



3 & 4

The Royal Society of Medicine

The Virtual Wall of Honour

Panels 3 & 4

Panel 3

	Dates	Honoured by	Testimonials
Professor Sally Joan Freeman			
Professor Hugh Lionel Freeman			
Professor Nicol Ferrier			
Dr Joseph Westholme Erulkar			
Professor Christine Dean			
Mrs Hildur Deakin			
Professor John Francis William Deakin			
Professor Francis Hunter Creed			
Mr Tim Burns			
Dr John Bird			
Professor Richard P. Bentall			
Mrs Eileen Patricia Balas			
Professor Susan M. Bailey			
Professor Ian Muir Anderson OBE			
Professor Sir David Paul Brandes Goldberg			
Dr Ilfra Joy Goldberg			
Professor Guy Manning Goodwin			
Professor Robert F. Hobson			
Dr Brian David Hore			
Professor David James Jolley			
Professor Sir William Ivor Neil Kessel			
Dr Dorcas Kingham			
Dr Hilary Lloyd			
Dr Ian Alexander McKinlay			
Professor Richard K. Morris			
Dr Karin Wilhelmina Moses			
Professor David Neary			
Professor David Charles Taylor			
Dr Angus Donald MRCP	1937-2010	Mrs Sylvia Donald	
Professor Derek Parry Jewell	1941-	Mr David Salisbury	
Dr Ian English FFARCS	1921-2011	Mrs Jean English	
Dr John Scott Inkster FRCA	1924-2011	His daughters	Read testimonial
Dr Pontien Aderville Philippon MD	1928-	Dr Marc J. Philippon	
Dr Charlotte G.S. Hawkins	1962-	Miss Alexandra Thomas and Miss Emily Thomas	Read testimonial
Dr Josephine P. Teague PhD	1949-	Mr Anthony Peter Royce Teague	
Professor Robin Higgs FRCS	1943-		
Dr Harbans Lall Gulati JP	1895-1967	Mr Roy Gulati	
Professor Sir Magdi Yacoub FRS	1935-	Anglo Arab Organisation	
Professor Luther W. Brady MD			
Professor Vincent S.B. Khoo MD		Sir Nadhmi Auchi	

Professor Roger S. Kirby FRCS	1950-	Sir Nadhmi Auchi
Miss Denise Magauran		
Mr W.H.B. Magauran	1898-1964	
Dr Iris Mary Magauran MBBS	1913-1999	

	Dates	Honoured by	Testimonials
Dr Michael Davys VRD	1922-2002	Sir Robin Ibbs	Read testimonial
Dr Alan Derek Fair OBE	1921-2009		
Dr Naomi Datta FRS	1922-2008		
Dr Vera Dallos-Pinter FRCP	1929-		
Sir Graeme Catto FRSE	1945-		
Dr Shiv Budihal MRCPI (Ireland)	1950-		Read testimonial
Professor Jean Bernard MD (Paris)	1907-2006		
Mr M.H.A. Beg FRCS	1944-		
Mr J. Ian L. Bayley FRCS	1942-		Read testimonial
Professor Donald Barltrop FRCPCH	1933-		
Dr (Mrs) Surjeet Adlakha MD	1942-		
Dr Harbans Lal Adlakha MD	1942-		
Dr George Thomas Giddings MD	1864-1940		
Mr Rodney Spencer Gunn FRCS	1946-		
Dr Philip Hopkins FRCGP	1920-2006		
Dr Oonagh Rose Keefe MBBS	1932-2008	Ms Dorothy Keefe	Read testimonial
Dr Valerie Heather Lyons	1941-		
Sir Edward Muir FRCS	1906-1973		
Dr Ashok Muzumdar FRCPC	1940-2012		
Professor Jean-Francois Rossignol MD	1943-		
Dr Kulwant Bir Singh Sethi OBE	1934-		
Mrs Ruth Suzanne Tate MA	1978-		
Dr B. Thalayasingam FRCPCH	1932-		
Mr Alan G. Turner FRCS	1943-		
Professor Prabhakar M. Udani MD	1918-2002		
Dame Olga Uvarov FRCVS	1910-2001		
Mr Amarendra Vasireddy FRCS	1948-		
Ms Marga Velthuis-Martens	1931-		
Dr Ursula Vogt MD	1951-		
Mr L.D. Mercer FRCS	1894-1975	His Honour Geoffrey Mercer	
Dr J.J. Goldsteine MRCOG	1955-		
Professor R. Sampangi Ramaiah FFPHM	1948-2010	Mrs Paranjyothi Ramaiah	Read testimonial
Ms Annabel Kanabus		Mr Peter Kanabus	
Professor Christopher Wastell FRCS	1932-2012		Read testimonial
Dr Sally Pilkington FRCA	1961-	Dr David Hett	

