



The ROYAL
SOCIETY of
MEDICINE

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Newsletter Issue No.60
December 2017

RFS

Retired Fellows Newsletter

DECEBALUS REX
DRACAN FECIT

OUR NEW EDITOR

Catherine Sarraf

REPORTS

ARTICLES

NEW LAYOUT

RFS Redesign



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Editorial:

Catherine Sarraf

First, may I say how delighted I am to be the new Editor of the RSM Retired Fellows Society Newsletter. Over the last years I have been preceded by spectacularly good editors who have always succeeded in bringing you a publication of high standard and interest. I shall be making every effort to maintain the exceptional level to which you are accustomed. Thanks to the efforts of Janice Liverseidge and Chris Boss-Pratt, I am now able to offer to you a newly re-designed format of the journal, which benefits from full-colour publication. I hope you will all like it.



This issue at the time of printing, and coming at the end of the 'Autumn term', contains just one Meeting Report. It is by Harvey White on the very exciting presentation provided for us on the Thursday 19 October by Thomas Plant on the topic of auction anecdotes. We have extramural reports, on the river boat holiday on the Danube, written by Judith Webb, on the visit to the London Palladium, by Richard Lansdown, on the King's Cross walk written by Allen and Marianne Davey, and the visit to the UK Supreme Court by Chris Rodrigues. We have a winning student essay 'Trust me, I'm a doctor' by Chiara Catterwell-Sinkeldam. The non-solicited articles are about medical war services in Africa, by Tony and Sandra Jewell, about being a tour director, by Christine McCartney, one on London smog by Tom Madden and one on our 'Rights' by Maurice Cohen. I hope you enjoy them all.

The Newsletter is for us and about us. It relies totally on what we all submit. As ever, we will be having the reports on meetings held in the Retired Fellows Society on Thursday mornings, the reports on extramural visits, walks and tours plus articles of a more general nature. These last might be of any suitable topic, of interest to the Retired Fellows. Also, I would like to encourage you to submit high quality photographs that you might have taken. Of these I compose a file, and from them choose a suitable image for the front cover of every issue.

One date for your diary; on Monday 9 April 2018, here at the RSM, there will be a joint RSM and London Handel Festival evening with a lecture given by Handel specialist Charles Bonney.

Also, Dr John Simpson of the MSL, Harveian and Hunterian Societies Golf Club declares the opening of their annual golf competition to members of the Retired Fellows and the History of Medicine Societies of the Royal Society of Medicine. This is the annual Stableford Competition played at Highgate Golf Club, followed by a good lunch and Prize Presentation. Mr. John Ireland is the organiser, and we represent the membership in cordially wishing to widen the potential "players" grouping. Golfers interested please contact either Dr Catherine Sarraf alison.catherine872@gmail.com or Dr John Simpson JandCDino@aol.com

Finally, I would like to hope that you will always continue to enjoy reading the Retired Fellows Society Newsletter.

Catherine Sarraf **Email:** alison.catherine872@gmail.com



Forthcoming meetings



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Lectures

Extramural events

Thursday 15 February 2018
**Debunking the myths about obesity:
Lecture by Professor Peter Kopelman**

Thursday 15 March 2018
**Shakespeare the novelist: Lecture by
Sir Barry Ife**

Thursday 19 April 2018
**Healthy Prisons? What is happening
behind prison walls? Lecture by
Professor Nick Hardwick**

Thursday 17 May 2018
**Addressing global challenges for
sustainable food production: Lecture by
Professor Sue Hartley**

Thursday 21 June 2018
**Annual oration - children, parents and
society in the family jurisdictions:
Lecture by Sir James Munby**

Friday 9 February 2018
The British Library tour [fully booked]

Wednesday 4 April 2018
**Squares, hospitals and some
unknown surprises** – walk with Sue Weir

Wednesday 9 May 2018
**Piggeries and potteries, a race course
and of course the market** – walk with
Sue Weir

Tuesday 10 July 2018
**Explore what's new and enjoy the
unexpected wildlife** – walk with Sue Weir

Wednesday 26 September 2018
More Livery Halls to count but no walls!
– walk with Sue Weir

