



# RFS

Retired Fellows Society Newsletter

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**Cover:** Asian short-clawed otter (*Aonyx cinereus*), London Zoo. Jeffrey Rosenberg

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# Editorial:

Catherine Sarraf



The Christmas issue is now in your hands! Hopefully, this year celebrations won't be cancelled at the last moment - in the cruel way of December 2020. Since July, life has pretty much got back to normal. Most people took 'staycations' this summer – Cornwall I hear, was booked out, right up to the autumn half term break. In September, our Fellows who explored the Northern Isles with Sue Weir also reconnoitred pastures new, with great success. Many of us will have taken some tentative steps at travelling abroad, or being able once more to receive friends and family who actually live overseas. All getting back together, one hears unusual tales. A young British family living in Amsterdam found it easier to satisfy required documentation for their dog to enter the UK, than for themselves and their children! Further, a Brit/binational living in Europe was advised to enter London using her German documents rather than her British ones, as on return exit, she might be given just the regulatory three months stay in Germany (her place of actual residence). Long live person to person information sharing!

At the time of writing, COP26 has been taking place in Glasgow. The acronym means 'The United Nations 26th Climate Change Conference' and the current President is Alok Sharma, whose day-job is being MP for Reading West. Alok has previously been Secretary of State for Business, Energy and Industrial Strategy, Secretary of State for International Development, Minister of State for Employment at the Department of Work and Pensions and Minister of State for Housing and Planning, for the Department for Communities and Local Government. I'm sure he'll have had his hands truly full presiding over COP26 and will have

done well. The aims and outcomes of COP26 hope to include international agreements on geopolitical efforts to restrain the effects of human-derived global warming. With well over a hundred nations represented, the task is not an easy nor straightforward one. We are all well aware of changes that global warming is having on our neighbouring developed nations, but smaller and probably more distant lands suffer from many diverse problems. For example, a good number of both Pacific and Indian Ocean islands will become submerged, if sea levels rise by just a few meters.

As ever, here in this issue we have the programmes of the Retired Fellows Society for the future spring and early summer, plus reports on the activities we have enjoyed through the autumn of 2021. We all look forward to the Recent Advances in Medicine and Surgery day, 2nd of December. These ever-stimulating presentations will be reported on in the April 2022 issue of this journal.

As ever Fellows, I invite you all to please submit a few paragraphs to me, about your lives and interests, past, present or future. Everyone has a story in them, and the rest of us are fascinated by the experiences of others. You will all be admiring Jeffrey Rosenberg's fabulous collections of animal photographs, acquired in his new hobby at London Zoo. Thanks so much Jeffrey.

There is no peer review for publication here, and 'Information for Authors' can be found on the back cover.

Merry Christmas to everyone, and Happy and Prosperous New Year.

# Forthcoming events

## Annual General Meeting of the RSM Retired Fellows Society

Notice is given that the AGM of the Retired Fellows Society will be held on Thursday 17th February, immediately before the talk scheduled for that day.

## Intramural meetings 2022

At the moment, we are planning for all intramural events and Camera Club meetings to be held 'in person' at 1 Wimpole Street, but depending on potential restrictions this might change. In which case we will inform Fellows of any alterations as soon as any decision is made.

### Thursday 17 Febuary 2022

Isobel Williams, Petty Officer Edgar Evans - Scott's 'giant worker' and 'invaluable assistant'

### Thursday 17 March 2022

Carina Fearnley, How can we make pandemic warnings work?

### Thursday 21 April 2022

Anthony C Davies, Guided missiles – a pictorial visit to the surface-to-air missile 'zoo'

### Thursday 19 May 2022

Shirli Gilbert, Music on the brink of destruction

### Thursday 16 June 2022

Charlotte Brooks, Worth a thousand words: an introduction to the botanical art collections in the RHS Lindley Library

## Camera club programme 2022

Since the last issue of the *Newsletter* the Club continued with a full programme on Zoom (also hosted from India, many thanks Badri for all your hard work). Our October meeting, however, was held in house with plans to continue in our regular venue henceforth. We meet from 10.30 to 12.30.

Unlike most Camera Clubs we are strictly non-competitive; we welcome new members, of whatever skill level, and offer one-to-one tuition on the choice and use of a digital camera, on processing images and on printing.

For further information please contact Richard Lansdown (rglansdown@yahoo.co.uk)

# Camera club programme 2022

Meetings from 10:30am - 12:30pm

**Wednesday 19 January 2022**

Andy Hooker, title to be announced

**Friday 25 February 2022**

Members' meeting

**Monday 14 March 2022**

Presentation meeting

**Thursday 28 April 2022**

Ian Judson, Sailing in the Hebrides

**Monday 16 May 2022**

Members' meeting

**Friday 24 June 2022**

Presentation meeting

**Wednesday 21 September 2022**

Speaker, to be announced

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## Extramural events 2022

With another Covid winter upon us, we may have to wait until Spring for venues to welcome back groups or at best lift most restrictions. Meanwhile I am watching websites to see how soon we can book ahead - suggestions received include a tour of the Royal Opera House, guided tour of the Wallace Collection, a return to the London Palladium and a trip to the Fitzwilliam Museum in Cambridge. The walks programme will also continue. The aim is easy access by public transport, being mask-free and of course refreshments - please send in any ideas for tours so that we can look forward to exciting and convivial outings in 2022.

Rosalind Stanwell-Smith

## Sue Weir's spring and summer walks 2022

Sue is busy planning, composing, testing and WALKING fresh strolls for us in 2022. Below are some of the titles she is proposing:

1. Twixt the Strand and the Thames - a small parcel filled with statues and a royal chapel.
2. Unknown St James - elegance, fashion & dairy maids, in the heart of St James.
3. Grand and noble Belgravia - not all large houses but also a maze of small streets.
4. Broadgate & Spitalfields - something new something old, it's time to explore.

# Abstracts and biographies of speakers.

## Petty Officer Edgar Evans - Scott's 'giant worker' and 'invaluable assistant'

Lecture by Dr Isobel Williams

Thursday 17 February 2022



### Biography

Dr Isobel Williams attended Kings College in the Strand for pre-clinical studies and after passing the 2nd MB, moved to St Georges Hospital at Hyde Park Corner; she married a fellow student before qualifying. They did midwifery in Oldham Hospital with Patrick Steptoe who later delivered the first test-tube baby. After qualification Dr Williams progressed to become a Consultant Respiratory Physician, working with the National Health Service.

Dr Edward Wilson, Robert Falcon Scott's friend and confidant had trained at St George's some seventy years previously and there were many of his iconic paintings to study in the medical school. Dr Williams became fascinated by Wilson's many achievements and wrote the biography of this remarkable man. Wilson, and subsequently Dr Williams, became interested in the lives of the men of the 'lower deck' - in the contrast between their education, pay and prospects in comparison to those of the officer class. Edgar Evans, a petty officer, was one of Scott's loyal followers. Dr Williams determined to research his life and wrote a biography of this man who was much maligned after his death. Her blog, primarily on Antarctic subjects, is: [www.isobelpwilliams.com](http://www.isobelpwilliams.com)

### Abstract

Edgar Evans, Scott's 'giant worker' and 'invaluable assistant' went with his leader on both the British Antarctic Expeditions in the early 1900s – these were the Discovery expedition of 1901 and the Terra Nova expedition of 1912. He distinguished himself in both expeditions and he was chosen by Scott to be one of the team accompanying him to the Pole. Tragically the 'Welsh Giant' was the first to die on the team's ill-fated return and posthumously, Edgar was blamed in some quarters, for being responsible for the deaths of the whole party.

Some suggested that his failure was due to his relative lack of education. In this presentation I provide an account of his life and repudiate this suggestion.

Please note that the AGM will take place during this meeting.

## How can we make pandemic warnings work?

Lecture by Dr Carina Fearnley

Thu 17th March 2022



### Biography

Dr Carina Fearnley is Director and founder of the UCL Warning Research Centre, Associate Professor in Science and Technology at the UCL Department of Science and Technology Studies and an Honorary Research Associate at the UCL Hazard Centre. She is an interdisciplinary researcher, drawing on relevant expertise in the social sciences, on scientific uncertainty, risk, and complexity, to focus on how natural hazard early warning systems can be made more effective, specifically alert-level systems. She is also interested in the transdisciplinary potential of art and science collaborations around environmental hazards.

Carina studied Geology and Mining at Imperial College London prior to working in London City's financial sector. She completed her PhD at the UCL Hazard Research Centre before lecturing at Aberystwyth University. She is a regular consultant for Bournemouth University Disaster Management Centre, and frequently appears on national and international media following significant hazard events. Carina also established the World Organisation of Volcano Observatories Volcano Alert Level Working Group, and edited the first publication dedicated to Volcanic Crisis Communication Observing the Volcano World: Volcanic Crisis Communication (Springer). She frequently conducts public engagement activities such as Science Showoff, Soapbox Science, Pint of Science, Athena SWAN initiatives, and more recently MUSO IMPROPERA.

### Abstract

'Past warnings of a pandemic were often ignored, despite mounting evidence...' stated Mami



Mizutori, Head of United Nations for Disaster Risk and Radiation (UNDRR), in April 2020. Just over a year later in May 2021 the WHO-commissioned report *Covid-19: Make it the Last Pandemic* argued the global alarm system needs overhauling to prevent a similar catastrophe. Why do we keep ignoring warnings? Isn't it clear they matter after COVID-19? This talk explores the role of warnings of pandemics and what we can identify from other hazardous and threatening events, to develop better health warnings for the future, by exploring three key aspects. Together these three help highlight why warnings matter, what they mean, and how we can stop ignoring them to build a better prepared and resilient community.

