



The ROYAL  
SOCIETY of  
MEDICINE



Newsletter Issue No.69  
December 2020

# RFS

Retired Fellows Newsletter





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**Cover:** A fly fisherman crosses a river in Argentina

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# Editorial:

Catherine Sarraf

Autumn has come and gone, but sadly Covid-19 remains with us. The aim of our committee has been to plan events in the thorough manner as is normal, but then having to cut back as necessary. Jeffrey Rosenberg has constructed an excellent programme of lectures, Sue Weir and Rosalind Stanwell-Smith have continued to research excellent extramural events in which we can participate. These plans have had to be modified. Our lectures now take place as webinars (very many thanks to speakers, chairs and RSM staff for learning and exhibiting all the new skills required).

At the time of writing it is certainly not possible for us, as we are all from different households, to meet up in any venues at all, so no extramural events either! Sue intends to lead the Seine Cruise in May 2021, restrictions permitting. Memo Spathis is doing a sterling job with the Camera Club, interconnecting electronically.

I'm certain you are disappointed that this December's 'Recent Advances in Medicine and Surgery' whole day meeting, organised by Professor Robin Williamson, Dr David Murfin and others, has been postponed until 2021. It was a joint decision that producing such a high level group of lectures, one after the other all day as webinars, would probably not do justice to the exceptional contributions of the planned elite speakers. The organisers look forward to following up the preceding seasons, next December.

Fellows! I sincerely invite you to submit a 'piece' to this, our journal. Everyone has a story in them, begging to come out, be it recollections of professional life (humorous or serious), tales of other times or today, vignettes of general interest to our Fellowship. Peer review doesn't exist here! Please take a glance at our 'Instructions for authors' on the back cover, and get writing!

Christmas and New Year, followed by spring, beckon. Hopefully Covid will be conquered. Keep well!

**Merry Christmas to all, and a very Happy New Year.**



*Left: Burlington Arcade, Mayfair  
Above: A rainbow Iguana on the Galápagos Islands  
Both images by Harold Ludman*

# FORTHCOMING MEETINGS

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## Intramural meetings

Your committee, officers and our administrators have worked tirelessly to preserve the 2020-2021 programme at this time. Fortunately, we have been able to bring together a stellar group of speakers who have readily agreed to webinar presentations. Our speakers are all leaders in their respective fields and sought after both at a national and international level. Their presentations should not be missed, so please diarise the dates now! Please also visit the RSM website and note e-alerts for our future events.

On 18 February, Natalie Ceeney CBE will address us on the future of cash in society; 18 March, Jelena Bekvalac on what we can learn from ancient skeletons; 15 April, Professor James Marshall on his research on bees and human brain function; 20 May, Professor Chris Rapley on climate issues; 17 June, Sir Lawrence Freedman on the future of warfare. I can recommend Google for easy access to even more full and fascinating biographies of our speakers.

**Jeffrey Rosenberg**

**Intramural Events Organiser**

**Thursday 18 February 2021** – Natalie Ceeney. Will Britain go cashless?

Chair: Rosalind Stanwell-Smith

**Thursday 18 March 2021** - Jelena Bekvalak. Archaeological remains and industrialisation: impact of it on London health from skeletal remains.

Chair: Ian Stephen

**Thursday 15 April 2021** – Professor James Marshall. Go to the bee and be wise: how AI can learn from the honey bee brain.

Chair: Catherine Sarraf

**Thursday 20 May 2021** – Professor Chris Rapley. Together we can. Aspects of climate change.

**Thursday 17 June 2021** – Professor Sir Lawrence Freedman. Strategy for pandemic: learning from Covid

## Extramural events

We are now planning for events to start again in the late spring or early summer next year, depending on progress with managing the pandemic and a vaccine. While some possible venues have re-opened, the restriction in tour numbers is way too small at present; also we need better confidence in using public transport safely. Top of the list at the moment is a visit and tour of the Royal Opera House, which finished refurbishing just before the onset of Covid-19. We'd also like to repeat the popular tour and afternoon tea at the London Palladium theatre. A trip to Cambridge to visit the Fitzwilliam Museum and have lunch at a college is another possibility for the late summer/early autumn. Walking tours will also re-commence as soon as group size and virus-safe transport permit. As always, if you have a particular connection with a venue that could offer a special tour to us, do get in touch. Ideally any suggested venue should be easily accessible by public transport. Meanwhile, I know we're all looking forward to getting out and about again in 2021!

**Rosalind Stanwell-Smith**

**External Events organizer**

# Extramural excursions

## May Cruise and London walks

A fantastic holiday awaits you - exactly what is needed and something to look forward to, and of course the excellent company of members of the RFS. So Cruise the River Seine in luxury on AMALyra, 20th - 27th May 2021. Prices for a twin cabin with river view from £3104.0 pp or with a French balcony, where you can sit and enjoy the passing countryside, from £3872.0 pp. There is reduced single supplement with a river view from £4995.0. These prices include: standard class return rail from St Pancras; overseas transfers; pre-paid on board gratuities; 7 nights full board with fine dining; quality wines, beer and soft drinks with lunch and evening meals onboard; a full programme of shore excursions; free wi-fi on board and all under the protection of 'Mother Hen' Sue Weir. For further information please contact Sally Collicott 01728 638516.

LONDON WALKS - Be brave next year and Covid-19 permitting come with me and enjoy exploring different areas of London - Fitzrovia (April) - so close to the RSM, a little further north to Regent's Park (May) and its hidden secrets, stretch your legs in Chelsea (June) and find some small exciting smart streets, and finally a blast of fresh air along the River Thames (July) going east from Wapping to Canary Wharf. Perhaps a walk in September. Which areas would you like to discover?

**Sue Weir**  
**Organiser**

## Camera club

Our first webinar this session was held on the 16th of September, when Harold Ludman spoke on *Photographing Flowers*. He discussed various necessities and techniques, such as illumination, using and adapting flash, macro and close up photography, and problems with focusing, in particular the very narrow depth of field available. This can be circumvented, when necessary, by 'focus stacking' where many photographs are taken focusing on a different part of the subject and then merged together by software. Apart from illustrating these technical problems, he showed many of his wonderful flower photographs, leaving us with an urge to go out and practice!

On the 26th of October, we had *Wildlife: photography around the world* by Kevin Elsby, retired GP. Not only has he an additional BSc in Natural Sciences with Earth Sciences but also a Master's in Wildlife Biology and Conservation, and he is a life-time member of the British Dragonfly Association. More remarkable still, he has achieved a Fellowship of the Royal Photographic Society (a badge of great distinction) and also sits on the Nature Panel of the RCP, judging all entries from those seeking an RPS distinction. Since retiring he also guides wildlife photographic expeditions.

The 26th of November allowed us to welcome a talk from Louis Berk, a very well known author and photographer on *A Whitechapel Eye – photography from the East End's most famous district*. Articles and photos by Louis have been published worldwide.

The 21st of January brings Hermon Dowling ARPS, an enthusiastic traveller and photographer member of the RFS, who will give an illustrated talk on *An African Safari*.

We are planning further meetings by Zoom in the New Year, until such time as the RSM is open again and we can return to our usual meetings.

Our meetings are open to all members of the RFS. GDP regulations prevent us from sending the links to all, but anyone interested should let our chairman know at [rglansdown@yahoo.co.uk](mailto:rglansdown@yahoo.co.uk) who will make sure that you are included in the mailing list.



