The London                                      | <b>Helen Holtby (née Koppell), diver</b><br>Barts. Munich 1972, Montreal 1976 |
| <b>Reg Sutton, water polo</b><br>Barts. Berlin 1938                    | <b>Richard Budgett, rower</b><br>The London. Los Angeles 1984, coxed four     |
| <b>William Laurie, rower</b><br>The London. London 1948, coxless pairs |   |



# Chronic viral hepatitis in East London

## Rising to the challenge



Professor Graham R Foster (q The London 1983), Professor of Hepatology at Barts and The London, writes about the work of the School's Liver Unit in addressing a major health care issue in East London.

Chronic infection with viruses that damage the liver is rapidly emerging as a major worldwide health concern. Although unusual in the UK, chronic viral hepatitis is common in many parts of the world and as people migrate to our shores more and more patients with viral hepatitis are coming to medical attention. In East London the local population has been enriched by centuries of immigration from all over the world and this has led to above-average rates of viral liver disease. The Liver Unit, based in the Institute of Cell and Molecular Science at Whitechapel, has begun to address this major healthcare issue by working with the local community to study and treat those who are infected.

Two viruses (hepatitis B and hepatitis C) can cause chronic liver damage and between them they infect over 500 million people throughout the world. The two viruses are virologically distinct; the hepatitis B virus is a DNA virus whereas the hepatitis C virus is an RNA virus. However, both lead to similar liver problems and over a period of many years chronic infection with either one leads to slow liver damage and scarring that, if not checked, goes on to cirrhosis and eventually liver cancer. Once liver cirrhosis has developed the outlook is bleak – treatment is rarely effective and liver failure and ultimately death are likely. However for patients identified before the liver damage has advanced too far the prognosis is much more positive and current therapies have a high chance of controlling the infection and preventing the development of liver failure.

Both hepatitis B and hepatitis C are transmitted by blood-to-blood contact,

although hepatitis B is somewhat more infectious. Hepatitis B is readily transmitted during sex or childbirth, leading to chronic infection in many children born to infected mothers. Hepatitis C is less infectious; sexual transmission is rare and mother-to-child transmission is uncommon, complicating less than one in twenty pregnancies among women who are already infected with the virus. Throughout the world both viruses are readily transmitted by inadequately sterilised medical equipment or by contaminated blood and blood products. In the UK viral hepatitis is uncommon and high-quality medical care with proper sterilisation of equipment has prevented iatrogenic spread of both these pathogens. The development of an effective vaccine for hepatitis B over a decade ago has allowed vaccination of at-risk populations and this, coupled with well-resourced healthcare, has ensured that hepatitis B is a rare infection in the UK. For hepatitis C there is no effective vaccine at present but effective screening of blood products used for blood transfusions (introduced in the early 1990s), along with a needle exchange programme to reduce transmission in injecting drug users, has reduced the development of a hepatitis C epidemic in the UK. Hence we have been spared the ravages of viral hepatitis, and in individuals born in the UK these infections are mainly limited to those who have high-risk behaviours that put them at risk from sexually acquired or blood-borne viruses – chiefly promiscuous men who have sex with men, and injecting drug users.

However, this happy scenario has not been repeated throughout the world – in many

countries a large proportion of the population has become infected with hepatitis B and C via multiple routes of transmission and the high prevalence of these viruses in the population allows on-going transmission leading to very large numbers of infected individuals. For example in many parts of China infection with hepatitis B affects over ten per cent of the population and this very high prevalence coupled with poor medical hygiene, a poorly effective vaccination programme and inadequate resources to treat those who are infected means that many at-risk people are continuing to be infected. A similar situation exists in many parts of the world with regard to hepatitis C – in Pakistan, for example, many individuals have been infected with the virus as a result of poor sterilisation of needles used in vaccination programmes to combat, for example, smallpox, and the prevalence of the infection may be as high as four per cent.

The world is thus divided into affluent countries, usually with a low prevalence of viral hepatitis, where infection is restricted to particular sections of society, and the developing world where viral hepatitis is endemic and transmission within families and hospitals is common. Ironically those countries least well equipped to deal with viral hepatitis are the countries where infection is most common.

**'studies in local community centres are under way to provide the basic data that will be essential in resolving this looming healthcare crisis.'**

The East End of London has seen centuries of immigration from around the world. Many of the communities who have made their homes in East London originate in parts of the world where viral hepatitis is

common. The risks from viral hepatitis in East London are therefore substantially greater than in other parts of the UK and to date the medical community has been slow to recognise the potential problems caused by this common disease. Over the last few years the academic Liver Unit at Barts and The London has begun to address the issues of viral hepatitis in the local East London community. Studies on the natural history of viral hepatitis in our community have given rise to considerable concern as the rates of advanced liver disease are much greater than those seen in other population groups. This is probably a reflection of the fact that viral hepatitis is often acquired in childhood in underdeveloped parts of the world and thus many of the elderly immigrant communities in East London have been carrying their liver viruses for many decades. Since both hepatitis B and C are asymptomatic, stealth viruses, which take many decades to induce serious liver injury, it is perhaps not surprising to find that many elderly immigrants in East London are now starting to develop the complications of prolonged infection with these lethal viruses. Having identified the problem of advanced liver disease due to viral hepatitis in the local community the Liver Unit is now faced with how to solve it.

In conjunction with our colleagues in the Health Protection Agency and with the enthusiastic support of the local community and the Strategic Health Authority we have begun a programme to identify and treat those at risk of infection. A key component of this strategy is research to identify those who are at particular risk so that effective therapy can be given, and studies in local community centres are under way to provide the basic data that will be essential in resolving this looming healthcare crisis. The East End of London is, of course, not the only part of the UK with a large ethnically diverse population and we have joined forces with colleagues in Bradford, Halifax and West London to try to develop a UK-wide strategy to address the important issues around ethnic minority groups with viral hepatitis. It is encouraging to find that the links forged over many years between the School of Medicine and Dentistry and the local community have allowed us to take a national lead in resolving these problems.

## 'The large population of infected patients in East London provides an opportunity for basic research into some of the many outstanding issues in understanding the biology of these viruses'

For many patients infected with viral hepatitis therapy with currently available drugs gives a very good chance of sustained remission and, in some cases, a cure. However the current drugs are not entirely satisfactory and many patients develop intolerable side effects and a significant minority (up to forty per cent) do not respond. The Liver Unit at Barts and The London is playing a leading role in developing new therapies for patients with viral hepatitis and basic and clinical research programmes are under way to identify novel approaches to therapy as well as assessing the factors that determine responses to current therapeutics. In conjunction with the Clinical Trials Unit at the Royal London trials of novel therapies for both hepatitis B and hepatitis C are under way, and we hope that over the next few years we will be able to play our part in helping to improve the current therapeutic regimes.

The large population of infected patients in East London provides an opportunity for basic research into some of the many outstanding issues in understanding the biology of these viruses. The Liver Unit is currently involved in a number of basic scientific studies analysing all aspects of the virology of chronic viral hepatitis. Many of these studies involve interactions with other groups in the UK and we are currently working with groups in Cambridge and Southampton as well as participating in Europe-wide studies of drug resistance.

The management of patients with viral hepatitis poses many challenges to both physicians and their patients. Perhaps one of the most challenging groups of patients are those who are employed as healthcare professionals or are planning to study medicine. Since both hepatitis B and C

are transmitted by blood-to-blood contact it is important that both doctors and their patients are protected from inadvertent transmission. To ensure that doctors are protected from hepatitis B infection all medical students are currently vaccinated against this pathogen, so that the majority of healthcare professionals are protected from inadvertent infection. Since no vaccine is available for hepatitis C, protection from this virus requires meticulous attention to protection control measures designed to minimise needle-stick injuries.

To protect patients from infection the UK has imposed strict restrictions on practising clinicians, and those who are infected with the hepatitis B virus are currently barred from practising procedures that might expose patients to risk. Since this virus is commonest in certain ethnic groups this policy, designed to protect patients from infection, has the unfortunate, and probably unforeseen, consequence of restricting the career choices of a disproportionate number of clinicians from some ethnic groups. It is difficult to find an easy solution to this complex and contentious issue. The future clearly lies in developing more effective therapies that will allow all those who are infected with these viruses to be cured, thereby allowing all who wish to practise exposure-prone procedures to do so without the potential risk of infecting those whom they are trying to help.

Chronic infection with both hepatitis B and hepatitis C is a worldwide health problem that requires a co-ordinated campaign involving identification of those who are at risk of infection, counselling and vaccination to prevent further transmission and the development of effective therapies that will allow everyone infected with these pathogens to be cured and to go on to lead a normal life. The Liver Unit at Barts and The London is proud to be involved in the worldwide effort to reduce morbidity and mortality from these pathogens and the presence of so many infected patients within our local community acts as a spur to our endeavours and provides us with the clinical samples that are so important in the fight against these insidious infections that cause so much death and destruction throughout the world. ■

# Inaugural Lectures

## Progress and teddy bears

Rosie Fiore, Publications Officer in the Department of Corporate Affairs at Queen Mary, University of London, reports on a unique occasion – a double inaugural lecture from Professor Elizabeth Davenport and Professor Joanna M Zakrzewska entitled ‘Progress!’

The attainment of a professorial chair is a major milestone in any career. Two professors from the Institute of Dentistry saw this achievement as an opportunity to look back on the progress of their careers, and forward to the goals they hope to achieve in the future. Professors Liz Davenport and Joanna Zakrzewska’s lectures were jointly entitled ‘Progress!’, and their starting point was nothing if not original!

As guests for the lectures arrived in the Perrin Lecture Theatre on 15 May, they were surprised to see two rather threadbare teddy bears in pride of place on the lectern. For both professors, their teddy bears represented the beginning of a life journey that had brought them to this point. The event was doubly unique, in that it was the first joint inaugural lecture for two professors, and also the first inaugural event hosted in the new Perrin Lecture Theatre.

### Progress, Passion and ePF

Professor of Dental Education Liz Davenport was first to speak, and was introduced by Deputy Warden Ray Playford, who spoke with great warmth about her commitment to dental education. Professor Davenport’s lecture was entitled ‘Progress, Passion and ePF’.

Professor Davenport began by asking the rather difficult question ‘Who am I?’ For her, the answer has three parts: she sees herself as a teacher, a clinician and a researcher.

As a teacher she aims to engender passion in providing dental care for children, and her students have responded extremely positively: one student said Professor Davenport was ‘...very inspiring – [she] reminds me exactly why I chose to be a dentist’, and another said she ‘... put me at

ease about treating children and increased confidence in seeing child patients’. She has focused her attention on creating more effective teaching courses at the Institute of Dentistry and has been instrumental in developing the BDS curriculum in terms of assessment, outreach to the community and in the creation of the new graduate entry programme for dentistry.

Professor Davenport spoke with pleasure of her successes as a clinician, bringing new confidence and health to her child patients. She is also very involved with the British Society of Paediatric Dentistry (BSPD), of which she is President-elect.

As a researcher, her focus has been on epidemiology, specifically in microbiological assessment of caries risk in children and maternal child health; and education, especially her development of the electronic Progress File (ePF).

Professor Davenport was the lead researcher on a study which examined the relationship between maternal chronic periodontal disease and the delivery of preterm with low birth weight (PLBW) infants in East London. The study concluded that there was no association between any clinical measures of maternal periodontal disease and PLBW infants. However, it did confirm some previously known risk factors for PLBW, and that it was important for health care workers to promote good oral health.