## Guided missiles – a pictorial visit to the surface-to-air missile 'zoo'

**Lecture by Professor Anthony C Davies**  
Thu 21 April 2022



### Biography

Born in Rainham, Kent, 1936. Military service: British Army, Royal Electrical and Mechanical Engineers (1955-7), trained as Telecommunications Mechanic, and the last year as a Leading Artisan Sergeant. B.Sc(Eng) Electrical Engineering, 1st Class Hons (1963) Southampton University, MPhil (1967) University of London, PhD (1970) City University London. Then, General Electric Co. in Coventry (1961-63): Lecturer (1963), Reader (1970) and Professor and Director, Centre for Information Engineering (1982) at City University London. Professor, Department of Electronic Engineering, King's College London (1990-9). Lecturer, University of British Columbia (1968-9); Visiting Full Professor, Purdue University (1973-4); Royal Society Fellowship, British Aerospace, Army Weapons Division, Stevenage (1987-8). Short course teaching including courses on microprocessors for George Washington University in London, Berlin and Washington DC (1979-1981); Consultant to Admiralty Underwater Weapons Establishment, Portland, Dorset. Former Visiting Professor (from 2002) and now member of

Industry Advisory Board, Kingston University, Surrey, England. Fellow IET, Life Fellow IEEE, Member BCS, Chartered Engineer. IEEE Region 8 Director and member of IEEE Board of Directors (2003-2004)

### Abstract

This talk will look at the historical development of surface to air missiles: names and types, mode of operation and methods of avoiding them, to provide an understanding of present status and likely future. The talk will be illustrated with many photos, and an explanation of missiles' operation, but no practical demonstrations are intended. The talk aims to provide an interesting background and to enable the audience to have better understanding of reports they may see in the news/media. A very brief mention of what may be expected in future may be included (such as Directed Energy Weapons).

## Music on the brink of destruction

**Lecture by Professor Shirli Gilbert**  
Thu 19 May 2022



### Biography

Shirli Gilbert is Professor of Modern Jewish History at University College London and Director of the Sir Martin Gilbert Learning Centre. She holds a DPhil in Modern History from the University of Oxford and was a Postdoctoral Fellow in the Society of Fellows at the University of Michigan. Before coming to UCL, she was Karten Professor of Modern History and Director of the Parkes Institute for Jewish/non-Jewish Relations at the University of Southampton. She has written widely on the Holocaust and its legacies, modern Jewish identity, and Jews in South Africa, and her publications include *Music in the Holocaust* (2005; National Jewish Book Award finalist), *From Things Lost: Forgotten Letters and the Legacy of the Holocaust* (2017; British Association for Jewish Studies Book Prize special mention) and most recently, with Avril Alba, *Holocaust Memory and Racism in the Postwar World*.

### Abstract

An extraordinary range of musical activities, both forced and voluntary, took place in the Nazi

ghettos and camps, from the earliest internment centres established in 1933 until their liberation in 1945. The musical works created there by prisoners are extraordinary documents of the time: fragments recovered from the rubble of war and genocide. In this talk, Shirli Gilbert will present original songs from this period, including some rare post-war recordings. The songs offer rich insight into victims' experiences, conveying the uncertain and shifting perspectives of prisoner communities as they made sense of lived reality.

## Worth a thousand words: an introduction to the botanical art collections in the RHS Lindley Library

Lecture by Charlotte Brooks

Thu 16 June 2022



### Biography

Charlotte Brooks has been working with the art collections at the Lindley Library for 18 years. She is Secretary for the Botanical Art Judging Panel, which sees artists from around the world exhibit in the hope of gaining RHS medals. Charlotte has contributed to numerous short papers and articles, and her first book *RHS Botanical Illustrations: The Gold Medal Winners*, was published in 2019. Her next book on the RHS orchid paintings is due out in 2022.

### Abstract

The worlds of science and art come together in art collections of the RHS Lindley Library. Representing 400 years of botanical illustrations, the heritage collections are complemented by works from contemporary award-winning botanical artists. What are we seeing when we look at a piece of botanical art? What makes a Gold medal picture?

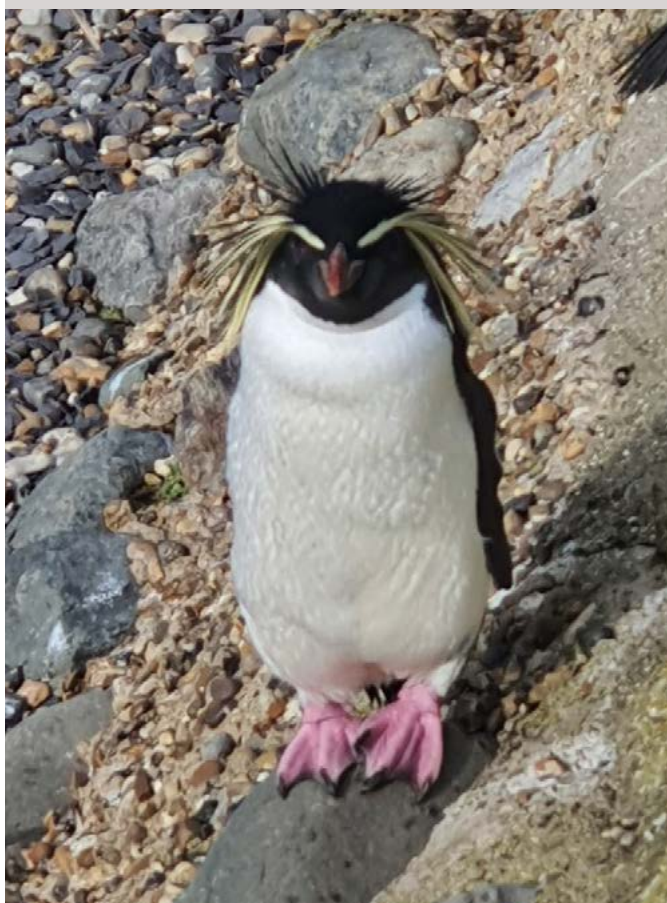
## How Was it for You?

'How do you spell Medicine' asked the Dean. M-E-D-E-C-I-N-E 'That is how you spelt it on your application form and it is wrong?'. He then asked the sub-dean if he had any questions for me. Without looking up from the magazine he was reading he shook his head. After a few words about how hard work it was the Dean offered me a place and I spent the next seven years at Bart's.

Thus wrote the late Dr Alan Bailey in a letter to the *Times* in October 2009. I too was interviewed in those august halls, in 1953. I was asked if I could knock a nail in straight and mend a fuse. Both tasks I was fully competent to perform being the only child of an engineer, but when I revealed I had already secured a place elsewhere I was not admitted.

How things have changed. I was told recently of a young medical school applicant who was offered £20k to postpone for a year, which she refused! What was your experience?

Pat Last



Rockhopper Penguin. Jeffrey Rosenberg.



## Meetings reports

# The technical study of paintings

### Lecture by Prof. Aviva Burnstock



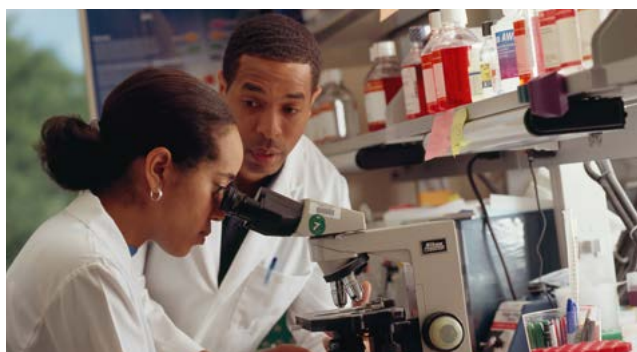
On the 21st of October, Aviva Burnstock, Professor of Conservation at the Courtauld Institute of Art, delivered a fascinating and beautifully illustrated lecture, as an introduction to the Royal Society of Medicine's Retired Fellows' Society 2021/22 series of talks.

Samuel Courtauld established the Courtauld Institute of Art in 1932, with the gift of his home in Portman Square, London and the Courtauld's family collection of impressionist paintings. In 1934, the Department of Technology, based on the Fogg Art Museum at Harvard, was established and subsequently, in the 1970s, under the direction of Professor Stephen Rees Jones, a three-year postgraduate course was established to educate professionals in the conservation of paintings.

Professor Burnstock highlighted that her expertise and research interests in conservation focussed on the use of object-based study to inform historical questions about works of art, for example why they were made, who they were made for, what they were made from and what had changed over time. She emphasised that art becomes more interesting, if we understand these aspects. In addition, it is possible to evaluate what changes may have occurred to a painting, as all materials change over time and the original artistic canvas, pigments, organic compounds, dyes and synthetic materials will differ from those used in subsequent conservation work. She noted that changes and deterioration of paintings were inevitable, consequent upon discolouration, fading, cracking, increasing transparency, ultraviolet light effects, chemical change and contamination with fungi, dirt and

pollen (quite apart from deliberate damage, including acid attacks and physical damage from an object being thrown at a painting or lipstick being applied!). Importantly, simple measures of protection from physical attack can be used, such as exhibiting in a cabinet, behind glass, or items being kept in storage if necessary, to avoid exposure to ultraviolet light, also use of LED lighting, which theoretically is less damaging, are all of value.

Conservation has many facets, including the technical study of paintings, artists' materials and techniques, investigation of visual and material change in works of art, prevention of material deterioration and development and evaluation of methods for conservation. Professor Burnstock noted that miniscule samples of paintings can be taken from damaged sites of a painting, for example cracks, to investigate analytically the materials, layers of the painting and pigments used, but with development of non-invasive techniques, this approach has largely been abandoned now.



The wide range of methodologies presently available to inform conservation decisions range from 'close- looking', to instrumental evaluation and have developed significantly over the last century. Initially, light microscopy, spectrometry and radiography were used in 1930s, to investigate the composition and layers of a painting, but these techniques were rapidly followed by electron microscopy in the 1980s, and more recently by gas chromatography, X-ray fluoroscopy, CT/MRI scanning, element mapping by scanning an entire painting, as opposed to analysing a small sample, and

infra-red imaging. This latter technique can reveal interesting artwork beneath the main painting, which may enable identification of an artist, as a result of similar or even identical images in other paintings of known provenance, but can also elucidate interesting information about the painting itself, as observed in an 1898 painting by Georges Seurat of his mistress. The artist had included a small 'framed' self-portrait in the room in which his mistress was sitting, but in the final painting his image was 'hidden' and painted over with a vase of flowers to hide his identity. In addition, cultural changes in restoration methods may also lead to alterations in paintings, for example, fig leaves were added in the 19th century to hide genitalia in earlier paintings

Professor Burnstock further highlighted the analysis of pigments as a useful, but not precise, dating tool, with less than 12-14 pigments prior to 1800, but hundreds of new ones now, as chemistry has developed after 1900 and thousands have been developed with the advent of organic chemistry. Dating works of art can also be facilitated by studying the painting itself.

In the 17th century strings were used to stretch the canvas and the residua of this technique may be obvious. Paintings with images of artists' palette of colours, as part of the picture, may enable broad dating. The introduction of paint tubes, in 19th century, which reduced paints drying out as rapidly as in earlier pigs' bladders, enabled painting images in the countryside, parks and at the beach rather than inside studios.