Professor Andrew Chukwuemeka MD	1932-	Mr Andrew Chukwuemeka FRCS	Read testimonial
Dr T.S. Ananthanarayanan	1945-	Mr Jay Milligan	Read testimonial
Professor Tatsuji Namba MD	1927-		
Professor Harry Zeitlin FRC PSYCH	1939-	Mrs Linda Zeitlin	Read testimonial
Dr Charles Frank Farthing FRCP		Mr Doug Lui	Read testimonial
Dr John W Brooke-Barnett MBBS	1924-		
Dr Sisir Kanti Sen FRCOG	1933-2012		
Mr Brian Madden FRCS	1924-2016		
Ms Penny Brohn	1943-1999		
Dr Helen Bamber OBE	1925-2014		

Panel 3 - Testimonials

Dr John Scott Inkster FRCA

John was a role model, best friend, father, grandfather and the 'rock', within our family. There is precious little time to summarise everything he achieved during his extraordinary career as an anaesthetist, but this short section boldly attempts to do so.

He was born in Middlesbrough, son of John Inkster, a respected physician. He was schooled at Epsom College in Surrey and went on to obtain a place at the University of Aberdeen medical school in 1942. He was awarded his medical degree with honours in 1946.

He climbed a very prosperous career ladder from this point onwards. As a house physician and casualty officer, he was given his first taster of anaesthesia, regularly taking over basic anaesthetics from professional anaesthetists. In 1947, he joined the RAMC where his duties involved attending the war wounded and sick.

Whilst running a routine errand on his newly discovered love, a motorbike, he decided to have an altercation with a rather large pothole. Unfortunately, he lost and was sent hurtling skyward to be knocked clean out, sustaining a fairly major head injury. He awoke, 2 days later, bandaged up like humpty dumpty, suffering from significant concussion and amnesia. With his newly discovered head of steel, on he battled but was told he could not leave hospital without a significant stint in rehabilitation. To his own and the medical staffs' surprise, like a bolt from the blue, he developed an unrelenting urge to knit! And so, it came to pass, like an amphetamine laden old lady he knitted and knitted late into the night, churning out countless scarves, jumpers and tea cosies for the ward nurses; a true medical conundrum! As he had suffered such a significant head injury, he was considered unsuitable to carry out normal medical duties, so what specialty would be more fitting for someone with half a functioning brain and manual dexterity such as he clearly had...anaesthesia of course, and it was suggested he follow this path!

As ever, he followed his superiors' advice and with conviction. In 1951, he became a registrar then senior registrar at the RVI Newcastle; here he would work under the wing of one Professor Pask as his 1st assistant. For those of you who have not heard of this man; he was one of the fathers and pioneers of anaesthesia, someone gramps clearly drew inspiration from.

One of Pask's most famous feats took place during WW2. Soldiers continued to die in their droves due to asphyxiation from acute loss of their airways whilst unconscious wearing substandard life jackets; something had to be done. Pask in his typical madcap fashion came up with the only realistic way to test these life jackets. He offered himself forward as a live test subject and had himself anaesthetised. He was

then hurled unconscious, limp and defenceless into a pool which produced 4ft high waves, wearing a test life jacket. He had given strict instructions to his team that he was not to be rescued until he was blue from lack of oxygen. He was then hauled out and resuscitated, having been taken near to the brink of death on each occasion. He was often hospitalised for weeks at a time as he was so unwell after some of these tests. Pask left cine footage of these tests in John's hands and told him these may be of interest to someone at some point. John would later provide the BBC with the only surviving footage of these heroics, which were televised four years ago in a televised documentary.

