



The ROYAL
SOCIETY of
MEDICINE



Newsletter Issue No.62
August 2018

RFS

Retired Fellows Newsletter



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Editorial:

Catherine Sarraf

The new General Data Protection Regulation (GDPR). I don't know about you, but this seems to have been plaguing my life for about the last six months! GDPR is a new, Europe-wide law that replaces the Data Protection Act of 1998, of the UK. It is part of a wider package of reform to the data protection landscape that includes the Data Protection Bill. GDPR sets out requirements for how organisations need to handle personal data and it came into force on the 25 May 2018. It applies to 'personal data', which

means any information relating to an identifiable person who can be directly or indirectly identified, in particular by reference to an identifier. The Information Commissioner's Office (ICO) is the UK's representative on the EU working party for development of the GDPR. Apparently, when we leave the EU, nothing much about this will change. The GDPR applies to 'controllers' and 'processors'. A 'controller' says how and why personal data are processed and a 'processor' acts on the 'controller's' behalf. What I thought about all this in my private life, and what I notice about it, don't seem to be the same thing. Apart from the question of going to such lengths to join an EU initiative, when we are about to leave the EU, there are some other observations. I greatly appreciate that there are international agencies spending time and effort on securing my personal data. However, in practice what seems to have happened is that the groups I value, and long to remain part of, have had to require me to fill in endless forms for me to remain on their mailing lists. Yet, every morning when I open my emails, there are still about 30 useless communications – every hotel I've ever stayed in, every travel agent I've ever used, every company from whom I have ever bought anything online, still don't seem to have any impediment from continuing to contact me willy-nilly. Try to obtain the email address of a peer-group Fellow of any Society, however, and this has now become *verboden*. I have a sneaky feeling, that when 'processors' can't be bothered to deal with my question, they simply invoke the GDPR.

Announcement

The Doctors Garnham Golf Trophy's annual competition will be held on Tuesday 9th October at The Highgate Golf Club. The format is a Stableford Competition (full handicap allowance), usually as "three balls" accompanied by a Member of Highgate (to show guests the way!). Golf is followed by a very good lunch and Prize Giving. Arrival time is 10.30, approximate cost £60.00. Interested golfers should contact Dr John Simpson (e-mail:jandcdino@aol.com) or Dr John Ireland (email: jisecc@woodford.com).

Catherine Sarraf
Editor



Camera club

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Camera Club tuition

The arrival of digital photography has meant that many people find that they have images on their computer but do not know how best to improve them. There are several programs that allow this. With them one can crop, straighten verticals, alter brightness, bring out details in shadows, delete unwanted parts of an image, improve sharpness, change colours and do a host more.

The Camera Club is prepared to offer tuition on three of the most popular programs, all available for Macs or PCs:

Photoshop Elements This is a stand-alone programme costing around £85. It is sufficient for most people.

Photoshop CC This comes bundled with *Lightroom* (see below) and is available only on subscription, at a cost of around £110 per annum. The advantage of the subscription is that one receives updates automatically at no extra cost. It is more sophisticated than *Elements*.

Lightroom has an excellent storage system which also allows one to manipulate images. Many keen photographers use *Lightroom* as their basic tool, switching to *Photoshop* for some procedures.

In house group tuition

There could be two types of session for any or all of the three programs noted above.

1. Demonstrations These would be one off, for people who do not own a program themselves but want to see what can be done before committing themselves to a purchase.

2. Workshops Participants would bring their own laptops, with the relevant editing program installed, and they would work through a set of the most common procedures.

One to one sessions

An alternative is one to one, or very small group tuition in tutors' homes. In practice this would involve travelling to Kentish Town for *Elements* and either Kensington or West Hampstead for the other two. There are excellent public transport links to all three locations.

Please get in touch with me in the first instance if you are interested in any of these.

Richard Lansdown

rglansdown@yahoo.co.uk
0207 267 6982

Camera club programme 2018 -2019

Tuesday 25th Sept 2018

Harold Ludman:
Printing materials

Wednesday 24th Oct 2018

Presentation meeting

Tuesday 20th Nov 2018

Michael Pilkington:
Infrared and black and white photography

Thursday 24th Jan 2019

Members' meeting

Tuesday 26th Feb 2019

To be announced

Wednesday 27th Mar 2019

Presentation meeting

Tuesday 23rd Apr 2019

To be announced

Wednesday 22nd May 2019

Members' meeting

Thursday 27th Jun 2019

Small group workshops

FORTHCOMING INTRAMURAL MEETINGS

Thursday 18 October 2018

Studying clinical effectiveness is one thing, but what about policy and service interventions?: Lecture by Professor Richard Lilford CBE

Randomized controlled trials (RCTs) of clinical treatments are relatively straightforward. But what about service interventions such as e-health platforms, consultant-working at weekends and incentivising providers? These are much bigger issues than a clinical treatment but they are harder to study. In this talk Professor Lilford will outline a framework for evaluation and will discuss methods to combine many types of data (Bayesian networks) and study designs (such as Step Wedge Cluster RCTs and their variants).

Thursday 15 November 2018

Ernest Shackleton, Antarctic explorer, his life and times: Lecture by Dr Isobel Williams

Dr Isobel Williams has always admired Shackleton who led three expeditions to the Antarctic and was a crew member of a fourth. He is justly famous for successfully escaping with all his men from the icy grip of the Weddell Sea during his momentous expedition of 1914-1916, and for his incredible 800 mile sail from Elephant Island to South Georgia. But he achieved more than this – in 1909 he got to within 100 miles of the South Pole, the first expedition to get so far on the Antarctic plateau. He certainly lived up to his family motto "By Endurance We Conquer". In this talk, Dr Williams will illustrate the highlights of his Antarctic experiences.

Thursday 6 December 2018

Recent advances in medicine and surgery

This one-day symposium, held annually, aims to provide a series of brief reviews of clinical topics in which there have been recent advances either in pathogenesis, investigation or treatment, given by speakers who are authorities in their fields. Among the subjects to be addressed this year are falls in the elderly, advances in the understanding of neuropathic pain, surgical cures of morbid obesity, diabetes, primary care in deprived communities and we are excited to welcome Professor Mark Caulfield who will be speaking on the Human Genome Project.

The meeting is designed to deliver broad, accessible and stimulating updates on topics of key clinical importance and current interest, of direct relevance to physicians, surgeons, GPs and others involved in healthcare.

Thursday 21 February 2019

Reflections on singing from an erstwhile physician and erstwhile singer: Lecture Dr Hugh Seeley

This talk aims to enhance the appreciation of the extraordinary skill and dedication necessary for classical singing. The fundamental principles will be described and then explained in terms of the anatomy and physiology of the larynx, breathing mechanism and resonators of the upper airway.

The features of a good opera libretto will be discussed as will the problems of translation from a work's original language, both for singing and for the production of sur- and subtitles for the opera house and live relay.

Some ideas on the "X-factor", why some singers command immediate attention, will be proposed. The talk will be illustrated with musical examples from recordings and video clips.

Thursday 21 March 2019

In search of Churchill – body and soul: Lecture by Mr David Lough

Author and historian David Lough talks about his entertaining search amongst Winston Churchill's private papers for answers to how a man of such a curious state of mind and behaviour was able to exert such powerful leadership at a time of crisis? And asks, by looking at other disruptive leaders (including Donald Trump), whether there any patterns to be found in their early lives and mental health.

Thursday 18 April 2019

Real secrets of alternative medicine: Lecture by Dr Richard Rawlins

Patients in the UK spend more than £1.68 billion per year on complementary and alternative medicine (CAM, or 'camistry'). The NHS funds nearly ten per cent of this. Americans spend more than \$34 billion a year on camistry; Canadians - \$6.4 billion on 'natural health products'; the French - €279 million on homeopathic remedies alone.

Is this wise? Are resources being wasted? Could available funds be better spent on improving conventional care or providing counselling? Are patients being misled? Are funders being defrauded?

In this talk, Richard Rawlins combines his insights as a magician with his experience as a doctor to expose how alternative medicine seems to work – and how patients can avoid being 'quacked' and defrauded. He will reflect on the views of HRH Prince Charles that 'there is much more that can be done to foster and enhance those age-old qualities of kindness and compassion' – but will take issue with the development of 'integrated (or integrative) healthcare' which undermines attempts to foster evidence-based medicine. Dr Rawlins will endorse Dr David Gorski's view that 'mixing apple pie with cow pie does not make better cow, - it makes apple pie worse!'

Thursday 16 May 2019

The Wallace Collection – past, present and future: Lecture by Dr Xavier Bray

Dr Xavier Bray is an art historian specialising in Spanish art and sculpture and is currently the Director of the Wallace Collection, London. Formerly Chief Curator of Dulwich Picture Gallery and Assistant Curator of 17th and 18th-century European paintings at the National Gallery, London, he has curated several exhibitions including The Sacred Made Real: Spanish Sculpture and Painting 1600-1700 (2009) and Goya: The Portraits (2015). He completed his PhD in 1999 on Royal Religious Commissions as Political Propaganda in Spain under Charles III at Trinity College, Dublin. He is now working on Jusepe de Ribera and his images of extreme violence, the first exhibition on the artist in the U.K, which will take place at Dulwich Picture Gallery in autumn 2018.

Thursday 20 June 2019

Annual oration – the mental capacity jurisdiction: past, present and future: Lecture by His Honour Denzil Lush

This presentation will examine the origins of mental capacity jurisdiction in England and Wales (now exercised by the Court of Protection), and the way in which for several centuries lay jurymen assessed capacity. It will consider some current practical issues and judicial pronouncements of good practice relating to the assessment of capacity, and briefly touch upon what is likely to happen in the foreseeable future. The underlying theme is that the medical profession was not involved in the assessment of mental capacity until the beginning of the 19th century, but at the end of that century legislation was passed making medical evidence a prerequisite before the court could consider intervening in a person's life. The United Nations Convention on the Rights of Persons with Disabilities, which the United Kingdom ratified in 2009, is likely to bring an end to the diagnostic threshold and functional approach towards the assessment of capacity, as well as application of the 'best interests' test when someone is found to lack capacity.

2018/19: Speaker biographies

Professor Richard Lilford

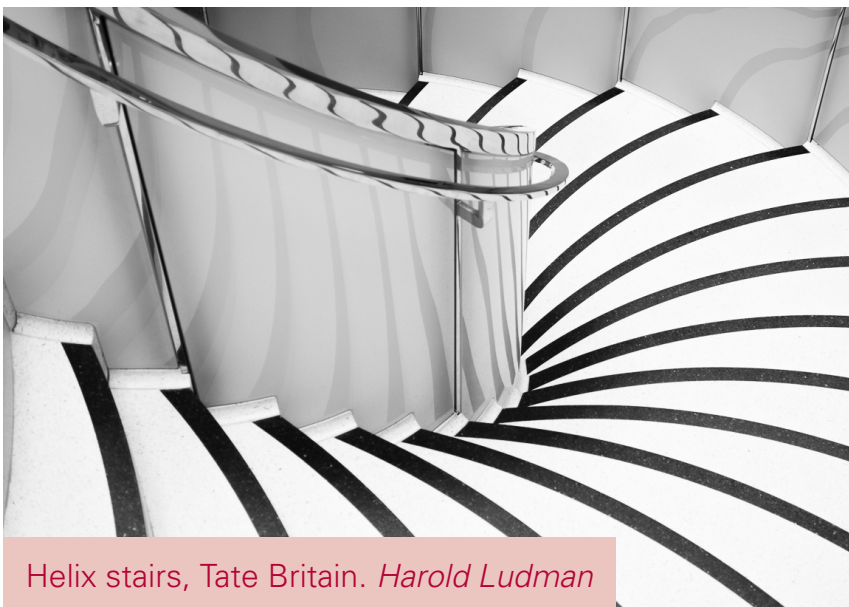
Professor Richard Lilford holds the Chair of Public Health at the University of Warwick, is director for Warwick International Centre for Applied Health Research and Delivery (W-CAHRD) and is director of the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care (CLAHRC) West Midlands. He pursued a successful career in medicine for over 40 years, specialising in obstetrics and gynaecology and, more recently, health service research. He has research methodological expertise in evaluation of complex interventions, and prospective health economic evaluations of service delivery interventions. He has designed a framework for evaluation of complex interventions that draws a crucial distinction between targeted and generic service interventions. He is also interested in Bayesian statistics, medical ethics, clinical trials, step-wedge cluster trials, and multiple-indication reviews. Professor Lilford has recently diversified into global health, leading a ground-breaking series in the *Lancet* on health and welfare of people who live in slums, followed by an award of £5.6 million from NIHR Global Health Research Unit for Improving Health in slums across Africa and Asia. He has published over 300 original research papers and is currently an investigator on over £35 million worth of government, industry and charity sponsored research grants.