# Biographies of speakers

## Will Britain go cashless?

**Natalie Ceeney CBE, Chair, Access to Cash Review**

Thursday 18 February 2020

### *Biography*

Natalie Ceeney CBE is a Chairman and non-executive director. She has worked across multiple sectors, as a three-times CEO (of The National Archives, HM Courts and Tribunals Service, and the Financial Ombudsman Sector), and on the UK Executive of HSBC. She has a deep understanding of the technological changes underpinning financial services, and Chairs Innovate Finance, the members' body for FinTech. In 2019, she published an independent review into the implications of a cashless society, with a variety of recommendations for government and regulators, which have been widely adopted.

Natalie – who authored the 'Access to Cash Review' in 2019 – will outline the key trends, benefits and challenges with our march towards an increasingly cashless society. She will also share her insight concerning the likely direction of travel from government, regulators and banks – as well as how members of the public are likely to respond.

### *Abstract*

Cash use is declining faster in the UK than in most countries globally – and even before Covid, represented fewer than 1 in 4 transactions. Covid has seriously accelerated this shift, with 'no cash' becoming a common sign in retailers' windows. But at the same time, millions of people depend on cash, and digital solutions don't yet work for everyone.

## Archaeological skeletal remains and industrialisation: impact of it on London health, as revealed from skeletal remains

**Jelena Bekvalak, Curator of Human Osteology, Museum of London**

Thursday 18 March 2020

### *Biography*

Jelena Bekvalac, BA Hons, MSc, FSA is a Curator of Human Osteology at the Centre for Human Bioarchaeology, Museum of London, and has been at the Centre since its establishment with funding from the Wellcome Trust in 2003. Prior to becoming a Curator in 2008, she was a research osteologist within the osteological team based at the Centre. Before being fortunate enough to work at the Museum of London with such an outstanding skeletal collection, she worked on archaeological excavations in England and was lucky to have had the opportunity to work on excavations and projects with skeletal remains in Jordan, Russia and the Czech Republic as well as the extraordinary Spitalfields Market excavation. As a curator at the Centre for Human Bioarchaeology, her role is varied and interesting, caring for the extensive archaeologically derived skeletal assemblages; recording & analysing the osteological data; assisting & supporting researchers; working with volunteers; teaching; presenting talks; collaborative research projects and participating in outreach events. Jelena enjoys being involved in outreach events for schools and students to share with them the wonderful array of information that can be learnt from skeletal remains. Areas of particular interest include palaeopathology, radiography and post-medieval bioarchaeology.

### *Abstract*

The Museum of London curates archaeologically derived human skeletal collections, and provides an exceptional opportunity for learning about the past directly from the people

who lived and died in London spanning over 2,000 years. From our natural inquisitiveness, there is always a desire to want to know more and to ask questions about the people at an individual and collective level. With the skeletal remains all being archaeologically derived, this provides a rich and invaluable source of contextual information, which enhances the variety and sources of information possible to extract from their analysis. London has experienced significant changes over the course of time. One such momentous period was the Industrial Revolution and the concomitant effects of the industrial era, still evident in our working and living environments. A funded research project, with the Rosemary Green Grant awarded by the City of London Archaeological Trust (CoLAT) provided the opportunity to ask the question of how industrialisation had affected the health of London by investigating large numbers of adult skeletal remains, from the pre-Industrial and Industrial period, focusing on five themes pertinent to the population today. The legacy of industrialisation continues today and skeletal remains of people from the past provide a fascinating insight into its effects and the impact it has had in shaping our health and lives.

## Go to the bee and be wise: how AI can learn from the honeybee brain

**Professor James Marshall**

Thursday 15 April 2020

*Biography*

James Marshall is Professor of Theoretical and Computational Biology at the University of Sheffield, and Chief Scientific Officer at Opteran Technologies Ltd. He leads the EPSRC 'Brains on Board' project, a 5-year collaboration between three universities to reverse-engineer the honeybee brain, and apply the lessons learned to artificial intelligence and robotics. These discoveries are being brought to market by Opteran, a University of Sheffield spinout company.

*Abstract*

Understanding the brain has held tremendous promise for artificial intelligence since Alan Turing's pioneering work, but the focus is usually on big-brained animals, including primates such as ourselves. Prof Marshall will reveal how, by studying the much smaller brain of the honeybee, rapid advances are being made in understanding how to build truly autonomous systems, that 'think' the way an insect does. He will present a mixture of biological experiments, computational models, and real-world robots.

## Together we can. Aspects of climate change

**Professor Chris Rapley CBE**

Thursday 20 May 2020

*Biography*

Professor Chris Rapley CBE is Professor of Climate Science at University College London. He is a Fellow of UCL and of St Edmund's College Cambridge, a member of the Academia Europaea, Chair-elect of the European Science Foundation's European Space Sciences Committee, Member of the Advisory Board of the UK government's Clean Growth Fund, Patron of the Surrey Climate Commission, and a member of the UK Science Museum Group's Science Advisory Board. His previous posts include Director of the Science Museum, Director of the British Antarctic Survey, Chairman of the London Climate Change Partnership, President of the Scientific Committee on Antarctic Research, Executive Director of the International Geosphere-Biosphere Programme, and Distinguished Visiting Scientist at NASA's Jet Propulsion Laboratory. He was founder and Head of UCL MSSL's Earth Remote Sensing Group. He was

Chair of the International Planning Group for the International Polar Year 2007-2008 and Chair of the European Space Agency Director General's High-Level Science Policy Advisory Committee. More recently he has focused on the role of climate scientists in delivering value to society through decision making, public policy and more effective communication. He is Chair of the UCL Policy Commission on Communicating Climate Science. In 2014 Prof Rapley and the playwright Duncan Macmillan wrote the acclaimed play '2071' which Prof Rapley performed at the Royal Court theatre and in Hamburg and Brussels. The script is available in paperback published by John Murray. More recently Prof Rapley was the Science Consultant on BBC1's 'Climate Change – The Facts' presented by Sir David Attenborough. In 2003 Prof Rapley was appointed CBE by Her Majesty the Queen. In 2008 he was awarded the Edinburgh Science Medal for having made 'a significant contribution to the understanding and wellbeing of humanity'.

#### *Abstract*

Actions to address climate change at the scale and pace necessary are proving elusive. This should not surprise, as they require fundamental transformations of the way we power, finance and run the modern world. Science tells us the nature of the problem, but no amount of factual information will tell us what we ought to do. That requires a realistic and constructive discussion. Every day wasted and every decision delayed commits us to greater problems and future hardships. With a sufficient critical mass of commitment, together we can seek to 'avoid the unmanageable and manage the unavoidable'.

## **Strategy for pandemic: learning from Covid**

**Professor Sir Lawrence Freedman, Emeritus Professor of War Studies, King's College London**

Thursday 17 June 2020

#### *Biography*

Sir Lawrence Freedman is Emeritus Professor of War Studies at King's College London. He was Professor of War Studies from 1982 to 2014 and Vice-Principal of the College from 2003 to 2013. He was the Official Historian of the Falklands War and a member of the Chilcot Inquiry into the Iraq War.

#### *Abstract*

In the aftermath (hopefully) of Covid-19, the talk will consider the extent to which the varied experiences of different countries were the result of strategic choices (and if so which ones) or other factors, such as health systems, luck, social culture or geography.



