

RFS Newsletter

Newsletter Issue No.42

December 2011



Bell Harry Tower, Canterbury Cathedral, Photograph by John Bartlett

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The ROYAL
SOCIETY of
MEDICINE

Retired Fellows Society

Editorial

A big thank you to those members who have sent in contributions to the *Newsletter*. Partly because the number and quality have been so good and partly due to your editor's obsession with photographs, we have increased our pages to 28 for this issue and possibly for those to come.

Dudley Bruton's article following up the talk on Concorde is welcome, I have, however, been disappointed that there have been so few letters to the editor.

The RFS is a lively organisation with lively, and often opinionated, members, and I hope that the two letters published in this issue, one of which has been, to put it mildly, engineered, will spark off some more.

Do you have comments on what has been published in the *Newsletter*?

Do you have an anecdote that would not run to a full article but that would be worth an airing?

Do you have thoughts about the organisation of the RFS that you would like to share with others? Or do you have thoughts about the RSM in general?

I know that there are fora for putting forward views but not all members can get to the Annual Meeting of Fellows or to the AGM of the Retired Fellows Society.

Letters will be welcome, as well as brief items and full length articles of up to 1,000 words.

Forthcoming meetings

Wednesday 14 December 2011

Apoptosis and Cancer

Andrew Wylie is President of the Pathological Society of Great Britain and Ireland and a Fellow of the Royal Society of both London and Edinburgh. Whilst a Ph.D student, together with his colleagues John Kerr and Alastair Currie, he realised the significance of natural cell death in the wide ranging contexts of health and disease; they named this process Apoptosis.

Thursday 16 February 2011

Our changing perceptions of National Security: a 21st Century view

Sir Richard Dearlove, Master of Pembroke College, Cambridge. A Cambridge graduate, he joined MI6 in 1966, serving in many parts

of the world, becoming Chief in 1999. He has been involved with many momentous events including 9/11, the invasion of Iraq and Afghanistan and the inquest into Princess Diana's death.



Thursday 1 March 2012

Dickens

Claire Tomalin graduated from Newnham College, Cambridge, and became literary editor of the *New*

Statesman and the *Sunday Times*. She has published biographies of Hardy, Pepys, Jane Austen and Shelley. Her literary output has resulted in several honours and prizes, including the Whitbread Book Award, the Hawthorden Prize and the Latham Prize of the Samuel Pepys Club.

Thursday 12 April 2012

Medicine and Conflict

John Williams is Beadle of the Worshipful Society of Apothecaries. He had a distinguished career as a Warrant Officer in the 1st Battalion the Welsh Guards. In April 2009, at the express request of the Commanding Officer of his battalion he redeployed to Afghanistan.

Wednesday 2 May 2012

What Makes a Good Conductor

Bernard Keeffe is a conductor, broadcaster, writer and TV/radio producer with a career ranging from wartime cipher decoding work at Bletchley Park to producing a stage gala celebrating the history of NUPE. He has written, presented and conducted numerous radio and TV programmes including one on architecture and art.



Thursday 21 June 2012

Art and the English Bible 1611-2011

Michael Wheeler is a visiting Professor at the Universities of Lancaster and Southampton. His latest book for C U P is entitled *St John and the Victorians: the Fourth Gospel in nineteenth century British culture*. During 2011 he curated an exhibition at Winchester Cathedral to celebrate the 400th anniversary of the King James Bible.

Extra mural events

Wednesday 7 February 2012

Handel House Museum: Guided tour and recital

Wednesday 28 March 2012

Picasso and Britain at Tate Britain: Lecture and visit to the exhibition

Wednesday 25 April 2012

Canterbury Cathedral : Guided tour

Wednesday 16 May 2012

Further along the Embankment (Sue Weir walk)

20 May to 2 June 2012

Norwegian fjords cruise (Jon Baines Tours: www.jonbainestours.co.uk/norway)

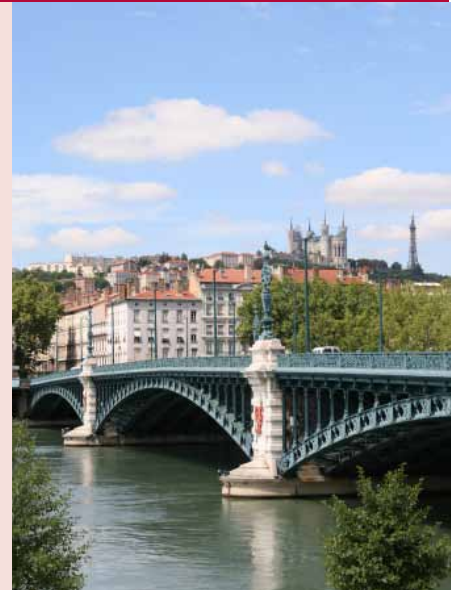
Tuesday 19 June 2012

Southwark: Naughty but nice (Sue Weir walk)

Wednesday 4 July 2012

Getting lost in the City (Sue Weir walk)

Wednesday 11 July 2012: **St Pancras Renaissance Hotel (formerly the Midland Grand): guided tour**



River Cruise: October 2012

Another exciting river cruise holiday under the leadership of Sue Weir, exclusively for the Retired Fellows. Discover the delights of the gastronomic Rhone aboard the 5-star Amadagio - medieval towns to enjoy, wine to be drunk, castles, palaces, cathedrals and markets to be explored.

Travel by rail (Standard Premier Eurostar/First Class TGV) to join your ship in Arles on 11 October 2012 for 7 nights, returning from Lyon. Prices from £2,045 per person for twin accommodation includes all shore excursions, wine with every evening meal, rail and transfers in France and gratuities.

For more information call Sally at Go River Cruise on 01728 638516

Meeting report

The Heart at High Altitude Dr Simon Gibbs

Thursday 9 June 2011



The last meeting of the academic year is always preceded by the AGM which it seemed unlikely that the large

audience had come to attend. Very sensibly they packed the lecture theatre to listen to the main attraction which was a presentation given by Dr Simon Gibbs entitled *The Heart at High Altitude*. Dr Gibbs, a Senior Lecturer at the National Heart and Lung Institute and a Consultant Cardiologist for the National Pulmonary Hypertension Service, has been able to combine his love of ice climbing, skiing and ski-touring with his research interests. He has published widely on changes in cardiac physiology with altitude and the treatment of pulmonary hypertension.

He started with a lucid exposition of normal and abnormal cardiac and pulmonary physiology which made some of us who had sat through turgid undergraduate lectures many years ago remember that these subjects could be fun. I was not alone in

wishing that I had sat under such a teacher when a student, who combined hard science with its practical applications.

Having made sure that we had understood the basics, he progressed to the subject of the lecture. Dr Gibbs described the natural variations that occur as adaptations to those who journey to high altitudes and those who live there. His vivid delivery was enlivened by remarkable illustrations which demonstrated that not all work can be done in a laboratory and that to get data you have to travel. Thus we were shown pictures of a family who live in the High Andes where he had taken his apparatus and who he had persuaded to give him permission to record their haematological, cardiac and respiratory values under difficult conditions.

We were shown illustrations of his team performing physiological experiments and bronchial lavage in a hut high in the Alps while keeping warm with padded clothing, which reminded us that it is the calibre of the person that is important rather than the surroundings.

For his audience of Senior Citizens who might be tempted by travel brochures to undertake expeditions which could lead to

high altitudes, he had words of warning. Climbing Kilimanjaro or similar mountains would be fine for most of us, provided that we took enough time to become acclimatised, rather than skipping up and down in the day as some tour companies have planned. The advice was always to study the brochure accurately, especially the time allotted for each stage of your journey.

We were given advice on how to avoid, and if necessary treat, mountain sickness where prophylactic acetazolamide is still the preferred medication. Descending quickly is essential, although the condition can be fatal without good management. The problems of travel with pre-existing cardiac conditions were discussed and from the many questions after the presentation, it seemed that there is a high incidence of heart disease among the Retired Fellows.

Dr Gibbs' lecture demonstrated why so many had attended the AGM. He is a teacher who mixes erudition with the excitement of science, but for this audience he gave us the courage and enthusiasm to continue our active travelling membership of the SKI Club (Spending the Kids' Inheritance).

John Ford

Extra Mural reports

Elegant Mayfair

21 June 2011

A total of 38 members and their guests, in morning and afternoon sessions, met with our Blue Badge Guide, Sue Weir, at Bond Street Station.

In the early 18th century the land to the West and North of the area now known as Mayfair consisted of fields, farms and woods belonging to large estates; Moves westwards from the city were necessary following the devastation of the Great Fire. New developments in architecture, notably a grid pattern with wider roads, led to changes in transport: the horse and carriage could now drive up to the front of the houses.

