



The ROYAL
SOCIETY of
MEDICINE



Newsletter Issue No.64
April 2019

RFS

Retired Fellows Newsletter



Elephant Island

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Cover: Elephant Island, from which Ernest Shackleton departed for South Georgia

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Editorial:

Catherine Sarraf

The days are growing longer but it will be a while yet before we can look forward to them getting much warmer. February was clement. The Jet Stream wanders. What a wonderful summer we had last year – but then heat doesn't suit everyone. And here we are in Britain, largely lying between 49° North (the Scilly Isles) and 58° North (John o'Groats), with the GMT meridian handily passing through the courtyard of Greenwich Observatory. How lucky we are! Across the North Atlantic these co-ordinates are further

north than the Gulf of the St Lawrence. Labrador (part of the easternmost province of Canada - Newfoundland and Labrador) lies flanking 53° North, but it's a lot more chilly over there. In the Southern Hemisphere at 54° 30 South we have South Georgia, and thanks to the lecture by Isobel Williams (page 14) we know what Shackleton went through getting there from Elephant Island (61° South). We owe the relative balminess of our country to ocean currents, most particularly the Gulf Stream, flowing like a gigantic river, northwards from equatorial regions, up the eastern side of the North American countries, then across the ocean to us, up across Scotland and on to Scandinavia.

But our climate is changing. I am not a geographer nor indeed a meteorologist, however, there is plenty of room for speculation on the exact status of what regulates recent variations in global temperature. But let me expand a little on the standard points of view that are reiterated to us constantly, particularly, common that changes are solely man made. First, prehistoric ice ages, each followed by its global warming phase, were way before anthropogenic effects could have influenced our planet. There have been at least five major ones in Earth's history: the Huronian 2.4-2.1 thousand million years ago, the Cryogenian 720-630 million years ago, the Andean-Saharan 460-420 million years ago, the Karoo 360-260 million years ago, and in our current Quaternary Age the most recent glaciation started about 2.58 million years ago, and to the best of our knowledge ended around 10,000 years ago. Between 60,000 and 70,000 years ago, there was an enormous drop in global sea levels - indicating greater (water taken up in) ice caps.

Warming proceeds. Yet in almost modern historical periods, I see differences between what there was and what there is now. For example, in paintings of Breughel – 'Hunters in the snow' and in 'Winter scene' (both 1565), and more, we see exhausted hunters returning home empty-handed in the snow, and little Dutch children playing on frozen canals. Also,



Winter scene by Pieter Bruegel



Hunters in the snow by Pieter Bruegel

we have heard of Frost Fairs held on the Thames, when it froze over. This 'Little Ice Age' lasted for a century or so, but the examples we hear most of are between 1649 (the year Charles I lost his head – he wore two shirts to his decapitation in January, so he wouldn't be seen to shiver) to 1666 (Charles II, and the year of the great fire of London). If currently referred to 'global warming' is truly anthropogenic – at what historical period did it start? The climb in percentages of greenhouse gasses is commonly accepted to have started with the European industrial revolution,

possibly in the mid 17th century, particularly when man started to use fossil fuels in manufacturing and power production. However, it could have been substantially earlier. When Rome won Spanish silver mines from Carthage, in the second Punic war (Carthage was destroyed in 146 BC), Romans increased industrial output of Spanish ore to such an extent that traces of the resultant, identifiable, pollution can still be found from accurately datable Greenland ice cores!

Balanced accounts of the numerous variables measured over the last century and up to today, indicate that the most serious heat accumulation of our time composes the 'Early Twentieth Century Warming Event', lasting from the 1890s to 1945. This slowed between 1945 and the 1990s, but seems to be being stoked again now. Build-up of greenhouse gasses exacerbates the situation, but lack of pollution-related tropospheric aerosols (those which are man-made, but also a dearth of volcanic eruptions since 1912), have previously been known to cause climatic cooling and global failure of harvests. To come back to ocean currents, an extremely unusual cold anomaly in the first decade of the 20th century in the South Atlantic, spread in the subsequent decade, energy redistribution resulting in strong warming in both the Atlantic and Pacific Ocean areas of the Northern hemisphere. All impossible to put in a nutshell, but from a scientific point of view it is clear that there are multitudes of global changes, in addition to the activities of mankind, that currently cause our climate variations.

EDITORIAL BOARD RECRUITMENT

Volunteers are sought to join the Editorial Board of the Retired Fellows Society *Newsletter*: membership of the Retired Fellows Committee is not necessary. There are just three issues of the journal per annum, April, August and December, so duties are not onerous. Submissions do not normally require peer review, but from time to time advice on specific titles might be helpful. Proof reading would be welcome. Previous experience of reviewing or publishing medical papers would be helpful but not essential.

At present, the Editorial Board consists of:

- Catherine Sarraf (Editor)
- James Carne (Chairman of the Retired Fellows Society)
- Sally Gordon Boyd

As first contact, volunteers are requested to email Catherine Sarraf (alison.catherine872@gmail.com), and names will be proposed to the Committee at its meeting on 9th May 2019.

FORTHCOMING MEETINGS

INTRAMURAL

Thursday 18 April 2019

Real secrets of alternative medicine
Dr Richard Rawlins

Thursday 16 May 2019

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

Thursday 20 June 2019

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

EXTRAMURAL

Walks by Sue Weir

Tuesday 30 April 2019

Westminster: The hidden city

Tuesday 21 May 2019

West of St Paul's

Wednesday 19 June 2019

East of the Tower

Tuesday 10th September 2019

Back streets of Covent Garden

MEMO

We are always delighted to receive suggestions of outstanding speakers or places to visit. Please contact our Thematic Manager, Maryam Syed, with any suggestions. Email: rfs@rsm.ac.uk

Camera Club programme 2019

2019

Tuesday 23 April

Richard Schunemann: *On taking snaps and making pictures in the digital age*

Wednesday 22 May

Members' meeting

Thursday 27 June

Micki Aston: *Evolution of my photography*

No meetings in July or August

Tuesday 24 September

Marilyn and Mike Steward: *A Grand Tour of China*

Thursday 24 October

Valeria Carullo *Building with light: a history of architectural photography*

Tuesday 19 November

Presentation meeting

For more information or if you are interested in any of the Camera Club events, please get in contact with

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Lake Akan in Hokkaido. Robin Youngs



Stag in Bushey Park. Jennian Geddes



A most curious plant. Nadia Ridout-Jamieson



Seal on a Cornish beach. Nadia Ridout-Jamieson

Biographies of speakers

Real Secrets of Alternative Medicine

Thursday 18 April 2019

Dr Richard Rawlins

Richard 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 placebo effects generated by 'camistry' are worthy of study by 'placebists'. He intriguingly concludes by inviting consideration as to whether the RSM should develop a Section of Placebo Studies!

The Wallace Collection: Past, present and future

Thursday 16 May 2019

Dr Xavier Bray

Dr Xavier Bray is an art historian specialising in Spanish art and sculpture, and is currently 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 a number of 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 of the artist in the U.K, at Dulwich Picture Gallery.

Annual oration – the mental capacity jurisdiction: Past, present and future

Thursday 20 June 2019

His Honour Denzil Lush

Denzil Lush qualified as a solicitor in 1978, and was a partner in Anstey & Thompson (now Foot Anstey), Solicitors, Exeter. He has also been admitted as a solicitor and notary public in Scotland, although he 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 Senior Judge of the Court of Protection when the Mental Capacity Act 2005 came into force on first 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 author of *Elderly Clients: A Precedent Manual*, *Cohabitation: Law Practice and Precedents*, and *Cretney & Lush on Lasting and Enduring Powers of Attorney*. His Honour 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.

MEETINGS REPORTS

RFS Recent Advances in Medicine and Surgery meeting

Presentations 6th December 2018



Session One

Chair: Professor Robin Williamson

To initiate the day's event, Dr Julie Whitney spoke on **Falls in the elderly: A preventable cause of death**, the prevalent and all-too-commonly lethal problem of falls among elderly individuals. Dr Whitney is Lead for the National Audit of In-patient Falls at the Royal College of Physicians. Her focus was on falls among in-patients, which comprise about one quarter of a million cases per year when acute, mental and community hospitals are included. There are 3,000 annual hip fractures among the hospital population, and together with head injuries they provide a substantial burden for the NHS. These two conditions in particular delay recovery, provide a potent cause of patient distress as well as medicolegal claims, and can seriously damage the confidence of those who survive. The "Stratify" model for prediction of risk of falls that was pioneered by Dr David Oliver has been widely adopted, but it has some shortcomings. Useful factors for assessing risk in those over the age of 65 include past history of falls, cognitive capacity of patients and their levels of both continence and postural instability. Audit of falls and fragility fractures has shown the potential value of assessing delirium, measuring blood pressure (both standing and lying down) and availability of a bedside call bell, as well as presence of a nurse attached to each ward bay in which older patients are managed. Yet identification of these factors has not yet translated into a significant impact on the incidence of falls, which has essentially been unchanged between audits carried out in 2015 and 2017. One tangible gain during this period has been a reduction in time to operation in patients with hip fracture, plus routine preoperative assessment, by an orthogeriatrician. Since it is sadly apparent that continuing prevalence of in-patient falls in our ageing population has not yet been adequately addressed, it is welcome news that a new study is about to begin. It will concentrate on prevention and treatment of one major outcome of falls, namely fractures of the hip, in elderly inpatients.

In lecture two, Professor John Axford, Consultant Rheumatologist at St George's Hospital and the London Rheumatology Clinic, gave an entertaining presentation on **How to cure**

arthritis, an ambitious but encouraging title. He demonstrated the striking advances that have been made in recent years in treatment of many different types of inflammatory arthritis, notably rheumatoid arthritis. He reminded the audience that this disease can affect not just many different flexible joints but also several other organs of the body including the skin, blood vessels and kidneys. Average age at presentation of rheumatoid arthritis is 30 years. Thorough clinical history and examination remain cornerstones of diagnosis, but they are supplemented by a battery of blood tests and a variety of imaging techniques. Diagnostic markers include rheumatoid factor and antinuclear antibodies, while inflammatory markers (for example, erythrocyte sedimentation rate and C-reactive protein) retain their value in assessing disease activity. Computed tomography, magnetic resonance imaging and nuclear medicine techniques can all help in determining extent of the disease. Whereas previously physicians would wait for the appearance of destructive erosions on X-rays of bone, ultrasound evidence of synovitis will now allow treatment to commence at a much earlier stage before serious damage has been inflicted. In terms of treatment, immunosuppressants such as steroids, methotrexate, azathioprine, cyclophosphamide and mycophenolate have long been the mainstay, but recent introduction of monoclonal antibody therapy has been revolutionary. The new biological agents are targeted against tumour necrosis factor and the interleukin family of cytokines (IL-1, IL-2, IL-6 and many more), which act as key mediators of inflammation. They can also be invaluable in managing more refractory types of arthritis such as lupus and giant cell arteritis. Although inflammatory arthritis may not yet be fully curable, increasing availability of effective pharmacological agents means that it has surely become susceptible to much better control.