*Harvest Bales by  
Mark Buckley-Sharp*



# MEETINGS REPORTS



## Covid cancellation of Recent Advances in Medicine and Surgery

*10 December 2020:* For the last several years the Retired Fellows Society has arranged an annual one-day meeting entitled *Recent Advances in Medicine and Surgery*, on behalf of all Members of the RSM. The customary format has been seven lectures on subjects of topical interest with plenty of time for discussion at the end of each talk. Back in February 2020 I met with Dr John Scadding, Dr David Murfin (then Secretary of the RFS) and Dr Fiona Moss (then Dean of the RSM), to thrash out the programme for the meeting that was scheduled for 7 December 2020. Alas our plans were scuppered by the current health crisis. Ironically one of the proposed talks was to be on viral pandemics. We hope to rearrange the meeting for December 2021, though whether we will want to hear any more about the wretched Covid-19 is a moot point. As always, we welcome suggestions from Members of the RFS on potential subjects and speakers.

**Robin Williamson**



# Equality in the time of Covid

Following the AGM of the Retired Fellows Society on October 15th, the lecture *Equality and Human Rights in the Pandemic*, was given by Rebecca Hilsenrath, distinguished lawyer and currently CEO of the Equality and Human Rights Commission. Her overall theme, which kept emerging through the many aspects of the subject was the problem of competing, and of contradictory priorities. The Coronavirus Act passed in March 2020 was, she said, necessary to protect people, but it inevitably restricted everyday human rights and social freedoms.

In the week in which she spoke, global deaths from Covid had just passed the one million mark. As in most other European countries, many areas in Britain had, once again, rising numbers of cases and many of the restrictions that had characterised the spring lockdown were being re-imposed. Yet in the era of concern for human rights which set in after World War II and the holocaust, and has produced successive Acts of Parliament both here and abroad, all such restrictions must remain open to legal challenge. It is a balancing act between saving numbers of individual lives and preserving society, the economy, family life and more.

The Human Rights Commission, she indicated, works to try to amend many essentially unfair aspects of life in our society, the handicaps under which certain groups or individuals labour. Many of these are in fact replicated in the degree to which Covid affects different sections of our population. Age, sex, race, education, overall health, all appear to play a part. The elderly are by far the most heavily impacted group (40% of all UK deaths to date have been

in care-homes, usually in people with other medical problems and/or dementia). However, some well-intentioned attempts to keep the old 'safe' have resulted in social isolation and consequent effects on mental health.

The same is true of the disabled and of those with chronic conditions who live independently, but require regular visits from carers. Many of these people, the speaker pointed out, have not been receiving as much attention as they are normally entitled to, as some hard-pressed local authorities have been allowed to renege on their social care obligations. As a result, there are now 4.5 million unpaid carers, often relatives with other problems and responsibilities of their own, who have had to step into the breach. There is also the dilemma of the NHS, having concentrated on Covid, being burdened subsequently with a huge backlog of other cases needing attention but with no immediate prospect of it. Thus 'saving lives' from Covid may, in some cases, be resulting in other lives being shortened or lost.

Covid has also disproportionately afflicted certain ethnic minority groups, something that the year's Black Lives Matter movement has brought into stronger focus. In general, socially deprived areas of Britain do not have markedly more infections. However, they have more deaths, and this is especially the case in Pakistani and Bangladeshi communities. Ms Hilsenrath also remarked in passing that different ethnic communities have widely differing rates of mental disturbance, this is especially apparent among groups of recent immigrants and also in gipsy-traveller communities.

The Equality and Human Rights Commission has particularly concerned itself with the poverty that often underlies such health inequalities – something brought into alarming focus by the possibility of withdrawal or modification of furlough payments that have kept families going for much of 2020. Some however, through no fault of their own, were never eligible for furlough. Two-thirds of normal salary does not make an adequate living wage for those on minimum rates, and rent, rates and utility bills still have to be paid in full. The speaker felt that the prospect of evictions loomed. She reckoned that before long two-hundred-thousand children in Britain could be living in absolute poverty. She also raised the human rights issue of prisons in lockdown, with prisoners in many cases confined to their cells for 22 or 23 hours out of 24 – this including young offenders, in direct contravention of all accepted Human Rights standards.

Then there was also the issue of domestic abuse, with evidence that this endemic problem had become more widespread and/or acute during the restrictions of lockdown, while, for the same reasons it was more difficult for victims to seek help or even to raise an alarm. The Human Rights Commission has researched this subject earlier and had assisted in the drafting sexual harassment legislation, and also harder-to-prove gender discrimination.

Ms Hilsenrath concluded by saying that in competition between different and sometimes contradictory priorities, proper Governmental leadership, and a coherent framework, were needed. She was also of the opinion that the next few months would reveal what a post-Covid world would be like, since a crisis is always a precipitant of change.

In question time, it was asked where the figure of 4.5 million unpaid carers had come from. The speaker was not sure!

A further questioner pursued the overall balance-issue of saving lives *versus* human rights, to which the speaker responded that few human rights are absolute. For example, freedom from torture was, she felt, an absolute for all properly run nations, whereas freedom of expression was inevitably restricted by other considerations. 'Proportionate means are necessary in a democratic society. The aim is to regulate it in the least intrusive and restrictive way one can'.

**Gillian Tindall**



# ARTICLES

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## What was the ‘Plague’? *Part II*

Richard J Pusey

Headline! *‘Prince of Wales struck down by the Dreaded Sweat’*

No, this was not the Sun dated 23 March 2020 but the *‘Tudor Times’* dated 1 April 1502 straight from Fletestrete. However, unlike Prince Charles who went on to make a full recovery, Prince Arthur died the next day, aged 15, from another form of ‘Plague’ called ‘Sweating Sickness’ or the ‘English Sweat’.

Arthur was the elder son of Henry VII and heir to the throne, who had recently married Catherine of Aragon, the young couple having moved to Ludlow to start their married life. But all was not well and Arthur started to suffer from some form of chronic illness with wasting, weight loss and probable reduced immune response. What was this? Many theories have been proposed including tuberculosis (rife in Tudor times), testicular cancer (which might explain the ‘non-consummation’ of the marriage – but I’m not going there!) and type 1 diabetes, but we will never know. Medical historians love suggesting retrospective diagnoses in the safe knowledge, if they get it wrong, they will never get sued although there are a few lawyers out there these days who might have a jolly good try! Catherine was also struck down by the dreaded ‘Sweat’ but recovered (as did Anne Boleyn later). Arthur’s death allowed his younger brother Henry to have the throne (and his wife!) resulting in arguably the worst king we ever had, the ‘Sweat’ certainly altering the course of British history.

So what was this curious ‘Sweating Sickness’? Clinically it presented fairly suddenly with fever, chills, aches and then delirium. Severe sweating followed with breathing difficulties leading to respiratory failure and often death, sometimes within about 3 hours of onset. No rash was recorded nor evidence of DIC syndrome (see Part 1). Interestingly it seemed to affect more



Arthur, Prince of Wales, who may have died of the sweating sickness in 1502

affluent youngish people and in the summer months, unlike viral flu infections which are more common in the winter months and preferentially affect the elderly. It seemed to suddenly appear in 1485 and there were about 5 outbreaks before it suddenly vanished in 1551. Mercenary soldiers from the Continent, brought over to fight at the Battle of Bosworth, have been blamed, but there is little evidence for this. Furthermore, it seemed to start in England (hence the “English Sweat”) and spread to the Continent as far as Russia. Of more interest, there were no cases recorded in Scotland or Wales but it did reach Ireland. It was possible to get the disease a second time.

So what could have caused it? The true answer is nobody knows. However, many theories have been suggested and fingers pointed at many culprits.

Could it have been true bacterial plague? The symptoms, signs and speed of onset are quite different. It is true however, that outbreaks of ‘Plague’ were around at the same time and the two might have acted together in an opportunistic way (see Part1).