Book your place online
www.rsm.ac.uk/RFS



Camera club

Richard Lansdown - other people's photos, prize winning images from other clubs

*Wednesday 24 January 2018
- The Seminar Suite*

Members' meeting

*Tuesday 27 February 2018
- The Seminar Suite*

Michael O'Brien - Hindu temple architecture

*Thursday 22 March 2018
- Robert Adam room, Chandos House*

Presentation meeting - Three members will present a variety of topics

Thursday 26 April 2018 - The Seminar Suite

Alan Gubbay - Mostly portraits

Tuesday 22 May 2018 - The Seminar Suite

Members' meeting

Tuesday 26 June 2018 - The Seminar Suite

Mark and Judy Buckley-Sharp - Images from Turkey:

'There be Dragons' and 'Topkapi Palace'
Thursday 26 July 2018 - The Seminar Suite

Harold Ludman - Paper and ink

*Tuesday 25 September 2018
- The Seminar Suite*

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

Committee meetings:

**Thursday 14 December 2017
10.45 am - The Heritage Centre**

**Thursday 8 February 2018
10.45 am - The Heritage Centre**

**Thursday 10 May 2018
10.45 am - The Heritage Centre**

**Thursday 21 June 2018: AGM
11.30 am - Guy Whittle Auditorium**

**Thursday 20 September 2018
10.45 am - The Heritage Centre**

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BIOGRAPHIES OF SPEAKERS

EM Forster - memories of him in Cambridge: Lecture by Robin Morrish

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Robin Morrish was educated at Lancing College, Sussex and 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.

As a lecturer he has spoken to various U3A audiences, schools and the Royal College of Physicians.

2017 Recent advances in medicine and surgery

This one-day symposium, held annually, aims to provide a series of brief reviews of clinical topics in which there have been recent advances either in pathogenesis, investigation or treatment, given by speakers who are authorities in their fields. Among the subjects to be addressed this year are age-related macular degeneration, atrial fibrillation, bone marrow transplantation, an overview of what is happening to general practice, and post-traumatic stress disorder.

Debunking the myths about obesity: Lecture by Professor Peter Kopelman

Professor Peter Kopelman was principal at St George's, University of London 2008-15. Prior to his appointment at St George's in 2008, Professor Kopelman was Vice-Principal, Queen Mary, University of London and deputy warden of Barts and The London School of Medicine and Dentistry (2001-6), and dean of the Faculty of Health, University of East Anglia (2006-8).

Professor Kopelman is active in health policy, education and research. He has been chair or deputy chair of several national university committees that include University UK's health education research policy group, UK Health Education Advisory Committee, University and Colleges Employer Association, Clinical Academic Staff Advisory Group, and London Higher. He was formerly a Trustee of the University of London. He is a member of NHS national policy and workforce committees, and has chaired the Clinical Examining Board of the Royal Colleges of Physicians (UK) and the NHIR Academic Careers Panel. He is presently chair of the Royal Pharmaceutical Society Faculty Board and Health Education England's Oversight for Medical Associate Practitioners.

Professor Kopelman has a long-standing interest in diabetes care, nutrition and obesity with a major research interest in obesity. He was a member of the UK Department of Health and Food Standards Agency Scientific Advisory Committee on Nutrition (2001-10), DH Expert Panel on Obesity (2008-10) and was Science Advisor to the Office of Science and Innovations Foresight Obesity Project (2005-9). He has published extensively on obesity, edited textbooks on the condition, and chaired a number of Working Parties on obesity and nutrition for the Royal College of Physicians of London. He is a past President of European Association for the Study of Obesity. His contribution to higher education and medicine have been recognised by the University of London and University of Nicosia through the awards of honorary Doctor of Science (Medicine).





Addressing global challenges for sustainable food production: Lecture by Professor Sue Hartley

Professor Sue Hartley is the director of the York Environmental Sustainability Institute, an innovative inter-disciplinary partnership addressing the key global challenges of climate change, biodiversity loss and threats to food security. Her current research focuses on developing sustainable ways to increase crop resilience to drought, disease and insect pests.

She was the founding director of the £16M Hefce Agri-Food Resilience Programme, a collaborative project across the N8 group of northern research-intensive universities, and she is currently a co-investigator at Centre for the Evaluation of Complexity Across the Nexus (CECAN), an Economic and Social Research Council (ESRC) large centre pioneering innovative approaches to policy making and evaluation where food, energy, water and environmental issues intersect.

Professor Hartley is a member of the Biotechnology and Biological Sciences Research Council's (BBSRC) Strategic Advisory Panel on Agriculture and Food Security, chair of the Research Councils UK (RCUK) Sustainable Agriculture Research Innovation Club, co-lead of the RCUK Sustainable Intensification Research Network, a trustee of the Royal Botanic Gardens, Kew, and the president of the British Ecological Society.