In 1957, he became a consultant anaesthetist at the RVI. Then, in 1971 he was asked if he would like to come across to the Fleming Hospital for sick children and give paediatric anaesthesia a go. This building still stands, but not as hospital. It can be seen just off the great north road; now an office block within which one of his granddaughters, Lizzie, now works. I remember looking up at it, drenched cold and muddy from one of the rugby pitches I used to play on whilst I was at the Royal Grammar School. Forever curious and always eager for a challenge gramps accepted this invite into paediatric anaesthesia with open arms. This was to be a defining moment in his career.

He began to anaesthetise and look after extremely complex cases, ranging from minute premature babies, to children with highly complex life-threatening diseases. I can testify to this day that the mere mention of paediatric anaesthesia is enough to raise most anaesthetists' blood pressure. It is both highly complex and daunting and can be extremely emotionally challenging from the outset, often fraught with potential error. He took to it like a 'duck to water', soon becoming an authority whose skills and expertise were widely sought after. He always said he found children utterly fascinating and clearly possessed an amazing rapport with them; almost a sixth sense.

I will never forget staying overnight at Briar Cottage as a small boy; hearing him disappearing off into the night, often multiple times, to attend to sick children who other clinicians were out of their depth with. He was always down at breakfast next morning, fresh faced and clean shaven, despite having been up all night. I never understood how he did this as half asleep during the night, I could barely concentrate to pee into a potty, let alone anaesthetise a highly complex emergency paediatric case!

Pask undoubtedly left his blueprint on gramps, as he too was to become a pioneer. He would work late into the night, tinkering with and adapting pieces of medical equipment in his garden shed to later trial on his patients. As well as discovering and being one of the first to describe the importance of positive end expiratory pressure (PEEP), he was responsible for the development of various intricate valves and adaptors which saved the lives of countless babies. Indeed, many of these are pivotal to the way many of our more advanced techniques and systems work today. Being the dedicated, modest character he was, he never sought financial reward for any of this work, which nowadays would be significant. Sadly, such practice is not possible today, but we must pay homage to the brains and ingenuity of people like gramps and Pask. Without them, many of the ground-breaking medical advances we know and take for granted today may never have happened.

The rest of his career went from strength to strength and his outstanding work was recognised with the award of a top NHS merit award and then came the Pask certificate and medal of honour for services to the association, and to paediatric anaesthesia. He sat on countless advisory boards, committees and working parties and was an examiner for several years for the Royal College of Anaesthetists. He became widely published in the medical literature winning prizes for his work. He was an amazing lecturer and received requests to talk both in the UK and abroad. He travelled widely lecturing as far afield as Africa, Canada, Japan, Australia and Europe. His proudest moment came in 1982 when he was elected as President of the Association of Paediatric Anaesthetists.

Gramps always said that when the time came to leave the world, it should be via peaceful sleep. He always had to link everything in with anaesthesia somewhere! His ironic wish occurred on the morning of 10th September. His last years on earth were not blessed with the best of health and he was 'moth eaten and crumbling around the edges' as he would always joke. However, they were happy.

My career choice has undoubtedly been steered by his spell binding influence upon me; but his footsteps will be almost impossible to follow. My grandfather was a man who dedicated his life to save so many children and I am proud that beside his bed stood a picture of my own children, his great grandchildren. This is not a moment I wish to secure as my own, I simply wish to reflect that in marking his passing we should recognise the importance of new life which is something he devoted his life to. He was an inspiration and will be greatly missed not only by his family, friends and colleagues, but also by the many unknown people who owe their lives to his dedication, commitment and expertise.

We love you Dad, gramps, Dr John Inkster.

By Dr Jonny Wilkinson MBChB, MRCP, FRCA, FFICM, grandson (4 November 2012)

Dr Charlotte G.S. Hawkins

In the summer of 2010, I met for coffee with a colleague and friend of mine at the Royal Society of Medicine. He specifically wanted me to hear about his recent trip to Zanzibar, East of Africa. He and his wife had met with a volunteer worker who relayed the sad and shocking story of the many babies, up to 50 cases per month, who were born with CTEV, or club foot as it is also known. It was to be a most expensive and catalytic coffee indeed!

Because I have a PhD in the development and congenital abnormality of the lower limb I wondered if I might be able to help in some way. I decided to delve further and was invited to visit the country and see the problem first-hand.

In mid-October I arrived in Zanzibar with a view to teaching the Ponseti technique. This involves serial casting of the affected limbs from birth and, after an initial period of correction, introducing the child to corrective 'boots and bars'. Although a long process the prognosis is usually very good, resulting in a relatively normally functioning foot.