Before setting off in the direction of Grosvenor Square, the Oriental Club was pointed out, a private club founded by Wellington for returning merchants from the East who were not members of other established (Academic or Military) clubs in the West End. The original residence of the American Ambassador and later US President, John

Adams was indicated before a walk through Grosvenor Square. Various statues, buildings and memorials were shown, to include the 9/11/2001 memorial to those UK citizens who perished on that sad day in New York. We walked past a number of buildings, shops (Purdy's the Gunsmith, Allen's the Butcher, Thomas Goode for Porcelain, etc) and the Connaught Hotel on the way to the Grosvenor Chapel, a number of well known members of the congregation of which included Wellington, Florence Nightingale and members of the US armed forces.

From the Chapel we walked through the Mount Street Gardens, a former burial ground and now a pleasant, quiet corner,

leading on to the Jesuit Church of the Immaculate Conception: Farm Street Church. This is an elegant Gothic building dating from 1849. We spent some time admiring the many treasures including stained glass windows, the altar by Pugin, marble statues etc.

We then moved on via Curzon Street, where a number of elegant and expensive houses and buildings are occupied by foreign missions and the very rich (eg Mr Mittal's daughter). We then entered Shepherd Market via an alley way where there are a number of shops, bars and restaurants. There was never a market at this site but it is where the Annual May Fair was held.

After walking for over two hours every one felt that we had learnt a lot on this instructive and informative outing without losing anyone. We said our goodbyes and found our way in every direction. Our gratitude needs to be conveyed to our guide who held our interest and we look forward to the next walk

Omar Khan

Photography:
Richard Lansdown



A visit to the London Olympic site

6 July 2011

A group of 26 retired members all ready for the rain, met our blue badge guide, Robert Whitwell, at a crowded Bromley-by-Bow tube station. Many daily walking tours start there at 11 a.m. (There was another group of 24 in the afternoon.)

We proceeded to enjoy an interesting two hours with Robert while he expounded on the features of the foetal Olympic site, the story of its development and plans for its legacy.

We began by looking at the industrial Lea Valley at Three Mill Island where the eighteenth century House and Clock mills are well preserved. The third mill was converted into a film studio and used for the first production of the show *Big Brother*. The surrounding tidal canals and locks looked particularly unsavoury, with pea green water infested with algae, but we were assured that it was clean enough to entice local wild life. New locks have been built and the upper part of the Lea had attracted house-boats which are potentially valuable for accommodation at the time of the Games.

Robert described the local population as a heterogeneous

mixture of races and talked of the attempts to train and employ the large number out of work on the 2.5 square Km Olympic site.

A pagoda-like structure nearby, the Cathedral of Sewage, was the site of a pumping station erected by Sir Joseph Bazalgette with the modern replacement adjacent. On the landscaped towpath there was a striking new sculpture of two hands grasping a pole in memory of four workers who were overcome by toxic fumes. Its predecessor had been destroyed by vandals.

We saw a variety of local housing ranging from pre-war to present day in this very run down part of London, heavily bombed by the Luftwaffe during the war. The group arrived at Pudding Mill Lane station and followed the trail to the viewing site on the top of Bazalgette's raised northern outfall sewer called the Greenway which flanks the stadium. This impressive circular structure will seat eighty thousand spectators and will be reduced to 25,000 after the Games when it will become the property of either West Ham or Tottenham Football Clubs, a matter of current dispute. It still awaits its decorated canvas cladding. The feature of this site is the rising metal sculpture tower designed by Anish Kapoor made from steel donated by Lakshmi Mittal, the billionaire, which will be higher than the

Statue of Liberty (i.e. twice as high as Nelson's Column) with a restaurant on the top. It will be called the Arcelor Mittal Orbit but locally known as "The Hubbly Bubbly".

In the distance was the Aquatic Centre designed by Zaha Hadid enclosing two 50 metre swimming pools plus a diving pool and a capacity to seat 17,500 onlookers which is to be reduced to 2,500 after the competitions are completed. We could not see the Olympic village but were told that after the games it would be converted into flats and houses for purchase at affordable prices.

One can only conclude that all augers well for the Olympiad, London's third time as host city, previous events having been in 1908 and 1948, a time of post-war austerity and inadequate resources. Furthermore, the beautifully landscaped Olympic site will not be a white elephant but will remain as an invaluable resource for the local community as the largest urban park created in Europe for 150 years providing a mixture of homes, parkland and leisure venues.

It hardly rained at all.

Leslie Klenerman.

A walk through Lambeth with Sue Weir

20 July 2011

The weather was kind, not hot nor wet, as a group of 20 Retired Fellows met at Waterloo Station to be guided on foot by Sue Weir through less known Lambeth. A second group was to follow in the afternoon. We heard how the population of this then marshy area grew quickly from the mid-18th century supporting the development of light industry, notably lead shot manufacture and refuse recycling.

To meet the spiritual needs of the growing population Parliament, in 1818 voted funds for the building of new churches. St John's, Waterloo Road, is the most substantial of these 'Waterloo Churches' and continues its mission of pastoral support in the area. The introduction of railways was achieved by constructing viaducts across the difficult marshy land and Waterloo station, also at this raised level, arrived in 1854 to be London's biggest and busiest terminal.

One notable local family, John Roupell and his son Richard, became wealthy through scrap metal trading and ventured into property, building, in 1818, a neat estate of terraced houses around Roupell Street (the John Roupell

estates). These remain today as an oasis of calm and charm. All was not well in the family, however, and son Richard, eluding his repressive father, formed an enduring relationship with Sarah Crane, fathering four illegitimate children before being able to marry following the death of his father. A legitimate son followed.

Richard amassed considerable wealth and William, the second illegitimate child, suspecting the circumstances of his birth threatened his prospects for inheritance, embarked on a series of fraudulent enterprises to secure funds to support his life in fashionable society. He even destroyed his father's will, substituting a forged document in favour of his mother who, when the time came, generously financed William's enterprises including his election to Parliament in 1857.

Fraud and forgery however came to light and on the 24th September 1862 William was sentenced at the Old Bailey to penal servitude but was released on parole in 1876.

A notable local enterprise easing the problem of burial in the marshy ground was the formation of the London Necropolis Railway, opened in 1854 and operating over London and South Western Railway tracks from its own London station adjacent to Waterloo station to the newly

built Brookwood Cemetery in Surrey. The original London terminus was replaced in 1899 with a new, finer building, which still stands on Westminster Bridge Road.

An impressive example of Peabody Buildings is sited on Blackfriars Road. These blocks of Improved Model Dwellings for the respectable Working Class were built and maintained through the Peabody Donation Fund (now Peabody Trust) founded in 1862 by the American merchant banker George Peabody.

Nearby at St George's Circus we paused to appreciate the gardening enterprise of the Urban Guerrillas that, in a sense, echoes the history of gardening expertise in the area. Thence onwards to admire St George's Catholic Cathedral (1848), the work of Pugin and the first to be built in the UK since the Reformation. Badly bombed in 1941 the Cathedral reopened in 1958. Visitors of note include Pope John Paul II in 1982 and the Dalai Lama in 1999 on the occasion of his formal opening of the Tibetan Peace Garden within Geraldine Mary Harmsworth Park, a marked contrast to the adjacent Imperial War Museum, which has been housed here since 1936 in the preserved central domed section of Bethlem Royal Hospital (1814).

Christopher Brown

The Wonders of Wimbledon

21 September 2011

Wimbledon is truly wonderful in that it is full of wonder. I refer not to the Wimbledon inhabited by Wombles; I refer to the Wimbledon associated with champagne, strawberries and cream – and a little tennis!

On a grey September morn about twenty Retired Fellows passed through the hallowed gates of the AELTCC, the All England Lawn Tennis and Croquet Club – and, yes, they do still play croquet there! As one enters, one becomes conscious of the atmosphere that pervades the place; there is a “feel” about it that is both awe-inspiring and intimate at the same time. I suspect that it is this that the players sense when they say that there is “something special” about the Wimbledon Championships that is different from all the other Grand Slam tournaments.

The club started from quite humble beginnings in 1870 as a croquet club – with the Croquet Championship preceding any tennis. But the then new game of lawn tennis was proving popular in Victorian England and the interest in croquet was declining; so the astute founder members quickly changed their focus and the first Lawn Tennis Championship took place in 1877 –

thus, in 2011 it celebrated its 125th anniversary. The Championship grew and was moved to its present site in Church Road in 1922; with this site being almost doubled in size by the purchase of adjacent land in 1982.

Over the years, the crowds that have come to watch have grown; yet we must remember that, for fifty weeks of the year, it is still a private members’ club. There are only 400 Full Members and 100 Honorary Members (former champions) with the facility for a few Temporary Members. To become a member one has to be a player of some ability and provide evidence that one has also made some sort of contribution to the game (not monetary, but practical – such as coaching or starting a new club). No one can buy their way into the membership. Tickets to the public are strictly by ballot (at reasonable prices by today’s standards: from £39 - £120 depending on court and day) and there are very few corporate tickets; this ensures that the tournament is watched by true fans.