The final lecture of Session One was given by Professor David Kerrigan on **The surgical cure of morbid obesity**. Professor Kerrigan is a bariatric surgeon from Manchester who founded Phoenix Health, a leading provider of surgical operations for obesity. He is also the current President of the British Obesity and Metabolic Surgery Society. There can be no doubting the scale of the problem posed by obesity in Britain; one quarter of adults are clinically obese, with a body mass index above 30. Whereas drugs can help patients who are merely overweight, they nearly always fail in those with morbid obesity. This is a condition that carries a stigma of idleness and gluttony, yet he said it should be regarded as a disease in its own right and one that is closely linked to social deprivation and unhappiness. Increased intake of calories down-regulates gut-brain signalling and leads to excess storage of fat. It is also pro-inflammatory due to release of adipokines from fatty tissue. Obesity predisposes to heart disease, diabetes, sleep apnoea and suicide. Successful weight reduction reduces these risks; thus more than half of those with diabetes are able to withdraw from insulin, postoperatively. In addition, obese individuals are at increased risk of cancer, especially of the breast, uterus and colon. Currently there is an unmet demand for bariatric surgery; although over two million British adults qualify, only 6,000 operations are carried out annually. Almost all of these are now performed by minimally invasive techniques (that is, laparoscopy), with distinct benefits for the patient. The speaker outlined current operative options in easy terms, as appropriate for the mixed audience. Although relatively simple to perform, laparoscopic banding has failed the test of time. For the most part, therefore, the current choice lies between sleeve gastrectomy and gastric reduction with anastomosis of a small functioning gastric pouch to a Roux loop of jejunum. Mortality rates in experienced hands are probably lower than those of cholecystectomy. Anyone with an open mind who may have doubted the value of bariatric surgery in prevention and treatment of serious disease, should have been convinced by the data presented by David Kerrigan in this sparkling yet understated talk.

Robin Williamson

DID YOU KNOW

That unmarried 25 year olds in Denmark are covered in cinnamon on their birthdays to mark the occasion.

Well, that was what the Telegraph said on the fourth March.

Session Two

Chair: Dr David Murfin

Professor Graham Watt, Professor of General Practice at the University of Glasgow, gave a lecture on **Primary care in deprived communities**. He outlined major challenges facing the NHS, including the burden of increasing morbidity, balance between specialism and generalism and the often quoted 'Inverse Care Law'. Dr Julian Tudor Hart is associated with terminology of the Inverse Care Law following a publication in the *Lancet* in 1971. The premise behind his research motivation was that poverty and socioeconomic deprivation are directly linked to premature mortality and morbidity. The most deprived areas of our country are those with the greatest health needs. Also an article in *the Lancet* published in 1912 vividly described that while morbidity inevitably rose with age, it was far higher for patients residing in poorer areas and started ten to fifteen years earlier than the better off. Co-morbidity is a present day challenge as patients often have a range of conditions. While burden on the system is growing, recruitment to general practice has been flat-lining in recent years, and specialism continues to grow. The downside is a steady erosion of the gatekeeper role of the GP. Doctors working in deprived areas face many challenges, not least the often social complexity allied to patient symptoms and the high work burden on practices, all set against trying to provide personal and continuing care. Health care systems can potentially widen rather than lessen inequality. While the NHS was designed to prevent inequality of access, it has never truly tackled the burden of time constraints on staff exceeding patient needs.

The desirable primary care gateway to NHS services is under pressure. Whether the future can maintain this model is questionable given present funding arrangements; there is even discussion on the ability to maintain GP services at their present level. The 'no gate' model to services or leaving the gate open at certain times, threatens the fabric of general practice access to secondary care. The burden of patient co-morbidity and the risks associated with failing to offer treatment, compounds the degree of pressure.

In 2009 the Deep End Project was initiated in Glasgow and then spread to involve a network of GP surgeries in Scotland. These practices covered the one hundred most deprived patient populations there. It was an attempt to reverse the Inverse Care Law. A great deal has been learnt by this ambitious exercise and while there is no magic bullet for overall improvements there have been numerous positive spin offs. Not least was the awareness and gratitude shown by patients at attempts being made to improve their health. While the bar was often set high for patients in terms of lifestyle and treatment regimes, doctor and patient trust have remained high with high levels of patient engagement. Quality of patient experiences as a result of encouraging self help has produced gains with universal practice coverage and flexibility. With the GP as the hub of the practice, activities can create a wheel of relationships which can be cultivated and connected. GPs working in practices with the greatest need have been given added support including positive employment of locum use. These pioneer schemes encourage employment of younger GPs to expand the capacity of the practice and release time for the host GP to take stock of the bigger picture. There has been heed in copying the Deep End initiative across the UK and Ireland with some interest from overseas. The exceptional potential of general practice in communities can be realised, producing creative health care services.

The fifth lecture of the meeting was on **Diabetes – research highlights**, given by Dr Victoria Salem, Senior Clinical Fellow, Hammersmith Hospital, Imperial College Healthcare NHS Trust. The disease can be described as the greatest challenge in terms of control and treatment facing our society today. Incidence and prevalence of diabetes continues to increase unabated at a global level. We have an obesity epidemic in the UK placing great pressure on the NHS in terms of coping with workload. It has been estimated that cost to the NHS in managing the condition and its complications may run between ten and fifteen billion pounds annually. Average life expectancy for type one diabetes in the UK is estimated at sixty-nine years. It is a completely different disease from type two diabetes which has a consequential umbrella of allied pathologies. Tight control of glycaemia in type one and maintaining blood sugar at an acceptable range reduces the possibility of inviting microvascular complications. The tight control of glycaemic range in type two diabetes does not, overall, produce the same level

of benefit. Recent research carried out in patients of older age groups with type two diabetes, which attempted tight glycaemic control, resulted in more hypoglycaemic episodes. As a result of rise in unanticipated deaths, many studies have been terminated. International investigations have confirmed that vigorous attempts to control blood sugars within ideal physiological ranges in patients with established type two diabetes, potentially increases systemic complications. The drive to attain ideal glycaemic control produces more hypoglycaemic events and more deaths. Focus on reducing LDL cholesterol levels has far more beneficial effect for patients than merely focusing on HbA1c parameters. While conceding that as an aim, younger newly diagnosed patients with type two diabetes should attempt good control of blood sugar levels, more established patients with potentially added pathology should not be put on vigorous regimes.

Newer drugs for use in type two diabetes together with advances in bariatric surgery are helping change disease management. That both approaches encourage and result in weight loss for patients seems to be at the route to better outcomes. Combination of these approaches results in hormone release encouraging weight loss. In trying to predict pathways of future research, so much is happening in the field of genomics, that genetic finger-printing for disease profiling is within reach. This in turn may lead to more accurate risk prediction. We may be looking at as many as five types of diabetes, with five differing phenotypes, in type two disease. Multi-polymorphism associated with minor genetic change lies behind the disease complex. We are at a point where genetic makeup of people with the condition is starting to be unpicked and made more comprehensible. Variations at one site alone, may exceed one hundred. Blood sampling study has allowed the potential for investigation into multiple circulating hormones and their by-products. This allows research on the influence these individual hormones play on metabolism in type two diabetes. This mapping has the potential to reveal agents with previously unknown hormonal influences. The gut microbiome with all its diversity is enabling a further new frontier for research. There may be protective mechanisms taking place preventing presentation of disease, which may be the case in type one diabetes. Artificial intelligence is finding an increasing research focus in this. We may not have yet found the best algorithm to feed into a machine, appreciating the addition of multiple variables. Continuous glucose monitoring has improved and is particularly useful in patients prone to hypoglycaemic episodes.

Dr Salem briefly spoke about her continuing interest in research. Her work on mice has involved deletion of certain genes at islet cell level in the pancreas. Alteration in genetic coding of donor mice allows prospective studies in islet function of recipient mice. This work also involves cross discipline research with mathematicians, as there is evidence that some islets cross talk to each other in terms of complex messaging. Understanding this language has even involved tapping in to knowledge of research economics and connectivity theory. It appears that at one level importance of this messaging is at a level which is too crucial to fail. The ultimate aim is to understand the importance of these islets in development of diabetes. These investigations are at the cutting edge of studying insulin release in real time, and why and how it fails in diabetes. Her hope is that while providing a solution to avoiding presentation of diabetes may not be possible, major innovation in management is within our grasp.

David Murfin

AN ACCEPTABLE GIFT

A consultant physician, asked to give a second opinion, visited a patient in a high rise block in Liverpool. The patient was a member of a large family and, as the doctor was leaving, the family matriarch thanked him profusely for his kindness and, as a token of gratitude, handed him a box of eggs.

"Nice and fresh," she said. "And we'd like you to have them."

A glance out of the window confirmed he was in a concrete ghetto with not a blade of grass in sight.

"Don't tell me you keep chickens up here," he said.

"Oh no, doctor, my daughter works in the hospital canteen."

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

Studying clinical effectiveness, policy and service interventions

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The first lecture of this academic year, 18th of October 2018, 'Studying Clinical Effectiveness, Policy and Service Interventions', was given by Richard Lilford CBE, FFPH, FRCOG. His present position is as Professor of Public Health at Warwick University, and he is also heavily involved in an advisory capacity in much international research. He is the author of over 300 original papers and is currently an investigator on over £35 million worth of government, industry and sponsored grants, working on improving health in slum areas across Africa and Asia. He has designed a framework for evaluation of complex interventions that draws 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.

With this background it was clear that this was not going to be a lecture akin to 'research for dummies', and perhaps the fewer than average attendees reflected this. However, our speaker focussed on a subject of main interest to those of experience of research at the highest level. For the remaining 'dummies' in the audience, like your reviewer, it was more difficult to follow, but his expertise and experience as an academic and teacher ensured that everyone came away with added understanding of investigations, and a less biased view of its traditional role as a convergent, focussed discipline but with acceptance that when undertaking research many other factors must be taken into account, in particular policy and service intervention.

With an excellently prepared lecture accompanied by slides to illustrate or personalise points made, Professor Lilford guided us through historical development of research and how clinical investigation conjoined with service and policy enquiry. He started by introducing us to the fathers of research, Austin Bradford Hill and Archibald Cochrane, whose influence still flourishes. As a result of their, and others' work a 'Hierarchy of Difficulty' has evolved ranging from medicine, through surgery, education trials, talking therapies, service delivery interventions to policy interventions. As you descend the hierarchy the more difficult it becomes to get hold of it, or its 'tractability'. He described how much effort had been performed in both experimental and non-experimental trials whether controlled or interventional, and gave many examples of how this worked in practice. With the aid of slides he demonstrated the degrees of importance of individual interventions. Sometimes this led to surprising outcomes on sample size considerations, as a result of which he had promulgated an inconvenient truth that 'it may not be possible to obtain accurate and precise measurement of participant outcome parameters' (Lilford *et al*, *BMJ* 2010; 341: 4413) 'But we need outcome parameter measurements for our decision model'.

He described how proper research into current disputes over effectiveness of weekend medical care against five day care, on mortality, had universally shown that the former had minimal beneficial outcome on actual mortality levels.

More recently, the importance of philosophical perspectives and pragmatism by Carl Popper and others, has also been shown to be of importance in advancing accuracy of research. We clearly still have much to learn, but those of us present at the lecture came away with the firm belief that research is in good hands, even if its complexity does not get any easier.

James Carne

THE LONGEST UNINTERRUPTED OVERGROUND RAILWAY JOURNEY

can be from Portugal to Vietnam.
It covers 10,560 miles and involves
29 trains, taking 14 days.

