

RFS Newsletter

Newsletter Issue No.59

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Leonardo da Vinci I, See page 06

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The ROYAL
SOCIETY of
MEDICINE

Editorial: Thank you and goodbye

My term of office came to an end with the AGM in June, so here I am, exactly six years and nineteen issues after my first, saying thank you to any number of people.

The editorial board have been an invaluable support in many ways, not only giving advice on tricky matters but also writing the occasional article.

The RSM's Marketing Department have been always helpful in laying out each issue for the printers, and were ever patient with my last minute changes of copy.

The Camera Club have provided a set of spectacular photos which have helped to fill in the odd space when needed.

Most of all, of course, thanks are due to the contributors. The people chairing meetings have the additional obligation of writing up the talk and the extra-mural organisers have been splendid in identifying someone to describe the many fascinating walks and visits that they have been on. Several Fellows who sat next to me at lunch on a Thursday will remember how interested I was to hear of their hobby, their holiday or whatever and how I then pounced to ask them to put all that in writing. I am happy to be able to say that virtually no one has refused to write for the *Newsletter* when asked.

It has also been gratifying that so many readers sent in articles, letters or poems unsolicited; without them the *Newsletter* would have been much the poorer.

I was not totally successful. I failed to elicit any cartoons and I was unable to persuade the RSM that their survey of members' views was flawed in its design. But those two aside, it has been a great pleasure to be your editor and with equally great pleasure I welcome my successor, Dr Catherine Sarraf who is introduced on page 10.

As a final piece of self indulgence I am including one of my own articles, on page 11.

Forthcoming meetings

Thursday 19 October 2017

The 20th anniversary of the RFS Mr Thomas Plant: Auction anecdotes

Thursday 16 November 2017

Robin Morrish: E. M. Forster – memories of him in Cambridge

Robin Morrish was educated at King's College, Cambridge where he was a choral scholar and read Classics and English.

His career as a schoolmaster has been interspersed with music as a violin soloist, chamber musician and leader of numerous

orchestras. He has also had a career as a conductor, notably as Music Director of the Tonbridge Philharmonic Society.

This talk will recall the speaker's personal acquaintance with Forster during his time at Cambridge University and will go into detail on the novelist's years of residence at King's College.

The talk will then offer an assessment of Forster's greatest novel, *A Passage to India* to show how it reveals his philosophical and artistic purpose as one of our finest twentieth century authors.

Thursday 7 December 2017

Recent Advances in Medicine and Surgery

Thursday 15 February 2018

Prof Peter Kopelman: Debunking the myths about obesity

Peter Kopelman is Emeritus Professor of Medicine, St George's Hospital, University of London.

Currently, a quarter of English men and women are obese. Despite numerous reports identifying the risk from obesity

and policies proposed to reduce and prevent, the nation's body weight continues to spiral upwards.

Following 40 years of experience, Professor Kopelman argues that politicians, the media, industry and scientists have undermined the establishment of effective policies by inadvertently contributing to myths that surround obesity.

Unsubstantiated claims about diets, types of physical activity and the role of genes promote front page headlines of obesity "break throughs" that have not been realised subsequently through therapeutic advances in either prevention or treatment.

Tackling obesity is everyone's responsibility. Every intervention must be sustainable for the longer term, adequately resourced and have absolute "buy-in" from medical professionals.

Inevitably, effective intervention will require regulation and legislation, and a recognition that the benefits will take many years to become fully evident.

Thursday 15 March 2018

Sir Barry Ife: Shakespeare the novelist

Sir Barry is Past Principal, Guildhall School of Music and Drama

Thursday 19 April 2018

Professor Nick Hardwick: Healthy prisons, what is happening behind prison walls?

Professor Hardwick graduated with an English degree from the

University of Hull in 1979. The first half of his career was in the voluntary sector, first working with young offenders, then leading the charity Centrepoint before moving to run the British Refugee Council.

In 2003 he was appointed to establish and run the Independent Police Complaints Commission. He moved from police to prisons in 2010 when he was appointed as Her Majesty's Chief Inspector of Prisons. Since his term as Chief Inspector ended in 2016, he has combined roles as Professor of Criminal Justice at Royal Holloway, University of London with chairing the Parole Board for England and Wales. He was awarded a CBE in 2010 and has honorary doctorates from the Universities of Hull, Leeds-Beckett and Wolverhampton.

Thursday 17 May 2018

Professor Sue Hartley: Addressing global challenges for sustainable food production

Thursday 21 June 2018

ANNUAL ORATION: The Rt. Hon Sir James Munby: Children, parents and society in the family jurisdictions.

Sir James was called to the bar, Middle Temple, in 1971 (Bencher 2000); QC 1988.Hon., Kt 2000. Hon LL.D University of Bolton, July 2014. Lord Justice of Appeal 2009-2013, Chairman, Law Commission 2009-2012 (on secondment) & Judge of the Family Division 2000-09. He has been President of the Family Division since January 2013.

Extramural events

Wednesday 20 September 2017

Elegant Mayfair, a walk with Sue Weir

Walking through the expensive and elegant Grosvenor estate there are still hidden corners to explore and of course a well-known market.

Wednesday 6 September 2017

The UK Supreme Court tour and lunch

This is now fully booked.

Wednesday 4 April 2018

Squares, hospitals and some unknown surprises – walk with Sue Weir

Tuesday 10 July 2018

Explore what's new and enjoy the unexpected wildlife – walk with Sue Weir

Wednesday 26 September

More Livery Halls to count but no walls! – walk with Sue Weir

RSM life membership

Life membership of the RSM is available to all eligible retirees. From October for those in their 60s the cost is £3,300, in their 70s £2,200 and in their 80s £1,100. After that you will pay only £20 (currently) to belong to the Retired Fellows Society.

Buying guns is so easy

The US has a list of people on a Terror Watch. Between 2004 and 2014 2,233 people on that list applied for a federal background check to buy guns and explosives. 2,043 (91%) were allowed to proceed.

Thanks to The Guardian and Prospect Magazine

The danger of selfies

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

Thanks to priceonomics.com and Prospect Magazine

Camera club meetings

Thursday 21 September 2017
Members' meeting

Wednesday 25 October 2017
Beginners' guide to RAW
Mark Buckley-Sharp

Thursday 23 November 2017
Presentation meeting

Wednesday 24 January 2018
Other people's photos, prize winning images from other clubs
Richard Lansdown

Tuesday 27 February 2018
Members' meeting

Thursday 22 March 2018
Hindu Temple Architecture
Michael O'Brien

Thursday 26 April 2018
Presentation meeting

Tuesday 22 May 2018 tba

Tuesday 26 June 2018
Members' meeting

Thursday 26 July 2018
Images from Turkey 'There be Dragons' and 'Topkapi Palace'
Mark and Judy Buckley-Sharp.

The 2017 AGM

Thursday 15 June

Dr James Carne, the Chairman, mentioned that the present editor of the Newsletter has reached the end of his period of office and welcomed his successor, Dr Catherine Sarraf. He raised the cost of lunches after Thursday meetings and floated the idea of reducing the cost by about £5 by not having wine. There was no formal vote taken but the general view of the audience seemed positive to this suggestion. Charlotte Flower, the RSM's administrator, will be leaving at the end of the month, she was thanked for her work. The committee was re-elected en bloc.

Dr Julian Axe presented the financial report. Income for the year was £64,568 and expenditure £43,314. In the light of this there will be no increase in subscriptions. There was a loss on intramural meetings and Dr Axe proposed that fees for the lectures be increased from £4 to £5. This was accepted.

There was no other business.

An example of fiction being stranger than truth

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

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

The *Titanic* sank in 1912.

Meeting reports

The Klu Klux Klan

Thursday 16 March 2017



Our lecturer, Dr Thomas Sebrell, is an historian specialising in the American Civil War, and subsequent Anglo American Alliances. He holds part time posts at the Universities of Oxford, Westminster, Queen Mary College and Inverness, and is a Research Fellow at the American Civil War Museum. Born in South Carolina he has been resident in the UK since coming here for part of his post graduate education, and falling in love with both England and his future wife (but not necessarily in that order).

The Klu Klux Klan (KKK) is a name familiar to all of us but about which, I suspect we know very little. After a fascinating hour of the history of this organisation, which is dedicated to hate, we emerged with a much better understanding of its formation, history, and pathetic principles thinly disguised as an organisation set up to protect that portion of America that is white, protestant and, one must say, seriously prejudiced. Their aim to “make America great again (and we have heard that

from another source recently)” is marred by their means to succeed in this aim by subjugation, isolation and violence against all those who do not live up to their own hubristic view of themselves.