There are now 19 grass courts, including the four show courts (Centre, 1, 2 and 3). Every year the old grass is taken out and the courts are re-seeded (no turfs are used). The retractable roof on Centre Court is a relatively



The Wimbledon roof

new feature to allow play during the rain for which Wimbledon is renowned; yet, in its first year, it was not used. There is a large TV centre – but the BBC gets pride of place; and all players must agree to be interviewed by the BBC and their national broadcaster.

The development of the site has kept pace with, and indeed is often ahead of, the needs of all those who come to Wimbledon – both players and public – so that they can enjoy the best modern facilities. Yet, somehow, all along the way, they have ensured that the tradition of lawn tennis (including playing in white) is maintained: a truly magnificent blend of the old and the new. Apparently, a former champion expressed it thus: “Wimbledon is at the cutting edge of tradition!”

Malcolm Morrison

Photograph: Judith Webb

Rhine Cruise 2011

It did not seem that a year had passed since we completed part I of our Rhine –Danube cruise and had said goodbye at Nuremberg airport. Perhaps time does move more quickly for Retired Fellows but here we were again having arrived at Munich Airport on the 10th July. The *Amalyra* was docked in Nuremberg so we enjoyed a leisurely sunny afternoon.

Next morning we had a short coach ride to medieval Nuremberg which has been meticulously restored following bombing raids in 1945. The city was founded in the eleventh century and grew in prestige and power being acknowledged as the unofficial capital of the Holy Roman Empire. This imperial and historical significance was used by the Nazi party to create a link with the great imperial past; hence the massive Nuremberg rallies in the thirties as they planned to build a new European Empire.

We admired the castle, the very extensive city walls and the striking Gothic St Lorenz's Cathedral. Nuremberg was the home of Germany's most famed artist Albrecht Dürer. In the tourist shops there were many replicas of his pen and ink drawing Praying Hands and the water colour Young Hare. Dürer's woodcut made in 1515 of a rather strange rhinoceros

with its suggestion of magical powers in its horns (it is difficult to draw something that you have never seen!) became the symbol of the Society of Apothecaries of London. The geographer Martin Behem, who lived and worked in Nuremberg and who probably knew Christopher Columbus, made his Terrestrial Globe in 1492, before he could possibly have known about the discovery of the New World.

When we returned to the *Amalyra* we started our journey along the Main-Danube canal which is 106 miles long, an impressive engineering construction. Charlemagne saw the military benefits of linking the two great rivers but his attempt in 793 failed. Napoleon also considered a canal but never got beyond the planning stage.

On Tuesday we reached Regensburg on the Danube, a well preserved medieval city not bombed in World War 11.



The Golden Eagle Pharmacy

St Peter's is a magnificent Gothic cathedral with fourteenth century stained glass windows. The Stonebridge, with sixteen arches completed in 1147, was the only Danube crossing for many centuries and enhanced Regensburg as a trading centre, especially with an important salt trade. A sausage kitchen beside the bridge is at least as old.



Nuremberg Cathedral painting

Retired Fellows Society

Our last stop in Germany was at Passau or 'Three River City' situated on the Danube, the Ins and the Ilz. The Danube with its winter floods and the Ins with spring-summer floods from the melting snow in the Alps, leads to a high risk of flooding and the guide showed us various high water marks that must have caused great devastation over the years. It is said that the waters from the three different rivers remain in separate currents far down the river and give three different colours downstream. Passau is completely different from the other German cities, Napoleon said that it was the most beautiful of the cities that he had conquered in Germany. The town is dominated by the immense Baroque St Stephen's Cathedral, an impressive church beautifully decorated with Italian frescoes and marbles. It has the largest pipe organ in Europe.

Cruising overnight left us in Melk on Thursday morning where we had a conducted tour of the Benedictine Monastery which was established as a royal palace in the eleventh century. This huge richly decorated Baroque building is built on a rocky outcrop dominating the town, giving dramatic views of the Wachau valley and the Danube. The abbey holds an important library with a priceless collection of manuscripts and musical scores and once owned a copy of the forty two line Gutenberg Bible, the first book



Regensburg shop sign

printed with movable type. This was sold about ninety years ago and is now in the Beinecke Library of Yale University.

Leaving Melk we continued down the river towards Vienna through the strikingly beautiful Wachau valley. Arriving in Vienna we went by coach to a Viennese concert in the Hofburg Palace, missing what I understand was a spectacular thunderstorm. At St Stephen's cathedral we saw the preparations for the funeral next day of Archduke Otto von Habsburg, the last Crown Prince of Austria-Hungary. He and his wife were to be buried in the Royal Crypt and following a Habsburg family tradition, Count Otto's heart would be interred in a Benedictine monastery in Hungary, thus symbolising the old Austria - Hungary union.

Thence to Budapest arriving in the early morning with brilliant weather coming into the city under the bridges with the Royal Palace, St Matthias Church and the Fisherman's Bastion on the Buda side and the Parliament with all the 19th century buildings of Hungary's golden age on the Pest side. We explored the city and saw the everlasting flame at the site of the unsuccessful 1956 revolution and visited the impressive Market Hall. After dinner there was an evening cruise with all the buildings illuminated and a full moon slowly rising over the city giving us a lasting memory of an enthralling holiday.

John Robinson

Photographs: John Ford

RFS Camera Club visit to Canterbury Cathedral

26 July 2011

Twelve members met for an excellent lunch at the home of Douglas and Sally Gordon Boyd who had arranged the visit to the cathedral and engaged John Butler to guide us. The weather was kind.

Combining photography with a guided tour requires compromise especially at a site like the cathedral. Photography was allowed anywhere except in the crypt, ostensibly kept for quiet prayer though this did not seem to be the case at the time of our visit.

John Butler took us first into the precinct of King's School, pointing



The Water Tower

out the very fine Norman staircase, its typical arches and decoration. In the quadrangle John reminded us of the history: the arrival of St Augustine, the development of the church buildings on this site of which the current cathedral is the third. It was begun by Lanfranc in 1070 taking almost 400 years to complete. This explains the huge range of architectural styles and proved an important theme of our tour and a varied subject for photography.

John described something of the life in the monastery, pointing out the key architectural arrangements. Prior Wilbert's 1160 water tower is a striking feature, the more so as it is thought that the tank was filled by monks carrying the water up in buckets enabling distribution through an extensive system of pipes. Passing through the cloisters we entered the nave (1400) at the west end. John explained how the development of the Gothic style with the pointed arch, ribbing of the vault and flying buttresses made it possible to make large fenestrations in the walls for windows. We were led up to the quire, first passing the nave altar, and then to the space



The Norman Staircase

beneath Bell Harry Tower. Some members lay on their backs or placed their cameras on the steps to photograph the fan vault above.

In the quire John pointed out the progressive change from the Romanesque to the Gothic point, which was taking place in the time it took to build the east end.

The cathedral is a visual feast with endless possibilities for photography. For our guide it is an endless fascination and source for tours with themes to suit varied visitor special interests. An example arose from a member's question concerning Chichele's ornate tomb. We were told that Archbishop Chichele was the founder of All Souls' College, Oxford and they own the tomb and are still responsible for its upkeep.

With thanks to John and special thanks to Sally and Gordon for making it all happen.

John Bartlett, who also took the photographs

Letters to the Editor

Dear Editor,

In the steps of Wellington

In the report of the above mentioned tour you mention that a quadriga is now on the top of the Wellington Arch and that this was sculpted by Adrian Jones. Adrian Jones was, in fact, a veterinary surgeon. In his youth he wanted to be an artist but his father would not hear of it and told him that he would have to study for a profession. So he studied veterinary medicine at the Royal Veterinary College in London. After qualifying, he joined the British army as a veterinary officer - in Victorian times the army was heavily dependent on horses. In those days he would paint the horses of his brother officers.

When he retired from the army he devoted himself to sculpting. Another of his masterpieces is Duncan's Horses (from MacBeth) which now stands in the grounds of the Hawkshead campus of the Royal Veterinary College. After the First World War he was commissioned to make several regimental war memorials that are scattered around London. The statue of St. George and the Dragon which stands in Hyde Park is also his work.

Peter Lane (RFS member)

Dear Editor

I would be grateful if you could help me understand the rationale behind the use of the club table in the Buttery. My understanding is that such tables are for members who are alone and wish to have some company: the convention is that anyone sitting on a club table is expected to talk to the person sitting alongside.

However, when I tried to sit on the RSM club table at lunchtime on Thursday the 29th September I was told by the person sitting at it that the whole table was reserved. Indeed, only a few minutes later she was joined by a group of people, with laptops.

This seems to be a negation of the principle of club tables; I would appreciate your thoughts.

