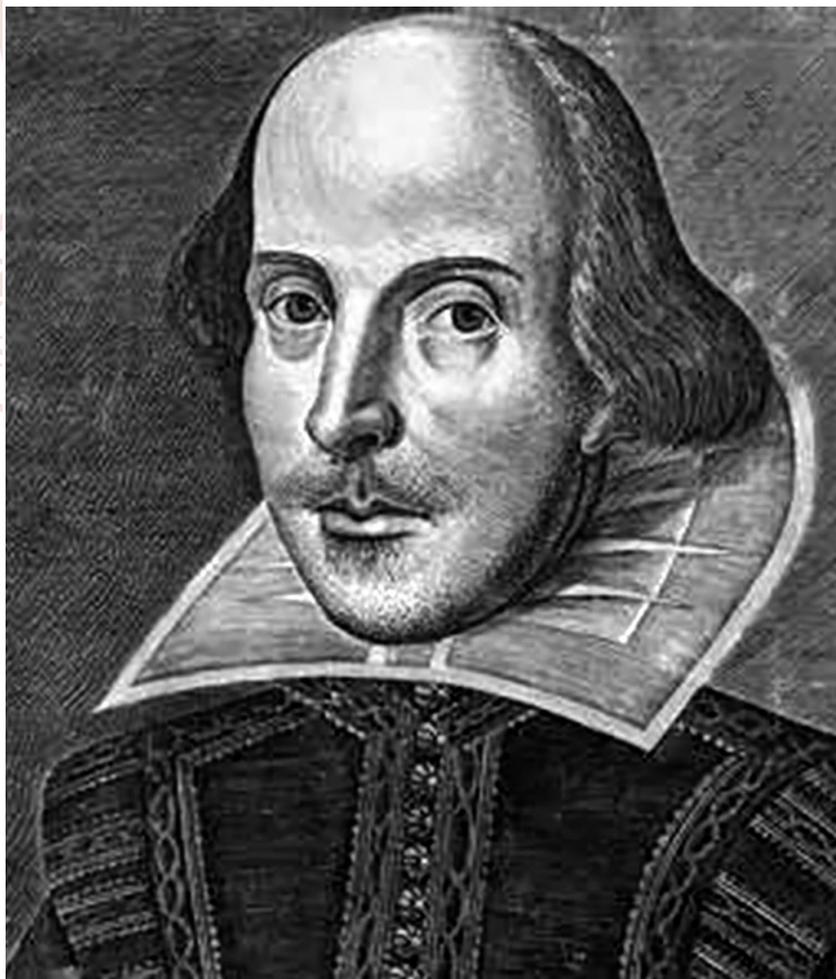


# RFS Newsletter

Newsletter Issue No.56

August 2016



*William Shakespeare, see page 23*

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The ROYAL  
SOCIETY of  
MEDICINE

## Editorial

Well, it's all over and now we live with the consequences of that historic vote marking a turning point in British history, truly we live in a time of upheaval.

But 'twas ever thus.

In the 16<sup>th</sup> century we saw the Reformation, with Henry VIII the Nigel Farage of his day. Can you not imagine the calls to make England great by breaking from the shackles of the unelected Pope in Rome whose monks and priests were taking all our money?

The 17<sup>th</sup> century saw the country split, not quite in or out but for against the divine right of kings; the execution of Charles I was, indeed, a turning point in history.

Then came the 18<sup>th</sup> century and the massive shift of the Enlightenment, out went the four humours and in came what we now recognise as the beginning of evidence based medicine. We lost the American colony and the French Royal family lost their heads.

The 19<sup>th</sup> century brought massive changes: the Reform Acts, the industrial revolution, the consequent growth of towns, the coming of the railways, I could go on.

And in our lifetimes we have seen the change in society that came following two world wars, the end of the British Empire and the coming and going of communism.

As Adam and Eve said to each other on leaving the Garden of Eden, "We live in an age of great transition."

### Forthcoming meetings

*Thursday 20 October 2016*

**Mr Piers Mitchell:  
The scientific study of  
King Richard III**

Mr Piers Mitchell works as a Consultant Paediatric Orthopaedic Surgeon at Peterborough City Hospital part of the week, while researching ancient diseases in the Department of Archaeology and Anthropology at the University of Cambridge the rest of the week. He teaches a course on human evolution and health, and runs an ancient diseases research group where his PhD and masters students undertake research.

He is President of the Paleopathology Association, which is the worldwide organisation for the study of ancient diseases. He is Editor-in-Chief of the

book series Cambridge Texts in Human Bioarchaeology and Osteoarchaeology. He is also Associate Editor of the International Journal of Paleopathology, Postmedieval: Journal of Medieval Cultural Studies, and the International Journal of Osteoarchaeology.

*Thursday 17 November 2016*

**Professor David Cave:  
Capsules, balloons and screws:  
New tools for the diagnosis and  
management of small intestinal  
diseases**

Professor David Cave obtained his MBBS and a PhD at the University of London at St George's Hospital Medical School. He also obtained the MRCP despite training as a surgeon. He then moved to the University of Chicago in 1976 to

pursue his research interests in inflammatory bowel disease. He spent from 1982 2005 at various Boston teaching institutions and then moved to the University of Massachusetts Medical School, where he currently remains active as a Gastroenterologist. Professor Cave has published more than 100 papers and abstracts and authored two books.

*Thursday 1 December 2016*  
**Recent advances in medicine  
and surgery**

*Thursday 16 February 2017*  
**Professor Keith Lowe:  
1945: The myth of the rebirth  
from the ashes of World War II**

Professor Lowe studied English Literature at Manchester

University. After twelve years as a history publisher he embarked on a full-time career as a writer and historian, and is now widely recognised as an authority on the Second World War and its aftermath.

His books include *Inferno: The Devastation of Hamburg, 1943* and the international bestseller *Savage Continent: Europe in the Aftermath of World War II*, which won the Hessel-Tiltman Prize for history, and Italy's prestigious Cherasco History Prize. They have been translated into twenty languages.

He regularly lectures at universities and other institutions on both sides of the Atlantic.

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*Thursday 16 March 2017*

**Dr Thomas Sebrell:  
The Ku Klux Klan - 100 years  
of terror**

Dr Thomas Sebrell obtained an MA in United States History from Virginia Polytechnic Institute and State University, USA and was awarded the J. Ambler Johnston Scholarship for his distinguished work on American Civil War. He received his PhD in History from Queen Mary University of London in 2010 after being awarded the Overseas Student Scholarship. Dr Sebrell has published numerous, his work including *Persuading John Bull: Union & Confederate Propaganda in Britain, 1860-65* and *Battlefields & Beyond: London, U.K.*

*Thursday 20 April 2017*

**Mr Francis Wells:  
The Renaissance heart - from  
Erasistratus to Vesalius and  
beyond**

Naissant anatomy is associated with the work of Vesalius and his masterpiece *De Humani Corporis Fabrica* published in 1543. This huge event in the life of anatomy began the move away from Galenic principles and teaching, which held sway for 1500 years to that point, and indeed beyond.

Leonardo da Vinci's work on human anatomy was known about in his time. Sadly, none of it was published until more recent times and therefore, its contribution was not recognised.

Mr Wells has had the great good fortune of being able to spend some considerable time with the drawings that he did of the heart, along with their accompanying notes. The lecture will draw upon this experience and also present the results of some work that he did in reproducing all of Leonardo's dissections of the heart.

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*Thursday 18 May 2017*

**Professor Caroline Wilkinson:  
Facial reconstruction:  
Depicting the dead**

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*Thursday 15 June 2017*

**Mr Robert Hulse: Brunel's Great  
Eastern; the ship that changed  
the world**

Mr Hulse is the co-author of *The Brunels' Tunnel*, jointly published with the Institution of Civil Engineers. He is Director of

London's Brunel Museum, housed in the original Thames Tunnel engine house and winner of The Queen's Award.

He has worked in education and museums for 20 years. He has taught at London University and City University; lectured at Tokyo University, the Royal Institution of Great Britain and Tel Aviv University.

He strongly supports museums in their search for a new and dynamic role within their local communities. He is the first man since Brunel to hold an underwater fairground and is now working on a project to build an underground theatre in the chamber where Brunel began and nearly ended his career.

## Extramural events

*Thursday 22 September 2016*

**Walking on the edge of the City,  
a walk with Sue Weir**

This walk will take us to the northern edge of the City, past a quiet garden, a burial ground and into trendy Hoxton for the home of a famous doctor and an unusual school, supported by a dazzling array of restaurants.

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*Friday 28 October 2016*

**Visit to the Wallace Collection**

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*Friday 25 November 2016*

**Visit to the Leighton House  
Museum**

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*Friday 10 February 2017*

**The British Library tour**

## Retired Fellows Society

*Tuesday 11 April 2017*

### **Courtiers to paupers, a walk with Sue Weir**

We will explore the squares and streets of this Royal borough. the homes of the rich and famous, the first private estate to be lit by electricity, a hospital and a very fashionable square.

*Tuesday 9 May 2017*

### **Walls, halls and a few stairs, a walk with Sue Weir**

This is an opportunity to explore the hidden corners of the City. Passing churches, squares, Livery Halls (see how many you can count) and glimpsing the remains of the Roman Wall which encloses the City. We will also enjoy unexpected gardens and green spaces along the way.

*Wednesday 28 June 2017*

### **Innovation & expansion, a walk with Sue Weir**

Today we will see the exciting recreation of the former abandoned plots of Somers Town, passing a small museum, large library and the largest biomedical research centre, a rare nature park, a new University and a sparkling concert hall.

*Monday 10 July 2017*

**Exclusive Cruise for the RFS on the Lower Danube from Budapest with AMA Waterways (AmaCerto) with Sue Weir. Departing July 10 for 7 nights. Contact Sally at Go River Cruise 0800 954 0064**

## Meeting reports

### **Selling Time: stories from the Greenwich Observatory**

*Thursday 18 February 2016*



What time is it? We are surrounded by accurate time. We can hear

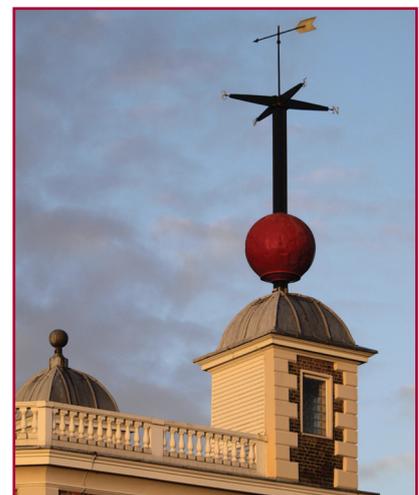
time signals on the radio or look at automatically corrected kitchen clocks. Our home computers and mobile phones are synchronized by the internet or we can pick up the telephone and call the speaking clock. But how did people find the time before all this existed? This was the basis of a lively illustrated talk to the Retired Fellows by David Rooney, the Curator of Time, Navigation and Transport at the Science Museum, London.

The measurement of time has been calculated at the line of the Greenwich Meridian since the opening of the Royal Observatory in 1675. The Observatory itself is a scientific institution and was not open to the public until the 1950s but the meridian was drawn in Greenwich Park and drew the attention of visitors. The line is the demarcation of the eastern from the western hemisphere. This caused amusement when Vladimir Putin visited and stood astride the line with one foot in the east and one in the west.

The problem was how time at the meridian was determined with accuracy before modern methods. When the Royal Observatory was established one could visit and ask to be given the time from one of their accurate clocks. This could be used to set the time on a portable clock which could then be transported to those in the city who needed the information, particularly the best clock and watch makers.

In due course the Observatory was irritated by the frequent requests for the time that the first public time signal was devised in 1833. A large ball was hoisted on a pole at the highest point of the Observatory to the half-way point at 12.55pm. then to the top at 12.58pm. At precisely 1.00pm the ball fell to the bottom of the pole. This could be seen from many parts of London and is still in existence today. The usefulness of this method was compromised by bad weather which on one occasion blew the ball and pole down.