In conclusion, conservation of paintings requires thought and understanding to try to appropriately rectify and/or re-present damage or deterioration, both to old and contemporary works, by considering the ethics of what the artist's intentions might have been and the appropriateness of restoration for a specific picture, with the possibility of reversing any inappropriate restorative processes should an alternative interpretation seem better in the future. Thus, conservation requires ethical, physical and scientific considerations to ensure optimal outcomes.

**Linda Luxon**



Lioness at ZSL London Zoo. Jeffrey Rosenberg

# Victory over disease in the Crimean War



On October 21st, the Retired Fellows heard about diseases prevalent during the Crimea War. From a British perspective the historiography of medical aspects of the Crimean campaign of 1854–1856 has tended to concentrate on the disasters of the first winter and the perceived incompetence of the heads of department on the one hand, and on the other to overemphasize the worthwhile and commendable contributions made by the talented and well-connected Florence Nightingale and the experienced government-sponsored Sanitary Commissioners. Inevitably this has established an unbalanced view of what took place, and an assessment of primary sources has demonstrated that their contribution was probably much less than some would wish to think. Matters have been distorted further by commentators who have failed to consider events in strict order of occurrence and have indulged in the knowledge of hindsight. In consequence many aspects of this topic have been inaccurately portrayed in both academic works and popular culture. This essay is intended to provide an overview of some of the principal medical problems that beset the British Army when in Bulgaria and the Crimea, and to demonstrate that these were resolved principally in the Crimea, and not in the general hospitals such as Selimiye Barracks in Constantinople (Istanbul) where Nightingale was based.

Lord Raglan, who commanded the Army of the East, pointed out to the Duke of Newcastle, Minister for War, at the end of January 1855 that the ‘organization of the British Army, which is framed for stationary service in the colonies, or for home duty, is undoubtedly

defective for operations in the field’; and how right he was. This serious lack of preparedness on the part of the government and the military authorities, coupled with limited harbour facilities, the absence of suitable buildings for barracks, storage facilities, and hospitals, bad weather, insufficient wheeled transport, and the deterioration of rudimentary rural roads, resulted in substantial difficulties in bringing supplies, all of which had to be imported by sea, to the camps during the winter of 1854–55. This combination of circumstances, coupled with the effects of the loss of vital stores of all kinds sustained during the storm of 14 November 1854 proved disastrous. Collectively these oversights contributed directly to excessive losses from disease and the pressing need to evacuate seriously ill and wounded patients to the base hospitals in Turkey during the months of invasion. While these difficulties did not lead to a catastrophic strategic failure, they were disastrous enough. The tenacity of those at the front did much to rectify matters. Their perseverance, coupled with improvements in the harbour facilities and roads, rationalization of land transport, construction of a railway network, and deployment of a floating bakery and flour mill, steam-powered saw mill, steam distilling vessels, and a factory ship, ensured that necessities for life were eventually brought to the camps on a regular basis, and health of the troops improved considerably from the spring of 1855, to give the ‘Victory over Disease’ in 1856 when the health of the army was deemed very good by the standards of the day.



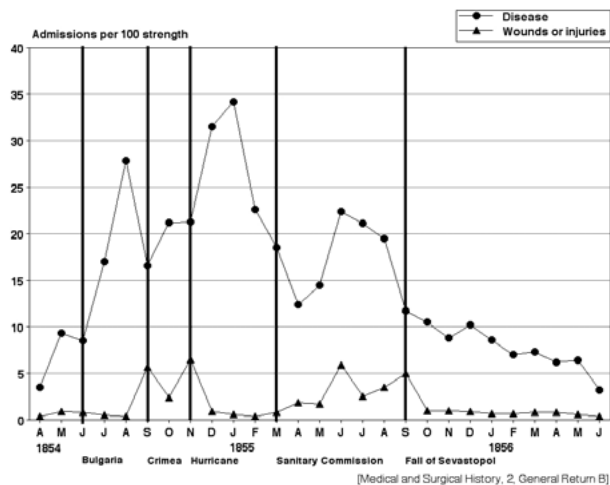


Figure 1: Primary admissions of NCOs and men to hospitals in Turkey, Bulgaria, and the Crimea, April 1854–June 1856

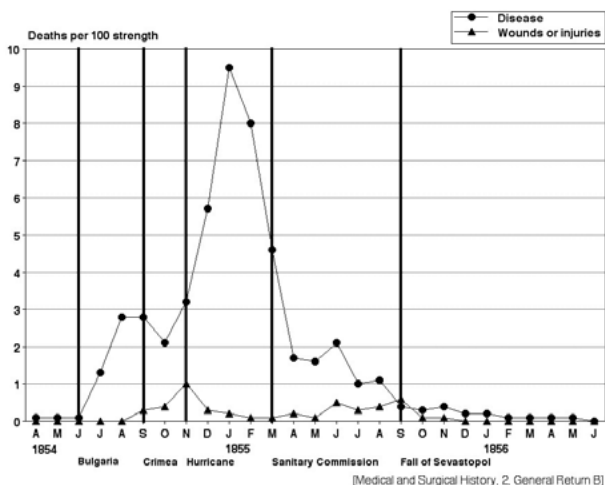


Figure 2: Deaths of NCOs and men in regimental and general hospitals and on board ship, April 1854–June 1856

## Diseases

The Crimean campaign was the first conflict for which a detailed account of the surgical and medical history was published after the war as a Blue Book. The first volume provides, inter alia, details of the medical problems encountered by the fourteen cavalry and fifty-two infantry regiments during each month, and for each there is a comprehensive table that lists the number of ‘admissions into hospital and deaths’ each month together with a separate column for those who ‘died in general hospitals during the war’, but not those killed in action. The second volume comprises two principal parts that cover diseases and wounds and injuries and includes summary tables using the same format used in Volume 1, viz. General Returns A–E, of which A is the most important; and returns for the nine general hospitals located in Turkey (4), Bulgaria (1), and the Crimea (4) (see Table 1) for when they were operational; together with details of 187 voyages in which the sick and wounded were evacuated from the Crimea to Turkey. Twenty diseases accounted for nearly nine of ten NCOs and men admitted to hospital, with

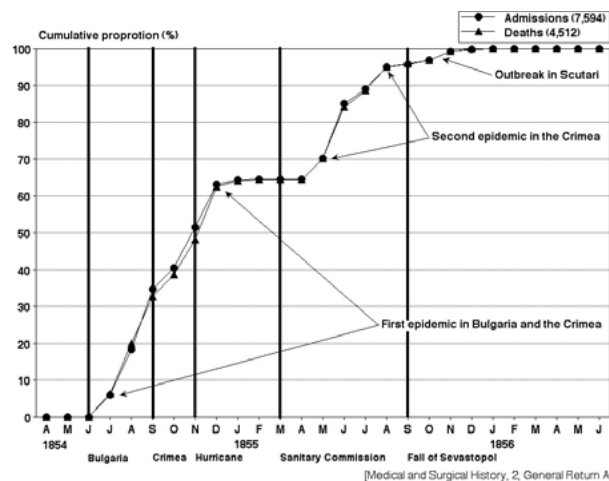


Figure 3: Admissions for, and deaths from cholera among NCOs and men, April 1854–June 1856

diarrhoea and continued fever, most probably typhoid, accounting for nearly half (31 and 17.5 per cent), while cholera, diarrhoea, continued fever, and dysentery were responsible for four-fifths of the deaths, viz. 27.7, 22.4, 17.1, and 13.9 per cent respectively (Table 2). The monthly admissions of NCOs and men to hospitals in Turkey, Bulgaria and the Crimea for disease and wounds and injuries are illustrated in Figure 1 with the comparable data for deaths in Figure 2. Most of the deaths from disease occurred between July 1854 and August 1855 with the worst months being from December 1854 to March 1855.

**Cholera:** There were two principal phases in the cholera epidemic which afflicted the Army. The first between July and December 1854, and the second, after a few months respite, in May to August 1855 (Figure 3). Cholera was never a serious problem at Scutari; there being only 246 (0.5%) deaths among 43,288 admissions, with over half occurring in November 1855.

**Diarrhoea and dysentery:** Diarrhoea, and to a lesser extent dysentery, dominated the sick lists for most months from mid-summer 1854 until the fall of Sevastopol in September 1855. There were two major peaks in their incidence; during the winter of 1854–55 and the summer of 1855, though it was only during the first winter that they were associated with high mortality (Figure 4).

**Continued fever:** The diagnosis of the fevers was based solely on clinical observation, and since fever is a symptom of many illnesses, the data must be considered with a degree of caution. Common continued fever, which had bedevilled past campaigns proved particularly

Table 1: The months during which the hospitals of the Army of the East were in operation, April 1854–June 1856

Hospital*	1854			1854–55						1855–56		
	A–M	J–S	O–N	D–J	F	M	A–M	J–S	O–N	D–A	M	J
Regimental hospitals	●	●	●	●	●	●	●	●	●	●	●	●
I Scutari		●	●	●	●	●	●	●	●	●	●	●
II Varna		●	●	●								
III Balaklava General			●	●	●	●	●	●	●	●	●	●
IV Abydos				●	●	●	●	●				
V Smyrna					●	●	●	●	●			
VI Castle General						●	●	●	●	●	●	●
VII Camp General							●	●	●	●		
VIII Monastery								●	●	●	●	
IX Renkioi									●	●	●	●
Number operational	1	3	4	5	5	6	7	8	8	7	6	5

\* Details of the hospitals of the cavalry and infantry regiments are included in the *Medical and Surgical History*, 1, while the tables for the general hospitals, designated 1–IX, form an appendix in the *Medical and Surgical History*, 2.

troublesome during the winter of 1854–55 accounting for 80 per cent of fever cases, while nearly four-fifths of all fever deaths occurred between November 1854 and July 1855 (Figure 4).

**Scurvy (scorbutus):** This was a feature of the first winter between December and April, with the first cases being diagnosed during October 1854. Lime juice was available to treat clinical cases but it was not until February 1855 that sufficient supplies had been procured for it to be issued to all the troops on a regular basis. This policy continued for the rest of the campaign, and though sporadic cases continued to occur, there were only two deaths from May 1855 onwards.

**Frostbite (gelatio):** This was a problem when the troops spent long hours in the trenches

during the first winter, and it was probably more akin to trench foot which proved troublesome on the Western Front during the First World War. Frostbite was also diagnosed during the second winter but this was principally associated with the exposure of the tissues to freezing temperatures, rather than the ‘protracted application of cold and wet.’