Could it have been a viral infection spread by droplets like flu or even a strain of Coronavirus? The ‘Sweat’ seemed much more severe, although cases of Spanish flu in 1918 sometimes behaved in much the same way, as do severe cases of Covid-19 in patients with poor immunity. It would be frightening to hear of teenagers dying from Covid-19 apparently without pre-existing conditions. However, the spread doesn’t fit with a droplet infection and we have all seen how quickly the present pandemic can infect the world and certainly hasn’t stopped at the Tweed. One would also expect a single strain of flu to result in some immunity but it is interesting the ‘Sweat’ could be caught again at a later date.

Could it have been a form of relapsing fever? These are bacterial infections (*Rickettsia* spread by lice and *Borrelia* spread by ticks) but again the symptoms are milder and usually associated with a rash; they tend to recur shortly after the initial infection, at regular intervals and become chronic. However, the pattern of spread confined to local areas could fit.

But there is one very suspicious culprit. That is the Hantavirus (named after the Hantaan River in Korea) that acts very much like the ‘Sweat’ and gives rise to HPS (Hantavirus Pulmonary Syndrome) with high temperature and sweats and rapid respiratory failure and death. This is endemic worldwide although cases in this country are rare. It is transmitted by fomite spread (viral fragments in dust) from infected rodent and bat faeces. Mr Rat has been blamed (I couldn’t blame the ‘Plague’ on him so got to try to get him for something!) but *Rattus rattus* wasn’t widely around the countryside in Tudor days (see Part 1). However, Mr Mouse and Mr Bat were and they could be found in and around food stores in castles and big houses, frequented more by the well off, which would explain the more localised outbreaks. But how can you get such a viral infection again? Immunity is a very complex subject, there are various types and I never got my head round it at medical school. The only thing I can remember is viral infections don’t always result in full immunity, questions have been raised about lasting immunity from Covid-19 and the Herpes virus often gives rise to recurrent cold sores. There is no successful vaccine for Hantavirus, although the Chinese have performed trials, but any immunity is short lasting, suggesting it is difficult to derive immunity following infection.

So there you possibly have it and the most likely culprit was the insurgence of a virulent form of Hantavirus from an endemic source of infection in rodents. So is there any way of proving it? Prince Arthur is buried in Worcester Cathedral in an ornate grave on the right hand side of the chancel looking east. The grave was opened in 2002 but no convincing cause of death was identified.

So we will probably never know, and just like a lot of history it is an interesting exercise to sit back and postulate – something to do while self-isolating!



# The Mission of Mercy by Jerry Barrett: a colourful example of fake news!

**Mike Hinton**

Turkey declared war on Russia on 5 October 1853 following its occupation of the Danubian principalities of Moldavia and Wallachia (modern day Romania), on the pretext of preventing internal disorder. Hostilities escalated following the Russian's destruction of a Turkish flotilla moored at Sinope (now Sinop) on 30 November 1853. The British government

responded by ordering the Mediterranean fleet into the Black Sea during January 1854; several regiments to embark for Malta in February; and for a fleet to sail for the Baltic early in March. The British and French governments declared war on 28 March 1854 with Piedmont-Sardinia joining the alliance on 26 January 1855. The active campaign for the British and French Armies commenced with the invasion of the Crimea on 14 September 1854, and ceased officially on 27 April 1856 with the ratification of the Treaty of Paris signed on 30 March 1856. The British forces finally left the Crimea on 12 July 1856.

In his monograph on British Artists and War, Peter Harrington concluded that the Crimean War (or more accurately the War with Russia since hostilities also took place in eastern Turkey, the Caucasus, the Baltic, the White Sea, and on the Russian Pacific coast), 'heralded a new form of battle painting in which the incident replaced the all-embracing narrative panorama [...] and [moved] more towards the soldier' (sic) and that it was 'the first major conflict to be covered in the relatively new field of pictorial journalism.' This led to 'developments in the art-publishing world and the production of cheap prints through lithography.'<sup>1</sup> It is against this backdrop that Jerry Barrett (1823–1906) produced the first of his two well-known pictures in the National Portrait Gallery, London. It was exhibited in London May–June 1856 and depicted 'Queen Victoria's first visit to see her wounded soldiers.' This event, which was reported in newspapers, was in the *Invalid Depot* in Brompton Barracks on 3 March 1855. The picture is clearly staged 'by expanding a narrow ward into a setting broad enough to accommodate an elegant narrative.' It is, therefore an imaginary, though not unrealistic impression, of a historical event in which all twenty-one individuals portrayed were present.<sup>2</sup> In contrast, the second painting 'Mission of Mercy: Florence Nightingale receiving the wounded at Scutari', which was completed in 1857, lacks authenticity for several reasons, and, given the success of the first painting, was presumably conceived with the possibility of commercial gain in mind.



Figure 1: 'Mission of Mercy' by Jerry Barrett, 1857 [© National Portrait Gallery: NPG 6202]



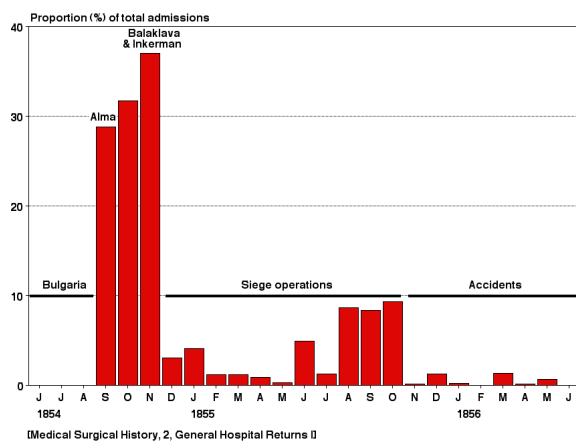


Figure 2: Admissions for gunshot wounds (*Vulnus scolpitorum*) in the British hospitals on the Bosphorus, June 1854–July 1856

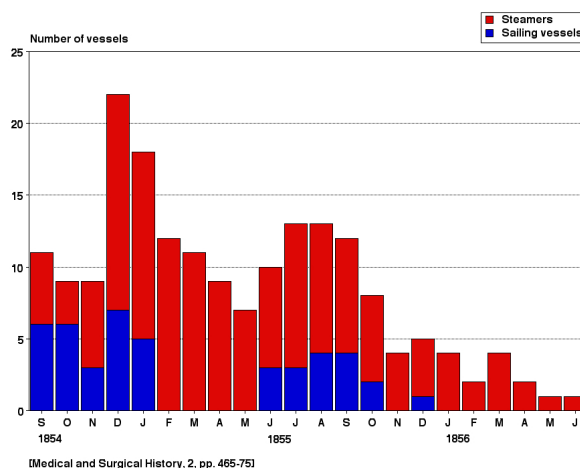


Figure 3: Arrival of 187 hospital transports in the Bosphorus, September 1854–June 1856