The ball could be seen from the



*The ball and pole*



*Arnold, the Belville watch*

docks for the benefit of ships' navigating officers who needed very accurate time for navigation purposes but not seen from the area of the watchmakers in Clerkenwell. In 1836 John Belville started to provide a service by visiting the Observatory with a high quality watch where it could be accurately set and then taking it on a round of his subscribers at weekly intervals. The subscribers then set their clocks from this accordingly.

John Bellville continued this service until he died in 1856. John's wife, Maria, then continued the service until she retired in 1892. Customers pressured their daughter, Ruth Belville, to resume the service weekly which she did until she retired in 1940 at the great age of 86. Between them the Belville family had provided this service for 104 years with a peak of over 200 customers.

In 1884 there was a world conference to discuss the standardisation of time that had become of global significance

for navigational purposes. It was agreed to have one time and one meridian that would be the measure for the entire globe. A decision was made for this to be Greenwich Mean Time and the Greenwich meridian with time zones referred back to GMT. As one might imagine this was not without some dissent from some countries that saw this as a new form of colonialism, not by taking land but by controlling their time. France in particular was aggrieved and refused to comply using Paris Mean Time instead. By the early 20th century, however, even the French were convinced of the need to conform by a correction of nine minutes and twenty one seconds. By the 1970s the whole world conformed after renaming GMT as Co-ordinated Universal Time.

Even in the time of Maria Belville in the 1850s more modern methods of time keeping were being developed. There was resistance to this and in the 1890 a Frenchman attempted to bomb the Royal Observatory but tripped and fell in the park and accidentally detonated his bomb, killing himself in the process. It is believed that he was trying to destroy the master clock.

In 1900 electricity was being distributed around London and it became clear that it could be used to power clocks. There was a master pendulum clock at Greenwich which produced an electrical impulse every second with the swing of the pendulum.

This impulse was then distributed via a network of wires to slave clocks at the speed of light. A signal could be sent at whatever interval was required. An hourly signal became the first Greenwich Time signal. However many of the Belvilles' customers continued to pay them for their service, believing that the new electric service was not all it was cracked up to be. There was some justification to this belief as interruptions frequently happened despite the efforts of the then Standard Time Company. This company was solely responsible for the distribution of electric time signals and was nearly bankrupted by its unreliability in the early days. There was much acrimony between the chairman and Ruth Belville aiming to stop her from competing with his new system.

By 1922 the BBC broadcast time signals in the United Kingdom and four years later the new short wave radio station at Rugby broadcast them worldwide. In 1936 the speaking clock commenced on the telephone system. All broadcasts were at the speed of light and therefore time signals could be distributed with a great deal of accuracy. In contrast today's digital broadcasts have a delay of two and a half seconds. Is this progress?

David Rooney has published his book *Ruth Belville – The Greenwich Time Lady* – which will give the reader further fascinating reading.

**Robin Loveday**

### Painting Home: The search for a national visual image

Thursday 17 March 2016



The prolonged title for this lecture was puzzling for some, perhaps

unpromising, but our speaker, Ian Dejardin, Sackler Director at the Dulwich Picture Gallery, soon made it clear that the subject was very close to his heart, and the combination of a clearly expressed lecture and a series of beautiful slides enlightened even those of us in the audience that are only at the stage of “I don’t understand art, but I know what I like” or even, (as an old New Yorker cartoon said), “I understand art, but I don’t know what I like”, aware of the speaker’s intention to join him in the interest that should be shown in artists from other countries but unknown outside their own terrain. He gave as a striking example the name of the artist Hal Solberg; if you are not familiar with his name, you are not Norwegian; most of us are unfamiliar with it, but he is a national icon in his native country. His painting of ‘Lake Superior’, a wonderful evocative work, is as well known in Norway as ‘The Fighting Temeraire’, by Turner is in this country.

The speaker first told us about himself. An MA in the History of Art from Edinburgh University was

followed by seven years helping his sister run a knitting company in the Lake District. Surprisingly this gave him the entrée into museum management, leading to a lifetime career in various curatorial roles and for the past 11 years Director at the Dulwich Picture Gallery. He was also a junior ice skating champion at the age of eight.

He recognised in his research that artists little known in this country were painting beyond just landscapes, but with the emotional feeling they felt for ‘home’. Artists in Canada and Norway in particular had discovered that painting is just another word for feeling. Other better-known artists were concerned with representing the landscape of their country, as illustrated with slides of “The Hay Wain” by Constable and “The Windmill” by Ruysdael. A copy by Constable of Ruysdael’s ‘Windmill’ found in the Dulwich Gallery, showed that a man on a horse had been added to an otherwise almost identical copy of the original, presumably because it was thought to be “more English” in style. It was interesting to learn that many of the Dutch Masters

preferred to paint in Italy where the scenery and light was better than in Holland.

In promoting exhibitions by artists from Canada [“Home Canada”] and later from Norway [“Home Norway”], Dejardin was surprised that they attracted very large numbers of visitors to the gallery. An exhibition last year at Dulwich of paintings by the Englishman, Eric Ravilious, was the most popular ever at the Gallery. His paintings demonstrate the desire for a largely lost nostalgia. This was illustrated by a painting of an early 3<sup>rd</sup> class railway carriage as it passes the famous white horse embossment on the hill at Westbury. The exclamation from the audience of “bring back the regional railway companies together with their comfortable trains” was almost audible.



*Train landscape*



*The Hay Wain*

The lecturer continued to delight us with slides of paintings by artists from the 19<sup>th</sup> century to modern times, demonstrating that fine artists remain unknown outside their own country. Examples were displayed of works by Tom Thomson, Franklin Carmichael, Joan Eardley, Nickolai Astrup, Emily Carr and Lawren Harris. All names barely heard mentioned in England, but well known and sometimes revered in the countries of their birth or in which they flourished.



*Indian Church by Emily Carr*

It has been said that no man is a prophet in his own country, but Ian Dejarden showed us that it might be more accurately stated that in the case of artists, it is only in one's own country that one can be a prophet.

**James Carne**

## Personal responsibility for health and the ethics of behaviour change

Thursday 21 April 2016



When is it reasonable to try to influence the behaviour of others

regarding their health? This simple question has complicated connotations of blame, the role of the state and both the behaviour of medical practitioners and the 'public'. Richard Ashcroft, Professor of Bioethics, School of Law, Queen Mary, University of London, has a particular interest in the human rights aspects of medicine and public health and his lecture took us through the definitions and ethics of promoting behavioural change.

### My health – or illness - is my business?

Health is personal to you but your illness may have consequences for the NHS, public health implications, care and not least sympathy. In deciding what should be done for you, we may try to distinguish between what is personal responsibility and what is due to bad luck. Brute misfortune does not incur blame, but people are censured for imprudent actions that lead to ill health and illness that is perceived as self-inflicted. Should it follow from this that help can be refused or limited, if imprudence or self-harm is involved? If the harm is caused by

factors over which the agent has no control the refusal to help may be unfair and irrational. Poverty, for example, may be associated with limited choices. Nevertheless, behaviour that maintains or improves health is perceived as good and some would argue that medical care involves a moral role, including judging patients' conduct. This implies that 'bad' health behaviours should be blamed, and the individuals stigmatised. Against this viewpoint are the varying definitions of medicine, for example as a practice of care rather than of punishment. The causes of ill health include a wide range of factors, how much of the illness can be put down to behaviour? Health moralism can be criticised with the argument that the doctor's role is to encourage 'good' behaviour change, not to judge on past behaviour. As for withholding treatment, this may be morally appropriate if the treatment's success depends upon changed behaviour. If a choice has to be made between treating patient A and patient B, B's habits such as smoking or drinking to excess may allow an apparently logical choice in favour of patient A, but this explicit discrimination is uncomfortable and many would say unfair.

We are on safer moral ground where we seek to encourage patients to change behaviour. It is then necessary to consider the options for legitimately changing behaviour.

## Retired Fellows Society

### Four approaches to behaviour change

First, Persuasion. This is seen as acceptable because the agent is “open to reason”, a rational, free and deliberating individual. Yet, there is an implication that the persuader is right and the agent wrong: the aim is to align the agent’s wishes, interests and preferences with those of the persuader.

Second is Inducement with monetary or other incentives which treats the agent as rational, but is problematic because it bypasses their better judgement by appealing to desire.<sup>1</sup> The offer can be one that is difficult to refuse, thus bordering on coercion.

Nudging is the third, recently promoted<sup>2</sup> and currently a favoured approach in public health, it seeks to work around the agent’s rationality, treating it as secondary or instrumental. Examples include placing healthier meal options higher up on a menu or speed chevrons on a motorway. Even when the intervention is in their interest, people worry about deliberate attempts to influence their behaviour: salads may be promoted on a menu, but with burger and chips still available, a conscious choice can be made, which makes it more acceptable.

The fourth behavioural change option, coercion, accepts rationality in the agent but uses the threat of force to make it irrational to refuse, or impossible to act otherwise – such as in compulsory psychiatric treatment.

### Does the stereotype of the rational agent stand up to scrutiny?

We like to think of ourselves as belonging to a rational species, but advertisers know otherwise. Psychologists have identified the ‘fragile decision maker’ prone to addictions or unhealthy habits. Sociologists have studied the ‘structured individual’, with expectations and behaviours attached to positions located in the social structure, not fully under their control. Mainstream moral philosophy invites us to view the ‘ideal’ agent, rather than the reality of the ‘fragile agent’. Thus in using moral arguments to influence behaviour, we treat the agent as an ideal, autonomous individual: yet we know that he/she is anything but. We do this because it would be disrespectful to treat them otherwise. ‘Respect’ thus seems more important than the notion of autonomy. Public health ethics are constructed out of medical ethical premises with notions of ‘the social’ and ‘the public’ reached via methodological individualism.<sup>3</sup> This carries a presumption that interventions to change behaviour risk coerciveness. Taking a smoking cessation clinic as an example, you could be offered a series of small sums of money to quit smoking, over a course of six months and with breath tests to check compliance. This incentive scheme is based on claims of what is good for you, but also on the fragility of your will and how to overcome it. It could be counterproductive, if it weakens your ability to form an ‘inner resolve’ to quit: it also gives the lie to your stated wish to quit by

voluntarily attending the clinic. You are being paid to do something that you ought to do for yourself, but cannot or will not. In other words, it could be considered a type of coercion. This dilemma becomes starker when considering examples of government incentives in the US: for example, offering a shorter prison sentence in South Carolina for inmates who donate their organs.<sup>3</sup>

Professional commentators are concerned about coercion, as are many members of the public, although panel surveys indicate that most people care less about coercion than about effectiveness and fairness, for example in targeting resources. The problems in judging ‘fairness’ include the perceived personal responsibility for illness, the difficulty perceived in changing behaviour, concerns about rewarding bad behaviour or discouraging good behaviour – and the danger of latching onto the stigma of vulnerable groups.

### Exercises of power

Are even nudges exercises of power, as discussed by Ruth Grant?<sup>4</sup> She has called it “choice architecture”, for example displaying vegetables more prominently than desserts in a school cafeteria, but it still amounts to pushing citizens to particular options while ostensibly giving them free choice. It is easier still to criticise incentives, such as performance related pay: this could be considered as a ‘divide and rule’ policy, encouraging selfish motivation rather than the good of the workforce: other examples from Grant include money for

donating blood or rewarding performance of students.

<sup>4</sup>Incentives may be ethical if they serve a legitimate purpose, are voluntary and do not damage the character of the people on whom they are being inflicted. The exercise of power may thus be appropriate if politically, socially or morally legitimate, but there is concern about this exercise in a relationship, at least normatively, between equals, whether it is covert or out in the open. Seen from this perspective, incentive schemes are not merely voluntary trades, but with undercurrents of control, particularly if the alternative behaviour is punished in some way, as in coercion. Both nudges and incentives can backfire when they undermine our autonomy, conveying the insulting suggestion that our character

mainly comprises self-interested incentive seeking. Ethically, we remain interested in encouraging people to align motive and consequence, in other words to do the right thing for the right reason. In the end, argued Professor Ashcroft, the character/agency model may be no less flawed than the stereotype of the rational agency model. 'Moral' character versus the 'ideal' rationality of the free individual invites similar criticism of assumptions.