The longest single train journey
is from Moscow to Vladivostock,
5,753 miles, taking 6 days.

Ernest Shackleton, Antarctic explorer, his life and times

On the 15th of November 2018, Dr Isobel Williams (author and international lecturer) gave us an insightful and stimulating lecture on Ernest Shackleton's four journeys to Antarctica and the dramatic rescue of his entire crew on his third expedition, in 1916. Starting with his first trip as a member of Robert Falcon Scott's 1901-1904 team on the *Discovery*, then leading his own expeditions on the sailing ship *Nimrod* (1908) and *Endurance* in 1914-1916. His fourth Antarctic journey was his last, dying of a heart attack at South Georgia in 1922. Their initial ambition had been to be first to reach the South Pole - a dream that was destroyed however, by Roald Amundsen achieving this in 1912.

Shackleton (1874-1922) was born in Kilkea, County Kildare, Ireland, one of 10 children of an Irish protestant family, who subsequently lived in Sydenham, England. There were eight daughters and two sons - these latter educated at Dulwich College, London. In spite of this excellent education, Ernest was not academic, although an excellent speaker from youth. At 16 he joined the Merchant Navy on *Hoghton Tower*; the life of a sailor suited him, and during his early service, amongst other achievements, he went five times around Cape Horn. At age 24 he obtained his Master's Certificate and thence his experience spanned the times from sailing ship, to steam and even to passenger liners. On a liner, he became friendly with a well-to-do passenger, a Mr Dorman, father of a lovely daughter Emily, who Ernest married soon after. Shackleton was five years younger than Emily, but his native charm and charisma shone through.

In 1901 when Scott was constituting his *Discovery* team, little was known about Antarctica. The expedition first headed for New Zealand and from there to Cape Adair. Convivial Shackleton was chosen by Scott for his small team to attempt the first 'Southern Journey', the others being Scott himself and the quiet Edward Wilson; they used the labour of 19 dogs on their push for the South Pole. By 1903, the team was successful enough to reach 82°S, 200 miles short of the pole



Launching of the *James Caird* from the shore of Elephant Island



Ernest Henry Shackleton

(each degree is ~ 60 miles), but the journey was exceptionally difficult. All three developed scurvy, but sadly Shackleton became seriously ill having developed cardiac arrhythmia. There was a supply/rescue ship, the *Morning*, at base and to his great dismay, Shackleton was evacuated home on it. Between then and his next expedition, Ernest initiated a ship building company in the UK.

By this time, Shackleton was in

possession of considerable amounts of experience gleaned from his life experiences so far. In 1907 he initiated the first Antarctic expedition of which he would be the leader. In this case their vessel was the sailing ship *Nimrod*. Shackleton made extensive preparations, always with an eye to contemporary modern ideas and development. His enthusiasm was unshakeable. He took motor vehicles, waterproof clothing, lime juice capsules for his men and dried compressed food. This time he took 10 Siberian ponies – a moderately good idea, as these animals finally ended up as meat on the table. Once more they headed to Cape Adair, and although the journey was poor, they were aided by having the supply steam ship *Koonya* along. Then in 1908 they set off on the second 'Southern Journey', team members this time being Shackleton, Wild, Adams and Marshall. Setting off from Ross Island, the journey plan was well conceived. Sadly, the ponies were not able to cope with conditions; the top of the Ross ice shelf which they reached in 1908, eventually lead to 9,000 – 11,000 ft mountains. The ponies could not manage the fields of vast crevasses they found, and one was lost down a crevasse. They discovered that they had a huge calorific requirement ~7,500 per day by present calculation, and they did not have sufficient food with them (around only 2,500 calories per day). They could go no further, they realised they did not have enough food to complete the expedition, and sensibly set out to return without attempting to complete their ambition. They had achieved 82° 18 minutes south, in the region of 100 miles short of the pole, thus improving on the 1903 success. As far as it went, the plan had been excellent, but clearly needed to be further modified. The expedition returned to England, where Shackleton was lionised for his improvement on the 1903-1904 expedition.

But Shackleton's nature was still the same. He was unable to settle to what others would describe as 'normal' life. He was driven. He 'needed' to be first at the pole, although by this time Scott was already on his way to what would be his fatal attempt. Shackleton decided on a different type of journey.

The ship he planned to embark on next time (1914) was the *Endurance*, and for his 27 member



team and crew he advertised in the press. There were many applicants, three of whom were women. Shackleton selected carefully (no women successful) and amongst others chose:

- Frank Arthur Worsley (exceptionally skilled navigator)
- Frank Wild (John Robert Francis, known as 'Frank', who eventually totalled 5 Antarctic expeditions)
- Frank Hurley (James Francis, pioneering photographer, though not a particularly popular person). He supplied the expedition's now historic photographs.

Then things changed. World War I broke out. Shackleton offered his ship and crew to Winston Churchill, who rejected the offer and told him to 'proceed'. They set off to South Georgia, to approach Antarctica from the South



Christmas Camp on the Antarctic plateau. The figures from left to right are Jameson Adams, Eric Marshall and Frank Wild. Frost can be seen on the men's faces, December 1908

American side of the Atlantic. Over one period, they did not spy land for 400 days, at 76° 27 minutes south. However, in that year the ice pack started to form unusually early and they were unexpectedly firmly held in ice, in the Weddell Sea, south of Chile and Argentina. This is where they remained from January to October 1915 (spring in the southern hemisphere) when the pack ice began to break up. During this highly environmentally energetic process, the ship began to be damaged by ice and massive chunks holed the hull. Shackleton recognised the problem in time, and had the men remove all possessions on to the ice. The ship broke up and sank in November. Life boats had been off loaded as were their tents and dogs. The crew were now stranded on the ice. They had food (and captured some), but found that they couldn't manage the dogs – they ate too much, thus had to be destroyed, as indeed had to be the single pet cat. Although united, some crew members were emotionally upset by having to kill the animals. Their camp (called Camp Patience), by this time was only 100 yards wide. Shackleton was the epitome of the calm, competent cheerful commander. He maintained morale amongst his men by organising games and academic activities. There were races and hockey matches; lectures and concerts to enjoy. He accepted no hierarchical differences, all men were treated as equals and Shackleton was always understanding and approachable – to everyone. As summer progressed the ice floes on which they were all stranded were melting. The decision to find a more reliable place of safety was taken and all men, plus supplies, were loaded on to the three life boats. Then they set sail on the seven-day journey to Elephant Island, where they all arrived safely. The island benefitted from a supply of fresh water – but was too far from standard sea routes to be able to expect any kind of rescue.

By now although the crew were alive and reasonably well, they were not in the best physical condition. Thus Shackleton made a further decision – that a sub-group of six men would re-embark in a life boat and head for South Georgia, 800 miles away. The boat was called the *James Caird* and the men he chose to accompany him were Worsley, Crean, Vincent, McCarthy and McNeish - the latter two being suspected of being 'trouble-makers' thus best under Shackleton's eye, than causing dissent in the delicate social balance left on Elephant Island. During the navigational wonder of their 15 day journey, Worsley the navigator had only



Statue of Ernest Shackleton at the front of the Royal Geographical Society, facing Exhibition Road, London.

five glances at the sun, yet was able to direct them successfully to the small island. They found South Georgia, but the side of the mountainous island away from the whaling station for which they were heading. They experienced great difficulty being able to land, and the boat itself was damaged. The situation was terrible, but land they had to. They had only a day's food left, yet had to climb mountains and descend the other side to be able to find people. Shackleton selected the best two companions of the small band for this final lap, and left three of his small team on the beach with the boat. Scaling the mountains, they discovered precipices on the other side, and almost couldn't find a possible way to descend, at one point lowering themselves down a frozen waterfall.

They arrived at the Stromness whaling station – where, not unexpectedly – they were not recognised! Telling their tale, a party was immediately sent out by boat to bring in the men on the other side of the island. As fast as possible, a rescue party was assembled to sail to Elephant Island and save the rest of the crew of *Endurance*. Even this was not easy; four attempts were made to land, only the final one being successful. The 22 men, left for four and a half months on Elephant Island, were rescued. A different group, having been waiting for the originally planned successful crossing of the continent, had from the beginning been waiting on Ross Island. A ship also had to be sent to retrieve these people. Everyone returned to England. Not a soul was lost.

This being 1917 Shackleton volunteered to join the military, but was rejected on grounds of fitness (the previous cardiac arrhythmia again). However, he joined

the Northern non-military force, serving in and out of Murmansk.

Shackleton's final (4th) visit to south polar regions was in 1921-22. Angina was still causing him to be in rather poor health and, aged 47, he suffered a heart attack while still aboard ship moored in South Georgia. His wife instructed that he should be buried there, his grave being marked with a favourite Browning quotation. In sum, Shackleton felt that his tour of duty on the *Discovery* was a failure; the *Nimrod* venture was recognised as a fantastic success, and the *Endurance* expedition, although technically a failure by not achieving the aims it had set out to fulfil, was an exceptional event. Its tale is the most stunning demonstration of success dragged from the jaws of failure. The extraordinary ability exhibited was of Shackleton as a leader, of Worsley as a phenomenal navigator, and of Frank Hurley successfully photographing events for our edification all the years later. Shackleton's nature, his charm, his charisma, (his luck?) and his leadership inspired the successful camaraderie that saw the rescue through, providing confidence and strength to completion.

“In the darkening twilight I saw a lone star hover gem-like above the bay”

EXTRAMURAL REPORT

More livery halls to count but no walls

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For this walk with Sue Weir, 9th September 2018, the group met at the Royal Exchange, EC3 - the first ever centre of commerce - founded and paid for by Thomas Gresham (1519 – 1579), as a centre of excellence for finance and trade in the City of London. Son of a Lord Mayor of London, Gresham was educated at St. Pauls School and Cambridge University, and later trained as a lawyer. While at Cambridge he founded the Gresham School, and aged 24 he was apprenticed to his uncle, Sir John Gresham, at the Mercer's Company. This training was a foundation for his sharp mind in business and finance, and through which he became one of the most powerful and influential people of the 16th century. Gresham was a financial agent to Tudors Henry VIII, Edward VI, Mary and Elizabeth I, and was also a landowner and public benefactor. He was a great figure behind growth and success of the City of London in England, of that time.

Aged 45, Sir Thomas, as he now was, created the Royal Exchange (as a rival to the Bourse in Antwerp) a trading venue where transactions that powered the British Empire could take place - signalling a dramatic rise in the influence of merchants. The grant of a Royal Title and a licence to sell alcohol were provided by Elizabeth I, in 1571. The present Royal Exchange, with its magnificent entrance, was opened by Queen Victoria in 1845. Exiting from the rear of the Royal Exchange, one comes to the current statue of Paul Julius Reuter.



Statue of Reuter. John Skipper

Livery Companies of the City of London evolved from medieval guilds and were responsible for training, regulation, wage control, labour and industry standards within their respective trades. Specific forms of dress were worn by retainers of noblemen, with outfits to denote status of belonging to one. Early specific trade costumes gradually disappeared and gave way to the black suit, black rolled umbrella and black bowler hat. This 'uniform' disappeared thirty years ago and now almost anything goes for comfort of the wearer.

There are currently 110 Livery Companies (both ancient and modern), trade associations and guilds, almost all of which are styled 'the Worshipful Company' of that particular trade or profession. Today, Livery and Worshipful Companies provide support for their industry, and very widely for charities. Senior members of a Livery Company elect City Sheriffs, Bridge Masters, Ale Conners and Auditors. Members of the City Livery Committee approve election of the Lord Mayor of London.