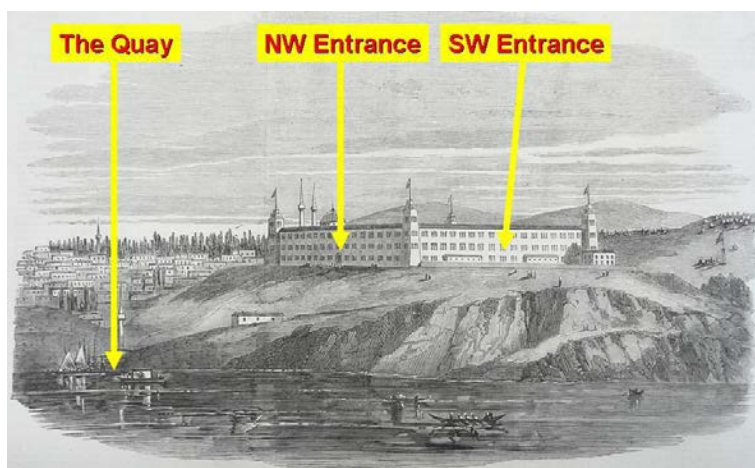


Figure 4: Barracks at Scutari– the British hospital [Illustrated London News, 6 January 1855]

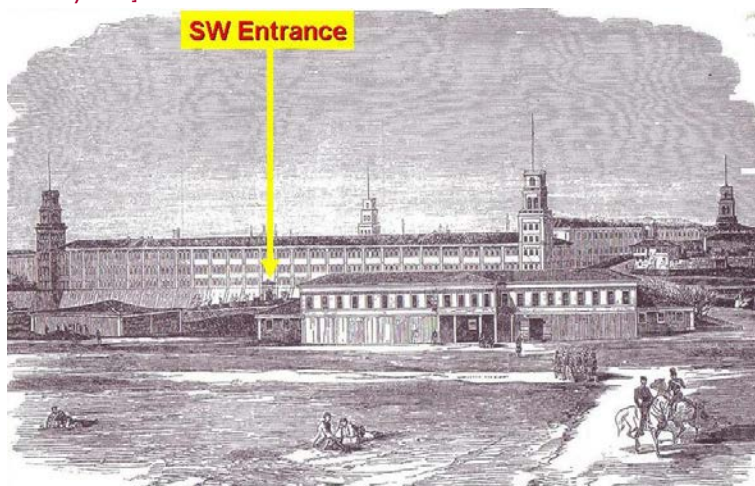


Figure 5: The Barracks at Scutari – from a daguerreotype by J. Robertson, Esq., of Constantinople [Illustrated London News, 1 July 1854]



Figure 6: Istanbul from Kadiköy, 1. June 2012 [Photograph by the author]

Barrett would have been acquainted with engravings in ‘the weeklies’ like the *Illustrated London News* and *Illustrated Times* based on sketches made on the spot by professional and talented amateur artists; and it is understandable that he would wish to go to Scutari to see things for himself. The expenses for his trip were defrayed by Thomas Agnew, the Manchester art dealer and print seller, and he travelled with the Quaker philanthropist Henry Stanley Newman. By the time they arrived in Scutari in about May 1856 evacuation of the Crimea and Turkey was well under way, and the conditions in the Barrack hospital would have been unlike those experienced during active warfare.

### Dramatis personae

Fourteen people can be identified in ‘Mission of Mercy’; and they are from right to left: Lord William Paulet, Mr and Mrs Charles Bracebridge, Mrs Eliza Roberts, Florence Nightingale, Jerry Barrett, Major Charles Sillery, Dr William Cruickshank, Reverend Mother Moore, Robert Robinson, Miss H.A. Tebutt, Alexis Soyer, Brigadier Henry Knight Storks, and Dr William Linton (Figure 1). Barrett could have obtained some portraits while at Scutari with others prepared after returning home. He attempted to persuade Nightingale to sit for him but she categorically refused. According to the National Portrait



Figure 7: Exterior of barracks at Scutari [After Constantin Guys: Illustrated London News, 10 June 1854]

Gallery's catalogue entry, he used a photographic portrait taken by John Jabez Edwin Mayall. The time each of the identified individuals spent at Scutari is summarized in Table 1. Most were there sometime during March and April 1855. The exceptions are Linton and Storks, who were relegated to an inconspicuous position behind Soyer.

### Commentary

- The title of Barrett's painting could infer that treating the wounded was the principal function of the Barrack hospital. This was not the case. In the period September 1854 to October 1855, a month after the fall of Sevastopol, 37,209 patients were admitted to the Bosphorus hospitals of which 3,664 (9.8 per cent) were for gunshot wounds. Nearly three quarters (70.6 per cent) were admitted during the first three months after the invasion during which the battles of the Alma, Balaklava, and Inkerman were fought (Figure 2). Only 25 men were admitted for gunshot wounds during last eight months and, in all probability these were incurred accidentally while handling loading muskets during training or on guard duty. It is, therefore, unlikely that Barrett saw any genuine battlefield injuries.<sup>3</sup>
- 'Mission of Mercy' is an unreal scenario. Over 160,000 sick and wounded men were transported to the Bosphorus hospitals in 187 hospital ships<sup>4</sup> (Figure 3). Disembarkation and transfer of the patients to the wards would have been supervised routinely by military and medical staff officers, assisted by soldiers employed as hospital orderlies and local civilian workers. A high-powered reception party would have been unthinkable.
- The implication that a procession of patients toiling up the hill would have been halted in the narrow entrance passageway specifically to tend one under the watchful gaze of Nightingale is irrational. Common sense dictates that the unfortunate individual would have been moved directly into the main hospital for further attention.
- Barrett's choice of individuals has yet to be satisfactorily explained. Nightingale had made it clear in her correspondence that she had a poor opinion of the military personnel together with Miss Tebbutt, the nursing superintendent of the General Hospital. On the other hand, she held the Bracebridges, the Reverend Mother Moore, and Roberts the nurse in higher regard, and she had a fondness for young Robinson her servant. Soyer, the well-known chef from the Reform Club sent by the British government to give advice on feeding the troops, may have been selected as another high-profile civilian volunteer. The inclusion of Barrett himself would seem inappropriate; motivated perhaps by self-promotion as he would have had no opportunity to have witnessed this type of scene.



Table 1: The months when the individuals depicted in *Mission of Mercy* were at Scutari; from right to left

	1854			1855							1856											
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	
Paulet	●	●	●	●	●	●	●	●	●	L	L	C	C	C	C	C	C	C	C	C	C	
Bracebridge	●	●	●	●	●	●	C	●	●													
Roberts	●	●	●	●	●	●	C	●	●	●	●	C	C	●	●	●	●	C	C	C	●	
Nightingale	●	●	●	●	●	●	C	●	●	●	●	C	C	●	●	●	●	C	C	C	●	
Sillery	●	●	●	●	●	●	●	●	●	●	●	●	L	L	L	L	●	●	●	●	●	
Cruikshank	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	
Moore	●	●	●	●	●	●	C	●	●	●	●	C	C	●	●	●	●	C	C	C	●	
Robinson	●	●	●	●	●	●	C	●	●	●	●	C	C	●	●	●	●	C	C	C	●	
Tebbutt	?	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●	?		
Soyer					●	●	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	
Storks				S	S	S	S	S	S	S	●	●	●	●	●	●	●	●	●	●	●	
Linton	C	C	C	C	C	C	C	C	C	C	C	●	●	●	●	●	●	●	●	●	●	

C = Crimea; L = Leave of absence; S = Smyrna.

- The Selimiye Barracks, still occupied by the Turkish Army, is a large four-sided building surrounding an open quadrangle. The entrances are in the centre of each side, which measure about a quarter of a mile in length. The one nearest the quay is on the north-west and would have been used for patients, though an uphill trek to the hospital was unavoidable (Figure 4).<sup>5</sup> Barrett seemingly selected the entrance on the south-west side (Figure 5) presumably because it faced Constantinople, and allowed the inclusion of the Tokapi Palace and Aya Sophia Mosque in the background; a skyline that has altered little during the intervening years (Figures 1 and 6). Incidentally, the minaret on the right of the doorway is out of place; the mosque was out of sight further to the east by the seashore.
- The contemporary sketch by Constantin Guys, an artist employed by the *Illustrated London News*, confirmed that the hospital was a military establishment (Figure 7) and it is unlikely that Turkish civilians would have been permitted in the entrance passage. On the other hand, the dogs slumbering in the foreground may have been regular residents.