Professor Ashcroft invited audience members to follow his twitter account ([@r.ashcroft](https://twitter.com/r.ashcroft)), where he describes himself as a utopian dreamer, all opinion and no knowledge. His eloquent lecture was a contradiction to that description.

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**Rosalind Stanwell-Smith**

## Genomes, Structural biology and Making New Medicines: Facing the Challenges of Drug Resistance in Cancer and TB

Thursday 19 May 2016



Professor Sir Tom Blundell is a biochemist and structural biologist who was William Dunn Professor of Biochemistry

at Cambridge from 1996 to 2009. He is now Emeritus Professor of Biochemistry and Director of Biochemistry Research at Cambridge. He has published 550 research papers, 30 of them in *Nature*, and has received many honours during his career, including Fellowship of the Royal Society. In his lecture he first told us about some of his early research and then discussed his more recent work designing compounds to treat drug resistant infection and cancer.

In the 1960s he was a member of the team led by Dorothy Hodgkin in Oxford which used X-ray crystallography to demonstrate the 3-dimensional structure of insulin. This was very significant as it was the first time that the

structure of a protein hormone had been identified. Dorothy Hodgkin was unusual at that time as an academic who had established contacts with several drug companies. Professor Blundell early on recognised the importance of this exchange of knowledge in the development of new drugs and was later to be involved in setting up two drug companies.

In the 1970s and 1980s Professor Blundell worked on the structure of two protein hormones, pepsin and renin, which are structurally very similar. He used his understanding of the structure of renin to design antihypertensive drugs, an early example of structure-guided drug development.

## Retired Fellows Society

By the 1990s there was a great deal of research into genomes, with the genomes of viruses and bacteria, which are relatively simple, being identified first, followed by those of more complex organisms. Identifying these genomes meant that the proteomes (all the proteins within the organism expressed by the genome) could also be identified. Proteins which were possible targets for drugs could then be found. This approach necessitated not only knowing the amino acid sequences of the proteins but also on understanding their 3-dimensional molecular structure, so that 'holes' in the molecule where drugs could bind could be identified. Once possible target proteins had been chosen, chemical libraries could be searched to find compounds which would attack them. Professor Blundell used these concepts to identify possible drugs to treat HIV infection, and set up his first drug company, Biofabrika, to work on the problem. He later realised the potential of these methods to develop drugs for treating cancer and in 1999 co-founded a second company, Astex, with this objective.

More recently, his focus has moved to the problem of drug resistance in cancer and infection. Interestingly, it has become apparent that the approach to designing drugs to deal with the problem of drug resistance in these two very different types of disease is remarkably similar. In drug resistant cancers, mutations have led to the drug resistance and the task requires defining the

proteome, finding suitable target proteins and then searching for compounds which will bind to them. In drug resistant infection, it is mutations in the infecting organism which have led to the problem and a similar method can be used. A similar method may also be used in some inherited diseases by identifying the mutations in the affected individual. Examples quoted were alcaptonuria and the mutations which cause renal cell cancer in von Hippel Lindau disease. Topics which he is currently addressing include treatment of liver metastases and of drug resistant TB, the latter having been funded for 10 years by the Gates Foundation. It is hoped that a drug or drugs to treat TB will be found which will be effective in a short course, rather than in the long courses necessary with traditional antibiotic treatment of TB.

The process of identifying potential drugs is extremely complex because of the huge amounts of data which must be evaluated: genomes and proteomes in the initial searches and chemical compounds in the subsequent searches. This requires a large multi-disciplinary team which not only includes molecular and cell biologists but also mathematicians, physicists, and computer scientists, to develop and manipulate the massive data bases. Identifying potential drugs is thus both time-consuming and costly. Professor Blundell quoted drug industry statistics which indicated that of 8000 compounds synthesised, only 8 reached clinical trials and

only 1 reached the market. The cost of bringing a new drug to market was estimated to be 2 billion dollars.

Professor Blundell's fascinating account of the complex process of drug development was interspersed with a series of entertaining comments about his time as a Labour councillor in Oxford, when he stopped a motorway being built through the city centre, his love of modern jazz, and his somewhat anomalous position as a 'Marxist entrepreneur'.

**Judith Webb**

### Camera club meetings

*Friday 28 October 2016*

*Friday 25 November 2016*

*Friday 27 January 2017*

*Friday 27 February 2017*

*Friday 27 March 2017*

*Monday 24 April 2017*

*Monday 22 May 2017*

*Monday 26 June 2017*

*Monday 25 September 2017*

**New members are  
always welcome**

## Extra mural reports

### North to South in the City, Retired Fellows Society Walk, lead by Sue Weir

Thursday 21 April 2015

The walk started from Liverpool Street Station, to end near the Tower, on a beautiful, sunny day. From north to south, we wandered through buildings and history, from ancient times to the most modern, all tremendously enhanced by Sue Weir's exceptional knowledge and erudition that she was able to share with us.

Liverpool Street is north of the Thames, near the eastern boundary of the City of London, close to the historical site of Spitalfields Market; the station daily sees arrival and departure of great numbers of city workers in addition to travellers. In Roman times, the neighbouring road of Houndsditch was literally that, adjacent to the town, where the bodies of dead dogs were thrown. Recent archaeological digs have discovered quantities of canine bones there.

The current site has been occupied since the Middle Ages. In 1247 Simon FitzMary, Sheriff of London, granted land of the Parish of St Botolph outside Bishopsgate, to the visiting Bishop of Bethlehem in the Holy Land. Here, he was to find a priory, in which the poor were to be cared for and also visiting bishops from Bethlehem

were to be accommodated. Little by little the priors took in people who were mentally unstable as well as those bodily unwell, serving more as a hospital, in this location for 400 years. Eventually, the name transmuted to Bethlehem, then Bedlam and the hospital itself was moved as a mental institution, first to Moorgate, then to St George's Fields near Waterloo, now to Monk's Orchard West Wickham, in Bromley.

In Mediaeval times, extending to the east from here was an area of country estates; however, the aristocracy gradually moved west, leaving the East End traditionally to be the location for settlement

by sequential international waves of refugees of all types, seeking work. During the 17th century, the area was the site of a mass burial ground; plague victims as well as prisoners and unclaimed bodies having been buried here. Evidence of this has been found recently during excavations required for the Crossrail project.

Liverpool Street Station was originally meant to replace the old Bishopsgate one, when it was turned into a goods depot in 1874; Broad Street (North London Railway) was also nearby. Planners, however, could not obtain permission to build an above-ground mainline terminus at this location, thus were obliged to construct it at a lower level. The (still extant) ironwork roof was not



Für das Kind

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allowed to soar to higher levels; an underground line was then added even deeper, making the station dual level.

Within the station, at rail platform level is a small statue of two children. It is entitled 'Für das Kind' and commemorates the arrival at London Liverpool Street of trainloads of predominantly Jewish children fleeing Nazi tyranny in the 1940s. The Kindertransport took place during the year ahead of the outbreak of the Second World War.

Moving on from the station, Sue reminded us that the history of the City of London centred on trade. From its first establishment in Roman times, warehouses were erected here, for goods brought to, and exported from, our country. The theme remains, although purposes of (sometimes long-standing) buildings has changed (Dirty Dicks is still there, now cleaned up, although several of us remembered visiting it in its authentic state, in our student days).

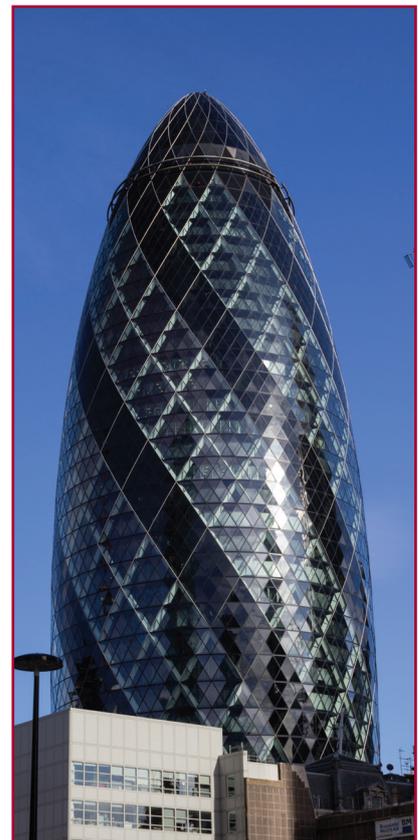
Crossing Bishopsgate, we saw the Bishopsgate Institute, established in 1895. This was a charitable venture for the benefit of extending culture and learning to the poor. It consisted of a public library, public hall and meeting rooms. Today the edifice remains, still providing a recently refurbished reference library, and offering its Great Hall as a venue for conferences, meetings, workshops and other appropriate events.

Continuing down an alley called New Street to Devonshire Square we reached a further area of previous ancient burial grounds. In tenth century mythology, a lord, Sir Edgar promised to donate the land to three knights who needed to perform duels, on land and water. They did, and in 1125 their descendants passed the ground on to Aldgate Monastery of Austin Canons, to commemorate that a fine knightly statue had been raised. The ecclesiastical ownership of the area was lost during the dissolution of the monasteries in 1532, when Henry VIII took its possession. Former trading buildings and warehouses have now been transformed into plush offices and housing, atria, yards and gardens, now with presence of fine cafes and brasseries - folk all relaxing there as we passed in the afternoon sunshine of our walk.

We proceeded down Barbon Alley, close to the previous site of the Cutlers Company, first Royal Charter of which was given by Henry V in 1416. Notable in this area are warehouses that had been of the East Indian Company, given their charter by Elizabeth I in 1600, previously used for storage of expensive commodities from the east - spices (notably nutmeg) as well as silks, carpets, gun powder, timber and even ostrich feathers, amongst others. This lasted until the East India Company Stock Redemption Act in 1873, by which time the company's activities had fallen into disrepute.

By 1909 the Port of London Authority had taken over the warehouses; the tea trade (championed by Catherine of Braganza, the wife of Charles II) was well established. Some currently existing, now converted buildings, still bear mementos of earlier occupation, for example, we saw external metal hoists, previously used for loading and unloading to and from upper stories.

Our way lead us down Heneage Lane and Bevis Marks past the Bevis Marks Synagogue, the oldest in the United Kingdom. It was established in 1771 and now is affiliated to the London Spanish and Portuguese Jewish Community; it continues to hold regular services, as it has done



*The Gherkin*

for almost the last 300 years. We were not able to go in, but entry can be obtained by looking up times and dates on-line for when it is open to visitors. Passing the rear aspect of the church of St Mary Axe (whose patrons have been the Company of Skinners), St Helen's Bishopsgate, is the largest surviving church in the City of London.

From buildings and history of ancient trade of the City, to the modern, we made our way towards the 'Gherkin' more properly identified as the Swiss Re Tower, 30 St Mary's Axe. It was designed by Norman Foster & Partners and was finished in 2003. It was built specifically to be sustainable, as well as spectacular and engaging. This had been the position of the Royal Exchange, which sadly was blown up by the IRA in 1996. The outside area at the foot of the Gherkin is called the 'Garden of Arcadia' where we were able to rest a little while Sue told us about the flat panes of glass of which the building is composed, and its exceptional properties of maintaining the building's own internal environment.

Passing down St Andrew Undershaft, at 112 Leadenhall Street we found the 'Cheesegrater' more correctly called the Leadenhall Building. This was designed and constructed by Rogers Stirk Harbour + Partners and has only recently been finished. We didn't linger however; arm-length metal bolts having

been known to fall from the construction! There had been an archaic maypole here, but to the best of our knowledge, no traditional dancing takes place any longer. There is a memorial to John Stowe; he was a sixteenth century historian and antiquarian who published his 'Survey of London' in 1598. There is a statue in St Andrew Undershaft, of him holding a long (real) quill. Every five years, this is replaced by a new quill.