One of Professor Davenport’s most notable successes has been in the development of the electronic Progress File. Modern dentistry demands continuous professional behaviour to promote life-long learning. She believes, as do many others, that a student’s achievements should be recorded, so that they can monitor, build and reflect upon

their personal achievements. An ePF can facilitate this from day one to retirement. The PF has revealed emerging professional characteristics and the findings can be categorised – Empirical, Aesthetic, Personal and Ethical.

Continuing evaluation of the PF has shown how it impacts on daily clinical practice, in that the majority recorded every interaction and found it easy to use. The file seemed to assist organisational skills in junior students and helped both students and teachers to identify areas for concern. Senior students were more successful at recording factual data, diagnosis, treatment planning and reflecting on clinical practice; however all students felt a permanent record of negative feedback made them nervous. It would seem that the electronic Progress File allows for a much higher level of interface, discussion and analysis. However some difficulties were experienced with the system: mainly the students and trainees experienced problems with access to computers and found filling out the ePortfolio a ‘bit of a chore’. Some felt that using the portfolio electronically meant that there was less student/tutor interaction and that it stifled creativity.

Taking these issues into account, Professor Davenport and her team will take the ePF concept forward within the Institute of Dentistry, and the Centre for Excellence in Learning and Teaching. The ePF system will also expand to involve the Royal College of Surgeons for specialist training, and national Vocational Dental Practitioner training and will be rolled out in Europe through the Association for Dental Education in Europe (ADEE).

### Progress! Teddy to ‘Insights’

The second lecture of the afternoon was delivered by Joanna Zakrzewska, Professor of Pain in Relation to Oral Medicine. Professor Zakrzewska entitled her lecture ‘Progress! Teddy to ‘Insights’ – charting her professional journey from an eye-removal procedure on her teddy bear, her first ‘patient’, to the publication of Insights, her new book on Trigeminal Neuralgia.

Professor Zakrzewska was born at St Mary’s, Paddington, a teaching hospital to which she would return several times in her





Professor Zakrzewska (left) with Professor Davenport and teddies.

professional career. By the age of eleven she had set her heart on a medical career, but this ambition was thwarted when no medical school offered her a place. Undeterred, she went to King's College to study Dentistry and spent some time in general dental practice. But her medical aspirations were undimmed and she applied to and was accepted by St Mary's. She then moved to Newnham College in Cambridge where she completed her medical training and where she first developed her passion for art and art history— an interest still evident in her use of cartoons and patient artwork in publications.

While at St Mary's, Professor Zakrzewska visited St Christopher's, a hospice for palliative care, and this made a major impact on her. She became convinced that patient care and communication should always be central to the work of a medical practitioner, a view not always shared by her peers and superiors!

Professor Zakrzewska credits Professor Malcolm Harris, who taught her as a dental student, for starting her on the path of her research into trigeminal neuralgia, ' a sudden, usually unilateral, severe, brief, stabbing, recurrent pain in the distribution of one or more branches of the fifth cranial nerve'.

Professor Zakrzewska therefore began her research by looking at the effects of surgery at three points along the nerve to see if the results were different both in terms of pain relief and quality of life. Fergal Nally provided data on peripheral treatments while two neurosurgeons, David Thomas

and Robin Illingworth, gave her access to their patients who had surgery done either midway along the nerve or next to the brain stem. She was supervised by neurologist John Scadding. Her MD research was the first time this type of comparison had been done and she showed that the closer surgery is done to the brain, the better the results. Recently she re-confirmed this by using Professor Hugh Coakham's patients and another independent neurosurgeon, Ben Lopez. As with Robin Illingworth's patients, the response rate was an astonishing ninety per cent. Three hundred patients completed a forty-one-page questionnaire, and showed that long-term outcomes were better after surgery.

The other part of Professor Zakrzewska's MD research looked at the medical management of trigeminal neuralgia. When she began her research, the only two effective drugs were carbamazepine and phenytoin, but many patients could not tolerate the side effects, especially when the two drugs were mixed. Working closely with Philip Patsalos, a pharmacologist at the National Hospital for Neurology and Neurosurgery, she showed the efficacy of oxcarbazepine and has since done trials with lamotrigine and most recently leviteracetam (PhD student T Jorns).

Following on the success of this research, Professor Zakrzewska is currently involved in evaluating how patients make decisions about treatment. This has resulted in a multi-centre study involving 150 patients, done by Amy Spatz with Professor Liz Kay in Manchester.

Professor Zakrzewska also spoke compellingly about the need to focus on patient needs and to design treatment accordingly. Her work has led to her writing two books on facial pain, five chapters and over sixty-five peer-reviewed papers in the field of facial pain, and she has lectured all over the world, from Thailand to Zimbabwe. At the behest of US TN sufferer Claire Patterson, Professor Zakrzewska set up a patient support group. The UK group is now a vibrant going concern.

Both Professor Davenport and Professor Zakrzewska concluded their lectures by thanking their professional colleagues, their friends and families, all of whom helped them to progress to this impressive career milestone. ■

**FORTHCOMING INAUGURAL LECTURES**

**2006**

- 2 November MORRIS **Professor Kam Bhui**  
*Wolfson Institute of Preventive Medicine*  
'Cultural Psychiatry & Epidemiology: researching the means, means and meanings'
- 6 November PERRIN **Professor Graham Foster**  
*Institute of Cell and Molecular Science*
- 14 November WILLOUGHBY **Professor Rizgar Mageed**  
*William Harvey Research Institute*
- 20 November WILLOUGHBY **Professor Ian Hart**  
**Professor Louise Jones**  
*Institute of Cancer*
- 28 November PERRIN **Professor Margaret Bird**  
*Institute of Health Sciences Education*
- 11 December PERRIN **Professor Sina Dorudi**  
**Professor Stephen Bustin**  
*Institute of Cell and Molecular Science*

**2007**

- 8 January PERRIN **Professor Judy Breuer**  
*Institute of Cell and Molecular Science*
- 18 January WILLOUGHBY **Professor Nick Goulding**  
*Institute of Health Sciences Education/William Harvey Research Institute*
- 22 January PERRIN **Professor David Kelsell**  
**Professor Harry Navsaria**  
**Professor Mike Philpott**  
*Institute of Cell and Molecular Science*
- 31 January MORRIS **Professor Charles Hinds**  
*William Harvey Research Institute*
- 5 February PERRIN **Professor Jeremy Powell-Tuck**  
**Professor Tom MacDonald**  
**Professor Ping Wang**  
*Institute of Cell and Molecular Science*
- 12 February PERRIN **Professor Ken Parkinson**  
*Institute of Dentistry*
- 8 March WILLOUGHBY **Professor Nick Lemoine**  
**Professor John Gribben**  
*Institute of Cancer*
- 14 March PERRIN **Professor Paola Domizio**  
**Professor Armine Sefton**  
*Institute of Cell and Molecular Science*
- 22 March WILLOUGHBY **Professor Ajay Kakkar**  
*Institute of Cancer*

**PERRIN LECTURE THEATRE:** ICMS Building, Newark Street, Whitechapel

**MORRIS LECTURE THEATRE:** Robin Brook Centre, Barts, West Smithfield

**WILLOUGHBY LECTURE THEATRE:** John Vane Building, Charterhouse Square

**Alumni are very welcome at these events**

For more information and/or for an invitation to attend please contact George Foden (g.foden@qmul.ac.uk; tel: 020 7882 7866)

# Letters

## Dear Editor

### In defence of Bodley Scott

Dr Wink White's recollection of Ronald Bodley Scott (Spring 2006, page 15) is at complete variance with my memory of the same physician in later years.

In the 1960s Sir Ronald Bodley Scott, then Senior Physician to Barts, Physician to HM The Queen, and author of the most comprehensive British textbook of medicine of the time, was, and is still, regarded by many as the last of the great General Physicians. A quiet, reserved man of immense medical knowledge whose unit was one of the foremost in the country for the treatment of the leukaemias, lymphomas and collagen diseases (known as Bodley-opathies), he was consulted by anyone who had a 'difficult' medical case. I was on his Firm and later served as his Junior Registrar.

Always of even temper and possessing a dry wit, Bodley took a deep personal interest both in his patients and in all those who worked for him and his teaching ward rounds were very well attended.

Faults? Well, he was a Bon Viveur, but he also loved fast cars and would often appear in The Square in his open, green, MG Sports, bowler hat firmly in place. Alas, he died in a car accident whilst driving abroad.

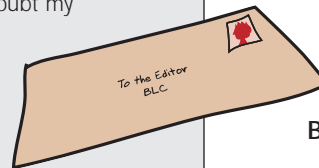
### Dr Philip Edmondson q Barts 1963

Dr Wink White's harsh picture of Ronald Bodley Scott was unrecognisable to me. When I was his student and then houseman (1962) he was always courteous and helpful to everyone, and soft-voiced, almost inaudible. Also his specialty was haematology, not metabolic disease.

Either Sir Ronald mellowed remarkably between when Dr White met him and I did, or else the picture is mistaken. I want to set the record of this fine doctor straight, and have no doubt my colleagues will agree.

### Dr Keith Waddell q Barts 1961

Dr T Peter Ormerod  
q Barts 1956 has written in similar vein.



filled with yellowish fluid and had scars that lasted for many years.

He was also interested in the amount of Vitamin C in the wartime diet. We were given a saturation dose of the vitamins, along with an empty Winchester and told to provide a 24-hour sample of urine. I vividly remember going to the cinema at the time (I think it was showing *The Wizard of Oz*). Every now and again a member of the audience would leave his seat carrying a huge bottle of urine, only to return a few minutes later with an even fuller and slightly warmer bottle which was returned to its original position under the seat.

We also imbibed a great deal of biochemistry from this excellent teacher during the 46-week course.

### Professor David Moffat q Barts 1943

## Dear Editor

### Barts Olympians

I enjoyed reading about Arthur Wint (Autumn 2005, page 9) as I well remember his towering physique when I was a student in the 1950s. That delightful account of sporting champions from the past reminded me of yet another Barts Olympian – Reg Sutton.

When I joined a group medical practice in Seaford, Sussex, after qualifying, he was a senior partner as well as a keen sailor and an outstanding swimmer. He swam daily from Seaford beach to the end of Newhaven breakwater pier and back – some four miles – in all weathers. He honed his swimming skills as a student at Barts, and swam in the pre-war Olympics in Berlin as part of the British water polo team. He used to recount that whilst carrying the British standard in the final parade he refused to dip the flag in salute as he passed Herr Hitler.

All that swimming must have provided the much-needed stamina for coping with an exhausting NHS practice in a rapidly expanding coastal town when we all felt we

## Dear Editor

### Sir Joseph Rotblat

When I started medicine at Barts in 1964 my A-levels were in English, French and British Constitution (supposedly one of the easiest to pass). My only knowledge of Physics came from a one-year O-level course at Guildford Tech. Professor Rotblat so obviously loved his subject and we all knew the story of how, having helped develop the atomic bomb, he was totally against nuclear weapons. My lasting memory is of him writing long complicated formulae on the board, turning round and saying to us: 'So you all see that by differential integration' ...which I'm afraid I very rarely did.

### Dr Adrienne Garner q Barts 1970

## Dear Editor

### Hazardous biochemistry

Your mention of Professor Wormald (Spring 2006, page 31) reminds me of the hazardous nature of his biochemistry course at Barts in Cambridge in 1939-40. Spending an afternoon with an indwelling Ryle's tube to study the digestion of a beakerful of some sort of porridge was the least of our worries.

He was working on an antidote to mustard gas burns and we, the students, had three drops of mustard gas placed on our left forearm, his ointment being applied after different time intervals. The snag was that the right arm was the control, with an inactive ointment being applied after the mustard gas. We all had enormous blisters

were battling against the tide at times, but in comparison to patient numbers now, it was only the beginning.