Dr Isobel Williams

As a medical student at St George's Hospital, London, Dr Williams became fascinated by paintings of Antarctica that adorned the medical school. These were painted by Dr Edward Wilson – the Wilson who had been a student at St George's some seventy years previously, and in 1910 had gone south with Scott on the 'Terra Nova' Expedition, dying with Scott and the rest of the assault party, on their return journey from the South Pole. Dr Williams wrote an important biography of Wilson and subsequently published biographies of Chief Petty Officer Edgar Evans and of William Speirs Bruce, *A Forgotten Polar Hero*. Dr Williams now makes frequent presentations on Antarctic heroes and Antarctic subjects.

Dr Hugh Seeley

Dr Hugh Seeley was a consultant anaesthetist at St George's Hospital, London, and for the last seven years of his medical career a regional postgraduate Dean in the University



Helix stairs, Tate Britain. *Harold Ludman*

of London. He started singing lessons while still at school and was a choral scholar at Clare College, Cambridge.

At the age of 52 his singing studies were interrupted for a few years by the sudden onset of a neurological problem affecting the larynx. This evoked an interest in the anatomy and physiology involved in singing and gave him time to reflect on the marriage of words and music that underlies this art form.

Dr David Lough

Dr David Lough won an open history scholarship to Oxford University where he gained a first class honours degree. After an early career in the financial markets, he founded a private banking business, advising prominent British families across the range of their private affairs. On his retirement, David used his private banking experience to research '*No More Champagne – Churchill and his Money*', the previously untold story of Winston Churchill's chaotic personal finances. It was acclaimed by critics on both sides of the Atlantic and shortlisted for the Longman History Book of the year 2016. His second book '*Darling Winston – forty years of letters between Winston Churchill and his mother*' appears in September 2018. Dr Lough is a member of the UK's Biographers' Club, a trustee of the London Library, a school governor for the Haberdashers' Company and on the advisory board of BlackRock's philanthropy funds in London. He lives in Kent and, with his wife Felicity, has five children (two of whom are journalists), and – so far – seven grandchildren.

Dr Richard Rawlins

Dr Rawlins is a retired orthopaedic surgeon, an Apothecary, and author of *Real Secrets of Alternative Medicine*. As a member of The Magic Circle, he recognises deceit and deception only too well. He suggests there are significant similarities between hypnosis and placebo effects and that the placebo effects generated by 'camistry' are worthy of study by 'placebists'. He intriguingly concludes by inviting consideration as to whether the Royal Society of Medicine should develop a Section of Placebo Studies!

Dr Xavier Bray

Dr Xavier Bray is an art historian specialising in Spanish art and sculpture and is currently the Director of the Wallace Collection, London. Formerly Chief Curator of Dulwich Picture Gallery and Assistant Curator of 17th and 18th-century European paintings at the National Gallery, London, he has curated several exhibitions including 'The Sacred Made Real: Spanish Sculpture and Painting 1600-1700' (2009) and 'Goya: The Portraits' (2015). He completed his PhD in 1999 on *Royal Religious Commissions as Political Propaganda in Spain under Charles III*, at Trinity College, Dublin. He is now working on Jusepe de Ribera and his images of extreme violence, the first exhibition on the artist in the U.K, which will take place at Dulwich Picture Gallery in autumn 2018.

His Honour Judge Denzil Lush

His Honour Judge Lush qualified as a solicitor in 1978, and was a partner in Anstey and Thompson (now known as Foot Anstey), Solicitors, Exeter. He was also admitted as a solicitor and notary public in Scotland, but never practised there. He was a part-time chairman of the Social Security Appeals Tribunal from 1994 until 1996, when he was appointed Master of the Court of Protection, and became the Senior Judge of the Court of Protection when the Mental Capacity Act 2005 came into force on 1 October 2007. He retired on his 65th birthday in 2016, and is now a trustee of the charities Headway UK and Action on Elder Abuse. He is the author of *Elderly Clients: A Precedent Manual*, *Cohabitation: Law Practice and Precedents*, and *Cretney & Lush on Lasting and Enduring Powers of Attorney*, and was one of the original contributors to *Assessment of Mental Capacity: Guidance for Doctors and Lawyers*, published jointly by the British Medical Association and the Law Society.

EXTRAMURAL EVENTS

Friday 16 November 2018

UK Supreme Court tour and lunch

The UK Supreme Court opened in October 2009 and replaced the Appellate Committee of the House of Lords as the UK's final court of appeal. This private tour will be led by an experienced member of staff who will give the group an introduction to the Supreme Court's role in the UK justice system, explain the history and artwork of the building and give interesting examples of cases heard by the Court. The party will be shown around the Grade II listed building, visiting the beautiful courtrooms as well as the magnificent Justices' Library, which is not normally open to the public. Before the tour a light lunch will be served at 1.30 pm with time to explore the exhibition before the tour starts at 3.00 pm.

Friday 8 February 2019

The British Library tour

The British Library is much more than the national collection of all the books published in the UK. It started as the British Museum's Department of Printed Books in 1753 and since then has been legally entitled to copies of all UK journals, newspapers, maps and printed music. By amalgamating other collections, it has acquired priceless exhibits such as the Magna Carta, audio recordings and important items belonging to famous writers, scientists and other historical figures. Formally recognised as the British Library in 1972, it is now housed in its dedicated building next to St. Pancras Station. The building alone is worth a visit, packed with sculptures and paintings and with Paolozzi's giant sculpture of Isaac Newton overlooking its piazza. Designed by Colin St. John Wilson and opened in 1998, the structure became controversial for its architecture and for running spectacularly over budget. It ended up over two thirds larger than the original plan and a guided tour is the only way to appreciate the extent of its collections. The first half of the tour includes the history of the collection and visit to the Viewing Gallery. The second half is an introduction to the Library's treasures, including the King's Library (George III), the second largest atlas in the world and favourite items in the Sir John Ritblat Gallery. There will be time to have lunch, in the Peyton & Byrne 'Eateries', however this is not included in the tour price.

Tuesday 30 April 2019

Westminster: The hidden city – walk by Sue Weir

Graceful Queen Ann houses, an abbey, several churches, hidden elegant back streets, a garden and market – it is time to explore the hidden delights of Westminster.

Meeting: At St James's Park underground station

Tuesday 21 May 2019

West of St Paul's – walk by Sue Weir

More hidden and secret alleyways passing churches, a former monastery and the home of a writer, we will weave our way through a changing cityscape.

Meeting: At Blackfriars underground station

Wednesday 19 June 2019

East of the tower – walk by Sue Weir

Exploring the north bank of the Thames walking by St Katherine's docks, to Wapping and back.

Meeting: At Tower Hill underground station

Tuesday 10th September 2019

Back streets of Covent Garden – walk by Sue Weir

Take a walk through the lesser known narrow streets and squares of this unique and often seamy side of London.

Meeting: At the portico of St Martin's in the Fields Church

Retired Fellows Society Holiday

Treasures of Burgundy and Provence 19th – 26th September 2019 escorted by Sue Weir

Amadeus River Cruises

7 nights full board, all wines, beer and soft drinks at lunches and dinners included. All shore excursions and pre-paid gratuities included. Free WiFi.

Prices from

£2,300 - £3,400 pp, twin occupancy

£2,500 - £4,500 single occupancy

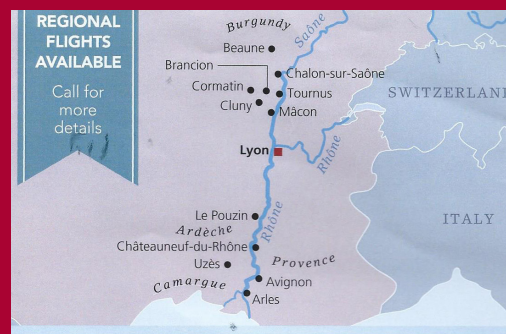
**Please contact Sally on
0800 021 3172.**

**All flights, regional or rail
available**



Treasures of Burgundy & Provence

EXCLUSIVE OFFER FOR RETIRED FELLOWS OF THE ROYAL SOCIETY OF MEDICINE



Day	Port/City	Highlights of the program
1.	Lyon	Check-in from 4pm Welcome Cocktail (Incl.) Welcome Dinner (Incl.)
2.	Macon	Excursion to Maçon with tour of Europe's first wine park (in the morning) Guided tour of Cluny Abbey (in the afternoon)
3.	Chalon Sur Saone	Burgundy excursion to Beaune with wine tasting (in the morning) Excursion to Brancion and Cormatin (in the afternoon and by bus from Chalon sur Saone/ to Tournus)
	Tournus	Leisure time/rejoin the ship
4.	Lyon	City tour of Lyon (in the morning)
5.	Avignon	Avignon walking tour with Papal Palace (in the morning) Excursion to Pont du Gard and Uzès (in the afternoon)
6.	Avignon	
	Arles	Arles walking tour (in the morning) Excursion to the Camargue Nature Park (in the afternoon)
7.	Châteauneuf-du Rhône	Excursion to the Ardèche Gorge (by bus from Châteauneuf-du-Rhône/ to Le Pouzin)
	Le Pouzin	Leisure time/rejoin the ship Captain's Gala Dinner (incl.)
8.	Lyon	Disembarkation after breakfast

Port times and itineraries are subject to change.

MEETINGS REPORTS

Debunking the myths about obesity

Professor Peter Kopelman spoke to us about the myths concerning obesity, on the 15th of February 2018. He reminded us that every day there is a newspaper article on a health matter or nutrition, and often central to obesity. Sadly, journalists and some scientists seek to sensationalize headlines, and too often misreport the evidence - or even the research results are wrong, having not been appropriately peer-reviewed.

There are numbers of indisputable facts. Obesity is caused by excessive dietary intake, particularly high calorie food consumption, and lack of physical exercise. Only very few cases are as a result of genetic medical conditions. Environmental and life-style factors are important as well as the understanding of predisposition rather than predestination. The irony is that in underdeveloped countries people are dying from starvation and malnutrition whereas in, say, America people are dying from eating too much. In developed countries the trend is 'living to eat' rather than 'eating to live'.

In the UK the prevalence of obesity differs by social class, ethnicity and by gender. For all social classes obesity in men has increased significantly between 1994 and 2013, men from skilled manual classes consistently having highest levels and professional men lowest. However, international comparisons show the overall health of British people is about the same as for other wealthy nations.

From 2006/07 to 2015/16 obesity among boys and girls aged 4 to 5, in England, appears to be relatively stable. Its prevalence in boys aged 10 to 11 shows an upward trend, with higher than average increase in girls of the same age. Minority ethnic groups (with the possible exceptions of Chinese) are more likely to be more obese. Research has shown that secondary school pupils are increasingly buying convenience food of poor nutritional value at lunchtime in local shops around their school.

Dietary patterns have changed and people are eating when and where convenient, 'grazing', rather than the standard three meals a day of 50 years ago. The number of takeaways has increased considerably during the past five years: the top four cities for this being Manchester by 40%, Newcastle and Leeds by 35% and Cardiff by 32%. Annual spending on takeaways in the UK could top £11bn within four years. There are more fast food chains in deprived areas of England and Scotland with resultant increased obesity prevalence.