**Nosocomial infections:** The seemingly unsatisfactory conditions in the hospitals, particularly during the first winter, should have favoured the development of hospital gangrene and erysipelas (*Streptococcus pyogenes* infection). This did not prove to be the case, however, as there were only 146 recorded cases of gangrene in the regimental and Scutari hospitals combined, with 37 (25%) deaths. The comparable numbers for erysipelas were 120 and 30 (25%).

## Regimental hospitals and those on the Bosphorus

The extensive literature on Nightingale, both her own writings and numerous biographies, has resulted in a tendency for the problems in the Barrack Hospital at Scutari to be considered to be exceptional by several commentators. However, it was merely one of several general hospitals utilized during the campaign (Table 1), and since the majority of patients came from the Crimea there is justification in considering it as an integral part of the Army, rather than a special case. This hypothesis can be tested by comparing the pattern of mortality in the regimental hospitals in the Crimea with that in the hospitals on the Bosphorus. The cumulative

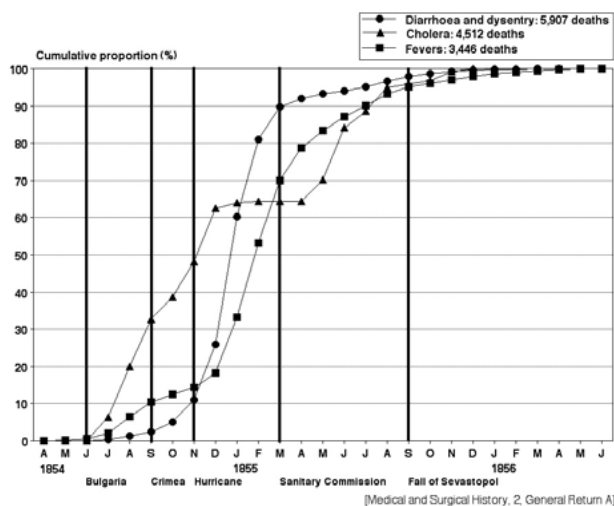


Figure 4: Cumulative proportion (%) of deaths from diarrhoea and dysentery, fevers, and cholera among NCOs and men, April 1854–June 1856

Table 2: Twenty most common reasons for the admission of NCOs and men into hospital for disease, April 1854–June 1856

Condition	Total admissions (% of disease total)	Total deaths (% of total deaths)	Ratio of deaths:admissions (%)
Diarrhoea	44,164 (31)	3,651 (22.5)	8.5
Continued fever	25,013 (17.5)	2,790 (17)	11
Catarrh	10,083 (7)	240 (1.5)	25
Dysentery	8,278 (6)	2,259 (14)	27.5
Abscesses	7,922 (5.5)	23 (0.1)	0.3
Cholera	7,574 (5.5)	4,512 (27.5)	59.5
Rheumatism	4,906 (3.4)	132 (0.8)	2.7
Ulcers	4,090 (2.9)	11 (0.1)	0.3
Eye diseases	3,307 (2.3)	0	-
Venereal diseases	2,959 (2.1)	3 (<0.1)	0.1
Remittent fever	2,957 (2.1)	311 (1.9)	10.5
Intermittent fever	2,406 (1.7)	60 (0.4)	2.5
Frostbite (Gelatio)	2,398 (1.7)	463 (2.4)	19.5
Scurvy (Scorbutus)	2,096 (1.5)	178 (1.1)	8.5
Colic	1,514 (1.1)	5 (<0.1)	0.3
Bronchitis	1,111 (0.8)	103 (0.6)	9.5
Sore throat (Cynanche)	924 (0.6)	9 (0.1)	1.0
Dyspesia	906 (0.6)	2 (<0.1)	0.2
Jaundice (Icterus)	878 (0.6)	22 (0.1)	2.5
Typhus	828 (0.6)	285 (1.7)	34.4
All other 93 conditions	8,307 (6)	1,238 (7.5)	14.9
Wounds & injuries*	1,8279	1,761	9.5
Punishment (Punitis)*	1,773	0	-
Totals for disease	142,621	16,292	11.5

[Adapted from the *Medical and Surgical History*, 2, General Return A]

\* Included for comparative purposes.

mortality caused by diarrhoea and dysentery, continued fever, scurvy and frostbite during the eleven months after the invasion in the Crimea and at Scutari is illustrated in Figures 5–8. In each case the curves in both locations were similar, and very highly correlated.

These comparisons, together with similar ones for typhus, pneumonia and pleurisy, and bronchitis provide extremely strong circumstantial evidence that the situation in Turkey merely reflected that which obtained in the Crimea. It was, therefore, the amelioration of the health problems in the Crimea which led to the reduction in mortality in the hospitals on the Bosphorus during the spring of 1855 as it became much less necessary to evacuate patients with a poor prognosis. As a consequence, the arrival of the Sanitary Commissioners in Turkey in early March 1855, the time of which is indicated in Figures 5–6, had little or no impact on the principal causes of mortality in either the camps before Sevastopol or the general hospitals in Turkey and elsewhere. Surprisingly perhaps, Nightingale agreed on this point when she informed Lord Panmure, the Minister of War, that ‘men sent down to Scutari in the winter died because

they were not sent down till half dead’ and told Sidney Herbert unequivocally that Scutari ‘was only a symptom of the army’s malady, not a cause, and once things began to improve at Balaclava, things improved at Scutari. Once the men on the plains below Sevastopol began to get better food and the weather became warmer, their strength increased, they became more resistant to disease, the number arriving at Scutari went down, the wards became less

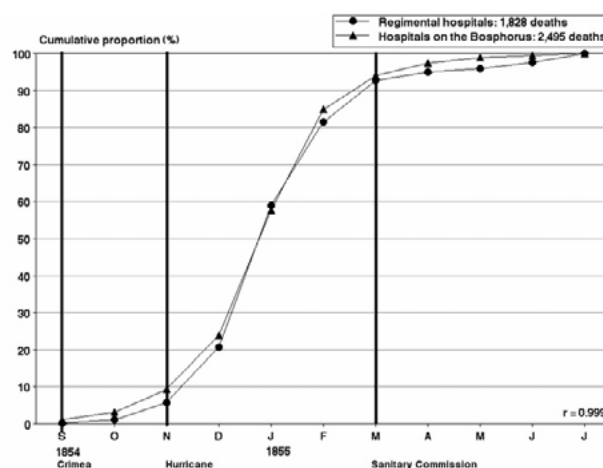


Figure 5: Deaths from diarrhoea and dysentery in regimental hospitals and the hospital on the Bosphorus, September 1854–July 1855



crowded, and the medical personnel were under less pressure’.

## Afterword

There is little evidence to support Nightingale’s change of opinion after the war when she told Lord Shaftsbury that the Sanitary Commission ‘Saved the British Army’ or indeed that their efforts were other than subsidiary. Rather, it was the result from early 1855 of the progressive enhancement in the standard of living of the troops by providing adequate food, clothing, fuel, shelter, and an improved water supply, coupled with improvements in health care in the camps and general hospitals in the Crimea. These improvements paved the way for the ‘Victory over Disease’ in 1856 – which Panmure acknowledged when proposing a vote of thanks to the armed forces in the House of Lords after the ratification of the Peace Treaty.

It may be over optimistic to expect that the analyses referred to in this essay will alter existing preconceptions, or prejudices about what happened in Crimea and Turkey during those fateful years. Perhaps the best that can be

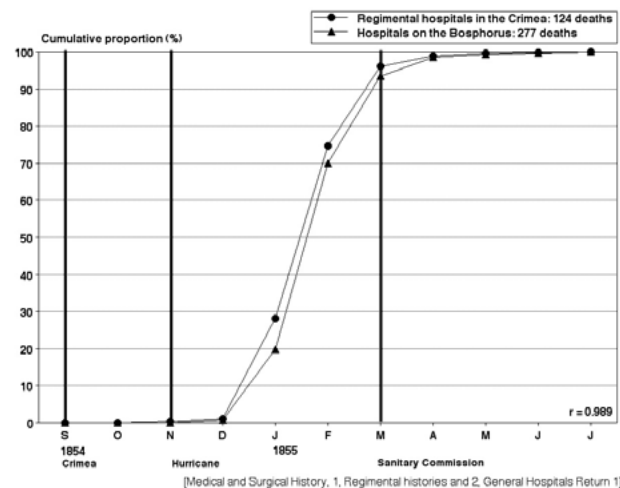


Figure 8: Deaths from frostbite in regimental hospitals and the hospital on the Bosphorus, September 1854–July 1855

expected is that some future commentators will take these conclusions into account and thereby provide a more balanced explanation of what actually took place. The ‘Victory over Disease’ was not due to the contributions of any one person, or even a group of individuals. Rather it represented the involvement of many people in many walks of life who worked, possibly unwittingly, for a common purpose and with such a gratifying result.

## Mike Hinton

(The author provided 9 references for this article, but since the home rules for this journal do not permit extensive references, Mike is more than ready to provide full information to anyone who requests it)

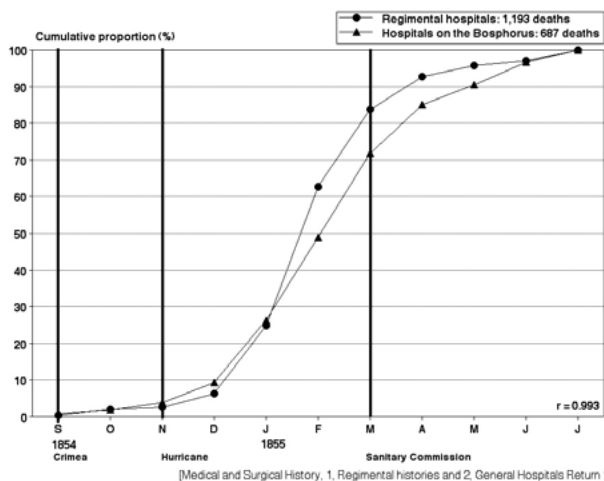


Figure 6: Deaths from continued fever in regimental hospitals and the hospital on the Bosphorus, September 1854–July 1855

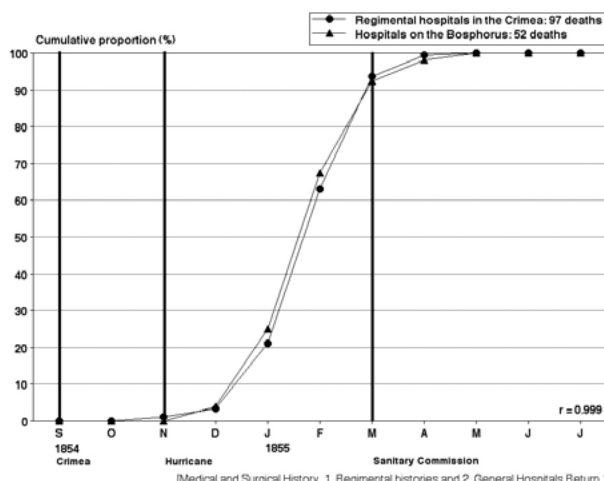


Figure 7: Deaths from scurvy in regimental hospitals and the hospital on the Bosphorus, September 1854–July 1855



Mike Hinton.