Entry to a Livery Company is by apprenticeship (now less common), patrimony (sons and daughters of members), redemption (meaning payment of 'fine') and by invitation (also by payment). Membership of a Livery Company is associated with becoming a Freeman of the City of London. One of the so-called benefits of this is that one could cross London Bridge with their flocks of sheep - no doubt symbolic of the financial and power base of landowners up to 20th century.



Monument to the Great Fire of London, 1666. John Skipper

In 1515 there were 48 Livery Companies; 12 of the highest status remain as the Great Twelve City Livery Companies, with others created post-1515 being ranked by seniority of creation. Merchant Taylors & Goldsmiths were created in the 14th century. The Crypt and Merchant Taylors are 600 years old, both surviving the Great Fire of London and the WW2 Blitz. The oldest surviving Hall belongs to the Worshipful Society of Apothecaries dating back to 1667-71. Bakers Hall of 1155 had been the second oldest in the City Guilds, but was destroyed in 1666 by the Great Fire and the replacement by the Blitz in 1940. The present Hall was built in 1964.

The Worshipful Company of Fishmongers has an unbroken record of having over almost 700 years existence. Their Royal Charter was granted in 1337. The most famous Fishmonger was Sir William Walworth who, as a Lord Mayor of London in 1361, helped in the Peasant's Revolt,

which was ended with the stabbing of rebel Wat Taylor at Smithfield, in the presence of King Richard II. Fishmongers convened a court of law to deal with disputes over fishing until the end of 14th century. One wonders whether after Brexit the Fishmongers may have to revive their court of law! At present 300 Fishmongers are entitled to vote in the election of the Lord Mayor of the City of London, which is held on Michaelmas day (29th September). Their motto – 'All Worship Be to God Alone' - reveals the source of their authority, unmediated by a sovereign, though the Master of their Company is Anne, the Princess Royal.



Gate of Tallow Chandlers Hall. John Skipper

Merchant Taylors & Skinners Livery were both granted charters in 1327. The dispute between them as to which was granted it first, is resolved once a year at Easter by them swapping between sixth and seventh places, hence the origin of the phrase 'at sixes & sevens'. Watermen & Lightermen were established in 1555 by an Act of Parliament to regulate watermen on the river Thames, and movement of goods and passengers. They are not strictly Livery Companies but retain their headquarters in the City. The Clockworkers Company was established by Royal Charter in 1631 for the trade of clock making within 10 miles of the City of London. Present membership is at least 1/3rd clockmakers and 1/3rd others. The Company Library was established in 1814 and in 1837 their books were deposited at the Guildhall Library. The Tallow Chandlers Hall, which has a particularly splendid gate, is situated on Dowgate Hill.

Ancient churches are scattered among new citadels of glass of the City of London. The oldest, St. Helen Bishopgate, initially was a Catholic Church, built in 1210, although now it is C of E. It is sometimes referred to as the 'Westminster Abbey of the City'. It was the Parish Church of William Shakespeare (in 1590) and Sir Alberico Gentili, founder of the science of international law, is buried there. The Church survived the Great Fire of London and its Hall was later used by the Worshipful Company of Leather Sellers. The Church was badly damaged by the IRA in 1992, but was restored in 1993. The Parish now comprises of St Helen's Bishopgate, St. Andrew Undershaft, St Ethelburga Bishopgate, St. Martin Outwich and St. Mary Axe. 30, St Mary Axe, is a skyscraper of 225 metres (commonly referred to as 'the Gherkin'), was designed by the Norman Foster and Arup Group.



Ancient church, Modern skyscraper. John Skipper

Another notable institution with a long history is Lloyd's Coffee House, which moved from Tower Street to the City of London. Opened by Edward Lloyd in 1713, the Coffee House was popular with sailors, merchants and ship workers, who exchanged reliable shipping news and discussed insurance, ships and foreign trade. The Lloyd's of London Committee moved to the Royal Exchange on Cornhill in 1774 as a Society of Lloyd's - an insurance market. In Lombard Street, a blue plaque commemorates the coffee house, fictionalized in a 1939 film Lloyd's of London. In 2017 Lloyd's reported an underwriting loss of £3.42 billion due to increases of large claims, and £4.54 billion arising from hurricanes Harvey and Maris, and wildfires in California.

A bust of George Peabody (1795-1869) stands near the Royal Exchange. He was an American financier, banker, entrepreneur and a father of modern philanthropy. He was one of seven children born in a poor family in Massachusetts, USA. In 1816, aged 21, he moved to Baltimore and entered the dry goods business and banking. His first visit to London was in 1827, and in 1835 he established a branch office in Liverpool. In 1837 he made London his permanent home and established Young Country International Credit (YCIC). In 1838 Peabody was briefly engaged to a woman but never married (allegedly he had a mistress in Brighton who bore him a daughter), so he did not have a living son to inherit his business. Junius Spencer Morgan became a financial partner in 1854, and in 1864 YCIC became J. P. Morgan & Co. Peabody joined forces with Barings Bank, the British Bank based in London, later defunct in February 1995 after loss of £827 million. UK Universal Bank, J. P. Morgan Chase and investment bank Morgan Stanley can all trace their roots to the Peabody Bank. In the US, Peabody was awarded the Congressional Gold Medal and in the UK he was made a Freeman of the City of London.

In the City a further statue of note is 'The Reader', one of many created by Jules Dalou (1838-1902). Dalou was a French sculptor born in Paris and a pupil of Jean-Baptiste Carpeaux, who sponsored the Petit Ecole des Artes. He was curator of the Musée du Louvre under Gustave Courbet. He took refuge in England in 1871 but was convicted in absentia by the French government for participating in the Commune (a radical socialist and revolutionary government that ruled Paris in that year), and given a life sentence. Dalou was in exile for eight years. During this period his association with the City of London and National Art Training School laid the foundations for the post-British school of sculpture in the City. 'Charity' (1878), at the back of the Royal Exchange, is another of Dalou's sculptures. He returned to Paris in 1879 and was awarded the Grand Prix d'Exposition Universelle in 1889 for his work 'the Triumph of the Republic'. He was made first president of Société Nationale des Beaux Arts. He died 1902 and is buried at the Cimetière du Montparnasse.

'The Slave Memorial' (2008) is a more contemporary piece of sculpture at Fen Court, Fenchurch Street (site of the churchyard of St. Gabriel's) that commemorates abolition of slavery in 1807. Reverend John Newton, a slave trader turned preacher and abolitionist, was rector of St. Mary Woolnoth from 1780-1807 and worked closely with William Wilberforce. The artwork is a collaboration between sculptor Michael Viscchi and poet Lemn Sissay - whose poem 'The Gilt of Cain' weaves the code language of the city stock exchange trading floor with biblical Old Testament references.

The tour finished in Cannon Street - a station built on the site used by Medieval Hanseatic Merchants from the 10th century to 1598. In 1861-1866 and 1877 the road was opened to pedestrians for a toll of ½ penny.

Natasha Pullinger

Photographs: John Skipper

MY CAT

My cat thinks I'm God.
When she is cold or frightened
She turns to me.
When she is hungry
She looks at me pleadingly,
But most of the time
She just ignores me.
I guess it figures
A lot of people
Treat God
Like that.

Acknowledgement Mark Pittman

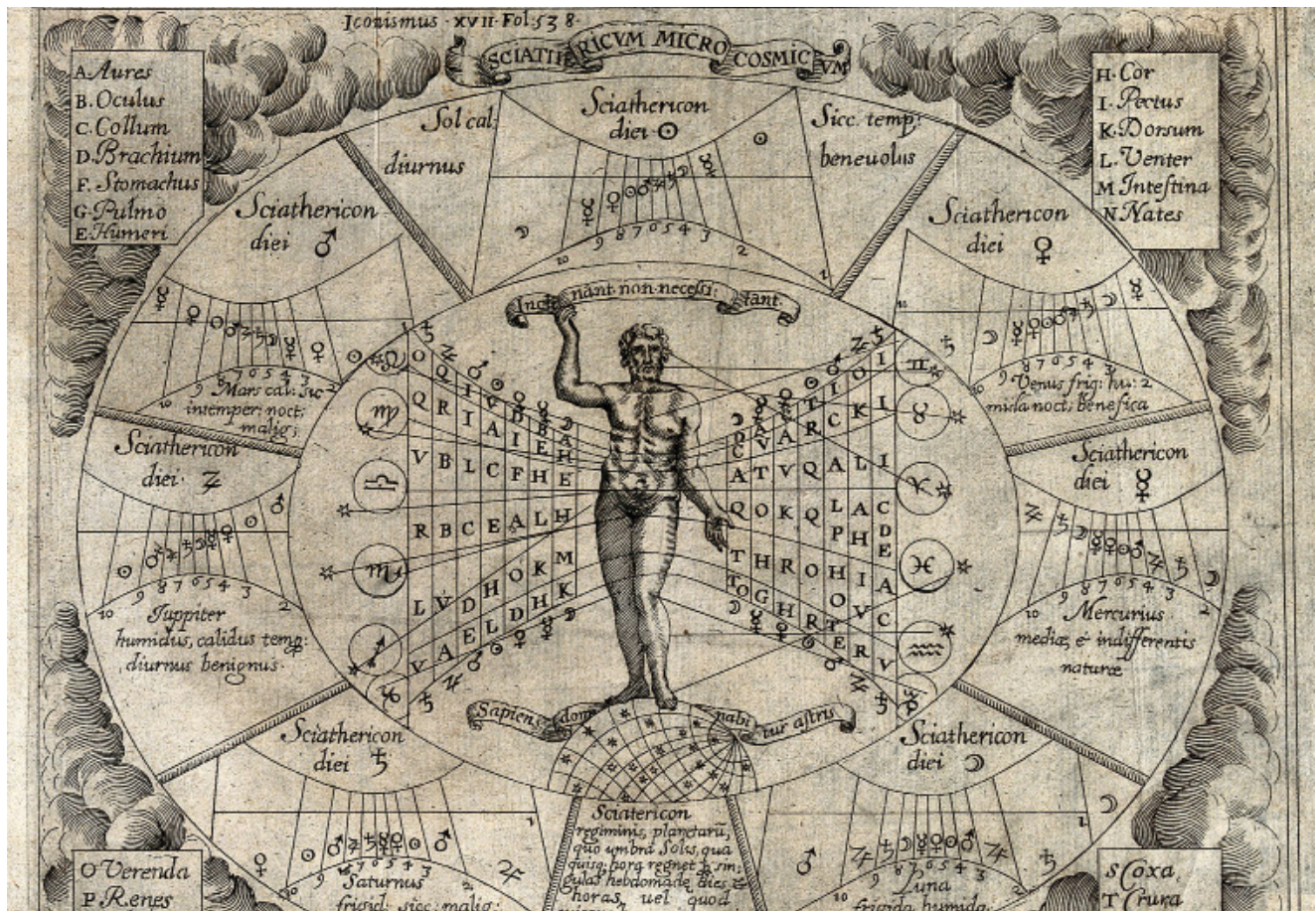
ARTICLES

Medical astrology, part one: Yesterday

Richard Lansdown

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RFS Newsletter issue no.64



Oval chart showing how different planets affect different parts of a man's body, 1646

"A physician without the knowledge of astrology has no right to call himself a physician."