I did not arrive empty handed, but dragged nine cases of second-hand children's orthopaedic shoes, an assortment of donated braces, boots and bars, and as much plaster of Paris bandage as I was able to carry.

I persuaded a very dear and trusting college friend to travel with me, for her support and professionalism, I am indebted. I had no idea what we were to find or to face. Hidden away from the tourist areas is a world of suffering, of children in pain, and I had been warned of the terrible conditions in which I would be expected to work.

My first day of clinic, if it could be called a clinic, was an overwhelming and numbing experience. The warnings I had received had not been exaggerated and I was face to face with the cruel, hard reality of the problem. The textbook photographs and descriptions of the condition do not prepare you for seeing the suffering on the faces of hundreds of affected children.

In my clinic in Harley Street, I have an ordered list of patients who attend for treatment, but in Zanzibar, as the sun rises, mothers carry their disabled children mile upon mile to the Mnazi Mmoja hospital to seek help from the visiting doctor. Set in a slum, the hospital that was once an efficient and thriving British establishment, lay host to a long queue of mothers dressed in brightly coloured, but muddied clothing; each carrying a disabled child. I felt the first pangs of despair as I realised that this was my list.

The children were dressed in pretty, bright, second-hand party dresses that I later learned had been put on for the occasion and when removed revealed the worst cases of deformity and neglect that I have ever seen and would never wish to see again.

A number of the children have since needlessly died. As they grow, they cannot stand. The only way they can get about is to crawl with the outside of their ankles dragging through the rough terrain and mud that is their home. Blisters and sores develop that in turn infect. In a country where antibiotics are few and far between, infection takes hold, and death follows.

Mothers and children looked at me with eyes full of expectation and hope and I found myself praying that

the next child would not be as severely affected as the last. I have watched in horror as a little boy screamed in pain - a local technician, twisting the child's foot with all his might into what he earnestly thought was the correct position before casting. They were doing the best that they could to help themselves, but unwittingly increasing the disability and causing great pain.

This was by no means the worst treatment to receive. Some turned to witchcraft only to have boiling water poured over their feet to bring out the devil. The scarring of these children's feet was unforgettable. I talked to these well-meaning technicians, and discovered they had no training at all and were routinely miscasting their patients. As tactfully as possible I showed them the correct techniques and with great relief watched considerable improvement as time progressed.

Sadly, the supplies I had brought with me rapidly ran out and I became fully aware of how much these children needed help. Before leaving I promised mothers, children and staff that I would return, and I would do my best to help them. I received sad smiles and was told that they had heard the same promises before, but none had been kept.

I was very tearful on the flight home and vowed that my words would not be empty and that I would do anything I could to keep my promises.

By Charlotte Hawkins (17 October 2013)

Panel 4 - Testimonials

Dr Michael Davys VRD

Dr Michael Davys was a close friend of mine. As a psychiatrist he had a remarkable talent in caring deeply for his patients, who over the years came from many parts of the world. This is an admirable tribute to his reputation.

Sir Robin Ibbs

Dr Shiv Budihul MRCPI

Dad was born in 1950 in a small and remote village called Naregal in South India. My grandfather wanted him to become a doctor the moment he was born; a desire dad shared as he grew up. The family moved to Shirhatti, another village where he completed his primary and secondary education. A hard working and intelligent student, dad was able to secure a medical seat in Karnataka Medical College, Hubli, South India. He was awarded a National Merit Scholarship by the Government of India for outstanding academic achievement and after 5 and half years he was a fully qualified doctor.

His quest for a postgraduate medical degree then commenced. With opportunities being scarce, he moved to Mumbai in hope of achieving his degree. The 3 years in Mumbai were spent wandering around and subsisting on minimal income from medical officer jobs. While he gained excellent clinical experience he still did not have his degree. Never one to give up easily, he applied to come to the England and secured a clinical attachment in Nottingham. With the help of a friend who paid for the flight, he was on his way to the U.K.

He arrived in England with neither a coat nor a tie! It was a cold bitter winter; he borrowed a coat from his friend to keep him warm and a tie for work. He did not like the British food and found it tasteless; Indian food was tough to find. Braving the weather and food, he started his first NHS job in Casualty in the Midlands. After 6 months he moved to Abergavenny, South Wales where he started his first medical Senior House Officer post. 18 months later he had started as a General Medical Registrar in Pontypridd, South Wales. For the first time he started enjoying Medicine.

