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RFS

Retired Fellows Newsletter

CHURCHILL

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Cover: Statue of Sir Winston Churchill located at Parliament Square, London

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Welcome to new members of the committee: Mr Ian Stephen and Professor Linda Luxon

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Editorial:

Catherine Sarraf

I hope you are all enjoying a happy and restful summer break. Hopefully, as you are reading this the sun is shining and the temperature is not much more than 25ºC. However, at the RSM all is movement. Still largely adhering to the concept of the academic year, preparations are advancing for the autumn session.

The Committee of the Retired Fellows Society would like to welcome two new members, Ian Stephen and Linda Luxon.

Our out-going Chair, James Carne, has spent the last three years devoted to our Society, and for this we offer him our unreserved and heartfelt thanks. And now we are delighted to welcome Richard Lansdown, the incoming Chair.

Out-going Chair of the Retired Fellows Society - Dr James Carne

Dr Carne qualified MB BS from the London Hospital (as it then was) in 1952. Although his career was mainly as an NHS GP in Hackney (1957 to 1998), he also had a great interest in teaching, and helped set up the department of general practice at St Bartholomew's Hospital in 1978, (later at Queen Mary, University of London), where he held the position of part time Senior Lecturer. Between 1970 and 1980, Dr Carne was the GP member on the Board of Governors at Moorfield's Eye Hospital, and from 1974 until 1990 was the GP member of the medical advisory committee at Bart's. From 1996 until 2012 James carried out part time private work in general practice and acted as an expert witness in over 300 cases, being instructed by both claimants and defendants. He became a Fellow of the Expert Witness Institute in 2004 and in 1991 was appointed MBE for "Services to Medicine". In 2014 James wrote and self-published a book entitled "Just Missed Harley Street" (Memories of a General Practitioner)", which is part biographical, part educational and (hopefully) part entertaining.

In-coming Chair of the Retired Fellows Society - Dr Richard Lansdown

Dr Richard Lansdown started professional life as a teacher, spending some seven years in a variety of schools in London and Pakistan; he then took further qualifications, as a psychologist. After four years as an Educational Psychologist he made the rare switch to clinical work, spending some 23 years at Great Ormond Street Hospital where he was, towards the end of his career, Clinical Director of the Neurosciences Directorate. Research interests included the association between raised lead concentrations, intelligence and behaviour, and children's concepts of death. Clinical work was mainly in the Plastic Surgery Unit and the Haematology/Oncology ward.

Dr Lansdown advised the WHO on various matters related to child development and health education over a 20 year period. He was also Vice President of the International Association of Child and Adolescent Psychiatry and Allied Professions. Previous RSM offices held were President of the Open Section and Chair of the first Academic Board. Richard's aim for the future of the Retired Fellows Society is primarily to bring about as little change as possible. The present committee produces excellent talks and visits, produces a fine *Newsletter*, and also ensures careful monitoring of the Society's finances. He would, however, like to see an increase in membership.

FORTHCOMING MEETINGS

Intramural Events 2019

Thursday 17 October - *The breeding and training of guide dogs.* Tom Wright and Tim Stafford

Thursday 21 November - (*Title to be announced)* Dominic Selwood

Thursday 5 December - *Recent Advances in Medicine and Surgery*

2020 Speakers include:

Thursday 20 February - *The V1 'Flying bomb' of Wolrd War II.* Anthony Davies

Thursday 19 March - *'Worth a thousand words: The botanical art collection at the RHS Lindley library.* Charlotte Brooks

Thursday 16 April - *Equality and human rights issues.* Rebecca Hilsenrath

Thursday 21 May - *Hindu mythology.* Dr Michael O'Brien

Thursday 18 June - ANNUAL ORATION. *Leadership in professional practice.* Rt Hon Sir Ernest Ryder

Thursday 15 October - (*Title to be announced)* Peter Collett

Thursday 19 November - (*Title to be announced)* Isobel Williams

December - *Recent Advances in Medicine and Surgery*

2021 Speakers include:

Thursday 18 February - Natalie Ceeney

Thursday 18 March - Jelena Bekvalak

Thursday 15 April - James Marshall

Thursday 20 May - Chris Rapley

Thursday 17 June - Sir Lawrence Freedman

Extramural Events

There will be a full programme of extramural events through the rest of 2019 and 2020, including walks lead by Sue Weir. The first of these will be:

Tuesday 10 September: *The Back Streets of Covent Garden* - take a walk through the lesser known narrow streets of this unique and often seamy side of London. Meeting under the portico of St Martin's in the Fields church.

Holidays to be shared in May 2020 are:

1. Rhone Cruise. There are still some cabins available

2. River Seine our last untraveled river! Paris & Normandy 14-21 May. Begins in Paris and visits Giverny, Monet's garden, the delightful & pretty harbour at Honfleur. Also one can stroll through Rouen, historic capital of Normandy, then take an unforgettable excursion to the Normandy beaches of WWII & visit Les Andelys, home of Chateau Gaillard.

Camera Club Programme

2019

Tuesday 24 September
Marilyn and Mike Steward: *A Grand Tour of China*

Thursday 24 October
Valeria Carullo: *Building with Light: an introduction to the history of architectural photography*

Tuesday 19 November
Mark and Judy Buckley-Sharp: Bosphorus: *end to end* and Michael O'Brien *The female figure in Hindu temple architecture.* (This presentation will include sexually explicit images of erotic sculptures.)

2020

Thursday 23 January
Members' Meeting

Friday 28 February
Presentation Meeting

Monday 30 March
Emad Sadr: *Macro photography and much, much more*

Friday 24 April
Members' Meeting

Wednesday 20 May
Presentation Meeting

Thursday 25 June
To be announced

Tuesday 15 September
Members' Meeting

Thursday 29 October
Presentation Meeting

Thursday 26 November
To be announced

View from the third floor of London's Science Museum: Harold Ludman

View of St Paul's Cathedral from the South side of the Millenium Bridge: Harold Ludman

Reflections on singing from an erstwhile physician and erstwhile singer

On the 21st February, Dr Hugh Seeley was well positioned to provide a lecture on medicine and music. He had been a choral scholar at Clare College Cambridge prior to commencing his career in medicine. His profession as a consultant anaesthetist demanded considerable interest in the anatomy of the larynx and upper airways. At the age of 52 his singing studies were interrupted for a few years, after a bout of laryngitis which was followed by the rare complication of partial recurrent laryngeal palsy. His speaking and singing voice were severely affected. This was also complicated by laryngeal dystonia.

Recovery of his voice was enhanced by care, and encouragement provided by a multidisciplinary team and access to a voice clinic. He reflected on the fact that things one takes for granted, such as speech and communication, are life changers if restriction is severe and continuing. As a result of healing his speaking voice recovered and he has eventually been able to return to singing.

One area that became particularly interesting was to observe master classes of professional singers and he became fascinated by the principles of leading styles of high-level performance. Bel canto has attained different meanings since its inception in the early nineteenth century. It places its emphasis on the actual sound produced by the artist. Teaching this style of singing has changed over time but certain principles appear to have evolved, including production of a free sound with the concept of 'open tube' to describe the airway. Teaching tries to encourage feedback on an idea of listening to oneself. The Italian composer Gaetano Donizetti was a key proponent of the bel canto style and was prolific for producing operatic music in this art form. Vincenzo Bellini is also associated with the era and his opera compositions define the period. The skill of a great composer is to tie the

DID YOU KNOW?

Cows display reasoning skills equivalent to a five to seven year old child.

Beer was banned in Iceland until 1989.

The longest recorded time between twins being delivered is 87 days.

The top of the Eiffel Tower leans up to 18cm away from the sun as the metal facing it heats up and expands.

Acknowledgements to Prospect magazine

composition to the librettist. Dr Seeley also mentioned the work of Gioachino Rossini who was a pioneering operatic composer at this time. He made mention of the stunning voice of Dame Joan Sutherland, whose coloratura soprano voice helped a revival of interest of the bel canto repertoire.

Dr Seeley gave a detailed medical account of the mechanism of the human voice and spoke authoratively on a number of overlapping issues. While previous singing teaching may have been accompanied by a degree of student humiliation, things have moved on. This is in no small part due to support and feedback. The student now is encouraged to think of the voice emanating from the chest and to attain breath control. Relevant physiology is comparable to a syringe tube mechanism. A free sound with the throat open is the aim, with breath control coordination. The singer being able to attain an open throat demands huge control. An example of what many consider the perfect singing voice was provided by a recording of the English contralto Kathleen Ferrier. Other aspects of sound production were outlined including 'placing' in the formation of open harmonics and singing as if into a face mask, for which the lower part of the face must be kept as relaxed as possible. The difference between head voice and chest voice was explained in terms of musical registers.

Passagio is a term used in classical singing to describe the transition area between vocal registers. Most voices can be divided in to three main registers – head, middle and chest. Transitions between these three are known as passagi. In attempting to maintain an even timbre Pavarotti claimed it took him six years to be confident that he had sufficiently attained the skill. Examples from recordings were provided of the vocal excellence of Thomas Allen the English operatic baritone and Jonas Kaufmann the celebrated German tenor. An excerpt from a tutorial was presented in which Kaufmann flipped into head voice with what appeared to be consummate ease. The short, filmed sound recording provided, demonstrated beauty of a wonderful singing voice using softer tones from a loud beginning.

In terms of the anatomy of the larynx there are differences between males and females. Dr Seeley demonstrated with the assistance of diagrams the differing structures of the thyroid and cricoid cartilages. A demonstration of the cricoid ring provided us with understanding of the mechanism of open and a closed voice. This is notably applicable in producing a head voice

Luciano Pavarotti singing in his widely acclaimed manner

allied to a closed one. The cricoid ring is associated with voice changes. A camera demonstration showed the mechanism of closure of the triangular space. These technical aspects of human anatomy together with the intrinsic muscles of the larynx provide a powerful protective sphincter, professional singers undergo hours of training to develop these muscles.