Post civil war, the KKK was founded in the 1860s, as a response to the abolition of slavery, to restore it, in particular to the eleven Southern Confederate States that had lost the war and seen the 13th Amendment, the abolition of slavery, enacted in 1865, followed by the 14th amendment, granting the rights of citizenship to blacks in 1868 and the 15th amendment in 1870, giving ex-slaves and blacks the right to vote in Federal elections. The importance of this power was that those franchised were likely to vote Republican in the strongly held Democratic Party of the Southern States. Both the Confederate and State Governments were at the height of a depression and in a state of collapse, leading to a fertile environment for the restrictive policies of many of the white farmers to flourish. The South was divided up into military units or ‘Circles’, the Greek word for which is *kyklos*, from which the name “Klu Klux Klan” derives. Although the association of the derivation remains unclear, at least to this writer, the alliteration of the letter ‘K’ gave rise to many other stupidly named branches and beliefs of the organisation, such as ‘Kleagles, Klavern, Klecktoken.

Many of those attracted to the KKK were descendants of strongly Protestant immigrants from Scotland and Northern Ireland. They felt aggrieved that “their” land would be taken from them and given to the black liberated slaves, and afraid that they would be open to attack by a vengeful minority of the community. In this atmosphere of mistrust and hate, highlighted and exaggerated in the spread of information among local communities, it was not difficult for the hateful principles of the emerging KKK to grow rapidly into a dangerous and violent organisation out of all proportion to their actual importance. In order to appear more powerful and important than they actually were, the Klan took to wearing hoods with pointed heads, making them seem taller, and thus more powerful, than their adversaries.



The all white uniform

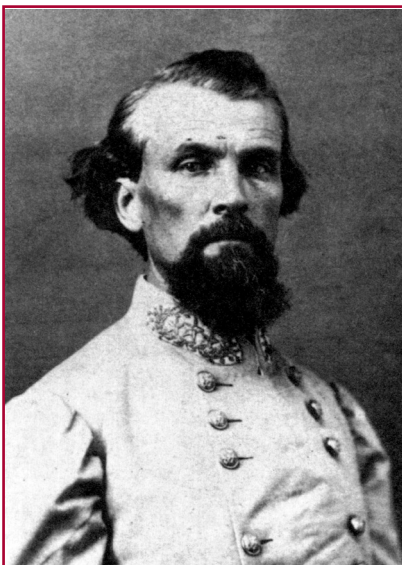
To show a hierarchy of importance within their own organisation, and to create a means of intimidating their opponents, various cloaks

Retired Fellows Society

were worn, later to become the recognisable all white uniform with which we are now familiar.

The first so-called “Grand Vizier”, Nathan Bedford Forrest, was uneducated and was forced to resign within a few years as he was considered “too violent”. He was succeeded by John B Gordon, who originated from Georgia, at that time a hot bed of violence

A later grand vizier, Thomas Dixon Booth, was the inspiration for the famous film of the 1920s, “*The*



Nathan Forrest

Birth of a Nation” praised as one of the great films of all times and directed by D W Griffiths, but unfortunately largely responsible for the sympathetic and idealistic views held by many, enabling the Klan to once again grow in strength to the detriment of the Country. It also gave rise to the popularity of the burning cross as a symbol of the Klan.

In later years, Catholics and Jews were added to the hit list of hates

held by the Klan, and support for prohibition and anti alcohol views played a major role during the 1920s. Spread to Northern States also emerged during this period, and surprisingly we learned that President Warren G Harding secretly joined the Klan, making it respectable in the eyes of many.

While for some in the world, compassion is overcoming hatred and violence, the Klan has continued to advance ever increasingly prejudiced views, leading to children’s books being published recording the ‘fact’ that “heaven is segregated”, and in some States the anonymity provided by the wearing of masks has been found to be unnecessary since the chances of a white person being found guilty of a crime against blacks are non existent: at one protest demonstration the police allegedly gave the Klan 15 minutes for them to beat up the protesters, before they would show up.

The lecture finished on both a positive and negative element. The infiltration of a brave security official, Clarence Rowe, into the KKK allowed prosecution to proceed in atrocities such as the bombing of a Baptist Church, and the capture and murder of three freedom fighters. Actual conviction and subsequent execution for murder of three members of the Klan, finally exposed the degree of hatred and violence within the Klan and in the 1950s numbers within the organisation fell from around 3 million to 45,000. On the negative side, our lecturer left us with the uneasy feeling that unless

the world takes action, some of the sad history of the past is hiding in the wings, ready to show its face. A definite chill could be felt in the normally warm atmosphere of the RSM lecture hall, but a warm feeling of gratitude towards the lecturer could not be diminished, as shown in the appreciative applause that he was given.

James Carne

The Renaissance heart-from Erasistratus to Vesalius and beyond

Thursday 20 April 2017



Mr Francis Wells, having completed his medical education at London’s Charing Cross Hospital and the Brompton, moved to Cambridge for his surgical training and then a research fellowship at the University of Alabama. He gained a Consultancy position at Papworth Hospital where he has continued to work since 1986. A long-standing interest in art and music, himself an accomplished pianist, it is his fascination with Renaissance art and most notably the anatomical drawings of Leonardo da Vinci that formed the basis of his lecture. Privileged access in 2013, to the Queen’s collection in the Windsor Great

Library, led to the publication of his book *The Heart of Leonardo*.

A potted history of anatomical teaching began with Galen, who attained god-like qualities in that his beliefs were undisputed for centuries. Born in 129 AD Galen was a Greek physician, surgeon and philosopher whose understanding was based around the theory of the four humours, that of black and yellow bile, blood and phlegm. However Galen did not practice human dissection himself, it being deemed an illegal act in Greece and Rome during his lifetime, and thus based his theories upon the dissection of Barbary macaques and the teachings from 460 BC of Hippocrates the Greek Father of Medicine.

Galen's theories remained predominant up until 1628 when Harvey detailed systemic circulation in his book, *De Motu Cordis* (On the Motion of the Heart and Blood). Yet it was the Greek, Erasistratus, born in 304 BC who founded a school of anatomy in Alexandria, who first noted the significant differences between arteries and veins and also appreciated that the heart functioned as a pump.

A 16th century Flemish physician, Vesalius, often referred to as the founder of modern anatomy, is the anatomist most known for disputing the theories of Galen. In contrast to the previous normal practice of dissection taking place to illustrate prior held beliefs, Andreas Vesalius took on the roles of dissector, illustrator and

teacher. He encouraged students directly to observe and perform dissection themselves, possible once the medieval prohibition of human dissection had been removed. His anatomical illustrations showed organs arranged in three dimensional space on flayed figures, differing from Galenic inspired publications where the emphasis had been on human temperaments and astrological placing of the humours.

Undoubtedly the most skilled and detailed artistic anatomist of all time, Leonardo da Vinci drew exquisitely accurate three-dimensional cross sectional illustrations, detailing layers and the complex structure of organs. His meticulous sketches not only highlighted his obsession with anatomy but it was his fascination with the physiology that held him apart from other anatomists. Commonly held beliefs, that his spiderlike mirror writing was to keep his findings secret and prevent accusations of heresy from the all-powerful Catholic Church, are now generally disproved.

Despite being able to practice human dissection on cadavers many of Leonardo's drawings were made from the dissection of ox and pig hearts. Nevertheless not only do his illustrations clearly show his understanding of the complexity of the valves detailing the chordae tendineae & papillary muscles but his comprehension of hydrodynamics allowed him to deduce the eddy currents within the ventricles and their effect on

valve closure. He also wrote the first known description of coronary artery disease.

On his death in 1519 Leonardo's unpublished 240 anatomical drawings along with accompanying 13,000 words of notes, were effectively lost to the world for centuries. As an artist, architect and engineer, science and anatomy were purely a hobby for this renaissance genius.

MRIs and contemporary dissections prove that Leonardo was correct in many aspects of his assessment of cardiac function. Heart surgery has transformed in the last fifty years, but what a difference there could have potentially been had Leonardo's findings been available to surgeons earlier. Even today there is still so much that is not known about the complexities of cardiac physiology. The things we know we don't know and the unknown unknowns will continue to inspire physicians and surgeons of the future. Mr Wells begs that we all follow in the enquiring footsteps of the renaissance and continually question and doubt rather than be glued to accepted knowledge and wisdom.

Mr Wells will be co-chairing the International Congress on Wax modelling taking place on September 1, 2 & 3 "Modelling the Flesh" is presented by the Gordon Museum of Kings College London and Madame Tussaud's, exploring the multidisciplinary potential of ceroplastics in art and science.

Catriona Head

Portraits of the dead: depicting faces for forensic identification and archaeological investigation.

Thursday 18 May 2017



Professor Caroline Wilkinson was introduced with a quote from *Hamlet* 'that skull had a tongue in, and could sing once.'