**Dr David Cairns**  
q Barts 1955

### Dear Editor

#### Memorable rounds

Mr Lavy's article on Geoffrey Evans (Spring 2006 page 19) brought back memories of clerking for him in 1941. He was most particular about ward etiquette. On ward rounds we had to wear jackets and ties, have neatly combed hair and stand up straight without slouching. Above all, he reminded us that the bed was the patient's own private territory in a very public place and we must never touch it unless examining the patient.

I recall two memorable rounds. One student read out a history of an elderly lady who contradicted every single detail. He was duly severely castigated by a grim-faced Dr Evans. Later, when asked why she had lied about her history, she said: 'You weren't wearing a white coat, so I didn't know you were a doctor. I thought you were a newspaper reporter.'

On another occasion, the patient was a young woman with rheumatic heart disease and the same student was asked to examine her. Being without his stethoscope he borrowed one from a colleague. Dr Evans forbade this and said that he would have to listen the way it was done before stethoscopes were invented. Sister was asked to provide a clean linen towel, and a nurse brought it in on a tray. The towel was ceremoniously presented to the bemused young man, who applied his ear to the patient's chest and covered his head with it. After a few moments, he emerged blushing furiously to face a convulsed audience of students, nurses and doctors, including a beaming Dr Evans.

**Dr Jules Alterman**  
q Barts  
1944



# Books

## Review

### Was it something I said?

By **ALAN LETTIN**, former consultant surgeon at Barts

Alan Lettin has an assured and distinguished place in the history of British orthopaedics of the latter part of the twentieth century. This is based not only on scholarship and contribution to the Art and Science of orthopaedic surgery, but on a major personal impact on the teaching of the subject at undergraduate level and on pioneering development of structured postgraduate sub-speciality training. At this level these memoirs are important documentation of achievement of far-reaching change, which has been taken up across the spectrum of specialist medical training.

The interest of this book, however, goes well beyond these arcane matters. It begins with a moving account of Lettin's early life as an East End kid from a humble background, overtaken by the war and repeated displacement as an evacuee. How he managed to secure an education and a level of achievement sufficient to obtain a university place at University College to read medicine is amazing. Even more so is the ambition which inspired him beyond the standard school-leaving age to break through the 'glass ceiling' of his environment, in the process undergoing a Pygmalion-like elocutionary transformation critical for academic and professional advancement at the time.

After qualification his determination to succeed got him into research which led to the acquisition of the Mastership in Surgery, unusual among orthopaedic surgeons at the time. Thus armed, he acquired a Chief Assistant (Senior Registrar) position at Barts, and then, in the fullness of time, was appointed to the Consultant surgical staff.

None of this was achieved without the occasional 'hiccough'. The book's title 'Was it something I said?' reflects the author's

recognition that his determination and occasionally devastating forthrightness did not always win friends. He is clearly a man to whom status is important; and to a remarkable extent he achieved this – Master of the Barber-Surgeons, Council and Vice-President, Royal College of Surgeons and President of the British Orthopaedic Association – but small failures rankled. Less edifying were the chapters on these bodies and on the medico-political scene, particularly a rather blinkered view of the Tomlinson/Bottomley years. The concluding account of relations with the Osteopaths was interesting.

In addition to his remarkable personal saga, he has had to contend with sadness and complication on the domestic front – he has been greatly supported by his wife, now herself partly incapacitated.

In all, this is a very readable book. If the story could be related to youngsters of today, it would provide a shining example of what can be achieved from a disadvantaged background by dint of determination, persistence in the face of difficulty, and hard work.

**Professor Christopher Hudson**  
q Barts 1955  
President, BATLAA

*Published by The Memoir Club 2005*  
203 pp  
£17.50 ISBN: 1 84104 101 7

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## Textbooks published by Alumni and Staff

### Anatomy at a Glance

By Professor DAVID MOFFAT  
(q Barts 1943) with Omar Faiz



*Anatomy at a Glance* is a concise, well-illustrated and accessible anatomy textbook. It is designed to conform to the new guidelines for medical school

anatomy courses, and the authors have focused on the core details required in current medical teaching.

The book follows the familiar, easy-to-use double-page spread format of the 'At a Glance' series. Each topic is presented with key facts and accompanied by clear and informative colour line diagrams, radiographs, CT and MRI scans. The content is both systematic and regional, so that the complete course of major nerves and blood vessels are described as well as their regional relationships. Clinical notes are also included where relevant.

Published by Blackwell Publishing, Oxford.  
2nd edition, March 2006  
192 pp  
£18.99 ISBN 1405133481 (Pb)

### Consciousness reconnected: Missing links between self, neuroscience, psychology and the arts

By DEREK STEINBERG  
(q The London 1965)



This book on the evolution of consciousness and the sense of self takes a uniquely multi-faceted perspective and differs radically from the literature that tends to take a

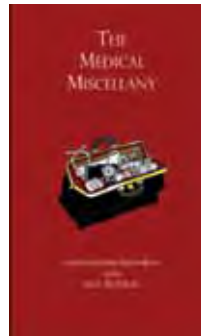
predominantly neurological, neurochemical or even mathematical perspective, or one based on computer theory. The author argues that the nature and development of

the sense of 'I', which remains a baffling conundrum despite a large literature, is best understood by integrating theory and information from a wide range of sources, including evolutionary biology, attachment theory, psychodynamic theory, mythology and the arts as well as philosophy, mathematics and, surprisingly, quantum physics. The book invokes the Tower of Babel as an admonitory folk story which advises humanity not to try to know too much (the Garden of Eden story and warnings about the Tree of Knowledge is another). He argues not only that academic specialisation still reflects this need to examine the minutiae of the trees rather than the wood, but that the very processes involved in consciousness may actually involve illusions requiring not too careful scrutiny. Nevertheless, the book brings together such strange bedfellows as biologists and theologians, physicists and poets, chemists and film-makers in an attempt to take a radically new look at an ancient and continuing mystery.

Published by Radcliffe Publishing, Oxford,  
August 2006  
232 pp  
£14.95 ISBN 1 857757 78 5 (Pb)

### The Medical Miscellany

By MANOJ RAMACHANDRAN,  
Orthopaedic Registrar, NE Thames  
Rotation, with Max Ronson



A fascinating collection of amazing facts, amusing quotations and bizarre trivia relating to medicine and the health of the human body which will inform, tantalize and infuriate by turns. The authors have selected

from a huge collection of items compiled during their years of medical practice to provide an array of diverse entries that will both inform and entertain.

Published by Hammersmith Press 2005  
192 pp  
£9.99 ISBN 1 905140 05 3 ■

The Chronicle no longer reviews textbooks, but alumni authors and editors of current textbooks are invited to send details to the Editor for inclusion.

## 1850s BARTS



Queen Mary graduate Deborah Dyson's grandfather is amongst the students pictured here at Barts in the late 1850s. Deborah would dearly like to know who the lecturer might be, where the photo was taken, and also what the 'anchor-like contraptions hanging from the ceiling' were used for – and any other information about the photograph. Can anyone help?



# A man of surprises

'I got to know Graeme when we used to go to the Blizzard Club Bar. I usually went on a Thursday evening to join the Dentists after a hard week at work. Graeme could be found sitting at the end of the bar, nursing a drink and holding forth on some piece of salacious gossip about his colleagues!

Initially, I found him a bit cantankerous and he really enjoys winding people up, so it took a while to get to know him properly. He is an incredibly generous and kind person who now is a very good friend.'

Perhaps I wouldn't have found Dr Graeme Snodgrass quite such a surprise if I had seen this tribute from Sarah Bourne of the Institute of Dentistry before I went to talk to him!

The first surprise was to find him tucked away in a little house behind The London, within sight (and, unfortunately, sound) of the building works now in full swing for the new hospital. He has lived here for eighteen years, amongst the houses-turned-offices – just a moment's stroll from the old Blizzard Club, where staff from the various disciplines used to meet and mix, and his work as a consultant paediatrician at The London and senior lecturer in Child Health at the Medical School, some of which continues although he officially retired in 1999.

He was appointed to The London in 1971, having been educated in Scotland and qualified in Edinburgh in 1958 (another surprise: no hint of a Scottish accent despite having a Scottish father and relatives) and having worked in various Edinburgh and London hospitals. At The London he found paediatrics understaffed, with just two consultants, a situation which only improved with the arrival of the current Paediatric Neurologist more than twenty years later. It was the influx of a new Bengali population to Whitechapel starting around 1977, he says, which brought 'old-fashioned' diseases such as glomerulonephritis back into the area, as well as an increase in typhoid and malaria. Graeme's particular interest is in growth, and he found that Bengali children not born in the UK starting primary school were significantly smaller than those born in the UK, who were closer to the mean for the

local non-Bengali population. Now, there is a new problem: increasing incidence of Type 2 diabetes in children, with obesity the worrying factor.

Graeme's interest in unusual childhood diseases and metabolism was inspired by his work for Professor J O Forfar as a houseman in Edinburgh. Asked about his natural instinct for communicating with children, he reminds me that it's really communication with the parent that is at stake, and he found that the key to this is to understand their 'secret worries' and provide reassurance about their unspoken fears. So much for 'cantankerous'! And it was interesting to find amongst a long list of scholarly research publications an article on 'Growth in Children' for *Parent* magazine, and a book, *Child Care*, published in 1978 which explains amongst other things 'the importance of cuddling and play and of nurturing the child's interest in the world around him' – a book which sold 40,000 copies almost immediately and was used by Dr Barnardo's. And yet – surprisingly – Graeme admits to not having been very involved in bringing up his own two sons (now aged 40 and 38) – because he 'was working so hard'.....

Amongst Graeme Snodgrass's achievements are the setting up, with Dr Roger Harris of a very successful neonatal ICU at The London, then (with UCH) one of only two units in the NE Thames Region, and now a Level 3 Unit since 1977. The first neonatologist was appointed in 1993, and the Unit now has five. Another was running the Paediatric Cardiac Clinic, started by his predecessor and then later (1986) with the Guy's Paediatric Cardiology Department.



Paediatrics is a discipline where ethical dilemmas are particularly rife, especially where very young babies are concerned. Graeme's view is that these are best dealt with by heeding parents' wishes, although he finds much more difficulty in dealing with older children 'fading away' from chronic neurological conditions, a situation that puts huge strain on parental relationships. Another surprise: his enjoyment of medico-legal work, that notoriously difficult area for doctors; he found that being an expert witness came naturally to him (he had toyed with an ambition to become a barrister whilst at school!): 'Rule one: don't step out of your area of expertise.' But yes, he has suffered some harassment as a result of his court appearances in medical negligence and child abuse and care cases.

Now able to take advantage of being retired, despite continuing with some unpaid teaching and writing up research, Graeme pursues his hobbies of visiting art galleries and reading modern(ish) history. But the surprises continue: a complicated personal life involving frequent trips to Germany, despite advancing prostate cancer which makes travelling a challenge, but somehow doesn't dint his cheerful outlook on life, nor his propensity for scurrilous stories. Sadly (but no doubt wisely), none of these were forthcoming for *Chronicle* readers!

'It's been a lot of fun.' What better summing up of a long and distinguished career? ■

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Sue Boswell

# Elective experiences

The Chronicle continues its series of reports of medical and dental elective adventures in various parts of the world, which were partially funded by grants from the Benevolent Funds of the Barts and The London Alumni Association.