The next sign of our times was the Lloyds Building, 12 Leadenhall Street. Outstanding for its modernity when it was built by Sir Richard Rogers in 1986, we 'Londoners' have become accustomed to avant-garde ideas of building. Lifts and services all on the outside (reminiscent of the



*The Lloyds Building*

Pompidou building in Paris), the staff sit and work in communicating large spaces within.

The site however, is that of original old coffee houses frequented by Edward Lloyd in the 1600s. In times gone by, maritime traders would sit in the coffee house and seek 'insurance' as they passed the time. Ahead of being attended to, they placed notes on their tables, 'To Insure Prompt Service' - the origin of our word 'tip'. Today within the building work underwriters and brokers in syndicates (for which they need £200,000 in cash, before they can set up). Nelson's Battle of the Nile 1812 is an example of what used to be, but a bad news day was 15th April 1912, when the Titanic sank. They say the Lutine Bell is still rung when tragedies occur. Lloyds and the other companies insure everything now, not just maritime matters; cars, houses, even ventures into space.

We walked through Fen Court towards Lombard Street stopping to view the memorial to the Reverend John Newton and admire the recently erected sculpture unveiled in 2008. John Newton had been a slave trader, but had his Damascene moment, changing to be an abolitionist. The columns and posts one can imagine to perhaps represent a preacher in a pulpit addressing a congregation, or maybe a slave trader on a platform, selling or purchasing collected slaves. On the wall is a poem 'The Gilt of

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Cain' by Michael Visocchi & Lemn Sissay, of which the last four lines are:

*...Cash flow runs deep but spirit deeper*

*You ask Am I my brother's keeper?  
I answer by nature by spirit by  
rightful laws*

*My name, my brother, Wilberforce.*

Next we proceeded down Fenchurch Street, (that gains its name due it once having been situated on fens) to Lombard Street, Fenchurch Street Station and Hart Street.

On to the 'Walky-Talky', 20, Fenchurch Street - the Sky Garden building; this was designed by Rafael Viñoly and was completed in 2014. Permission to construct the building in this location had only been provided on the basis that the owners would allow a free public garden to be part of the project. When we sat and Sue told us the history - we couldn't see any garden! We discovered that said Sky Garden is on the 34<sup>th</sup> floor, and accessed only by designated lift! It is indeed free, but to gain admittance one has to book on-line and attend in a timed slot (we hadn't booked). Apparently, there are some plants up there, some said quite nice ones. Also a coffee bar and a restaurant.

Off down Plantation Lane, that has a very attractive living green 'wall', to Plantation Place, built on the remains of the old Roman colony of Londinium, burned down

by Boudica in AD 60. Plantation House had formerly been a centre of the tea trade, Plantation Lane running at the side of St Mary's Patten Church, originally of the Guild of Pattern Makers (patterns being a sort of shoe-protector, to guard against muddy walkways). No such problem now! Flooring of the lane is on specially quarried large flagstones, each with a period of well-known history of London, engraved on it. One could spend the day reading one's way through!

Ahead was Minster Court, a second millennium 'Gothic' building, which houses centres for underwriters, insurance and re-insurance. We passed All Hallows Church Staining and the Worshipful Society of Clothmakers, established in 1528, although the current building is from 1958. In common with other modern day guilds, considerable good works are performed and supported here.

Finally, we arrived at St Olav's churchyard, the church being one of the smallest of the City and a survivor of the Great Fire of 1666. Here we sat at the entrance to the Navy pew. This is an ancient place, St Olav is said to have aided King Olaf II of Norway and King Ethelred the Unready, against the Danes, in 1014. Samuel Pepys lived nearby in the 1660s, although his home no longer exists. His wife Elizabeth is buried within St Olav's church building. We are grateful to his

diaries for describing nine years of his life to us, the plague of 1665 and the Great Fire, which he witnessed from the nearby Tower of All Hallows Church. However, he didn't record his experience of having a bladder stone removed at about the same era.

Today, adjacent is the Port of London Authority building. This is responsible for 94 miles of the river Thames, particularly with regard to pilots, patrols, surveys and dredging. From 1796, Trinity House Building was responsible for lighthouses and lightships.

Our departure was to be via Tower Hill, the site of many deaths (some executions) for example, Simon of Sudbury, Thomas Moore and Thomas Cromwell. Simon Fraser, 11th Lord Lovat was executed here - a Jacobite, he was the last man to be beheaded in England. Today, Tower Hill is the site of commemoration of seamen, both military and merchantmen, lost in both the first and second world wars, whose bodies were lost forever beneath the waves.

The afternoon complete, we were all very grateful to Sue Weir for the immense amount of time and effort she puts in to these extremely interesting and informative walks. Thanks Sue!

### **Catherine Sarraf**

*Editor's note: this report should have appeared a year ago, its late publication is due entirely to the editor and apologies are extended to the author.*



*The Abbey*

## Following the code breakers: a day at Woburn Abbey and Bletchley Park

*Friday 6 May 2016*

On the best summer's day since the start of the year, we travelled by coach to Woburn Abbey and Bletchley Park. The coding link is that during WWII the Abbey was the billet for Naval Wrens, who transcribed intercepted radio messages for deciphering in the huts at Bletchley. Some WRNS staff also sunbathed in the nude on the Abbey roof, until it proved too distracting for the pilots using the airstrip on the estate. One of the first stately homes to open to the public when post-war death duties struck, Woburn Abbey and its park are now magnificently restored. We were the first visitors to arrive that day and had the gardens to ourselves, as Memo Spathis's glorious photographs show.

Interesting exhibitions at the Abbey included the life and work of Humphrey Repton, who turned from painting to making aristocratic estates a work of art. Famous for his 'red books' with overlapping illustrations indicating how an estate could be improved, he also laid out the garden of Russell Square, part of the Duke of Bedford's properties in London. Another exhibition concerned the park's nine species of deer, focusing on a rare breed, Père David's Deer (Milu to the Chinese) that has been reintroduced to China in a conservation project.

The current Duke of Bedford is the 15<sup>th</sup> in the long line of often eccentric ancestors: his great grandmother was nicknamed 'the Flying Duchess' for her pioneering aviation exploits, the 12<sup>th</sup> Duke favoured parrots more than his children and the thrice married 13<sup>th</sup> 'Maverick' Duke's commercial ideas for Woburn included a

funfair and allowing a nudist film to be shot in the grounds. But these antics saved the Abbey, the name deriving from a Cistercian monastery on the site before the Reformation. It is the home of the present Duke and Duchess: the dining and reception rooms are still used and it gives the grand areas a more intimate feel than many stately homes, although probably the Sèvres dinner service is too precious for family meals. Beautifully displayed on a dining table in the Crypt, this service is the only one presented by a King of France to a British aristocrat. The charming Oakley dolls house is a new exhibit, modelled on a house owned by the 4<sup>th</sup> Duke. It was also wonderful to see the Armada portrait of Elizabeth I, numerous Canalettos collected on a Grand Tour and the amazing Grotto, the only surviving example of a 17<sup>th</sup> century room decorated as an undersea cavern.

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*Bletchley Park*

After lunch we travelled along the narrow roads to Bletchley.

The Government had purchased the house and grounds just before WWII and with its site close to a railway station, it was an ideal home for the secret decoding activities and where the first computer resembling its modern form, the Colossus, was constructed. The recent film *The Imitation Game* told how Alan Turing and Gordon Welchman built the 'Bombe' apparatus that could decipher the Enigma machine codes in time for action to be taken – this electro-mechanical marvel was destroyed in the early Cold War period but has been lovingly remade to show how it worked.



*An enigma machine*

Costumes and props from the film were on display and the audio guide featured the actor Benedict Cumberbatch, who played the tormented Turing in the film. He related the sometimes all too evocative experience of acting at the site.



*Alan Turing by Stephen Kettle*

The house and its array of outbuildings retain a strong atmosphere of its former

clandestine life, with huts furnished with office equipment and poignant touches such as teacups and coats hanging on hooks. There are also exhibits and interactive displays throughout the ground floor of the house, although visitors are not allowed into the mysterious upper floors. We could type on enigma machines, try our hand at deciphering codes and also play with a giant chess set in the garden. Many of the decoders loved chess and to my mind, all the site now needs is a garden in the form of a crossword, to demonstrate how skill with crosswords was one of the entry requirements to the elite staff of the Government Code and Cipher School. Or perhaps not: officially decommissioned in 1987 and only opened to the public in 1994, the house may yet have another secret life, but they're not telling.

**Rosalind Stanwell-Smith**

Photographs by Memo Spathis

# Articles

## A book which influenced me

Nick Coni

*Man-eaters of Kumaon* by Jim Corbett (my copy published 1971 by Penguin Books, Harmondsworth, but it was first published in 1946)

Perhaps my best friend William had been “turned” and had become a double agent and revealed my whereabouts to Hitler’s intelligence service, because my cover must have been blown. My parents swiftly colluded with a gaunt and forbidding schoolmaster to relocate me to a high-security safe house in Devon just after my eighth birthday. In spite of this, I went on to have a good war, and became adept at the identification of aircraft of every type, and stood at many a roadside solemnly saluting the passage of countless (and endless) military convoys, but among the high points were the Sunday evenings when the headmaster would read to a group of boarders in his study. Despite his unprepossessing appearance, he certainly had excellent taste in literature, and *Man-eaters of Kumaon* was one of the more memorable literary jewels he selected for our edification.

The author of this book was born in the north of India in 1875 of British descent; he served in the British Indian Army and attained the rank of Lieutenant Colonel

during the Second World War. It was a rare combination of characteristics, however, that ensured that he became a legend throughout the world. He was a devoted observer of nature, and became an unrivalled expert at reading the jungle and the plains of his native terrain, Uttar Pradesh and Uttarakhand. His ability to pick up the signs of the presence, or recent passage, of tigers and leopards from footprints, stools, carcasses, the flight of birds and the cries of deer or monkeys, made him an extremely skilled tracker, and his sureness of hand and eye made him a formidable huntsman. His extraordinary courage and his extreme reluctance to kill any creature unless convinced that it presented a threat to human life were attributes that fitted him for the task of stalking and despatching a tiger or leopard which had preyed upon the villagers in his “patch”, a task which he almost invariably pursued alone. Thus it was that the then government of those states would call upon him when tragedy struck, and during the first forty years of the 20th century, he succeeded in ridding the region of a total of 33 man-eaters, mainly tigers, many of which had accounted for a considerable number of human lives. His other gift was the ability to record the story of each of these missions in prose which impressed me, when a schoolboy, as extraordinarily vivid and compelling, and indeed even beautiful, and does so to this day, when my pensioner’s fingers turn the equally worn pages of the book.

His passion for the fauna of his native country led him to become closely involved in the early 1930s in the establishment in Uttarakhand of the continent’s first national park with the object of creating a reserve for the endangered Bengal Tiger. It was renamed after him twenty years later, and I am told that is a wonderful place to visit, beautiful and teeming with wild life. Any apparent contradiction between his passion for conservation and his prowess as a hunter is fully explained by the author in his book. Tigers, and a few leopards as well, became man-eaters in those distant days, long before mankind had decimated their habitat, only when prevented by infirmity from killing their natural prey, and he would always inspect the carcass very carefully to determine the precise cause of his quarry’s frailty. Like any pathologist today, he was reluctant to ascribe it to old age alone, but he often found simple explanations like the loss of teeth or claws or an eye, or injuries from porcupine quills or old gunshot wounds which had become infected and would have made the creature lame.

There were occasions during his adventures when the hairs would prickle on the back of my neck and must have done so on the back of Jim Corbett’s neck too. He would perhaps have come to a bend where the jungle path was obscured by a large rock, and the bark of a Muntjac deer would alert him to the presence of the man-eater and to the sudden certainty that the animal had been prowling

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behind him and was now lying in wait for him behind the rock. His premonition was invariably accurate, and would herald the thrill of the final face-to-face encounter.