She gave a fascinating account of developments in the field of facial identification, both in relation to forensic examination and the reconstruction of historic figures.

Examination of the skull gave 90% accuracy in determining the sex of the individual. However, the teeth provided a better estimate of the age. Information about ancestry and culture could also be determined from such studies.

Digital facial recognition technology, DNA and dental pattern analysis could all assist in identification of human remains both recent and historic.

Craniofacial ID was particularly relevant and useful where DNA was not available, dental records were lacking and there were problems with visual recognition.

She described recent advances in digital technology, in particular, with the soft-hard tissue relationships. The nose was difficult to accurately reconstruct post-mortem and one of her students had created formulae to accurately predict nose shape as the basis of his Ph.D. thesis!

She referred to haptic interfaces; that allowed a human to interact with a computer through bodily sensations and movements.

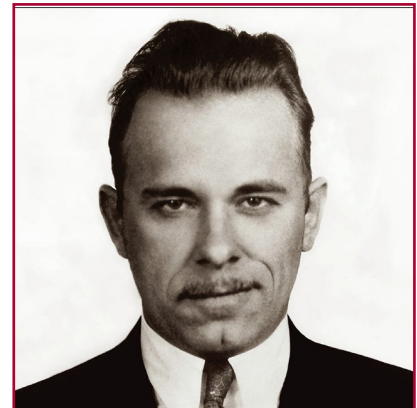
The technique was employed for visualisation of the skull together with a superimposition process for identification in forensic cases.

She had used the above technique to study the death mask of the American gangster, John Dillinger, who was shot by the FBI. There had been suggestions that the deceased was not John Dillinger, but her studies very much supported that it was him.

Another use for 3D scanning was in the context of identification at disasters sites.

Furthermore, advances in 3D head printing had led to a steep drop in the cost of reliable scanners from 20,000 to 200 pounds.

Advances in computer generated imaging (CGI) now enabled the addition of realistic texturing. This technique was employed by her in 2016 to reconstruct the face of Robert the Bruce, both with and without features of leprosy as there was debate regarding this diagnosis in his case. She also illustrated how the technique had been used to reconstruct the faces



John Dillinger
of Rameses 11 and JS Bach.

The recent introduction of 4D imagery now also allowed animation with realistic texture, shape and movement of the reconstructed face. She demonstrated this in case of Robert the Bruce, who was shown wearing chain mail and Crown both full on and in profile.

She discussed the forensic applications of genetic phenotype analysis. It was now possible to analyse the DNA solely from blood and other body fluids to reconstruct a face. This technology could also be used at disasters sites and to extrapolate an accurate adult appearance from that of a child. Information could also be gleaned regarding both race and ethnicity and thus could be useful in the field of counter terrorism.

Texturing did not always enhance facial recognition. Other confounding factors related to dyed hair, piercings, orthodontic work and cultural distortions. In addition, the process of ageing, sun damage, smoking and exercise levels, all contributed to the natural appearance and

could lead to inaccuracies in facial reconstruction. Therefore, it was usually much easier to obtain an accurate reconstruction of a young, rather than an older person.

Studies had also shown that in men there was no value in including the top of the head in facial reconstruction.

The talk stimulated a wide-ranging discussion. We learnt that mongoloid skulls were noted for shovel shaped incisors. The study of the skeleton and DNA to identify close relatives (an example was the remains of the Romanovs). How the nose tended to be thinner in cases of gender reassignment. The difficulties relating to identification of people with mixed ethnicity. The inability of current techniques to assess for obesity and the understandable dearth of information in relation to the question about facial transplant.

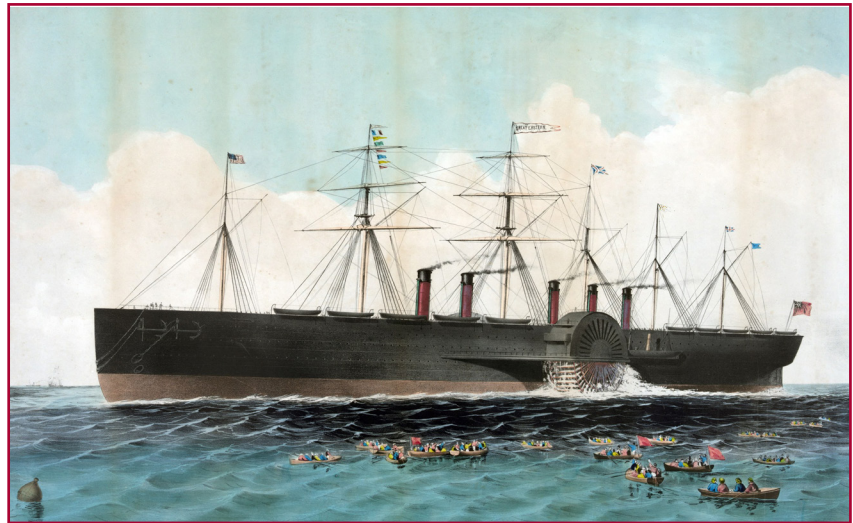
Jeffrey Rosenberg

Brunel's Great Eastern: the ship that changed the world

Thursday 15 June 2017



We were delighted to welcome Robert Hulse again to speak, this time about the great ships which



The Great Eastern

were built by Brunel towards the end of his life.

The Great Eastern was the third time Brunel built 'the largest ship in the world'. It was preceded by the Great Western, a steamship built to serve the transatlantic service and which succeeded in stimulating a trade which continues today. Brunel described the ship as 'an extension to the Great West Railway' - the familiar GWR. That was followed by a larger steamship, the SS Great Britain, this time an iron-hulled steam powered liner for passengers as well as trade, driven by a screw propeller.

In 1859 this was exceeded again by the SS Great Eastern - known as the Leviathan. This was a huge ship, with a hull disproportionate to both the ship itself and the dry dock in which it was built. It had a double hull containing 30,000 plates. It is from the launching plans for this ship that the famous picture was derived. The launch however was not a success - it was planned as a sideways slide into the dock, but failed to

complete the slide. Much like projects of today with which we are so familiar the project had run severely over budget and behind schedule, as well as running into various technical problems.

The Great Eastern was the biggest ship in the world for fifty years and became the first floating visitor attraction and fairground. It had been designed to carry 4000 passengers in luxury accommodation as well as plans for freight such as coal to Australia. Brunel's ship went on to lay a telegraph cable across the Atlantic, and its influence has helped shape world trade and communications for over a century. It could not be called a success however - and never completed its planned route from England to Australia. On its first voyage a boiler burst, ripping off one of the funnels.

The ship began badly, and sadly coinciding with the unfortunate attempt at the launch, Brunel had a stroke and subsequently died in 1859 at the relatively early age of 53.

Sally Gordon Boyd

The Newsletter's new editor: Catherine Sarraf BSc, PhD, FRCPath



At University College Cardiff, Catherine took first class honours in Zoology, followed by her PhD on Cell Proliferation and Cell Death in Malignant Tumours. Two postdocs in Cardiff were followed by a final postdoc in the Department of Anatomy and Cell Biology at St Mary's Paddington.

She spent the greater part of her career in the Department of Histopathology, Royal Postgraduate Medical School, at the Hammersmith Hospital, during which period the RPMS ceased to exist, melding into the newly formed Imperial College School of Medicine; whilst here, she became a Fellow of the Royal College of Pathologists. Through this period, her interests in malignancy were broadened to encompass the newly developing field of stem cell biology, particularly in the liver

and GI tract. The uniting theme between these two areas is cell proliferation, still expanding her PhD studies.

In 2000 she moved on to join the School of Biomedical Sciences at the University of Westminster, where she became a Reader in Cell Pathology. In addition to her academic duties, in 2003 she became Editor-in-Chief of the John Wiley journal *Cell Proliferation*, a role she still holds. Apart from this, she retired from academia in 2010.

She is an active member of a number of Medical/Scientific Societies, having joined the RSM in 2006. At present she is President Elect of the RSM History of Medicine Society, President Elect of the Harveian Society of London, Council member and Transactions Editor of the Hunterian Society of London, Council member of the Medical Society of London, Member of Osler Club of London, an Apothecary, and a Freeman of the City of London.

She has over a hundred papers published in peer reviewed journals and has co-authored one book *Understanding Cancer*, MR Alison and CE Sarraf, Cambridge University Press.

The RFS Prize

The Retired Fellows Society invites submissions of an essay, up to 2,500 words, with the theme and title of *So you want to be a doctor?*

Two prizes of £300 will be awarded, one for members of the Retired Fellows Society and the other for students members who are members of the RSM. Final year students who qualify in September 2017 may submit an entry.