A song cycle (German term Liederkress) is a group or cycle of individually complete songs designed to be performed in sequence, as a unit. Their popularity is sometimes felt to be related to relative simplicity of structure. Richard Wagner is considered a master of using composition and linking to language. He became a revolutionary figure in showing the potential for combining libretto and music in his stage works. Other fine examples of libretto allied to delightful music are demonstrated in the career of the composer George Gershwin. The opera Porgy and Bess is a wonderful example of the potential pathos, poetry and harmony of his work.

Language translation does not always conform to expectation. Sometimes something gets lost by trying to create poetry, and adding music may only compound differences. New translations may, on occasion, produce either aural or visual conflict. Political issues may influence audience response and may reflect historically on the varying success of an opera over time. Opera at Verona has sometimes been greeted by booing performers off the stage. The Russian composer Dmitri Shostakovich felt the wrath of Stalin in 1930s Russia. He continued to try to maintain his personal style despite a complex and difficult relationship with the government. Historically it is thought that in relation to opera one can get away with virtually anything provided you sing it! This may not be entirely true. The United Kingdom appears to express less in the way of anxiety towards musical performance and its relationship to the social order. The musical *Les Miserables* is based on the 1862 novel by Victor Hugo. Based on events in France in the early 19th century it is the longest running musical in the West End with continuous performances since 1985. This section of the lecture was rounded off by playing a recording of a song from the opera Tosca sung by Maria Callas.

Serious singing requires skill and dedication and is not an automatic gift. The composer William Byrd in writing Psalms, Sonnets and Songs (1588) stated – 'The exercise of singing is delightful to Nature, and good to preserve the health of man. It doth strengthen all parts of the breast and doth open the pipes'. Singing and music are allied to health issues and there remains an opportunity for future exploration of their health benefits. Singing may assist differing forms of therapies and has found a place in dementia management. It has been encouraged to maintain good mental health in university students. Joining a choir may offer so much socially and medically. Quoting from a football manager's statement but inserting musical licence he said that 'singing is not merely a matter of life and death but is more important than that'.

The lecture by Dr Seeley was followed by a number of questions from an enthusiastic audience. He continued to explain the mechanism and range of the human voice. As he had been an enthusiastic singer himself a member of the audience asked him if he was now a musical performer what his stage name would be. He responded by saying 'Jonas Kaufmann'! While it was not possible to present that gift, a token of gratitude of an inscribed glass vase from the Retired Fellows Society, was presented to him.

David Murfin

DID YOU KNOW?

That Americans take more photographs in two minutes than were taken worldwide in the whole of the 19th century.

That three hundred hours of YouTube video are uploaded every minute.

That on one app alone (Snapchat) 700,000,000 photographs are posted every day.

That in 2014 1,000,000,000,000 photographs were taken.

That roughly half the world now has access to the internet.

Acknowledgements to Nicholos Mirzoeff in the Guardian, July 2015

In search of Churchill - body, mind and soul

On the 21st of March, over 200 Fellows packed the Guy-Whittle auditorium, to learn about the great war leader's soul. The lecturer, David Lough, took a history degree at Oxford, founded a private banking business and then returned to history after retirement. He has written two books on Winston Churchill. *No More Champagne – Churchill and His Money* tells of his chaotic personal finances, while *Darling Winston – Forty Years of Letters between Winston Churchill and his Mother* relates their lengthy correspondence until Jenny (née Jerome) lost her leg after a fall and died from a secondary haemorrhage at the age of 68.

Many lesser-known aspects of Churchill's 90 years kept the audience riveted. Churchill the hypochondriac, consulted his doctor 70 times in one single year (1902), while his visits to the dentist kept this fellow professional in steady employment. Churchill the gambler would visit casinos on the French Riviera once or twice every year, generally losing a substantial sum of money that he could ill afford. Churchill the spendthrift had to be bailed out by a mysterious Austrian millionaire in 1938 and again in 1940 on the initiative of Brendan Bracken, his loyal fixer. Churchill the young risk-taker courted danger on the North-West frontier of India by riding a grey horse in conspicuous view of the enemy, secure in the knowledge that God had not put him into this world to die in such a prosaic fashion. Churchill the opportunist used his remarkable escape from a Boer prison in 1900 as the springboard for his first election to the House of Commons. Churchill the drinker would quaff imperial pints of champagne on a prodigious scale; he did not eschew lesser forms of alcohol and yet was seldom demonstrably drunk. Churchill the escapist would find refuge in long periods overseas after losing office or his parliamentary seat. Churchill the suboptimal parent was recurrently disappointed by most of his children, an echo perhaps of the cold and dismissive attitude of his own father, Lord Randolph. Churchill the minister disliked the Home Office but loved the Admiralty. Churchill the artist derived comfort from a pastime that was poles apart from the stresses of a political career. Churchill the man was courageous, decisive, capable of a sustained workload that would have floored someone half his age, outwardly impervious to disaster and magnanimous towards those he defeated (save only the Nazis).

Mr Lough took us through the several health issues – both physical and psychological – that peppered Winston's eventful life. Physical infirmities included pneumonia, concussion, a dislocated shoulder and a ruptured kidney – all before 1900 – and then appendicitis (1922), multiple trauma in a New York road accident (1931), atrial fibrillation (1943) and a succession of strokes between 1949-1953 before he entered his twilight years (from 1960). His mental infirmity was the famous 'black dog', first described by his personal physician Lord Moran. It assailed him during times of inertia and may have been the manifestation of a mild bipolar disorder, for which he developed an effective coping strategy (usually frenetic activity). There was no suggestion that he was an easy husband, yet his personal charm and Clemmie's forbearance kept them together for almost 60 years until his death in 1965 (and her relative penury thereafter). We were reminded how she hated the Graham Sutherland portrait of Winston enough to have it burned.

Churchill packed as much into his life as ten ordinary men; no wonder hundreds of books have been written about him. Warts and all, his own indomitable body, mind and soul sustained Britain as well as Western democracy through five appalling years between 1940-45. In a scholarly but understated manner David Lough told us about so many different facets of the man's life before tackling a barrage of questions from a fascinated audience.

Robin Williamson

Photograph of Sir Winston Leonard Spencer-Churchill

Real secrets of alternative medicine

On the 18th of April Mr Richard Rawlins spoke to us about the real secrets of alternative medicine, alternative medicine having been defined as any therapy that is not accepted by conventional doctors. Mr Rawlins has had a distinguished career as an orthopaedic surgeon and now enjoys an equally distinguished life as a magician; he became a member of the Magic Circle twenty years ago. He was also the first RFS Fellow to win the President's Essay Prize with an entry entitled 'Trust me, I'm a doctor'. The presentation combined erudition with humour, plus a touch of magic thrown in, and made for an enthralling morning.

It is not difficult simply to dismiss complementary and alternative medicine (CAMS). Professor R. Barker Bausell, Director of the Complementary and Alternative Medicine Specialised Research Center, in the National Institute of Health USA, has concluded that 'CAM therapies are nothing more than cleverly packaged placebos and that is almost all there is to say about the science of Complementary and Alternative Medicine'.

So much for the science, the practice cannot so easily be ignored.

We are looking at big money. In China alone, traditional Chinese medicine is expected to generate some 96 billion euros by 2025, in the UK today we spend £1.2 billion every year on homeopathy and the like. We are also looking at recognition in high places – some members of the Royal Family are followers. There was some irony when Prince Charles' Foundation for Integrated Health closed following the Chief Executive having been found guilty of embezzlement.

In the lecture, medical history was sketched to give a background to alternative approaches. First came the notion that the gods and spirits were responsible for ill health, then came Celsus and Galen, the idea of humours, lasting for some 2,000 years. Paracelsus (1493-1541) a botanist, physician, alchemist, astrologer and charlatan, declared that the art of healing comes from nature, not the physician (a view echoed by Prince Charles). All this was overtaken by the

Enlightenment. William Harvey published *De Motu Cordis* in 1628, and eventually, evidence-based medicine came to the fore. James Lind's publication on the value of citrus fruit was cited as an early, if not the earliest, example of a controlled trial. The 18th century saw investigations of dubious practice, one of which was an examination of Mesmerism which demonstrated that it was of no medical value. Another was the debunking of a technique using small, so called tractors, which claimed to pull the illness from the body.

What, though, are the secrets of the evident popularity of alternative approaches? We were given a total of eleven.

One is that patients DO tend to feel better after an encounter with a warm, sympathetic listener. They find consolation, hope and love, especially when the listener has an air of expertise. Just being called doctor helps. Another is that many patients are disillusioned by conventional medicine, and turn to alternative practitioners in despair.

Confirmation bias, the phenomenon of remembering something that confirms our belief, is yet another explanation for the success of alternative methods. Along with all these, there is a general lack of critical thinking and failure to understand simple statistics. *Post hoc* results are seen as evidence, and confusion between correlation and causation is common; for example, there is high correlation between the sale of organic food and the prevalence of autism. This proves nothing.

The placebo effect is familiar to this audience. Quite a lot is known about it - large pills have been shown to be more effective than small ones, as are those taken twice rather than once a day. The observation is undoubtedly powerful and raises significant ethical questions.

A further reason for CAM's popularity is that some alternative practices in themselves are seen as doing no harm and may be better than what went before. Homeopathy was discussed at some length in this context. Hahnemann was actually a good doctor in that he saw that what was on offer, purging and the like, did more harm than good. Mr Rawlins did take it seriously enough to demonstrate just how questionable dilution in water can be. He lined up 30 beakers (supposedly full of water) and showed the extent of the dilution that takes place. The ratio of a 'mother tincture' to the water it is diluted in is one part to 10,000, 000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000,000.000. One of the several hilarious moments in his talk came when he told of his request to Ainsworths (the self styled First Name in Homeopathy). He said that he was making up a homeopathic mixture and asked if they could supply a sample of *Tyrannosaurus rex*. They replied that as it was near Christmas they were very busy but he could have some in the New Year!