## Getting used to late-night lectures



My elective consisted of six weeks spent in Al-Hussein and Damietta Hospitals of Al-Azhar University, major teaching hospitals

in Egypt. My primary attachment was to rheumatology and general medicine but I also spent time in accident and emergency.

Cairo is Africa's largest city with a population of over nineteen million, approximately twenty-seven per cent of the country's population. Al-Azhar is the first (founded in 988 AD) and biggest university in Egypt; it has four medical schools in two different cities (Cairo and Damietta). My observation of the functioning of the hospitals during my elective, as well as discussions with my consultant and other medical staff, allowed me to learn a little about the health system and attitudes to health in Egypt, where the doctor-to-patient ratio is a staggering 1:1340.

In government hospitals there is generally a shortage of doctors and nurses and a lack of modern equipment which is pushing people to use the private healthcare system or part-private part-government system. Patients using free government hospitals expect long delays in seeing doctors and getting relevant tests and scans.

I spent four out of six of my elective weeks with a fellow student from Barts and The London, with Professor Adel Elbeaily, head of internal medicine and rheumatology at Al-Azhar University, as our supervisor. I attended not only the hospital ward but also the governmental and private outpatients clinics carried out by our consultant. Most of my time was spent at Al-Hussein hospital in Cairo city, a general hospital with more than 300 beds for all medical specialties, where I was attached to the rheumatology team.

## Dispelling erroneous perceptions

I spent my elective in Malaysia, a tropical country with hot and humid weather and a prevalence of tropical illnesses. Although in Kuala Lumpur the incidence of malaria and typhoid is very low, I saw many cases of dengue fever during my attachment at the hospital. Dengue is a mosquito-carried disease which is common in tropical countries – it is estimated that fifty million infections occur each year. I am surprised that I was not previously aware of this tropical disease – a demonstration perhaps of the importance of electives. As more people are travelling globally, knowledge of these infectious diseases becomes even more necessary.

The medical teaching in KL very similar to that of UK. I participated in bedside teaching alongside Malaysian medical students. By meeting international students, we are able to share our qualities and learn much more. I enjoyed practising medicine abroad and may one day consider working for a charity organisation, as it would combine

work and travel, which I find a very attractive idea.

My expectations of Malaysian hospitals were of poor resources and management. However, I was pleasantly surprised at the advanced health provision in Kuala Lumpur. My perception that all developing countries are unable to provide a good standard of care was erroneous! Although money may not be as readily available for health services, being resourceful can help in providing good care to patients.

I had many opportunities to practise my skills during ward rounds as well as undertaking examinations with fellow students. I undertook many examinations of different systems during my six-week placement and I was very fortunate to be able to examine patients with very good clinical signs – clinical manifestations were more obvious, as patients usually presented when the disease was at a more advanced stage. I can confidently say that I have been able to feel for large spleen and liver (something that I had not been able to do in UK)!

As a result of exposure to clinical examinations, I am now able to elicit signs in



patients. I saw a few interesting cases in Malaysia, which I would not have encountered in the UK. I very much welcomed constructive criticism by colleagues and doctors alike and I now feel more confident in undertaking examinations. I hope to improve my clinical skills further when I arrive back in the UK.

The elective was made more interesting by the fact that the people of Malaysia have many traditions and cultures. The most enjoyable part of the elective had to be dining out: the Malay, Chinese and Indian food was just absolutely amazing – I would not recommend the boring McDonald's – it is so bland compared to the spice of the local food!

**Mohammed Enamul Haque ■**

I attended ward rounds, tutorials and had bedside teaching from all members of the team. We (my fellow student and I) had lots of tutorials from our consultant, most of them after his hospital work but some in his private practice too. Having worked for a few years in the UK in the 1990s Professor Elbeialy knew the kind of teaching that is given to medical students in hospitals here. The only difference was the timing of lectures: in my first week I had lectures starting at 12.30 am in the morning (after the consultant's private list) and going on till 1.30 or 2 am. I must admit that these were the latest lectures I've ever had to attend, but after the first week I got used to it. Topics were common rheumatological problems such as rheumatoid arthritis, psoriasis, systemic lupus erythematosus, osteoporosis, disc prolapse and ankylosing spondylitis.

I also attended lectures for final-year medical students at the medical school, which were in English. In Egypt the medical course lasts seven years and students have to memorise huge books in English, even though English is not their first language. I was told that they have to learn about very rare conditions even if they have never been diagnosed in Egypt.

I had lots of practice in clinical skills in various Al-Azhar hospitals. Although official medical notes are in English, most doctors normally communicated in Arabic and I was at a disadvantage through not understanding the conversation between doctor and patients. My consultant would summarise case histories for me, and I was given opportunities to examine the patients and discuss their management.

The rest of my time was spent in Damietta Hospital in a small city on the Mediterranean coast, a district hospital providing more specialised medical services. I attended some lectures and met fourth-year students who were learning clinical skills.

I am grateful to my consultant Professor Elbeialy and his team for providing me with a thoroughly enjoyable elective with many interesting, exciting and revealing experiences. I have developed an understanding of the social and economic factors that place limitations on health systems in the developing world, and a greater appreciation of the standard of care offered by the NHS.

Saqib Khan ■

## Trauma in South Australia

For my medical elective, I worked with Dr Andrew Pearce at the Royal Adelaide Trauma Service in South Australia following the generous support of the trustees of the London Hospital Medical Club Benevolent Fund and the Enid Linder Foundation.

The 650-bed Royal Adelaide Hospital was founded in 1840 and is now the largest tertiary referral trauma centre in South Australia and home to the largest operating theatre complex in the southern hemisphere. The RAH is the principal teaching hospital of the University of Adelaide and is a specialist centre for cardiothoracics, neurosurgery and orthopaedics with dedicated burns, spinal injuries and hyperbaric medicine facilities in addition to a 60-bed emergency department which receives 55,000 patients annually.

The trauma service receives approximately 40 Level 1 and Level 2 referrals each week from as far north as Broken Hill and Coober Pedy via SAAS (the South Australian Ambulance Service), rural GP clinics, the Royal Flying Doctors Service and RAH Medivac which is a specialist helicopter and LearJet retrieval and pre-hospital care service operating from Adelaide International Airport and the hospital helipad. Although road traffic accidents make up the bulk of the trauma caseload, industrial and agricultural accidents including horse-related trauma comprise a far greater percentage of the caseload than that seen at the Royal London Hospital, although the service receives its fair share of alcohol-related assaults, stabbings and firearm incidents.

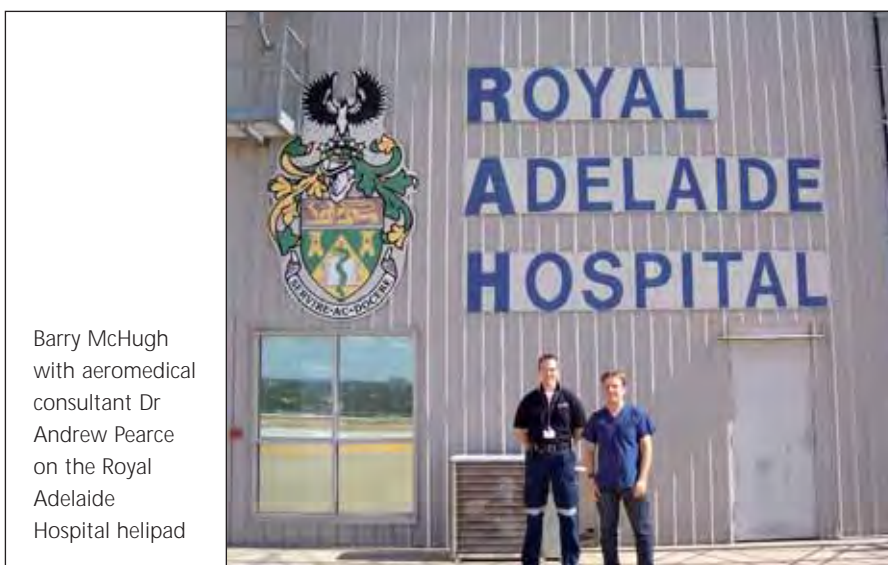
In addition to assisting in over 200 trauma resuscitations, I attended the Royal Australasian College of Surgeons' Emergency Management of Severe Trauma (EMST®) course for which our group was awarded the course prize for best extrication. I also worked with the SAAS intensive care paramedics and was asked to lecture on my experiences of pre-hospital care service provision with HEMS in London as part of the Junior Doctor training programme. The trauma service is actively engaged in research and I was able to conduct an audit of patient admissions comparing and contrasting this to the Royal London caseload.

Adelaide itself is a fantastic and culturally diverse city from its famous Botanic Gardens to China town, Adelaide central market, the theatres of the Adelaide Festival Centre, the golden sands of Glenelg, the vineyards of the Barossa Valley, the magnificent landscape of the Flinders ranges and the beauty of Kangaroo Island. Watching the Australian cricket team defeat the West Indies by seven wickets at the Adelaide Oval was a particular highlight.

I had a fantastic time in Australia and would unreservedly recommend the experience.

**Barry McHugh**

*Further information on elective opportunities is available from Bernadette Mitchell, Executive Assistant of the Royal Adelaide Hospital Trauma Service at [bmitchel@mail.rah.sa.gov.au](mailto:bmitchel@mail.rah.sa.gov.au) ■*



Barry McHugh with aeromedical consultant Dr Andrew Pearce on the Royal Adelaide Hospital helipad

## A TEACHER REMEMBERED: SIR REGINALD WATSON-JONES

Sir Reginald Watson-Jones – I knew him well; I worked for him first as a houseman and later as his first assistant for a number of years. At a dinner in his honour in New York City he was described as ‘always positive, never in doubt and by the grace of God usually right’. In his time a giant of his trade and a firm but just taskmaster.

One day when he was operating on a foot I bet him a pound that the extensor *digitorum brevis* did not supply a tendon to the little toe. Gray proved me right. He gave me the pound for being right, and another pound for correctly challenging him – a great reward considering housemen were paid nothing the ‘40s. A skilled technician, he once did a triple fusion in nine minutes; using single strokes of a broad osteotome, he cut the surfaces so the foot was fully corrected. Walking out of the theatre he told me to ‘close it up and put on the plaster’. A plaster on all his patients had to be as polished and shined as a pair of shoes!

He founded and edited the *British Journal of Orthopaedic Surgery* as well as writing succeeding editions of his classic book on fractures. Working late into the night he would often arrive late at the hospital. A phone call would tell me either to ‘start his operating list’ or the time at which I was to greet him in his chauffeur-driven Rolls Royce.

Occasionally he would tell me ‘Meet me at 9 am on Saturday’. That meant wear old clothes and be prepared to help clean out the bushes in the woods behind his home. Then later I had to survive his great joy, riding beside him as he drove his jeep charging at saplings, until we hit a tree which didn’t yield. Fun over.

He knew of, and helped me with, my determination to become a hand surgeon. Giving me a book he said, ‘Look, Adrian, here’s a fellow who has written a whole book on the hand.’ It was a first edition of Bunnell – I have it to this day.

At that time the USA was the only country in which full-time training in

hand surgery was available. He actively encouraged me to apply for a Fulbright Scholarship and wrote letters of introduction to his many friends in the States and advised me about with whom I should train.

Returning to his service, he gave me a lot of operative cases, but warned me that ‘only hands’ was too narrow a speciality. Four other young surgeons and I were thinking of forming a hand society but he sent a telegram to the British hand surgeon, Guy Pulvertaft, condemning the idea of a second hand society:

*You must think long carefully and broadly before supporting society for surgery of hand with clinical meetings which would mean also society for surgery of spine with neuro surgeons society for surgery of pelvis with urological surgeons society for surgery of sternum with thymus surgeons and so ad absurdum will write as soon as possible – Reginald.*

(Reproduced from Chapman C W 1987 ‘The British Society for Surgery of the Hand’ in Wallace A F (ed) *The History of the British Association of Plastic Surgeons*. Churchill Livingstone, Edinburgh.)