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Annual oration - children, parents and society in the family jurisdictions: Lecture by Sir James Munby

Sir James (Lawrence) Munby, Hon., Kt 2000; President of the Family Division since January 2013. Hon LL.D University of Bolton, July 2014. Lord Justice of Appeal 2009-2013, Chairman, Law Commission 2009-2012 (on secondment) and judge of Family Division 2000-09. Called to the bar, Middle Temple, 1971 (Bencher 2000); QC 1988.

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MEETING REPORT

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20th Anniversary Meeting Auction Anecdotes

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Our Chairman, Dr James Carne, opened the meeting with a brief introduction to the Chair of the day, whose idea it had been originally, to start the Retired Fellows Society (RFS). A piece that he, Harvey White, had written in 2015 detailing the early history of the society had been included in the papers for the present meeting. He therefore confined his comments to some general observations about vision of the early committees which has laid the foundations which allowed us to flourish as an important section within the Royal Society of Medicine (RSM). He pointed out the importance of the RFS in providing continuity and hoped that our wisdom and experience could be harnessed formally by Council to make a contribution to the future strategic development of the Royal Society of Medicine (RSM). He also suggested that we should produce both a written and recorded archive of important aspects of clinical practice in our own professional lives. He hoped that we might develop greater electronic communications between our members – especially with those who were infirm. Finally he gave a non-alcoholic toast to the early officers and members of this enjoyable and flourishing society.

The meeting continued with our guest speaker Mr Thomas Plant – familiar to many from his numerous appearances on television antiques auctions. Mr Plant cascaded through a wide range of *objets d'art* from Indian goddesses to jewellery, via furniture to clocks and carpets, with associated stories of price tags of unbelievable value. The most interesting feature in the decoration of a carpet – which made it almost priceless – was that although of Islamic origin, the image of a bird was depicted. This is, of course contrary to religious decree.

Two interesting facts are memorable from the questions. First, mechanical clocks do not attract capital gains tax (as mechanical movements do not last for ever) and secondly, apart from an occasional exception, the value of brown furniture will not recover for many years, if ever.

Following a vote of thanks to the speaker, he was presented with the first of the Adam Aaronson glass vases, recently commissioned for speakers, by the RFS

Harvey White



Mr Thomas Plant

EXTRAMURAL REPORTS

Lower Danube cruise

On the Retired Fellows Lower Danube cruise, a group of 22, led by the inimitable Sue Weir, sailed along the less visited stretch of the river downstream from Budapest. For most of the trip the weather was hot, with temperatures in the low 30s at times, but we were very comfortable on the air-conditioned AmaCerto. The country along the river was relatively sparsely populated with huge areas of agricultural land and woods. There were only a few cruise boats and little commercial transport on this part of the river. The five countries we visited were part of the old Eastern European Block and the remnants of communism were still visible in some of the residential tower blocks and huge abandoned factory buildings, now derelict, on the outskirts of the towns and villages. We also heard first-hand about aspects of the conflict which occurred when Yugoslavia split up in the 1990s.



I opted for the two day pre-cruise extension in Budapest. The city which was formed in 1873 when the older cities of Buda and Obuda on the west bank of the Danube were united with the newer Pest on the east. Our hotel was beside the Chain Bridge, the first permanent bridge across the Danube, which was designed by the Englishman, William Clark, and built by the Scot, Adam Clark, in the mid nineteenth century. In Pest we drove along the elegant Andrassy boulevard to Heroes' Square, created to commemorate the 1000 years since the Magyar conquest of Hungary. The central column of the Millenary Monument is surrounded by equestrian statues of Magyar chieftains and a two part colonnade at the rear of the square contains statues of Hungarian rulers and princes between the columns. We then visited Castle Hill in Buda to see the Matthias Church with its colourful tiled roof and the adjacent Fishermen's Bastion, a neo-Romanesque wall with turrets, built circa 1900. From the Bastion there is a wonderful view of Pest, including the huge neo-Gothic Parliament building. East of Budapest we visited a farm run by two champion carriage drivers. There we saw displays of carriage and horse racing, archery and whip-cracking by men in historic Hungarian dress,





before eating a delicious lunch which started with the traditional goulash soup.

I joined the RSM Retired Fellows group on our ship and the following morning we sailed south to Mohacs, the site of a major defeat of the Hungarians by the Turks in the early 16th century. From there we drove to Pecs, which was occupied by the Turks for over 140 years. Near the huge neo-Romanesque nineteenth century cathedral, an early Christian fourth century mausoleum has been excavated. We saw the ruins of a cemetery chapel and a burial chamber with frescoes on the ceiling and walls. At the centre of the town there is a large square. The domed Inner City Parish Church at one end was formerly a mosque, and retains many typical Islamic features in the interior, and the rest of the square is lined by handsome Baroque buildings.