The successful authors will be given free registration for the Recent Advances meeting on 7 December 2017 when the prizes will be presented

The submission deadline is 30 September 2017.

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

Illustrations and tables may be included.

Retired practitioners may be from any clinical specialty but should state their particular specialty.

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

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

Submissions should ideally be sent electronically to rfs@rsm.ac.uk. Anyone who does not have access to the internet may send a hard copy to the RFS Administrator.

Articles

John Wesley: healer, Part one

Richard Lansdown



JOHN WESLEY

Living conditions in the first half of the 18th century were poor: the water supply was contaminated, sewage disposal did not exist and atmospheric pollution in the towns was evident. The average life expectancy in England was 39-40 years. It was assumed that if a man or a woman reached the age of 30, they would probably live for no more than another 20 years.

John Wesley (1703 – 1791) is well known as the Anglican clergyman whose work led to the founding of the Methodist Church. Much less well known to the general public is his concern for physical as well as spiritual well-being. This concern is not surprising: in most early

18th century villages the clergy were the only available people with any significant education and part of their role was to give advice on health. Wesley studied medicine as part of his Oxford undergraduate training for the Anglican ministry and his diaries show that he continued to take an interest in the subject. Wesley could minister to the body and the soul, in a letter to Alexander Knox he referred to God as “the Great Physician”.

Three themes underlie his work. One is the notion that God wanted humans to flourish in both physical and spiritual dimensions. Another is the focus on the autonomy of the individual. Just as he preached that salvation from sin was in the hands of everyone, no Calvinist he, so he saw good health potentially available to all those who sought it. The third was the power of prayer. In his Journal 17 March 1746, he describes how his headache and his horse’s lameness were both cured as soon as he had asked “Cannot God heal either man or beast, by any means, or without any?” A further example of the efficacy of prayer came on the 24 April 1755 when he was convinced that his intercession brought cloud cover to an insupportably hot sun.

On his travels Wesley frequently dispensed prescriptions and gave advice to those who consulted him. In the 1740s he opened clinics in Bristol and in London’s

City Road, offering treatment to the poor. At the first Methodist Conference, held in 1744, an office of Visitor of the Sick was formalized.

Some extravagant claims were made. In 1747 he wrote of 90% cures in the previous four months. Wesley was small but an imposing, charismatic man; the placebo effect inevitably comes to mind.

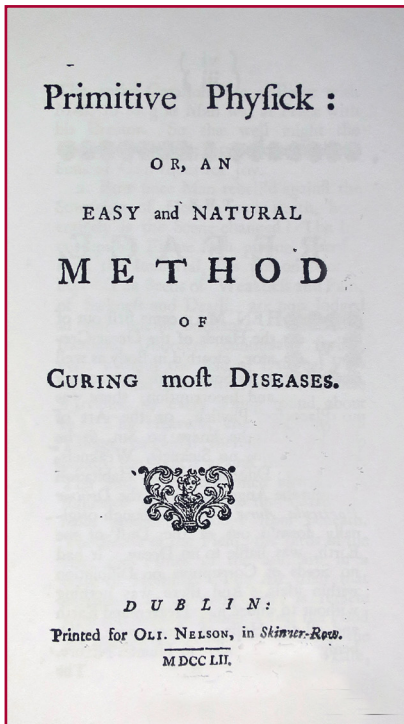
He produced three books on healthcare, two of which, *Primitive Physick: or an easy and natural method of curing most diseases*, first published in 1747, and *The Family Physician*, 1769, are discussed here.

Primitive Physick was the most successful, selling in thousands and running to 32 editions. Wesley encouraged Methodist travelling preachers to leave copies when they left.

‘Primitive’ is used in the sense of being based on the evidence of experience and experiment rather than on hypothetical theories of disease. Wesley is offering advice that had been used for generations.

The book opens with an account of the origin of all disease: the fall of Man. “The seeds of weakness and pain, of sickness and death, are now lodged in our inmost substance.”

On paper he had little regard for most of the medical profession. In his preface to *Primitive Physick*



he wrote "Men of a philosophical turn' had over time contrived so to complicate the art of healing that physic had become 'an abstruse science, quite out of the reach of ordinary men". Physicians, he said, sought causes for disease, they examined bodies, they ignored simple medicines, their medical books multiplied. They were held in admiration, and the more their world was remote from the laity, the more money they made.

His diatribe against the medical establishment was somewhat modified in that he acknowledged the work of "the great and good Dr Sydenham" and of Dr Cheyne. He also advised that in complicated disorders one should apply to a physician that fears God. What is more, he employed an apothecary and a surgeon in his City Road

clinic and probably in the one he set up in Bristol.

Before launching into detailed cures, he gave some general advice, hard today to criticise: by taking exercise and eating and living temperately sickness and pain could be prevented or at least lessened. The air we breathe is of great consequence, houses, clothes and furniture should be kept clean, one should eat and drink only as much as one needs, water is the most wholesome of all drinks, strong spirits are slow poison, tender persons should go to bed at about nine and rise at four or five, exercise is indispensable and so on. His emphasis on cleanliness was far sighted at a time when the link between uncleanness and the spread of disease was not generally understood.

The bulk of the book is what he called 'A Collection of Receipts'. His key message, heeding the wisdom of the ages, what every father had delivered to his sons, was, Wesley asserted, the method wherein the art of healing was preserved among the Americans, and their disorders "are exceeding few". He was harking back to an earlier simplicity, just as he attempted to get back in his religious teaching to the simplicity of the early Church.

He was firm in seeing observation as the basis of his approach. If a drop of natural gum fell from a tree under which someone in pain was

walking and that drop, applied to the painful part, brought relief, and if that experience were repeated on another, then 'doubtless numberless remedies have been thus casually discovered in every age and nation'.

In alphabetical order the diseases are named, followed by the approach of first choice. If that does not work, there is the approach of second choice. If that, too, fails, there is a third option and so on, sometimes going on to list fifteen or more. (In what follows I am quoting from the 1752 edition.) Asthma was to be treated first with a pint of cold water drunk every night on going to bed. If that were no help, then try drinking it every morning and washing the head immediately after that, taking a cold bath once a fortnight. Eight more suggestions were made, including a spoonful of syrup of garlic three or four times a day, culminating in the last one: vomit with a quart or more of warm water.

In this way 240 diseases are listed, each with its specific treatments.

Fruit or vegetables are recommended as first choice for, among others, burning eyes, dull sight, spitting blood, hard breasts, a consumptive cough and jaundice in children.

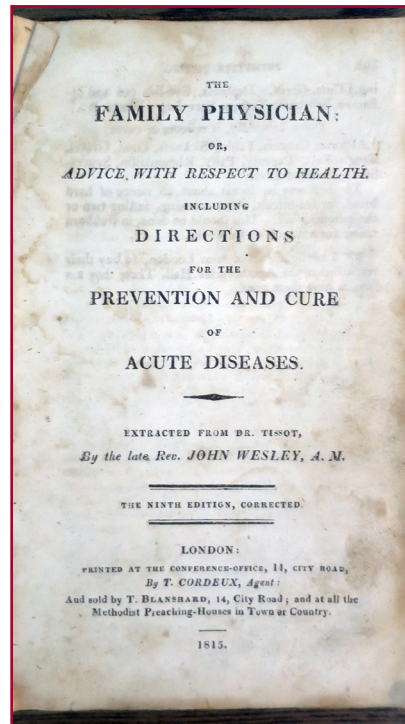
Readily available herbs and flowers are to be used for convulsions in children, bruising,

cramp, poor sight, fevers, headaches, lunacy, the stone and ulcers. He is wary of an undue mixing of herbs, the simpler the better.

A cold bath is his first choice for apoplexy, cancer, consumption, deafness, blindness, epilepsy, referred to as the falling sickness, and hysteric disorders. He is so keen on cold bathing that he lists, at the end of the book, ten conditions in children which it cures and another ten hereditary conditions it prevents. The conditions cured include coughs, rickets, pimples and want of sleep; the conditions prevented include apoplexies, asthmas, consumption and melancholy. Wise parents will dip their children in cold water every morning until they are nine months old, and thereafter their hands and feet. The link between water the healer and the water of baptism is not difficult to discern.

He practised what he preached. On 25 April 1748 he suffered from a fever, but taking only apples and apple tea he notes in his Journal that he was well next day.

In 1762 Dr Tissot, a Swiss physician, published *Avis aux Peuple*, a book which set out to expose “those pernicious methods of treating disease” then commonly practised, replacing them with advice on healthy living with simple remedies recommended. Unlike Wesley, Tissot was not aiming at a general readership, rather he saw his as a



book for country clergymen, “those of quality”, school teachers and the many surgeons who practised physic. These were the people whose advice would be sought by those for whom a licensed physician’s services would be out of reach. Like Wesley, Tissot preferred simple remedies to the confusion of a multitude of drugs and also like Wesley he recommended a systematic regulation of diet and behaviour to preserve or restore health.