## Extramural reports

# Visit to the Florence Nightingale Museum



On the 30th of July a group of 20 RFS members had the enjoyable privilege of exclusive access to the Florence Nightingale Museum, thanks partly to Covid-19 restrictions. For those who haven't been to this museum recently, or not at all, the collection has been considerably enlarged with clever use of a relatively small space. It nestles within the grounds of St. Thomas's Hospital by Westminster Bridge, where Nightingale set up her nursing school in 1860 and also contributed to the hospital design. The museum planned a major celebration of the bicentenary of her birth last year, sadly all cancelled because of the pandemic. Facing bankruptcy, the museum closed altogether and has only recently re-opened for a few weekends this summer, except for private tours like ours. There are several interactive exhibits and an area for children to dress up in various Victorian costumes. Another new feature is a section showing her bedroom, with a recording of her voice available on an ancient piece of apparatus. We were greeted at the museum door by Florence herself, brilliantly portrayed with the same shrill, precise tones evident on the recording. The performer was well informed and able to field all questions, in addition to a witty summary of her life from birth in 1820 to her death in 1910, including her exceptional mathematical and managerial abilities. It's well known that she was the first person to be named Florence, the city of her birth: her sister Parthenope was similarly named after one of the cities visited by her much travelled parents, although the sisters called each other Pop and Flo. We learned that Florence, contrary to

rumours, was kind and financially supportive to Mary Seacole, if not entirely approving of Mary's convalescent hotel where soldiers were able to consume beer, Miss Nightingale prohibited use of alcohol in the Scutari hospital as much as possible. An exception was its use to dull pain during surgery, one exhibit shows a gruesome early film of an amputation. The Seacole story is of course an important part of Black History, although not entirely accurate; apparently school children visiting the museum often ask the curators why Florence was so 'mean' to Mary Seacole, as this is what they are currently absorbing from history taught in class. On the other hand, Seacole had applied to be one of the nurses recruited for the Crimea and it's possible, if undocumented, that skin colour played a part in her rejection, which did not involve Nightingale, already at Scutari. The curators would like to enlarge the Seacole



exhibit but despite her fame when she settled in London, nothing remains of her possessions - children can admire her knowledge of herbal treatments from a drawer of 'touch and smell' herbs. By contrast the Nightingale memorabilia include a wealth of objects, clothes and letters, the most famous being her Turkish collapsible lamp. The small gift shop has a good selection of books and collectibles such as a Barbie doll dressed as Florence and a finger puppet of her pet owl, Athena. It was a treat to visit this highly recommended museum.

**Rosalind Stanwell-Smith**



# Trip to the Northern Isles

Wow, a proper holiday at last. Subsequent to Covid lockdowns and a brief escape to Donegal last year, we joined the RSM tour run by Jon Baines to the Isles of Shetland and Orkney in early September. After an uneventful journey we landed at Sumburgh airport to be met by the redoubtable Sue Weir and taken to the former Laird's house, now a hotel. We joined our party of 17 at the evening meal. Masks of course on the bus and indoors but much of our time was spent outside inspecting the many excavations of bronze and iron age settlements. Our excellent local guide Deborah, PhD, kayaker, knitter and historian conducted us effortlessly around the mainland. Shetland has over 100 isles of which some 16 are inhabited. The isles became part of Scotland in 1468 when King James III of Scotland wed a Scandinavian princess. The islanders we met seem to consider themselves still part of the north, we never saw a saltire on either island. In Scalloway the former capital of Shetland we visited a museum and learned about the Shetland Bus. In WWII, Norwegian sailors supported by the Royal Navy and by islanders, ferried men and materials between Shetland and occupied Norway, a very brave and dangerous enterprise which cost many lives.

Oil has made a vast difference to the islands. By claiming a tiny amount of duty for every barrel landed, the community has built new roads, schools, leisure centres and swimming pools. The landscape is spectacular and since the arrival of the internet, jobs are more plentiful and population of the isles is increasing. No midges at this time of year and only one half day of rain. Our four days on the mainland were full.

Seven of us chose to take the ferry to Orkney rather than fly. Possibly a mistake as by sailing at 17.30 we were soon in the dark and did not arrive in Kirkwall until 23.00. Our hotel had only recently opened - I think they were unable to offer any room service which we found surprising after the excellent care we had had in Shetland. However, the staff were always willing to supply our needs. Here, our local guide Patricia was Orkney born and bred and enthusiastically showed the ancient and modern delights of the islands. The Italian Chapel was built by POWs of WWII, as they also built the Churchill Barriers. This had originated as a non war project to link several of the islands - surprisingly it



Inside the Clickminin Broch, Lerwick. Neil Weir.

also stopped German submarines entering Scapa Flow from the east!

We saw the grave of Johnnie Notions aka John Williamson, who was inoculating Shetlanders against smallpox, many years before Edward Jenner. We visited Stromness, a charming hamlet, and the land-based HMS Tern a ground station for the RN Air Arm. In Kirkwall, St Magnus Cathedral towers over the town, once catholic now presbyterian. The islanders took the transformation in their stride apparently with no upheaval. No Celtic *versus* Rangers war here. A busy eight days, we came home for a rest but a great trip! We now watch the TV series *Shetland* with great interest 'been there; saw that', hoping that Sue and the organisers will want to run this holiday again!

## Pat Last



The Pier Arts Centre, Stromness. Neil Weir.

## Excursion to the Northern Isles 2022

Why not join this intriguing and fascinating tour to the Northern Isles next year? The stone Brochs may not excite you on paper but once you have been inside someone's home from 7th century BC to 6th Century AD the shivers run up your spine! The excellent local guides bring it all to life, hear the part Orkney played in both WWI & WWII - Scapa Flow, the Churchill Barriers & the beautiful Italian Chapel.

So join: [www.jonbainestours.com](http://www.jonbainestours.com)  
[info@jonbainestours.co.uk](mailto:info@jonbainestours.co.uk)

31 August - 8 September 2022



# Sue Weir's three autumn walks.

This autumn Sue Weir has treated us to three exceptionally good walks, *Eastern reaches of the river Thames* on the first of September, *Surprises in Regents Park* on the 29th of September and *Fitzrovia* on the 8th of October. Sue puts in an immense amount of work planning these excursions, and includes vast specialist information about the places to which she takes us. We are all tremendously indebted. Thanks SO much, Sue!

On the first of September, Sue and her merry band explored east London's north bank of the river and beyond, starting from Wapping station. This area has been famous from ancient times, but now is part of the somewhat less iconic London Borough of Tower Hamlets. The narrow streets here, however, are still cobbled and a beauty to see, punctuated with ancient hostelrys such as the *Captain Cook* and the *Prospect of Whitby* (but no-one dropped in for a short rest, on this occasion!). Each morning and afternoon group progressed through Shadwell and Limehouse basins, enjoying the intricate descriptions of history of the area as described by Sue. All of these dockland areas were more or less flattened by bombing during the second World War, but since have become 'gentrified' with the building of multiple blocks of attractive modern apartments. Continuing to the Isle of Dogs, the sky scrapers of Canary Wharf surrounded the walkers. Sue eminently described the immense changes that have occurred. Now, this is one of London's two main financial centres (the other being 'the City' a couple of miles further west). An exceptionally interesting walk, once more blessed with excellent weather.

On the 29th of September Sue met us at Great Portland Street underground station for our walk

around Regent's Park. This time there were few of us attending, due to gremlins in the booking system, now that everyone is only just getting back up to speed after Covid lockdowns. The weather was kind to us again, so we set off with great enthusiasm. Before we entered the park we took the opportunity to pass the building of the Royal College of Physicians, noting the difference in architecture of this modern structure compare with the more traditional John Nash terraces surrounding it.

Regent's Park is one of the Royal Parks of London, historically it was a royal property, used for personal hunting of the royal family and its guests. However, in the early 1800s the Prince Regent decided it could be used as a garden, for more general enjoyment. On our walk we joined the Outer Circle of the park and, examined the Grand Avenue, but ourselves progressed



Regent's park. John Skipper.

up the adjoining path between the splendid flower beds. Different species of flowers and trees, all replete with a huge variety of wild life – here in central London! There is so much to admire in the park, from Winfield House and its relationship to St Dunstan's and the nearby 'hidden secret garden', designed for quiet and meditation. Sue also told us about the efforts of the Royal Botanical Society, the Conservation and Wild life area and St George's Lodge. No stopping at the zoo this time. Passing near the allotments, we could wonder at the wide range of fruit and vegetables that can be grown there. On through the Rose Garden and to the beautiful little pools and waterfalls, fed by the ancient Tyburn stream. Finishing off, we admired the arrangement of the open air theatre, and then sat down and had a nice cup of tea at the very pleasant café.