There already existed a group of eight senior surgeons who met once a year for a dinner and ‘hand clinical morning’. We young surgeons tried to join. We were not welcome – ‘lack of maturity’ I was told. Sir Reginald even suggested it was rather impudent.

When I told him that I had accepted an offer from the University of Iowa to start an academic hand surgery unit, he simply said, ‘Don’t be stupid, Adrian, I need you here’ – and walked away.

Finally he accepted my leaving but what was called the ‘Eighteen months banishment’ became operative. This rule was well known to those serving in the wartime RAF orthopaedic service. As the consultant in orthopaedics to the RAF, Reginald Watson-Jones was deservedly

knighted for his service. Anyone incurring his wrath by their care of ‘his’ patients might suffer eighteen months’ banishment to a lesser posting; a sentence which had to be served before being allowed to return. In my case it meant that despite my letters to him I heard nothing, until eighteen months after arriving in Iowa I got a letter finally accepting an invitation for him to lecture and conduct clinics in Iowa. His visit was a resounding success and we remained in touch until he died in 1972.

He followed my career with ‘interest’ sometimes unprompted, sending me his edited corrections in some of my books and papers. I got a three-page handwritten letter apologising for missing a Hunterian lecture I gave: a very kind gesture from an incredibly busy man.

He was a great teacher and was truly a mentor – ‘the worst treated fracture in this country is the Colles fracture; people don’t analyse the forces that caused it’; ‘don’t put metal into humans unless there is no other treatment’; ‘it isn’t good that I have to share this theatre with the rectal surgeons’.

In his Hunterian Oration of 1959 (‘Surgery is destined to the practice of medicine’, published by EPS Livingstone, Edinburgh and London 1961) he said (page 31): ‘In my department at The London Hospital we have a weekly conference at which young surgeons gain practice and experience in speaking their thoughts in front of a small expert audience.’ Now, at age 84, I am still grateful for all that he taught me – not only at those conferences and in the theatre, but on many other occasions and even in the woods behind his home ...

**Professor Adrian E Flatt**  
**q The London 1945**  
**Curator, Hand Exhibit**  
**George Truett James**  
**Orthopaedic Institute**  
**Baylor University Medical**  
**Centre, Dallas ■**



## ALUMNI UPDATES

1935

**Mr Paul Houghton** (Barts) writes that he is 'coming up to 95 and still going strong!'

1937

**Mr Geoffrey Wooler** (The London) writes that his autobiography 'Pig in a Suitcase: the Autobiography of a Heart Surgeon' (Dalesman Publishing Company 1999, ISBN 1858251117) has almost sold out. He is arthritic and now has difficulty walking.

1941

**Dr Paul Barclay** (Barts) is 'somewhat disabled below the belt but still managing to survive in the home we came to in 1946'. He is now on his own but with many local (in Cromer, Norfolk) old and new friends as well as family – five of the six of them being ex-Barts, including his late wife, née Cicely Barton.

1943

**Mr Bryden Blacklay** (The London) has been retired as an ENT surgeon for 25 years, and is 'very happy and very busy in the house and garden'.

1944

**Sir Ian Todd** (Barts) 'is just getting older'. He celebrated his sixtieth wedding anniversary in July.

1945

**Dr John Moore** (The London) had 'a very successful mitral valve replacement by Terence Lewis at Derriford' in 2005.

1946

**Dr Bernard Perlow** (The London) is a retired GP; he was co-founder of the British Medical Acupuncture Society in 1962.

1947

**Dr Emrys Evans** (The London) is 'still alive and kicking, but retired for many years'.

**Dr Adrian ('George') Haigh** (Barts) is a guide and trustee of British Schools Museum, Hitchin, where the only remaining Lancasterian monitorial schoolroom in the world is preserved. It should be visited, he says, by University Departments of Education.

1948

**Dr John Cotes** (Barts) has spent seven years revising for the sixth edition of his book 'Lung Function: Physiology, measurement and application in medicine', now published. He writes that he has 'been underpinning the subject for nearly fifty years!'

**Dr Bernard Lytton** (The London) is Professor Emeritus of Urology at Yale University Medical School, and still sees patients and teaches first-year medical students 'professional responsibility'. He is Director of the Koerner Center for Emeritus Faculty at Yale.

*continued on page 40 ...*

# Alumni News



## A musical farewell

Professor Leon Polnay (q The London 1971) with friends and colleagues from Nottingham and around the country attended a concert by the Nottingham Symphony Orchestra at the Nottingham Albert Hall on 8 July as part of his retirement celebrations.

Leon Polnay had worked in the inner city area of Nottingham since 1978, having been one of the first two Consultant Community Paediatricians appointed in the UK; he was appointed Professor of Community Paediatrics in 1998. He is nationally and internationally recognised for his pioneering work in Community Child Health and is largely responsible for Nottingham's leading reputation in this field of Paediatrics.

He was assistant secretary to the British Paediatric Association 1990-95 and Chair of the British Association for Community Child Health 1994-98. He chaired the National Working Party on the Health Needs of School Age Children from 1992 to 1995 and was the workstream lead for Secondary Care Services for the fourth edition of *Health for All Children*. He is a member of the external working group of the

Children's National Service Framework covering the needs of healthy children.

Over his career he has held research grants totalling £1.2 million. He has published sixty-three papers, fourteen book chapters, twelve training programmes and three national reports, and is the author of two textbooks, *Community Paediatrics* and *Manual of Community Paediatrics*, with a third *Manual of Integrated Paediatrics and Child Health* nearing completion. Current research interests include teenage pregnancy, parenting programmes in child protection, behaviour problems, children looked after and innovative programmes for healthcare delivery in deprived areas.

Leon's personal interests include music ('playing the cello very badly'), writing poetry, collecting art, good food and attending the gym to burn it off.

His wife, Dr Janet Polnay, qualified at The London and St Mary's in 1975, and has also now retired. They have two sons – Jonathan who is a barrister and Adam who is a doctor.

*From the NSO programme of 8 July, which as it happens was put together by your BLC Editor ▶*

## Musical memories

Professor John Beeston (q Barts 1942) writes about the Great Hall at Charterhouse Square, sadly destroyed during the War, and the concert held there in June 1939.

The building was a wonderful bonus it for the preclinical students, especially. The Physiology Department occupied the ground floor, including a 150-seat lecture hall and the Great Hall extended the whole length of the upper floor with a hammer-beam roof.

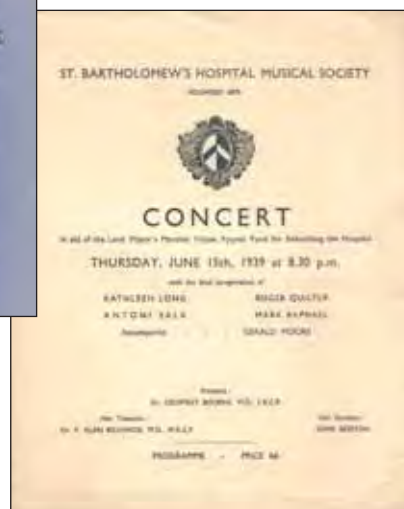
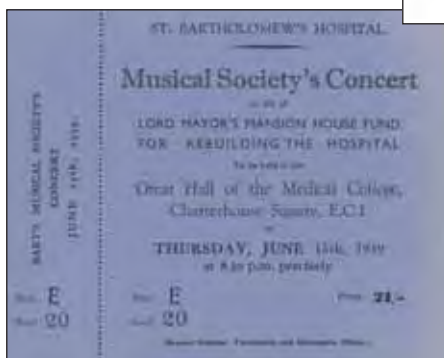
The interior was most impressive! Beneath the huge window was a raised dais the whole width of the Hall, with a long refectory table for faculty diners. At the opposite end was a gigantic stone fireplace. You can see the chimney on the photo.

The body of the hall was occupied with long refectory tables for the students. Very good and cheap lunches were served from a modern kitchen, alongside, which also doubled as a bar for social events, when the tables were pushed to the walls for dancing or replaced with chairs for meetings.

It was here that the Concert in June 1939 was held. Professor Beeston was Secretary of the Hospital Musical Society at that time, and has sent to the Barts Archives a programme and tickets for the Concert held on 15 June 1939 in the Hall.

**Editor's note:** Readers familiar with twentieth century musical history will be impressed to note the names of the performers at this concert. Gerald Moore (1899-1987), generally considered the finest recital accompanist of the twentieth century; Roger Quilter (1977-1953), a well-known composer, mainly of songs; his protégé, the baritone Mark Raphael, who taught at the Royal College of Music; the pianist Kathleen Long and the cellist Antoni Sala, both of whom recorded extensively in subsequent years. The Barts Hospital Choir (conducted by John Beeston) and Orchestra (conducted by Herbert Wing) were in distinguished company!

For younger readers, the price of the smartly printed programme, 6d, was 2½p. Tickets cost 21/- (a guinea), 10/6, 6/-, 3/6, with no price shown for the unreserved seats. (£1.05, 57½p, 30p and 17½p.)



Apologies to **Dr John Howell** (Barts 1976) for an accidental assertion in BLC Spring 2006 that he is Director of a 'Hyperbolic Treatment Centre.' 'A bit over the top?' wonders **Dr Mike Bird** (q Barts 1975), consultant anaesthetist at Royal Lancaster Infirmary. The entry should of course have read 'Hyperbaric Treatment Centre.'

## ALUMNI UPDATES continued

### 1949

**Dr Albert ('Bill') Hunt** (The London) left The London in 1957 for the University of Bristol, where he was Reader in Forensic Pathology and Histopathology. He rejoined the medical profession in 1972 as Consultant Pathologist in Plymouth. He is a Past President of BAFM, ACP, Vice-President of RC Path and still 'dabbles a bit' in forensic pathology.

**Dr William Timmins** (Barts) is now 'safely ensconced deep in the countryside after 37 years in general practice'.

### 1950

**Mr Keith de Belder** (The London) retired from the NHS in 1990, continuing with medico-legal work until 2002. He was Chairman of the Abbeyfield (IoW) Extra Care Society for fifteen years, now retired.

**Dr Francis Carter** (Barts) has retired after working from January 1951 to January 2001.

**Dr Geoffrey Isaac** (The London) is a 'semi-retired family physician and fully retired medical politician' in Toronto, Canada.

**Dr Terence Roffe** (The London) writes: 'I was so lucky to have a job which I loved. Nothing else to say.'

### 1951

**Mr Frank Grave** (The London) is a retired consultant general surgeon, latterly at Alexandra Hospital, Redditch. He was Head of Surgery at Bulawayo Hospitals, Zimbabwe, after National Service in the Royal Navy and four years in the Falkland Islands Medical Service 1953-57.

**Dr Harold Hope-Stone** (The London) has published his autobiography 'No Stone unturned'.

### 1952

**Mr Joseph Blau** (Barts) continues as Honorary Director of the City of London Migraine Clinic, and seeing patients weekly as an honorary consultant neurologist. He teaches neurology to medical students at the National Hospital, Queen Square and sees private patients at St Luke's Hospital for the Clergy, Fitzroy Square.

**Mr David Stuart** (The London) semi-retired to the Kenya coast, where he consults weekly as an orthopaedic surgeon in Mombasa. His late wife, Daphne (née Eaton) was an SRN at The London.