Statistics published by Public Health England (PHE) show that life expectancy has fallen, by half a year, for the first time from 2011/13 to 2014/16, a remarkable result in such a short period. PHE has also reported that 40% of 40-60 year-olds are not mustering the energy to walk continuously for 30 minutes even once a month. Research has shown light-to-moderate exercise produces net health benefits including the feeling of well-being, but too intense activity can, indeed, cause problem-related injury.

The Media often provide confusing messages about dieting. Weight loss books are plentiful. Life style is all-important and research conducted in Europe, the USA, Japan and China has shown that three to

A GIN A DAY?

Did you know that in the early 18th century gin was thought to have health giving properties, offsetting the evils of too much tea drinking?

Acknowledgements to the BBC's In Our Time, 15 December 2016



Cornish grasshopper. *Nadia Ridout-Jamieson*

four servings of fruit and vegetables is associated with lower risk of non-cardiovascular disease and total mortality.

The European Medicines Agency recommended withdrawal of the anti-obesity drug Rimonabant because of its severe side effects, similarly, Sibutramine was later withdrawn for the same reason. Skin patches have been reported to reduce body fat in laboratory-bred mice by almost a third, by producing energy-burning brown fat, but this has yet to be proven clinically in humans.

Public awareness is of course important to promote healthy lifestyles and reduce obesity, but even many hospital retail outlets fail to take notice of NICE guidance and display unhealthy foods and drinks. The same is true for universities, schools, public services and employers.

PHE does have plans to tackle obesity and to encourage people to healthier food options and to lead healthier lives. The Chief Medical Officer has stated that a sugar tax may be necessary to combat obesity. However, there is dichotomy, taxes raised from food producers are enormous and multi-national companies such as McDonalds were major sponsors for the 2012 Olympic Games in London, which resulted in particularly strong sales in the UK. Also, Coca-Cola is still a major advertiser and sports' sponsor. Prohibiting advertising of food and drink products on children's television could threaten the viability of TV channels and also the sales and profits of major retailers

GUT-BUG PIONEERS

Salmon and Escherich might sound a tasty dish,
But your appetite would vanish if you knew that Escherich
Was a busy German medic who in eighteen eighty-five
Was culturing the faeces of folk who didn't thrive.
To grow a new bacterium at the time was lots of fun,
Novel methods were developed by this innovative Hun.
In tribute to his *arbeit* the bug received his name
And with colon's Latin genitive *E.coli* got its fame.

Now also in the eighties, this time in USA,
A veterinary scientist was beavering away.
Daniel Salmon had to study what gave hogs the diarrhoea,
And by clever culture methods got the agent to appear.
This dangerous bacterium caused cholera in swine
And another Latin genitive described it all just fine.
Cholerae-suis was the first germ of a group with common bits
Which colonise intestines, causing fearful bouts of squits.
To honour his researches, paying tribute to the fella
The taxonomic chappies named the genus *Salmonella*.

Arthur Baskerville

and producers, many of which are blue chip companies.

However the Department of Health has had reasonable success with setting UK salt intake targets resulting in a 16% reduction in seven years, but there has since been a reversal of this.

PHE and the Local Government Association have produced a blueprint on restriction of fast food outlets on the High Street but have been ignored. The Government Office for Science, which includes every Government Department, has published a project report, *Foresight*, to tackle obesity and to focus on communication, marketing, fiscal measures, regulation and legislation. In Finland there has been a Government initiative to introduce healthy living to minimize heart disease with remarkable success, after thirty years. In France, too, there have been successful initiatives in controlling childhood obesity at the community level.

Governments have to be firmer and stronger with evidence coming from smoking and car seat safety belts legislation. There will be always a time delay on recommending changes and their implementation. It took 45 years before smoking in public places was prohibited following the Royal College of Physicians' recommendation, and of course, tobacco sales have declined in the UK since prohibiting advertising and removing branded packaging. Car seat safety belt regulations were initially resisted but were eventually introduced with significant reduction in fatal accidents, with drivers and passengers now being automatically willing to wear their seat safety belts.

The Scottish Parliament's recent introduction of minimum alcohol pricing is being eagerly monitored by health economists to assess outcomes.

The Nuffield Council on Bioethics reviewed obesity, and their public health report highlighted their concerns about increased levels of childhood obesity and the need to protect them from harm. Children are particularly vulnerable due to their limited ability to make genuine choices and susceptibility to influences such as food marketing. The report concluded that schools needed to achieve a more positive attitude towards healthy eating, cooking and exercise.

Obesity is having a consequential effect on the NHS and decreasing obesity-related disease will require long term interventions. The challenges are actions and not further reports: 1) to make taking obesity as a long term political priority across Government; 2) to develop a regulatory and legislative framework to promote healthy living; 3) to empower and resource local government to implement policies; 4) to resource Public Health; 5) to fund long term health promotion bespoke for all communities; 6) to support pilot studies to evaluate effectiveness of obesity-prevention and management programmes; 7) to engage universities and other providers of health professional training programmes; 8) to require health professionals to provide consistent and coherent advice about healthy living whatever the clinical setting; 9) to require scientists and the media to provide consistent and evidence-based messages about obesity; and 10) to make prevention the social 'norm', victim blaming unacceptable and responsibilities understood at all levels from families through to government.

There followed a number of interesting questions ranging from the health benefits of palm oil in processed food, skimmed milk, the Barker theory on low birth weight and adult-onset diseases, surgical treatments and sugar in fruit.

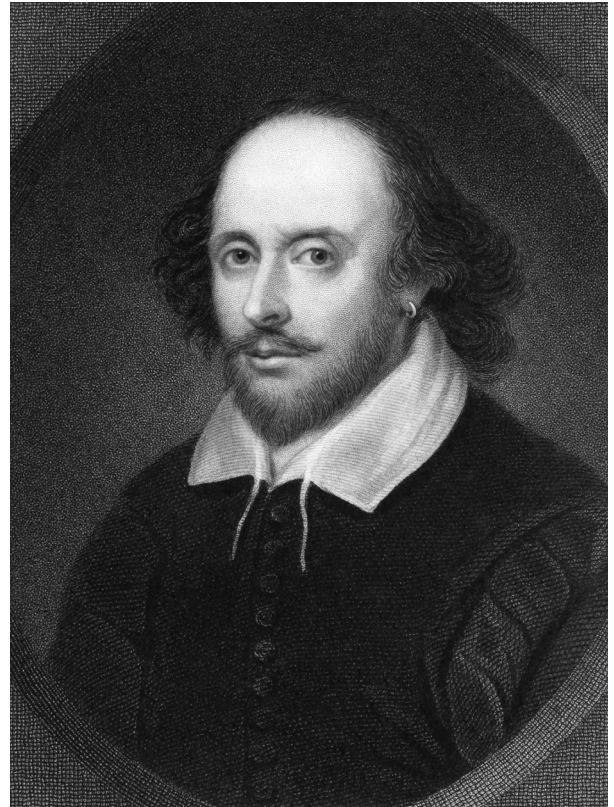
Julian Axe



Carnivorous pitcher plant (*Nepenthes alata*).
Nadia Ridout-Jamieson

Shakespeare the novelist

Sir Barry Ife addressed the Society on the topic of *Shakespeare the Novelist*, on the 15th of March 2018. Considering the contemporaries William Shakespeare (English 1564 – 1616) and Miguel de Cervantes (Spanish 1547 – 1616), by descriptions of **playbooks**, Sir Barry's aim was to set us to consider why Shakespeare was, in fact a dramatist, while his Spanish peer was a novelist (Sir Barry has made an enduring study of the works of both Shakespeare and Cervantes). Literary evidence found in Shakespeare's texts, clearly indicates that he was well aware of Cervantes' work, in particular with his masterpiece *Don Quixote*. Sir Barry showed us a slide of a portrait, accurate or maybe somewhat embellished, of members of an English committee sent to Valladolid in Spain in 1605 to ratify the Treaty of London, originally signed at Somerset House. William Shakespeare appears in it as one of the 'King's Men'.



As between the works of Shakespeare and those of Cervantes, a very clear measure of difference between novels and plays is that novels are long, while plays are comparatively brief and certainly ephemeral. The playwright has to make all his or her points in a very restricted number of words, to be performed in a finite amount of time. With respect to the context of Shakespearian (and indeed other) drama, to define a 'playbook' by the words 'text' or 'script' is not precisely accurate. A playbook is an account of a whole play (or group of plays), but most likely a more complete version than a script from which an actor would learn his or her lines; it also provides a complete record of the theatrical production.

Sir Barry's first example of a playbook was an image of the only surviving copy of Shakespeare's first printed play *Titus Andronicus*, published in 1594; the play was extremely popular with audiences, being as it is, full of action, conflict, blood and gore. However, Shakespeare's name does NOT appear on it, rather it is the name of the 'impresario' of the moment, John Danter; in those days its intellectual property lay with the acting company, who had bought the play from the author. After performing the play (perhaps on numerous occasions), the acting company perceived its economic advantage to be over, and subsequently traded it to a publisher who could sell it on for more widespread distribution.

The original first quarto (Q1) playbook of *Titus Andronicus* was acquired by a Swedish collector, and came to light in 1904; in 1905 it was bought by Henry Clay Folger. This is a very rare document, much more valuable than a first folio ('quarto' indicates four sheets to a side of blanksheet, 'folio' means a book or pamphlet made up of one or more full sheets of paper). This Q1 appears to have been derived from Shakespeare's own drafts and has, since 1936, been used to correct errors in second (1600) and third quartos (1611). Sir Barry then provided us with a video of one of his actors performing the most famous soliloquy from Hamlet, with a bad quarto *versus* the Q1 version for us to compare.

Printing a play gives it longer life and greater reach, thus authors and publishers have provided many reasons for publishing playbooks; as a gift to a friend (who hadn't been able to go to watch the play), so that people can read the text subsequently and gain more from it, to check that a printer has portrayed the play accurately, to keep it as a souvenir of a successful performance or as a record of an unsuccessful one, maybe as an 'on file' version of a play that actually didn't get performed anyway, or if it's good, to make more money from it!

Live performances are powerful experiences, however, they have drawbacks. They are: time-based for the period that the audience is in the theatre, ephemeral – one minute the play is being performed, the next it is over, resource intensive – theatres are small and can only bring in a certain amount of seat/attendance money, according to their size (these days, performances are subsidized, one way or another, by up to as much as 80% in some cases). Sir Barry also reminded us of inconsiderate fellow audience members - neighbours who irritate neighbours ('hell is other people') - detracting from their ability to enjoy the performance. Also, it seems that many people don't actually understand what is going on, on the stage, which is annoying to the aficionado. Printing and publishing a play addresses all these.

From the demand position, it is been suggested that playbooks might be used as scripts, but that is unlikely. In Shakespearian times, actors were given only their own lines and cues, this was essential as paper and printing were expensive and actors tended to be provided only with the portions they had to learn. A modern script is not like this, and we were shown an example of a Harrison Ford script from *Raiders of the Lost Ark*, that was heavily annotated and re-ordered; of an original 108 words of dialogue, Mr Ford was finally left with only 5 of them! For private readings or amateur performances, the use of playbooks is different. In the former, for example, in the 16th or 17th century women might have been able to read a part, although it was impossible in those days for a woman to play a part on stage. With regard to a famously noted amateur performance, the very first such of Hamlet, was in 1607, on an East India Company ship *The Dragon* near Sierra Leone. Clearly, staff had the script along with them.

Over the years there has been discussion and controversy about the relative merits of reading a playbook *versus* watching a performance of the play. It seems clear that plays are written to be watched, but the opposite opinion is that one can absorb more while pondering over the written word. The two are profoundly different experiences.

The question ultimately arrives, when comparing the work of Shakespeare to that of Cervantes, that in Shakespeare's later work, for example *Hamlet*, the complete version is VERY long. Would he not have been better to have written it as a novel, after the fashion of Cervantes writing *Don Quixote*? Sir

Barry brought to our attention the facts of the maturity of the Castilian language of the 16th/17th centuries (upon which Cervantes was able to draw) compared to the paucity of contemporary English (which Shakespeare had to expand for himself). In many ways Shakespeare was able to follow continental themes of the time, although condensing them as best he could, for the stage. Cervantes, however, revelled in being able to expand and explore elaborate effects, with the potential length of a novel at his disposal. Although Shakespeare and Cervantes died within a couple of days of each other, Cervantes was actually older, thus had had more time to reach his highest level of achievement.