On the 8th of October we explored Fitzrovia, having met at Warren Street tube station. In the



St Katherine's Dock, background Canary Wharf skyscrapers



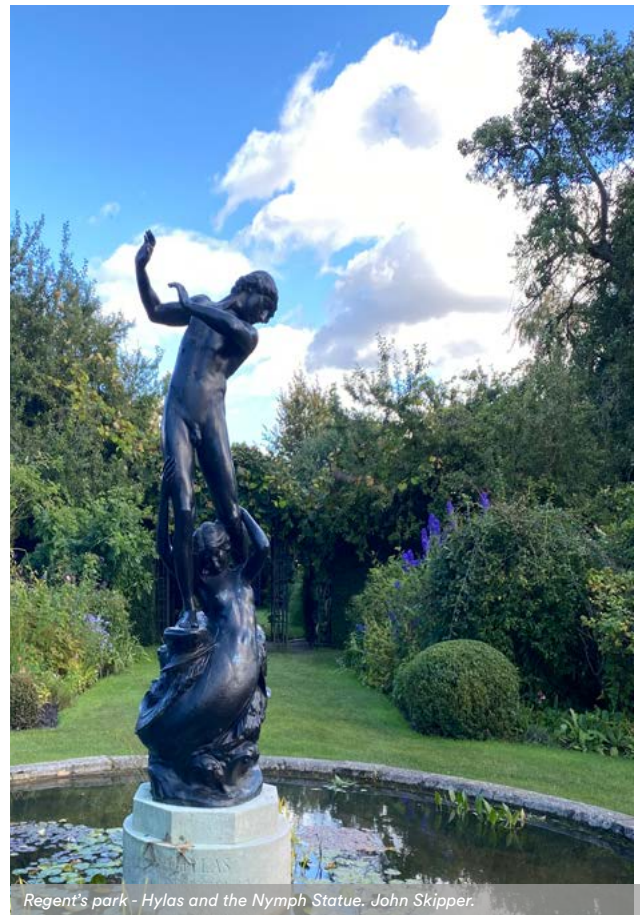
early twentieth century this area was regarded as being somewhat bohemian, but to our modern eyes Fitzroy Square and its fine houses still look pretty grand! Continuing along the streets we passed the buildings of Ove Arup – the world famous architect of the Sydney Opera House and our very own Millenium Bridge. Marie Stopes had her first premises in Howland Street, and Whitfield Street has the modern successful ‘Doctor’s Laboratory’. This street runs parallel to Tottenham Court Road; the American Church in London has openings on to both, church on one side, modern soup kitchen on the other. Also here is the Fitzrovia Children’s Playground, and appropriately nearby is Pollock’s Toy Museum. Turning into Charlotte Street, we heard how in previous times this contained ‘racy’ pubs, bars and restaurants, but now is considerably more sedate. There are several well known names and representatives of chains, but also a good selection of individually owned establishments.

Probably the highlight of this walk for many of the participants was visiting what had been the site of the Middlesex Hospital, established in 1735 – in its day William Hunter had trained there, but now there are no remains of it left. The whole structure was demolished and is now occupied by several high rise apartment blocks. It is certainly very tastefully done, but there were many, almost tearful recollections from members of the group, recalling happy days of the past when they were there training, or working as young doctors.

The final element of the walk was (somehow mysteriously!) finding ourselves at the entrance to the new BBC buildings in Langham Place. Sharp eyed companions will notice that on television, many outside commentators are in fact standing on the high circular veranda of the abutting All Souls Church, which also is the home to many concert performances, these days. Original architecture here also had been designed by John Nash, these buildings in pleasant contrast with the brand new and modern. The Langham Hotel just across the street does seem to be a bit above the pockets of most of us, but apparently was a favourite of Noel Coward.

Also, let’s all remember, Sue herself of course does each walk TWICE on each walking day, both morning and afternoon. Thanks again, Sue.

**Catherine Sarraf**



*Regent's park - Hylas and the Nymph Statue. John Skipper.*



*Regent's park - Griffin Tazza (Lion Vase). John Skipper.*



# Articles

## 'Is there a guidebook?'

**James P S Thomson**

*(The author provided 14 references for this article, but since the home rules for this journal do not permit extensive references, James is more than ready to provide full information to anyone who requests it)*

A visit of mine to Chester Cathedral in early 2017 ended by walking through the beautiful cloister. It was built in the 11th century and rebuilt subsequently in the 16th and 19th centuries. It has 130 'lights' in thirty-four windows around the four walks; most of the windows each have four lights. The stained-glass, inserted in the 1920s caught the eye as each light had a picture of a saint together with a date, the date of observance in the church calendar. The title 'light' at the beginning of the east walk of the cloister explains *THE CHURCH'S KALENDAR PICTURES THE WINDOWS OF THIS CLOISTER*. The question was 'is there a guidebook?' An obvious enquiry from someone interested in the church calendar - the negative response meant something had to be done! Three and a half years later, in June 2020, a record of all the lights, the work of a team of five, was published online on the Chester Cathedral website at 'Gallery of Saints'.



*The east walk of Chester Cathedral Cloister. The south walk is on the left.*

### Church calendar

The project to glaze the cloister was mentioned by The Very Reverend Frank Bennett, Dean of Chester 1920-1937, in his first sermon on 6 June 1920. It was the suggestion of his son, also Frank, that it should depict the calendar. The one chosen (there are a few versions) was that published subsequently in the unauthorised Prayer Book of 1928. The church calendar is in two parts, the seasons, known as the temporale, which are based on the Christmas cycle with

its fixed dates and the Easter cycle with its variable dates. The other larger part of the calendar commemorates the saints, both those mentioned in the Bible and those who have served the church over the years. They are observed on fixed dates and known as the sanctorale. Six lights depict the Easter Cycle and a further 99 lights the fixed dates.

The 1928 calendar accounts for seven eighths of the cloister and the remaining windows display others who were significant in the Church of the seventeenth century. Interestingly, a number of them are now in the current Common Worship

### St Luke

For a medic, St Luke is always a good starting point, he is celebrated each year on October 18. Here are the usual attributes, the winged ox with a halo, a book representing the Gospel



*The first light on the east walk of the cloister – the title light*

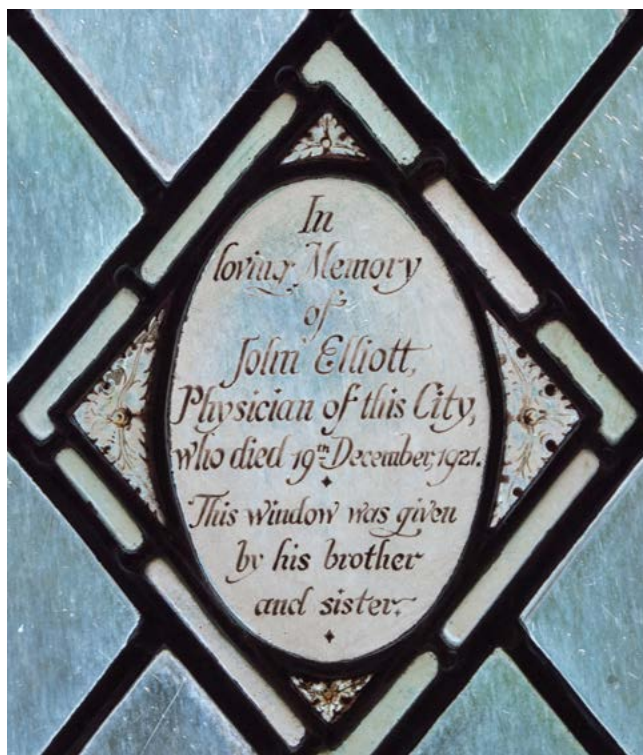


*St Luke - background from left to right: the tower of St Bartholomew the Less, the Henry VIII Gatehouse and the Pathology Block, St Bartholomew's Hospital in Smithfield.*

he wrote and a representation of the icon of the Blessed Virgin Mary. But there are some other interesting features, namely the heraldry of St Bartholomew's Hospital and a depiction of the Hospital's Henry VIII entrance gateway together with the heraldry of The Royal College



of Surgeons of England and the University of London. These unexpected features are there because this light, together with nearly all the others, is a memorial. This was how the money was raised by the Dean and Chapter for the glazing. The St Luke light is in memory



The memorial to Dr John Elliott in the St Luke light.

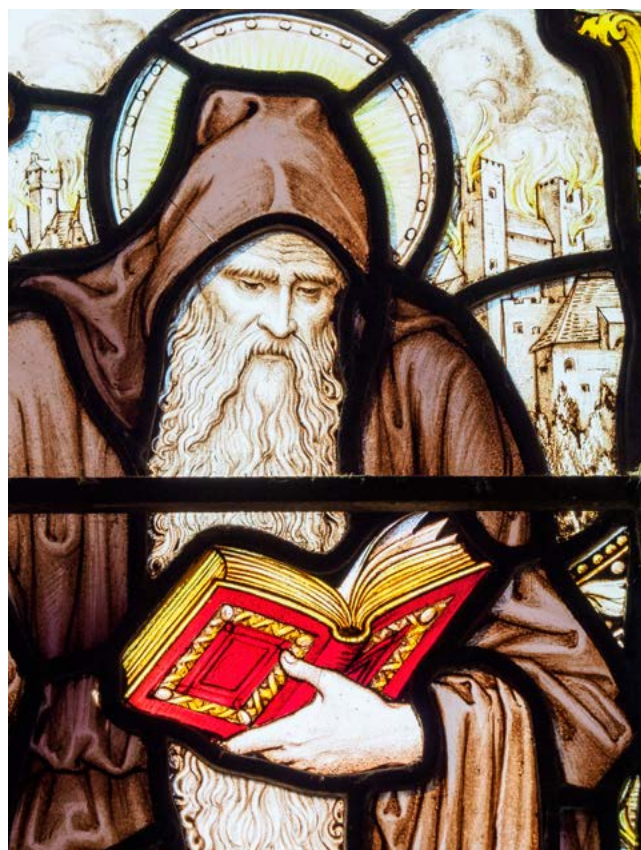
of Dr John Elliott (1861-1921) who was a well-respected consultant physician at the Chester Royal Infirmary from 1895 until his death in 1921. He graduated from St Bartholomew's Hospital Medical College (University of London) in 1885 and very soon after became a Fellow of The Royal College of Surgeons. He subsequently became a Fellow of the Royal College of Physicians but that is not depicted.

### Dedicatees

It became clear that the cloister glazing was not only a depiction of the church calendar but also a snapshot of the lives of many who lived in Chester and nearby, one hundred and forty-seven names are recorded. Whilst the clergy and people associated with the Cathedral predominate (48%) there are local business people (27%), some held national office, there were those who were casualties of war (17%), doctors and nurses (4%), educators, and three children. In addition to John Elliott (above) three further medical people who worked in Chester are commemorated in the cloister. These are two Dublin graduates, Robert Ball Wright (1862-1919) and William Alexander Fitzgerald (1850-1932) and a further graduate from Bart's William Alfred Dickson (1880-1925) who died in his forties having been severely injured in World War I.