By the following morning we had reached Croatia, part of former Yugoslavia, and docked at Vukovar on the southern bank of the Danube. This town withstood a 3 month siege by the Serbs of the Yugoslav National Army in 1991 and so played a major part in resisting the invasion of Croatia. Remains of some of the damaged buildings, such as the water tower, can still be seen. At the end of the siege, the Serbs rejected the request of the Red Cross to evacuate the patients and staff from the hospital and instead took 260 of them to a farm in the adjacent countryside. Many were tortured and killed and a mass grave containing 200 bodies was subsequently found. We visited the sombre Ovcar Memorial which commemorates the victims. In the afternoon we continued along the river to the Serbian city of Novi Sad on the northern bank of the river. The approach to the city is dominated by the huge Petrovaradin Fortress on a rocky promontory above the river. During the Kosovo War of 1999 the 3 bridges across the Danube at Novi Sad were bombed by NATO, and since then new bridges have been constructed.

Our next stop was Belgrade, the capital of Serbia, on the south side of the Danube. where it is joined by the Sava River. Belgrade was also bombed by NATO during the Kosovo War. We visited the fortress, from which there were views across the modern city. On one of the hills is St Sava Cathedral, named after the first Archbishop, a huge white building with green domes. Construction was started in the 1930s, paused during the Communist era,

Many were tortured and killed and a mass grave containing 200 bodies was subsequently found.

and the interior is still being completed. Outside the Parliament Building there were banners which our guide told us were placed there by the government for propaganda purposes. One banner read '1992. Srebrenica - Innocent Serbian victims murdered by Muslim war criminals'. That afternoon some of us visited the Royal Palace and Tito Mausoleum, both on one of the wooded hills adjacent to the modern city. We were surprised when, during our tour of the handsome 1920s palace, it was suddenly announced that the Crown Prince and his wife wanted to meet us! Crown Prince Alexander II was born in London at Claridges during the Second World War and spent most of his life in the US, but returned to Belgrade in 2001. He and his wife are now involved in raising funds to improve health and education systems in Serbia. At Tito's compound we saw his marble tomb in the mausoleum and visited a museum with many exhibits relating to his life.

The following day was spent sailing through the Iron Gates, an 80 mile long series of beautiful gorges, with Romania on the north bank and Serbia on the south. Just beyond the narrowest gorge the picturesque small white Mraconia monastery is on the left bank, with beyond it the huge 40 metre face of Decebalus (the Dacian prince who was defeated by the Romans), sculpted into the rock. On the right bank the marble Trajan's Plaque was placed by the Romans to commemorate the road along the Danube which Trajan had constructed. Further along we reached a huge dam and power station completed in 1971, where we entered a 30 metre deep lock. We left the Iron Gates downstream at a second shallower 10 metre deep lock.

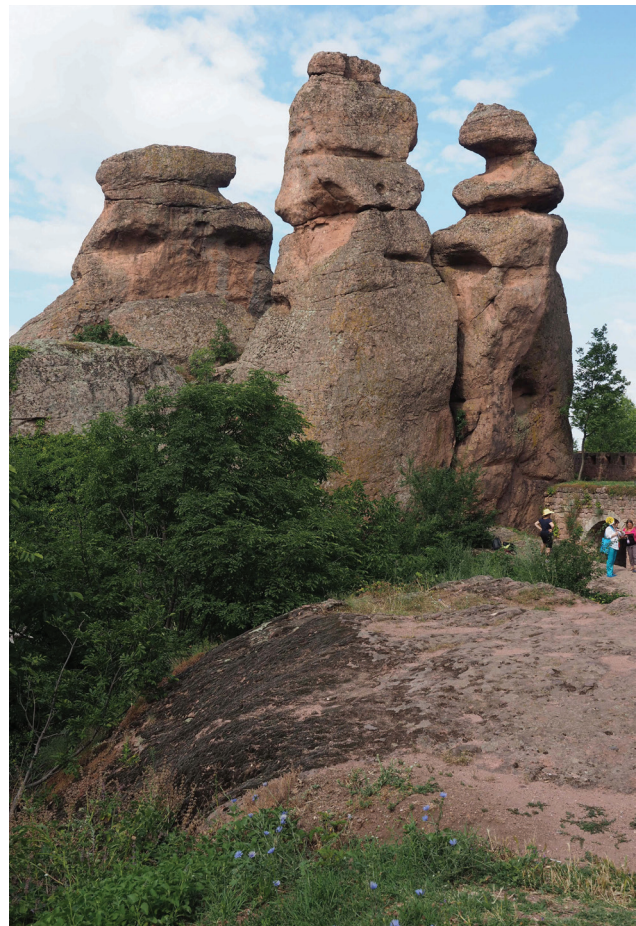
By the evening we had reached Vidin in Bulgaria, where we were entertained on board by a