Wesley used a 1765 translation by Dr J. Kirkpatrick to produce extracts from Tissot published as *The Family Physician* in 1769. There were some disagreements. Wesley was not in accord with Tissot’s ready use of bleeding or enemas. He also quarrelled with some of Tissot’s other remedies, for example the notion that Peruvian bark was the only

infallible remedy for intermittent fever. But on the whole there was support, he described *Avis* as “one of the most useful books of the kind which has appeared in the present century”.

Although *Primitive Physick* received little early attention from the medical fraternity, thirty years after its publication attacks came thick and fast. One reason was that it had done so well, it was a threat to the medical profession that was still struggling to establish itself. The second reason is that only in 1761, in the ninth edition, did Wesley’s name appear as the author. He was, thereafter, excoriated as a man of cloth going well beyond his competence. The most virulent attack came from William Hawes, physician to the London Dispensary, who wrote that *Primitive Physick* was “..... calculated to do essential injury to the health of those persons who may place confidence in it.” Wesley responded by asking Hawes to write more, for his polemic had led to an increase in sales.

Later critics were no less unkind to *Primitive Physick*: “An absurd, fantastic compilation of uncritical folklore” was the conclusion of J.H. Plumb, one of the 20th century’s most eminent historians.

Some of Wesley’s suggestions were, indeed, questionable. He regarded quicksilver in its native form “as innocent as bread or

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water". But while one raises eyebrows at that, and while it is easy to laugh at cold baths for cancer, it is not difficult to admire what Wesley did. He was correct in his recognition of the need of books of simple advice available to anyone. Physicians of his generation did, indeed, generally look after only those who could afford their fees, those lower down the social scale could avail themselves of the barber surgeons or apothecaries but many were left to the prey of quacks, defined by Dr Johnson as "artful, tricking practitioners in physic".

In 1746 there were only 80 Fellows and Licentiates listed in the Royal College of Physicians' catalogue. What is more, the treatment offered even by those with accepted College qualifications was far from always successful. Early 18th century medicine was medieval in its nature: in the *Tatler* of December 1710, an author argued that one should not ask what disease someone died of but what doctor did he die of.

Had Wesley been a physician he would probably have received much less opprobrium. Although today's readers may conclude that his cures were little more than old wives tales, many were consistent with medical texts of his day. Peter Shaw MD, published *A New Practice of Physic* in 1730. In the section on asthma he proposed that cheese was bad, broths good, boiled meat better than roast and

clean air and moderate exercise were recommended. For leprosy he advocated a liquid diet of gruels, teas, barley water, warm wine and frequent warm bathing.

Another of Wesley's strengths is that he did not ignore feedback. After Hawes's criticism he dropped the use of a red hot poker as a cure for nosebleeds. In the 24th edition of *Primitive Physick* he made a change in his advice on dropsy, citing his reading of *Medical Transactions*.

Some of his cures could, indeed, have been effective. His first choice cure for scurvy was to live on turnips for a month; turnips are a good source of vitamin C. And although he does not make play of it he was, at least by 1759, aware of psychosomatic pain. A Journal entry for 12 May of that year recounts his meeting with a woman suffering from continual stomach pain. Physicians had prescribed drug upon drug to no avail. Wesley, however, discovered that she was fretting for the death of her son. He goes on "Why then do not all physicians consider how far bodily disorders are caused by or influenced by the mind?"

His advocacy of herbal treatment followed a long and respected line. Today, in Lichfield, one can see a reconstruction of the herbal garden of Erasmus Darwin (1731 – 1802), English physician, one of the key thinkers of the Enlightenment. Wesley would

almost certainly have been aware of Gerard's *Herball*, published in 1597 and Culpepper's 1653 *Complete Herbal*. Both listed what they saw as appropriate herbal treatments. There is some, very infrequent overlap. Both Wesley and Gerard saw onions as helping to cure baldness. Gerard and Culpepper both prescribed them for the bite of a mad dog but Wesley's treatment of choice for a dog bite was to plunge the person in cold water as long as possible without drowning. If that did not work, then juice of fig tree mixed with hog's grease should be applied, and if a third approach were needed, juice of dracuntia (a plant) mixed with vinegar should be applied and then drunk.

Today herbal supplements are widely available, global sales reached \$93.15 billion in 2015. Perhaps Wesley would have felt more at home in the 21st century than we might imagine.

He was also an advocate of the therapeutic value of electricity but that is for another article.

Further reading

Inward and Outward Health. Deborah Madden (ed) London, The Epworth Press 2008

A. Wesley Hill (1958) *John Wesley Among the Physicians* London The Epworth Press

Help from the RSM Library is acknowledged.

“A magician is an actor playing the part of a magician”

(Jean-Eugène Robert-Houdin, watchmaker and father of modern prestidigitation, 1805-1871.)

Richard Rawlins explores the truth of Robert-Houdin's dictum, and integrates his experience as a surgeon with his intuition as a magician in a two part consideration of the synergism between magic and medicine.

Part one

Finishing his Punch and Judy act, Herne Bay's beach entertainer called for an assistant to help him with his magic. Although only seven, I had worked out how the wand he handed his assistants broke, and I reversed the sleight to repair it. The applause was intoxicating! 'Professor' Colin gamely hid his chagrin. With my teenage interest fuelled by books on magic, I became intrigued by the work of Professor JB Rhine at Duke University. He had claimed that telepathy was possible. Later investigation showed he had simply discarded his negative results - and I had an early introduction to publication bias. I also learnt how Extra Sensory Perception could be demonstrated by any competent magician. Castigated by my headmaster for running a roulette wheel, my explanation that I was studying statistics and Rhine's methods was wryly accepted. My first magical performance, whilst still at school, was as a psychological illusionist!

Fortuitously, when I then entered for a scholarship to the Middlesex Hospital Medical School I was required to write an essay on 'ESP'. I had, of course, predicted this! Post-exam discussions with fellow applicants revealed they had written about the lateral line of the dog fish. Given my magical interests, I had written about Rhine's work - and I won the scholarship (or I would not now be mentioning it).

As a consultant orthopaedic surgeon in Bedford, many of my younger patients were distracted from the worries of being in a hospital by simple magical sleights. Learning of my interest, an adult patient suggested I might like to join that most prestigious society, The Magic Circle, of which he was a member. After two year's apprenticeship at the Centre for Magic Arts near London's Euston station, I auditioned with an act based on the best scripts plagiarised from past hospital concerts - presenting myself as a manic doctor to whom strange things happened. No acting needed! I passed, and attended Monday meetings thereafter when I could, for higher magical training. Most magicians will have a few card tricks and other close-up effects they can demonstrate at tables or for 'mix n' mingle' at receptions. Some develop full stage acts with grand illusions. At BMA annual conferences I have twisted a young lady's head through 360°, and even sawn the Chairman of Council in half! His contribution to charity persuaded me to restore him.

Traditional grand stage shows as presented by Maskelyne and Devant in Piccadilly's Egyptian Hall in the late nineteenth century, and Houdini (Erich Weitz, appropriating Jean-Eugène's name) in the early twentieth, have today largely given way to 'street magic' as presented by David Blaine and Dynamo, and to the mentalism of David Berglas, Graham Jolly and Derren Brown. Penn and Teller still present a full show in Las Vegas - the Mecca for modern magicians. Most large conurbations in the UK have a magic club for amateurs and professionals alike, and members of The Magic Circle can also gain admission to Hollywood's Magic Castle - if you know the password. TV has of course transformed the art of magic, and many effects are now exposed on the Internet - but at least this stimulates interest amongst the younger generation. Should you wish to introduce any young relatives or friends to the magic arts, there are many books to choose from, but have a look at *Magic for Dummies*. Secrets of the tricks are explained, but the critical importance of performance is emphasised.

Magic happens in the imagination of spectators. Penn Jillette has discussed techniques used by magicians to alter perceptions: pattern recognition; exaggeration; humour; misdirection; confusion, plus 'one of the darkest of all psychological secrets - if you are given a choice, you'll believe you have acted freely.' The appearance, demeanour and patter of the magician is all important. Magicians refer to this

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approach as 'misdirection'. Medics refer to 'bedside manner'. Both work!

In the ancient of days, a magician could not be distinguished from a priest from a medicine man. Today, the medical profession has become highly regulated in order to prevent abuse, establish ethics, and to prevent vulnerable and gullible patients from being taken advantage of by quacks, charlatans, devious actors and healthcare fraudsters. Magicians use all manner of deception, from manual sleights to the psychological illusions created by misleading patter, but we are honest. We say we are going to fool those we entertain – and then we do! Charlatans and quacks do not always demonstrate such ethical compunction.