Sir Barry summed up with the question 'who knows which way Shakespeare's creativity might have taken him (to novel writing, perhaps?), if he had been granted a longer life than his brief 52 years'. The audience was very appreciative of Sir Barry's presentation, and made this felt by long and whole-hearted applause.

Catherine Sarraf

SOME NEW DEFINITIONS SUBMITTED BY A MEMBER OF THE RFS

Artery: The study of paintings

Barium: What doctors do when patients die

Benign: What you be after you be eight

Caesarian section: A neighbourhood in Rome

Cauterize: Made eye contact with her

Dilate: To live a long time

Fester: Quicker than someone else

Fibula: A small lie

Morbid: A higher offer

Nitrates: Rates of pay for working at night

Outpatient: A person who has fainted

Post operative: A letter carrier

Recovery room: A place to do upholstery

Seizure: Roman emperor

Terminal illness: Getting sick at an airport

Tumor: One plus one more

Urine: Opposite of you're out

Healthy prisons? What is happening behind prison walls?

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RFS Newsletter issue no.62

On the 19th of April 2018, Professor Nick Hardwick addressed us on *Healthy prisons? What is happening behind prison walls?* He introduced his topic with reference to Winston Churchill and Nelson Mandela, both of whom had been imprisoned. They both identified the humiliation and loss of autonomy involved. Penal reform was first suggested by John Howard around 1780, but the United Nations only adopted what are known as the 'Mandela Rules for Penal Reform' in 2015.



Currently, there are 124 prisons in the UK, with a population of 83,568; 30,628 prisoners are serving sentences of greater than four years, and older ones [60-80] are the fastest growing group. Women represent 4.58% of prisoners and Muslims 15% of the prison population.

Concerning their backgrounds, 24% of prisoners have been 'in care' previously, compared to 2% of the general population, 64% of prisoners have taken class A drugs, 51% have a reading age of less than 11 years and 41% have mental health problems [16% psychosis, 25% anxiety or depression]. Professor Hardwick alluded to use and cost of illicit drugs in prisons, in particular, synthetic cannabinoids [spice] and opioids, these two being ten and three times more expensive, respectively, in prisons. Professor Hardwick referred to his report on Pentonville prison in 2013. At that time the prison was 35% overcrowded with 1,236 inmates. There were approximately 200 prisoners receiving opiate substitution treatment, mental health referrals were running at 100 per month, and there were 31 transfers for mental health care within a six month period.

The prison medical service is now run independently by the NHS in conjunction with the Care Quality Commission, and annual cost per prisoner, excluding healthcare, is £38,042.

Professor Hardwick discussed the factors impeding prisoner care. Prisons are closed institutions, with a "nothing to see here" potential ideology; there is a power imbalance with confounding issues of credibility and there are also normative effects of custody. A further factor, especially in large prisons where the governor can't know every prisoner, is almost a "virtual institution" run from the governor's office. He proceeded to describe four tests for a healthy prison: Safety, Respect, Purposeful activity and Resettlement.

Professor Hardwick concluded with some startling and alarming statistics in relation to both self-harm and assaults. Between 2007 and 2017 there had been an 88% increase in self-inflicted injuries, a 70% increase in assaults and 143% increase in serious assaults on other prisoners. Assaults on staff had increased by 112% and serious assaults on them by 190%. There has been a 25% reduction in front line prison staff between 2010 and 2017, from 24,831 to 18,755 respectively.

A very lively discussion followed, during which Professor Hardwick generously took many questions from the floor.

Jeffrey Rosenberg

EXTRAMURAL REPORTS

Tulip time cruise

In April 2018, Fellows of the RSM Retired Fellows Society took a cruise on the waterways of Holland and Belgium; there were 19 people, led by Sue Weir. We were travelling on a new ship, the Amalea, and were very fortunate to have unusually good weather with plenty of sunshine throughout. The cold of late winter had delayed flowering of the bulbs a little, but now, in the warm spring they had largely caught up, so we saw some glorious displays. About one third of the Netherlands is below sea level and we saw some of the methods the Dutch have devised, both in the past and more recently, to protect their country from flooding. We also visited several historic cities and heard how trading in the seventeenth and eighteenth centuries created a wealthy middle class who could afford to live in grand houses and commission some of the wonderful art we had the privilege of viewing.

On our first morning we sailed north on the IJsselmeer, a huge shallow lake created when a dyke was built to close it off from the sea in the 1930s. Our destination, Hoorn, had been an important harbour and trading town used by the Dutch East India Company, which was founded in the sixteenth century. The elegant gabled houses of that period remain in the centre of the town. We drove to visit the Munster Flowers tulip farm. The owner's wife gave us a talk about processes of flower and bulb production and we were shown around the farm buildings. When tulips are prepared for auction, the flowers are harvested at the bud stage complete with attached bulbs, and are put into a cold store. Preparation for market involves passing each tulip through an automated X-ray machine to choose the lowest possible place to cut the stem because the longer the stems, the greater the price obtained for the flowers. Bulbs are then re-planted and may go through several more plantings until they are large enough to sell as bulbs.

Overnight we sailed south *via* part of the Amsterdam-Rhine canal, then west to the Delta region, where the Rhine, Maas and Schelde rivers reach the sea. Our port was Middelburg, which dates back to the ninth century, and was an important trading town for both the East



Keukenhof Gardens, Amsterdam



Delta Works storm surge barrier

and West India Companies in the seventeenth and eighteenth centuries. We visited the Delta Works storm surge barrier. The Delta area had suffered from flooding over the years and nine dams have been built as part of a major project, after a very serious flood in the early 1950s. A tenth dam had originally been planned in the east Schelde estuary but, for environmental reasons, the storm surge barrier was built instead. Two islands were created on top of sandbars and connected to the mainland by three barriers. The barriers contain a total of sixty-five huge (forty metre high) concrete piers, with movable barriers between each pier which are lowered if a three metre rise in sea level is expected. A road runs along the land side of the upper barrier. Our tour took us inside a tunnel in the barrier and up to the top of one of the piers for a view of this impressive structure, which was completed in the 1980s.

We then sailed along the western river Schelde to Antwerp, Belgium's second largest city. We moored near the medieval castle of Het Steen and from there walked to the Main Square with the Brabo fountain at its centre. A legend relates that the giant Antigonus extracted tolls from passing ships and cut off the hands of those who refused to pay. On the fountain the hero Brabo stands above Antigonus: he has cut off one of the giant's hands and is throwing it into the Schelde. Around the square are the magnificent sixteenth century town hall and guild houses, many of which are topped by gilded figures. Rubens lived in Antwerp and the Gothic Cathedral contains three of his altarpieces. The two which show 'The Raising of the Cross' and 'The Descent from the Cross' were completed when Rubens was in his early thirties. They are renowned for their dramatic and realistic depiction, and were important in establishing the artist's reputation. In the afternoon we drove south to visit the Floralia flower

exhibition in the grounds of a seventeenth century castle on the outskirts of Brussels. Here there were beautiful displays of tulips, daffodils and hyacinths in the landscaped grounds.

Another overnight sail took us to Ghent. Here we strolled along the banks of the River Leie past the sixteenth century gabled guild houses to reach the medieval castle which is surrounded by a large moat. St Bavo's Cathedral in the city centre contains an artistic jewel, van Eyck's 'Adoration of the Mystic Lamb', painted in 1432. Van Eyck was one of the Northern Renaissance pioneers of oil painting, and was famed for the realism of his work. This is especially well seen in the kneeling figures of the two donors on the outer wings of the altarpiece, and in the angels playing musical instruments, the



Kinderdijk windmills

naked figures of Adam and Eve, and the fabrics and jewels worn by the central figures on its inner area. The altarpiece was hidden in a salt mine by the Germans during World War II, and was later recovered from there by the Americans.

We sailed north east to reach Rotterdam, the second largest city in the Netherlands and the largest port in Europe. Its centre suffered severe damage from German bombs in 1940 but is now famed for its modern buildings. We were moored near the dramatic Erasmus Bridge, which was built 20 years ago. We drove the relatively short distance to The

Hague where we saw the exterior of the Peace Palace, site of the International Criminal Court, built in 1913 with funding of one and a half million dollars from the American philanthropist, Andrew Carnegie. The Hague is the seat of the Dutch Government, and the Binnenhof government buildings surround a small central square which contains the medieval Knights' Hall. Nearby is the Mauritshuis, an elegant seventeenth century mansion built by Johan Maurits, who had been governor of the Dutch colony in Brazil. In 1820 the Dutch state bought the house to hold the royal art collection of the Princes of Orange, which contains many works from the Dutch Golden Age. Among the highlights are Rembrandt's 'The Anatomy Lesson of Nicolas Tulp' (showing the anatomist Tulp demonstrating the tendons of the forearm to a group of surgeons), Vermeer's 'Girl with a Pearl Earring' and Carel Fabritius's 'The Goldfinch'.

In the afternoon we visited Kinderdijk where we saw an earlier aspect of Dutch attempts to protect against floods. Here there are nineteen windmills from the eighteenth century which were used to pump water from the land into the adjacent River Lek. Reclaimed land forms polders, low lying tracts of land protected by surrounding dikes, and fertile wet peaty soil of the polders is perfect for dairy farming. We saw the interior of one of the windmills where the miller's family lived; the remaining 18 windmills are now let out to local people.

By the following day we were back in Amsterdam and we set out early for the Keukenhof Gardens as large crowds were expected. On the way we passed bulb fields with rows of colourful flowers. The Keukenhof Gardens were established by bulb growers in the late 1940s and their exhibition runs from late March to late May. Tulips first reached Europe from Constantinople and by the late sixteenth century had arrived in the Netherlands. After the brief period of 'tulip mania' in the early seventeenth century, when the prices of bulbs soared out of control, the cultivation of tulips and other bulbs became an important part of Dutch agriculture. Displays of approximately seven million bulbs at the gardens were truly spectacular with beautiful vibrant colour schemes. Some planting was informal with mixtures of flowers, and some more formal with blocks and bands of the same variety. Plantings under the trees and alongside the lake were particularly attractive. Our early arrival had been worth it as it was very busy by the time we left the gardens in the late morning. In the mid-afternoon a short boat trip along some of the central canals in Amsterdam, with an opportunity to admire the beautiful seventeenth century gabled houses in the sunshine, was a fitting end to a most enjoyable trip.

Judith Webb

(Text and photographs)



Sixteenth century gabled guild houses, Ghent



Keukenhof Gardens, Amsterdam

Visit to the British Library

On 9 February 2018, walking along the eastern end of London's Euston Road we encountered two huge public buildings. One is the Victorian Gothic masterpiece of St Pancras Station. Adjacent, and in stark contrast, is the modern red brick building of the British Library, whose form has been likened to that of an ocean liner sailing southwards.



Though the exterior of the building is not to everyone's taste, on entry the huge atrium is airy and welcoming, built of a combination of red brick and other traditional materials. Balconies and doors lead from the atrium to reading rooms, exhibition spaces, offices, cafes and a restaurant. At the atrium's centre is an extraordinary structure, a six storey stack whose protective glass encloses the 'King's Library', the personal collection of King George III. The spines of the books face outwards on all four sides and lighting catches the gold leaf, casting a warm glow throughout the atrium.

Also housed within the Library is the Alan Turing Institute, founded in 2015, outside which stands an Enigma Machine, suitably protected in a Perspex case. A group of some fifteen Retired Fellows assembled at the entrance to the Library and were welcomed by our guide, Andy, who proved to be witty and informative.

The British Library is one of Britain's copyright libraries and was founded by Act of Parliament in 1972. The aim was to combine on one site the British Museum Library and numerous other national collections. Like most grand public ventures throughout the world it overran in time and budget, finally opening in 1997. Two further building phases were cancelled and the Library requires an additional storage facility situated far away in Boston Spa. However, the released space was put to good use as it is now the site of the Francis Crick Institute, opened in 2016.