Yours sincerely, *John Doe*

The editor received the following response from the Deputy Manager, RSM Support Services:

Dear Dr. Lansdown,

Thank you for the letter of 2nd October 2011 regarding the Club Table in the Buttery. The rationale behind it is as you state, for those Members who are dining alone to sit there to converse with other Members who are dining alone. However this is not compulsory.

As it is the only large table in the area, it is also used on an ad hoc basis by groups of RSM members who have attended section meetings and have no dedicated catering booked with their event. It shouldn't be used or reserved by members for formal meetings at lunchtimes. If this happens again please do ask to speak to the Duty Manager and they will request the group and the meeting be relocated to the Domus lounge area on the first floor, or if not in use at the time, the Hewitt room if they wish to eat from the Buttery menu.

The Buttery is many things to many members, and we try to ensure that we offer the best service we can, to this wide cross section of members' needs. We have a dedicated quiet area in the library where there are newspapers, sofas and a self-service coffee machine for those who do not wish to be disturbed. The Buttery is a place to meet friends, colleagues and guests, and I hope will continue to be so far many years to come.

I am sorry you were unable to sit at the Club Table on the 29th September, and as I previously said please do speak to the Duty Manager if this happens again.

Yours Sincerely, John Armstrong

Two Keynes (Part Two)

Ronald Millar

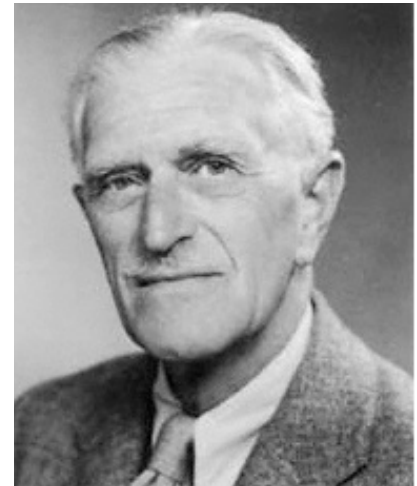
Geoffrey Keynes was a surgeon for part of his life and a bibliographer for most of it. His most productive years, as Assistant Surgeon at St. Bartholomews' Hospital, 1919 to 1939, were preceded by service in the RAMC in the First World War, and followed by a Second World War appointment as Consultant Surgeon to the RAF. After his formal retirement in 1951, as Senior Surgeon Emeritus, he continued his uniquely productive life as a literary scholar for a further thirty years.

Associated first with techniques of blood transfusion, he later became a leading thyroid (and thymus) surgeon, and gained wide prominence (and brief hostility) from his courageous promotion of simple mastectomy plus radium therapy for breast cancer. For ten years, he assisted Lord Moynihan in his London private practice.

Geoffrey's interest in history, book-collecting and poetry began at Rugby School, stimulated by a hero-worshipping friendship with Rupert Brooke, whose executor he later became. *The Gates of Memory*, a remarkable autobiographical feat of recollection, recounts a literary scholarship directed mainly toward bibliographies of famous writers

and poets, many of whose books were in his private collection. From a 1914 bibliography of John Donne to a 1980 catalogue of Edward Gibbon's Library, there are up to 50 bound volumes, with his forewords or notes of varying length. Subjects include Jane Austen, William Hazlitt, Rupert Brooke, Robert Hooke, and William Harvey – who was also given a full biography in 1966. The work involved seems time-consuming, all-embracing. Yet Keynes, contrary to the views of friends, claimed that surgical achievement had always been his first aim. Questioned about his industry, he claimed not to waste time on television, playing bridge, or reading papers (except *The Times* in moderation!).

It was as a scholar of William Blake, poet, mystic, and philosopher - in a biography, a book of essays, and about a dozen other collections, including illustrations of the expert copper-plate etchings – that Geoffrey Keynes became an international figure in the literary world. His delight in William Blake was to keep alive "the value of imagination in a material world." He wrote, perhaps in answer to the strangeness of some of Blake's work: "His art was, in fact, far too adventurous and unconventional to be easily accepted in the late



eighteenth and early nineteenth centuries...his mind was developing an unconventional and rebellious quality."

Geoffrey had no wish to be identified with the Bloomsbury Group, but by reason of proximity he assisted in the washing-out of Virginia Wolff's stomach after an abortive suicide attempt.

Many have read and praised *The Gates of Memory* - most, probably, with incredulity - but just a few may have wondered – who is the real Geoffrey?

A "Tribute" issue of the Annals of the Royal College of Surgeons, published posthumously in 1982, reveals much. Geoffrey the surgeon was aloof, serious, conscientious, demanding, dogmatic if he knew, modest if he did not, a disciplined, skilful, and courageous operator in

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an insistently silent theatre, wherein specific finger and hand movements replaced speech. Too severe, alas, to be a popular chief. And not an exuberant enough model for Sir Lancelot Spratt of the *Doctor in the House* books (Gordon Ostlere, alias Richard Gordon, was also a Bart's man).

In contrast to the many non-medical friends named in the autobiography, hospital colleagues go almost unmentioned – odd and obvious enough to be noted in the *Annals* "Tribute". In a total of 200 or more publications on medical/surgical topics (articles, letters, lectures), all but a few are "single author". There are a further 60 or so writings on medical history. More than 250 publications, minor and major, were therefore penned by Geoffrey the surgeon. In the hospital setting, apparently, he stood mostly in his own light.

He decried name-dropping, although the autobiography is a catalogue of well-known names, including William Osler, Harvey Cushing, the American physiologist John Fulton, and Henry James (whose acceptance of an invitation to visit Cambridge from Geoffrey and two friends was a coup of mixed success and humour. There was a published account, and a later BBC broadcast.)

In correspondence, Maynard Keynes expressed concern about his brother knowing of his "immorality," although

Geoffrey was surely aware, for there was some overlap of friends or acquaintances and the "immoralistic" leanings in the "Apostles" Society and the Bloomsbury Group were no secret to Cambridge students. But if Geoffrey's thoughts during his brother's lifetime can only be guessed at, there is no doubt about his forceful attempts to protect his famous brother's reputation. A time-table may clarify.

On the death in 1932 of Lytton Strachey (of *Eminent Victorians* fame), a close friend and lengthy correspondent of Maynard Keynes, his papers became the responsibility of his literary executor, his brother James (translator in 24 volumes of Freud's writings). James Strachey had therefore seen Lytton's correspondence with Maynard long before the latter's death in 1946 - when Geoffrey, as executor of his brother's estate, first learnt of the letters' references to love and sodomy. He sought their total suppression. James Strachey, respecting the correspondence's literary merit, wanted publication. The compromise was to deposit it in King's College, Cambridge, not to be disclosed until 1986.

However, Geoffrey did not know that James Strachey had microfilmed Lytton's papers in 1948.

In the 1960s Michael Holroyd, writing a biography of Lytton

Strachey, befriended James, and was shown the microfilms. Published in 1967, the biography quotes freely from the letters. Geoffrey protested: "I have just seen (Malcolm) Muggeridge's sniggering review of your book on Lytton Strachey. I do not know your motives but I cannot regard them, whatever they may be, as creditable." Holroyd replied that he had no control over reviewers. "The harm is done," replied Geoffrey, "and there's no more to be said." This was not the end of the argument, however.

After James Strachey's death, also in 1967, Geoffrey instructed solicitors to recover from Holroyd the microfilmed copies of the Lytton/Maynard correspondence. He wrote to Holroyd in 1970: "You will, I am sure, fully appreciate my reasons for wishing to be in effective control of my brother's letters." And later: "Your book has done just as much harm to my brother's image as if you had infringed copyright." Holroyd's request to see Maynard's personal papers was refused. It is possible that Geoffrey destroyed some.

Robert Skidelsky, Maynard's dedicated biographer, succeeded with difficulty in befriending this by now old man, known for his "proverbial fierceness." If this were not necessarily a change in character (for charm and warmth are not essential assets for a surgical "chief"!), Geoffrey's success in tracing sources of information for his bibliographies

– often by a direct approach to strangers - presupposed more than persistence and persuasion. Kidelsky found that an interest in Geoffrey's library ensured a friendly reception.

Relations between the Keynes brothers, after a poor start in childhood, remained distant for years. From family holidays, Maynard wrote to Lytton Strachey: "...here he is at 19...and simply uneducated"; and three years later to Duncan Grant: "Geoffrey is hopeless..." Geoffrey did not see these letters, of course, until after Maynard's death. He writes frankly: "all my young days were...lived under the shadow of a far more forceful and intellectual character than my own." There was no bullying or domination, just the hurt of being ignored by an older brother with "inborn advantages of mind," and whom his parents preferred.

Unfair, yes, but Maynard Keynes was in a class of his own.

Geoffrey's children complained that they never saw Maynard – a benevolent uncle, generous with financial gifts, whom no one seemed to know. But a brotherly friendship developed from a shared interest in ballet, then on Maynard's marriage (see Part 1), which was probably a relief to his brother (who had married, at age 30, a granddaughter of Charles Darwin). Geoffrey writes that he always enjoyed seeing Maynard and Lydia together, "both lively,

no staleness, an inseparable team." His enthusiasm for William Blake and for ballet extended to his commissioning of "Job", a masque for dancing, with music by Vaughan Williams.