He returned to India in 1980 to marry my mother, Vijayalaxmi and a few years later I was born in Kent. The year was an eventful one with Dad getting his MRCP in October and passing his Driving Test as well.

He then moved to Plymouth, Devon to train in Geriatric Medicine where my brother was born. Dad bought his first house and car and we were a happy little family.

Two years passed and Dad decided to move to Saudi Arabia to gain experience in Tropical Medicine. He returned to the U.K a year later and joined the Isle of Wight Research Centre where he spent 2 years in researching psychoactive medication which led to a paper presentation in Madrid.

In 1992 we moved back to India. It was a challenging time for all of us. Dad had to get used to Indian medical work, mum to the house environment and us to the school. Dad went on to spend 15 years practicing medicine in our hometown. This included setting up and building a new hospital, undertaking outpatient clinics along with managing inpatients. Dad used to travel to the surrounding towns to see patients every week. Mum helped out as the Hospital Administrator and looked after us as well.

Dad was an active member of the Indian Medical Association (IMA) while in India serving as the Secretary and President of the IMA and organised the State Level Conference in Gadag. He was the recipient of the President's Appreciation Award; Gadag was awarded the Best IMA Branch during dad's tenure as President. Dad was also an active member of the local Rotary Club; he was the Club's secretary as well.

Dad then returned to the UK where he worked as Consultant in Medicine for over 15 years during which he received the Best Doctor Award.

Despite the busy nature of his work, he has always had time for his family. Dad used to say that day we were born was the best days of his life! He is extremely proud that both of his sons are now doctors, having completed their membership and currently working as NHS Consultants in Gastroenterology and Care of the Elderly in Nottingham and Eastbourne respectively. He was elated to be a grandfather recently and enjoys spending time with his grandson, Amogh.

Dad has now retired from medical practice and spends most of his time with family, friends, his garden and books on the Isle of Wight with regular visits to India.

Dr Shivkumar Budihal MBBS MRCP MA

Mr J. Ian L. Bayley FRCS

Ian's contributions in the wider context of health care in the UK have been, and continue to be, enormous. His vision became the reality of Aspire, the charity supporting those with, and those caring for people with, spinal cord injury. His friendships in the world of shoulder surgery began at The British Elbow and Shoulder Society, and he co-hosted the first International Shoulder Surgery Conference, held at the Royal National Orthopaedic Hospital in 1980.

His endurance as Medical Director of the RNOH for 10 years ensured the continuation of the model for rehabilitation and excellence in special surgery of the musculoskeletal system evinced by the RNOH against an ever-changing socio-political back-drop, and formed the basis for the acute medical/political know-how that has informed the NHS Orthopaedic Services Project, the Prime Ministers Delivery Unit, the National Orthopaedic Project, the Modernisation Agency, and The 18 Weeks Pathway Project. He continues to work closely with the Department of Health in the evolution of a service fit-for-purpose, free-at-the point-of-delivery, timely, and of high quality.

On a more personal level Ian has been an inspirational mentor to generations of orthopaedic surgeons, particularly in the field of shoulder surgery. His emphasis on careful clinical observation, coupled with great compassion and humanity, within an intellectually challenging conceptual framework has formed the basis for an extraordinary clinical career, developing great insights into his particular fields of the shoulder, spinal injury, and rehabilitation. His example has been that of a 'complete' physician of orthopaedic medicine coupled with fine surgical dexterity.

Above all, Ian values the rigour of good quality thinking. He views his work as evolving continuously, always curious and stimulating new thoughts among colleagues, seeking to integrate not coerce, to inform not dictate, to engage not marginalise, to remain open-minded while true to principle.

By Simon Lambert (13 March 2011)

Dr Oonagh Rose Keefe MBBS

I have honoured my mother Oonagh Keefe (nee McAleer). She was a wonderful woman who juggled general practice and a family of seven. The RSM has been a part of my family's life as far back as I can remember, with three medical generations having been members.

By Dorothy Keefe

Professor R. Sampangi Ramaiah FFPHM

Always and forever in our hearts.