My own principal magical interests have continued to be in the realm of 'mentalism' – demonstrations of psychological illusions, ESP, clairvoyance, and predictions. Often presented as Entertainment at the Speed of Thought, I have more recently combined my magical insights with my other hobby-horse as The Magic of Alternative Medicine. I cannot be sure how those who practice complementary and alternative medicine achieve the results they do, but many patients report 'benefits' - and I do know that there is no plausible, reproducible evidence that CAM pillules, pricking, pummelling, potions or preternatural powers have any effect beyond those resulting from non-specific response expectancies or placebo

effects. And I do know that these benefits ('I am feeling better') can be reproduced by competent magicians and hypnotists. I am unable to distinguish between the response expectancies produced by placebos and those by hypnotic techniques. Is there a difference? My own demonstrations are of course for entertainment purposes only – and although they are gluten free, I warn they contain bosons and quarks and that there may be nuts.

Having spent some time as a ship's surgeon before proceeding with a surgical career, I currently find a ready, and captive, audience amongst the passengers of cruises now enjoyed by my wife and I. This enables me to claim I am an 'International Man of Mystery' - however, most of my talks and performances are for the usual suspects of medical societies, U3A, Probus, Rotary, WI etc. And that brings me to consider modern medical practice with the insights of a magician. Is it unethical and dishonest for a doctor to advise 'this won't hurt'? To envelop discussion of a bad prognosis in the cloak of consolation? To claim possession of preternatural powers? Reflecting on Robert-Houdin's dictum, perhaps 'A doctor is an actor playing the part of a doctor'. Part two will reflect on this.

Richard Rawlins, was the Riviera Circle of Magicians' 'Mentalist of the Year' in 2015, and is author of 'Real Secrets of Alternative Medicine' (ISBN 13978-1-51934-585-1, Placedo Publishing, 2016 - available on Amazon and Kindle).

The changing face of general practice

20th century

W.H.Auden, doctor's son

Give me a doctor, partridge plump,
Short in leg and broad in rump.

An endomorph with gentle hands

Who'll never make absurd demands

That I abandon all my vices
Nor pull a long face in a crisis.
But with a twinkle in his eye
Will tell me that I have to die.

21st century

Marie Campkin, retired London GP

Give me a doctor underweight,
Computerised and up-to-date,
A business man who understands
Accountancy and target bands.

Who demonstrates sincere devotion

To audit and to health promotion.

But when my outlook's for the worse

Refers me to the practice nurse.

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

Letters to the editor

Dear Dr Lansdown

Now, was that not a Nobel idea? Along the roadside of medical history, more useless litter? Or ideas whose time had not yet come? In an age of IT, colliders, and bosons, there is still room for the natural philosopher.

What follows is not so much a complaint against the Nobel Committee as against some in medical academia and research who are in a position to identify, confirm and advance promising ideas of young professionals who may be working outside research institutions. They thereby postpone interventions which, much later, will be universally applied, save lives, prevent or slow the evolution of serious disease states.

Such observations, during our early years in primary care, are those first of my brother John and second myself relating to:

- 1 The connection between Seasonal Affective Disorder and the duration of daylight hours;
2. The effect of small doses of aspirin in the prophylaxis of serious cardiovascular and cerebrovascular disease.

Case 1

It was in the early '60s that, after a decade in general practice, my younger brother raised the possibility of a causal link between reduced daylight hours and winter depression.

At the time we were familiar with

the work on Suicide (1897) of the French sociologist, Durkheim. He had explored the incidence, methods and motivations of suicide victims and, among them, identified the possibility of rational and altruistic suicide.

The Founding President of the Czechoslovak state, Thomas Garrigue Masaryk, had conducted population statistics, finding the heaviest burden of lives lost to be in the Scandinavian countries. This would have included towns below the Arctic Circle, including Bergen; where the best that the depth of winter may offer would be four hours of twilight.

To this insight, my brother had been led by the observed cyclical deterioration and improvement of some of his depressive patients. He thought that, as a species, we are designed to avoid the dark. Our sight is our main source of knowledge of the outside world. We can see ripe fruit and nuts, water and things edible. We can observe signs of change. At night, not.

In winter it is even worse and nature tells us to cuddle up warm in the cave. We can't go and till the fields and there is no fruit to pick.

Then along comes civilisation with artificial light and fire and then, especially with industrialisation, in comes shift work and regular working hours.

Meanwhile the body's clock and hormone levels are having to adapt to these abnormal demands.

It seemed to him that the extra

stress could account for an increase in depression, especially in some vulnerable people.

So he tried to explain his thought to several people including a senior, well known professor of psychiatry, and was told politely that he was mistaken.

Case 2

In 1952, I was in my second year as a 'trainee assistant' in an East End teaching practice. In a house on St Stephen's Road, barely 20 doors from the surgery, lived a slight, elegant and charming man, whose observed history to that time was notable for a recent series of small strokes, each in turn causing incremental loss of function.

Then his life and prospects very suddenly changed. At that time there were few analgesic remedies for skeletal aches and pains, whatever the form of arthritis diagnosed. The patient had bothersome cervical osteoarthritis. For this, with my tutor's OK, I prescribed tablets containing aspirin and codeine.

Over early weeks, into months, the series of small strokes came abruptly to an end and progress continued.

From this teaching practice, we sent tuberculous, bronchitic and emphysematous patients across Victoria Park to the London Chest Hospital. Others requiring specialist referral went to the Middlesex. One of the departments whose aid was sought most frequently was Neurology.

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To my enquiry as to the possible role of aspirin in my patient's continuing progress the blunt reply from that department was a loud no: any such effect of aspirin would be too brief to make any difference. With the patient's approval, I continued to ladle out the ASA.

I am sure that, among keen readers of the *Newsletter*, others will be able to match our experience. They made similar observations and found further inquiry denied by someone with what is called special knowledge!

You might think of this as getting our own back. It is.

Sincerely,

Tom Madden

Dear Dr Lansdown,

Belated though it is, I have just looked again at page 4 of the RFS *Newsletter* issue No 48 of April 2014 and the photograph from the Hunterian Museum of the Royal College of Surgeons which includes Sir John Bland-Sutton.

Although it is long before my time, I recognise this as a photograph from my alma mater, the University of St Andrews, and it includes Earl Haigh as Chancellor, Sir James Irvine as Vice-Chancellor and Principal, Rudyard Kipling as Rector and Stanley Baldwin and AN Other in the robes of an honorary graduand.

Yours sincerely,

Robert Bluglass

Chandos Towers
London

1 April 1710
The Editor, RFS Newsletter

Sir

My nephew having just come down from Trinity, Cambridge, his father wished me to accompany him on the Grand Tour as his tutor. It was in the south-west of France that a fellow-passenger alighted from our coach, leaving the document which I append, on the seat. I had not observed the fellow closely, save to remark that he appeared to have lost several teeth and was also missing two or three fingers from each hand; the thumbs were badly bruised, and he appeared to have chronic dislocation of both shoulders.

He walked with a pronounced limp, but nevertheless managed to mingle with the crowd before one of the coachmen could find him and return the sheet of paper to him.

I am sending it to yourselves in the belief that your learned society may wish to learn of a potential source of subjects for apprentice apothecaries to study, or even of cadavers for dissection by barber-surgeons. I must confess to some difficulty in deciphering the rather idiosyncratic turn of phrase of the author.

Your obedient servant, etc.

(Unsigned)

(Appended Document)

HOW DID WE DO?

Dear Repentant Heretic

Our records show that we subjected you to a programme of torture in accordance with instructions received from the Religious Authorities (www.inquisicion.esp), and we would be very grateful if you would complete the following survey to tell us how you would rate your experience by answering each question on a scale numbered 0 (worst score) to 10 (best).

- Was the welcome at Reception warm? Were you refused refreshments on arrival? Were the toilets securely locked with no possible access?
- Were you seen promptly? Were the procedures fully explained to you beforehand? (Consent is granted in advance by the Religious Authorities).
- Did our technical staff behave with the courtesy you would expect? Were they smart and professional? Did they give you their undivided attention?
- Were our premises comfortable and attractive? Did the extractor fans disperse any fumes satisfactorily? Did the sound-proofing function well?
- Were the instruments in good working order? (Unfortunately the rack is out of service, undergoing recalibration for today's taller users).
- Was there a high standard of hygiene? Had the inevitable

soiling caused by previous users been cleaned up and body fluids unobtrusively disposed of?