These words have been ascribed to Hippocrates, the emphasis being on *ascribed to*, there is no evidence that he ever said such a thing.

The early days

The fundamental premise of astrology is that one can make deductions about life on earth from an inspection of the patterns of stars and planets. It is based on the concept that each individual's personality or path in life can be determined by constructing a natal chart for the exact date, time, and location of that individual's birth. It flourished in Babylonia, China, India and many other places. The earliest known astrological text is the *Mesopotamian Venus Tablet of Amisadqa* written between 1646 and 1626 BC. The first surviving individual horoscope has been dated possibly to 409 BC. Ptolemy (2nd century AD) was one of the founders of modern astrology.

Astrology and astronomy were both part of a generally accepted world picture up to the 17th century; they were taught in both Oxford and Cambridge universities. From 1404, the University of Bologna required its professor of mathematics to issue annual prognostications. In Shakespeare's 37 plays there are more than a hundred allusions to astrology, and many of his characters' actions are said to be favoured or hindered by the stars. There is a theory that

the character of Prospero was modelled on John Dee, one of the most renowned astrologers of the time.

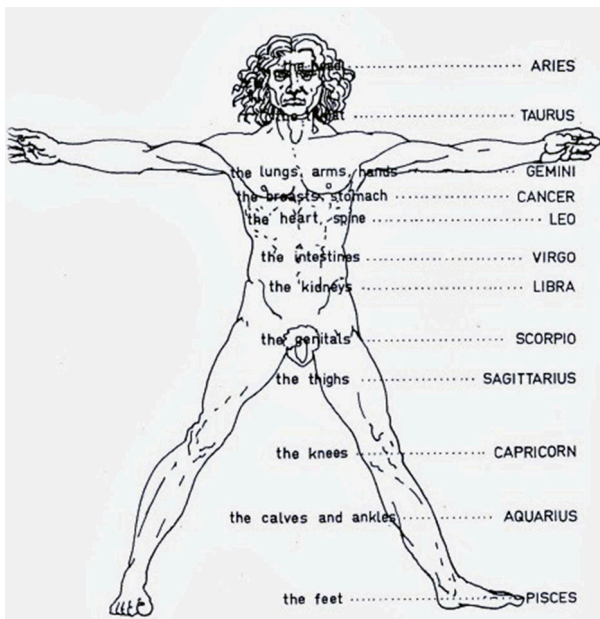
Medical astrology

Medical astrology works on the assumption that various parts of the body, diseases and herbs are associated with the sun, moon and planets, along with the twelve astrological signs. The horoscope throws light on the state of health of body and mind of the individual. True health is said to occur when one is in a state of harmony with nature, disease occurs when the state of harmony is destroyed. As early as the 7th century AD some medical treatment in England seems to have been arranged according to the phases of the moon.

Ancient studies of astrology were translated from Arabic to Latin in the 12th and 13th centuries and soon became part of everyday medical practice in Europe. Doctors combined Galenic medicine inherited from the Greek physiologist Galen (AD c129 - c216), writing in Rome, with careful studies of the stars. An astrological analysis determined when, and in what part of the body, a patient should be bled. An understanding of the heavens also provided the key to the properties of herbs; plants governed by Venus, for example, were aids to fertility.

Paracelsus (1493/4 to 1541) who argued that the body was a chemical system which had not only to be balanced internally, but also had to be in harmony with its environment, was also a practising astrologer. Chaucer's physician, in the same period, was prized 'For he was grounded in astronomye'.

Physicians across Europe calculated the position of the moon before carrying out complicated medical procedures, such as surgery or bleeding. The image of the so called Zodiac Man, also, gave guidance concerning what part of the body should be bled. Although not all physicians were astrologers, or *vice versa*, religion, magic and medicine coalesced for therapeutic ends until at least the seventeenth century.



Zodiac man and related star signs

Due to the good fortune of much of his medical records having been preserved, and thanks to research of Lauren Kessell, we can look to the life and work of Simon Forman (1552-1611) to see a detailed picture of the use of astrology in the second half of the 16th and early 17th centuries. He began as a herbalist and studied medicine and astrology at Oxford and in Holland, although his poor grasp of astrological knowledge was noted by the College of Physicians. Eventually he set up a medical practice in London, providing astrological based remedies. At its height his practice recorded more than a thousand consultations a year. Along with his colleague John Napier he saw 'physicke without astrology' to be accounted 'utterly imperfect'. He had a chequered career, falling out with the medical establishment of the time. Along with others in his line of study, he predicted his own death.

Nicholas Culpeper (1616-1654) was one of the best-known astrological botanists of his day, pairing plants and diseases with planetary influences, combining remedial care with Galenic humoral philosophy.

The decline but not the fall of astrology

Although for centuries very few people doubted that the stars influenced the weather and human activities, there had been critics, Giovanni Pico della Mirandola's *Disputations against Divinatory Astrology* was published in 1496. John Chambers' *A Treatise against Judicial Astrology* appeared in 1601 and whatever Shakespeare's personal beliefs were, he must have struck a chord with some of his audiences with Edmund's diatribe in *King Lear*:

'This is the excellent foppery of the world, that when we are sick in fortune, often the surfeits of our own behaviour, we make guilty of our disasters the sun, the moon, and the stars: as if we were villains on necessity, fools by heavenly compulsion; knaves, thieves, and treachers, by spherical predominance; drunkards, liars, and adulterers, by an enforced obedience of planetary influence; and all that we are evil in, by a divine thrusting on. An admirable evasion of whoremaster man, to lay his goatish disposition on the charge of a star.' (King Lear, I, ii, 115-129)

The 17th century saw the New Learnings, scientific advances that challenged many previously held views on humanity's relationship with God and the universe; and belief in astrology began a slow decline. As Keith Thomas has put it, 'the world could no longer be envisaged as a compact inter-locking organism; it was now a mechanism of infinite dimensions, from which the hierarchical subordination of earth to heaven had irrefutably disappeared'.

Early Christians had opposed the notion of individual predictions based on the stars, since this was seen to undermine God's power and to deny individual free will. Compromise was reached with the view that the stars were mere signals, 'they incline but they do not compel'. Astrology's fortunes were, however, not helped with the prediction in 1631 of the death of Pope Urban VIII, cardinals actually met to discuss his successor. The result was the publication of a Papal Bull condemning astrology.

An example of the decline in medical astrology is seen in the complaint, in 1672, of Joseph Blagrave, an astrologer/physician; 'I find that many, being unsatisfied concerning the legality of my way of cure, have refused to come or send unto me for help to cure their infirmities; and many of those who did come, came for the most part privately, fearing either loss of reputation or reproaches from their neighbours and other unsatisfied people, and also fearing that what I did was either diabolical or by unlawful means.'

But even if, from the late 17th century, astrology was no longer in the mainstream of medical practice, it did not disappear in the 18th. Richard Mead (1673 to 1754) an FRS and physician at St Thomas' wrote, in 1712, that stars and planets conspired with the sun and moon to cause 'most Distempers in all countries'. James Lind (1716 to 1794) one of the most distinguished physicians of his day, believed that a solar eclipse exerted a baleful influence on human health. Ebenezer Sibly's 1794 publication *A Key to Physic and the Occult Sciences* went into four editions. A subgroup of high standing physicians shifted the celestial focus from natal to natural astrology. Called the lunacists, they were more medical astronomers than astrologers. Coming mainly, but not entirely, from a background of tropical medicine where they were no doubt influenced by local beliefs, they dispensed with horoscopes and studied associations, particularly those between the sun and moon and health related phenomena.

Astrology was, however, in the doldrums for most of the 19th century, swept away by rational thought. In France, defenders of the art met in secret.

The 20th century saw something of a revival of popular interest, influenced by characters such as Alan Leo (1860 to 1917) who founded the Astrological Lodge of the Theosophical Society, and the rise of the very well paid newspaper astrologers. Gustav Holst conceived *The Planets* in 1913, having learnt to construct a horoscope. He referred to astrology as his secret vice.

Since the 1970s there has been a movement, towards 'psychological astrology', seeking to understand the traits and characteristics of the individual personality rather than to predict events.

Medical astrology today is discussed in part two of this account, to be published in the August issue of the *RFS Newsletter*.

Further reading

Nicholas Campion and Steve Eddy - The New Astrology London: Bloomsbury 1999

Lauren Kassell - Medicine and Magic in Elizabethan London: Oxford University Press 2005

Keith Thomas - Religion and the decline of magic: Harmondsworth 1973

Acknowledgement

Gillian Tindall kindly commented on earlier versions of this paper.

A journey through history from Ephesus to Bart's

Harvey White

How, historically, do you get from Ephesus in Asia Minor to the Priory Hospital of St Bartholomew in London? The answer is by a circuitous route on a journey lasting 782 years! This is how it happened; centre stage in Ephesus was Nestorius, Patriarch of Constantinople (~386-450 AD), and seven centuries later the monk Rahere in London. The bridge between the two was the emergence of Islam and Arab conquests in North Africa, which ended in invasion of the Iberian Peninsula and development of cultural links with northern European countries and England.



Nestorius, Patriarch of Constantinople

The city of Antoninia was re-founded as Constantinople by Emperor Constantine in 330 AD. He had spent time in England - Ultima Thule of the Roman world. Allegedly, it was here that he had been converted to Christianity which then became the official religion of the Roman Empire. Constantinople was, therefore, a Christian City without pagan temples and Nestorius, whose family came from Syria, was its Patriarch. His unpopular predecessor had been expelled from office. The new incumbent aimed at endearing himself to the Emperor and the citizens by promising to drive out heretics, and also by standing up against Persian aggressors. He was over-enthusiastic in his efforts and accidentally strayed into territory which was part of the See of Ephesus. Jealousy and rivalry between Patriarchs of the Christian community was alive and well even in the early Church. There were also disputes concerning scriptural dogma and beliefs. Cyril, ambitious Patriarch of Alexandria sensed an opportunity to challenge Nestorius' position of supremacy. This public challenge centred on an issue which many today would regard as semantic - namely whether, within the Trinity, the Virgin Mary should be considered the bearer of God or merely of his Son. Nestorius argued that the Divine Creator would not require human birth to be introduced into the World.

The Council of Ephesus in 431 AD was set up to challenge Nestorius' view. Composition and conduct of the Council was irregular and also, it was inquorate. After bribes, Nestorius was declared a heretic and locked away in a monastery in Egypt. This left Patriarch Cyril to become his successor.

Greek and Roman medical texts were readily available in Constantinople; their preservation in libraries and availability to scholars was largely vested in the Church. When Nestorius was deposed, his followers fled East from Constantinople taking the historic medical texts with them. Centres of learning and medicine were established in cities including Edessa and Gundishapur in what is now Persia. Medical practices in this part of the world had already been greatly influenced over several centuries by trading contacts with the Far East.



The library at Ephesus

St Bartholomew's Hospital, London

Cities such as Baghdad and Damascus grew in importance in the early 7th Century as a result of development of Islam as a powerful religious force. Arab scholars in such centres were able to translate a considerable proportion of texts from Constantinople, into Arabic. Some terms defied complete translation and words were sometimes preserved in Graeco-Roman form in the Arabic texts. However, the translations enabled Greek and Roman logic and science to be assimilated into Arab culture and disseminated widely as a result of conquests around the Mediterranean littoral and beyond. This was probably a catalyst for flowering of Arab science - although its subsequent decline remains something of a mystery.