While Hahnemann may have been correct in his wariness of existing treatments, and while some forms of alternative medicine may, indeed in themselves, do no harm, this does not mean that their use is harmless. What is more, false hopes can be raised and patients can be diverted from seeking conventional medical treatment, the recent downturn in vaccination is a case in point. Cell-based regenerative therapy is offered in 700 clinics in the US, none of which needs to be registered. Some homeopaths have had to be banned from claiming to cure autism. Although dubious products can still be obtained at Boots as well as Ainsworths, the NHS no longer supports this approach.

Osteopathy, Cranio-sacral therapy, Chiropractice and Acupuncture were all dissected and discarded. The Latin for needle should be replaced by the Greek *belone*, we should really use the term Belonetherapy.

In the fifteen minutes remaining after the talk there were some robust questions and comments, a tribute to the power of the presentation.

Richard Lansdown

The Wallace Collection – past, present and future

On the 16th of May Dr. Xavier Bray spoke to us about the Wallace Collection (Director since 2016), which ranks amongst the best in the world, with the additional attraction of being housed in the grand mansion, Hertford House, where its founder first displayed it. Probably its works of art most famous to the general public are *The Laughing Cavalier* by Frans Hals and *The Swing* by Jean-Honoré Fragonard, although it also includes major works by Rembrandt, Titian and Poussin. There is superb Renaissance china, exquisite furniture and the finest collection of princely arms and armour in Britain, but it remains relatively undiscovered and not everyone knows its fascinating history. It was a privilege and delight to hear of its secrets from such a distinguished art historian.

Hertford House, located just behind the west end of Oxford Street, was the London residence of the Marquesses of Hertford. The 1st Marquess acquired paintings by Canaletto and Reynolds in the early 18th century; these can still be viewed at Hertford House along with works purchased by later Marquesses, including portraits of some of their mistresses. The story of how Richard Wallace, the illegitimate son of the 4th Marquess came to inherit these works is intriguing. Richard Seymour-Conway, 4th Marquess of Hertford, spent most of his life in Paris where he collected decorative art, often storing the acquisitions and never viewing them. He did not marry; Wallace was the son of just one of his many mistresses, Agnes Jackson, and he adopted the name 'Wallace' when in his twenties. Wallace had served his father as agent and secretary, although he was unaware until the Marquess died in 1870 that he was his son. Apart from entailed property that had to pass through the family line, Wallace inherited the greater portion of the family fortune. Following revolutionary uprisings and devastation in Paris,

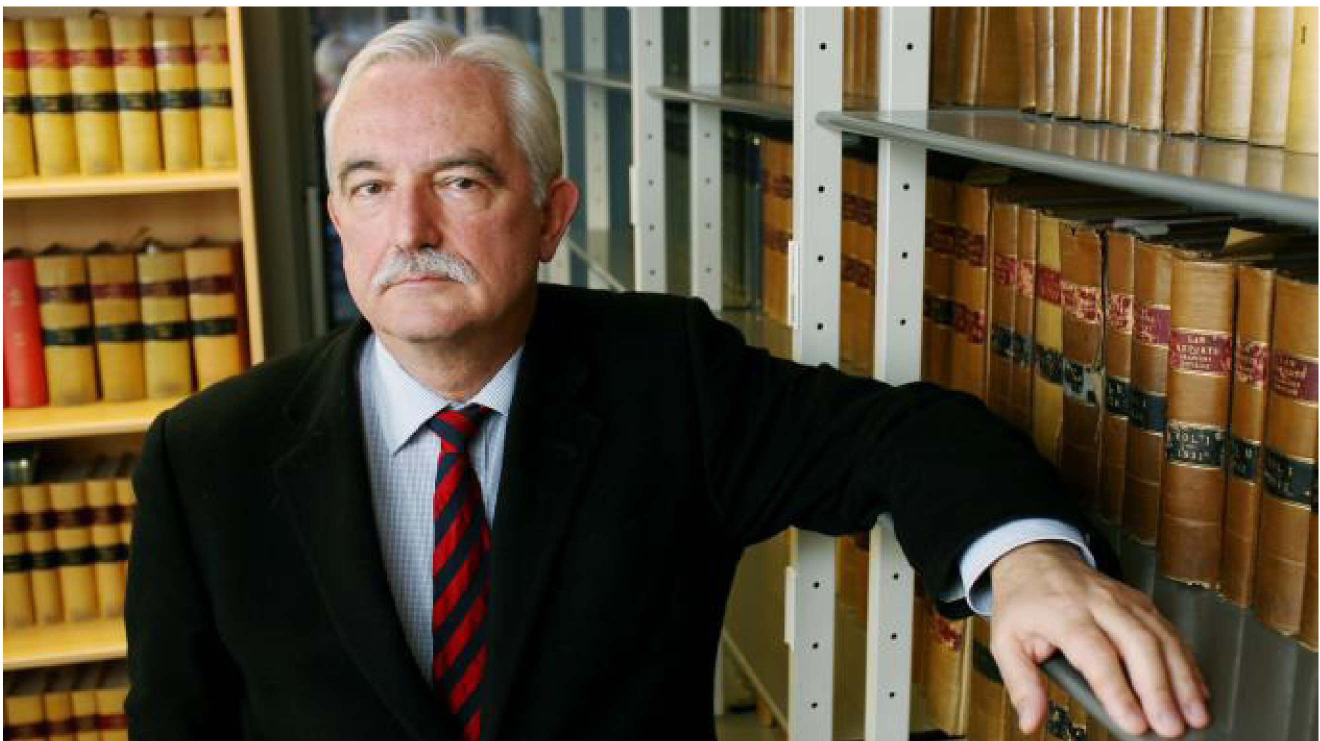
Wallace donated large sums to charity, including funding fifty drinking fountains still known by Parisians as 'wallaces'. In 1872 he decided to relocate to London, buying the lease of Hertford House from the family and taking the finest of his father's art works with him. While the house was being enlarged to accommodate the collection, Wallace lent many of the works to the Bethnal Green Museum where crowds of people viewed them, including the young Vincent van Gogh. Following his father's death, Wallace had started to transform the character of the Collection with many new purchases, such as the European armoury, Renaissance sculptures and medieval paintings.

Wallace married his mistress shortly after his father's death, despite opposition from the 5th Marquess - she had been a perfume assistant in Paris. When Wallace became a baronet he chose the heraldic symbol of a silver ostrich holding a horseshoe, possibly to represent fortitude. Wallace hoped to establish a dynasty of titled art lovers, but sadly his son died in 1887 leaving no legitimate children. Wallace died at his French chateau, Bagatelle, in 1890; his wife had stayed at Hertford House where she died in 1897. She bequeathed his collection to the British nation, stipulating that it must be kept together and 'unmixed with other works of art', which means new objects cannot be added, although temporary mixing is permitted when staging exhibitions. This has also protected the Wallace Collection from the fate of those of the art works left behind in France. The rest of Lady Wallace's estate was inherited by her late husband's secretary, who sold Bagatelle, while the contents of their apartment on Rue Laffitte ended up at various art auctions and thence to art museums around the world.

The Wallace Collection was opened to the public in 1900 and has been refurbished several times to enhance the displays, including under Dr. Bray's directorship. He has continued the innovative approach he demonstrated at the Dulwich Picture Gallery, with unusual lecture series and exhibitions such as the recent 'Henry Moore - helmet heads' where Moore's work was shown alongside examples of the armoury that inspired him on visits to the Hertford House; and currently [from 10 June to September] 'An Enquiring Mind: Manolo Blahnik at the Wallace Collection' where Blahnik shoes are displayed as sculptures, near masterpieces such as 'The Swing'. Dr Bray's lecture will have enticed many Fellows to revisit the Collection or to join as Members to support this unique and enchanting museum.

Rosalind Stanwell-Smith

Annual Oration - Mental capacity jurisdiction: Past, present and future



His Honour Denzil Lush

On the 20th of June, His Honour Denzil Lush, former senior judge of the Court of Protection, provided us with a masterful lecture. His Honour's early career post qualification was spent as a solicitor working as a partner in a law firm in Exeter, where he specialised in private client work notably relating to wills and trusts. This grounding allowed him to attain insight into issues of Power of Attorney and the Court of Protection. He gave us an example of a sad case early in his career when his client, an elderly lady, had lost all her life savings. Her financial advisor had invested all her money into a bond which proved to be a disaster. While he lost the case, it concentrated his thoughts on the fine line between ethical and reckless unethical administration.