Our guide showed us examples from the philatelic collection and some of the treasures in the Sir John Ritblat Gallery, including a Shakespeare First Folio, a Gutenberg Bible and an original copy of the *Magna Carta*. On a personal note, as a Macdonald, he showed us a white cockade worn in the hat of a Jacobin at the Battle of Culloden.

We were privileged to go behind the scenes to see the automated book retrieval system which resembles the baggage handling system of a major airport. Much of the storage is deep underground and we were reminded of the building challenge involved in this, by the occasional rumbling from London Underground's Victoria Line which runs below.

A couple of facts surprised this participant in the tour. Contrary to what is often seen on TV programmes, gloves are not used when handling rare documents. Also the books are not stored according to different categories, unlike the Dewey System which is used in most libraries. The Library does however provide experts in various fields to assist readers. Some 8,000 items are received every day and these are coded and stored. The entire catalogue can be viewed on-line. The Library is a valuable resource for the young who clearly find it friendly and welcoming. This potentially "grumpy old man" was delighted to see that laptops are banned from the restaurant between certain hours. This rule favours those seeking lunch over those buying a coffee to secure a couple of hours of free Wi-Fi.

Our thanks go to Rosalind Stanwell-Smith, the meeting organiser, and to Andy, our guide, for a most enjoyable and informative visit.

Hugh Seeley

Piggeries, potteries, a race course and, of course, the market

On the 9th of May 2018, a delightful spring morning, Sue Weir took a group of about a dozen or so Retired Fellows and guests from Holland Park underground station, to discover an area around Notting Hill and the Portobello Road, which had been until then almost entirely unknown to many of them. Not to me, however, as several of my cousins had lived there many years ago.

Prior to the 19th century, the area had been rural and had been owned by an assortment of landowners including earls and bishops. Apparently, much of it was not well suited to agriculture as it consisted of heavy London clay and furthermore, there were no sanitary or building regulations. However, the yellow clay was suitable for making bricks (it was also used for making pots, but bricks predominated). A single brick kiln remains as a reminder of the past. Later, much of the land was let to a number of pig keepers who fed livestock on leftovers from the large London hotels. The land was also used as a rubbish dump and cesspool, and thus degenerated into an unpleasant and insanitary mire.

Then people started to build houses. At first, they were small dwellings for workers, but then larger homes were built for the middle classes who wanted tall habitations to accommodate both family and servants. By the middle of the 20th century the area had degenerated and was considered undesirable. Most of the large houses had been subdivided for multiple occupancy, frequently and famously run by unscrupulous landlords. This all culminated in inter-racial violence of 1958 - the Notting Hill riots. In the 1960s hippies moved in, which did little to enhance the reputation, but when someone called Julie opened a restaurant which attracted many 'A-listers' things were set to change! Alas, as is the way with many restaurants, Julie's has now ceased trading, but over the years the area has become increasingly gentrified.

We walked along a small street called Hippodrome Place, an odd name until we were told that it is a reminder of the time when there was, in fact, a racecourse here. The racecourse was not successful, in part due to proximity of the pigs, and in part due to its crossing a public right of way.

We learnt the etymology of Westbourne Grove – the Westbourne being a small river which runs through the area, now safely underground. A small part of this can (almost) be seen to this day as it flows through a section of pipework which crosses directly above the platforms at Sloane Square underground station. The origins of the name of the Portobello Road and its famous market were also explained.

Crescents with gardens which to this day are accessible exclusively to the residents are the hallmark of this place, once owned by a family called Ladbrooke, although it was revealed that they had no connection with the turf accountants of the same name. Nowadays, there are gardens accessible to the public, these are carefully tended and there is a great community spirit, nurtured not least by several of the churches which were built along with the grand houses.

Our tour ended at the 20th Century Theatre in Westbourne Grove, unfortunately no longer operational as a theatre, but we were told of rumours that there are hopes of it being saved for reopening – hope springs eternal...

Our most sincere thanks to Sue Weir who has, yet again, organised a fascinating and enlightening walk around one of the less well known corners of London.

David Bloom

(Photographs by Allen Davey)



Top: Kiln-in-a-garden, Holland Park.
Middle: Blue plaque commemorating Emmeline and Christabel Pankhurst, Holland Park.
Bottom: 20th Century Theatre, Westbourne Grove.

WINNING ESSAYS

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So you want to be a doctor?

Retired Fellows Society Chairman's prize - Retired Fellows Winner

Nick Coni

David Rees was one of that cohort of very senior Senior Registrars who were the backbone of the London undergraduate and postgraduate teaching hospitals during the early 1960s. It was the era when the function of consultants was to turn up in very expensive motor cars at some point during the time allotted to their clinic or ward round, and there to address, with appropriate gravity, a few borrowed aphorisms to the patients and the students ("Never neglect the call to stool, my boy!"), before drifting off to submit a report about the latter's performances to the Dean of the Clinical School. It was, on the other hand, the function of the registrars to provide the first-class clinical care which these hospitals dispensed.

David was the Senior Registrar on the first medical firm where I was House Physician. He took very few days off, and then it was almost always to attend an interview as an applicant for one of the occasional consultant posts which became available. On this particular Wednesday afternoon, he had travelled to a provincial market town some 80 miles from London, where the bus from the station had deposited him at the gates of the Royal Infirmary. He duly joined five other white males in their late thirties and early forties (who also had not been offered tea and biscuits), in a small, bare waiting room, and greeted the two he had met before in identical circumstances. When, two hours later, he was ushered in to the Board Room, so called because it accommodated 12 bored persons seated along the far side of a long, highly polished table, he expected to be asked about the impressions he had formed during his preparatory visit to the hospital. He did not expect the question fired at him by the House Governor.

"What" – asked that gentleman, in his capacity as Chairman – "made you want to become a doctor?"

David had been asked that question when he first applied to Cardiff University. He had been asked it when he went on to apply for a place in the Medical School there. It had been repeated when he applied for his first house job, and again when he applied for senior house officer jobs, and he was thoroughly fed up with assembling his features into an expression of pious compassion as he trotted out some unctuous



Phalaenopsis orchid. Harold Ludman

platitudes stored up over the years for these occasions. He did not expect to justify his choice of career when seeking the senior position which was his final goal.

David was exasperated. "I was too weak to be sent down the pits", he snapped. One of the other applicants, with whom he had become quite friendly in a couple of bars following similar formalities elsewhere, was offered the post, and gladly accepted. The successful candidate's days of struggle were over, and the next 30 years held the prospect of a friendly NHS hospital, a thriving private practice, and a comfortable family house. At the end of that period, he would retire, and his grand-daughter would ask him why he had chosen a career in medicine.

"Oh, all sorts of reasons", he replied after a moment's thought, ". . . mainly pretty silly ones. But what I can tell you, is why I found it so rewarding, and worthwhile, and interesting . . .". But she had stopped listening. Grandpa's years as Senior Physician and Chairman of the Consultant Staff at the RI had left him inclined to loquacity.

David had been angered by the universal interview question because the form it had taken had been inappropriate to the seniority of the appointment under consideration. The enquiry is normally phrased in such a way that it seeks specifically to determine the candidate's motives for applying for the position or university place currently on offer – or, more realistically, to determine what the candidate has decided might impress the interviewing committee with his or her suitability for selection. The question will have been anticipated, and possible replies mulled over, so the capacity for thinking quickly is not put to the test. Indeed, in David's case, he thought all too quickly, and answered before his frontal lobes had despatched the inhibitory signals which have enabled mankind to live together in civilised societies. The result was predictable, but such spontaneous answers are not always so counter-productive. A school-friend of mine applied to undergo officer training during his National Service, and was, naturally, asked why he wanted to be an officer. The conventional reply would probably run along the lines of "Because I cannot think of a greater privilege or responsibility than that of leading one's comrades-in-arms into battle for one's country – Sir!" Peter may have been caught off-guard, but his rejoinder was "Because I'd rather ring the bell than be rung for." To his amazement, four months later he duly emerged as a second lieutenant in the Royal Artillery, and there is probably a dog-eared file somewhere in which a weary Commanding Officer records that this young officer could go far. He did – to Southend-on-Sea Coastal Artillery Unit for a year, and then into a career in banking, in which his skill at lobbing shells into the North Sea was seldom called upon.

In the case of medicine, the candidate is spoiled for choice of credible answers to choose from, and it is probably a mistake to target the selection specifically at the member of the panel posing the question. If a lay person asks why one has chosen to study medicine, it may be very tempting to rehearse Samuel Johnson's description of the medical profession as among "the greatest benefits to mankind"¹, and to profess an earnest desire to extend that benefit to one's fellow citizens despite the length of the training and the punishing hours worked. This unworldly, altruistic approach may exert a somewhat negative effect on the seasoned practitioners seated the other side of the table. An alternative

DID YOU KNOW THIS ABOUT THE RAILWAYS?

Thanks to Simon Bradley's book *The Railways, Nation, Network and People* published by Profile Books in 2015 we know that:

The separate compartment, still found on some Continental trains, is a memory of the private coach from which the first railway carriages evolved.

Our language has been enriched by letting off steam, being on the right lines and going off the rails.

When third class carriages ceased to be mere cattle trucks they had no windows.

That there were at one time special excursions to see prize fights and public executions.

In the 1930s there were tavern carriages got up to look like country pubs.

might be to deny any great wish to actually practice medicine, but claim a need to qualify in order to familiarise oneself with the problems which one is then intending to address from the research laboratory, confident that the prospect of a future Nobel laureate graduating from the Medical School will strongly appeal to the medical scientists among the panel members. More realistic, perhaps, is to emphasise the intellectual rewards of medical practice. Most of us will recognise the truth of the claim that medicine offers fulfilment to anyone blessed with the ability to enter its ranks, whether they derive pleasure from the craft of surgery, or pride from the diagnostic conundrums of the medical specialties, or satisfaction from the general practitioner's integration into the community. Others will find fascination in the technology of radiology, the understanding of disease that constitutes pathology, or the assumption of total control of the human body exercised by the anaesthetist.

So perhaps the question under consideration can only be answered with the wisdom of Grandpa, who like all wily old codgers, had answered a slightly different question. He told his grand-daughter why he had found it so rewarding, and worthwhile, and interesting. Although her attention had wandered, he gave the honest answer for the aspiring physician. "I'm afraid I can only answer you by saying, ask me in 25 years' time and I'll tell you why I wanted to be a doctor. How can I say until I've been one?" The truth is that at that age, we really do not know because we do not have the evidence base to make a rational choice. This does not only apply to our choice of career, it applies to most of our big decisions, although this may have changed in the case of one of our major life events. Many of the members of the RFS will have selected their spouse on a most inadequate evidence base, but today's young are more canny. They are likely to have enjoyed cohabitation, and associated conjugal practices, before embarking on matrimony with their chosen partner. The effect on the divorce rate is far from clear, but when arguments become this circular, it is time to withdraw with a headache, and return to personal experience regarding the age-old interview question before it is, not before time, consigned to history. When a particular interview question is as ubiquitous as this one, it is only reasonable to expect candidates to have prepared an answer beforehand, or more probably several answers from which to select that which seems most propitious at the time. My own interview took place in a more innocent era, and I was ill-prepared for the logical sequel. "And what have you to offer the profession?" I was asked. "What makes you think that you will manage to qualify, and that your talents will shine sufficiently brightly for you to make a success of your career?" "Well, I do seem to have a bit of a knack for passing exams", I replied with what I hoped was becoming modesty, adding as an optimistic afterthought "- and interviews".

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I DIDN'T KNOW THAT

Jingle Bells was not originally a Christmas song, it was written in 1857 by an American, James Pierpont, to be about Thanksgiving. The original name was One Horse Open Sleigh and the second verse goes:

A day or two ago
I tho't I'd take a ride
And soon Miss Fannie Bright
Was seated at my side.
The horse was lean and lank
Misfortune seemed his lot
He got into a drifted bank
And we-we got upsot.

Good King Wenceslas was neither a king nor called Wenceslas; he was a 10th century duke in Bavaria called Vaclav. He was posthumously named king by Otto the Great and was probably good in comparison with his brother Boselaus the Cruel, who had killed him.