- Although you are clearly unlikely to have been scheduled for burning at the stake, were you able to observe other customers receiving this treatment, and did ignition and combustion appear to proceed smoothly? Had the staff remembered to disable the fire alarms? Were there adequate facilities for spectators?
- Would you recommend our service to a friend or relative? (If so, please supply name and contact details.)

Finally, we attach a form explaining your two-week cooling off period (the stake users may take rather longer!), during which any confessions you may have signed can be withdrawn without any obligation to undergo further programmes with us, although this will depend on review by the Religious Authorities. But should you need to return for further treatment, be sure to bring your loyalty card with you in order to benefit from any special offer available.

Yours sincerely,

Manager, Customer Relations

Maxalgasia Torture Chambers
"In our experience, it doesn't hurt at all!"

Editor's note: This correspondence, although dated 1710, did not reach me until a few weeks ago. It is not clear whether the delay was due to the postal service or whether it languished in

someone's RSM in-tray. Although the address given is in London, the letter appears to have been sent from Cambridge and I can just detect, in faint pencil, the initials NC at the bottom.

Death on the House: episode three

by Felix Bruckner

In episode two the newly qualified Edwin Scott settled in to his first post, at St Peter's Hospital, Hitchin. He met again Jill Pritchard, just starting her first post at St Thomas's and together they went to Spain.

The Hotel Roma was modern, comfortable and surprisingly luxurious for the price we had paid. After registering and leaving our passports at reception, we were taken with our cases by the bell-boy in a lift to the second floor, where we had two rooms (not adjacent, but both overlooking the sea). After unpacking, washing, cleaning my teeth and changing my shirt, I knocked on Jill's door, and we descended to the dining room for our evening meal.

The spacious chamber was cool, and empty save for a solitary elderly gentleman in a blazer and striped tie, reading a newspaper at his table while drinking an aperitif. He gave us a tiny bowl of acknowledgement before returning to his paper. A waiter in bow-tie and tails brought our menu.

We chose Pasta alla Marinara, and he nodded his approval. In halting English he ventured to suggest a Nebbiolo Spumante: we

ordered a bottle. The sea-food and cool fizzy wine were excellent after our prolonged fast, but the effects of the alcohol, the long journey and the lack of sleep hit us before we had finished. We rose to leave the dining-room; half-way out we encountered two attractive young ladies in full length evening gowns who were just arriving.

"Good evening," they addressed us in accented English, with a smile.

Upstairs, I parted from Jill, entered my room, and lay down on my bed before completing my unpacking. I closed my eyes for a minute. The sea sighed softly on the beach as the tide crept in... I woke up on the bed next morning, fully clothed with the sun streaming through the open window, the curtains flapping in the light breeze.

After a breakfast of rolls with damson jam and coffee in the empty dining-room, we spent the morning on sun-loungers on the hotel's private beach, I in my navy blue bathing trunks, and Jill in a chocolate-brown bikini, whose top revealed more than it hid. On the incoming breeze I picked up the whiff of ozone and sea-weed, the unmistakable smell of the seaside. We relaxed in the warm sunshine, toes in the soft fine sand, murmuring to each other, occasionally touching hands. Cool lime juice was brought out to us by a white-jacketed waiter, around mid-morning; while we sipped it we watched the tide slowly advance towards us. We paddled in the sea, the water feeling cold after the heat of the

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sun. The place was deserted, save for a pedalo visible a long way off-shore, and a tiny couple promenading on the sand at the water's edge in the distance.

In turn we anointed each other with sun-tan lotion: I thrilled to the touch of Jill's silky skin – as my finger-tips caressed her shoulders, back and upper arms. When we had finished, I donned my sun-glasses, lay back on the sun-lounger and dozed.

I felt eyes on me, and awoke to find the two young ladies from our hotel standing over us, casting the shadow on my face that must have disturbed me. Now they wore beach robes over minuscule bikinis (one a scarlet polka-dot, one virginal white); both had loosened their blonde hair, so that it hung down to their shoulders, and both were disguised with large fashionable sun-glasses.

"Good morning," the taller one addressed us in excellent English.

"We met you briefly in the dining-room yesterday evening, but you looked travel weary so we didn't want to detain you with conversation ..."

There was a slightly awkward pause, while I wondered what to reply.

"But how are you this morning?" she continued. "Seems as though the good weather will continue ... I am Greta and my friend is Marianne."

We introduced ourselves, and they duly admired Jill's ring, exchanging significant private

smiles.

"May we sit with you?"

They brought sun-loungers from a stack nearby, discarded their robes, and proceeded to lubricate each other voluptuously with oil from a bottle, until their bronzed skin shone in the bright sunlight. They had perfect figures, the sort that would draw the male gaze from miles around, but apart from me and the waiter (who had appeared like a jack-in-the-box to take their orders), the display was wasted – the surrounding beach remained deserted. We learned that they were air hostesses with the Dutch air-line KLM, that they had been here two days already, and that they were due to fly back to Amsterdam on Wednesday.

Greta, the taller of the two, addressed the waiter peremptorily in rapid Italian; he departed, to return in ten minutes with a tray of salad, prawns and spaghetti on four plates, and a couple of cocktails for the girls, in tall glasses with slices of lemon, ice cubes and small paper umbrellas. I marvelled at the sophistication of these young ladies who seemed no older than Jill and myself.

"While you are here, you must take a coach trip to Portofino ... See how the rich live."

The girl in white, Marianne, was quieter than her friend, though no less beautiful.

"Also, a trip along the Riviera and across the French border to Nice. They should enjoy that, shouldn't they, Grete?"

We nodded enthusiastically, and agreed we would try to book the trips from hotel reception. The conversation continued intermittently until we had finished our drinks and our sea-food snack. Then, still in leisurely mode, I donned my cover-up shirt, and Jill her hotel towelling-robe. We rose to return to our rooms for a siesta, but Greta interrupted our goodbyes.

"I nearly forgot, you must visit Jimmy's! It's the only decent night-club in Alassio ... About half a mile into town. We're there practically every night – great fun. You will enjoy ..."

We nodded again, smiled, waved and left.

Wednesday, 26th May: The coach was almost full, and we wondered where all the passengers – lightly dressed tourists like ourselves – had come from. It raced down the empty coast road, heading west. On our left were views of the sea, the sun sparkling on the shallow waves, the beaches virtually deserted. A tiny steam ship appeared on the horizon, and nearer at hand I saw a luxury motor yacht, its sail furled, maintaining a parallel course to ours. On our right were rolling countryside, lines of lemon trees and a backdrop of green hills. We passed through several villages, the resorts of San Remo, Menton (more lemon trees), and then we were across the border in France.

The Corniche, on the French side of the Riviera, was steeper with more hair-pin bends, the views more spectacular,

more vertiginous. However the coach driver drove smoothly, competently, and we were able to relax, to enjoy the ride.

“We now in Principality of Monaco ...” he informed us in broken English.

We halted outside the lavishly-gilded Casino, where we dutifully viewed the fruit machines in the entrance hall, and one or two of the passengers had a flutter. The main rooms appeared closed and empty at this hour, and no-one ventured further.

“Bang goes my chance to break the Bank at Monte Carlo ...” A loud male voice with a broad Yorkshire accent informed the group. Jill and I exchanged conspiratorial smiles.

Then we were back on board, and motoring. The sun indicated that it was approaching noon, and I was beginning to feel the first pangs of hunger. Half an hour later, we stopped on the Esplanade at Nice, where we were free for two hours to explore the town. We alighted.

Grand luxurious hotels, painted a brilliant white, faced the turquoise sea. The exotic feel of the place was reinforced by the vista of palm trees, giant ferns, and a riot of pink, red and white tropical blooms. We stood on the promenade, gazing down onto the beach: sand had been imported to cover the pebbles and shingle; in this small expensive area, hundreds of expensively bronzed bodies sun-bathed. The ladies were startling in their brief bikinis, some face down on a blanket, their bras discarded, others on

sun-loungers, watching their men, muscles rippling, performing gymnastics for an appreciative audience, us included. When we had seen our fill, and prompted by our stomachs, we went in search of food.

We ignored the plush restaurants of the sea-front hotels, and made our way inland. On a narrow alley up a steep hill, we found a small bistro with tables outside shaded by an awning from the hot sun directly overhead. Here we ordered baguettes with prawns and baby octopus in a superb sauce on a bed of fresh lettuce, and we washed these down with a carafe of chilled white house wine. The meal, though inexpensive, was superb.

I gazed over Nice, then into Jill’s deep violet-grey eyes. I felt ridiculously happy. We conversed lazily, languorously ...

We revisited last night’s excursion to the night club. Initially, it had been a disappointment: we had arrived at ten-thirty, after a pleasant stroll on a balmy night under a full moon, a velvety sky with a frosting of bright stars. We were welcomed by a blue neon sign depicting a young lady with a cocktail glass, and letters spelling out Jimmy’s Club.