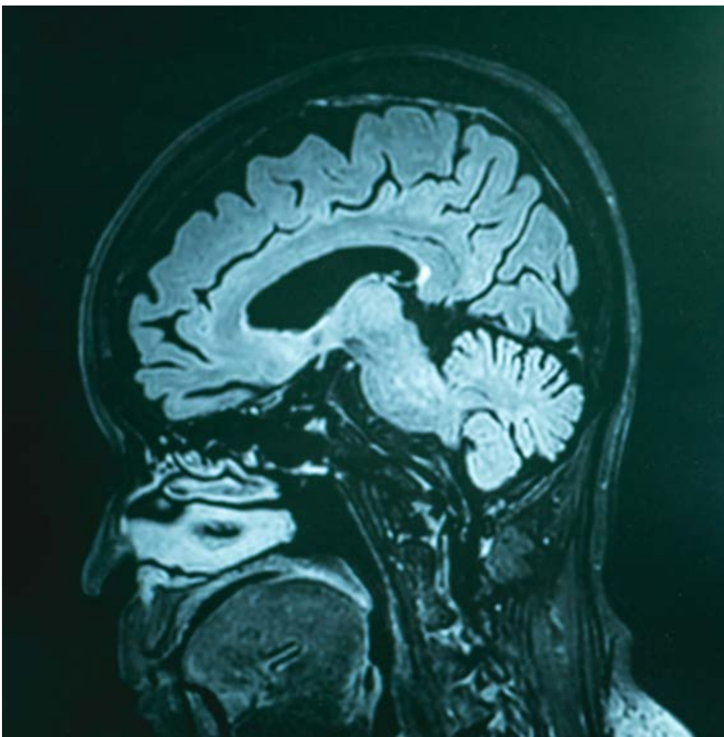
As His Honour's career developed he became acutely aware of the difficulties which surround problems created by old age and dementia. His work increasingly focused on individuals who, it was claimed, lacked adequate levels of mental capacity. These fell in to four main groups; older people, psychiatric cases, people with learning disabilities and those who had acquired brain injury. Three quarters of the total fell in to the age-related category. The acquired brain injury group was divided mainly into two sections, one relating to road traffic accidents and the other (approximately four hundred cases annually), to personal injury as a result of claimed medical negligence. The Mental Capacity Act dates from 2005 and depends on a diagnostic threshold allied to medical opinion. Section three of the Act deals with practicalities of defining a final test of capacity. These judgements are made against a background of what is in the best interests of the patient.

English law has been heavily influenced by history. From the time of Cicero (Roman philosopher and statesman), and subsequently for some six centuries, a vocabulary has been established which is recognisable today. Numerous words in Latin describe mental disorder, the word *furor* being an example, expressing violent anger or rage, which has been modified to 'fury' or 'frenzy' in English. The Romans recognised insanity to be the wrath of God but still laid down the basis

of legal decisions. Efforts were made to understand and manage the affairs of those suffering dementia or rather unkindly stupidity or weakness of mind. Decisions were taken under the supervision of a Curator who made them on perceived potential incompetence to manage their own affairs; this proved the early foundation of the English law. From the sixth century onwards these duties prevailed until after the Norman conquest of 1066 when the feudal system was initiated; the King owned the land and controlling influence was perpetuated. With the Magna Carta in 1215, a concept allied to a jury decision started to develop. Groups of males of up to 23 in number made decisions on an individual's mental competence to manage their affairs. These were trials of individuals perceived as being 'idiots' or 'lunatics' and judgements were made in the absence of any form of medical evidence. Doctors really only started to become involved in decisions of mental capacity at the end of the nineteenth century. By this time, medical knowledge was growing, although definitions of insanity remained elusive. Brain damage as a result of accidents appeared to be nonexistent until after the motor car was invented.

The issue of medical negligence and brain damage is also a relatively recent historical development. In the eighteen hundreds the public were often allowed to attend high profile cases where eminent dignitaries were assessed as to their competency to handle their affairs. Newspaper coverage was common in detailing florid backgrounds of family breakdown and erratic behaviour. Psychiatrists were rather unkindly referred to as mad doctors and their appearance in helping assessors to make judgements was also unusual until the last century. This was not helped by difficulty defining insanity against mere weakness of mind. This led to the development of a system whereby judgements were made in a private setting and due diligence given to medical evidence and a person's perceived competence to manage their personal affairs.

The role of doctors has taken virtually a century to define itself, arising from the so called Lunacy Act of 1890. Counsel must weigh up all factors relating to terms of mental capacity which may change over time. This is a difficult corner of the law and changes depending on legal instructions. Medical opinions may be influenced by family input. There are different tests for capacity depending on legal instructions. This includes making a contract and establishing power of attorney. Other issues come into play such as making a will, getting married and a more recent introduction – capacity to handle social media sites.



MRI showing frontotemporal damage consistent with dementia

The tragedy of mostly young men brain damaged as a result of road traffic accidents, was highlighted. Average age for the first appearance of such cases to the court was before an individual's twentieth birthday. Decisions on claims for damages may last up to five years before a final judgement is made.

An individual may be capable of making some decisions but not others at a specific moment in time. Circumstances regarding their ability to remain mentally aware are sometimes the subject of fluctuation. Thresholds for amending a will against a background of diminished mental capacity is very high. This is not the case if an individual expresses a desire to get married.

The Court is in a position to weigh mental capacity and medical opinion must play a key role

The Court under English law is allowed to formulate a will for those who lack the capacity to do so - this introduction in 1970 was the first in the World. General opinion is that this introduction has been extremely positive, notably in the light of subsequent changing family circumstances. The quality of medical reports is often somewhat dependent on evidence given to a doctor by a patient's family. Doctors need to be aware of due diligence when providing reports which may relate to a will.

The Mental Health Act passed in 2007 followed legislation in 2005 of a mental capacity act. It provided valuable amendments and directions relating to mental capacity. The Court is in a position to weigh all the evidence and medical opinion should be seen as a part of this. However, there is potential for individuals, including judges, to inflate factors relating to capacity. Differing weight may be given to different factors. An individual's autonomy needs to be respected in all cases.

It is not unlikely that a further review of the Mental Capacity Act may be imminent in that, historically, review should be anticipated once in a generation. Recent publication of The Human Rights Act and implementation of laws relating to disability makes a review even more necessary. Wishes of an individual concerned in the assessment of mental capacity appear to be central to any revision. Legal capacity needs more discerning tests of mental capacity which extend outside limited medical criteria. A human rights model may be a better description of the way things are heading rather than the present formulation. A question to the speaker related to the long period of time which may elapse between the time of a medical assessment and a Court decision. His Honour responded that the Court system has, since 2013, been subject to numerous cuts in funding which has slowed the review process to a grave degree. Staffing reductions have added to delays. Death by the process of voluntary application for accompanied suicide through such as *Dignitas* has not appeared before the Mental Capacity jurisdiction to the knowledge of the speaker. An interesting question on artificial intelligence playing a role in brain damaged patient assessment was not dismissed as speculation. Assessment of brain damaged patients remains a potential research topic. The European Court of Human Rights is present to receive appeals when relatives have exhausted normal channels. The overall conclusion of the lecture was that while mental capacity jurisdiction has taken some time to become established, it is now firmly part of our society. This is not surprising as it is estimated there are eight hundred and fifty thousand estimated cases of patients suffering dementia in the United Kingdom.

David Murfin

Initiation of Retired Fellows Society

This is a photograph of the original committee that met in 1997, with the purpose of founding the RSM Retired Fellows Society. Members attending, right to left:

Ken Citron, John Balantine, Eve Hammer, Margaret Knight, Ian Gilston (Chair), David Bratman, Arnold Eliott and Bill Dixon.

Photograph supplied by Ken Citron

MORE MEDICAL DESCRIPTIONS *PART ONE*

Appendectomy: removal of pages from near the end of a book.
Bandage: variable, usually 15 to 85 years.
Cardiologist: one who deals with button-up garments for the torso.
Catatonic: feline health-booster.
Colonoscope: device for finding intestinal punctuation.
Congenital: not a eunuch.
Copper deficiency: lack of police.
Dentist: one who works on dents.
Exhale: no longer healthy.
Gums: the reverse of smug.
Haemogoblin: sprite found in dyslexic blood.
Herpes: not his beans.
Hip joint: trendy nightclub.
Hippocampus: university site for semi-aquatic artiodactyls.
Hook-worm: much used by anglers.
Hospital Board: for sleeping on when mattress funds are exhausted.
Imaging: You're aging, too.
Ingravescent: nearly in one's grave.
Laboratory: place for giving birth.
Liver fluke: a lucky hepatic event.
Manometer: device for measuring adult males.
Mastectomy: removal of a ship's sail support.
Matron: related to the neutron but much heavier, more important and definitely in charge!
Medulla: confession of intellectual inferiority.

Medical astrology, part two: Today

(Part one of this two-part contribution was published in the April 2019 issue of the Newsletter, issue 64: 20-22)

Richard Lansdown

In Part one I outlined the history of astrology in general and medical astrology in particular.

Astrology flourishing today

Although some Muslims, some Christians and some Jewish people see the practice of astrology as forbidden territory, it remains popular in some sections of society. Studies in Canada, the UK and the USA carried out in the last thirty years or so have been consistent in finding that some 25% of adults in all three believe in horoscopes. A 2014 study reported that some 40% of Americans believe that astrology is scientific (National Science Foundation: Science and Engineering Indicators 2014).

The UK *Astrological Association*, over fifty years old, offers a journal, local groups and an annual conference. The *Faculty of Astrological Studies* (Astrological Lodge of London) has, in its 7 decades, enrolled over 10,000 students on its courses. The University of Aberdeen lists a Department of Astrology which has some joke content in its website. (Aquarius: You are likely to attend a training course of some description. Expect parking problems at some point during the week. The weather will either be inclement, or surprisingly good for the time of year. But probably inclement).

Astrology is, however, taught seriously in a number of universities, notably in India, the home of astrology today (Kolkata alone has eight 24-hour astrology channels). A 2004 Indian Supreme Court ruling concluded 'Since astrology is partly based upon the study of movement of the sun, earth, planets and other celestial bodies, it is a study of science, at least to some extent'. In the UK an MA or PhD in Cultural Astronomy and Astrology is on offer at the University of Wales, St David's. In this case, the purpose is to understand the cultural role and function of beliefs about the sky, rather than mathematical astronomy or technical astrology. The focus is on astronomy and astrology as systems of story-telling about the cosmos, or the location of meaning in the heavens.