## Afterword

Nightingale had become the embodiment of a secular saint before the end of the war through the power of the press and the writings of other commentators; and this was emphasised skilfully by Barrett. He may be forgiven for setting the scene in the entrance to the hospital facing Constantinople as this provided such an excellent back drop. Nevertheless, portrayal of an unwarranted hold-up of the procession of invalids in the presence of an implausible group of personalities resulted in a composition which, from a historical perspective, can only be described as a colourful example of fake news. It will therefore, together with other fanciful scenes of the war referred to by Harrington, continue to provide a false impression of what actually took place during the Crimean campaign.

## Acknowledgements

I am grateful to Tony Margrave for providing me information not readily obtainable during lockdown, and to Duncan Rogers of Helion, and Lucy Bamford and Hannah Fox of the Derby Museum and Art Gallery for igniting my interest in Barrett's attractive masterpiece.

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# Will climate change cause millions more to die from malaria?

**Benji Pretorius,**

*Founder of Erada Technology Alliance, South Africa*

*The spectre of climate change threatening our futures is a conversation that has been dropped in recent months in the wake of Covid-19. But it has not gone away and will continue to haunt us in the years to come.*

*What is at stake is not climate change's effects on malaria directly, but on human poverty, famine and drought. It will steepen the conditions that already make it an uphill struggle to get protection and treatment to those who need it. Dr Benji Pretorius, GP and founder of Erada Technology Alliance, explains why it is imperative to do all that we can before it's too late.*

Climate change will have some direct effect on malaria and the mosquitos that carry the infective agents. Given their hot tropical preferences, you may expect a simple correlation between heat and mosquito, that rising temperatures would cause both mosquito and malaria to spread. But it is not that simple.

In some places higher temperatures will cause the disease to spread; notably in highland areas that were cooler to begin with. In places like Debre Zeit in Kenya, where 43% of the Kenyan population live, people have had the good luck to be relatively malaria free, due to its elevation and cooler temperatures<sup>1</sup>. However, as they have less resistance to the disease, numbers of future cases may be devastating. Warmer temperatures will bring mosquitos higher up, to places where they didn't go before and they will bring malaria with them. It is estimated that, in these highland areas, an increase of only 1°C would lead to as many as three million extra children being infected every year.

Cases will also rise in areas where winter usually provides some respite from the disease. The most common malaria parasite, *Plasmodium falciparum*, cannot complete its life cycle in temperatures below 20°C(68°F).<sup>2</sup> If winter temperatures rise above this, the parasite will be free to reproduce all year round. But whilst climate change will cause malaria increases in some places, it will cause malaria to decrease in others.

In areas of sub-Saharan Africa, climate change is expected to reduce the amount of rain.<sup>3</sup> Mosquitoes require stagnant freshwater to breed and lay their eggs. Lack of puddles and waterbeds or rain accumulation (in places like old tires and buckets) would prevent them from reproducing.<sup>4</sup> No water, no mosquitos, no malaria. But how much the result of this reduction in water will compare to the result of malaria spreading to new areas is unclear. It will vary according to place and depends on how high global temperatures rise. But mosquitoes are adaptable,<sup>5</sup> and may persist despite increasingly dry conditions. What is clearer is how climate change will affect people and how malaria prevention ties into that.

Treating malaria isn't free of charge. It causes a financial burden both in terms of direct cost of treatment and in work hours lost. But if you are a subsistence worker, living hand to mouth, you may not be able to afford this loss of income.<sup>6</sup> You work through the vomiting, headache and nausea or you go hungry. In Nigeria, where the impact of malaria is highest, 40% of people



live below the poverty line.<sup>7</sup> Living on less than one dollar a day makes it difficult to afford the needed nets, insecticide and malaria medication.

Now imagine if this situation was worse!

Despite being the area of the world with the lowest CO<sub>2</sub> footprint,<sup>8</sup> sub-Saharan Africa stands to be where the effects of global warming are going to be most keenly felt.<sup>9</sup> The majority of African agriculture relies on seasonal rain. This leaves it vulnerable to increase in climate change-induced drought, flash flooding and extreme weather conditions.<sup>9</sup> Consequently, this will lead to food shortages and uncertainty that drives up prices, reducing the chances that the already impoverished will be able to afford the cost of treatment.

Treatment for malaria will become more difficult to access in a healthcare system that is already strained. There is an insufficient number of doctors and nurses in proportion to national populations. This, in conjunction with rural villages being difficult to reach, makes community healthcare workers necessary. Hiring and training healthcare workers to disseminate diagnostic tests, medication and inform local communities is an essential part of anti-malaria programmes.<sup>10</sup> This cannot be done when there's little food and in the chaos of extreme weather conditions. Furthermore, worsening climate change will cause a host of other medical issues to deal with alongside malaria, over-heating, malnutrition, dengue and damage caused by flash flooding and storms.<sup>11</sup> Each crisis creates competition for these limited healthcare resources, funding and manpower available to deal with the problem.

People will flee unbearable conditions in hope of food and safety.<sup>12</sup> This means that it will be harder to disseminate resources to those who need them. It puts people in a more vulnerable position, sleeping outside or in temporary accommodation, where they can be bitten by mosquitos. Large numbers of people without access to sanitary waste disposal systems will also cause additional healthcare problems.

All these effects combined will make simply holding back malaria exceedingly difficult, let alone eradicating it, as per the directives of the WHO's Global Technical Strategy for Malaria.<sup>13</sup> Surveillance and administration of malaria requires a level of national stability and order that cannot be maintained in nations plagued by the worst consequences of climate change. It is already having catastrophic impact on people's lives<sup>14</sup> and will hit the poor and vulnerable the hardest. An additional 250,000 people are expected to die each year between 2030 and 2050, from climate change induced malaria, heat stress, diarrhoea and malnutrition, according to the WHO<sup>15</sup>. Consequently, we must do all we can to save people whilst we still have a window of opportunity.

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# Come cast a fly with me in Argentina - even *if the wind prevails!*

Harvey White

I have never kept a diary - except on one holiday. I had completely forgotten that until I came across it, a week or two back, when clearing out the disposable impedimenta of my fast maturing life. It was headed 'Fishing trip to Argentina'; I looked at it and inevitably it began to drag back memories. It was the only fishing trip I had abroad, apart from Ireland; fortunately, Scotland is not yet abroad! I had not included the date in the diary so I couldn't recall exactly when it was. However, I remember sitting in an airport in Uruguay before we set off to north Patagonia, and reading of a nasty car accident in the UK when a car had skidded down an embankment in front of a passenger train. It took just a little research on the internet - the salvation of old age - to pinpoint it as March 1991.

The 15 hour flight from Europe in row fifty-seven of a 747 would have been unbearable without alcohol and a fascinating film of Shackleton's winter of endurance in the Antarctic. When we refueled in Sao Paulo in southern Brazil I took the opportunity of stocking up with 'Three Nuns' tobacco - a solace that I sadly now deny myself. We then flew the length of Argentina to



Bariloche, with remarkably clear visibility we followed the road down the spine of the country with the backdrop of Chile and the Andes to starboard - if that is the correct expression when flying! I pleasingly recalled reading a classic by W.H.Hudson about the European settlers in South America when at school - *Far Away and Long Ago*.