Acknowledgements to *the Guardian*

Retired Fellows Society Chairman's prize - Student Winner

Gargi Samarth

For me, it began when I was 17, sitting on a tropical beach, lounging away the holidays that our school indulged us with. This was the final summer before university applications, so I had taken a book with me. It was meant to be a lazy summer read, something to ponder over as I took in the sunsets, mocktail in tow. I was not reading the literary classics here, nor was I reading the various thrillers which flocked the airport book stores; I was reading Henry Marsh, and his accounts of brain surgery.

The chapter headings were foreign words, an insight into this mysterious field, which was so new to me. These words were drawing me into this enigmatic world painted so effortlessly by Marsh. He made it sound like an elite club, where scrub-clad superheroes race through hospital corridors, adrenaline pumping through their veins as they save one life after another. With an eye for detail, and nerves of steel, these superheroes, armed with microscopes and scalpels were sucking out tumours and clipping aneurysms. I was captivated.

Upon returning to rainy England, I scoured Google for hospitals, trying to find the elusive neurosurgical work experience. Marsh's words, and the world of neurosurgery had captured my teenage interest, and I wanted to see more for myself. The tally of unanswered emails continued to grow, June waned into July, but I had heard nothing. Then, during the third set of the Wimbledon Men's final, I finally received a reply. A hospital in London had accepted my application. Extremely elated and relieved, I rushed to fill out the tedious health and safety form, leaving behind Djokovic and Federer.

Three weeks later, after an anticlimactic results day, I was ready. It started with a ward round on the ICU, the neurosurgical team rushing around, and me barely keeping up. It was an intimate team, led by a gangly consultant who talked faster than I could walk. Within the hour, my tiny notebook was packed with descriptions of subdurals, aneurysms and meningiomas.

Just as I was beginning to understand what happens during a ward round, the consultant's bleep went off. A young guy had just been admitted to A&E, with an epidural haematoma. The ward round was handed over to the FY2 and in 10 brief minutes, the consultant, registrar and I were waiting in theatre, ready to go.

To say that I was awestruck, is an understatement, but I had little time to reflect as one of the formidable nurses had already told me off for going too close to the sterile field. The nurses behind me were chatting animatedly about the weekend, the theatre technicians fiddling with wires. Suddenly, the theatre doors swung open, and our teenage patient was brought in by the anaesthetics team. The boy, my age, was lying on the hospital bed, eyes closed with tubes protruding from his mouth. In a swift motion, he was transferred onto the operating table, pinned, prepped and draped with his hair shaved in an unceremonious fashion. Reading about this was one thing, but the reality of seeing it made me shiver.

I watched as the consultant glided the shiny scalpel around the boy's scalp, slick as ever. He slowly peeled the scalp back, like an orange, allowing a glimpse of the bright skull underneath. Then, with a drill, he worked his way around the hard bone. Once he was full circle, he lifted the detached bone, giving way to the waxy meninges underneath. He cut around and slowly removed them, unveiling the glistening haematoma. My first view of a live brain was marred by this gelatinous brown substance, which covered the surface.

The clot was soon scooped off, revealing the undulating surface of the brain below, veins meandering through the sulci. After quickly zapping some bleeders, they quickly popped the skull back on, tying knots to secure it. Within another 15 minutes, the skin had been closed and the only evidence of the past two hours were the snaking sutures left behind. With a bandage wrapped around his head, our patient was good to go. Despite not doing anything manual during the operation, I still felt intimately involved in the whole process. This was exactly what I wanted to do.

It was a week where I followed the surgeons everywhere, soaking in the environment and trying to feel like one of the team. I would secretly feel chuffed when patients mistook me for

a medical student, reiterating to them that I was simply doing 'work experience' and was 'still at school'. From young people my age, to the elderly – I would spend hours on end chatting to them about their experiences, listening to their anecdotes. At the end, they would wish me the best of luck for the journey ahead. On a basic level, the whole week reaffirmed my desire to study medicine, and on a personal level, it would fuel the fire that was Neurosurgery.

Back at school, the UCAS season had begun, and hours were spent perfecting personal statements and revising for exams. Multiple interviews followed, where my skills and experiences were probed and questioned. I could only hope that the formidable panels had seen my enthusiasm for medicine. The day before Valentine's day, I received an offer from my top choice; the dream was close to becoming reality. With a firm offer in hand, I sat my A-Levels guns-a-blazing, the hope of summer within reach. Results day was a long wait as I anxiously refreshed the UCAS page, followed by intense jubilation when I found out that I had exceeded my offer. Tears and hugs ensued, with high spirits all around – this was what I had been waiting for. It would be a new beginning, a blank slate, and ultimately a chance to prove myself. But that was for the future, and in the present, there were still after-parties to be attended.

The first weekend of October was when I moved to London. More bags than I needed, more pans than I would ever use, and more enthusiastic than I had ever been; this was it. Fresher's fortnight was a whirlwind – the freedom of being away from home combined with endless events was a heady combination. During the annual fair, I practically dragged my newfound friends to sign up to the student surgical society. As we chatted excitedly to older years in maroon scrubs, I knew that this was for me.

As I became more involved with the surgical society and finally becoming President, I met countless surgeons at our events. Despite grade or gender, their increasingly sardonic views morphed my rose-tinted view of the profession. It appeared that you really could not have it all. To top it off, being a female aspiring neurosurgeon was made out to be akin to wanting to climb Everest. As determined as a lot of us were, grappling with the constant negativity around surgery was too much for some, even this early on. Countless close friends had decided to pursue other specialties, purely because of the negative dialogue. Perceived inaccessibility of the profession was a huge deterrent to many students, male and female. Neurosurgery seemed even more so – long, unsociable hours combined with one of the longest training pathways, are often enough to put off even the most enthusiastic individuals.

So why, after all this, would you want to be a Neurosurgeon? For me, it boils down to how I felt on that tropical beach and wanting to emulate that feeling with my work. You're impressionable when you're young, picking up new fads all the time, and having 'phases'. I often shunned Neurosurgery during my formative medical school years, thinking it was a 'phase', just an idealistic teenage dream. Now, I embrace it unreservedly.

This summer, my version of gallivanting across the world consisted of spending time in a Neurosurgical department in the USA. Every time I was in theatre, I felt shivers down my spine, just like I had when I was 17. The early starts and late finishes seemed like a mere blimp because I looked forward to the days. The patients, who came in all forms: the young, the fearless and the elderly, gave me a sense of belonging. They had been in car crashes, had strokes, been diagnosed with cancer, yet they did not let their condition define them. They were so grateful for the care they received, and their resilience in the face of travesty was remarkable to me.

Whenever someone says they want to do medicine because they 'like science' and want to 'help people', we laugh it off. But, it indeed is true. The brain fascinates me, the intricacies of neurosurgery intrigue me, and seeing difference it makes to patients gives me a sense of purpose.

Despite knowing that the path ahead is long and meandering – I am ready. I know that each day, like each patient will be unique, but I look forward to the challenges and satisfaction that Neurosurgery brings.

ARTICLES

On Call in Africa – in War and Peace 1910-1932, Dr Norman Parsons Jewell OBE MC MD FRCSI

27

Tony Jewell

This is the third of 3 articles taken from the book 'On Call in Africa – in War and Peace 1910-1932', compiled by Norman Parsons Jewell's family, from his personal memoirs of the time. (Text and photographs provided by Tony Jewell and Sandra Jewell).

Episode 3. Return to Dublin, Kenya as Colonial Medical Officer in the 1920s and back to the UK

The article further reviews the recently published memoir of Dr Norman Jewell who served in the Colonial Medical Service in Seychelles and East Africa in the early stages of the 20th century.

Colonial Medical Service in Kenya

In 1918 Norman had been transferred from the front line back to Kisumu where he had first been, but then the family returned to Dublin where he studied for his FRCSI and completed the Diploma in Public Health. However, the Irish War of Independence was underway and he was lucky to escape Bloody Sunday in 1920 as he was a named target being in the British Army and Colonial Medical Service. This made the decision to return to East Africa a lot easier than it might have been, and the family returned to Mombasa where he was Medical Officer in charge of the Mombasa and Coast Province. Norman was content with his work in Kenya but the early 1930s were a time of economic retrenchment on account of the global recession and the Colonial Service had budget cuts, which meant that he had to retire from the CMS in 1932.

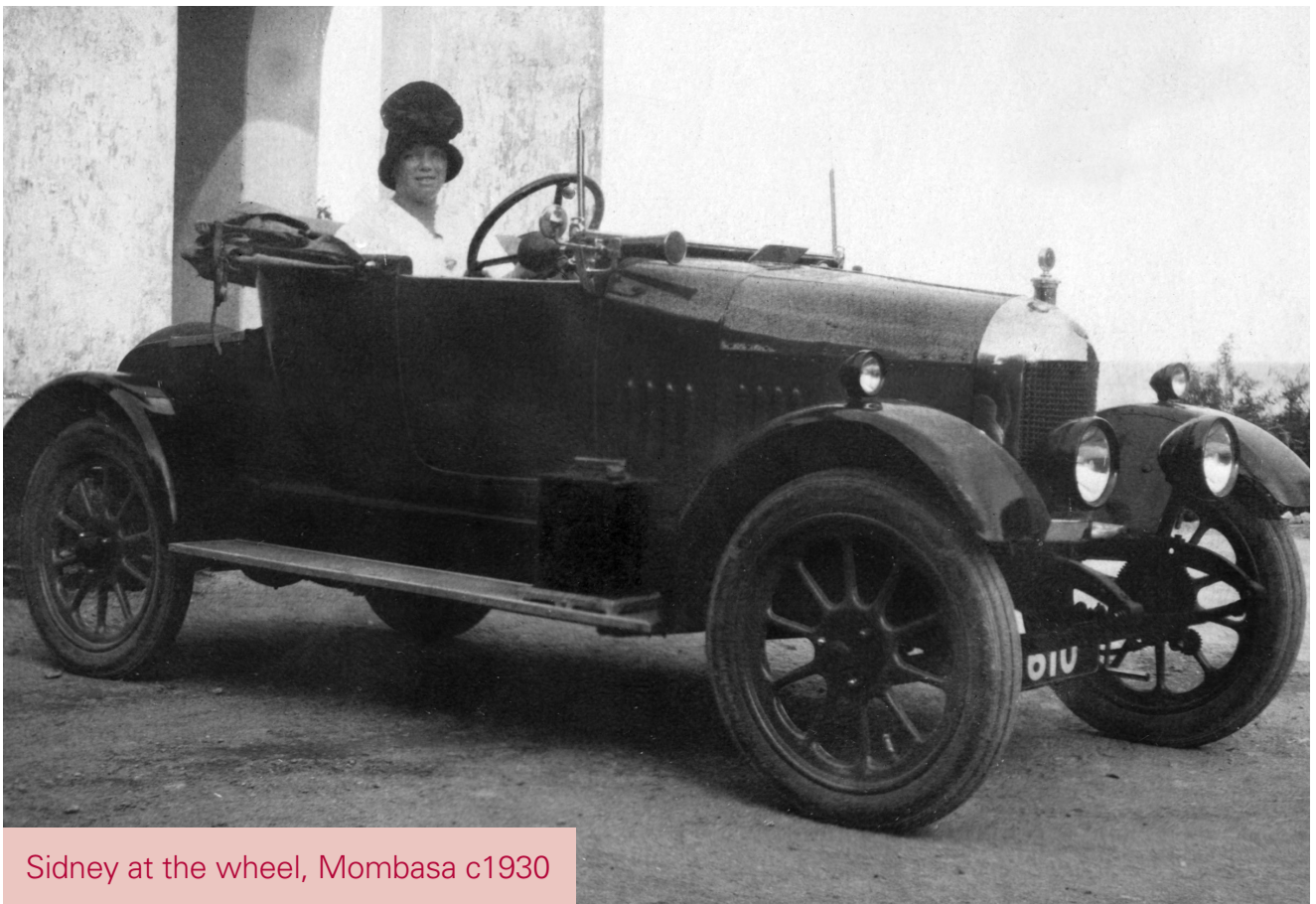
Dr Jewell's beloved wife, Sydney Elizabeth 'Elise' Auchinleck Jewell

Sydney herself was an exceptional person being a published poet by the age of 15 and was in the first cohort of women admitted to Trinity College Dublin (TCD) in 1904. She used her nickname 'Elise' at university and was prepared to take on the University hierarchy when they refused to allow her to study engineering, by writing a poem to them; some of her protest poems about other issues such as the clothing guidance for female undergraduates she pinned on TCD's main gate. She was allowed to study chemistry and so became the



Daphne with her little friend (rafiki), Mombasa c1922

first female Chemistry graduate from TCD. Since the publication of this memoir TCD has created a postgraduate prize for women studying chemistry in her memory (The Trinity and Sydney Auchinleck Award). Bearing in mind the fact that attracting women into engineering remains an issue in the 21st century, it is salutary to learn about her aspiration in those days and we note that TCD admitted its first female undergraduate in engineering in 1972. This was after Sydney's grandson (and my brother) David Jewell had graduated from TCD in engineering having matriculated in the early 1960s.