Arab invasion of the Iberian peninsula in 711 AD was of singular importance to developing medical practice in Europe. Arab conquerors brought with them an amalgam of medical practices from Greece, Rome, Near and Far East - and importantly classical logic and scientific knowledge. The interface between the Arab world and Europe was principally in Spain. Continuing evidence of their medical influence can be seen in hospitals built around courtyards (bimaristans) and herb gardens. Dioscorides (40 – 90 AD) had compiled a herbal (or pharmacopeia) in Alexandria. This was introduced into Spain by the Arabs and listed 1,000 herbs and 'simples', which underpinned the developing interest in gardens and herbal medicine in Spain. Centres specialising in translation grew, especially in Toledo and Madrid, which attracted scholars from as far afield as England and Germany. When the Arabs were forced to retreat from Spain, in addition to returning to Africa, they journeyed overland towards Italy. There was already considerable Arab influence there, in such cities as Rome and Padua. This had spread directly from centres under Arab rule in North Africa - often by way of Sicily.

The Hospital of St Bartholomew in London, with an infirmary attached to the Priory, was founded in 1123 AD by the monk Rahere - some 300 years before the final surrender of the Arabs in Grenada. Rahere had become ill in Rome and vowed to found a hospital back in England if he survived. How much his recovery was a result, specifically of Arab clinical expertise, we shall never know but that found in Rome would certainly have been more sophisticated than anything available in England. Development of infirmaries grew out of Arab bimaristans which addressed the needs of patients, and of teaching aspiring clinicians, in one institution. Examples of medieval development of infirmaries from bimaristans by Knights Hospitallers and Templars can also be seen in Jerusalem, Rhodes and Malta.

SO THEY TELL ME

Polar bears are left handed.

No word in the English language rhymes with month, orange, silver or purple.

Coca Cola was originally green.

'Oh God! A woman!'

Jennian Geddes



Nicole Girard-Mangin

The wartime contribution of female medics both at home and abroad has been highlighted in recent 1914-18 commemorations. One of the most astonishing – and, to an Anglo-Saxon readership, little known – stories of the period however is that of Nicole Girard-Mangin, the only woman doctor to have served in the French army.

Nicole Mangin was born in 1878, the eldest child of a Paris wine merchant who came from Lorraine, in eastern France. She was a highly intelligent and independent girl who did well at school, and a committed feminist from an early age. She wanted to be a doctor, but despite the fact that she had passed the necessary exams the medical faculty in Paris refused to accept her qualifications, so she went ahead and gained a licence in natural sciences, which entitled her to enrol as a medical student. During the third year of her course Nicole married André Girard, a wealthy Reims champagne merchant, and was persuaded to abandon her studies in order to be with him and then to look after their son Étienne, who was born a year later. However, life in the haute bourgeoisie of the Marne soon palled, and the couple began

drifting apart. Things came to a head when Nicole discovered that André had had numerous affairs; she divorced him, scandalising their circle in Reims, and returned with Étienne to Paris and medicine. Three years later she qualified with a thesis on cancer entitled 'Les Poisons Cancéreux' and went to work at Beaujon Hospital in Paris, doing research into tuberculosis, her other interest. She started publishing her results and spoke regularly at international meetings, principally on the role of hygiene in the prevention of TB – an important subject in a pre-antibiotic era. By the time war broke out Nicole Girard-Mangin, now 36 years old, was an acknowledged expert in the field and Director of the Siegfried-Robin Tuberculosis Dispensary in Paris, leading a staff of 17. She was also a prominent figure in the women's movement, as convenor of the Public Health Committee of the International Council of Women.

On first August 1914 Germany declared war on Russia, and France started mobilising troops and other personnel. Doctors were called up for the Service de Santé des Armées. The authorities had no intention of using women doctors, but through clerical error a letter was sent to Nicole, ordering her to report immediately to a military hospital at Bourbonne-les-Bains, in the Vosges. When she arrived at the hospital – in reality a cavernous spa complex in the process of being converted – the greeting of the appalled officer who was expecting a Dr Gérard Mangin was 'j'avais demandé l'aide d'un médecin auxiliaire, pas d'une midinette' (approximate translation: 'I asked for an assistant physician, not a feather-brained shopgirl'). He interrogated Nicole about her medical experience, and having been assured that she could cope as well as any of his staff, permitted her to stay until he could get a male doctor in her place. He was to be disappointed when his request to headquarters for an urgent replacement elicited the reply that if Dr Girard-Mangin wanted to remain at the hospital, she could.

So Nicole was now a member of the army, paid one sou per day and entitled to a soldier's allowance of tobacco, though it was to be over a year before her status as medical officer was officially acknowledged. A khaki uniform described as being of 'English design' was devised for her – a belted jacket with large pockets, long buttoned skirt and a peaked hat. For the first

few days there were no patients so she spent her time preparing for the reception of casualties, requisitioning a local baker's oven to be used for sterilising surgical instruments and amassing wooden trellises that could be broken up for splints. Then on 9 August she was sent to collect 'a few civilian refugees' from the local station, where she found an ambulance train arriving, bearing over a thousand severely wounded soldiers. She had them all taken to Bourbonne. Streams of casualties from battles in the Vosges and Lorraine were to arrive in the weeks that followed, and working alongside her colleagues in hectic conditions Nicole was able to prove her competence.

At the beginning of winter she was posted to Verdun to deal with a typhus epidemic that was raging there. Greeted by the now familiar refrain 'Oh God! A woman!', she was refused entry to the wards and treated as if she herself were contagious, though she was eventually given charge of 178 typhus patients. The relative peace of her infectious disease wards was to end abruptly however on 21 February, when the Germans attacked Verdun. During brief lulls in the terrifying bombardment the doctors started trying to get their patients out to safety – not an easy job when the only available route was along a road already clogged with troops, lorries and ambulances. It was snowing, and bitterly cold. To complicate matters, large numbers of wounded started arriving at the hospital; most ended up lying in corridors, often rather nearer than advisable to typhus patients. After four days of this chaos, and continued shelling, orders came to evacuate the hospital. Nine patients were too ill to move, so as the most junior doctor Nicole offered to stay to look after them, an offer that was accepted by the doctor in charge, who left her to cope with a staff of three. They found themselves faced with fresh cases to treat as well as their own patients, and worked under constant shelling for a week before being ordered to leave. The evacuation was a nightmare, their vehicles continually diverted and under fire; Nicole herself was injured by flying glass when the rear window of the ambulance in which she was travelling was shattered. At Clermont-en-Argonne, the town to which they had been sent, there was no room for their patients so the party was forced to travel a further eight kilometres to Froidos, a journey that took several hours because the road was blocked by a huge column of men marching up to the front. When they finally arrived an empty house was found for them, but Nicole had to travel a further 40 km to report to her superiors. She was ordered to rejoin her unit immediately at Vadelaincourt, south of Verdun.

In theory out of reach of the German artillery, Vadelaincourt was at the intersection of a number of major roads and had a railway. As a result, large numbers of casualties reached the town; 10,800 wounded men were treated at Nicole's hospital between the end of February and the middle of June. Hospital staff were often in danger. On one occasion she was standing beside a patient in theatre, the surgeon on the other side and the anaesthetist at the patient's head, when a shell came through the roof, killing the surgeon and the patient, but sparing her and the anaesthetist. On another occasion a bomb fell in the corridor where staff were having a coffee break, but it failed to explode.



Nicole with her dog, Dun



Nicole providing vaccination shots to nurses

Nicole spent a total of 18 months under fire in and around Verdun before being posted to the Channel coast, where she worked in a number of hospitals, each time greeted with disbelief and hostility, and each time proving that she was competent before being allowed to work. Then in December 1916, after two years in the army, she was promoted 'Médecin-Major' and made Director of the new Edith Cavell Memorial Hospital in Paris, which included a military nursing school. Profiting from her own experience she set up a course to train nurses for service in the army, and secured the services of her friend Marie Curie for lectures on radiology. Graduates from her school were highly regarded.

In the months following the Armistice Nicole received invitations to speak on military nursing at a string of international congresses so left the hospital to plan a lengthy round-the-world trip: the conferences were in Canada, the USA, Australia and New Zealand, where she would also hold discussions with the various National Councils of Women; additional visits to Japan, China, India and Africa were organised. Extensive arrangements had been made for her packed schedule; she entrusted Étienne, now 18, to the care of her brother, and then held a farewell dinner for her family at Reims. Two days later, on 6 June 1919, shortly before she was due to set off on her travels, she was found dead in her room, a number of bottles of pills open beside her. The publicised cause of death was an adverse reaction to a vaccination that she had recently received for her trip, but the actual cause was suicide by overdose. Recent authors have tried to explain this, offering diagnoses not made during her lifetime, such as severe depression or a terminal illness (the latter based on late photographs of her, and on the idea that 'mastoiditis' for which she had had surgery twice the previous year might in fact have been a malignant tumour), but to date the reason for her suicide remains unknown.

Nicole Girard-Mangin's heroism and devotion to duty are on a scale that would make her story worth telling, whoever the protagonist. What makes it truly remarkable is her insistence as a woman on pushing back the frontiers of what was permitted, and her determination – it is no exaggeration to use the word 'heroism' again – with which, amid the horrors and challenges of the war, she confronted personal hostility and extreme prejudice at every turn.

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Poor little rich girl: A nurse called Pip

Nick Coni

For those who participated and were fortunate enough to survive, the Spanish Civil War was a transformative event. It would shape the rest of their lives, and many of those lives were thenceforth to continue along unexpected and eventful trajectories. Among the many previously unremarkable people from all over the world who found their well-ordered, if predictable existences thrown into chaos and confusion by this terrible conflict, was a young English woman who had been born into an aristocratic and extremely wealthy family in 1916.

Priscilla Scott-Ellis was known to one and all as 'Pip'. Her father, Thomas, was the eighth Lord Howard de Walden, and his London Estate, from whom the RSM purchased its 999-year lease in 1912 (and which had insisted on the use of Portland stone instead of brick in construction), includes some 92 acres of Marylebone. When she was sixteen, she spent her holidays from her very prestigious girls' boarding school learning to fly in a Gipsy Moth, which her slightly remote mother had bought her, in addition to driving around in her SS Jaguar, before going on to spend two years at a finishing school in Paris. Her parents were very friendly with a member of the Bourbon family, a cousin of the king of Spain. He had fled the country when the king went into exile in 1931, and had secured a job at the Ford factory outside Paris. Subsequently, he was transferred to Dagenham where he became a director under the name of Mr Dorleans instead of d'Orléans. His wife was a German princess known as the Infanta in Spain, and their children included the young Ataulfo ("Touffles"). The outbreak of the Spanish Civil War in July 1936 found Pip enjoying the hectic social whirl of young women of her class in New York and London, but increasingly enamoured of Touffles, who, like his father before him, had enlisted in the Spanish air force as a pilot. This did not inhibit her from some pretty advanced (by the standards of the time) sexual adventuring, escorting the young King Farouk of Egypt around town, and receiving a couple of proposals – until she learned that Touffles had joined the Condor Legion and was flying in German bombers as a navigator prior to pilot training. Pip became determined to go to Spain, and embarked on Spanish lessons and elementary nurse training in London, and implored the Infanta to find an opening for her. She was whisked off to Spain in some style, where she was again swept up into high society in several of the finest cities in the zone subjugated by Franco's troops. She collected a car which her father had obligingly shipped out to Gibraltar, before starting nurse training in a hospital in Sanlúcar.