One or several achievements could be represented by Geoffrey Keynes' many honours and knighthood. Can the extraordinary productivity of this surgeon-scholar be accounted for, in the opinion of lesser men? With a stamina of mind and body greater than Maynard's, was he compensating, knowing his own limitations, for a perceived parental underestimation, for a lack of his brother's originality, in the only way that he knew – by recording the creativeness of others? A search to explain might take account of his (volunteered) service in the two wars. Occupying nearly ten years, its idle moments would surely have been filled with thoughts of literary projects. Even in France, sometimes at the Front and in danger, he sought and was sent catalogues of antiquarian books. And in the Second War someone remarked on "this Air Vice-Marshal who reads poetry in the train."

A final question hovers around this intrusive survey of the lives of two men of high achievement. What's in a name?

In the name Keynes (pronounced Kanes), I suggest that there is a great deal.

Take heart, we all make mistakes

The 19th century mathematician Dionysius Lardner asserted that if trains were to run at 120 mph passengers' lungs would be crushed.

US President Rutherford B. Hayes, presented with a telephone in 1876, asked who would want to use it. William Preece, later to be engineer of the British Post Office, remarked that the Americans had need of a telephone but we did not since we had plenty of telegraph boys.

Marshall Ferdinand Fox called aeroplanes interesting toys with no military value.

In 1943 the President of IBM predicted a world market for perhaps five computers.

An Opportunity?

Alec Frank

The Helen Bamber Foundation (HBF) was founded six years ago and works with victims of human rights abuses. It is run by Helen Bamber OBE and Dr Michael Korzinski, her co-founder director.

Helen is well known as the founder director of the Medical Foundation for Care of Victims of Torture, which was established in 1985 and grew into an organisation seeing thousands of new clients each year from some 90 countries in the world. She started working with the survivors of Bergen-Belsen after the Second World War before joining Amnesty International in 1961 where she pioneered the Amnesty UK Medical Group.

Despite retiring at 75, her services were still in demand. After much heart searching, and aware that she had nearly 60 years experience in human right abuses, she felt that she must continue the work and create a new organisation with a wider remit covering survivors of torture, genocide, trafficking and rape which now receives hundreds of fresh referrals each year. Both Helen and Michael Korzinski are frequently approached to give advice to the Home Office, the police, parliamentary bodies, the Office for Security and Co-operation in Europe and the United Nations. In spite of her considerable age Helen still

works a very busy six or even seven day week.

The Foundation is small with premises in Museum Street, close to the British Museum. It has a modest, full time professional staff supported by volunteers who come in for half or full days. The work is split between psychotherapeutic and supportive social work and examinations with a view to preparing medico-legal reports.

It is the preparation of these reports, commissioned by specialist legal firms, in which I have specialised for many years. All the examinations I'm asked to do are for clients who are psychologically stressed and/or physically scarred or disabled as a result of their ill-treatment. Although the reports arising from these examinations are quite time consuming and challenging, I'm aware of the huge difference they can make to people's lives and the outcome of an application for asylum.

All clients are carefully screened by the staff at HBF and in my experience it is rare to be asked to see somebody who has not been severely ill-treated and for whom a report is not justified. The clients themselves come from many different countries; inevitably Iran, Iraq and Turkey, and large numbers from Zimbabwe, the Democratic Republic of Congo, Somalia and

troubled states in West Africa and more recently from China and other former Soviet Union countries.

It is an organisation where an individual can make a special contribution. Volunteer doctors are particularly welcome as the charity tries to run on a low expenditure on staff and premises. There are also opportunities for doctors to be paid a modest sum for the reports that they do. The HBF does not operate on the model of a general or hospital practice; there is not the back up that many of us have come to expect; there are no personal secretaries and limited support staff. However, it always remains an inspiring task.

Full training and mentoring is provided to all doctors as well as (if requested) a buddy system for new doctors. Report writers use a clinical model which includes a physical examination and forensic evaluation derived from the Istanbul Protocol: Manual on the Effective Investigation and Documentation of Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment. A psychological appraisal is always necessary and may be part of the physical examination or, where there are no physical signs, may be performed by itself

In 25 years I have met some inspiring people who have shown supreme bravery and dignity in

standing up for their beliefs in the face of political or religious persecution. Perhaps because, having seen people from all over the world, as opposed to the limited community I had in my West Sussex general practice, perhaps because of the mixture of physical and psychiatric problems resulting from their ill-treatment, in all events, the clients are fascinating and absorbing. Many have lost almost everything, but in doing an unhurried careful examination it is possible to put one plank back in that person's life, perhaps directing them towards to health care (something which

refugees often find difficult to access), maybe helping them to feel that they are acknowledged and that they remain somebody as opposed to being a complete nobody which they often feel. Perhaps it is the occasional smiles and laughs which can occur when least expected. Perhaps it is seeing our clients in a therapeutic group making music, painting, writing, doing photography and finding a life again. It is a real mixture.

The Foundation would be pleased to hear from doctors who think they might make a contribution to

this work. GPs who could spare half a day a month or a fortnight or more on a regular basis are particularly well qualified, but it has been our experience that almost all physicians, neurologists, psychiatrists and most specialists can make a real contribution and I hope some readers will consider themselves able to offer something and receive, in return, the same great satisfaction which I have found for the past 25 years. For enquiries please contact me, mobile number 077111 61225, or sara@helenbamber.org with your CV/ biography and a covering letter.

Is it Carpenter's Unconscious Cerebration?

A. H. Alabbasi

Benjamin Carpenter, one of the most distinguished physiologists of the nineteenth century, a professor at University College, London, ascribed to the brain what he called reflex (automatic) actions, hitherto reserved for the spinal cord. Carpenter referred to this automatic brain activity as "unconscious cerebration." Involuntary memory, effortless recall, the solving of intractable problems by just sleeping on them, are, Carpenter believed, probably a few facets of the aforementioned unconscious cerebral activity.

Carpenter argues, in the 1852 edition of his *Human Physiology*,

"In those states in which the directing power of the will is suspended, hypnosis being one of them, the course of action is determined by some dominant idea, which for the moment, has full possession of the mind. This enabling and productive view of the unconscious, will freely direct and deliver the necessary information."⁽¹⁾

Two cases from personal experience are cited here.

Case 1.

In 1972 we were facing in Iraq a devastating outbreak of wheat seed-born Methyl-mercury (methylHg) poisoning. Knowing that BAL is of no help with organic mercury and having tried the artificial kidney and

found it ineffective as methylHg is red cell bound in the blood, I went to the college library one afternoon, in the hope of finding some lead.

I was passing along the journal shelves looking for pharmacology, toxicology or therapeutic periodicals, searching for possible relevant information when the journal *Hospital Practice* drawing of the biliary system on the cover caught my eyes. I then almost automatically went to a small print topic Medigram in the contents, in which I read that Professor T. Clarkson of the Pharmacology Department, Rochester University (NY) was working on a Russian made polythiol resin for trapping ingested methylHg in the intestine. I called the man

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immediately and an invitation was arranged for him to come to Baghdad. The work culminated in the design of a method, the standard at present, for the treatment of organic Hg. Poisoning. (2, 3) There are some seventy industries where methylHg is used and exposure is possible.

Case 2.

A middle aged man visited me at my private clinic in 1979, complaining of shortness of breath, He obviously thought that he had heart failure.

As the patient came to sit in front of me, I thought I perceived a fleeting smell, the sort one smells when a butcher who handles fresh meat passes by. I did not perceive the smell again during the whole consultation. I even asked my nurse if she perceived any smell while connecting the patient to the ECG and the answer was "no." I asked the patient directly if he was a butcher, he was a farmer.

BUT he himself had slaughtered a goat for a guest some 10-14 days earlier (a tradition in those parts of the world) and they all ate it. Slaughtering an animal privately entails that the "butcher" makes an incision in the groin of the animal, holds on it with his mouth and blows air through the incision to travel in the subcutaneous tissues to separate the skin from the body. He apparently read my thoughts and said "Since then I took baths several times." In fact that is what they usually do when they visit a doctor. He was clean and so were his clothes.

On examination he showed the picture of congestive heart failure. He was centrally cyanosed with oozing cracks in his lips. I found myself compelled to suspect a systemic anthrax, although I had not seen such a case or known anybody who did. The only case I had seen was that of a cutaneous anthrax at the outpatients during my undergraduate days. The dermatologist touched the lesion with a cigarette tip and it was painless. I requested a smear from the oozing lips for B anthracis, it was negative. I referred him to the Fever (isolation) Hospital with a provisional diagnosis of systemic anthrax. Next morning I saw him in the outpatients of the University Hospital. It appeared that he saw another cardiologist who referred him to the hospital for admission. This time I had no way but to admit but I still requested another smear before admission and that, too, was negative.