Sidney at the wheel, Mombasa c1930

The story of Sydney is a fascinating insight into the life of women in this historical period and we add details to capture some of her narrative too. She enjoyed studying car mechanics to help service one of the new Ford model T cars (so called 'Tin Lizzies') that Norman bought in Kenya. In our book, we also reproduced a small selection of her poems, which celebrate the beauty of Seychelles, her sense of exile from Ireland, and the heroism of African troops and porters in the European-originating World War One. Another poem is written in memory of a friend Maia Carberry who died in an air crash in Nairobi near where Karen Blixen (author of *Out of Africa*) farmed. Sidney was a strong woman of her time and contributed to the East Africa Women's League in Kenya and the WRVS when she returned to Britain. My own mother remembers her attending her wedding in 1942 dressed in full WRVS uniform. This diversion into some of my grandmother's life stories was not part of the original publication plan to simply publish my grandfather's memoir but has proved a fascinating tale. This is another lesson for any budding biographers or editors!

Memoir, diaries and biographies

Publication of the book is a mixture of memoir, diaries and biography. When we set out to go to print with Norman's memoir we had in mind a short book that would be based on the handwritten account we inherited that had been converted into a WORD document by my cousin. Its audience was to be mainly close family and its purpose was to document it for future family members and potentially specialist archives such as at the Bodleian Library in Oxford. We also wanted to publish a selection of his extensive photographs of that period which we have done by selecting a total of 145 original images, and archiving the rest to make them more widely available through the Mary Evans Photo library.

When we had completed the first cut of the book we shared it with Christine Nicholls who has written accounts on East Africa of that period. She recommended that we take advice from a historian of WW1 in Africa as the material looked of interest to academics. Anne Samsom of



Sidney in her debutante gown 1902

the Great War in Africa Association (GWAA) fulfilled that role for us and discovered Norman's extensive war diary lodged in The National Archives in Kew. We thus had a contemporaneous account in Norman's own handwriting of the war period. This was exciting and gave us confidence in his memoir's recall and accuracy. At Anne's suggestion she transcribed the war diary for us and supplied detailed endnotes on some of the details, which we then provided for the whole memoir. The task was growing!

One final development was the observation that Norman made little mention of his wife and family. However, we noted that his wife Sydney was an exceptional person in her own right and we wanted to document this as part of '*On Call in Africa*'. My sister Sandra Jewell who had worked on the photograph collection undertook to research details concerning Sydney's life and wrote the final section on her achievements.

Chris Mullin (author and biographer) advises that:

"A memoir is reflective. Diaries that work are immediate and honest, not based on hindsight and they need to be a little self-deprecating".

We are pleased with how the whole project developed from a simple memoir, to incorporating Norman's immediate and honest war diaries, plus a short biography of his wife to make it a more complete work. The experience as editor has taken me to books that I would not have been familiar with, and to a period of history of which I was relatively ignorant. I have also learnt so much about my grandfather who I knew quite well when I was a schoolboy, and preclinical medical student. He did not share with me his memoir or even the fact that he had been awarded the Military Cross, OBE and had written a *Handbook on Tropical Fevers* in 1932. He died in 1973 a year after I had passed the first part of my medical degree.

For further archival material and access to the book please visit www.oncallinafrica.com

BSE

Called in to give clinical assessment, observe the cow in question closely for tell-tale signs.

Perhaps a twitching ear, drooping eyelid, trembling neck and shoulder muscles or head-shaking, teeth-grinding.

A bit suspicious, so make her walk across the yard; there's the clincher, swaying back end, hind leg trailing across into the other. Inco-ordination. Afraid she's got it. Neurology on the hoof. We'll put her down now.

The old Friesian goes drowsy after tranquillising jab, lies down quietly, head on her flank.

Never cease to be amazed at throbbing size of cow's jugular under your thumb.

Once the needle's in, puff of blood into solution, then push in two 60ml syringes' worth of high-strength pentobarbitone.

It becomes so routine, so day-to-day, this euthanasia business.

All twelve hundredweight of warm Friesian sags, exhales, lolls on her black-and-white side. Breathing stops suddenly with great sigh, heart flutters, stops.

All over in a couple of minutes.

She's gone, painlessly, as importantly, unknowing. Spared the horrors of lingering decline and paralysis we humans have to suffer.

Finally, there's the paperwork, form-filling officialdom.

Five tedious forms in duplicate, the copies escorting her to the knackers, later going with her head to the lab.

Don't need to extricate the whole brain now, just the accessible obex at the back, which always has characteristic spongiform lesions to confirm the diagnosis,

for national statistics and farmer's compensation.

This was Bovine Spongiform Encephalopathy.

Arthur Baskerville

British Cemetery of Polemidia, Limassol, Cyprus

Catherine Sarraf

(Text and photographs)

The British Cemetery at Polemidia on the northern outskirts of Limassol, Cyprus, was consecrated in 1882 by the Bishop of Gibraltar. Though still and silent, it is a verdant enclave, very calm and peaceful. Beautiful Mediterranean trees and shrubbery decorate the perimeter walls and the pathways, and central to the stunning vegetation is a magnificent carob tree, which is over a 100 years old. In addition, there is hibiscus, rosemary, bougainvillea and oleander. The wondrously peaceful atmosphere is bathed in the ever-pervading aroma of numerous pine trees. The glorious flora, however, grows, needs constant trimming and strimming, and in addition precautions have to be taken, as goats have been known to eat their way in from surrounding areas and plantations, searching for the wonderful food they can smell (goats are popularly farmed in Cyprus, their milk being widely used to make cheese, and goat meat also is eaten). Sadly, also litter is sometimes dropped in the environs of the cemetery, which needs to be removed to retain the required standard of neatness and attention. The site is on a hillside, winters are cold and branch-tearing storms can sometimes occur, requiring considerable maintenance to repair damage to graves and pathways.

Within our lifetimes, completely by chance soldiers rediscovered the cemetery and found it to be overgrown, but its upkeep now, relies on the efforts of a single administrator - Major Charles Groves (TheGroves@cytanet.com.cy), plus a gardener - Tim Cole and two volunteers Mrs Pene Matheson and RSM Fellow Group Captain John Skipper. Major Groves has been the administrator of the cemetery since he first settled permanently in Cyprus having become interested in it when he arrived with the UN, for the 3rd Royal Anglian Regiment (Essex). Charles had come accompanied by his wife, acting as his PA, building their own house and putting down roots on the island, for good. There are eight sites of military burials in Cyprus (4 in Nicosia - Cyprus Memorial, Cremation Memorial, British, and the War Cemeteries; Famagusta, Limassol Roman Catholic, Troodos and Polemidia), Polemidia having originally been designed to be a military burial place and thus supervised by the Commonwealth War Graves Commission until the late 1970s/early 1980s. The role of the Commonwealth War Graves Commission is to suitably mark, keep record of, and maintain graves of fallen soldiers of the first and second world wars. The Commission, is responsible for commemorating all Commonwealth war dead individually and equally, irrespective of military or civil rank, race or creed. Thus the war dead are commemorated by name on a headstone, at an identified site of



Entrance to Polemidia Cemetery



John Skipper and Pene Matheson

a burial, or on a memorial.

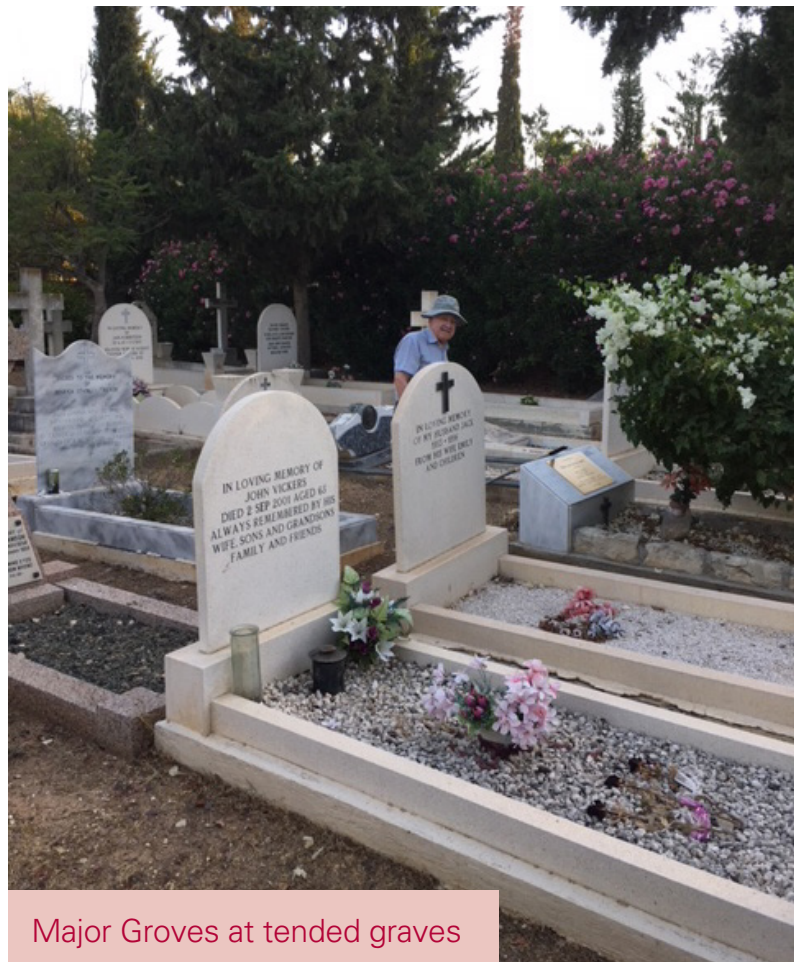
Then, however, it was discovered that Polemidia was not exclusively military and the Public Works Department took away the funds. At the hand-over of Cyprus from the British, there was agreement that British cemeteries on the island should be the responsibility of the British High Commission. Today, each cemetery is run by a committee, which consists of the Dean of the Cathedral of Nicosia, the designated Administrator of the Cemetery and a local Treasurer. In the case of Polemidia, both the latter roles are performed by Major Groves himself.

The Polemidia cemetery was open for laying to rest all British people,

of all denominations and religions (although there are also 12 White Russian refugees there too). It reached capacity of around 450 burials a few years ago there being in the order of 61 deceased servicemen and/or civilian support and dependents, lying there, from 1882. Two of the early military burials took place in October 1882, then 1899; these were of a certain Sergeant James Adams of the Royal West Kent Regiment who died of natural causes, logged as 'fevers' or 'flu', and Private Edward Capel (the first RAMC casualty in Cyprus) who died of enteric fever whilst caring for his sick brother soldiers. Representatives of the Commonwealth War Graves Commission occasionally visit to oversee the military graves. Sums of £2 - £3 each, per annum are paid towards the 3 burials from World War I, and 5 of World War II. Apart from this, there are no further funds and the cemetery must be 100% self-supporting.