A young Priscilla Scott-Ellis



Francisco Franco

In that country, the young general named Francisco Franco had emerged as the leader of a group of senior army officers who had been driven by a variety of motives to launch a rebellion against the moderately left-wing but democratically elected coalition government. This rebellion failed as a coup d'état, partly because the ringleaders had only succeeded in recruiting rather less than half the mainland army to their cause, and it consequently resolved into the national, and then international, civil war, which

lasted almost three years. The motives which had precipitated this calamitous act included the traditional army mindset that when the Fatherland was under threat, such as the prevailing breakdown in law and order, it fell to the military to save it from the ineffectual efforts of the politicians. Although the five-year-old Second Republic had made some brave attempts to reform the feudal structure of the nation and bring improvements to the lives of the working classes, its extensive and often savage use of paramilitary forces had been unsuccessful in restraining their more reckless elements. The rebellion has constantly been referred to as Fascist in nature; the question whether the generals really were fascists is still argued, but ultimately depends on one's definition of the term. Other motives behind the uprising included a hatred of left-wing political views, and the challenge presented by these often extreme views to the authority of the Church. Finally, the sympathy shown by the government to the struggle for independence by the Catalans and Basques was regarded by the generals as a naked threat to the integrity of the Fatherland, which was non-negotiable. Today, there remains a body of right-wing sentiment which supports the ideology of Franco and his fellow conspirators, but in general it is wiser for a visitor to rely on the ignorance of a foreigner and adopt an impartial stance in any discussion of the war; public opinion is broadly, and often vehemently, anti-Franco. At the time, one's allegiance and life expectancy in Spain depended entirely on one's current location. In the western democracies, opinion was divided according to whether communism or fascism was seen as the greater menace to world peace. The ruling classes tended to view Franco as a "gallant catholic gentleman," whereas the working classes and the majority of intellectuals felt a strong bond of solidarity with the Spanish government and those loyal to it. This ambivalence led to the Non-Intervention Agreement, an initiative by France and Britain forbidding any assistance to either side in terms of manpower or arms, an agreement signed by almost all European nations and many others besides, but flouted brazenly by Germany and Italy on the one hand, and Russia on the other. This policy sealed the fate of the Spanish Republic, which was thereby starved of crucial supplies.

Pip was thus one of the very few British people who went to Spain to support the 'wrong' side, Franco's widely reviled 'Nationalists'. Most of her class in the UK probably supported them from a safe distance, but her motives were not remotely ideological, prompted as she was by love and by the sympathies of her family and their circle of friends. She embarked on a life of stark contrasts: she completed her training and served in front-line military hospitals, coping with an endless stream of appalling casualties, and living in squalor and constant danger from bombardment, deprived of sleep and all creature comforts for long periods.



Civilians in Madrid search through the rubble of their homes, 1939

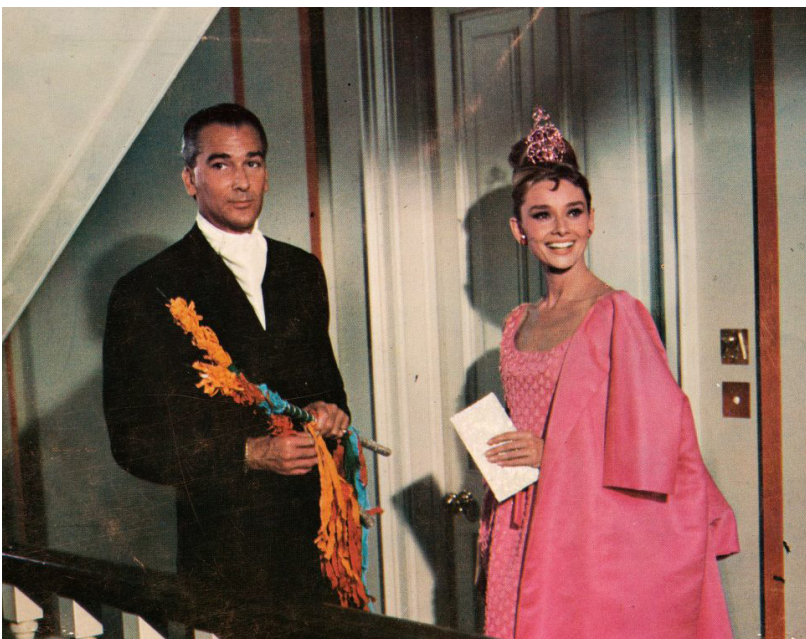
When she had short intervals of leave, she undertook hazardous journeys through war-torn Spain in her car to be with Touffles, once again staying in the most luxurious hotels and generally living the high life (literally - Touffles and a German pilot took her up for a spin in a Junkers 52). Her emotional life was also one of contrasts. Touffles seemed very ambivalent towards her, sometimes very affectionate, sometimes rather distant, so she was on an endless emotional roller-coaster. She was also unsure of the Infanta's attitude to their relationship. And when back at the front, she became involved with at least one of the doctors whom she treated in a characteristically capricious way. All this she confided in her diaries, which she kept meticulously until the end of the war, and which are full of very moving and intimate detail as well as vivid descriptions of the horrors of warfare. From them, she emerges as having been emotionally insecure, but amazingly courageous and resourceful. She became highly skilled in her profession since the circumstances often dictated that she assume a high degree of responsibility, and that she undertake a variety of procedures such as blood transfusion. She was also high-spirited, fun-loving, and mischievous, and this brought her into constant conflict with Mercedes Milá, the Generalísimo's very able but somewhat severe and humourless head of military nursing.

With the inevitable defeat of the Republic, life lost its excitement, and Pip, with not a few regrets, contemplated the necessity of returning home, particularly since Touffles was to be posted to Germany with the Condor Legion. Their separation was sealed by the outbreak of the Second World War. She resisted overtures to undertake secret service work in Spain and started training to become a Nightingale at St Thomas' Hospital, but was frustrated by the discipline and by the inability of the system to cope with her experience and competence. She therefore joined an ambulance unit going to France, but the army was driven back and

the unit was evacuated back to London. She was distressed by the thought of Touffles bombing London, and at the possibility of Franco's Spain joining the war on Hitler's side. She was miserable with nostalgia for Spain, but threw herself into setting up a Polish hospital in Scotland and became fluent in Polish, an honorary colonel in the Polish army and was awarded the Polish Golden Cross of Merit. She returned to Barcelona to help Polish and other Allied escapees through Spain and into Portugal. Touffles had also returned to Spain, and they briefly resumed their relationship – until she met José Luis de Vilallonga, Marqués de



Priscilla Scott-Ellis during her service



José Luis de Vilallonga alongside Audrey Hepburn in *Breakfast at Tiffany's*

Castellvell, the dissolute, occasional film actor son of a rich Catalan aristocrat. He was to write later - 'That evening, she would have done better to have gone to the cinema or stayed at home, because I was going to make her miserable and humiliated for the rest of her days... I regret infinitely that I made a good and loyal woman suffer so much for the dreadful error of falling in love with me.'

They married, he was serially unfaithful (including a very public affair with Za-Za Gabor's sister Magda), they became impoverished and returned to England where he hoped to live off her family's fortune, only to discover that it was in trust for her brother. Her father owned a small shipping line in South America and arranged their passage to Argentina; she gave birth to a son while on board, although her husband had an affair with a passenger who assisted at the birth. She then ran a successful riding stable in Argentina for a while, having two more children. Her husband returned to England when her father died and squandered her considerable inheritance, while having further affairs, before returning and becoming a briefly successful writer. On a visit to Mexico, he embarked on an affair with a supposedly wealthy woman who harboured the same misconception regarding her beloved, and they arranged to marry in Mexico where Pip's sister happened to be visiting and found out. José and his illicit wife went to Paris, where he had a flat so small that she sued for divorce. Pip, meanwhile, lived in some style in France with the children.

Touffles eventually 'came out' as homosexual. Pip returned to England and worked escorting travel groups. She met an opera singer 20 years her junior and found happiness in an affair that was to last until her death, despite his bisexuality. They married and lived in Los Angeles, where she died in 1983. He died there 2 years later, one of the earliest victims of AIDS.

Poor Pip was an impetuous woman with a penchant for making disastrous decisions, particularly in regard to human relations. Her Spanish War diary describes interludes of despondency and introspection, but these mainly relate to the preoccupations experienced by young people the world over regarding physical appearance and personality. Most of the time she was far too busy to ruminate; she clearly had immense abilities in many directions, and was an outgoing and adventurous free spirit. She must have enjoyed periods of great happiness, but perhaps she would not have become such a poor little rich girl had she chosen to lead a less exotic life.

Rifles in the commons

Michael Vaile

I was a keen shot in my youth - 30th in the Queen's Schools Hundred one year. So I continued the sport on arriving at St Thomas' Medical School in 1956, where there was an enthusiastic team and all the kit. We were invited to matches at various 'foreign' rifle ranges which was always exciting as much for the hospitality and general curiosity as for the competition. None more so than when we got the invitation to shoot against the Houses of Parliament rifle team. To our amazement the match was to be held on their own ground, two floors down in the Palace of Westminster.

Imagine our sense of anticipation, and, using the retrospectoscope, the astonishing scene of our team marching across Westminster Bridge carrying our 0.22 rifles (albeit in their rifle shaped cases). Writing this in 2019 I don't think I need to say more. Except that we lost; their team listing various ex-service officers and Scottish grouse moor practitioners.

The hospitality after the match was even better than expectation. Was that anything to do with the frequency of emergency visits from Parliament to St Thomas' across the Thames?

Superficial intelligence

Nick Coni

Just over a year ago, the Daily Mail Online displayed a headline which ran 'Computers could replace medics in just 10 years' time, Jeremy Hunt says'. It went on to report that he had claimed that by 2028 '... we may well not be going to doctors for a diagnosis, we might be going to computers instead'. On the whole, pronouncements by members of the Cabinet are greeted with scorn in the common rooms of universities, but this one was pounced upon with glee by the Faculty of Computer Science, which had long held the view that anything doctors could do, computers could do better. At High Table, the consensus was that Artificial Intelligence (AI) was rapidly gaining on the human brain and that the various faculties were ideally placed to nurture it and to harness it for the benefit of mankind. The Faculty of Medicine was determined to be in the forefront of this exciting new field, and the trendy new Professor of Primary Care shrewdly made overtures to the hospital management (who were delighted at the prospect of downsizing the medical staff), to enlist their co-operation in a series of studies to compare performance of computers with that of doctors in a clinical setting. Thus it was that one Wednesday morning I strolled into Clinic 2, as usual, only to be reminded by Becky, the clinic manager, that I had agreed to allow a computer called Alexoid to 'help out' with one or two of my sessions. She had put Alexoid in a room behind the clinic, normally occupied by the Director of Communications. Would I like to select a patient newly referred by their GP for consultation with Alexoid rather than me? Becky would clearly be able to reassure chosen patients with utter conviction that they were the fortunate ones, who would receive an opinion much more trustworthy than that offered to their fellow sufferers who would be seen by me. Looking through the new referrals, I selected a Mr Doggett, who had been sent up by our new Professor, who seemed more concerned about the frequency of Mr Doggett's attendances than anything more specific. Becky told me with undisguised satisfaction that the consultations with Alexoid would be scrupulously recorded on film and soundtrack. It is clearly only the latter that I can reproduce here in hard copy, but I have added observations from the video recording where they seem helpful.