In the ward the resident put him on anti heart failure treatment and IV penicillin infusion. The patient died the same afternoon and a post mortem was requested with a warning to the department of pathology. The warning was heeded this time. The post mortem showed that the tissues, cavity fluid and blood were swarming with vegetative anthrax bacilli.

Comment

In both of the above cases, my mind was dominated by one idea.

In the case of the outbreak of methylHg intoxication, it was how to remove the offending toxin. That thought did not leave me day and night until a way out loomed in the horizon. Why a picture of a part of the GI tract that was not even my speciality attracted my attention and why I went directly to the small print topic Medigrams are questions that have haunted me ever since. In the anthrax infection case, I became obsessed with the idea that I did smell the characteristic odour of a butcher, which no one else in the vicinity perceived. Despite repeated negative smears for B anthracis, I held onto my presumptive diagnosis of systemic anthrax, despite never having seen a case. Besides, had anthrax ever been a subject that the medical profession in Iraq talked about in those days?

Why did I insist on my suspicion in the face of repeated negative bacteriology testing?

One advantage of my reluctance to give up was that the necessary precautions were taken at the autopsy, thus avoiding serious consequences.

Was it my unconscious cerebration that came to my rescue?

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How I became a painter

John Horder

The Honorary Editor invited me to submit an article about the role that painting has played in my life. He suggested three questions:

What first led me to start painting?
How did I learn the skills?
What do I do about it now?

I am grateful for the invitation and will try to answer the questions.

Aged twelve, in the same way as now, aged ninety-one, I was liable to fall in love with something which I saw. It might be something already familiar to me, but it was more likely to be something unexpected. It might be a landscape or a scene in which buildings predominated. The buildings would always be old ones - most often churches, especially the interior of large ones offering vistas between columns; and yet more specifically cathedrals in the Gothic style in France or Spain. Once seen, neglecting to record these visions, at least by a quick pencil drawing, would remain for a while as a bereavement.

Like most other people, I usually want to hold on to things that I love, if there is some way of doing that. There was a favourable family background for painting. My father and one of his brothers

were both concerned with architecture. It was essential for both of them that a building should be pleasing to the eye, as well as fit for purpose.

One of my two sisters was trained as an artist and created beautiful objects throughout her life. Until the age of twenty my own education was confined to ancient and modern languages, literature and history - together known as 'Arts' subjects, to distinguish them from scientific ones. The visual arts were usually regarded as optional studies, suitable for those attracted to them or those already showing ability in drawing, painting or modelling. I certainly was attracted and I was given encouragement both at home and at school.

How did I learn the skills?

I began by experimenting alone, as most other children do. The first serious experiment which I made, aged twelve, was a painting in watercolour of a thatched cottage and the dark trees close to it, both silhouetted against the early morning sun. The contrasts in the picture now look excessive and crude.



John Horder's working table.

The next picture was of the exterior of Canterbury Cathedral, a much more complex subject. It proved to be the first of a lifelong series of paintings inspired by the outside or inside of large churches, usually Gothic in style, with pointed arches, tall windows, delicate stone tracery and panes of deeply coloured glass.

I never attended an art school or painting class, but among my patients in London were two very well-known painters. Each of them occasionally looked at my work and commented. Both seemed to want me to paint in their own manner. Although I enjoyed their work, I did not even want to copy their style (it would, of course, have been extremely difficult to do that).

But I happened at about that same time to see in an exhibition at the Royal Academy several watercolours by another artist who was much less famous. Admiring his style, choice of

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An example of John Horder's work.

subjects and technique, I sought to visit him at his home, taking a few of my own watercolours to show. Unlike the other two artists, he made no attempt to impose his own choice of subjects or methods. He clearly aimed to get inside my skin, to understand and share my intentions and then to make small suggestions. Almost all of them proved to be acceptable and valuable. This was the first of a long series of visits, ending when he died.

Even when engaged in full-time medical work, I often found that some energy remained in the evening for finishing a painting at home. The memory of place or subject was still available. It was a contrast and a relief to be creating something of my own, instead of listening to another person and responding in a way which was governed by their needs, their understanding and their thinking. It was an escape from harsh realities into an ideal

dream-world; from pressure and hurry into a state in which the passage of time was forgotten.

In so far as I was trying to create by reproducing as accurately as possible something which I had seen, I was aiming to do what many others had been aiming to do for many centuries. But, if this had been the sole aim, accurate reproduction could have been better achieved nowadays by a good camera. It was not the sole aim. Painting is a way of expressing in an individual style the artist's own feelings about what he or she has chosen to portray. Moreover, what is portrayed may be something imagined rather than something seen. What may ultimately matter most may not be accurate representation, but the creation, within a limited area of paper or canvas, of a pattern composed of outlines and contrasts between darker and lighter areas. Some paintings are in monochrome, but

most also offer contrasts of colour. All these elements come together to form a satisfying whole.

What do I do about it now?

Even now few days pass without my working at home to complete some unfinished picture from memory. Each return offers a new chance to notice a fault and to see the picture afresh in its entirety - and sometimes to reject it as a failure without possible remedy.

Despite living in a country which has offered - and can still offer - a rich source of inspiration to painters, I still retain a lifelong prejudice in favour of painting subjects in other West European countries. This is not easy either to explain or to justify. There are differences, but they are relatively small ones. If they were very large, as they might be in China or India, I would find the subjects less attractive and more difficult to portray.

I hope that what I have written in this article will go some way towards explaining this preference and answering the Editor's three questions.

Life Membership of the RSM is available to all eligible retirees. For those in their 60s the cost is £1950.00, In their 70s- £1300.00 and in their 80s £650.00. After that you will pay only £20 (annually) to belong to the Retired Fellows Society.

Argentina: or Bed-to-Bus in 15 minutes

Pat Last

(who also took the photographs)

There were 17 of us in all, including our stalwart guide Robin Williamson and wife Judy, Dr Colette from Canada, and Dr Daisy from Belgium. We set off from Gatwick on a dull February day and arrived in a dull, damp Buenos Aires next day. But it all changed and our tours to La Boca and St Telmo in bright sunshine plus an excellent lunch on the shores of the River Plate brought us into holiday mood. Over three days we made visits to the British Hospital, very professional and up to date, and to a tiny neighbourhood clinic run by the ICAROS project in a poor area 45km outside BA where all doctors come in from nearby

hospitals and the pathology is done by hand on site. We also visited a project in progress down a dirt track where local people are constructing their own clinic. An afternoon boat trip in the delta helped us to see how the other half lives. In transit, we had excellent talks from Robin on the Perons, and later on General San Martin, the force behind the creation of Chile, Argentina and Peru.

A Tango evening and a wine tasting (very good) plus a tour round BA including the bizarre cemetery (like Highgate only more so) where Eva Peron eventually found rest, completed our stay in this vibrant capital city with its wide boulevards and grid layout.

BA felt very European.

Our next stop - Salta - was hampered by a strike at the domestic airport. We were treated to another excellent though unplanned lunch trailing

our suitcases in the bus, checked into an overnight hotel (with a 4am call booked for the early flight out) only to learn we could get on the 20.30 flight - which all but three of us managed. In Salta we had our only rain, but had a wonderful sunny trip north into Jujuy Province up past the Tropic of Capricorn seeing the Painted Mountains. Many of us had llama for lunch - not impressive. It was a long day, travelling 500 kms but very worth it. The local museum and hospital and town tour and dinner at the Viejo Estacion - this time it was goat stew - completed the visit, then we were off to Ushuaia on Tierra del Fuego - but this was via BA and a touch down in Trelew to refuel. Our flight was at 6am so I ordered, witnessed by others, a 3.45am wake up call for the 4.15am bus. Only the hotel forgot! Robin banging on my door at 4.15 and with his help I was clambering onto the bus with all my impedimenta, unwashed and unbrushed, to muted applause, at 4.30. We still got to the airport before the check-in desk opened -Whew.

Ushuaia - Fin del Monde - claims to be the southernmost town in the world and we had bright sunshine and calm seas, not at



Sunset over the Beagle Channel

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Perito Moreno Glacier

all as we had expected. We did a short boat trip in the Beagle Channel and a train trip into the National Park. We took lots of pictures of local wildlife – although no penguins.

A shortish – but very delayed – flight took us to Calafate on the edge of the glacier region of the Andes. We spent two days admiring glaciers seeing condors, Black Chested Buzzard Eagles, Caracara - and enjoying the sunshine. Darwin featured in the

local Park and Captain Fitzroy is also widely celebrated in spite of the Falklands' spat.