Our destination was the Arroyo Verde estancia which lies on the River Traful in north Patagonia. It flows from the Traful Largo in the Andes and initially runs through deep rocky gorges, then north-east into the River Limay at Neuquen. In the early years of 20th Century, the river had been stocked with landlocked *Salmo salar* sebago from Maine. My guide for the week was Lucas and on the first morning, we got the tackle together - two 9 1/2 ft rods with weight 6 floating line. Fishing downstream (and down-wind) my first take was actually a small rainbow. Lucas flattered me about the speed of my strike and the way I played the fish.

The following day we went to the horseshoe beat, this had a bed of boulders and large gravel. The flow was very strong and fast which made wading rather treacherous, and the added wind made it impossible to cover the only fish we saw. We changed to a sinking line using a preliminary roll cast, in preparation for the definitive overhead cast, mending the line and stripping-in fast. With this technique, I had one success. In the afternoon, the sure-footed Lucas stood above me to break the flow of the river - while my wife, Diana, wisely sat in the car and painted. After landing one fish, we returned to the Lodge. Later that day I introduced the technique of tying a nymph on to the hook of a fly - a bit like a 'dropper' but this desperate measure was not met with any success. Accordingly, we moved beats and fished with a nymph and an indicator on the line. I was so pleased to have mastered the technique of mending the line 3 or 4 times and watching it float serenely down the river that I failed to watch the indicator and missed my strike. I redeemed myself in the afternoon with a sinking line by landing a fish. As the wind remained too strong for any worthwhile fishing, we were taken up to a cabin by a lake in the hills for a barbecue. A whole lamb was roasted on a vertical gridiron and carved by an amiable gaucho with a huge knife which he drew from his belt.

Next morning with a sinking line, I had three fish on the bank so we moved up the river. Lucas had spotted what he thought was a 10lb salmon; with a dry fly pattern - a March Brown - I started to stalk it. The fish turned, followed the fly, with a dramatic lunge broke the surface of the water, and I struck - the rest is history. In my excitement, I didn't lift the rod vertically and must have dragged the fly from the scissors of the jaw - but my reward was seeing two kingfishers dart down the river. As I chided myself, I watched the condors gracefully floating above on the thermals so all was not lost. On the river that evening, and after landing a brownie and a rainbow, I decided to change my tippet. I held the rod between my knees as I stood in the middle of the river and concentrated on tying a secure knot. I must have relaxed the grip of my knees and I saw the rod disappear downstream like an exhausted fish on the end of my line. Slowly, hand over hand, I retrieved the rod with the fierce stream buffeting the back of my knees. My patient efforts were rewarded and with the last cast of the day, the rod now back under my control, I hooked a salmon which went off down the river like a rocket. The short rod bent into an alarming arc; I nervously held on while Lucas netted the fish. We then released it to freedom accompanied by mutual congratulation.

On the final day, the wind was so strong that we had to park the car into the direction from which it was coming to avoid having the door ripped off when it was opened. On the river bank, we stood with our backs to the river and cast into the wind, placing the fly in the water with the back cast and spinning around to watch progress of the fly down the river. On this occasion we used a ruffle hitch which allowed the fly to skate across the surface.

All this is a long time ago and now I creep along the Leet on our water in the Avon valley with my shooting stick as a casting platform. Since my guide dog assures me that she prefers swimming to her normal duties, I take a carer. Proximity to the river, however, does allow me to recall past adventures with profound piscatorial pleasure!

# Joining a research ethics committee. A rewarding occupation for the retired doctor?

**Christopher (Kim) Cheetham**

At a party, a retired diplomat told me to expect the unexpected when I stopped work. How right he was! Research ethics was unknown to me, and a letter out of the blue suggesting that I should apply to a research ethics committee coincided with retirement. An exploratory meeting with a research ethics chairman was friendly and informative as I was told that research ethics is about making sure that the research participant (or guinea pig) has a fair deal. My meagre publication list of a few clinical reports and of helping others with their research, was no bar. What was needed was an understanding of medical practice, particularly with children, and the time to think about ethical aspects of research.

Committee members of research ethics committees (RECs) come from many different backgrounds. There are doctors, nurses, interested lay people, maybe a lawyer, nearly always a statistician, non-medical academics, theologians. As a group, RECs have the common purpose of protecting research participants and, in my experience have always worked productively, sharing knowledge and being able to contribute from widely different perspectives.

Studies reviewed cover a wide spectrum and may be basic science ones involving interventions with no benefit to the participant, drug studies, psychological research, or simple student questionnaire studies. All studies that involve significant intervention for a patient are the subject of independent scientific review, and the duty of the REC is to ensure that the participant gets a fair deal. The underlying principal is that the study is reasonable, has scientific value, that the participant should fully understand what is proposed, and should give informed consent. Difficulties arise when informed consent may be impracticable, and these situations include research in emergency situations, research in children, research involving participants with impaired mental capacity and research in prisoners.

There is an effective training programme for REC members, including how the ethics service works, issues about informed consent and good programmes on various aspects of the law.

Medical research continues to throw up ethical difficulties. Recent examples have been the reluctance of pharmaceutical giants to be entirely open in reporting their findings and recruitment to phase one trials when many participants with a limited prognosis do not understand that the study offers no hope of effective treatment. Systemic issues such as these are under review by the National Research Ethics Service. There remain, however studies where careful evaluation could be vital. For example, we reviewed a basic science study where coronary flow was artificially modified in an abnormal artery.

Nearly all studies are approved. Most are modified in some way after discussion with the researcher. Not everybody wants their pet project to go through yet another hoop, but a lot of researchers have been grateful for improvements to their study. I think that the time that the REC spends is of benefit.

Medical recruitment to RECs is reducing, I was the only doctor on my REC when I retired in September. Most practising doctors find it difficult to spare the time, and their managers are



often reluctant to fund a session away from clinical duties. We doctors most certainly do not have a greater ethical sense than our non-medical fellows, but we do understand the importance of research as well as what happens in illness and its treatment, and this can be a great help to lay members of a group, and improve its decisions. I would be disappointed if it became usual for a REC not to have a medical or nursing member, and from my own experience think that joining an REC is a rewarding and useful addition to the life of the retired doctor. It could also happen that an REC with no medical members might not be able to understand a research project, which might have the effect of holding up approval.

I feel fortunate to have been involved in research ethics in my retirement and write this in the hope that some RSM fellows might find it equally rewarding.

I recommend that you visit the NRES website for further information.



### Jeffrey Rosenberg

I very much enjoyed reading the April/August RFS Newsletter, including the article by Richard Pusey on the historical background to the plague. He stated that the word 'quack' derived from the duck beak-like masks worn by doctors during the Great Plague of 1665. I've had a long interest in quackery!

My understanding is that the term quack is derived from the 16th century Dutch word kwakzalver, which refers to a hawker of salves. Their sales patter might have sounded like quacking ducks. Furthermore, quacks are also known as charlatans and mountebanks. 'Charlatan' is thought to derive from the Italian word ciarlare (to chatter or prattle) or from cerretano (a resident of Cerreto, Umbria, known for its quacks). 'Mountebank' is derived from the Italian word montambanco, literally monte in banco meaning a quack on a public bench or platform; many will have viewed the painting by Jan Steen (1650-1660) of a quack/mountebank, in the Rijksmuseum in Amsterdam.