troupe of young dancers in traditional dress. The next morning we travelled by bus through hilly, forested country to reach Belogradchik, a town dominated by huge surrounding sandstone rock formations. The Romans as well as later occupants, used the hill beside the town, surmounted by rock pillars, as a fortress and from there we had wonderful views of the surrounding countryside. Back in Vidin we visited the Baba Vida Fortress by the river, where there was a short performance in historic dress illustrating important moments in local history.

We sailed on to Rousse, also in Bulgaria, and by the following morning it was raining quite heavily. A tour inland took us to the village of Arbanassi, set in wooded hills, where we visited a seventeenth century house, now a museum. The traditional furnishings showed strong Ottoman influence, with many rugs and kelims on the couches. Two old churches in the village are now also museums. In the first, the Church of the Archangels Michael and Gabriel, there was a performance of traditional Orthodox chanting. In the second larger Church of the Nativity, the walls and



ceiling were completely covered by remarkable seventeenth century frescoes of bible stories, saints and martyrs. After lunch we descended into the town of Veliko Tornovo, the medieval capital of Bulgaria, which is dominated by the Tsarevets Fortress on a hill above it. There are old houses on the terraces which overlook the river, which winds through the town.

That evening we made the short sail across the Danube to Georgiu in Romania, and the following morning we left the ship to drive through the Romanian countryside to Bucharest airport. I had previously visited Bucharest in 1992, only a few years after the deposition of Ceausescu, and was very depressed by the evidence of the deprivation and suppression of the people, thus, I was encouraged on our drive through Bucharest to see its much smarter and more prosperous appearance now. In the distance we saw the huge white Palace of the Parliament, started by Ceausescu in 1984, and now the second largest administrative building in the world. A large area of the city was demolished during its construction and 40,000 people were relocated. We passed one of the many churches which was moved to accommodate Ceausescu's massive vanity project.

Judith Webb





Visit to the London Palladium

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This took place on Friday 7th July 2017 and was magnificent. Mark Fox, our guide, has been involved, on and off, with the Palladium since he was a schoolboy and his knowledge and enthusiasm shone through the whole afternoon.

There were two main themes, along with an underlying message. The themes were first the building itself and second how the management has responded to audience needs, the underlying message being dedication to making money!

Built in 1910, just ten years after the opening of Oxford Circus station; this allowed people from far away easily to travel in. The Palladium was designed as a Music Hall, with two or even three shows a day, seating 2,500. But it was to be no ordinary theatre, Walter Gibbons wanted the grandest and most luxurious building of its kind and he employed Frank Matcham as its architect, the Frank Matcham who was responsible for designing over 100 theatres. No expense was spared: we saw marble floors and elegant iron and glass work.

We heard also that this was the first theatre where seating in the gods was not just a set of benches, but individual seats which could be booked, what is more - in a carpeted area. We heard also about the care taken to segregate social classes, with separate entrances, stairs and corridors. Apparently this was acceptable to everyone.

Even the programmes were differentially priced. If all were the same price the lower orders, it was no doubt rightly thought, would not want to buy them so they were 1d, 2d or 3d depending on where one sat. The auditorium's acoustics are excellent, when we watched a rehearsal from the back of the dress circle, we could easily hear every word from the

stage even though there were no microphones being used. Despite its size, there are no pillars and thus, no obstructed view. The Royal Box, which we visited, was so designed that the audience could see who is sitting there, although occupants of the box have a poor view of the stage.

Oddly, to our thinking, Gibbons' aim was to build a theatre as a short term speculation, he would have been amazed to learn that it still stands. He would not, perhaps, have been surprised that in 1960 consideration was given to pulling the theatre down as the land was thought to be more valuable as a car park.