I was strongly impressed by this book, but not so much so that I became a big game hunter. I was restricted, geographically, to the jungles of Surrey, and thus zoologically to the opportunities afforded by the largely cabbage-eating butterflies of the Home Counties while unrealistically seeking Purple Emperors. A short period of military service in Singapore presented the opportunity to travel “up country” in [now Western] Malay[sia], where exotic wild-life and exotic diseases kept alive my excitement at the rare and the unfamiliar. This enthusiasm, on my return to the UK, was moderated by the eminently sensible dictum of a very wise consultant physician that “common things occur commonly, and the birds

on the lawn are sparrows until they are proven to be golden eagles”. Occasionally, however, golden eagles masquerade as sparrows, as was demonstrated by an elderly gentleman who was admitted to my medical ward with a fairly minor chest infection which duly responded to antibiotics. The chest x-ray persisted in showing an elevated and presumably paralysed right diaphragm, and I was sufficiently curious to return to the bedside to seek possible causes. There it was – scarring over the upper neck, suggesting the possibility of a rather crudely performed phrenic nerve section, formerly used from time to time for pulmonary tuberculosis with cavitation. “Did you get those scars from treatment for TB?” I enquired.

No, he replied, he had acquired them in 1924 while a youth in India. One morning, he was kicking a ball around the huge garden and went to retrieve it from the densely wooded

area at the far end. As he was bending down to pick it up, a tiger emerged from the thicket and grasped him by the neck. The household servant, hearing his cries, became exceedingly indignant, and rebuked the beast with great severity and instructed it to drop the young man at once. Such was the authority of the Raj, that the animal released its grip immediately and slunk off into the jungle, leaving his intended prey with no more than an interesting chest x-ray. Had the old gentleman been a resident of Kumaon, I wondered. No, he had lived hundreds of miles further south, so the importunate tiger was probably spared the fate of becoming target practice for the redoubtable Colonel Corbett.

If you are not deterred by a sense of shame regarding our colonial past, I strongly recommend these true tales of skill and courage set in the enchanted landscape of a bygone era.

### NIGHT SCENE: when there is but a little life left

**Tom Madden**

On surgical firms at Guy's, the student advanced through the clinical years in knowledge and responsibility, identified, on such appointments, as junior or senior 'dresser' a rank implying proficiency in wound care.

The usage dated back to the school's origin; and had been the designation of our predecessor,

the poet, John Keats, dresser to Sir Astley Cooper, the premier surgeon of his day.

Two student members were assigned to night duty. The episode described here, raising ethical considerations which were discussed among the group in the days that followed, took place in the second week of their appointment as senior dressers on a general surgical firm.

The scene: It was one of two long Victorian general wards with lofty ceilings, their high Georgian

windows looking out upon the Park. Here the redoubtable Daisy Harrison had stood, arms crossed and composed, her back to the black-out windows, while sirens screamed and bombs fell, reassuring her patients through the Blitz.

The perspective is that of a novice in the second of three clinical years.

There are questions which are not asked: the military physician may not ask on which side the wounded soldier has fought.

When an unconscious patient is admitted, it is assumed that everything must be done to support recovery. Life is regarded as an absolute and unquestioned value, the purpose of which in any individual is not questioned.

Such was the case, this evening, when the rescuer heard a splash and dived into the river to bring to the embankment the drowning man.

In the normal course of life, the physician will usually know more of those seeking help, even something of their lives. In such a case as this, the attending doctors strive to bring the unknown from certain death to uncertain life.

When there is but a little life left, it is a spent wick, whose flame may be extinguished upon a single breath; when life and death are but a breath apart. The acolyte is the vigilant, attentive nurse, who will perform her duty to the flame, whether it lives or dies.

This late evening, the ward is conscious of the rattling screens, wheeled in a while ago to surround two extra beds; a post-operative case and another admitted from Casualty. In two radiant ovals the lights may burn throughout the night. To and from these lighted areas, silent figures in white gown and uniform hurriedly come and go. Behind their masks, they are anonymous. The dressers do not yet know their daytime faces. The eyes above the mask assume a greater importance. Within the screens the busy actors cast grotesque shadows upon the high ceiling,

their ministering hands raised like the slim forelimbs of a praying mantis.

The only other light on the ward is that of the green student desk lamp on the centre table, a commanding observation post at which the night duty nurse normally sits, surveying her empire, alert to any change in the condition of her charges. At this time, she patrols the beds, reassuring the anxious and answering the inquisitive who must know what is going on. The more wakeful among them will share the vigil.

With the admissions from Casualty and the theatre, something about the sense of time has changed.

The second and the minute seem now more important; and this night-time activity seems somehow theatrical, more immediate than the busiest of the daytime hours; more disturbing to rest than the ethos of daytime, for the night reduces external stimuli and focuses interest. Now the silence of the ward is more alarming than the cries of children in the operating rooms and daytime clinics. For the sleepless eyes from many beds, the calm of the day is supplanted by a heightened awareness, by a new significance of the trivial. All these elements, countering the oblivion of routine, are in attendance.

Those who are not asleep see through the eyes of nightmare all that passes; as the drama of the scene grows, minute by ticking minute, until the end. Death, as childbirth, is very dramatic until the moment when it is over.

## **The two admissions are very different.**

In one recess, where the to-fro traffic of moments ago has begun to slow, no longer the principal centre of attention, lies a soldier home on leave, who celebrated unwisely and fell from a balcony into the street below. He sustained multiple leg and pelvic fractures. Distinguishing his local scene, like the cranes beside the river, the lighting throws up onto the ceiling the black outlines of hoists and posts and wires, of limbs at awkward angles, a two-dimensional pattern of blocks and rods, pulleys and traction lines.

And the present focus of attention? Barely an hour ago, a man was brought in by the river police. Whether he found himself in the water by accident or by intention is not known. His rescuer heard a splash but no cry.

Two student members of the firm are on night duty for the second time. It is their privilege to assist, like spear-bearers in a grand opera; to serve as extras in the visual pageant of busy hands and whispered words; to fetch and carry; more rarely with hands unsure to follow the directions given, miming the pattern of movement observed in others and now practised under their supervision.

For those who gather here, or come and go, it is a constant obligation to acknowledge the spent and struggling flame and to add, as gently as possible, the air required for combustion, the fuel which will make it grow;

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from these poles, syringes, bottles, charms; knowing that in a fireplace, fresh dried wood may be left; unconsumed around a blackened core.

At such a time, it is the clear and inescapable duty of the doctor on call to recognize that a death may be prevented; to do more than provide a painless end; to struggle (not questioning the outcome) to save: but to save what? a life? a viable life? a troubled life? How fortunate that ultimate responsibility is so difficult to assess and to assign, that it is not a present concern: that what is followed is a duty laid out in the books, the teachings and the spirit of practice.

Among those who wait, now dry, clothed and comfortable, sits the passer-by who heard the splash, spotted the floating man and brought him in from the cold river; who even now cannot say whether he fell, was pushed or jumped. His duty done, he remains, curious with questions that remain unanswered. The uneasy men and women in blue, who pace back and forth outside, they too must wait. Theirs too is a simple and unquestioning duty: to have it all down on paper. The anxious friends of the soldier continue their vigil; breathe every breath a last breath, uncertain as to the reassurances that they receive. But for the drowning man, no friends, no family; and no identity.

Above the masks, the eyes around the bed are all young: registrar, house officers, nurses, students. The student watchers

are grateful for any assigned task. They will victory; and watch with envy and admiration those responsible for the resuscitation, nurses and doctors a few years older than they, standing like David with his stone and sling. Death that he knows he defies; and challenges with slim arm and shoulder bent. The variable ceiling lights are the wings of an angel above the patient's head, white wings that bar and defy the black, the collecting box, the shroud. And the flame flickers.

The lungs that inhaled the waters of the river cough softly, muffled beneath the oxygen-tent; pause; rest sometimes for what seems too long an interval; and breathe again. And the flame is steady.

The mask of death bears a child's look; without fear, without past or future; without meaningful display of emotion evidence of character. What will he look like in the morning, who is now as nondescript as good or evil?

Slowly, within the succeeding hour, the bubbling of the humidifier and the rasping sob of breathing grow; colour returns to lips and cheeks; the hands, beneath the bedclothes grow warmer, more full of life; and the shivering begins. The drawn face is altered. Life is on its way back; and the flame is growing.

Yet the eyes around the bed watch and search and are not content; until the figures in the chart add up; and the gases may be turned off and sleep follow.

The law and the country need to

be informed. The men and women in blue are now more insistent; while, apart from them, the hall outside is now empty: no friends; no-one to lay claim to a life.

None to say thank you; none to tell, it's going to be all right. The officers can ask their questions although there are no certain answers.

To this place, the river regularly yields a part of its cargo. Those who surround the bed are ignorant of the name, the life, habitation and family of this man. Were the wet clothes a hint? The clothing that we helped to cut away in Casualty? The empty pockets? Was not the grey untidy hair a sign? Had the worn hands and tired eyes no meaning? Save for a few coins and a key, there is no more to be learned than from the eyes and hands of the drowned prostitute of a week ago!

And does it matter since a man is alive, as much as when a child is born and pain forgotten. Should it concern us to know who, and from where, and why? For now, able to turn away from the unknown who sleeps, who may wake once more to whatever dread led to this moment, the unquestioning serenity of caring being past, why is the question which remains.

In the News Chronicle of that day, read on the bus from Chelsea, a judge, assessing injury to a child, said that disability might be assessed; but that the prospect of a happy life could not be measured in this way. The true disability is not what is measured; the years of sadness, the burdens

of a blighted life, of the years of incomprehension and indignity?

But the oxygen pours into the tent, to the patient's lungs; and none could question the rightness of it? Yet questions remain. What if the oxygen has brought him back, to pain, to sorrow; to incurable disease of body or of mind; to the blocked avenue, the blank wall?

Where lies the true weight of future grief; where the burden of responsibility: in the mask, the syringe, the bottle or the cylinder? In the hands of their team who possessed the knowledge and the know-how that restored life.

The students were thanked unnecessarily and dismissed to sleep. They went for a last look at the sleeping, forgetful man and saw that the flame was burning brightly.

And they knew that they very tired.

## Taking the pulse of time

Gillian Tindall

I have in my possession, since my father's death at an advanced age, a little ivory case not much longer or fatter than a stick of traditional chalk. It unscrews, and within is a tiny elongated hour-glass half filled with fine, reddish sand. Only it is not of course an hour-glass, but an exact half-minute glass, designed for timing a patient's pulse. For over a century it has lived in its own small glass-fronted box along with the inscription 'Half-minute pulse glass used by Arthur Jacob MD FRCSI, 1790-1874'. I believe it was enshrined

in this case after Arthur's death by his son Archibald, another Anglo-Irish Dublin-based doctor though not quite as distinguished as Arthur. From thence it passed in the next generation to Archibald's daughter Blanche, who married an English medical publisher and was my grandmother.

Doctors have 'felt' pulses from Hippocratic and especially Galenic times, and pulse-feeling forms still today a major part of what is known as 'Chinese medicine'. An elderly doctor, specialist in medical history<sup>1</sup>, to whom I sent a photo of the pulse glass some years ago, wrote to me: 'Our present-day medical students are still (I hope!) taught both to time the pulse to assess features such as rhythm, volume, "character" and state of the arterial wall.' He made the point that it is not in fact necessary to time the pulse accurately to get some indication of whether it is abnormally fast or slow; but he added that a

half-minute glass (originally part of equipment used for careful navigation) would be useful and 'an attractive little medical device' at the time when medical practice was at last becoming more scrupulous and evidence-based. He thought that there might be quite a few of them still about today 'but I suspect they are perhaps not often recognised for what they are.'