**Dr Josephine Tew** (Barts) does GP locums and insurance medicals. She has given up police work and work for the Benefits Agency.

### 1953

**Dr Ruth Hutchinson** (Barts) is retired and living in Zimbabwe, where she runs a feeding project for widows and AIDS orphans; she is involved with a number of local schools, paying school fees and trying to source textbooks. She writes that one school has had no new science textbooks since 1972 but still gets A-level passes.

**Dr Robert Rowe** (The London) has retired from public health. He was M of H for Dorset County until the post was eradicated under the second NHS reorganisation. He continued to practice as a

GP and psychotherapist until ten years ago.

**Dr Desmond Sharland** (The London) retired as a consultant physician at the Whittington Hospital in 1994. He still teaches anatomy at UCL, and writes that his interest in anatomy is 'a result of the inspirational teaching of the late Professor J D Boyd'.

#### 1954

**Professor June Brady** (Barts) writes: 'In June my husband and I went to a magical wedding in the Masai Mara, Kenya, where Morag, daughter of Alex (Barts 1954) and Irene Ferguson was married under a fig tree surrounded by Masai warriors. We went on to Zimbabwe (where we'd taught for eight years) to meet **Ruth Hutchinson** [Barts 1953, see above]. She works tirelessly to provide food and school fees for children there.'

**Dr Dennis Hyams** (The London) started his own company in retirement, Medosphere LLC, under which name he does medical consulting/writing/editing for the pharmaceutical industry and related agencies. He is also a composer of classical songs.

#### 1956

**Dr Peter Matthews** (The London) retired from the University of Saskatchewan as a full professor in 2000, and is now in private practice of child and young adult psychiatry, and still teaching as a clinical professor.

**Mr Gwyn Price** (BDS The London) is still in dental practice fifty years after qualifying.

#### 1957

**Dr Barbara Boucher** (The London) is still publishing, eg on betel chewing, vitamin D deficiency.

**Dr Aidan Daniel** (The London) retired in 1989, and ceased locum work in 1995.

**Dr Donald Foreman** (BDS The London) is still in general dental practice three days per week.

**Dr Martin Plumpton** (Barts) is a member of the Christian Medical Fellowship and the Prison Fellowship.

**Dr Joan Rivett** (née Peacock) (The London) writes that her final career post was as a full-time consultant histopathologist at Stoke Mandeville Hospital. She retired in 1992.

#### 1958

**Dr Conor Carr** (Barts) has been retired since 1998. He was Chairman of the Institute of Obstetricians and Gynaecologists of the RCPI 1991-94.

**Dr Alec French** (The London) writes that as a spin-off from veteran

### ...And a poet's memories

#### The Big Sleep

How much like death in sleep the aged are  
Their youth deserted to a distant star  
The spirit lingers in its warm abode  
So soon to travel on a lonely road  
The pleasures of the flesh have little scope  
Sans teeth, sans eyes, sans taste – but never hope

Dr John Davidson Parker 2002  
q Barts 1959

#### A Smile

We were so close but never close  
Close yet closed  
We touched – how wonderfully  
Touching in fun  
Unclothed but strangely clothed  
So many words were spoken  
And yet so little said  
Like echoes in an empty room  
Sometimes your look caressed me  
Delicate as the morning sun  
And I saw my unconceived child  
Curling happily in your womb  
I'd have your nearness for a while  
I gave my love and you'd smile

Dr John Davidson Parker 1978  
q Barts 1959

rowing, he has occasionally entered the British Indoor Rowing Championships – 2000 metres on an ergometer training machine. In 2002 he was surprised to find himself the new British record-holder for men aged 70-79 (with a time of 7 minutes 27.9 seconds). 'This record was fairly emphatically lowered in 2003.'

#### 1959

**Dr Peter de Buse** (The London) is semi-retired. He writes: 'How beautiful it is to do nothing and afterwards have a little rest. Trying, not very successfully, to improve my French (to justify my surname) but my attention wanders (not Alzheimer's, but a very glamorous teacher).'

**Dr John Davidson Parker** (Barts) retired from genitourinary medicine (Haringey Health Authority) in 1997 and now does some work for several life assurance companies. His chief non-medical interests are tennis (he can do a double fault as well as Rusetski), Victorian paintings, bridge and poetry.

#### 1960

**Dr John Abell** (Barts) retired from full-time general practice almost ten years ago and is now happily working half-time as a locum GP.

**Dr Felix Bruckner** (The London) retired three years ago from St George's Hospital where he was a consultant rheumatologist. He is writing a novel based on his days at The London.

**Dr John Cawdery** (Barts) retired in 1996 as a consultant paediatrician at Royal Gwent Hospital, Newport.

**Dr Isobel Jones** (Barts) retired in 1997 and now 'enjoys having time for embroidery and lace alongside involvement in my local church and community'. She and her husband have five grandsons 'who keep us in touch with the modern world'.

**Mr Paul Weaver** (Barts) has retired from Portsmouth and SE Hants as a surgical oncologist, Director of Surgery, Director of Education, Chair of Wessex Surgical Training Committee and President of Wessex Surgeons; he now works for Wessex Deanery, is consultant adviser for NHS professionals and remains Senior Lecturer in Medical Education and Training with research into clinical audit.

**Dr Roger Willoughby** (Barts) is 'gratefully retired'.

#### 1961

**Dr Robert Dowling** (The London) is still working full-time in private

practice anaesthetics, and still body-building and competing.

#### 1962

**Dr Joseph Blau** (Barts) discovered and published two new headaches in 2004: Water Deprivation Headache, Ponytail Headache. Discovered and published a new migraine precipitant: water deprivation. Gave the Lettsomian Lecture, Medical Society of London, in March.

**Dr Maurice Goodliffe** (BDS The London) is now fully retired, and playing golf with Gerald Josephs, Graham Bond and David Newman – the latter two of whom he had not seen for forty years until Gerald organised the golf.

**Dr John Ind** (Barts) is a member of Barts '13 Club', who all qualified in November 1962 and met for lunch on that day; they have met for dinner on the first weekend of November ever since, this year seeing their 45th consecutive reunion, although sadly they are down now to eleven members.

**Dr Keith Manchester** (Barts) recently published the 3rd edition of 'The Archaeology of Disease' (Roberts and Manchester), ISBN: 0 7509 2683 X (see BLC Autumn 2005).

**Dr Charles Moon** (The London) retired as a consultant anaesthetist in 2005.

**Mr Dominic Pinto** (The London) retired as a surgeon in 2003 but still teaches anatomy at Queens' University Belfast.

**Dr Richard Stanley** (Barts) has retired and re-located to Brisbane.

#### 1963

**Mr Anthony Blonden** (BDS The London) is now 65 and only working three hours per week.

**Mr Michael Brill** (BDS The London) has just written and published a catalogue of British postal orders 1 January 1881 to 1 January 2006.

**Professor Keith Britton** (Barts) has been appointed to the Board of the Cromwell Hospital.

**Mr Nicholas Dudley** (Barts) took a one-year course in 2005 at West Dean College learning to restore antique clocks. He has an ongoing commitment teaching and examining at Ak Quds University, Palestine. He has had three exhibitions of his underwater photography.

#### 1964

**Dr Alan Johnson** (The London) took mandatory retirement at 65 this year, but was reinstated to part-time employment 'after a decent interval'. His three sons are a chiropractor, a histopathologist and a trainee orthopaedic surgeon. ▶



## ALUMNI UPDATES continued

### 1965

**Mr Alan Lyons** (Barts) took an MA in Medical Law and Ethics after retiring from NHS general practice. He now does locum surgeries, day-time police work and mental health assessments. 'In between I keep a large garden and visit my seven grandchildren.'

### 1966

**Dr William Castleden** (Barts) retired in 1997 as Head of Surgery at Fremantle Hospital and as Associate Professor of Surgery at the University of Western Australia and moved to Margaret River to grow avocados; much of his time is taken up with environmental campaigning and chairs Doctors for the Environment, Australia. With one of their children he and his wife (an ex-Barts SRN) have a short-term rental property, 'Aura Luxury Retreat', which is 'ideally situated for visits to excellent vineyards, restaurants, beaches and forests' and where they would be particularly pleased to welcome Barts and London alumni.

**Mr John Tudor** (Barts) is retired as a consultant in ophthalmology at Queen Alexandra Hospital, Portsmouth. He remembers 'wonderful years at Barts' with Graham Chapman, Lesley Davis-Dawson, Gervase Kerrigan, Mike Whitehouse, Ian MacElwaine, Jim Pemberton. He now helps his local community by helping in the Citizens' Advice Bureau.

### 1967

**Dr Derek Browne** (Barts) says he was the first GP to provide 'Exercise on prescription' in 1982, the first to be employed as a 'Health promotion specialist' in 1976, and the first to have a 'Healthy Village' project in the UK and WHO. He retired from general practice in the New Forest in 2001, but still lectures on travel health to nurses and doctors.

**Dr Mark Chaput de Saintonge** (The London) since taking early retirement works for a medical educational charity in eastern Europe, as Director of Education, Partnerships in International Medical Education.

**Professor Peter Revell** (The London) has retired from his Chair at the Royal Free and now researches and writes papers, chapters etc as a Professor Emeritus at UCL.

**Dr Frank Williams-Thomas** (The London) retired from general practice in 2001.

### 1968

**Mr Basil Bloom** (Barts) qualified as an

optometrist in 1971 and now works in private practice.

**Dr Raymond Cocks** (The London) has been retired for six years; he still enjoys sailing, with his boat now permanently in France.

**Dr John Donald** (The London) retired from general practice in 2000 due to inoperable cancer.

**Dr Stephen Gately** (Barts). 'May be able to afford to retire in the next few years. Busy practice (in Dublin) – if interested come and see. Be well qualified. Apartment in Sauve, a backwater medieval town in Southern France, for rental in 2007.'

**Dr Iain Leith** (The London) aims to 'retire in 2008 after twenty-five enjoyable years in independent mainly musculoskeletal medical practice'.

**Professor Michael Ramsay** (The London) is currently President of the Baylor Research Institute where there is a strong immunology commitment with recent new early diagnostic tests for autoimmune diseases and the development of some novel treatments.

**Dr Fiona Roberts** (Barts) writes that she is fully retired, but fully occupied, including as a Trustee of the Isle of Wight Refuge.

### 1969

**Dr Stephen Brennan** (Barts) is a consultant chest physician in Sheffield. He has been elected Master of the Guild of Catholic Doctors.

### 1970

**Dr Harry Dunckley** (Barts) writes that he is retiring as a consultant in palliative care in Carlisle to take up a new career farming an 80-acre farm. 'Can't wait to get out of the NHS but am worried what services will be available to look after me as and when I need it!'

**Rev Dr Richard Rodgers** (Barts) writes: 'I have applied to the Prime Minister for the post of Health Secretary, as long as I can be allowed to run the NHS according to public service ethos rather than a market ethos, and plan to campaign hard to get the job.'

**Dr Patricia Santer** (The London), who has lived in Edinburgh for 20 years, has recently retired and is looking forward to having more time for travel and musical activities. She hopes to meet up this year with others who started at The London in 1964.

### 1971

**Mr Christopher Goodfellow** (The London) is now Emeritus Consultant in mid-Essex, having resigned from

the NHS. He is still working outside the NHS, and enjoying more free time.

**Dr John Sorrell** (Barts) is a consultant occupational physician and Chairman of the Association of Local Authority Medical Advisers (ALAMA).

### 1972

**Professor Roger Boyle** (The London) is National Director for Heart Disease and Stroke, and holds an Honorary Chair at UCL.