Quite soon after it opened the Palladium was threatened by cinemas. Gibbons fought back installing a bioscope, but this failed to attract an audience and he faced bankruptcy. He was saved when Charles Gulliver came to his rescue both financially and with the idea of the musical spectacular. No longer was there a simple programme of individual acts, there



A London Palladium window



The first programme cover





was an orchestra and dancing girls to open and close the show. This worked for a while but eventually could not compete with other theatres and cinemas and bankruptcy loomed again. Walter Gibbons, who had made money elsewhere, came back but his 'cinevariety' eventually flopped and he died penniless.

The Moss Empire took over, running their organisation with a rod of iron. A lucky break came when three double acts were booked simultaneously. This was at first thought to be a mistake but then Val Parnell hit on the idea of combining them and the Crazy Gang was born, a scripted show that ran for nearly ten years. Ever responding to changing demands, radio stars were hired during the Second World War: Arthur Askey, Elsie and Doris Waters and others.

Then, in the same vein, the post war years saw an influx of American talent. Some stars (Mickey Rooney for example) bombed, but others, like Danny Kaye were tremendous hits.

Next came stars of television, Cilla Black being a particular favourite. The 21st century brought the musical spectacular: The King and I, Oliver, Chitty Chitty Bang Bang and more.

All seemed well, but in 2014 three consecutive shows failed and the theatre was losing £850,000 a week.

Revival came: Sunday Night at the London Palladium, successful pantomimes, the Royal Command Performance, lavish musicals and one night shows from big stars who prefer a theatre audience to an impersonal arena, have all contributed to a vibrant programme.

We were accompanied throughout by two former Tiller Girls who discretely made sure we did not stray into forbidden areas.

The tour was completed with a splendid tea and a chance to talk more with Mark Fox. We were privileged to be able to attend.

Richard Lansdown who also took the photographs



One of the Tiller Girls

The UK Supreme Court tour

The UK Supreme Court, the highest Court of Appeal in the UK, replaced the judicial role of the Law Lords (Lords of Appeal in Ordinary) in 2009 following the Constitutional Reform Act of 2005. The Act sought to separate the judiciary from Parliament by creating a body of senior judges who no longer voted in the House of Lords. The Court is housed in the former Middlesex Guildhall, symbolically located across the square from the Palace of Westminster and between the Executive (the Treasury and Downing Street) and the established church (Westminster Abbey). The 12 Supreme Court judges also sit on the Judicial Committee of the Privy Council (JCPC) which occupies one of the courtrooms in the same building. New appointments to the court are recommended by an independent selection commission.

Our visit took place on a fine morning in early September and consisted of a tour of the building with short talks in the 3 courtrooms and the library. This was followed by lunch in the cafeteria, the opportunity to buy Supreme Court souvenirs (including teddy bears) in the shop and to view the permanent exhibition.

A committee of 3 judges considers referrals from lower courts and individuals (on payment of a non-refundable fee of £1000).





The present neo-Gothic building, designed by the Scottish architect James Gibson and completed in 1913, is the third courthouse or Guildhall to be built on the site since 1807. A court of Quarter Sessions continued to sit here after the county of Middlesex was abolished in 1965. The building was converted into a Crown court centre in the 1980s with seven criminal courtrooms. Extensive renovation of the Grade II listed building has uncovered its many architectural treasures. The original Council Chamber on the second floor, with its

It also hears very occasional appeals from a number of ancient and ecclesiastical courts.

hammer beam ceiling, public galleries and windows bearing the armorial stained glass of the Lord Lieutenants of Middlesex, is now Court One, the largest of the three. Court Two on the first floor is lit with natural light and seems a more modern, less formal chamber. Court Three on the ground floor houses the JCPC and has beautifully moulded timber beams and tall perpendicular-style stained glass windows. The library, constructed from one of the original courtrooms, is an atmospheric space straddling three floors capped by a fan vaulted ceiling with the Royal Coat of Arms at the centre. Two internal courtyards have been restored and converted into light wells which show off the abundance of stained glass to advantage.

The Supreme Court hears civil cases from all parts of the United Kingdom, criminal cases from England, Wales and Northern Ireland and 'devolution matters': cases concerning the exercise of devolved powers. A committee of 3 judges considers referrals from lower courts and individuals (on payment of a non-refundable fee of £ 1000). The justices decide which cases they will hear based on the extent to which they raise 'points of law of general public importance'. The majority of applications are rejected and the court deals with approximately 90 cases per year. The Supreme Court adjudicates on points of law and does not hold trials. There is no dock or witness stand and prosecution and defence are replaced by appellant and respondent. The advocate for the former sets out the legal argument which is countered by the latter's advocate following which the appellant's legal team has a right of reply. Each case is heard by 3, 5, 7 or 9 judges – always an odd number with no abstentions permitted. Hearings take place 2-3 times a week and usually last for two days. The participants do not usually wear formal court dress and the courts are accessible to members of the public. All proceedings are routinely filmed and available to watch online.