Medical astrology is also alive and well

The Indian Vedic scriptures date back some 6,000 years and put forward the notion that rays from the planets are transmitters of energy which influence everything animate and inanimate. A Vedic trained medical astrologer will analyse a person's birth chart and then recommend appropriate medical tests to verify the ensuing speculations. Once they have been confirmed by a physician, the astrologer will advise on nutritional supplements and lifestyle changes best suited to allow the client to regain health.

A harder line is found in *The Principles and Practice of Medical Astrology*, published in New Delhi in 1972. It has a forward by D.V Nadkarni, FRCS (Eng) as follows: 'I have absolutely no hesitation in holding that astrology is as dependable as – perhaps more dependable than – medical science'. An example of what can be gleaned from this book is that those born under the sign of Cancer have little resistance to respiratory diseases, and if Mercury occupies the fourth place from Saturn and if the 6th Lord be in the 6th, 8th or 12th place from the rising Sun, the person concerned will be deaf.

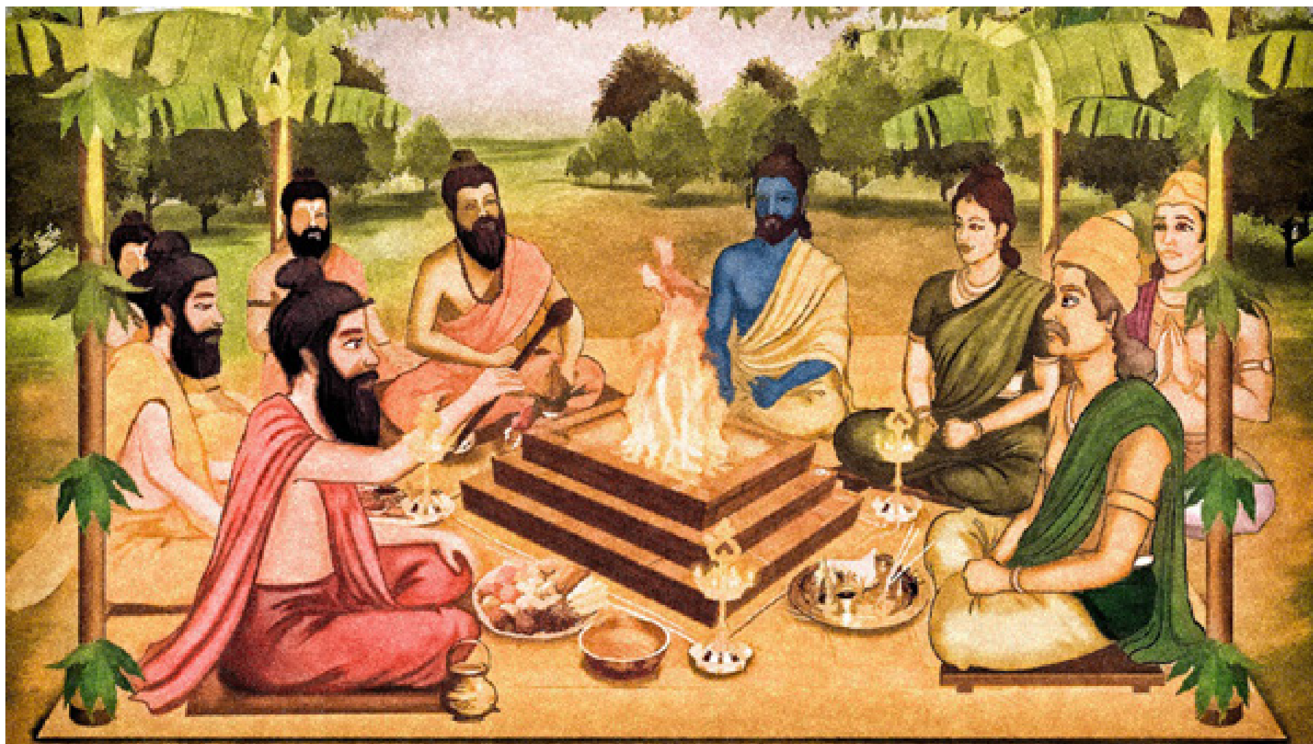
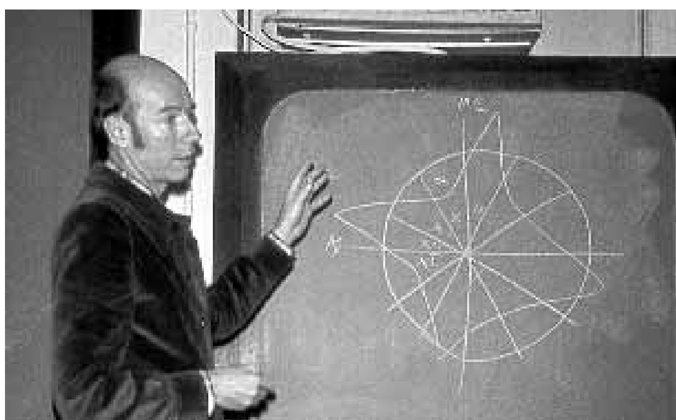


Illustration of India during the Vedic period (c. 1500 - c. 500 BCE)

The British astrologer Jane Ridder-Patrick writes, in *A Handbook of Medical Astrology* (1990) 'Astrology can be useful in providing insights concerning diagnosis, prognosis and most effective treatment for individuals and their illnesses. It is in its ability to address the specific individual case, that astrology excels'. In the USA Eileen Nauman, author of *Medical Astrology* (1993), is a homeopath and astrologer who is, according to an internet entry, 'frequently called upon by the medical community on misdiagnosed or undiagnosed cases, as a consultant'. David Twicken published *Chinese Medical Astrology* in 2011 and offers a course in the subject for $125.

The evidence

Much is made by astrologers of the work of Michel Gauquelin, who in 1955 reported an association between sporting success and the position of Mars at birth. Less often mentioned is that attempts to replicate this have been equivocal. Paul Kurtz *et al* from New York State University in 1979 published a detailed analysis of studies examining the Mars effect and concluded: '....after persistent and painstaking examination, there is no evidence for the Mars effect. It is time, we submit, to move on to other more productive topics'.



Gauqelin with diagram mapping incidence of birth time and latitude to the position of Mars

Gauquelin himself once gave a horoscope for a birth date he claimed to be his own, to an astrologer whose analysis was of 'a Virgo with instinctive warmth allied with intellect and wit.....endowed with a moral sense....whose life finds expression in total devotion to others'. The birth date supplied was actually that of a French doctor who had robbed and killed 27 people as they sought shelter from the Nazis. Finally Gauquelin concluded in 1969 that 'The signs in the sky which presided over our births have no power whatsoever to decide our fates [or] to affect our hereditary

characteristics'. Shawn Carlson's 1985 double-blind study, published in Nature no less, is the most cited to report that predictions based on natal astrology are no better than chance. The study 'clearly refutes the astrological hypothesis'.

In July 2014 a British MP said that astrology has a proven track record in helping people recover from illness. Fifteen scientists from Leicester University responded: 'We think that the suggestion that astrology has any place in modern medical practice is dangerous and without scientific merit', and in my research for this article I have not yet encountered any convincing evidence to support the validity of natal astrology, in general, or of medical astrology, in particular.

Consulting horoscopes

Continuing belief

So why do so many people 'follow their stars', even to the extent of paying for an astrological reading?

We are hardwired to seek an explanation for everyday events. How many of us have been faced by patients who ask 'Why is this happening to me?' It is thus, not difficult to understand why astrology has been regarded as part and parcel of everyday life in earlier times. With little else to go on, it seemed to provide a mathematical technique to explain what Keith Thomas has called 'the baffling variousness' of human affairs.

If, in today's uncertain world. we can see that our destiny appears to be, at least in part, determined by the pattern of the heavens at our birth, we can glean some explanation of what is happening around and to us. Confirmation bias also comes into play, we tend to remember the positives from an astrological reading rather than the negatives.

Consultations with astrologers appear to increase at times of stress and it seems that there is no doubt that a visit can be comforting, even therapeutic. 'Here I am, with an expert spending half an hour giving me his/her undivided attention, listening sympathetically to my concerns and, using the most complex and scientific looking chart, offering reassurance and advice'.

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Acknowledgement
Gillian Tindall kindly commented on earlier versions of this paper.