Then back to BA, the flight was on time, BUT we spent almost an hour sitting on the tarmac waiting for a parking place for the plane. It was carnival and Argentina had reinstated a four day national holiday: Friday to Tuesday. The delay meant we had just a quarter of an hour drop off time at our hotel before we pushed off to our farewell dinner



Iguazu Falls

at one of the top restaurants, in our travelling clothes. But BA being the cosmopolitan city it is, no one turned a hair and we had a wonderful meal. Just five travellers left for home the next day whilst the rest of us flew off to the magnificent Iguazu Falls. Arriving behind schedule, naturally, there was time only for supper and sleep. Visiting the Argentine Falls the next day (7.30am start) in wonderful weather we took almost all day but I had time for a swim in the outside pool – my bathing suit DID get wet.

Our last day in Argentina was packed. Starting again at 7.30 am we were off to the Brazilian side of the Falls – tediously going through Argentinian and Brazilian customs both there and back. Wonderful views and a really special trip but just an hour back at the hotel to rummage through our suitcases for warm travel clothes as our next stop was Gatwick via Buenos Aires and Madrid.

So was it all worth it? Definitely yes. The hotels were excellent and the staff always helpful. Our local guides did a great job and kept us happy. But it was quite hard work, and I slept for hours once home. My next big trip will be a cruise - once unpacked it stays that way until I come home.

*** The tour was run by Jon Baines Tours in conjunction with the RSM, 19th February to 8th March 2011*

Weils Disease Revisited: a fisherman writes

Harvey White

I first came across Weil's disease at school in 1949. In response to a circular about the dangers of swimming in the Itchen, parents were obliged to sign a disclaimer before we were allowed to swim. This left my father reaching for the encyclopaedia to learn about leptospirosis. In those Spartan days we swam in a dammed section of the river with thatched changing rooms and lawns sweeping down to the water. This may have been picturesque but we shared the facilities with rats. The temperature seldom rose above 60f and we were not even insulated by bathing costumes – but at that age, modesty is merely a sign of physical imperfection. A character building cold dip was all that was possible – but what better than chattering teeth to prepare one for a life in the chattering classes?

The reason for the circular to parents and the need for a disclaimer was a death the previous year. Anyway, after much deliberation, they signed, I swam and am still here to tell the tale

The next time I met Weil's disease was as a medical student

at St Bartholomew's Hospital. Two jaundiced patients were in adjacent beds and both worked in Bazelgette's remarkable and now rather historic sewers in London. Only one received compensation for a disease resulting from his occupation. The other was dismayed that he didn't; it was therefore impossible to conceal from him that he was suffering from cancer of the pancreas. Life is, however, never fair as those of us who usually fail to get fish on the bank know only too well!

In addition to sewer workers, who is at risk? One of the more unusual roots of infection is by drinking from a six-pack tin that may have been contaminated in the cellar of a pub but all of us fishermen are at risk from rats' urine unless we take care. If this all sounds a little alarmist, be warned, for I know of a water keeper who died a few years ago and more recently a fellow angler's wife was lucky to survive multiple organ failure following infection. With normal personal hygiene, however, the risk is minimal.

What should fishermen know about Weils disease? It is a

zoonosis (infection transmitted from animals to humans). The bacterium is spiral-shaped and nearly all mammals can be carriers once infected – including cattle and pigs. There are as many as 50 cases a year in England and Wales and symptoms vary from a mild 'flu like illness to the severe form (Weils Disease) with jaundice and kidney failure. Although animal vaccine is available there is no human vaccine and the disease is notifiable. It is one of those diseases which should be added to those of which nanny said that 'prevention is better than cure'. I leave you to recall what the others were!

Why is a piggy bank so called?

Long ago dishes and cookware were made of a dense orange coloured clay called pygg. When people saved coins in jars made of this clay they became known as pygg banks. An English potter misunderstood the word and made a container that resembled a pig and it caught on.

Well, that's what I have been told.

Cataract surgery - a personal view

Thelma Bates

While waiting for my cataracts to ripen sufficient for removal, I chose to ignore the worrying anecdotes and the need to have it done under an anaesthetic. Instead I chose to research the facts.

A short history of cataract surgery

Cataract surgery has changed dramatically in the last forty years. In the 1970s a common technique was to remove the lens through a 12mm incision without a replacement intraocular lens. The eye was sutured at the end of the procedure, a general anaesthetic was commonly used and most patients spent a week in hospital. This resulted in very limited vision that required special thick spectacles.

The pioneer ophthalmologist Harold Ridley at St Thomas's Hospital began working with intraocular lenses as early as 1949. The early lens designed by Ridley and others caused severe ocular problems in many cases. It was not until the 1980s that there was general acceptance that the use of intraocular lenses was safe. At this time lenses were rigid, had limited range of powers and still

needed a fairly wide incision plus suturing. There was initially no method of calculating accurately the lens required for an individual patient as there is today.

Another important advance was the development by Charles Kelman, a New York ophthalmologist, of phacoemulsification. A hollow titanium needle moving at ultrasonic frequencies could be used for the destruction of the lens within the eye which allowed its removal through a smaller incision. As with the early adopters of intraocular lenses, phacoemulsification again ran into considerable resistance from the ophthalmic establishment. However, by the late 1980s machines and techniques had improved and it was beginning to be accepted. Today the operation can be performed through a 2 mm incision using modern phacoemulsification and a folding lens that can correct almost all refractive errors, far and near vision, and astigmatism.

My surgery

I chose a senior Eye Surgeon in London who I knew specialised in cataract surgery and chose to go privately. My optometrist referred me, stressing my wish to continue

with the mono-vision that I had experienced for many years giving me distant vision in one eye and near vision in the other. This is not ideal vision but it had suited my circumstances.

The surgeon gave me three options to think about: would I like to be seen and have the operation on the same day, would I like mono-vision correction lenses inserted into my eyes and would I like both eyes to be done together? I chose yes to all. An afternoon appointment was made and I was sent useful information about the procedure, including the fact that no injections are necessary and it is a completely painless procedure. My main concern was the safety of operating on both eyes together as I was not prepared to take unnecessary risks. My surgeon satisfied me that there were no added risks explaining that the operations were performed as two totally separate procedures. I agreed to go ahead. Sight testing and meticulous measurements of the eyes were taken so that the precise lenses for my sight were calculated and prescribed.

I took a taxi to the hospital in the early evening and joined others who were due for bilateral

cataract surgery. The nurse inserted eye drops and took orders for refreshments. The anaesthetist arrived and explained that he, not the surgeon, would be responsible for putting the anaesthetic gel onto both eyes and ensuring that it was a painless procedure.

Then the surgeon arrived and we walked one by one into the operating theatre in our normal clothes. It took 10 to 15 minutes per eye and we each came back into the day room without eye dressings ready for another cup of tea. Soon after the surgeon came and checked us all individually, gave us clear instructions and answered our questions.

We all left for home, taking with us a bag containing six bottles of eye drops, three different ones for each eye, sachets of sterile water, a little pot and sterile swabs to wash each eye in the mornings plus clear plastic eye shields to wear at night for a week. We also received detailed written instructions for the next four weeks including a helpline to call if we were worried.

The actual procedure was fascinating, painless and almost enjoyable. The surgeon talked me through it and what I saw during the procedure was an incredibly beautiful spectrum of changing psychedelic colours such that I looked forward to the second eye operation and was grateful for the experience.

The first 24 hours

There are some things they don't tell you because the eye team have not had the actual operation experience themselves. They tell you that you will need a helper to take you home and they are right because you cannot see too well at this time due to dilation of the pupils. We took a minicab, which was a mistake because the driver was fast and wild and this is not the moment for thrills, better a sober black cab driver.

I live alone and my daughter was my helper. Fortunately, before she left she unpacked the eye drops and put the three bottles separately for the left and right eye as the words left and right written on the bottles were very small and difficult to read. This was important because the eyes must be treated separately.

So peace at last, but unfortunately, the six bottles are secured by small tight plastic seals that are very difficult to remove. You really do need your helper to remove them. Putting drops in both eyes is not easy, you can miss or you can squirt, but no matter. Having finally managed to open the bottles and used the first bottle for one eye I failed to put it aside and this caused confusion and I had to start again. Eye shields prevent you rubbing your eyes in the night. They are secured to your face with narrow micropore tape supplied in the bag. Finding the end of that tape was completely impossible for me and I had to use my own

wider tape with an available end. This is another job for the helper before he/she goes. The wide tape is not as good as it obscures more of your view when you get up during the night.

Next morning was sunny and when I took off the eye shields I could see, not perfectly yet, but clearly and so colourfully. My eyes were not, and have not been, in the least sore or painful. I did not need dark glasses but might have done if I had gone outside on that first sunny day. I got better at putting in the drops. My eyes found their focus over the next two days and then I could see well, both far and near. I watched TV, washed my hair, did the crossword and drove the car within the week. Now three weeks later I am enjoying the miracle of normal sight after almost seventy years of spectacles or contact lenses.