By Dr I.N. Ramaiah (26 March 2012)

Sam Ramaiah was a tremendous figure in the world of public health and community welfare. He touched the lives of many hundreds of people with his simple homespun humility that belied his subtle ability to lead and persuade others to go the extra mile. He will be missed by all who knew him.

By Dr Jammi Nagaraj Rao FRCP FFPH (26 October 2012)

Sam was an extraordinary leader who in his understated manner used to make extraordinary things happen. He was a real force for good and worked tirelessly for struggling communities. He had a wonderful human touch and much loved.

By Professor Z. Iqbal MRCP FFPH (1 November 2012)

I had the pleasure of knowing Sam for many years and found that his strikingly unassuming manners spoke a great deal about him. I am delighted that his enormous contribution in the medical field has been acknowledged and his name on the Wall of Honour is well deserved. His family and friends can be proud of his lifetime's achievements.

By Ram Aithal (9 January 2013)

What amazing and wonderful news. It is an emotional rollercoaster of a day with immense pride at having his contribution and work recognised and missing him horribly at the same time. It is so good to know that future generations of doctors will see his name as an inspiration.

By Shagorika Easwar (9 January 2013)

I am so pleased Sam has been immortal and it is wonderful that in one's death people remember you and care to do something practical and meaningful.

By Deepak Naik (9 January 2013)

What a significant achievement and how many of us can leave such a mark on society? You are a truly exceptional human being, and we miss you.

By Vim Mthur (9 January 2013)

Happy to hear the good news. Your children India and Bharath will also be as successful in their lives and field.

By Dr and Mrs Nath (9 January 2013)

Certainly uncle Sam's contribution to medicine has inspired me to aim just as high.

By Nikil Sharma (9 January 2013)

Wow, I had only heard of the RSM recognition but now I know a person who has got it. What a way of realising one's dream. I am so proud for him and his family. With love to the family.

By Nagendra Prasad (9 January 2013)

Well-deserved honour and may his soul rest in peace.

By Sahana and Dr Sridhar (9 January 2013)

It is indeed a very proud moment for us all and a great inspiration for the future generations to follow.

By Sudha Satish (9 January 2013)

Such an honour and heartening gesture. You deserve it Sam, miss you.

By Vanitha Singh (9 January 2013)

Sam deserves it. He is watching from heaven.

By Ram Aithal (9 January 2013)

Professor Christopher Wastell FRCS

Mr Wastell and his family, taken c.1970 on B ward at the Gordon Hospital. Pam Emerson believes the theme was 'Christmas under the sea'.

By Pam Emerson

Professor Andrew Chukwuemeka MD

My heartfelt congratulations on your great success!

By Aurelia Boermans-Flory (26 October 2013)

Dr T.S. Ananthanarayanan

He is a brilliant grandad who is someone who doesn't treat you like a child, instead an individual. He is very kind and loves us all dearly and we love him.

By Jay Milligan (16 June 2013)

Professor Harry Zeitlin FRC PSYCH

My father may be best summed up by an incident that happened when he was a young doctor. He used to drive a variety of fast sporty cars; one particular specimen was a scarlet Lotus which he drove to his job at the Maudsley on a daily basis. Unfortunately, one day both doctor and car got into a little trouble and whilst the doctor was fine the car was not. Upon seeing the damage one of my father's patients came to commiserate with him 'Oh Doctor Zeitlin, I'm so sorry, we had come to think of your car as we think of you, almost human'.

By Abigail Zeitlin (22 September 2014)

Dr Charles Frank Farthing FRCP

Dr Charles Farthing, a graduate of Otago University, died on 5 April of a heart attack while riding in a taxi in Hong Kong leaving behind a considerable legacy which will be remembered by the University, establishing a Medical Research Scholarship in his name. When Charles left university, he could never have imagined the

future that lay in front of him pioneering AIDS research.

Charles was born in Christchurch and with an ancestry dating back to 1852 in the city he was educated at St Michael's Anglican Church day School and Christ's College. His inquiring scientific mind saw him choose to study medicine at Otago University. He concluded his time at medical school in 1976 by winning the Wilson-Allison Prize in Dermatology and started his career at Christchurch Public Hospital. In 1978 he was awarded the Wolfe-Fischer Prize for the most outstanding Senior House Officer at Christchurch Hospital and by then had determined on specialising in dermatology.