MEDICAL DESCRIPTIONS

Aorta: B and C should, too.

Audiology: study of a German make of cars.

Autoagglutination: traffic jam.

Autoimmune: able to resist cars.

Bronchorrhea: back end of a bucking horse.

Castration: food allocation for a group of actors.

Corpus cavernosum: body of a dead caveman.

Cure: someone standing in line.

Earwigs: cosies for the auricular appendages.

Gastric band: group playing in a gastropub.

Geriatric: three successive wickets by a German bowler.

German birthmark: birtheuro.

Kidneys: children's leg joints.

Midwife: spouse between an antewife and a postwife.

Pharmacy: cultivate food in a marine region.

Physiology: how to get bubbles into the drink.

Prosthesis: more professional than an amateur's thesis.

Ptoxis: found at the end of your footsies.

Shingles: painful part of most British beaches.

Systole: what my thieving female sibling did.

Terminal condition: shabby state of the final railway station.

Transport: drink for a gender-changer.

Vein: excessively proud of one's appearance.

Acknowledgments to Bernard Lamb

Computer Good morning, Mr Doggett. How can I help you this morning?
Mr Doggett Well, it's this pain in my leg, Doctor - I mean, Computer

Computer You may call me Doctor. How long have you had it?
Mr Doggett I suppose it started – well, how long is it, Elsie? About a month? No, I tell a lie...

Computer My name is not Elsie. My name is Alexoid. You may call me Doctor.
Mrs Doggett No, I'm Elsie, I'm his wife. No, it's more like three months, Brian. It's awfully cold in here, Doctor.

Computer My name is not Brian. My name is Alexoid. You may call me Doctor. I will raise the setting of the thermostat.
Mr Doggett No, I'm Brian, no, dear, I don't think it's as long as that.

Computer Which leg is it?
Mr Doggett The worst one is the left one. I can see all right with my right eye, but the left one's almost blind now, ever since I had that chill on my bladder.

Computer [Screen goes blank, then recovers] Haven't you seen anyone about it?
Mr Doggett Yes, I saw the specialist about a year ago, he said the rash would clear up by itself, there wasn't nothing to be done.

Computer [Screen goes blank for slightly longer, then recovers] Have things settled down a bit now?
Mr Doggett No, it goes right through me, it's all turned to water, especially when I start coughing it up.

Computer [Pop-up appears stating 'There has been an error. Alexoid is attempting to resolve the issue.' After two minutes, screen clears] Have you got a bad cough, then?
Mr Doggett I'll say I have, my head aches like anything and I get this thumping in my chest as if my heart was racing and I come over all dizzy and queer and down I go.

Computer I thought it was your leg that was hurting, Mr Doggett.
Mr Doggett Oh Lord, no, I can't walk very well, but that cleared up a good while back, didn't it, Elsie?

Computer It all sounds quite serious, Mr Doggett. I need to know, Mr Doggett, who's at home?
Mr Doggett No one. . . [brow furrows with concentration, looks at Elsie, scratches head] . . . just the wife.

Mrs Doggett And Tabby, Brian, don't forget Tabby, you've got to tell him everything, you mustn't hold anything back. Good thing my deafness isn't yet as bad as your father's was! [fiddles with hearing aids]

Computer This is doing my head in. I feel terrible. [Screen goes blank, followed by shutting-down noises, screen remains dark and featureless]. Are there any doctors in this place?

Mr Doggett Are you alright, Doctor? Are you still there? [Loudly] Is there anyone here? [He and Mrs Doggett get up and walk to the door of the consulting room, but find it locked] Help! Help!!!

Printer [Spews out a bundle of forms with Mr Doggett's details on them, variously headed "MRI", "CT", "Microbiology", "Haematology", "Electrocardiography", "Electroencephalography" etc. The top one is labelled "Request for autopsy."]

After a number of complaints by patients addressed to the management, it was decided to bring the study to a premature end as it had clearly not been particularly successful, and had not been acceptable to the public. The Assistant Sub-Dean (Communication Skills) felt that

her opportunities for input had not been sufficient. The computers had also proved extremely unreliable, and many had permanently “frozen,” particularly those assigned to the medical clinics, the attrition rate being highest among those dealing with elderly patients. Fortunately, I managed to restore a little of the hospital’s damaged reputation, thanks to the endlessly forgiving nature of our patients. I had had an advantage over Alexoid, in spite of having to rely on my feeble human intelligence. I had watched the footage of the interview with Mr Doggett, and it had been immediately evident that he was suffering from Parkinson’s disease, although the tremor was scarcely apparent. It was equally evident that although the Professor of Primary Care had intended to wean his patient off the fairly substantial doses of prednisolone started empirically by his predecessor, probably out of sheer exasperation, this message had failed to get through to the pharmacy. I wrote to Mr Doggett, offering him another appointment (and sent a copy to the GP with a note suggesting he might like to check Mrs Doggett’s thyroid function), so we met in the clinic a month or so subsequently.

- Me Good morning, Mr and Mrs Doggett. It’s good of you to come back, after that bad experience you had. I’m Dr Coni, I’m pleased to meet you.
- Mrs Doggett Well, it’s nice to see a proper living person and not just a screen, I must say. But it might be as well if I go over some of the things Brian left out last time he was here, his memory’s terrible these days, really terrible.
- Me (firmly) Luckily, our computer took very full notes, so I won’t need to go over the whole story again, Mrs Doggett. But I don’t think there’s very much to worry about, and we may be able to make your husband feel quite a lot better. . .

Chuckle

Patricia Last

American Medical Association (Dentists)

Decision by committee.

Could this apply to us and Brexit???

The allergist voted to scratch it, the dermatologist advised not to make any rash moves.

The gastroenterologist had a sort of gut feeling,
but the neurologist thought the Administration had a lot of nerve.

The obstetrician felt it was all labouring under a misconception,
and the ophthalmologist thought the idea short sighted,
while the pathologist yelled ‘over my dead body’.

The psychiatrist thought the whole idea madness,
and the radiologist saw right through it.

Surgeons decided to wash their hands of the whole thing,
though plastic surgeons said ‘this puts a whole new face on the idea’.

The urologist was pissed off with the plan.

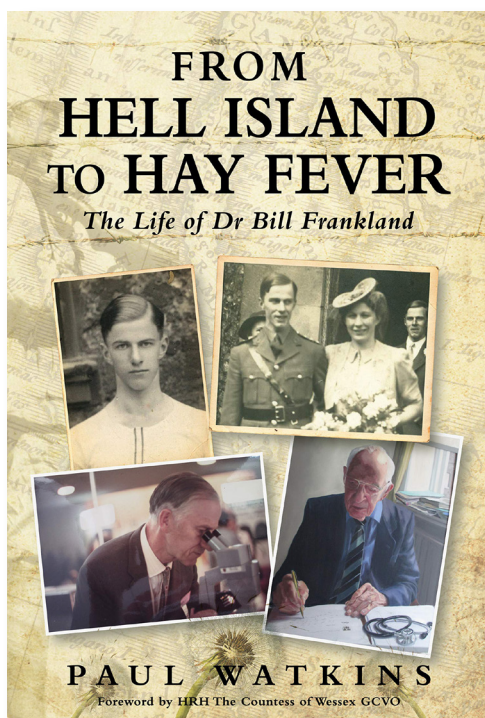
Anaesthetists thought the plan a gas,
but the cardiologist didn’t have the heart to comment.

In the end the proctologists won by leaving the entire decision up to the a...holes in Washington.

BOOK REVIEW

From Hell Island to Hay Fever: The Life of Dr Bill Frankland by Paul Watkins

35



Many of us have met Bill Frankland (born 19th March 1912) over the years, and there are still others who have worked with him, however this biography gives us a complete insight into his extraordinary life.

Paul Watkins is a vet, who has developed an interest in history and biography. He has spoken to Bill over many years and as certainly researched all the available facts, the result is a book that reads as though Bill is speaking it – but with full references and details.

The text is easily divided - like Gaul – into three parts. The first describes Bill's childhood, schooling, his medical training at St Mary's, sports and social life. Once qualified in 1938 first from the Society of Apothecaries, then from Oxford, he enlisted just two days before war was declared on September 3rd 1939.

Bill had an interesting early war based in England, but 1941 saw him sailing - he knew not where - until he landed in Singapore less than three months before it fell to the Japanese. Many have written of their experiences as prisoners and we are aware of the unpardonable privations and atrocities committed in that theatre. Bill was a physician and his work and that of his colleagues – who spring to life in the book, with short potted histories – makes for absorbing and humbling reading.

Bill has always held to the tenet taught by his father 'You must not go on hating people; it does you harm but does no harm to them' and has attended the Japanese Embassy on many occasions. This is in contrast to another medical man Frank Pantridge who was with the final F Force on the notorious 'Burma' railway.

The final - and ongoing – section of the book is that of Bill's life post war. He returned to St Mary's where after a brief sojourn attached to the 'special Clinic', where he worked alongside gynaecologist Jack Suchet (father to David and John), Bill joined the Allergy Department. As a life-long sufferer from hay fever, Bill threw himself into this area of research. He was instrumental in establishing daily pollen counts eventually worldwide, to help sufferers. He worked too for Professor Sir Alexander Fleming, and held him in very high regard. Bill has an enormous list of publications and his work was acknowledged on the front cover of the April 2018 edition of *Allergy*.

This is a very readable book, it covers so much of our own history as schoolchildren, medical students and doctors, but is special because of the remarkable experience of one centenarian.

(Paul Watkins 2018 pp376 Pub Brown Dog Books £20.00)

Patricia Last

INFORMATION FOR AUTHORS

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

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

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

Several types of article are core to the journal:

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

Articles submitted by readers – 500 to 1,500 words.

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

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

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

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

Illustrations:

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

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

LETTER TO THE EDITOR

Dated January 4th 2019, the Editor received a letter from Dr Tom Madden, for which she thanks him. Sadly, it has not been possible to reproduce the contents, as it was hand-written. After kind general congratulations, the point of Dr Madden's epistle was to take issue with the topic of the front cover image of *Newsletter* issue 60, December 2017. This was of the cliff carving of Decebalus the Dacian Prince (photograph taken by Dr John E Robinson), viewed by the Retired Fellows on their voyage down the lower Danube earlier that year, and written up by Dr Judith Webb. Dr Madden, who was not a member of the group, informed me that he also objects to the monumental carvings of Mount Rushmore USA. He would prefer to see such statuary in city squares. However, he enjoyed the 'Spitfires' article, 'Memoirs of a pilot officer' by Dr James Malpas and occasional photos of pussycats that appear, here and there.

Corrigendum

Keith Stewart has helpfully pointed out that throughout the report of the Right Honourable Sir James Munby's lecture (RFS Newsletter 63, December 2018, pages 8 - 10) the Children Act of 1989 is referred to as the 'Children's Act' this is incorrect.



*Who doesn't care about whom then?
Christine McCartney*



Harold Ludman