Pulse glasses date from an era when an ordinary pocket-watch did not have a second hand. A watch that did have this refinement had in fact been invented by Sir John Floyer, a medical man living and practising in Litchfield in the latter half of the seventeenth century. He had it made up by Samuel Watson, mathematician-in-ordinary to Charles II and the creator of the astronomical clock that is now in Windsor Castle; by the following century the design had been



The Pulse Glass

## Retired Fellows Society

further refined into a specific pulse-watch with a stop-and-start button like a modern stop-watch. These, as the eighteenth century went by, were ornamented with gold trimmings and became a sign of success<sup>2</sup>: too much so, for by the beginning of the 1800s, when more dedicated pioneers such as Abraham Colles and Astley Cooper were making their mark, pulse watches were associated with fashionable, patient-pleasing practitioners whose methods lacked scrupulousness, and were therefore spurned by more serious seekers after medical expertise – such as my great, great grandfather.

Arthur Jacob came of a long line of country surgeons practising in and around Maryborough, Queens County, Ireland. He was the first of the dynasty to gain an MD as well, studying in Dublin and finally in Edinburgh under John Bell. Then, in the summer of 1814 when he was rising twenty-four and Napoleon had just been consigned to Elba, he walked from Edinburgh all the way to Paris, pursuing a zig-zag course of nine hundred and sixty miles through Britain (almost twice as far as the direct route south to Dover) in order to visit hospitals and infirmaries along his way<sup>3</sup>. No coach-rides for him: his father had already spent enough on his education and he was a younger son of an over-large family – a theme that was to crop up rather frequently among Jacobs of several generations. Already,

apparently, he was displaying that toughness, asceticism and dedication to work that was to characterise his future career. In Paris, he made tracks for the Ecole de Medicine that had, in the forcing house of the Revolution and the Napoleonic Wars, become a renowned centre of excellence. It was probably that year that he acquired his pulse glass, for its neat little case speaks of French craftsmanship.

He obtained work as a dresser, possibly for the famous Dupuytren to whom he had an introduction, and also seems to have met F.J.Gondret, a pioneer of cataract surgery. Certainly the method described by Gondret to tease out the cataract from the eye using a fine sewing-needle, bent just-so near the point, was the one Arthur Jacob used later for many years, clamping the patient's head firmly to his breast as he proceeded. He was almost the first ophthalmic surgeon in Dublin: his only rival was Dr Wilde, the flamboyant and ill-fated father of the far more ill-fated Oscar. For in spite of the Jacob family establishment in Maryborough, including an infirmary, and all his visiting of other infirmaries on his great Walk, it was in Ireland's capital that Arthur settled. He had a particular interest in eyes, and also in skin complaints, but he must have done general surgery as well for specialism was then only just beginning. Thus he became a member of the Dublin school of the mid-nineteenth century,

a small group of distinguished and outspoken men such as Sir Dominic Corrigan, and also Robert John Graves of the Meath Hospital, dedicated to careful observation, recording and mutual co-operation. Before he was thirty, Arthur discovered the rod-and-cone part of the eye which became named after him, as was too a species of rodent skin ulcer in which he took an interest. When he reached seventy, in a medical world that had been changed out of all recognition from that of his youth by the coming of anaesthesia and the antiseptics, his colleagues clubbed together to have a bronze medal struck for him, but he was unwilling to accept it: he told them, with wintry humour, that they might pin it eventually on his coffin. He did not apparently have any religious belief. When a widower, he liked to sit up half the night reading. He kept a pet bear, and later a badly behaved monkey.

Time carries almost everything away. We no longer speak of the membrane Jacobi or of 'Jacob's needle' or 'Jacob's ulcer'. The Medical Press and Circular which Arthur founded with a London colleague is no more. Almost none of his direct descendants lives in Ireland. Only a handful of his letters and papers, from a year or two out of a long life, survive in the archive of the Royal College of Surgeons in Dublin, though some of his extensive collection of books is there. The medical records of every family in the

Maryborough district, from the richest neighbour to the poorest in turf cabins, which were collected and kept by four generations of Jacob surgeons and doctors till 1914 and then bestowed on the infirmary for later practitioners to consult, were thrown out in 1939. The Fianna Fail appointed manager of the county that was now called Laois said they were 'useless old rubbish'. In such commonplace ways are priceless social records of ordinary lives lost forever.

But I have his pulse glass,  
surviving through time and

chance. It was probably out-dated by the time its owner was middle-aged, for the classic image of the Victorian doctor is of a frock-coated practitioner with watch in hand, and its charming obsolescence may have been what saved it from the general oblivion. Recently, a young grandson asked me what would happen to it 'eventually'? I said I thought it should probably go to the Wellcome collection in the Science Museum... But let us see what the long future may bring.

## References

- 1 The late Dr Denis Dunbar Gibbs FRSM, FRCP (1927-2015)
- 2 See The Almshouses of Litchfield: cradles of pulse timing, *The Journal of Medical Biology*, vol.2, 1994, and *The Physician's Pulse Watch*, *Medical History*, vol.15, 1971.
- 3 For a fuller description of his journey and later career, see *Footprints in Paris: a few streets, a few lives*, by Gillian Tindall, Chatto & Windus 2009 and Pimlico 2010.

The author's latest book, *The Tunnel Through Time*, will be published by Chatto and Windus in September.

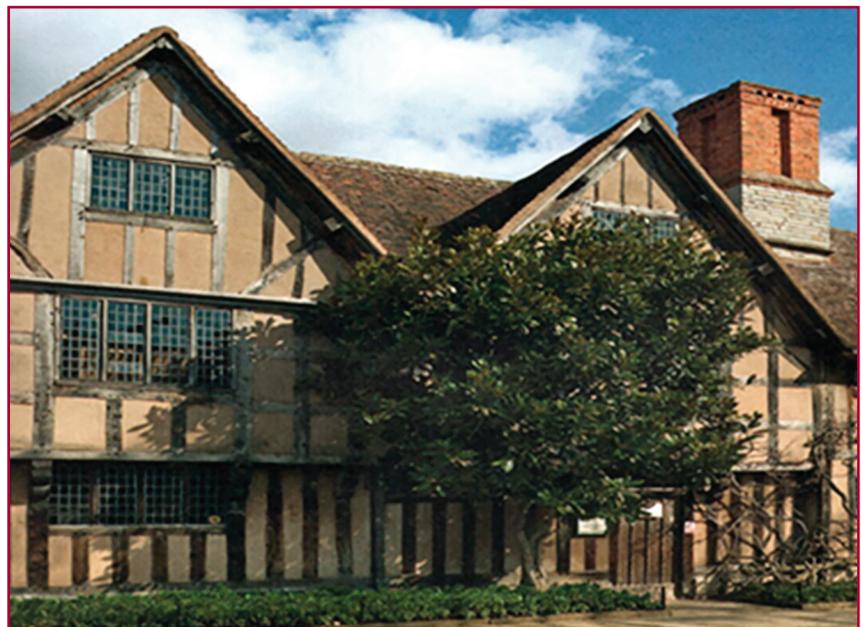
## Shakespeare's medical son-in-law

### David Siegler

In the four hundredth year since the death of William Shakespeare it seems appropriate to celebrate his medical son-in-law John Hall (1575-1643) probably born at Carlton, Bedfordshire, near Pavenham, north west of the County Town, Bedford. His father, William, is recorded as living there from 1569 to 1590. Dr. Hall senior owned land in Bedfordshire and Acton in Middlesex. He possessed a coat of arms and practised medicine: his practice was influenced by astrology and alchemy and he had Protestant religious beliefs. The received wisdom is that there is no known portrait of John Hall although we do have his manuscript case notes.

At fourteen years of age, with his elder brother, Dive, probably a family name, he went up to Queens' College, Cambridge, where he graduated BA in 1593 and MA in 1597. William Harvey entered Caius College, Cambridge in 1593 and graduated BA in 1597.

There follows a period of seven years during which his life is unaccounted for but it is believed he was receiving his medical training in Continental Europe. He was never formally registered but it is suggested he trained at Montpellier. At that time medical training at Oxford and Cambridge



Hall's Croft

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was poor and many British students went to Europe, most notably to Padua, including Caius, Linacre and Harvey. There is no record that Hall possessed an English medical degree, a RCP qualification, or Bishop's Licence.

Hall next appears between 1600 and 1607 in Stratford-upon-Avon where he set up a medical practice. Stratford was a thriving market town with a good grammar school and a centre for malting. On June 5 1607, Hall, 32 years old, married Shakespeare's daughter Susannah who was 24. Their only child Elizabeth was born in 1608. John and Susannah set up home at Hall's Croft until they moved to New Place on the death of Shakespeare in 1616. Hall's Croft, now owned by the Shakespeare Birthplace Trust is maintained in near original condition. The herb garden in each of his residences was the source of his therapeutic "recipes".

Susannah could probably read and write which was unusual for a lady of the time. The marriage was a happy one. Hall prioritised his medical career over his civic duties as a town Burgess to which he was elected three times. He had Puritan religious beliefs. He was fined for refusing the offer of a Knighthood from Charles I who was offering knighthoods for sale to raise revenue. Hall's practice was successful, including patients of all religious views and social classes, mostly within 15 miles of Stratford, seen in his dispensary or visited on horseback.

Hall died on November 25 1635 during a plague epidemic and is buried close to Shakespeare in Holy Trinity Church. In his will he requested his son-in law Thomas Nash to destroy his manuscript medical records but this was not carried out. He appeared to have enjoyed a good relationship with Shakespeare but does not refer to him in his published Casebook; the details may be in the lost second Casebook so we have no references to Shakespeare's health or the circumstances of his death. In addition we have no certain information of his influence on Shakespeare's considerable medical knowledge. The majority of medical references in the plays occurs before Hall's arrival in Stratford but doctors only appear as characters after his arrival, they are mostly depicted sympathetically.

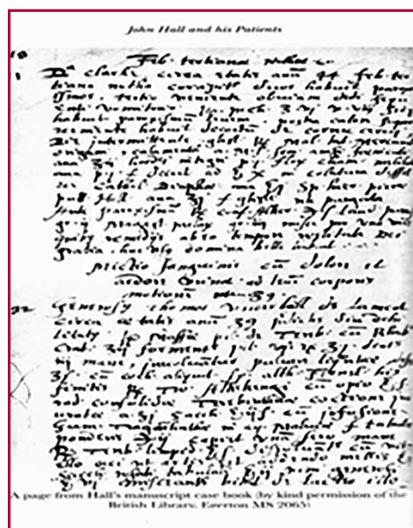
Hall's case reports are largely limited to symptoms, prescriptions and outcomes. The treatment depended largely on Botanical Herbs, modest bloodletting and

emetics and purges. Cases described included scurvy, menstrual irregularities, fevers, jaundice and venereal disease.

Dr James Cooke, a military surgeon attending Parliamentary troops during the Civil War, visited Mrs Hall having heard of the Casebooks. He bought two but one was lost and remains so. Cooke translated the Casebooks from Latin ("Englished") with the help of Hall's apothecary and had them published as "The Select Observations on English Bodies". One bound notebook of 178 case studies remains, the manuscript is now in the British Museum.

The reports provide us with a vivid account of Elizabethan "general practice" characterised by Galenic humoral medicine. Most treatments began with a purge.

In Hall's time the major sources of medical knowledge were the classical writings of Dioscorides, Rhazes and Avicenna and the 1618 London College of Physicians Latin Pharmacopeia.



A page from Hall's ms

## How I became an architect

**Douglas Gordon Boyd**

One of my grandfathers was a commercial artist who designed patterns for carpets. The other was a marine engineer who was on the board of Harland and Wolff, builders of the Titanic. It was hardly surprising that I could draw quite well and had a passion for drawing ships, especially large imaginary liners charging through heavy seas, dark smoke billowing from their funnels. Buildings were too static to excite me then. Thinking of my grandfathers, I was not confident I could make a satisfactory living as an artist and was strongly advised to aim for a more practical profession. I became determined to use my drawing ability to get a professional qualification, preferably an academic one at university. But I was also awaiting call-up for service in WW2 that could interrupt my plans.