The talks were illustrated with interesting examples of the work of the court. The Christian couple accused of discriminating against two homosexual men who were refused a double room in their hotel, the wheelchair user who was unable to board a bus because the wheelchair space was occupied by a pram, Julian Assange contesting the legality of the European Arrest Warrant for extradition to Sweden and the case brought against the Secretary of State for Exiting the European Union, questioning his authority to give Notice without Parliamentary approval.

The JCPC was the highest court of civil and criminal appeal for the British Empire. It continues to fulfil this function for many current and former Commonwealth counties (upon their request), the UK's overseas territories, crown dependencies and military sovereign base areas. It also hears very occasional appeals from a number of ancient and ecclesiastical courts.

As we emerged into the autumn sunshine from the highest court in the land we were confronted with an example of one of the long-standing injustices afflicting our health service: a demonstration in Parliament Square by the nursing unions protesting against the latest public sector pay cap.

Chris Rodrigues





Innovation and Expansion

Meeting our guide, Sue Weir, at Euston Mainline Station proved easier than expected. The evacuation alarm was sounding while we were finding the rendezvous, but fortunately, the state of emergency was cancelled as we approached the first few of our group who had mustered.

About ten of us set off and made our first port of call the Elizabeth Garrett Anderson Gallery where there is a public exhibition of the work of the first lady doctor to qualify and practise in Great Britain. The exhibition is housed in the Elizabeth Garrett Anderson Hospital, a lovely building that is now part of Unison's modern headquarters.

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This was an unusual walk, as we entered not one, but two fantastic buildings.

Next we stopped and admired the sculptures of "Newton", by Eduardo Paolozzi, and "Planets", by Antony Gormley in the forecourt to the British Library, where we were told a little about the workings of the magnificent Institution.

This was an unusual walk, as we entered not one, but two fantastic buildings. The Francis Crick Institute, which opened only last year is an enormous biomedical research centre. It has not only a café and exhibition open to the public, but also rather good loos! More can be discovered about their events at www.crick.ac.uk/events.

In contrast to the ultra-modern, we then visited St Pancras Old Church and its serene churchyard, in which we found several unique features. One was the Hardy Tree. The novelist and poet Thomas Hardy, who was a student architect in the 1860s was commissioned to move headstones from the graveyard to make way for railway track. Rather than lay them all out by the boundary wall, he neatly arranged them, back to back in circles around an ash tree, and the tree has now grown around the stones.

A gem in the heart of King's Cross and bordering the Regent's Canal, was next visited. We entered the Camley Street Natural Park, a spot that many urban school children use to give them a glimpse of the wonders of the natural environment.

Crossing the Regent's Canal, we found ourselves in Granary Square, one of the homes of The University of the Arts, London, and the site of 1000 choreographed fountains.

We next enjoyed the beautiful landscaping in Pancras Square outside and around the Google building 8.8.8.8. The London artist Mark Titchener's mosaic declaring "Not for self but for all" could be admired when looking skywards.

We finished our enjoyable walk by the German Gymnasium in Kings Boulevard – now a restaurant featuring German cuisine.

Very many thanks to Sue Weir for allowing us to share her research of this interesting and regenerated part of London.

Allen & Marianne Davey

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WINNING ESSAY

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Trust me, I'm a doctor

Chiara Catterwell-Sinkeldam

What patients seek is not scientific knowledge that doctors hide but existential authenticity each person must find on her own...

The angst of facing mortality has no remedy in probability.

Paul Kalanithi, When Breath Becomes Air

We each have a memory of illness, perhaps from the depths of childhood or popular culture, in which the wise and kind doctor, a magical figure, sweeps in to reassure the anxious parent, calm the child, give medicine, and in a moment, alleviate suffering. We are taught this in medical training. He exemplifies skill, honesty, and empathy, of god-like infallibility and cures all ills — our projection of hope amongst our vulnerability, meriting absolute trust. We still hold such memory, in our depths. Doctors remain amongst the most trusted professions, in part due to the implicit requirement for fellow humans to lay down their burdens, to acknowledge their greatest vulnerabilities, to reveal their absolute physicality. Unquestionable trust of the past has rightfully faded in contemporary society, and increasing focus is placed not on power disparities between doctor and patient, but on their relationship, and the impact of the vulnerable physician, the wounded healer, on this interaction.