The cost of an entrance ticket had been exorbitant, even though it included a glass of flat, rather tepid champagne. Inside, the lights were dim, the place almost empty. A three-piece band (piano, guitar, saxophone) played and sang intermittently, each offering treated with wild enthusiasm by

the sparse audience. I just about recognised Frank Sinatra’s I did it My Way, and Elvis Presley’s Love me Tender, Let me be Your Teddy Bear and Have I told you lately that I love you. Though the words were presumably English, the band sounded as though they were singing in Italian, disorientating me further ...

The tempo changed, a single hoarse voice with saxophone accompaniment shivered on the warm evening air. I felt goose-pimples all over, and the hairs on the back of my neck stood erect.

“Sometimes I wonder why I spend the lonely night / Dreaming of a song / The melody haunts my reverie / And I am once again with you. / When our love was new / And each kiss an inspiration. / But that was long ago / Now my consolation is in the stardust of a song. / Beside a garden wall / When stars are bright / You are in my arms. / The nightingale tells his fairytale / A paradise where roses bloom. / Though I dream in vain / In my heart it will remain / My stardust melody / The memory of love’s refrain ...”

It’s ‘Stardust’, I thought. Wherever did that come from?

“Let’s dance,” Jill closed her eyes and wrapped her arms around me. We joined the solitary couple on the tiny dance floor, and merely swayed gently on the spot. Another couple took to the floor, chatting softly but animatedly in Italian; apart from occasional endearments (“cara mia”), I couldn’t understand a word; yet the melodic Latin cadences

Retired Fellows Society

charmed me, the time suddenly made magic. As the evening progressed, the place slowly filled, the dance floor becoming more intimate.

“I’m so happy,” murmured Jill. “I get frightened that this happiness will be taken away from me ...”

In the dim light, I could just make out the tears glistening in her eyes.

“I can’t wait ‘till our wedding, darling Edwin. I want to be with you for ever ...”

A lump came to my throat, and I held her tight. In retrospect, this evening became for me the essence of our Italian holiday; this was the moment that I would always remember.

When our third glasses of flat warm champagne were empty, we left Jimmy’s to the accompaniment of Elvis’s *It’s now or never/ My love won’t wait ...* It was just after one o’clock.

Outside, we bumped into Greta and Marianne, looking fabulous in long evening gowns, copious jewellery, their hair pinned up elegantly. We exchanged a few words, they entered and we began to retrace our steps towards the Hotel Roma.

“I’m glad the girls didn’t come earlier – I didn’t want to share you,” she whispered.

“Me neither, Angel ...”

My eyes strayed from her face, down her throat, as she sat across

the table, leaning towards me. She had undone the top buttons of her blouse, and now I found myself gazing down a deep cleavage at her wonderful breasts. She smiled mysteriously, and reached her hand to cover mine. The hint of gardenias wafted towards me. Then I felt her bare foot pressing against my shin, and exploring its way up toward my thigh. I was becoming aroused, and wished we were back at the hotel, away from prying eyes ...

Suddenly I jerked awake: the coach, we would miss the coach! It was almost three o’clock. In my haste, we nearly left without paying the bill. Yet when eventually we mounted the steps into the coach – which waited sedately on the Esplanade – we found it was still only half-full.

Our days had passed pleasantly. We sun-bathed, swam in the chill sea and dried off in the warm sun. We lunched on the hotel’s terrace or private beach, and siesta-ed chastely in our separate rooms afterwards. We munched ice-creams; we hired a pedalo and pedalled it far out to sea, surveying the shore-line in the distance and marvelling at our daring. As the week progressed, we encountered new hotel guests, but the air hostesses had departed without us seeing them again. We ate royally in the hotel dining-room: Veau Milanese, Spaghetti Bolognese, Pasta alla Marinara; we drank Chianti in broad straw-covered bottles, Barolo, Asti Spumante, and, of course our favourite, Nebbiolo Spumante. In the evenings we

sipped Martini and Cinzano vermouth at the bar – chilled, with a slice of lemon – walked hand in hand on the moist sand, or into town toward Jimmy’s (but never again entering it).

On the Thursday, we had taken the coach trip to Portofino; as we descended from the mountains, we saw the central square surrounded by opulent hotels, the harbour crammed with large luxurious ocean going yachts, gorgeous, tanned bikini-clad ladies displayed decorously on their decks – So this is how the other half live, I thought. We had decided against a trip to Genoa, the birth-place of Christopher Columbus. I wanted Jill for myself for the remainder of our holiday.

On our last evening, we consumed our favourite meal – rings of Calamare (baby octopus) with spaghetti and a half-bottle of Nebbiolo spumante; then made our way up the wide marble staircase to our rooms.

“Leave your door unlocked,” she whispered as we separated to pack ...

I lay on my back on the bed in the dark room, thinking of Jill, the deep pools of her grey eyes, the secret smile as she caught mine straying to her cleavage in the café overlooking Nice, the frizzy auburn hair which framed her face, which even now she couldn’t completely bring under control, yet which I loved so much. I thought of her on the beach sun-lounger: her narrow waist and smooth flat stomach. I recalled the satin texture of her soft warm skin, as I

anointed her shoulders, arms and back with sun-tan lotion.

Time passed and I wondered if she was still packing, or whether she was now engaged in making her toilet, in washing and perfuming; but perhaps she wasn't coming!

The door-handle moved, the door opened softly and then closed. A ghostly figure glided towards me, whilst I waited with bated breath; it paused, and I heard a rustling as first her dressing-gown and then her night-dress fell to the floor; the aroma of gardenias wafted towards me; another pause, while my duvet was raised, and then she was beside me, her lips on my neck and wondering up to my mouth, her tongue probing mine, her fingers trembling slightly as she unbuttoned my pyjama jacket. Suddenly she stopped.

"Have you got a Durex?" she whispered.

I flushed in embarrassment, and could only nod.

"Get on with it then ... I don't want a shot-gun wedding!"

Saturday, 12th June: On the bench on Clapham Common, we had a lot to talk about – my new house job, Jill's feelings of anticipation and dread on starting at Tommy's (her old teaching hospital). We were both due to collect our degrees from the Queen Mother, at the Royal Albert Hall at the end of the month. I had hired a London University gown and mortar board for the occasion, which I would pick up on the morning of the ceremony.

Naturally, Mum was thrilled – she was buying herself a whole new outfit for the occasion. Jill was presented with similar chores, but shrugged them aside.

Most of all she wanted to discuss our wedding plans: we decided we would wait until we had both finished our house jobs – July or August of next year. Would we be getting married in a church? Did we want a white wedding? How many guests should we invite?

We gazed into each other's eyes.

"I've missed you so much ..."

"Me, too."

It had been almost three weeks.

I wake with a dry mouth and a splitting headache. The daylight hurts my eyes. I become aware that I am naked and that I am not alone. Sleepily she rolls over, and her warm soft body is on top of me. Who is this? It's certainly not Jill ... The scene dissolves and I find myself following a coffin through a large cemetery, tombstones disappearing into infinity. I stand in the warm rain, tears flowing down my cheek.

"Ashes to ashes, dust to dust ..."

I woke, disorientated, in my bed in Oban Road, with a feeling of unutterable sadness still upon me. Then I remembered that my weekend was drawing to a close. This was Sunday and I would have to return to Hitchin sometime today.

Monday, 14th June: I was back at St Peter's Hospital. The sun was streaming through my curtains, and I lay a while gazing at the

dappled light on the ceiling. It was time to get out of bed; yet when I tried, I found I couldn't move, I was paralysed! Each time I endeavoured to raise my head from the pillow, there was a searing pain in my neck, which shot through the whole body. I lay there, in a panic, my heart pounding like a steam-hammer.

Must phone for help, I decided eventually – but I couldn't reach the telephone.

Think what to do: Cautiously I tried wiggling my fingers, then my toes; then flexing my elbows, and finally my knees – all moved normally, as long as I kept my neck absolutely still.

So, not paralysed! My pulse rate slowly returned to normal.

My neck's the problem – must have ricked it in my sleep.

Slowly, oh so slowly, I rolled onto my side, away from the wall and facing into the room. Then, pushing down onto the mattress with my left palm, I raised my trunk, lowering my legs over the side of the bed as a cantilever, and found myself sitting up. The neck was painful and very stiff, but the rest of me seemed all right.

I breathed a sigh of relief. Cautiously I began getting dressed.

Two from the camera club



Kenneth Citron: Bangladesh River



Barrie Parker: Dungeness Power station

In the next issue

Who knows? There will be a new editor.