I hurriedly sent my small portfolio of seascapes, and I think a drawing of a chair, to Liverpool School of Architecture in September 1939, and was delighted to be accepted as a student there in October 1939. The school had become internationally famous under the wise guidance of Sir Charles Reilly (1904-1933), when he abandoned the previous form of apprenticeship teaching. It was the first architectural school to become attached to a university in 1902, and could run RIBA accredited degree

courses in Architecture. Six Gold Medallists had studied there, including William Holford, Patrick Abercrombie, Giles Gilbert Scott and Maxwell Fry.

I was pleased to find that drawing, rather than written work, was the basis of learning to be an architect. This is how we prepared and communicated our design solutions to the brief we were given periodically for testing our skills. On completion (usually 2 or 3 weeks) all the schemes were pinned up on studio walls for detailed criticism by the staff. These could be anxious occasions with our fellow students also present, but they were also vital learning times when our efforts were praised or torn to shreds in front of our peers. I now saw that the best designers were usually those with exceptional visual imaginations, and not necessarily showing a passion for buildings. It led to one or two students giving up or being advised to try another profession. Fortunately for me I managed to survive and soon became more appreciative of fine buildings and how a good design could make a difference.

At Liverpool the accent was always on our building a good portfolio of work, to gain high quality employment as much as for getting a degree. What makes a good architectural design? Like most other art forms, architecture is concerned with creating order out of chaos. The architect must satisfy the client's brief in the most pleasing and economical manner, bearing in mind other variable

factors such as setting and environmental issues. However an exceptional design can occur when the architect has an inspired flight of imagination that gives his design an extra dimension of unexpected delight. It was this elusive quality the staff always pressed us to search for.

We were encouraged to spend time enjoying the variety of other arts available in the city, although German bombs had seriously disrupted many activities. It was often when relaxing in the concert hall or cinema, with air raid sirens wailing, that a new idea leading to 'lift-off' would occur to me. I would immediately afterwards return to my digs and work on the scheme well into the night. Another form of creativity that I found helpful was to join the Liverpool Jazz Club and play the clarinet in downtown pubs and at college dances.

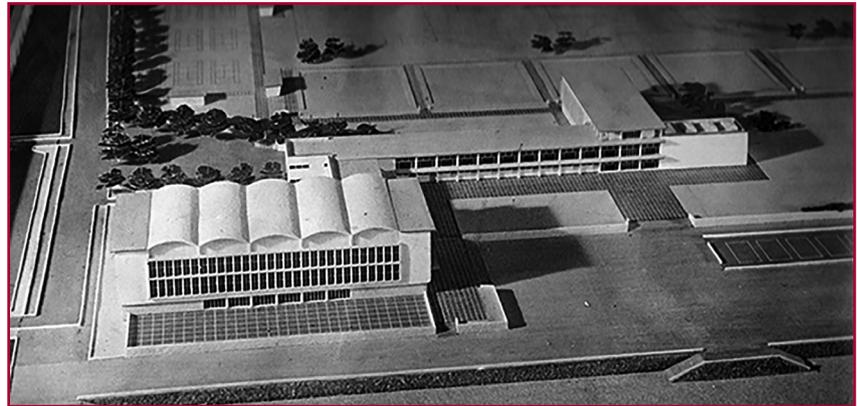
In my second year persistent bombing of the Liverpool docks became seriously disturbing as the school was located only a mile or so away. In May 1941 we were extinguishing firebombs with buckets of sand on the school roof every night for a whole week. The constant whistling and crashing sounds of bombs exploding became hard to bear. Whenever I could I fled on my bike to the woods on the edge of the city for refuge.

These conditions persuaded me to join the RAF in 1941 and do my bit. Strangely my architectural

## Retired Fellows Society

background qualified me for being trained as a radar technician although I had never before soldered two wires together. But I was relieved to be given a trade rather than a gun, and happily settled into the task until the end of the war. I began by servicing secret radar equipment installed in aircraft combing the Atlantic for submarines. Later I became the Radar Officer of an Australian night fighter squadron based on the south coast during the invasion. It was a refreshing change to be working on technical rather than artistic problems. The radar was brilliant and our pilots always voiced their appreciation of the work we did that gave them such an advantage over the enemy. When I was demobbed in 1946 I felt the whole experience had made me much more tolerant and confident. I was determined to return to my studies with the expectation that I might make a mark helping to rebuild damaged Britain.

I got back to Liverpool almost immediately, but noticed the atmosphere in the studios was now very different from when I left. The recent influx of ex-service people had opened up a significant age gap in the student mix. The balance of design abilities had altered to such an extent that I found the advice of my fellow students was frequently more helpful than that of the staff. Many of the older ones were now being influenced by the new wave of modern architects like Le



*Thesis design*

Corbusier and Mies van der Rohe. More work was done in our digs away from the studios as schemes got more complex and model making became a more prominent feature of our designs. The staff seemed to accept this situation gracefully and gave more time to the younger students.

In my final year of 1949, I chose a Sports Centre for Bexhill as my thesis design (see photo), where my parents owned a cottage. The previous year I had travelled to the USA for research and met several architects there, including Serge Chermayeff, co-designer of Bexhill De la Warr Pavillion, and Mies van der Rohe. This was my most testing year of all and it took me some time to achieve 'lift-off'. It had been a long haul with my war service, but it finally satisfied my need for creative employment. But when I started in an architect's office I found I still had much to learn about construction and materials. I might have wished that Liverpool had given us a more practical approach to design, but I knew that their academic way was best for fully developing

our imaginative skills in the time available. The rest could be learnt with practical experience.

I never started my own practice but had a varied career working with others, mainly on large projects. I joined the architect engineers, Norman and Dawbarn, who sent me out to Jamaica in 1955 as their chief architect, with Sally and our baby son, to supervise construction of the new UCWI hospital in Kingston. I met Prof John Waterlow, the nutritionist, when we worked up a preliminary design for his new Tropical Medical Research Unit together. I was delighted when I found him sitting next to me at an RSM function just before he died in 2010.

Another fascinating project there was to move an old sugar factory stone by stone half way across the island and rebuild it as the College Chapel. Princess Alice, Chancellor of the university, helped lay the foundation stone. It is now a great attraction on the tourist trail.

Returning home in 1956, I joined the firm's team designing the new BBC White City Television Centre. The main entrance, which I worked on (see photo), has been my most public effort, regularly seen on TV. I then joined the Ford Motor Co. as a financial analyst during a lean building period. I learned how to get the best returns on their investments in new projects, and how to write concise reports sent directly to the board of directors. This was followed by five years with Kent County Council designing Stockwell Teacher Training College (now Bromley Civic Centre). The building industry, and my architectural employment, became increasingly dependent on the state of the nation's finances. When I was Assistant Borough Architect, designing education buildings for the London Borough of Bromley, school building came to a complete stop. Bromley offered me early retirement in October 1977, which I readily accepted. Since then I have carried on sketching for my own amusement, playing the cello, and doing all the other things Sally and I have wanted to do. We played international veteran tennis together at various tournaments in Europe, which has kept us fit and made us many friends during our travels.

**Editor's note:** The author of this article is married to Sally Gordon Boyd, a member of the Newsletter's Editorial Board

## Letter to the editor

Dear Sir,  
Medical Robots

Your Editorial (No. 55. April 2016) stimulated my "little grey cells" (as Monsieur Poirot would say) to consider the future of medical practice.

When a futuristic patient 'consults' a robot GP, they will be given (after 'approved' scans and tests) a 'definitive' diagnosis – for there can be no 'differential' diagnosis in a properly programmed 'Dr Robot'!

The patient may then be prescribed the perfect 'pill' that applies to that particular, perfect diagnosis; or they may be referred to a robot surgeon for surgery.

The robot surgeon will then perform a particular, 'perfect' operation applicable to that particular 'condition' – for there can be no 'choice' of procedure following a perfectly programmed

"Sir Lancelot" (of "Doctor in the House" fame)!

This will, of course eliminate all litigation – for, clearly, there could be no possibility of negligence in such perfectly programmed 'professionals'! Unless, or until, they develop robot lawyers – capable of 'hacking' into the programmes? Then, would it be the programmers who would be pilloried in court? Will they have 'programme protection' insurance?

Ultimately, we could have robot patients, which would make life much simpler – but would signal the end of the 'human' race!

Can anyone recommend a neurosurgical robot that can destroy my 'malignant' "little grey cells" – and restore my sanity?

*Yours sincerely,  
Malcolm Morrison  
Retired Orthopod*

### I would never have thought that

Per capita, South Korea has the world's highest rate of plastic surgery. It seems that at least fifty per cent of women in their twenties have had some part of them changed; men of all ages make up some fifteen per cent of the market. It is not possible to obtain precise statistics because the industry is not regulated.

A typical high school graduation gift for a girl is either a nose job or double eye lid surgery (making the eyes look bigger).

So called surgery tourists make up about a third of patients, most coming from China.

**Acknowledgements to the New Yorker, 23 March 2015**

# Retired Fellows Society

## New committee member



Dr Jeffrey Rosenberg MB, BS, MRCS, FRCP trained at Guy's and worked at

a Consultant Rheumatologist at a number of London hospitals. He was President of the Hunterian Society 1998 -1999 and was the first Chair of the British Association of Thermal Medicine.

## The 2016 AGM

The AGM was held on Thursday 16 June 2016.

Apologies for absence were received from Mr Ian Stephen.

### Chairman's Report

Professor Williamson spoke highly of those members of the committee who are retiring this year: Dr Ken Citron, who first joined the committee 19 years ago when the Society was formed, and Dr Judith Webb.

He also thanked Dr Robin Loveday (Honorary Secretary) and Dr Peter Watkins (External Meetings Organiser) who will remain on the committee but have retired from their posts.

Dr James Carne was welcomed as the incoming Chairman.

The Society has had a successful year, with attendances at meetings

ranging from 91 to 145 and a full programme of external visits.

He drew members' attention to the essay prize, details of which are on the web and on page 32. He also pointed out the new Society medal which he was wearing.

### Treasurer's Report

Dr James Carne, the Honorary Treasurer, reported a provisional surplus of some £20,000, the final figure will not be available until the end of the RSM's financial year. Future expenditure will include the Annual Advances meeting, the two prizes and an annual oration which may take place next year. There are sufficient funds to meet all three and no increase in subscriptions is required.

Dr Carne mentioned some concern at the decreasing number of members of the RFS, this is to be addressed by his successor, Dr Julian Axe, in conjunction with the RSM's Marketing Department.

He concluded by thanking Bethany Crabb, the RFS events co-ordinator, for all her work.

### Committee Membership

The new committee is as follows

#### Chairman:

Dr James Carne

#### Honorary Secretary:

Dr David Murfin

#### Honorary Treasurer:

Dr Julian Axe

#### Internal Meetings Secretary:

Dr Jeffrey Rosenberg

#### External Meetings Secretary:

Dr Rosalind Stanwell-Smith

#### Camera Club representative:

Mrs Sally Gordon Boyd

#### Honorary Editor:

Dr Richard Lansdown

#### Elected Members:

Dr John Scadding

Dr Peter Watkins

Dr Robin Loveday

Professor James Malpas

#### Co-opted member:

Ms Katharine Whitehorn

## Verger or virger?

Sharp eyed readers may have raised an eyebrow at the spelling *virger* in Celia Goreham's article on guides in St Paul's in the April issue (pages 13-14). Surely, they said, this is another example of our editor's sloppy proofreading, the correct spelling for one whose duty it is to take care of the interior of a church is *verger*.

Sorry, for once the editor was not at fault, the Oxford English Dictionary is clear: *virger* is the spelling used in St Paul's and some other cathedrals, Winchester being one.

## The sun never set

It is said that the reason the sun never set on the British Empire was because God did not trust the British in the dark.