Ophthalmic caution

Throughout the history of cataract surgery ophthalmic surgeons have shown great caution in relation to the acceptance of new advances. This is understandable but on the other hand early progress was so slow that it must have been very frustrating for the pioneer surgeons. The fact that I had both eyes done together has caused some comment and termed 'risky'. I found no statistical evidence of an associated risk. The whole procedure was quick, easy and painless and it is a joy to have good sight.

Concorde Connections

Dudley Bruton

Editor's note: This article was submitted as a follow up to the meeting report on Concorde which appeared in the last issue.

The aircraft approaching out of the murk of a very wet Maltese autumn morning in the late nineteen fifties was an Avro Vulcan bomber but this one was different. In addition to the fact that it was in civilian livery it had a fifth engine mounted under the fuselage.

While the Vulcan already had four Olympus engines in its wings the fifth, under the fuselage, was a modified version under test and destined to power an as yet unbuilt aircraft called Concorde.

The station sick quarters' ambulance in which I was travelling to join a flight had been held at the edge of the runway by air traffic control while the Vulcan touched down and took off again using the sole Olympus under the fuselage.

Early autumn rain on Maltese tarmac burnished by summer sun produced an ice-rink like surface and shortly after touch down the Vulcan slewed sideways despite continuing up the centre line of the runway. With the skill expected of

test pilots the aircraft was brought under control to face in the right direction and with a thunderous roar reheat was engaged, the ambulance shook violently and the aircraft, in a near vertical attitude, once more ascended into the murk.

At the time it was impossible to foresee that a decade later I would be arguing the case, at an intergovernmental conference, that Concorde's noise levels would not be greater than existing sub-sonic jets as far as airport personnel, passengers and spectators were concerned nor, because of the narrowness of the 'noise envelope' and its rate of climb, have a greater impact on the local environment than existing or projected aircraft using the quieter turbo-fan engines which were being introduced. Although the question of sonic boom was raised it was ruled beyond the remit of that particular International Civil Aviation Organisation Conference in Montreal in 1969.

Ultimately, however, it was as the result of national restrictions on supersonic flight because of the perceived effects of sonic booms that the utility and commercial viability of Concorde, the first and only supersonic passenger aircraft, was restricted.

About a year or two later, in my role as a Principal Medical Officer with the Joint Medical Service of BEA and BOAC, responsible for medical and environmental factors affecting the health of ground staff of both airlines, I found myself walking around and crawling through the skeletal frame of the first Concorde which would fly in BOAC's livery. While there were potential health hazards associated with the ground handling and maintenance of the aircraft none materialised and the glamorous role of dealing with the aero medical problems lay in the hands of my PMO colleague on the flying staff side, the late Dr. Frank Preston, a former member of the Retired Fellows Society.

He and the doctors in his unit had delivered a number of papers on the aero medical issues and Frank was programmed to read one at the United Services Section of the RSM when his father died and he asked if I would deliver the paper for him. (Proc. Roy. Soc Med. Volume 65 February 1972). Impeccably written as always, it was a pleasure to do so. Being familiar with all the matters involved it was possible to extemporise rather than merely read the text and, commenting on one slide which showed someone apparently looking into the cockpit of the aircraft in flight, actually

a ground mock-up, I was able to reassure the audience that the spectator was not the Archangel Gabriel.

A bonus to the pleasure of delivering such an excellent talk without the effort of having written it was the fact that among the audience was Lieutenant General Sir Norman Talbot who had delivered our second child all those years earlier in Malta when my first association with Concorde began. With my wife present, dinner after the meeting was a particularly pleasant occasion reminiscing over earlier times when Sir Norman was, as a Lieutenant Colonel, the senior military obstetrician on the island.

Having an aversion to writing learned papers or, more likely, unlearned ones, I nevertheless agreed to give a paper to The National Safety Congress of America on 'The Health of Ground Staff and New Generation Aircraft' i.e. Concorde and the Boeing 747 which were introduced into BOAC's service at about the same time, the latter presenting more problems incidentally - but to go there would be to digress. Assuming that I would be talking only to the Air Transport Section of the NSC, most of whom I already knew, I readily agreed. With this sanguine belief in my mind I had a tranquil thirty six hours in Chicago until I looked in some detail at the programme for the day of my talk and discovered that it would take place in The Crystal Ballroom of

the Hilton Hotel to all members of the NSC wishing to attend. My hosts believed that they were reassuring me by informing me that it would be full to its fifteen hundred capacity.

On the momentous day that both Air France and BOAC's Concorde aircraft operated the first Supersonic Passenger Aircraft flight, Frank Preston and I, with many other colleagues both medical and lay, watched the takeoffs and landings of both aircraft on TV screens which had been specially erected at various sites in BOAC's premises. The cheers on take-off probably exceeded those when both aircraft landed at Washington's Dulles Airport and taxied to stop nose to nose.

The crowning experience of my multifarious connections with the aircraft was a flight on Concorde from Singapore to London. This service which was jointly operated with Singapore Airlines lasted a relatively short time partly because of limitations posed by the banning by most countries of sonic booms over land. However for me the highlights of the flight were many. To fly at twice the speed of sound, although the Mach meter mounted in the passenger cabin was the only indication of being at this phenomenal speed, was stunning for someone who's first flight in the RAF was in an Anson which had entered service in 1934 with a top speed about one tenth that of Concorde.

To fly at a height where the sky above looks black is an experience relatively few humans have encountered and to see from the cockpit the whole of the Arabian peninsula before one, a sight only possible by flying at the operational cruising altitude of the aircraft, with the Red Sea on one side and The Persian Gulf on the other, is an enduring memory.

Perhaps, the most significant recollection is that of having taken off from Singapore at 11a.m local time and arriving at home in Oxfordshire shortly after 2p.m. the same day, the flight time being less than seven and a half hours and exceeding the speed of the earth's rotation.

It was a dual tragedy that the demise of this remarkable aircraft in airline service was catalysed by the crash of an Air France Concorde with the loss of all on board as well as the deaths of people on the ground.

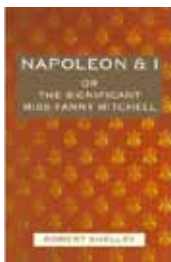
I did not see Concorde's last flight in the UK but my younger son witnessed its landing when it touched down at Filton for the last time, home of it and its forebears, so beautiful in flight that heads never ceased to turn in admiration when it passed overhead.

Sic transit Gloria mundi, but I have my memories and a video of Concorde's final journey.

Book Review

Napoleon and I or The significant Miss Fanny Mitchell

Robert Shelley.
Quiller Press, Shrewsbury,
2011. 16.95. HB.
pp.242 ISBN 978 1 84689 1144



This historical novel by Robert Shelley, the nom de plume of medical historian Robert Richardson, narrates the story of Napoleon's life following the disastrous battle of Waterloo till his death in 1821 on St. Helena,

The novel is based on the original diaries of the three doctors, Dr O'Meara (Irish), Dr. Stokoe (English) and Dr. Antommarchi (Italian) who successively were responsible for Napoleon's health, together with the post-mortem reports of Dr Arnott and others.

Why Napoleon abdicated, fled from France and came to be in English hands prior to his subsequent exile is explained. Napoleon suffered from chronic hepatitis, gall stones and a gastric problem and regular reports on his health were sent to the island's governor for onward transmission

to England after appropriate censorship. During the whole of his exile on St. Helena the Emperor had been a difficult patient who often refused to accept any medical advice - and this was exacerbated by considerable friction between his medical advisors and the island's governor Sir Thomas J Lowe. In 1817 Admiral Plumkin was appointed Commander of the St. Helena Naval Station and surreptitiously brought his mistress with him, making the relationship between Governor Lowe and the doctors in charge of Napoleon even worse. This led to further deterioration in Napoleon's health.

This mistress saga is related for the first time, together with the Admiral's later marriage in 1821. Napoleon's health gradually deteriorated and latterly he did not leave his room for eighteen months. However, when Dr. Antommarchi took charge and insisted on regular exercise Napoleon's life was temporarily transformed. But when symptoms of a leaking gastric ulcer appeared (confirmed by the post-mortem findings) his health quickly declined and he died in 1821.

Raymond Hurt

Dear Doctor

We are reliably informed that these sentences were actually typed:

1. The patient has no previous history of suicides.
2. Patient has left her white blood cells at another hospital.
3. Patient's medical history has been remarkably insignificant with only a 40 pound weight gain in the past three days.
4. She has no rigors or shaking chills, but her husband states she was very hot in bed last night.
5. Patient has chest pain if she lies on her left side for over a year.
6. On the second day the knee was better and on the third day it disappeared.
7. The patient is tearful and crying constantly. She also appears to be depressed.
8. The patient has been depressed since she began seeing me in 1993.

With thanks to Anne Milner

In the next issue

- More Dear Doctor letters
- Anecdotes from Barrie Parker
- John Simpson on Guide dogs

plus a lot more including reports of meetings and events and if you write any, letters to the Editor.