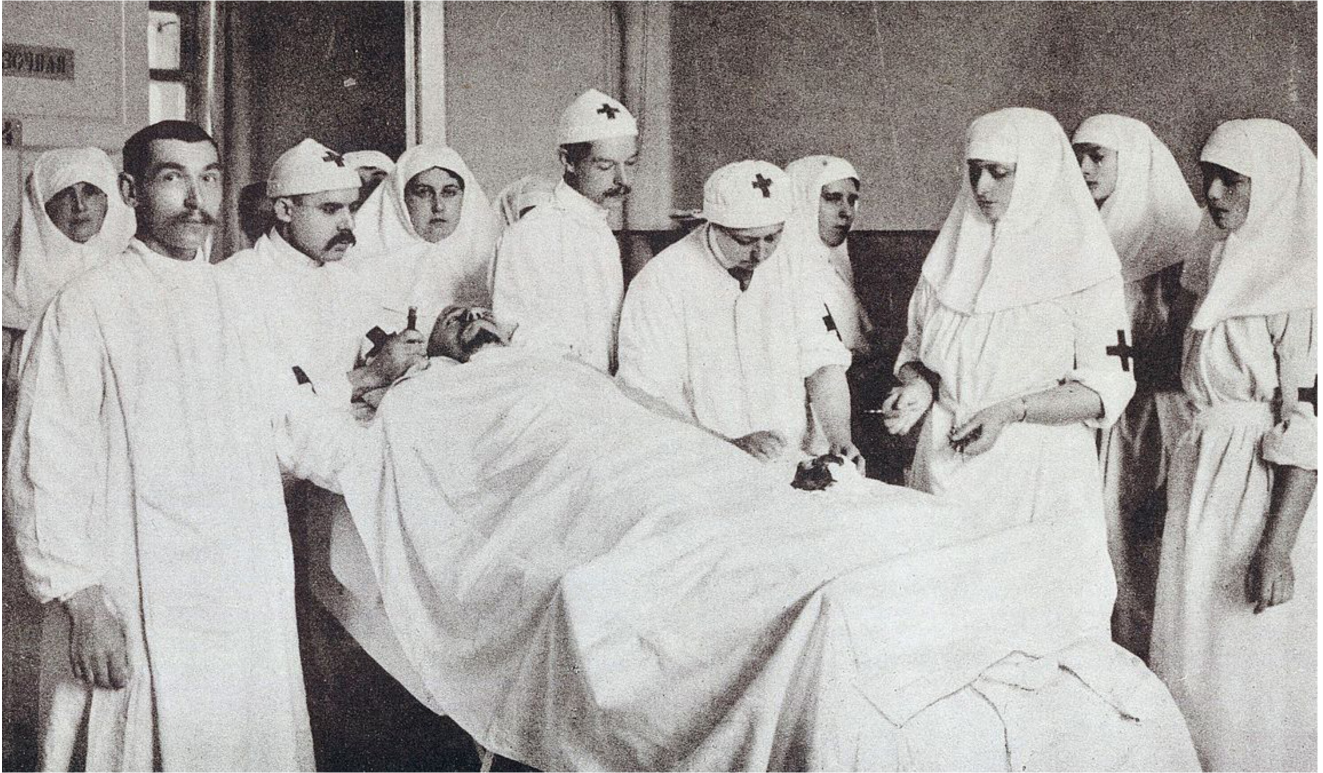
Military Surgery and the Russian Princess (Princess Vera Ignatievna Gedroitz 1870-1932)

Lieutenant Colonel John DC Bennett FRCS

Vera Gedroits with some of her patients. She excelled at complex surgery of the abdomen.

In the 1870s, military abdominal wounds were fatal; injury was usually followed by peritonitis and always involved shock. Due to these conditions, wounds were usually left unattended and patients died of septicaemia, if indeed, of nothing else. Up to 1913 there was 70% mortality after abdominal wounds. During the 1880s the American James Marion Sims was instrumental in the concepts of laparotomy, while Sir William Fergusson was better known for his conservative approaches, the American surgical situation differed widely from that of the European. In South Africa, the famous surgeon McCormak was fairly opinionated, but had not made his final decisions. By the 1890s, there was considerable conversation between interventionist surgeons and abstentionists, and this was still true in 1902. Such was the situation during the Franco-Prussian War of 1870, but by 1895 the concept of early laparotomy was gaining ground.

So much 'accepted wisdom' of pre-revolutionary Russia, provides the impression that nobles didn't seem to do very much, apart from mistreating their numerous serfs. However, there are striking examples of exceptional achievements of the ruling class of those days, even of women. Princess Vera Ignatievna Gedroitz, was born in Kiev in 1870 and ultimately became a Russian doctor of medicine, professor, the first female surgeon in Russia (one of the first female professors of surgery in the world), as well as being a writer of poetry and prose. She was born in southwestern Russia into the Giedroytz family who had originally been Lithuanian nobility. Clearly, her family was enlightened from the early days, as Vera was taught thoroughly, though independently, at home. Her level of private tuition was such that she was able to enter the local women's gymnasium and subsequently was able to continue her education in St. Petersburg. She didn't get on well with the authorities in these years of her youth and was involved in a suspect student movement which resulted in her being placed under surveillance at her father's estate. As such a notable young person, she was unable to continue her studies in Russia, and after a marriage of convenience, she was able to obtain a passport in her married name, then leave the country. She went to Lausanne, Switzerland, enrolled in medical courses taught by Swiss surgeon César Roux and graduated in 1898. For the next two years she worked as an assistant to Roux, but returned to Russia for family reasons. From the start, her experience in Switzerland enabled her to easily distinguish between more progressive medical facilities



Gedroits (center) operates on a patient, while Tsarina Alexandra and daughters Tatiana and Olga (right) provide assistance.

of Western Europe, and the somewhat backward ones she experienced at home in Russia. Employed as a factory physician, she first organized a modern hospital in her rural area and treated workers, their families and people from the surrounding communities. There were next to no safety measures in existence nor knowledge of hygiene, nutrition nor sanitation. Yet she conducted research into the medical problems affecting her patients and made recommendations to improve their lives.

ОТЧЕТЪ

ПОДВИЖНОГО ПЕРЕДОВОГО ДВОРЯНСКАГО

ОТРЯДА.

В. И. Гедройцъ).

Съ рисунками и планами.

МОСКВА.

1905.

Gedroits' report on her medical work during the Russo-Japanese War, which she presented to the Society of Military Doctors in July 1905.

She had returned to Russia just ahead of the Russo-Japanese war of 1904-1905, during which she perfected her work on using laparotomy; according to her statistics, she treated 12,550 patients. Before that, 96% of officers with abdominal wounds died of them, where the case for men was that 67% of them were lost. One of the first observations of Dr Gedroitz was that wartime military hospitals needed to be close to battlefields, and she was the first to initiate the idea of adapting railway carriages to be developed into movable operating theatres, (she organized the Nobles' Mobile Hospital Train). Next, she took up a post at the Tsarskoye Selo Court Hospital, just south of St. Petersburg, where she served as physician to the royal court until the outbreak of World War I. No doubt her noble background didn't hinder her being offered this position. While there, she also trained the Tsarina Alexandra and her daughters as nurses, and organized medical staff and hospital trains in preparation to receive wounded. Following these times, she was active during World War I, performing much abdominal surgery flying in the face of established medical policy of the time. As a result, she published her treatise on surgery for abdominal injuries, changing the way in which much battlefield medicine was performed.

Vera Gedroits (right) with Russian Tsarina Alexandra Feodorovna Romanov

With the initiation of the Russian revolution, Princess Vera joined the 6th Siberian Rifle Regiment and returned to the battle front. Wounded, she was evacuated to Kiev, where she resumed her work as a physician and academic. Princess Gedroitz was highly decorated for her contributions and war service; she settled in Kiev and in 1921 was hired to teach paediatric surgery at the Kiev Medical Institute. Within two years she was appointed professor of medicine. Over her career, she produced almost 60 scientific papers before being promoted to head the Institute's surgery department in 1929. Soviet purges at that time removed her from office in 1930 and denied her a pension. Buying a farm on the outskirts of Kiev, she turned her attention to writing autobiographical novels until her death from uterine cancer in 1932.

Dr Gedroitz is a stunning example of what has been achieved in a geographical and political area less familiar to most of us. Overall her life showed that, although the military produces a forcing house for novel medical programmes, the notion is upheld that although military expertise emphasises the skills of active medical personnel, people are dependent on their initial civilian experience. It is during peacetime that doctors effective in war zones, have trained to be effective for their wartime contributions.

Lieutenant Colonel Bennett wishes to acknowledge Ms Valeria Grigoryeva, St Petersburg Guided Tours, for her help in preparation of this presentation.

The above is the substance of a lecture given by Lieutenant Colonel John DC Bennett, to the Hunterian Society of London 21st May 2018.

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

Unhealthy, uncivilised and unfair – the decline in our public toilets

Rosalind Stanwell-Smith

Have you ever needed a public toilet but been unable to find one nearby? The answer is probably yes and the need is even greater for people with disability or conditions leading to a frequent 'loo' requirement, as well as groups, outdoor workers and the homeless. One in every seven public toilets were closed between 2010-13; by 2018, 37 areas of the UK had no council-run toilets. Four in five councils cut spending on public toilets between 2011 and 2016, a trend that shows no sign of reversing. In May 2019, the Royal Society for Public Health's (RSPH) report on public toilets claimed that the decline is affecting public health. Releasing the report on European Election day – when politics cannot be discussed during voting - encouraged wide TV and radio coverage, although as usual with this subject, the attention quickly died away. I was the lead author of the report and the 2018 survey on which it was based: this article summarises the main points and background.

KEY POINTS from the RSPH survey, September 2018

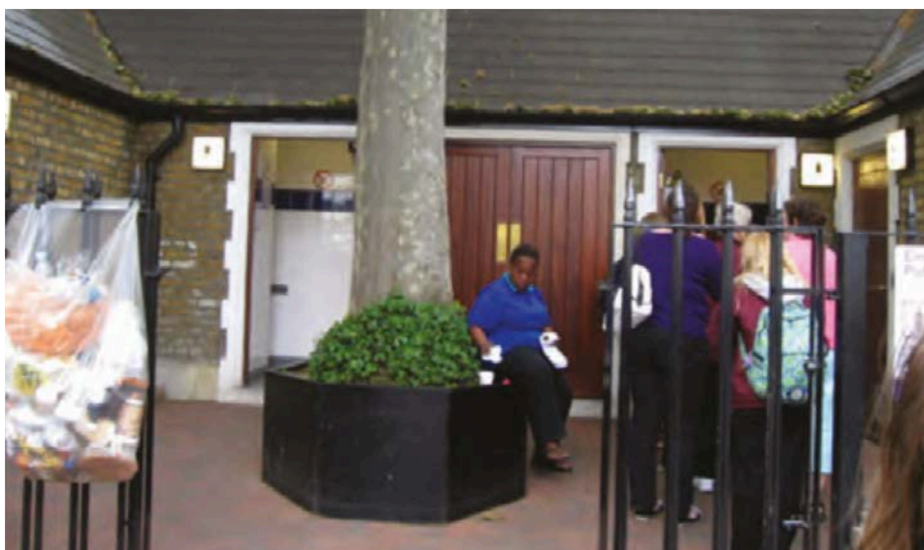
- 3 in 4 of the UK public report that there are not enough public toilets in their area.
- 20% of people in the survey avoid going out, while 56% restrict fluid intake because of the lack of toilets.
- Street urination and other fouling of public areas is increasing.
- There is no legislation to require public toilets and planning regulations are inadequate.
- The taboo surrounding the subject prevents its recognition as a major health and hygiene concern.