### St Anthony of Egypt

Another light of some interest to members of the medical profession is St Anthony of Egypt who is commemorated on January 17, he was born in 251 and lived to a great age. He was a hermit in the desert but later gathered followers to whom he became abbot. Many centuries later in about the year 1095 a community of Hospital Brothers was established with St Anthony as their patron, they specialised in the care of people with ergotism which is sometimes referred to as *St Anthony's Fire*. That diagnosis certainly rings a bell from medical student days. The fungus *Claviceps purpuræ* infects cereals and an alkaloid produced by it may result in severe cerebral, gastro-intestinal and vascular symptoms. In this light behind St Anthony's head, monastic buildings are seen to be on fire! This is a rather dramatic way to indicate the great work of this community caring for these very sick people. In a paper delivered to the History of Medicine Section in December 1967 Douglas Whittet, then Master Apothecary, traced the history of The Worshipful Society of



St Anthony of Egypt depicted in monk's habit with monastery buildings alight to signify 'St Anthony's Fire' (ergotism)

Apothecaries of the City of London through the Grocers' Company and the Pepperers' Guild to the Fraternity of St Anthony in Threadneedle Street, who were responsible in the 13th century for the Hospital of St Anthony, caring for those with ergotism.



## The Artists

The two principal artists, responsible for 61 lights (47%) each, were Archibald Keightley Nicholson (1871-1937) and Frederick Charles Eden (1864-1944). Sadly, there are no archival collections of Nicholson's work at Chester Cathedral but there are several original drawings of Eden's lights in the Victoria and Albert Museum Archive and also some of the final cartoons from which the windows were made. The other two artists were local to Cheshire, Gilbert Percival Gamon (1877-1947) and Trena Cox (1895-1980). They designed four lights (3%) each.

## Some interesting features

Each light follows the same basic pattern with a picture of the saint together with the name, date of observance, the expected attributes and the dedicatee. However, there are many other features which include some of the following:

*The Signs of the Zodiac* - Most of the windows have a reference to the Sign of the Zodiac with its glyph as an extra symbol of the date. This was slightly unexpected but reference to the second (1552) to fourth (1604) Books of Common Prayer indicates that the Zodiac sign is included in the calendar pages. By the time the 1662



An example of a Sign of the Zodiac – Leo the Lion whose date range is July 23 to August 22. The glyph may be seen above the tail.



Jesus Christ entering Jerusalem on the first Palm Sunday, riding on a donkey.

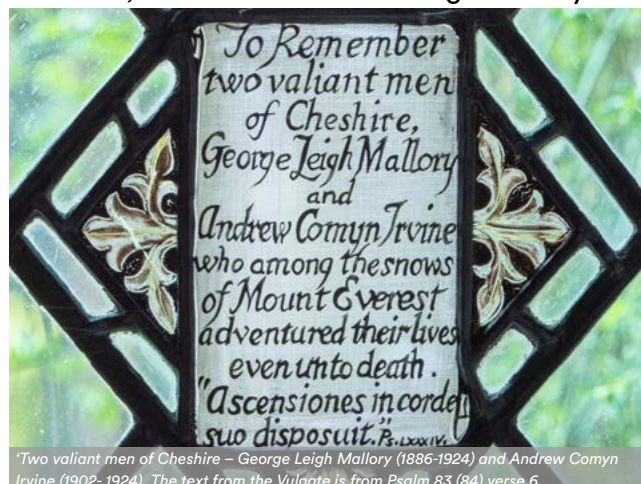


The St Bernard dog in the light commemorating St Bernard of Menthon (died 1081), the patron saint of mountaineers.

Prayer Book was published, the one we are familiar with, the sign was no longer used.

*Heraldry* - There are forty-five references to armorial bearings, mainly in the lights of Archibald Nicholson. Three such examples appear in the St Luke light as described above.

*Animals* - In addition to animal representations in the Signs of the Zodiac there are another 24 illustrations including three horses, a donkey for Palm Sunday, an otter, and several birds. There are two favourites, one is the St Bernard dog in the light of St Bernard of Menthon (11th century) which also commemorates two famous men of Cheshire, the mountaineers George Mallory and



'Two valiant men of Cheshire – George Leigh Mallory (1886-1924) and Andrew Comyn Irvine (1902-1924). The text from the Vulgate is from Psalm 83 (84) verse 6.





Andrew Irvine who died on Mount Everest in 1924; the other is a bee depicted in a net. This is a rebus both for Dean Bennett and St Benedict, in whose light it is located.

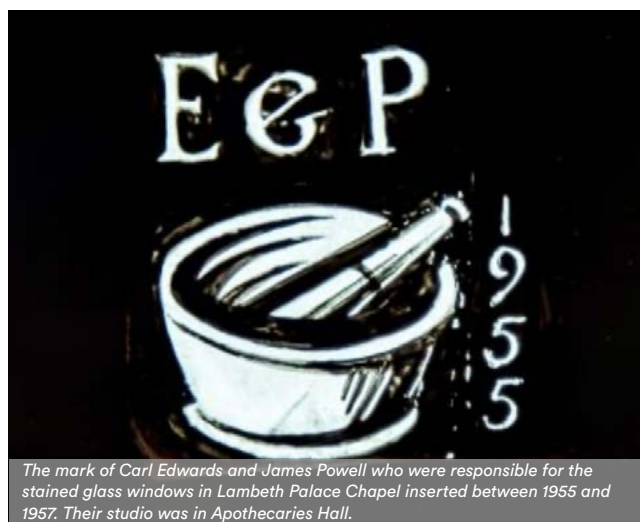
**Cathedrals** - A saint associated with a particular place is usually shown with their cathedral or abbey. A good example is St Werburga (c.650-700) whose shrine is in Chester Cathedral and of which city she is the patron saint. This is but a glimpse of what may be seen in this unique



'Gallery of Saints' in the cloister at Chester Cathedral. The real guide (now available) to all the lights, is to be found online on the Chester Cathedral website, free of charge. There is also a short introductory video.

'Is there a guidebook?' this question was asked before. On retirement from a career in Surgery in the Millennium Year, the opportunity to become a guide at Lambeth Palace presented itself to me. While training for this new role there was plenty of reading material but the stained-glass windows in the Chapel were only mentioned by title. They were installed between 1955 and 1957 and designed by James Powell and, mainly, Carl Edwards. Their studio was in the Apothecaries Hall and their mark was a mortar and pestle.

Archbishop Geoffrey Fisher (Archbishop of Canterbury 1945-1961) took intimate interest in their design and clearly stated when they were complete, that a guidebook should be written so that those who look at them may understand. A guidebook was produced in 2014 with the title



*The Story of Salvation*. This may be found on the Archbishop's website and is again free of charge.

Will the question be asked again? Yes it has been, and work is well underway producing a guidebook for the former Middlesex Hospital Chapel, now known as The Fitzrovia Chapel, which hopefully will be published online early in 2022. This 'trilogy' has been a very good retirement occupation for me stimulating research in a wide range of directions, and challenging skill in presentation.

'Is there a guidebook?' Will it be asked a fourth time?



## Acknowledgements

I must express my thanks to my colleagues in Chester, Canon Jane Brooke, Elizabeth Moncrieff, Barry Ingram (photographer) and Nick Fry, and at Lambeth, Lyndall Hacker and the late Brian Ellis who was the photographer.

## Further reading

**Chester Cathedral Gallery of Saints**

<https://chestercathedral.com/gallery-of-saints/>

**Lambeth Palace Chapel Stained Glass Windows**

<https://www.archbishopofcanterbury.org/sites/abc/files/2019-10/Story-Salvation-Nov-14.pdf>

**The former Middlesex Hospital Chapel**

<https://www.fitzroviachapel.org/>



# The Leake Street Arches, *Dr Leake and his hospital*

**Richard Lansdown**

Next time you are in the Waterloo area and have a spare half an hour, go to the Leake Street Arches, behind the station, just off York Road. There you will find an amazing display of what could be called graffiti, what some see as street art.



Entrance to the Arches

The arches are named after Dr John Leake, born in Cumberland in 1729, son of a curate. He became a Licentiate of the College of Physicians in 1766. He died in 1792 and is buried in Westminster Abbey.



John Leake

He devoted himself to midwifery and was the driving force behind the establishment of the Westminster New Lying-In Hospital which opened, in Lambeth, in April 1767, changing its name in 1818 to the General Lying-In Hospital. A new building on the east side of York Road, opposite County Hall, was opened in 1828.

The hospital closed as a maternity facility in 1971 and the building was sold in 2007; it is now a hotel.



The hospital building today

## The Arches

Eight arches now form a road tunnel about 300 metres long, running beneath the Waterloo station platforms and tracks. The walls are decorated with graffiti, initially created during the Cans Festival organised by Banksy on 3–5 May 2008.

Graffiti are not only allowed, they are positively encouraged and those on the wall are frequently painted over. Not surprisingly, the ceiling images tend to remain.

Every inch of the walls and ceiling is covered. The bulk of the work falls into three main categories, patterns, faces and lettering. There is a Mexican restaurant in the tunnel and another, offering Polish food, just outside it.

I wonder what Dr Leake would have made of it all.