### Acknowledgements to Robert Hulse

## Paintings and drawings

My colleagues in the Camera Club have been most helpful in sending images for publication in the Newsletter. I am wondering now if any readers would like to send images of their paintings or drawings. This is not, I realise, as easy a matter as sending a photo but it can be done simply by photographing the picture and sending me the photo, either in hard copy or electronically.

Photographing a picture that is under glass is not a simple matter but if you live in the Greater London area I can always come and take the photo myself.

**Richard Lansdown**

**Email:** rglansdown@yahoo.co.uk

**Tel:** 0207 267 6982

27 Leighton Road, NW5 2QG

## An example of fiction being stranger than truth

In 1898 Morgan Robertson, an American author, wrote a set of sea stories called Spun Yarns. Included was the fictional account of a ship called the Titan, the most luxurious liner of its day, considered unsinkable. It was triple screw and could make 24-25 knots, the same as the Titanic. Its tonnage was 70,000 (the Titanic was 66,000) and it was 800 feet long (the Titanic was 882.5).

It struck an iceberg on its maiden voyage and had room in its lifeboats for only a small proportion of the passengers.

The Titanic sank in 1912.

# Death on the House

*Editor's note: we are delighted to be able to give the first of several extracts from Felix Bruckner's second novel in his trilogy.*

## Prologue – June 2014

Like me, the old lap-top computer is getting a bit slow and rheumatically. I ease the stiffness in my back and neck. I have been writing too long: the words on the computer screen blur, move in and out of focus. Outside the sky is dark and the light appears to be fading, although it is still only four-thirty in the afternoon. I become aware of the rain drumming on the roof.

Files and sheets of paper litter the pine table which sits at right angles to my treasured Victorian writing-desk, with its faded green leather top. On the centre of the desk stands the word processor, on one side is the fax machine (hardly used since I retired from work), and on the other – neatly aligned – the Concise Oxford Dictionary and Roget's Thesaurus; beyond, on a low trolley lives the new printer – my pride and joy! Like the phoenix, my novel continues to renew itself from the ashes of successive revisions.

Last night I dreamt about the hearse again ...

In the back garden the huge holly hedge, the apple tree and the two silver birch trees blot out visual evidence of all other habitation, though occasionally I hear dogs barking behind the hedge. The

pink Albertine rose on the brick pergola is in full bloom.

When I rise from my seat, the twin ponds come into view in front of the rose walk, their surface shredded by the rain drops. I see a robin immobile on the lawn, its head cocked to one side, waiting patiently for a worm to emerge.

Though well over seventy and retired from my medical work, I am still trim and reasonably fit. However, in the twenty-first century England is a far cry from the time when I first qualified, first started on the house. Then treatment was more primitive, more hazardous, less certain of success than now; yet expectations were lower, patients were more grateful; medicine was more exciting, and doctors were held in higher esteem; I had felt privileged to be a doctor in nineteen-sixty, as I have done ever since. Then the Beatles and the Rolling Stones had not even been dreamed of; the mini-skirt and the mini car were still in the future. James Bond and Elvis Presley ruled, men and women still danced together in pairs, and Love and Medicine dominated my life. In those days I had the sort of features – slight slim stature, fair hair and blue eyes – that girls found attractive.

“Sometimes I wonder why I spend the lonely night / Dreaming of a song / The melody haunts my reverie / And I am once again with you ...”

## Retired Fellows Society

Visions of Jill, Paula, Lucky and faithful Fred flash before my eyes. Tragedy seemed to follow me in nineteen-sixty.

Feeling a little faint, I sit down again abruptly on the padded swivel chair. I am almost overcome by the strong feeling of nostalgia for an age gone by – never to return. In my head, the gravelly voice of Hoagy Carmichael's "Stardust" mingles with the increasing hiss and rattle of the June downpour outside.

"Though I dream in vain / In my heart it will remain / My Stardust Melody / The memory of love's refrain ...

### Part One

#### June 1960 Tuesday, 1<sup>st</sup> June:

The rain hissed and rattled against the windows, while I gulped down my breakfast in the doctors' dining-room. Exultation mingled with apprehension. This was my first full day on the house: after five years as a medical student, I was finally a house physician! I paused for a moment to rally my courage, then braved the elements to cross the open car-park; I arrived on Ward Four at nine-twenty, damp, but in plenty of time for my first consultant ward round ...

I had alighted from the train at Hitchin Station just after half-past two in the afternoon of the previous day, and climbed into the solitary taxi that waited outside.

"St Peter's Hospital," I instructed the driver. "I'm the new doctor."

As soon as the words were out of

my mouth, I realized how stupid that must sound.

"Oh yes?" he enquired without curiosity; he started the engine, and drove off briskly down the hill.

The bright sunlight outside contrasted with the gloom of my thoughts. Through the window I surveyed the parochial yet faintly alien features of the small town: a shopping parade, a restaurant, a couple of nondescript cafés; we passed an Odeon Cinema that appeared to have seen happier days; then residential housing, a large green where the occasional mother pushed her pram or sat on a bench; finally we left the main road and made our way up a relatively modern side street until we reached a pair of open gates. The cab entered, slowed and deposited me in the car park of the hospital.

Home sister showed me to my room in the doctors' quarters, where a bed had been made up for me. From my suitcase I extracted my stethoscope and patella-hammer; I put on the clean starched white coat, which lay ready for me on top of the bed cover, grabbed my instruments, and made my way to the ward-block, leaving the further unpacking of my case for later. In Ward Four I met the current house physician. He had been in the year above me at medical school, and was a rather colourless character by the name of Robin Spanswick-Colonne. He had come to the end of his house jobs, and informed me with a smirk that he had been offered a post in general

practice, to commence next week. He refused the staff-nurse's offer of tea, on my behalf.

"We're far too busy, Staff ... I need to show Scott all the Middleton patients, and I want to be out of here by five o'clock ..."

He had escaped at four-thirty, leaving me on call, though I was not due to start until the next day...

Now the ward sister was waiting with the notes trolley; she gave me an encouraging smile, but remained silent, whilst I tried to collect my thoughts. Anxiously, I again leafed through the huge pile of notes – I would never remember all the details! Dr Middleton arrived with Brian Root, the registrar, at precisely half-past nine. The consultant greeted Sister, and then paused to appraise me.

"Good morning, Dr Scott. Welcome to St Peter's Hospital," and we shook hands formally. He was tall and slightly stooped, with a balding head and a faint thread of spittle between his lips as he spoke, causing him to lisp occasionally. His crisp white coat fitted his narrow frame poorly, giving him a vaguely scarecrow appearance. (I was mildly surprised at the coat, because at the London Hospital consultants had always worn suits on the wards.) However, his grip was firm and warm, and his eyes were friendly.

"Let's start – we have a lot of patients to see before lunch."

The trolley, pushed by Sister Milton, squeaked softly as we

proceeded from bed to bed, Dr Middleton in the lead, I following at his shoulder, Dr Root two or three paces behind me, and level with Sister. Most of the beds had at their head a printed notice in large capital letters: **DR PETER MIDDLETON.**

"This patient is, er, Mrs Joyce Hobart ..." I fumbled with the notes, "... aged thirty-seven, with thyrotoxicosis ... She presented with ... er ..." I floundered, and my mind went blank.

"You'll remember, sir, she presented last week with weight loss, tremor and exophthalmos ..." the registrar put in smoothly.

"Oh yes ... large rather vascular goitre with atrial fibrillation ... How're you getting on, Mrs Hobart?"

He turned, gave her a charming smile, and she brightened visibly...

Dr Middleton treated me with forbearance and surprising consideration; my nervousness gradually evaporated. One patient I had admitted personally yesterday evening, so I knew her well, presented her accurately. Dr Root helped me with the rest, and by a quarter to eleven we had completed our circuit of the ward.

We sat down in sister's office, and a staff nurse brought in tea on a tray. Sister Milton poured and passed around the cups with slices of cake. She was trim, in her early thirties, and possessed hazel eyes, a pleasant smile and the hint of an accent I couldn't place – Hertfordshire, I hazarded. We discussed the patients, while

she made notes in a small book.

The business part of the round over, the conversation lightened. While we tucked in to our cake, Dr Middleton treated us to an amusing anecdote involving the local undertaker, and another about a recent golf match organised by the Rotary Club. Sister laughed merrily, while Root and I permitted ourselves rueful smiles. The consultant paused for thought, then turned rather doleful.

"My garage has been giving me an inordinate amount of trouble recently. They're the main Austin dealers, yet they seem to take for ever to correct a simple oil leak ... I've had my car in three times in the last six weeks," he complained.

"Have you tried the garage in the Bedford Road, sir? The owner, Mackie Patterson, is married to our Gynaecology Sister on Ward Three ..."

Sister Milton's interruption took him aback; a frown briefly crossed his face, but he quickly recovered his poise and good nature.

"Perhaps I will, one of these days ..."

The registrar had ambled behind me throughout the ward round; now I was finally at leisure to examine him – over my tea cup – while the boss was holding forth. Dr Root was slim, with handsome regular features, cyan-blue eyes and pupils constricted as though looking into a bright light. His fair hair was rather long, and his fore-lock tended to droop across his right eye. He had a faintly

arrogant – maybe reckless – air which he tried to conceal from his superior. His speech was clipped and concise.

"All my house physicians come from The London," continued Dr Middleton in a more reflective tone. "I trained there myself, many years ago, and was senior registrar there, before I came to St Peter's Hospital as a consultant," he confided, his eyes slightly misty.

After twenty minutes, he cleared his throat, rose from his low armchair, thanked Sister for tea, and made his way to Ward Ten to continue the ward-round, Brian Root and I following two steps behind.

*The next episode will appear in the December 2016 issue of the Newsletter. Readers who cannot wait until then may buy the full book electronically or in the usual form.*

## The danger of selfies

Between 2014 and 2015 49 people have died taking selfies. The average age of the victims was 21, some 75% being male. 16 fell from heights and 14 drowned. Two deaths involved a grenade.

**Thanks to  
priceconomics.com  
and Prospect Magazine**

# Retired Fellows Society

## The RFS Chairman's Prize

The Retired Fellows Society invites submissions of an essay, up to 2,500 words, with the theme and title of Trust me, I'm a doctor.

Two prizes of £300 will be awarded, one for a member of the Retired Fellows Society and the other for a student who is a members of the RSM. Final year students who qualify in September 2016 may submit an entry.

The successful authors will be given free registration for the Recent Advances meeting in December 2016 when the prizes will be presented.

### Conditions

The submission deadline is 30 September 2016.

It should be original, appropriately referenced (up to 20 references) and typed double-spaced in Times New Roman or some other universal font.

Illustrations and tables may be included.

Students and retired practitioners may be from any clinical specialty but should state their particular specialty.

Successful and short listed applicants may be asked to précis their essay for inclusion in the RFS *Newsletter*.

The essay will be judged by a panel convened by the RFS Committee, whose final decision will be announced on 31 October 2016.

Submissions must be sent electronically to [rfs@rsm.ac.uk](mailto:rfs@rsm.ac.uk)

## The changing face of general practice

### 20<sup>th</sup> century

W.H.Auden, doctor's son

*Give me a doctor, partridge plump,*

*Short in leg and broad in rump.*

*An endomorph with gentle hands*

*Who'll never make absurd demands*

*That I abandon all my vices*

*Nor pull a long face in a crisis.*

*But with a twinkle in his eye*

*Will tell me that I have to die.*

### 21<sup>st</sup> century

Marie Campkin, retired London GP

*Give me a doctor underweight,*

*Computerised and up-to-date,*

*A business man who understands*

*Accountancy and target bands.*

*Who demonstrates sincere devotion*

*To audit and to health promotion.*

*But when my outlook's for the worse*

*Refers me to the practice nurse.*

Acknowledgements to Michael O'Donnell's book *The Barefaced Doctor*

## In the next issue

Nicholas Barton on London's lost rivers

Ronald Millar on Minna Wagner

Meeting reports

Letters to the editor, if anyone writes any

Drawings and pictures, if anyone sends any

And a lot more...