A few miles nearer the sea is the 'new' further cemetery at Kolossi with space for 750 graves, which increases by around 50 to 60 graves per year. Initially, financially Polemidia funds supported Kolossi, but now Kolossi supports Polemidia. However, costs of burying in a specific cemetery are expensive, and since 2002, a single grave at Kolossi costs upwards of 1,000 Euros. With this in mind, these days in Cyprus, British nationals often select instead to be buried with local people, in their village graveyards.

Maintaining the sanctity and perfection of Polemidia is a labour of love. Many thanks to Messrs Groves, Cole, Matheson and Skipper!



Major Groves at tended graves



Through a glass darkly: reflections on dementia

Harvey White

The clocks had gone back and after my wife had pushed her supper aimlessly around the plate she wandered around and then went to the window. As it was dark outside, the glass was reflective; the light had also faded in her own life. She looked at herself in the window - pointing, wondering and occasionally talking to herself. Who can know what she was thinking or trying to say? Was she pointing a finger of blame at an individual or at the world? Perhaps she was trying to say something through the reflection to those around her. Hopefully she was experiencing moments of joyful recall, rather than despair. We will never know, but thankfully, whatever was going on in the recesses of her mind, superficially she appeared to be in contented oblivion.

We had already lived through 20 years of dementia with its loss of memory, reflex behaviour, wandering and character change, which follows a disconnect between higher centres and the reflex default programming of the rest of the brain. This often leads to changes in behaviour such as hiding the most unusual of objects in the most surprising places and accusing those around of stealing prized possessions. Those in close proximity see a progressive unravelling of acceptable adult behaviour towards them and also in the sufferer's own life - including random incontinence and sometimes violent behaviour. With great good fortune my wife's memorably kind, joyful, intellectually stimulating and artistic personality occasionally still drifts into view - only to be overtaken by a 'pooh stick' of mental and emotional disintegration carried relentlessly on an uncontrollable eddy.

Primitive reflex behaviour supplemented by that embedded in childhood may take over - the one is titrated against the other in an apparently random way. They cannot be controlled or understood as part of the adult behaviour we have known previously. In my wife's case the main source of pleasure appears now to be nursing a doll in the belief that it is her child, and taking the filling out of cushions - for which I can offer no explanation! Reason and rational communication have become but a treasured memory from the past.

She appears to be seeking somewhere she recognises from the past as she wanders up and down the corridor without knowing where she is or having any meaningful recognition of her family. Hoping to find her identity, she peers into the reflective glass of the door but the image is blurred by condensation on the pane as well as her lack of comprehension.

It is like trying to study the heavens through a telescope with a dusty lens, and whose position and focus are fixed.

How can we be positive and make sense of all this sadness? Is there a crumb of comfort we can find to keep our own lives on course?

First, the fact that she is now in residential care means she is supervised and, at least her bodily needs are met, thus making her superficially calm and relaxed. While surrounded by residents who relate to each other, loneliness is not apparent. Each morning she introduces herself to those around her whom she may not even remember having met before. Previously, at home with the family or with a carer, loneliness and restlessness had sometimes been evident.

Secondly, although our own grieving is prolonged and each visit akin to repetitive bereavement, the suspended mental and emotional disruption that is dementia must be used positively by the family to promote their own memories and appreciation of aspects of life together that have been lost. Sad as it is not to be able to say a meaningful farewell or a simple thank-you for the sharing of a life, don't be tempted to dwell forever on lost opportunities. Keep reprogramming your memory bank in a Pavlovian way with the happiness that you once enjoyed together. Extract precious memories and aspects of personality and character which you must now make your treasured heirloom and which it is your duty to preserve. It is much easier to do this while the life of the sufferer - however imperfect - continues. To most of us, nature is kind by obliterating unhappiness and recycling joy. If this is not how you manage reverses in life, you must reboot your system. Spending time with someone with dementia can give us the opportunity to come to terms with misfortune - if only we are able to grasp at it. Sadness dominates initially at the loss of all those moments and mannerisms that were specific and particularly dear in the relationship. The realisation that they were not appreciated enough at the time is inevitable. The challenge now is how to keep them fresh in the memory. Our duty is to help preserve them by incorporating them into our own being and pass them on by precept.

The need to think positively becomes a real challenge and at our time of life we should be well practised in this! From John Bunyan's 'slough of despond' that inevitably accompanies dementia, evil gases may arise and threaten sanity and stability. If recognised, they can be harnessed to strengthen our resolve to live out a different but fulfilling life founded on the respect, memories and happiness with a partner of previous years. This may not happen at all, unless one actively observes the unconscious example and acceptance offered by the dementia sufferer. We must positively attempt to preserve those aspects of the lost personality which become increasingly precious in our own life. We must strive to incorporate them into our own being. Insight, understanding and compassion learnt from observing a partner with dementia can be employed in examining the imperfect reflection of our own life. Only then may we be able to make sense of how their suffering can lead to a realisation of our debt and previous dependence. Hopefully, this may bring some closure to personal grief.

FOR MY WIFE

For my wife is old enough to be wise
But young enough to be funny
For she does not like being criticised
But fortunately there is seldom any need.
For she goes to church to please me
And I go to church to please the vicar.
For she doesn't seem to mind me snoring
And tactfully calls it purring
For she loves our cat who is indeed very pretty
But bites.
For she goes to sleep in front of the telly,
For when our friends drop in, they drink more
than they meant
And stay longer than they had intended.
For we both avoid talking politics.
For we met so long ago, it seems the stuff of
legends.
For we wed so recently it seems the stuff of
dreams.

Mark Pitman

Reported unique and 'effective' method of standing thirst

Abdulhamid Alabbasi

While working in Jordan, I came across a couple of Bedouins¹ in whom the uvula and a portion of the soft palate had been amputated by quack doctors², who often use a piece of broken glass to cut into the tissues. The procedure did not seem to have caused or left any untoward effect on those individuals. Similar cases have been reported in Bedouins of the Sinai desert³. In both the people I saw in Jordan and further ones described, reason for the amputation, according to the individuals themselves, it was to help them 'stand thirst'

in the scalding dry environment of the desert. The soft palate, particularly the uvula is rich in glands which secrete about a litre of watery/fluid per day. This, together with that secreted by the so-called minor salivary glands, located throughout most of the oral cavity⁴, is mostly swallowed (thus, recycled). It probably keeps the oropharynx moist and thus facilitates speech and swallowing, both of which would be rather difficult if the oropharynx was dry. Bedouins seem not to need to talk while in the desert and would, therefore, not need to lubricate the area; besides, every time the Bedouin opens his mouth, say to talk, the aforementioned watery secretions in his mouth would quickly evaporate out, into the air. Loss of this much-needed water adds to obligatory water loss *via* the skin and increases vulnerability of the individual to dehydration. Uvulectomies with the almost inevitable removal of a portion of the soft palate, are also practised by barbers of north African Berber tribes and by so-called 'healers' in other parts of Africa^{5,6}, for other, unsound reasons. It would appear that obligatory palatal watery secretion and its constant trickling down the oropharynx and the oesophagus, throws doubt on the wisdom of the note 'Nothing by Mouth' we often observe at the heads of beds, warning staff that either the bowel needs to be rested or to guard against pulmonary aspiration, in those with an impaired gag reflex, as in stroke or unconsciousness. It is also possible that this constant trickle of palatal water accounts for the almost invariable finding of 'hypostatic pneumonia' in patients with terminal coma, who had been under 'Nothing by Mouth' management. Such patients would probably be better helped by frequent swabbing of the oral cavity and recesses, and suction if needed.



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The only certainty is uncertainty

Maurice Cohen

It was Karl Popper who, amongst his numerous propositions, starkly stated: 'Nothing is ever proven'. For if you accept a given concept is proven, then there is the danger you will never look at it again. Whereas, if you accept it to be correct based on the evidence available at present, and be prepared to alter the concept in the light of any further information that may present at a later date, then such an approach ensures that you will always keep an open mind, and progress will continue.

We are all aware of the daily observation of the sun rising in the east and setting in the west; and one side of the world in darkness when the other is in daylight. So it could be readily reasoned that the sun goes around the earth, and mankind believed this for thousands of years. Then, the astronomer/mathematician, Copernicus, in the mid-sixteenth century, said the earth revolves on its own axis and goes around the sun. About 40-50 years later, Galileo confirmed this. Copernicus delayed nine years before publishing his sensational findings; and Galileo was threatened with ex-communication by the church. It was a new concept, difficult to accept on many fronts for many people; especially as the previous one was seen to be proven daily and the world had accepted it as proven over a very long time.

Newton's laws of physics stood firmly for hundreds of years. Then, in the early 20th century Einstein brought fresh observations and new theories of relativity that became accepted. But there is an ongoing problem reconciling these latest theories with quantum mechanics, so the situation remains uncertain.

When I was a surgical SHO, the Tuesday and Thursday operating lists always began with a partial gastrectomy on a patient with a duodenal ulcer. This disorder was due to hyperacidity, so the acid-bearing part of the stomach was removed in order to cure the condition. At Out-patients, I was always puzzled by the number of patients who returned with anastomotic ulcers, despite the absence of acid. Now we treat these patients by eradicating their *Helicobacter pylori* infection with antibiotics.

In August 2016, at a European Society of Cardiology meeting, it was reported a new drug, Canakinumab, an anti-inflammatory monoclonal anti-body, had a greater effect in reducing the number of coronary thromboses compared to statins, over a 4 year period. It has been shown that statins also have an anti-inflammatory effect. So, is their mechanism of action in this condition anti-inflammatory, rather than in reduction of cholesterol levels? Perhaps, as some patients who have coronary thromboses have normal cholesterol levels. So is raised cholesterol a cause of coronary artery disease?

Recognition of these changes in many previous theories, and ambiguity around some present day postulates, leads to the realisation that nothing is certain. This understanding engenders further research for sounder knowledge, which excites the originality of an open mind. So uncertainty is not a cause for anxiety, but an assurance of progress for seeking new data and developing new ideas and continuing our enlightenment. Good science is based on uncertainty; and will always be so.

Our outlook, therefore, for future progress in our knowledge, should ideally be: Nothing is proven; uncertainty must always prevail; research is thus encouraged; new data and ideas will follow, which will require an open mind. An open mind, but not an empty one.

Viva uncertainty!!!

DID YOU KNOW

That some 20 per cent of women now opt to keep their name after marriage?

Those who are older, have children from a previous marriage, have an advanced degree or an established career are more likely to do this.

Acknowledgements to *the Independent* and the Upshot/a Google Consumer Survey

INFORMATION FOR AUTHORS

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

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

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

Several types of article are core to the journal:

Solicited articles, these are on a topic agreed with the editor, and should be 1,500 to 2,000 words in length.

Articles submitted by readers – 500 to 1,500 words

Reports of presentations at meetings of the Retired Fellows Society - 500 to 1,500 words, the author invited by the Chair of the corresponding day.

Reports of extramural events of the Retired Fellows Society - 500 to 1,000 words, the author invited by the leader of the event.

Reports of Retired Fellows Society tours – 1,000 to 2,000 words, the author invited by the leader of the tour.

Short 'fillers', text and/or photographs. Poems, quotes, amusing items – brief – less than 200 words

Illustrations:

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

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

LETTER TO THE EDITOR

Madam,

Whether it is 'Spread-sheet Phil', the Minister for Education, the RSM or just the Retired Fellows, budgets have to be balanced. Our Treasurer is doing an excellent job keeping up with increasing costs in a harsh financial environment. Your Committee is anxious to maintain the activities of the RFS at the standard we have been privileged to enjoy over the years - but it is difficult.

What can be done, I wonder, to ease some of the financial pressures? There are numbers of methods, well known to groups such as Church Wardens, which can help in a positive way. I refer to 'gift aid' - small and very modest donations in memory of those recently 'gathered', or even a small Legacy of whatever size, in recognition of one's own happy involvement. I understand such budgetary support in a way that I fail to understand more obscure budgetary measures such as 'quantitative easing', employed by the Bank of England! I wonder what your readers feel - and more importantly whether any may think of setting an example!

Yours sincerely

Harvey White