# Thetford.

## A thought for a day or two out

Richard Lansdown

Balked of a planned trip to Paris my wife and I went for a couple of days to Thetford in Norfolk in September. Thetford has a long history, it was a tribal centre for the Iceni in the late Iron Age, a monastery was founded in 1020 and a grammar school (still in existence) not later than 1114. The town prospered in the 11th century, the Domesday Book recorded a population of some 4,500. The Middle Ages saw the wool trade bring greater prosperity to Thetford and East Anglia in general. It is no accident that many of the great churches there are called Wool Churches.

Among Thetford's many attractions are five of particular note.

### One

It is the birthplace of Thomas Paine (we stayed at the Thomas Paine Hotel). There is a fine statue of Paine, holding a copy, rather oddly upside down, of Rights of Man. It is in King Street, an ironic location given Paine's view of the hereditary monarchy: 'Kings succeed each other, not as rationals, but as animals. It signifies not what their mental or moral characters are. Can we then be surprised at the abject state of the human mind in monarchical countries?'

### Two

There is a museum housed in a Tudor merchant's house (sadly still closed due to the virus),



Thomas Paine 1737-1809



The Ancient House Museum





The Priory today

### Three

Just outside the centre is the wonderful ruined Cluniac Priory of St Mary, founded in 1104; it flourished until the dissolution of the monasteries. The monks of that time were willing to transfer to the Church of England, as many of their contemporaries did, but in 1540 the Duke of Norfolk, with his eye on the extensive lands going with the buildings, gave Henry VIII £1,000 and acquired the lot. The result was the buildings gradually decaying. (Curiously, the ruins do not appear on at least one of the tourist maps of Thetford). What, one wonders, would have happened had the original idea of the Priory becoming a Church of England church actually occurred? Given its size it would almost certainly have become a cathedral and Thetford would have joined Bath, Ely, Durham and other cathedral cities, with the resulting prosperity and prestige.

### Four

The fourth attraction is the river and walks along it. Running through the town is the River Thet, with lovely walks and some fine buildings, for example the Old Coffee Mill,



The Old Coffee Mill



## Five,

And, for me, the highlight is the Dad's Army Museum. Situated in the old Guildhall, built in 1902, it is a treasure trove for those of us who can tell our Captain Mainwaring from our Captain Squares, our Wilsons from our Walkers. There are statues, pictures of the cast, copies of instructions to the production team, snippets of information about the key actors and the sets of Mainwaring's office and the Marigold Tea Room. The museum is in Thetford because it was here and in the surrounding countryside that all the location shots were carried out. The whole team would arrive for a couple of weeks or so, staying in the Bell Inn and going out all day in what, it seems, was invariably good weather. Local people were roped in as extras. The museum is staffed by volunteers, one of whom appears as the redoubtable Captain Mainwaring. At present it is open only on Saturdays, anyone intending to go should check first that it will be open.

There is a train service to Thetford, with a station very close to the centre of the old town. The Thomas Paine Hotel is more a gastropub with rooms than a conventional hotel, the food is excellent. The Bell Inn also has rooms and a pleasant garden.

*Photographs by the author*







# Obituary

**Carice Ellison-Cliffe,  
1921 - 2019**

20 October 2020: This was the planned date for the Ellison-Cliffe Lecture, an annual series that had previously been celebrated without a break since 1987. These lectures were established at the RSM by Dr Percy Cliffe, a medical scientist closely involved in developing cardiopulmonary bypass and renal dialysis, and his wife Dr Carice Ellison, a pioneer in the radically different field of psychosexual medicine. Born in 1921, Carice qualified from Barts in 1954, training in both obstetrics and psychiatry and then establishing a specialist clinic at the Maudsley Hospital. Although long retired she maintained a particular interest in the interface between medicine

and science. The choice of annual lecturer was informed by her personal experience of attending other lectures given to a variety of learned societies in London. Frequently the topic selected would be one that was less well known to the medical world: 'Olfaction', 'Cilia' and 'Circadian rhythm' come to mind. She had an uncanny knack of unearthing a subject that was destined to gain increasing recognition. It was not enough for the Ellison-Cliffe Lecturer to be expert in the field: he or she had to be an accomplished public speaker to secure an invitation. Each year Carice would meet the Lecturer in advance of the meeting and gently explain the need to make their data intelligible to the mixed audience that this popular event invariably attracted.

Percy died in 1992 and Carice outlived him substantially, dying last year at the age of 98. Almost to the last she remained active in selecting both the lecturers and the annual Ellison-Cliffe Travelling Fellows, whom she funded out of her own pocket with an annual donation to the RSM of £30k. She was a crucial member of the panel interviewing the shortlisted candidates for the Fellowships. The audience at the annual lectures will remember the charming way in which she presented the gold medal to the speaker at the end.

Those of us who came to know Carice well admired the lively mind, the Yorkshire common sense and the unshakeable determination that lay hidden within her diminutive frame. Without family of her own she held the RSM close to her heart. She was a staunch supporter of events and one of the most generous benefactors that the Society has ever enjoyed. Carice left virtually her entire estate to the Ellison Cliffe Charitable Trust. I am one of five Trustees together with Dr Melita Irving (currently on the RSM Council), Mr B Sethia (Past President), Dr John Scadding (Past Dean and Vice-President) and Professor Hugh Montgomery (a previous RSM Lecturer). It is our firm intention to honour the memory of Carice and Percy by continuing to sponsor the annual Ellison Cliffe Lecture for the foreseeable future. Her bequest should also allow us to fund the Travelling Fellowships, which will resume just as soon as the present pandemic allows the world to return to a semblance of normality. In the meantime we miss her greatly.

**Robin Williamson**

# Alcohol, race and health

**Bernard Lamb**

*The Daily Telegraph* (News, September 3) reported that research on 14 million men and 12 million women had shown that even small amounts of alcohol could be bad for health. 'JUST half a glass of wine or one small bottle of beer a day can lead to obesity, diabetes and high blood pressure, a major study suggests'. This was presented at the virtual *European and International Congress on Obesity*.

We should not be afraid, however, because the study was done on Koreans and about half of Orientals have a defective liver enzyme (aldehyde dehydrogenase-2), impairing their ability to detoxify alcohol. That is why many show the facial flushing reaction to wine, beer or spirits. The young lady in the photos is half Vietnamese and half Chinese, photographed normally and after just one third of a glass of white wine. Studies on Caucasians usually show health benefits from moderate drinking.

Members of the Royal Society of Medicine will be aware of the very different frequencies of inherited diseases such as the thalassaemias and sickle cell anaemia in groups from non-malarial (for example, England) and malarial or formerly malarial areas (for example, Cyprus). Lactose intolerance in adults has quite different frequencies in various populations, from nearly 100% (Thais) to nearly 0% (Danes), closely related to whether they have traditions of drinking fresh milk. We need to take race into consideration when considering the usefulness of research studies, in the economics of screening for diseases and the likelihood of finding particular diseases in people of different origin.



(Photos are from my book, *Human Diversity: Its Nature, Extent, Causes and Effects on People*. Bernard Lamb, 2015, Singapore, World Scientific)

## 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 Concise Oxford English Dictionary.

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

### Several types of article are core to the journal:

Solicited articles, these are 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 – less than 200 words.

### Illustrations:

With reference to submission of images (which is very much encouraged), it is **ESSENTIAL** that each image is accompanied with a title of what it is, and the name of the person who actually took the photograph.

Photographs should be uploaded electronically and meet the specifications of 300 DPI and minimum size of 297 x 210 mm (A4 paper size).