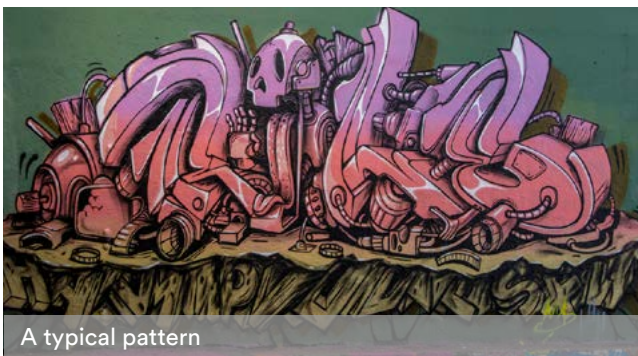




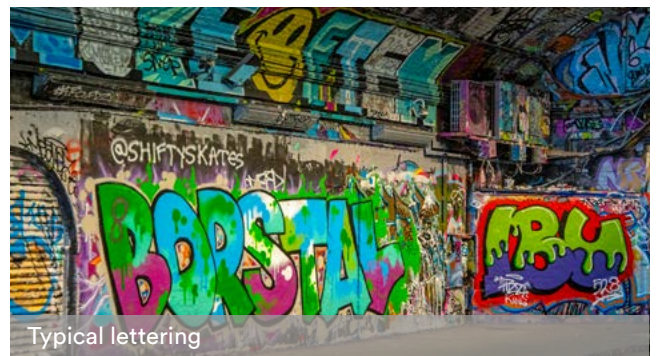
A rare political statement



Art on the ceiling. There were, on the two occasions I visited, surprisingly few political statements



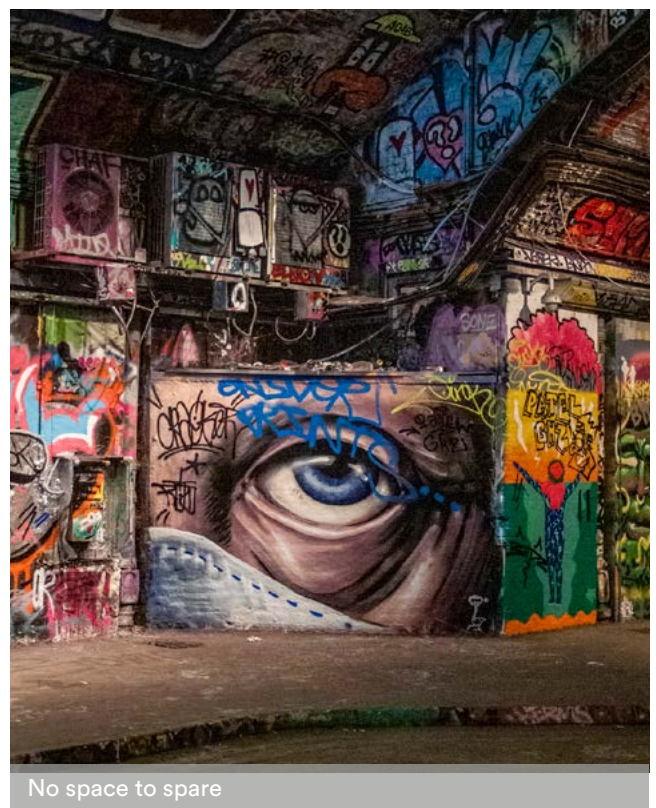
A typical pattern



Typical lettering



One of the many faces



No space to spare



# Book review

## Loose Chippings

### by Harvey White

Through ten chapters, Harvey White has produced a riveting and lavishly illustrated account of his life and his professional journey. *Life's kindergarten, A land of milk and honey, Crossing the equator and then the Rubicon, Towards 'Godliness and the studies of good learning', The end of the beginning, Apprentice to master, Surgical mirage, Harley Street, The only way is forwards and backwards and Through a glass darkly* are the titles he chose for his chapters. His writing clearly indicates how greatly he values passing wisdom, gained through a long and meaningful life, to the younger generations rising and growing; Harvey is clearly attached to both his forebears and descendants alike.

Harvey's initial background was more academic than medical, one of two sons to a father attached to the Royal Navy, as a scientist. In the late 1930s, as a two-year old, due to his father's position, he, his brother, mother and father were posted to Hong Kong. Unbeknown to this happy family, war was brewing. In 1940, ahead of the Japanese landing in December, Harvey with his mother and brother were evacuated from the colony (his father having to remain, yet thankfully surviving incarceration through the whole of the war). Via the Philippines, the family was sent to Australia (a fascinating photograph of them disembarking from their ship, appearing on Pathe News, is of Harvey and his brother descending the gangplank). They spent the next four years there, during which Harvey and his brother embarked on their education at Cranbrook school, Sidney. Harvey's first interests in fishing date from this period in his life. Mother and sons left Australia for the UK in February 1945.

Harvey provides a full account of his education in *Loose Chippings*, particularly crediting his mother with never losing sight of the need for the family to strive for the very best education for the brothers. In the UK Harvey's education, from these first tender years started at Hillside school in Godalming at that time, followed by Winchester College (1949-1954). Besides his academic education, sports that Harvey has enjoyed have been squash, real tennis, racquets and of course fishing (see RFS 2020 issue 69 December: *Come cast a fly with me in Argentina*, 20-22), although more are mentioned as occasional pastimes. As his career, Harvey decided to read Medicine at Oxford, Magdalen College, subsequently followed by being a clinical student at Barts. After success

at his finals, he gives a full account of his progress through being a junior doctor, up to and including his return to Barts as a senior registrar. Harvey and Diana were married in 1965, and subsequently had two children, Phyllida and Charles. Aside from professional and family duties Harvey was able to take up the honorary post of Medical Director of Swan Hellenic Cruises, providing plenty of scope for travel for the next thirty-five years!

Harvey's professional development continued, from senior registrar to consultant surgeon at the Royal Marsden, with descriptions of some of the ground-breaking surgery he performed at that time. Throughout these accounts Harvey never stints at paying tribute to all the professional mentors he was privileged to work with, supervisors who taught him with their wealth of experience, colleagues and friends he's been lucky enough to share his life with. Harvey mentions three world famous men he came across closely in private life - Kerry Packer was a classmate of his at Cranbrook, at Oxford and subsequently he had some outings with Dudley More, and at Barts was once again familiar with John Betjeman. At the age of 52 Harvey reluctantly took early retirement from the NHS, but remained active in private medicine as well as being Chair and President of many learned medical societies and organisations. Harvey concludes his book with two chapters observing life at an ever-advancing age. Sadly, after an eye injury in the 1950s, followed by surgery in 1961, his vision has deteriorated and presently he relies on his faithful dog Sunny to help him around. Also a perpetual sadness for him in recent years has been the decline in mental health of this beloved wife Diana, about which his final chapter is written. The substance of this has already been published in this journal (RFS 2018 issue 62 August: *Through a glass darkly; reflections on dementia*, 32-34).

The whole book is a fulfilling and interesting read, providing reflections and details on the life of one of our foremost Fellows at the Royal Society of Medicine.

**Reviewed by Catherine Sarraf**



# Obituary

## Dr Jean Ross Colston

15/02/1931 - 15/05/2021



Contented in her advanced years, Dr Jean Colston died recently with her family around her. She had trained at the Royal Free Hospital Medical School, then still an all-woman establishment. Jean qualified in 1957, and was eventually appointed as Consultant Rheumatologist at the Central Middlesex Hospital from 1975 until her retirement in 1995.

Jean was born in 1931 in central London to Eric and Cathie (nee Ross) Colston. When she was eight, she and her two younger brothers, Ian and Colin were evacuated to stay with H W Hoover and his wife on their estate in North Canton, Ohio, USA, due to their father being managing director of Hoover in the UK. They set sail from Southampton in 1940 in the company of their nanny and remained happily in North America until August 1944, 6 weeks after D-Day. Jean loved the outdoor life and activities which America had to offer even at this young age. Her Yankee bike was her pride and joy! She and Ian were moved to a boarding school in Canada in 1943. Their parents thought that this would better prepare them for English schooling on their return. The three siblings, Ian and Jean from Canada and Colin from the USA, returned to Liverpool in 1944 by chance on the same ship, the NZS Rangitiki. After a train journey they were reunited with their parents in London. In this way, much of Jean's independence of spirit and love of sport was nurtured in North America.

After their return, Jean completed her schooling at Roedean School before being admitted to the Royal Free, at that stage still in its original buildings in Bloomsbury. She cut a dashing figure in her little red MGTD drophead sports car in 1952. She enjoyed fast, beautiful cars throughout her life. It was at the Royal Free that she met her life's companion and fellow rheumatologist Mary Corbett. They were both senior registrars at the Middlesex Hospital. Mary died in 2009.

Jean was a straight-talking, no-nonsense woman but extremely kind and generous to friends, colleagues, and patients. A former consultant haematologist colleague at the Central who cared jointly with Jean for patients with sickle cell disease, recalls Jean's 'remarkable ability to

establish a wonderful rapport with distressed and challenging patients'. Jean also ran a highly regarded GP practice-based rheumatology service in Willesden. Her friends and colleagues remember her clear, beautiful handwriting and concise clinical notes.

Jean was an active member of the British Association for Rheumatology and Rehabilitation. In 1968 she was elected to the Editorial Board of the journal *Rheumatology* and was appointed deputy editor in 1969, working with Dr Douglas Woolf as editor. Her approach, as with most aspects of her life, was meticulous and highly valued. She acted as secretary to the Editorial Board until she stepped down in 1979. BARR merged with the Heberden Society in 1983 to form the British Society for Rheumatology. Rehabilitation was separated off to become the Medical Society for Rehabilitation. Jean was also Editorial representative for the section of Rheumatology and Rehabilitation at the Royal Society of Medicine. She was a regular attendee at medical and social events run by the Royal Society of Medicine section of rheumatology and rehabilitation and enjoyed travelling with colleagues on RSM-organised trips.

In her youth Jean was a keen sports woman and dancer. These passions lasted into her later life. She was an intrepid skier into her seventies.

Jean was a generous supporter of charities and, when necessary, of family and friends. She was a great traveller with Mary throughout their years of friendship and then with other friends and family members after Mary's death. She was game to try most adventures until relatively late in her life. She relished her 90th birthday but her health declined and she died peacefully three months later. Jean is remembered with great affection by her brothers as a born leader and a strict but caring older sister, always there to help and support them.

She is survived by her brothers Ian and Colin and their families and her much loved Godson, Martin.

**Dr Michael Shipley MA MD FRCP Consultant Rheumatologist (retired)**



Above: Charming photos from London Zoo  
taken by Jeffrey Rosenberg

# Information for Authors

There are three issues per year of the Retired Fellows Society *Newsletter*, which appear in April, August and December. Articles may be submitted at any time, and accepted ones are compiled into the next available issue space.

Each manuscript should bear the title of the article, name, address and email address of the author. Please write in Arial Narrow, 12 point, 1.5 spaced and do not justify the text. Spelling needs to conform to the Oxford English Dictionary.

Text **MUST** be submitted electronically, as a fully editable Word document.

## Accepted articles for the *Newsletter*:

- Solicited articles, on a topic agreed with the editor, and should be 1,500 to 2,000 words in length.
- Articles submitted by readers - 500 to 1,500 words.
- Reports of presentations at meetings of the Retired Fellows Society - 500 to 1,500 words, the author invited by the Chair of the corresponding day.
- Reports of extramural events of the Retired Fellows Society - 500 to 1,000 words, the author invited by the leader of the event.
- Reports of Retired Fellows Society tours - 1,000 to 2,000 words, the author invited by the leader of the tour.
- Short 'fillers', text and/or photographs. Poems, quotes, amusing items, brief - under 200 words.

## Imagery:

With reference to submission of images (which is encouraged), it is important that each image is accompanied with a title, description and photographer acknowledgement.

Photographs should be uploaded digitally and be as high resolution as possible.