The modern history of these facilities dates from the late 19th century. Old-style toilets, often termed 'nuisances', drained directly into rivers or streets and these were removed from UK cities from the mid-19th century onwards. The problem for an increasingly mobile population was that such facilities, however unsatisfactory, were not usually replaced. This was associated with an assumption of sanitation progress, with homes increasingly having toilets, albeit outside or shared. Flushable water closets at the Great Exhibition of 1851 proved popular and profitable, but a trial of their economic feasibility by the Royal Society in 1852 made a substantial loss. The idea that public toilets should be profitable has persisted, along with an implication that

Figure 1 – A former public toilet in Spitalfields, London, converted into a wine bar and put up for sale again in 2016 for £1million.

these are optional luxuries, with no legislation requiring public toilets on UK statute books. In a study of the heyday of public toilets at the turn of the last century, the most prominent block to provision was funding, as it is now. Prompted by lack of facilities and concerns about street urination, the 1880s onwards saw installation of public toilets (often for men only) in most UK cities. Legislation was introduced for required provision in workplaces and schools, but not elsewhere.

During the first half of the 20th century, public toilets were funded usually by local authorities (LAs), with a charge of one old penny (and often a free cubicle, for those without a penny to hand or to spare) until decimalisation of the currency in 1971. Legislation from the 1960s banning turnstiles has since been repealed in London to allow 'pay to enter' facilities, although it never applied to privately provided toilets. Legislation to improve disabled access has had the unfortunate consequence of some public conveniences being replaced by one disabled toilet, sometimes with key access only; and sporting venues are also poorly served, with particular problems for the disabled. Equality of access to toilets is an important factor, particularly for women who take longer and cannot use urinals. This leads to the familiar queues (Figure 1). In a YouGov UK survey in 2017, 59% women reported that they regularly queue for a toilet, compared with 11% of the men. Calls to address this unfairness have led to 'potty parity' legislation in some US states and Canada, although not yet in the UK, where a recently updated British standard of 2:1 is unenforceable and frequently ignored. Equality of access includes the demands for 'gender neutral' toilets and the needs of transgender individuals.



Rosalind Stanwell-Smith

Women queuing at the Embankment public toilets, London

These toilets were first erected in 1911 with the aim of reducing "nuisances committed in doorways and the public street". There is now a charge for entry. Note no queue for the 'Gents' on the left side.

In an age when previously shocking topics are readily aired in the media, there persists a reticence about discussing public toilets or acknowledging the increasing problem of their absence. The most recent public inquiry into toilets in 2008 referred to the taboo still surrounding the subject. Low priority is given to planning appropriate provision, or in research and comment in the public health field. As for street fouling, public urination is rarely prosecuted, even where byelaws exist, possibly because of shameful recognition that often there may be no choice.

Lack (mostly) of progress to date

UK public inquiries in this century have lamented the decline in public toilets while suggesting few practical solutions, save for community toilet schemes, whereby local cafés receive modest funding to allow non-customers to use their toilets, but such schemes are unsuitable for groups. There have been some hard won improvements to policy and British Standards on

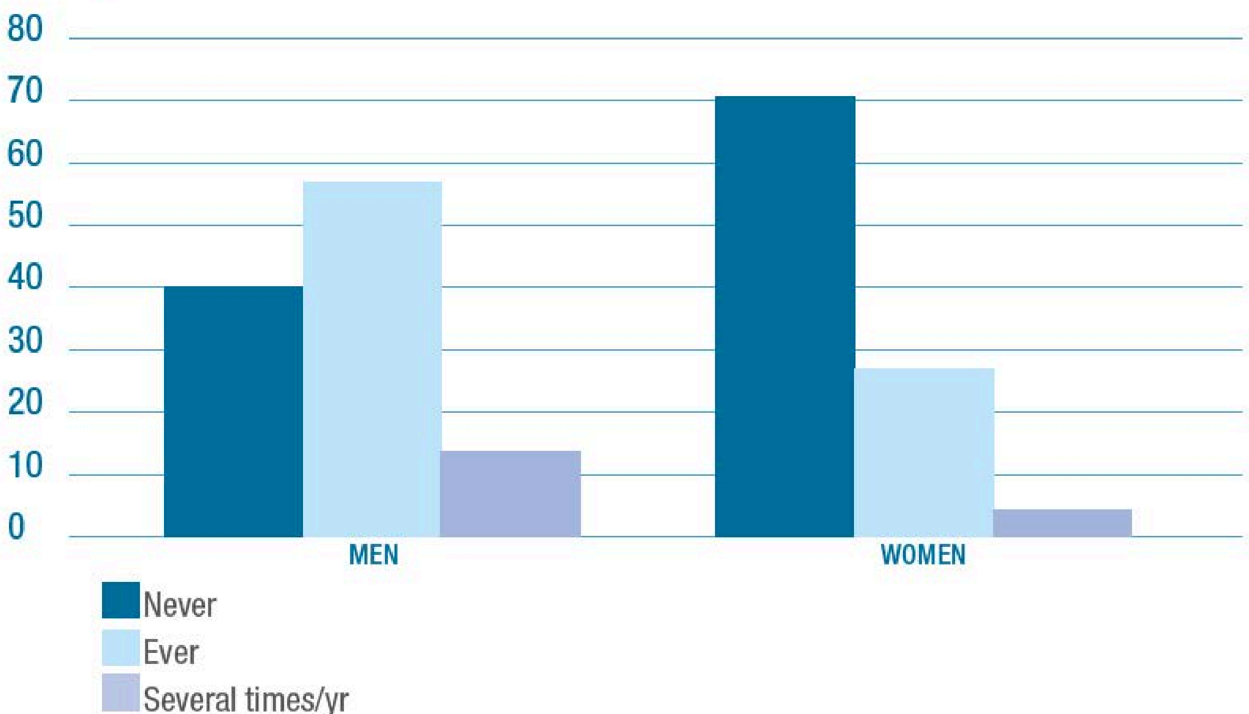
toilets although Wales is the only part of the UK with a new Public Health Act requiring local authorities to publish toilet strategies. A recommendation for all London Crossrail stations to have accessible toilets has not been fulfilled, with the admission that many stops, such as the busy Bond Street station, will have no toilet facilities.

The health impact of declining public toilets

The problem is more urgent for those with bladder, bowel or prostate problems, diabetes, other medical conditions or medications causing increased urgency and frequency of use. Advancing age increases the need, as does nappy changing and young children who can't wait. Knowledge of the lack of facilities nearby acts as a 'loo leash', deterring some from venturing far beyond their homes, or others to risk the adverse health effects of dehydration. Street fouling is a particular risk to young children, wheelchair users and picking up dropped objects. The lack of hand washing/cleansing points gives potential for contamination by pathogens causing individual illness or contributing to epidemics, as reported recently in Los Angeles.

Views of the public: RSPH survey

In September 2018 a survey was conducted for RSPH on public toilets. The survey included 2089 UK adults aged 18 or over, with a standardised data base regarding income, gender, age and region. Three quarters of the respondents reported that there are not enough public toilets overall, with over half identifying areas such as parks and tourist areas as lacking sufficient provision. The majority (84%) of women and 69% of the men in the survey agreed there should be greater provision of toilets for women. When people in the survey could not find a public toilet, supermarkets were a popular option (70%), followed by cafés or restaurants (63%). A smaller proportion resorted to petrol stations and betting shops, but of greater concern was the 16% who use a back alley or bush, this percentage being higher for men and for those with a frequent need for a toilet. Nearly a third of all areas combined (29%) reported street urination as a problem in their town: 45% reported this for the London area.

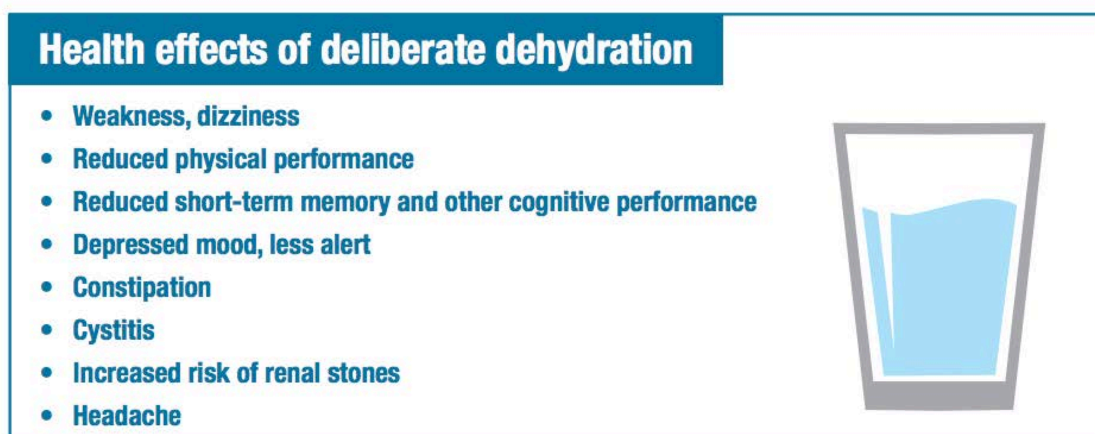


RSPH survey: Percentage of men and women reporting use of a back alley or bush when no toilet available

Deliberate dehydration and the 'loo leash'

In response to a question about restricting fluid intake, due to concern that they might not find a toilet, 56% in the survey did this either occasionally or frequently: 11% of survey participants reported that they restricted fluids more than once a week, particularly women (13%), compared to 9% of men. Two in five (42%) respondents reported that they restrict outings on this basis, including 4% who do this more than once a week. In the group of respondents with an illness or condition increasing the need, 9% restrict going out more than once a week and only 28% said they never have to avoid going out for this reason. Strikingly, one in five overall and two in five of those with a frequency-increasing condition agreed that they are 'not able to go out as often as [they] would like because of concerns around a lack of public toilets.'