**Dr Michael Collins** (Barts) retired in July after 29 years as a GP in Yeovil. 'After a brief rest I plan to become an Eco Warrior and attempt to save the planet.'

**Mr Robert Lamb** (The London) wishes 'we could go back to the good old days when we treated patients and not targets and politics!'

**Dr Andrew Mott** (The London) achieved Fellowship of the Royal College of General Practitioners by assessment in 2005.

**Dr Michael Smith** (The London) has been a consultant in neonatology and developmental paediatrics in Sheffield since 1983 and is 'still wondering what's going on!'

**Dr Gareth Tuckwell** (Barts) writes that having been commuting to Hammersmith as a Director of MacMillan Cancer Support, 'it is bliss to travel just four miles to work as Clinical Director at Hospice in the Weald'. He is now even in no hurry to retire.

### 1973

**Dr Guy Routh** (Barts) retired in 2005 after many happy years combining clinical work (as a consultant in anaesthesia and intensive care) with managerial and educational responsibilities, and now lives mainly at his house on a Greek island.

**Dr Mary Sutton** (The London) took early retirement in 2000 but has worked part-time ('sometimes very part-time') since then, enjoying locum work in her previous job as a consultant community paediatrician in the Southampton area.

### 1974

**Dr Richard Dyer** (The London) is 'still happily working as a GP'; he is a senior partner in practice in Falkirk.

### 1976

**Dr Trevor Turner** (Barts) is approaching the end of two years' service as Vice-President of the Royal College of Psychiatrists.

### 1977

**Dr Elizabeth Collett** (née Heller) (The London) is still in full-time general practice and enjoying it.

**Dr John Harrison** (BDS The London) has lived in Australia since going there for six months on a working holiday in 1980; he is still enjoying work as a general dental practitioner. He is married with three children and would love to hear from old friends – perhaps with a practice swap in mind?

### 1979

**Dr George Davidson** (The London) writes from Canada: 'Foolishly went in for Neurosurgery, drifted into Neuropathology, missing contact with live patients went in for the things other doctors shun – addiction, methadone clinic, psychiatry, chronic pain; now writing a blockbuster book. I wish I had stayed in England!'

**Dr Leonard Dickens** (The London) is a GP principal/partner in a group practice in Leigh-on-Sea.

**Dr Jane Sequeira** (The London) was previously a consultant pathologist but after a career break 'caring for the young and old' has retrained in palliative medicine and is now trying to take hospice-style care into hospital. Her husband, Jonathan Ruffer, is an investment manager who was voted third most inspirational boss of a small company and their 'delightful daughter' wants to make hats.

**Mr Bernard Soffair** (The London) worked as an associate for many years in Knebworth, Herts. In 1983 he also set up a squat in Barnet with his sister; he is now principal of this two-surgery practice. He is married with three children aged 16, 19 and 21.

**Dr Himat Vaghadia** (Barts) has been appointed as Clinical Professor in Anesthesiology at the University of British Columbia, Vancouver, Canada, having been a full-time consultant in Anesthesiology at Vancouver General Hospital since 1988. He is also working to lower his golf handicap.

### 1980

**Dr Wendy Adams** (Barts) writes that after twenty years as a GP she has had serious health problems, including two CVAs in her forties, and has had to retire from practice. She does some minimal work as a school doctor to two private girls' schools, and is doing an OU degree in humanities.

**Dr Heather Campbell** (Barts) is a part-time PG in Harlington, Middlesex. She is married to an accountant and has three teenage children, the oldest studying medicine at Cambridge.

**Dr Toby Dalton** (Barts) is a senior partner in a GP practice in the Isles of Scilly, after a short service career in the Royal Navy.



**Dr Julian Pampiglione** (The London) is a consultant gynaecologist in Bournemouth and Poole, Dorset.

## 1982

**Dr Nigel Scott-Moncrieff** (The London) after fourteen years in the Royal Navy, culminating in two years as Medical Officer on board the Royal Yacht, Britannia, has now been in private general practice in Devonshire Place, London, for the past nine years. 'Amazing how many old Londoners I find myself referring patients to!'

## 1983

**Dr Stephanie Dancer** (The London), now a consultant microbiologist at the Southern General Hospital in Glasgow, asks if anyone remembers **Dr Geraldine (Jill) de Mornay**? 'She qualified during the war, or just after, from Barts. She was a GP on the Island of Coll for many years and sadly died last year. I would love to get in touch with anyone who knew her – she was a fabulous lady.'

**Dr James Erskine** (Barts) has worked in a Mission Health Centre in the Gambia since 1996, where he plans to be until 2009. He has two daughters.

**Dr Jeremy Tuck** (The London) is still in Army. He recently returned from Afghanistan and now works in a central staff appointment at the MOD.

## 1984

**Miss Camilla Joarder** (BDS The London) is a senior community dentist with responsibility for dental health promotion in east Kent. She is married with a daughter.

**Dr Rhodri Jones** (Barts) retired due to ill health in October 2003.

## 1985

**Dr Chaand Nagpaul** (Barts) is a senior partner in a group GP practice in North London. He is a Fellow of the RCGP and a member of the College's Council.

**Mr Pat Richardson** (Barts). 'Toured coastline hospitals after qualifying: Bristol, Glasgow, Liverpool, Manchester (OK, it still is a dock). I thought they had a bad accent asking for dockers. Spent five years at Leicester as consultant surgeon, now in Chesterfield. Three kids.'

## 1986

**Dr Kurun Coonjobjeharry** (The London) is 'enjoying general practice and family life in Cranbrook, Kent'. He has four young boys and wife Claire is 'the one with the trousers on!' He still enjoys playing local football and is President of the London Hospital Old Boys Football Club.

## 1987

**Dr Joanne Goring-Morris** (The London) is married with three children and 'the longest-serving flexible trainee in Yorkshire!' She is now a consultant anaesthetist with an interest in obstetrics and writes that she is 'looking forward to a 20-year reunion in 2007'.

**Dr Martin Heywood** (Barts) has been Chairman of the British Hang Gliding and Paragliding Association since 2004, and is President of the European Hang Gliding and Paragliding Union 2006-07.

**Dr Patricia Ronan** (Barts) married Vince Chapple in 1990 and moved to Perth, Australia.

## 1988

**Mr Andrew Holland** (Barts) is an academic paediatric surgeon in Sydney Australia. He is married with two children.

**Dr Paul Scott** (Barts) is a GP Principal and trainer and GPwSI (GP with Special Interest) in substance misuse in Newcastle-under-Lyme. He is Director of North Staffs Urgent Care and LMC member.

## 1989

**Dr Richard Budgett** (Diploma in Sports Medicine, The London) is now Director of Medical Services at the British Olympic Association, and still comes to lecture on the Sports and Exercise Medicine course every year; he 'expects to see more of The London in the build-up to the London Olympics'.

**Dr Rhydian Jones** (Barts) has been a GP and GP trainer in Swansea since 1993. He is married (to a Barts nurse) with four children and describes himself as an 'ageing mountain biker'.

## 1990

**Mr Liam McCarthy** (Barts) is coming to the end of SpR training in paediatric surgery. He is married to **Catherine Davenport** (Barts 1992) with three children.

## 1991

**Mr James Calder** (The London) is a consultant orthopaedic surgeon, North Hampshire Hospital, and Senior Lecturer at Imperial College London.

**Dr Naveed Mustafa** (Barts) has 'a lovely baby boy', Tariq, born in July 2005.

**Mr Sean Woodcock** (Barts): 'Had plenty of fun in my surgical training ranging from anatomy demonstrator in Cambridge, to expedition doctor in Chile, 18 months at Harvard and 12 months in Adelaide, South Australia'. He is married to Nic, with two small children, working as a consultant laparoscopic upper GI surgeon in Northumberland and 'having a blast'.

## 1992

**Dr Catherine Davenport** (Barts) is a GP in Tonbridge, married to **Liam McCarthy** (Barts 1990) with three children.

## 1993

**Dr Anthea Corser** (née Cecil) (The London) works as a GP in Welwyn Garden City, 'slightly disillusioned already by all the changes in general practice, but on the whole enjoying it'. She lives in St Alban's and still enjoys singing and travelling.

**Dr Jane Ewbank** (The London) works as a consultant forensic psychiatrist in Wessex. She is married to a gastroenterologist, has two children, and is 'enjoying life by the sea and aspiring to a beach hut'.

## 1994

**Dr David Hunt** (The London) is a consultant geriatrician in Worthing, married to **Helen Cobb** (q The London 1994) with two small sons. Work interests are continence in older people and adult protection.

**Dr Katherine Thomas** (née Noble) (The London) is a part-time GP in Skipton, North Yorkshire, with five-year-old Millie and two-year-old Luke. She is married to **Dr James Thomas** (q The London 1994).

## 1995

**Dr Robert Atenstaedt** (Barts) is a Specialist Registrar in Public Health Medicine in North Wales; he completed a DPhil in the History of Medicine at Oxford in 2005, and has been appointed Honorary Lecturer at the University of Wales, Bangor.

**Dr Stephanie Hutchinson** (The London) writes that she is 'married to a clown, has two children, teaches yoga and does lots of handstands'.

**Dr Tariq Qureshi** (Barts) has been awarded the Fellowship of the Royal College of Physicians of Canada and is a Consultant in Internal Medicine in British Columbia.

## 1996

**Dr Malcolm Cameron** (Barts) is a consultant surgeon at Addenbrookes Hospital, Cambridge, where he is part of the Head and Neck Oncology team. His special interests are ablative facial and oral surgery and reconstruction, and facial trauma.

## 1997

**Dr Maha Abdel Rafeh el Bassuoni** (Research, The London) is an Associate Professor at the University of Menoufiya, Egypt. In September 2005 he visited the UK to publish work at the annual meeting of the British Society of Genetics.

**Mr Matthew Wilson** (Barts) and **Samantha Cole** (Barts 1999) are working in Nottingham and are pleased to announce the birth of their first son, Henry James Wilson.

**Dr Kenneth Wu** (PhD, WHRI) has been appointed as President, National Health Research Institutes, Taiwan – 'the Taiwan equivalent of NIH in the US, but on a much smaller scale'.

## 1998

**Dr Nicky White** is doing Anaesthetics in east Kent, and has a four-year-old son.

## 1999

**Dr Sarah Horn** is a general surgical SpR, South East Thames.

**Mr John Zienaa** (PG Diploma in Medical Electronics) is working as an Engineer with the Ghana Health Service in Kumasi, Ghana.

## 2000

**Miss Kate de Groot** (BDS) is married with a baby daughter born in 2005. She is working two days a week, and planning to move to a private practice.

## 2001

**Dr Thomas Nicholson** has bought a house in New Zealand where things are going well, he writes. He is producing a music CD to raise money for the hospital's children's ward.

## 2002

**Mr Munir Ravalia** (BDS) is living in Cairo and working in an Implant Centre.

## 2003

**Dr Boon Yong Allen Ng** enjoyed his first two years of medical training at Barts and The London 2001-03 before transferring to the National University of Singapore for clinical rotations. Since qualifying in April 2006 he has been training as a house officer in O&G at the Singapore General Hospital. When not at work or asleep his hobbies are ballroom dancing and classic cars.