In 1981, Charles finished a set of rounds at Christchurch Hospital, and heard the ringing bell of his primary school, St Michael's. It was the same bell he had heard for nearly 25 years. Realising he had never travelled more than a kilometre from the schools he attended, he decided life was too much the same, and it was time for something new. That decision changed the course of his life and took him around the globe to become a pioneer in the early recognition and treatment of AIDS.

After leaving Christchurch in March 1981, he spent a year in Saudi Arabia and then drove across Europe, finally arriving in London to take up a position at St Thomas' Hospital in the latter half of 1982. Volunteering time at an STD clinic in a low socio-economic neighbourhood, he observed a pattern of rare conditions, such as Kaposi's sarcoma, among some of the patients. Charles came to conclude the skin ailments had a common theme; underlying all of them was a disease, which would later become widely known as Acquired Immune Deficiency Syndrome (AIDS). In the early 1980s, very little was known about the disease and publicly, it was perceived as a homosexual issue; as a result, governments were slow to introduce AIDS as a top priority on the public health agenda. Charles worked with Dr Brian Gazzard and published one of the first clinical paper of the disease which was called HTLV- III back then in major journal of Lancet in 1985.

Charles forgot dermatology and chose to devote the next 30 years of his life to research treatment and raise the profile of the disease. As public anxiety mounted, rumours that people could catch AIDS from lavatory seats, public swimming pools, kissing or sharing a cup with an infected person were reported in the media as truth, while moralists sought to portray victims as authors of their own misfortune – the then Chief Constable of Great Manchester Police, James Anderton referred to HIV-positive people as “swirling about in a human cesspit of their own making”.

As wild rumours fuelled public hysteria, Charles worked closely with the Terence Higgins Trust, persuading the government of the day for the need for better public information; he went on to play an important role in designing the government's first publicity campaigns, as well as being invited to chair the all-party parliamentary committee on AIDS. He became a friend of Elton John and who along with Diana, Princess of Wales, lent enthusiastic support to the cause. Charles went on to establish the first purpose-built AIDS clinic at St Stephen's where the number of patients with full-blown AIDS rose from 20 in 1985 to 1,000 two years later. Princess Diana opened the Kobler clinic, which is now part of the Chelsea and Westminster Hospital.

Frequently, Charles spoke in public and on television about AIDS, although he was a little surprised to present to the boys at Eton. He gained their attention by starting his lecture with 32 words for the male organ; he was surprised, but delighted, to be asked back again the next year. Later, he would recall an encounter with a former pupil of the school, who had been ostracised by his family because he was HIV positive, and whose hand he had held as he died. “No one should have to die alone,” Charles said, and though the nature of the disease forced him to become as much scientist and activist as doctor, he did not lose sight of its human impact.

In 1989 Charles won a Winston Churchill Fellowship, moving to Bellevue Hospital in New York, where eventually, he became director of the hospital's AIDS programme and an Associate Professor at New York University. He collaborated with David Ho, an AIDS Frustrated by the inactivity in the medical community he told a conference in 1997 that he would be willing to be injected with the AIDS virus to test a vaccine, telling the Los Angeles Times; “Years ago, people took risks. Now, it's as if medical research can't expose anyone to any risk. That's why this research is going so slowly.” Unfortunately, Charles' offer came to nothing when the vaccine showed poor results in animal trials.

When the foundation launched its global programme in 2002, Farthing travelled many times to Africa to set up treatment programmes and train clinicians. He was not afraid to speak out and labelled the US government's prevention efforts "pathetic" compared to those of Uganda. Since his death the AHF's HIV Clinic in Kampala has already been renamed the Charles Farthing Clinic.

In 2007, he was critical of the pace of AIDS research at pharmaceutical companies and joined Merck Sharp & Dohme, first as a Director for Scientific Affairs in Philadelphia. "Instead of taking the well-trodden path, Charles was always challenging himself to make a difference," said Daria Hazuda, Vice President at Merck Research Laboratories who called on him to help with the marked launch of the first integrase inhibitors for HIV treatment. "As the field evolved, Charles made intentional and sometimes unconventional decisions, like joining Merck that he knew would allow him to make the most impact at the time."

In 2009 he transferred from Philadelphia to Hong Kong as the Merck Sharp & Dohme Director of Medical Affairs for Infectious Disease in the Asia Pacific region. This shift across the Pacific facilitated what many around the world believe will be his greatest legacy.