Altogether, these are alarming statistics with regard to health impact and attempts to curb obesity, increase fitness or reduce inequalities.



Funding

The running costs of public toilets vary between around £15,000 and £60,000 a year, depending on factors such as size and staffing by attendants. Despite the consensus about need, few want to pay for them from their own pockets. For example, 85% agreed that Councils (LAs) should have 'a legal responsibility to provide public toilets which are free to use for the public', but only 34% agreed that this should be via raising council tax. Unsurprisingly, the least popular option was entry fees (30%), while the most popular option was advertising in toilets (78%). Business or charity sponsorship (62%) and state funding in tourist areas (67%) were also favoured. The idea of adding a penny to a bus or train ticket was agreed by 45% of the public, while a tax on cafés and bars had the support of just over half (51%).

Conclusions

Public toilets exist outside UK law due to the way they were established; this anomaly has persisted despite introduction of legislation for other civilised necessities, such as street lights, pavements and waste collection. The decline affects health and mobility, and is damaging to the tourism economy. A fundamental problem for sponsorship is that people are largely unaware that public toilets lack legislative enforcement; thus they do not see them as a deserving cause. Even with greatly increased local authority funding, statutory requirements would take precedence. There is also the problem of the taboo on discussion. Those with the most urgent need have little public voice; it is hard to imagine celebrities flying in to support a rally for public toilets, unlike the recent climate change demonstrations. The RSPH report called for the Government to deal with the lack of legal provision, such as by amendment to

the permissary legislation of the 1936 Public Health Act. Statutory requirement could alter current complacency about the lack of toilets away from home, producing funding measures such as the successful levy on plastic bags. Public health and medical authorities also need to recognise the role in public toilets in assisting hygiene, hydration, mobility and exercise. The global sanitation lack for 2.3 billion people tends to eclipse the continuing need for public toilets everywhere. Provision of toilets has been called "the barometer of civilisation" and while supporting international efforts, the UK should address the current state of neglect for public toilets in this country today. World Toilet Day is 19th November – up for a loo rally, anyone?

For a full list of references, please contact the Editor

MORE MEDICAL DESCRIPTIONS *PART TWO*

Megacolon: very large punctuation mark.
Mental deficiency: lacking a chin.
Metacarpal: came across an automobile friend.
Metroparalysis: problems on the Paris underground.
Microbe: very short article of clothing.
Microblast: small explosion.
Moron: the opposite of lesson.
Multinuclear: well prepared for war.
Mumps: afterthought by a short maternal parent.
Mutagen: chemical causing loss of speech.
Nanogram: short message from a parent's parent.
Narcissism: love of trumpeted spring flowers.
Olfactory: where they make ols.
Polysaccharide: parrot-sweetener.
Pronate: in favour of the buttock.
Prostate: favouring big government.
Racemate: someone of one's own ethnicity.
Radiotherapy: treatment by wireless.
Rhinologist: one who studies heavy, horned animals.
Stretcher: antidote to compressor.
Sturgeon: a surgeon who swallowed his tea.
Superacute: very clever.
Syndrome: large enclosed area for naughtiness.
Tinea: partly deaf.
Titration: an allocation of breast.
Wavelength: controlled by a hairdresser.
Zoology: study of zoos.

Bernard Lamb

Iconic UK architecture - do you know which buildings house these stunning ceilings?
Harold Ludman

Overpopulation and its Symptoms

Harvey Minasian

Climate change, global warming, melting glaciers, rising sea levels, extreme weather conditions, deforestation, pollution of our atmosphere and oceans, untold damage to our environment resulting in drastic reduction of our precious fauna and flora, are examples of the difficult challenges facing us today. These devastating changes which adversely affect us and will continue to affect future generations, are all symptoms and can be traced back to the major problem, the 'disease' - which is **overpopulation**.

Since I was a boy, world population has trebled to reach nearly 8 billion. This rise is exponential, with current annual increase of about 83 million. But we are chasing ever-diminishing, finite, resources. This unsustainable situation is particularly critical in countries where there is extreme poverty and in third world countries, especially if they are being ravaged by war. We all know that treating the symptoms is only a temporary measure and focus should be on treating the 'disease'. This is going to be very difficult. For a start, mentioning and debating problems of overpopulation seems to be considered as politically incorrect. We need to overcome this hurdle, perhaps *via* the help of the media.

There are various measures we can take to try to cure the 'disease'. For example, there is plenty of evidence that education results in reduced birth rate. This, which would mostly apply to the poorer countries, may take generations to achieve and may even necessitate altering or modifying some of these countries' cultures and traditions. This is not altogether a desirable thing to do, but the apocalypse facing us is so grave, that we need to, at least, make a start now.

There is a relatively more simple and faster way to kick start the process of population management. It would be so helpful if the major religious leaders of the world, who discourage or forbid contraception and encourage larger families, would have a change of heart to instruct their flocks to have no more than two, or a maximum of three children. Especially if the parents are poor and unable to provide for them to live a full healthy life. Parents should always have the choice of how many children to have, but advice and useful information could be very helpful. Parental responsibility would be key.

We have all seen heart rending images on our screens of children starving and diseased in some developing and third world lands, some of which have been ravaged by war for many years. We should of course continue to support the charities to help and treat these unfortunate children, but it would be good if, at least, a proportion of donations should go to towards treating the 'disease' rather than just its symptoms.

It is obviously futile for children to be born, only to suffer and die of malnutrition and disease in the first year or two of their lives. Parental responsibility, education, including contraception and reduction of poverty will all help. Population management in this way would not be an anti pro-life exercise, as some critics may say, but rather a pro-healthy life one.

Letter to the Editor

Dear Editor,

I have previously mentioned to you that I have very much enjoyed many of the articles in the RFS *Newsletter* since you became Editor, but I was a little disturbed by your editorial in the April 2019 issue. As I understand it, for a long time the general public refused to believe that global warming was happening. Moving on, more people accept the scientific evidence of global warming but deny the significance of the anthropogenic contribution. You have commented on the long history of global warming and climate change and concluded that 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.

A few weeks ago at the Medical Society of London I happened to sit opposite a surgeon, who in a conversation not initiated by me, suddenly declared that he did not believe in climate change/ global warming. I was stunned into silence and the conversation moved on to other things. I confess that I wish I had replied 'Well that's one way of avoiding any anxiety about it'.

I am informed that current scientific opinion is that the recent rate of rise of average global temperature with its effects on climate variation is overwhelmingly anthropogenic and I wonder if you would consider having a speaker who is a distinguished climate change scientist? The name was suggested to me by a cousin, who from the Foreign Office was responsible for compiling the UK report to the Paris Climate Change Conference.

I have seen articles in medical journals about the effects of climate change on health and how to prepare for it, and there are distinguished medical personnel who have worked with climate change scientists. However, it would be interesting to have a talk from someone who is primarily a climate change scientist and enable doubters (in this case not a doubting Thomas) to listen to him and cross question him.

The person who was suggested to me is Chris Rapley who has been, amongst other things, Director of the International Geosphere- Biosphere Programme, Director of the British Antarctic Survey, Director of the Science Museum and is now Professor of Climate Science at UCL.

Yours sincerely

Kathleen Thomas

The Editor replied to Dr Thomas, and also passed on the name and details of Chris Rapley, to Dr Jeffery Rosenberg, who is the organiser of intramural speakers for the Retired Fellows Society.

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.

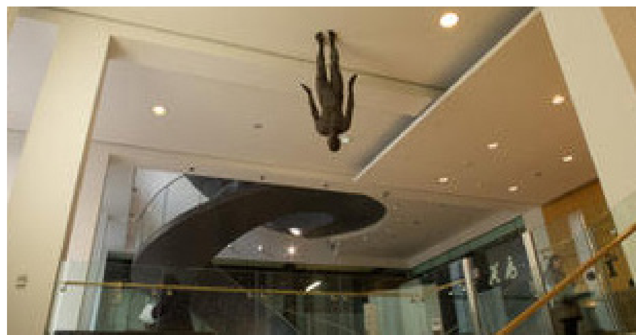
Reports of extramural events of the Retired Fellows Society - 500 to 1,000 words, the author invited by the leader of the event.

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 photgraph.

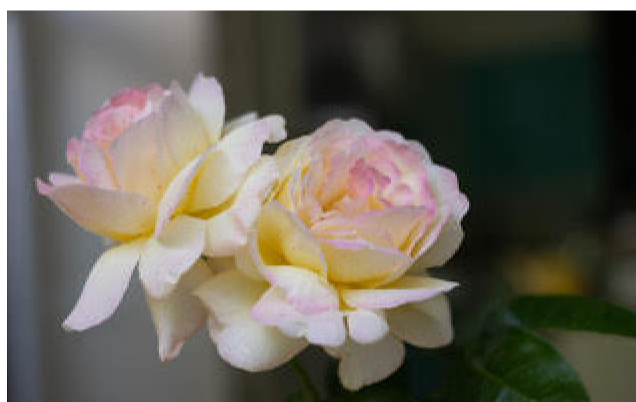
Photographs should be uploaded electronically and meet the specifications of 300 DPI and minimum size of 297 × 210 mm (A4 paper size).



Anthony Gormley statue at the Wellcome Collection Harold Ludman

Phalaeonopsis Orchid: Harold Ludman

Spiral staircase at the Wellcome Library Harold Ludman



A pair of Peace roses: Harold Ludman