## 2004

**Dr Moynul Haque** (MSc in Clinical Microbiology) who is a Bangladeshi doctor writes that he benefited much from Queen Mary and now works as Assistant Professor in a GMC-recognised medical college in Bangladesh, successfully teaching MBBS and postgraduate students. He is very grateful to Barts and The London and the Cell and Microbiology staff. ■

# Obituaries

## Dr James Andrew

*Professor Christopher Hudson (q Barts 1955) writes:*

James Andrew was for many years Associate Gynaecologist at Barts, having set up and run the country's first Colposcopy Clinic when he was Chief Assistant (Senior Registrar). He had been seconded by Wilfred Shaw to Austria to learn the technique, and continued the clinic at Barts without a break after his appointment to a consultant post at Redhill General Hospital. It was some twenty years before this important technique 'took off' as an integral part of the modern management of early and pre-invasive carcinoma of the cervix – he may justifiably be considered its pioneer in this country.

James Andrew was born in 1919, obtained a wartime Cambridge athletics blue and did his clinical training at Barts including wartime casualty duty at Smithfield. He qualified in 1944. For National Service in 1946 he went as medical officer to the British Antarctic Survey (at the time Falkland Islands Dependency). On return he was awarded the Polar medal.

He was a very competent surgeon and the training opportunities under his tutelage at Redhill attracted a regular stream of Australian postgraduates, many of whom welcomed him on a post-retirement holiday tour 'down under'. He was a keen sportsman and caught and landed his last rainbow trout a month before his death at the age of 87 on 8 June 2006.

## Sir Joseph Rotblat

*A short obituary of Sir Joseph Rotblat appeared in the Spring 2006 issue of the Chronicle. Dr Ian Kelsey-Fry (q Barts 1948), former Dean of St Bartholomew's Hospital Medical College, adds:*

Joe Rotblat was a man of principle and integrity, who cared passionately that science should have a moral dimension and particularly that nuclear physics should be used only for the benefit of mankind. As a professor at Barts he was fully committed to teaching students on the course for 1st MB and was reputed not to have missed a lecture in the whole time that he held the Chair of Physics. He was popular with the students and enjoyed their company.

He was determined and single-minded and his views were not always popular with the Establishment. Nevertheless, in 1965 he awarded the CBE in recognition of his help on the international stage, and in 1992 he was awarded the Albert Einstein Peace Prize. In 1995 he was elected a Fellow of the Royal Society, the same year in which he and the Pugwash conferences on Science and World Affairs were jointly awarded the Nobel Peace Prize. In 1998 he accepted a knighthood for services to international understanding.

In his honour, the Old Anatomy Building at Charterhouse Square is now known as The Joseph Rotblat Building.

### War and Peace

A conference on the life and work of Sir Joseph Rotblat, organised by Liverpool Medical History Society and the Department of Physics, was held at the University of Liverpool on 20 October, addressed by a number of distinguished speakers. The conference was supported by The Friends of the University of Liverpool.

We regret to report the deaths of the following

**Dr Bernard Adams** (*q The London 1956*) on 4.12.05.

**Miss Stella Alchin**, PA to Professor Francis Camps, Professor of Forensic Medicine at The London c1952-73, on December 2005.

**Mr Geoffrey Bevan** (*q The London 1953*) on 11.11.05.

**Dr Edward Burgess** (*q Barts 1954*) on 20.12.05.

**Dr Thomas Catnach** (*q Barts 1955*).

**Dr Tony Davies** (*q Barts 1953*) on 23.2.06.

**Dr George Dormand** (*q Barts 1954*) on 19.1.06.

**Dr Frank Ellis** (*q The London 1929*) on 3.2.06.

**Dr George Gillett** (*q Barts 1956*) on 15.4.06.

**Dr Alexander Greer** (*q Barts 1963*)

**Dr Geoffrey Hirst** (*q Barts 1950*) on 31.12.05.

**Dr Peter Houlton** (*q Barts 1971*) on 2.7.06.

**Dr Peter Kernoff** (*q The London 1969*), former head of the haemophilia centre at the Royal Free Hospital, on 27.2.06.

**Dr Francis Kinsman** (*q Barts 1950*) on 17.8.05.

### John O'Connell, Man of Barts

Peter Upton's 1989 biography of John O'Connell has been reprinted, and is available price £6 plus £1.50 p&p from: Mrs J E B Toms, The Roan, by Lauder, Berwickshire, Scotland TD2 6SA (cheques payable to Ann Toms, please)

**Dr Eric Laidlaw** (*q Barts 1941*) on 27.2.06 at the age of 90. After leaving Barts he worked at the Brompton Hospital; he caught TB and was treated at a clinic in Switzerland, and was then appointed Deputy Superintendent then Superintendent of the Royal National Hospital near Ventnor, Isle of Wight, and managed the hospital until its closure in 1961. He re-trained in geriatrics and worked as a consultant in this field at St Mary's Hospital, IoW, until his retirement.

**Dr Jeff Lloyd** (*q The London 1966*) on 4.2.06, whilst on holiday in Australia.

**Mr Andrew Morrison**, consultant otologist at The London Hospital 1964-86, on 6.1.06.

**Dr Peter Moss** (*q The London 1942*) on 5.3.06.

**Dr Neville Oswald** (*q Barts 1934*) on 19.4.06.

**Dr Marguerite Smith** (*q Barts 1956*) on 7.6.06.

**Dr Alfred George Spencer**, Reader in Medicine and honorary consultant at Barts 1956-83, on 8.8.05.

**Dr Allen Strube** (*q The London 1956*).

**Mr George Welch** (*q The London 1959*) on 4.2.06.

BLC accepts short death notices, but full obituaries are normally included only at the request of the Editorial Board; please consult the Editor in advance if you wish to contribute an obituary.

## The following obituaries can be found in the BMJ

### **David John Woolford**

*q The London 1949*  
Former general practitioner Oakham, Rutland  
*b 1924, d 3.7.05*  
BMJ 18.3.06

### **Peter Bernard Allan Kernoff**

*q The London 1967*  
Consultant haematologist and first director of the Katharine Dormandy Haemophilia Centre and Haemostasis Unit, Royal Free Hospital, 1978-91  
*b 1944, d 27.2.06*  
BMJ 1.4.06

### **David Rowland Jones**

*q The London 1950*  
Former general practitioner Barnes and Hammersmith, London  
*b 1925, d 15.11.05*  
BMJ 1.4.06

### **Edward ('Terry') Burgess**

*q St Bartholomew's 1955*  
Former general practitioner and occupational physician London  
*b 1924, d 20.12.05*  
BMJ 15.4.06

### **Gustav ('Gus') Siegmund Plaut**

*q Cambridge/The London 1955*  
Former general practitioner, Tooting, London  
*b 1921, d 17.1.06*  
BMJ 15.4.06

### **Ian Anthony Rowland Jenkins**

*q St Bartholomew's 1976*  
General practitioner Stowmarket, Suffolk  
*b 1951, d 5.2.06*  
BMJ 22.4.06

### **Jennifer Asscher (née Lloyd)**

*q The London 1961*  
Former senior medical officer Welsh Office and Department of Health, London  
*b 1937, d 27.3.06*  
BMJ 6.5.06

### **Andrew William Morrison**

Former consultant ear, nose and throat surgeon, The London  
*d 6.1.06*  
BMJ 6.5.06

### **George Bryan Gillett**

*q St Bartholomew's 1956*  
Consultant anaesthetist St Bartholomew's and Homerton Hospitals, London  
*b 1931, d 15.4.06*  
BMJ 3.6.06

### **Clement John ('Jack') White**

*q The London 1953*  
Former consultant anaesthetist Mansfield group of hospitals  
*b 1924, d 22.3.06*  
BMJ 3.6.06

### **John Luscombe Tester**

*q The London 1950*  
Former medical missionary Nazareth, Israel, and member of the Scottish Health Advisory Board  
*b 1920, d 1.2.06*  
BMJ 1.7.06

### **Jacqueline ('Jackie') Vera Watson (née Moorcroft)**

*q St Bartholomew's 1986*  
General practitioner Plymstock, Plymouth  
*b 1953, d 30.4.2006*  
BMJ 15.7.06

### **George Strube**

*q Cambridge/The London 1956*  
Former general practitioner Crawley, West Sussex  
*b 1930, d 3.12.05*  
BMJ 22.7.06

### **Neville Oswald**

Former consultant physician St Bartholomew's and Brompton Hospitals, London  
*b 1910, d 19.4.06*  
BMJ 19.8.06

### **Ernest Philip Quibell**

*q St Bartholomew's 1937*  
Former medical director and consultant paediatrician Chailley Heritage Craft School and Hospital, Sussex  
*b 1910, d 3.7.06*  
BMJ 9.9.06

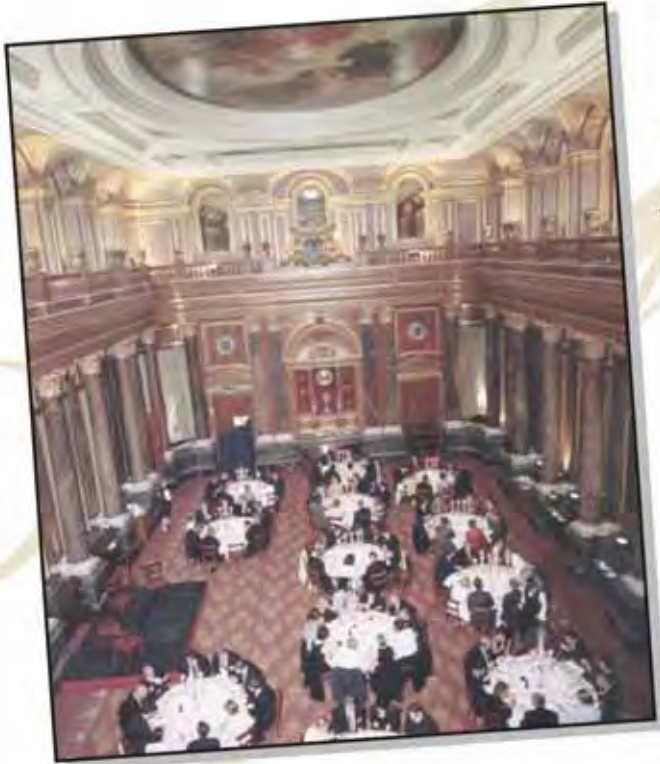




# Barts and The London Alumni Association

and Barts and The London, Queen Mary's School of Medicine and Dentistry

Invite present and former students and staff of the School,  
former Medical Colleges and the Hospitals of the Trust and their guests to a



## Black Tie Dinner & Dance

Friday 24 November 2006

7.15 for 8pm  
at the Drapers' Hall  
Throgmorton Street  
London EC2

Reception, four-course dinner with wine,  
after-dinner drinks and dancing to midnight

£99.50 per person inclusive of dinner  
and all drinks - no extras!

Groups especially welcome - why not  
make up a table of 10 with your friends?

Please return this booking form to BATLAA, Alumni Relations Office, Queen Mary University of London, Mile End, London E1 4NS  
by 20 November 2006. Please note numbers are limited and places will be allocated on a first-come, first-served basis.

Please send me  tickets at £99.50 each for the BATLAA Dinner on 24.11.06.

|   |                      |   |                      |
|---|----------------------|---|----------------------|
| Name  | <input type="text"/> | Number of vegetarian meals or special dietary requirements<br>(please give names/details) | <input type="text"/> |
| Address   | <input type="text"/> | Names of others who wish to share the table   | <input type="text"/> |
| Year of qualification   | <input type="text"/> | Cheque payable to BATLAA enclosed for   | <input type="text"/> |
| Barts <input type="checkbox"/> The London <input type="checkbox"/> Other <input type="checkbox"/> |                      | Signature   | <input type="text"/> |
| Name(s)<br>of guest(s)  | <input type="text"/> | Date  | <input type="text"/> |