Trust is no longer grounded in disparity of authority, although this remains and serves purpose, but grounded in awareness of the physician as equally human, as fallible, as a provider of care enmeshed within their own world of experience.

Despite such safeguards, abuses of power in the development of medicine were commonplace:

The doctor-patient relationship has, since inception, been one of privilege, enshrined in strict ethical and legal codes of conduct, and 'trust in the physician and healthcare was unquestioned and implicit, based on an expectation of [said] professional ethics'. The Hippocratic oath was itself to ensure doctors would not exploit a patient's vulnerability, to give poison rather than medicine, and garner wealth from suffering. Despite such safeguards, abuses of power in the development of medicine were commonplace: harmful practices, drugs with toxic properties, charlatan practitioners seeking wealth over their patients' wellbeing. Whilst mistrust was common, alternative sources of medical care were scarce. Increasing evidence emerged that doctors could practise against patients' best interests and in direct opposition to the ethical principles guiding the profession, notably during the Nuremberg Trials post-World War II.

International organisations were subsequently established to govern the profession, with emphasis placed 'on autonomy and self-determination of individuals... as equal partners in medical decision-making', and the requirement for researchers and clinicians to ensure voluntary informed consent for all procedures. It became starkly clear how little information passed between doctor and patient, and awareness of the paucity of communication and shared experience fostered mistrust.

The development of evidence-based medicine, with authority increasingly placed on quantifiable outcomes, had two major effects: the healthcare provider was no longer the automatic source of truth, and patients were offered greater access to information,



and thus greater control over their care. With the free online publication of guidelines, publicised medical policy, and the research Open Access movement, patient knowledge and autonomy is set to grow and develop still further. Alongside increased access to knowledge, technology itself — the Internet, phone services, social media, blogs — has allowed the sharing of knowledge and experience between patients. The contemporary patient is able to access medical advice from clinicians online, interact with fellow patients in active virtual social networks, track their own biological data remote from the healthcare environment, and for most, derive great social and emotional value from such accessibility.

Thus doctors are faced with patients who may know more of their condition than their physician, or those who approach clinicians with specific diagnoses or interventions in mind, whether feasible or not. For the historical physician-figure, pedestaled and guarded by paraphernalia of clinical omnipotence, 'the patient who is more informed challenges the medical expertise... a substantial threat to his medical authority'. In a sense, the historical doctor loses trust that his passive, vulnerable, desperate patient will do his bidding, the trust feedback loop is shaken, and the relationship must be redetermined. As Gopichandran writes, with 'unlimited access to information, trust in [a] doctor should be understood as a dynamic phenomenon, [the] rise of readily verifiable trust'

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A patient's rudimentary acceptance of vulnerability and unwritten declaration of hope placed in the physical embodiment of the healer.

As clinicians, we are reliant on a patient's frameworks for health and their modelling of past relationships with healthcare providers, and are held to an unwritten code that requires us to ensure our profession is deserving of continued trust. Trust in the healer is a requirement of healing itself, indeed, 'a prerequisite to seeking care at all'. Clinicians remain held to traditional codes of practice, whilst negotiating the ethical maze of a new world.

Regardless of the quandaries, falsities, and flaws of the past centuries of medicine, there has been one constant — 'the healing impact of the relationship with a doctor, however ineffective or harmful the type of treatment provided'. Balint famously wrote that most frequently used treatment was the doctor himself, yet 'no pharmacology of this important drug exists, ... there is no guidance as to the dosage to which the doctor should prescribe himself, or the... side-effects of the drug'. For all our technological advances, the doctor still lays hands. At the heart of medical practice and informed clinical consent lies trust; a patient's rudimentary acceptance of vulnerability and unwritten declaration of hope placed in the physical embodiment of the healer.

Efficacious as it may be, such vast emotional intimacy leaves its mark on the contemporary doctor. Whilst taught scientific rigour and practice, our awareness drifts to our limitations alongside our innovations, our inability to cure all, our work unavoidably laden with emotion, and our inherent vulnerability. What lies beneath the white coat is uncomfortable viewing, too often dismissed or buried. The need to reveal what lies beneath perhaps accounts for the poignant and beautiful literary uncovering throughout history — the doctor writing of their own illness, the human figure wracked by an awareness of physical and emotional trauma as both scientist and sufferer.

We are caught in a problematic binary, held between an ideal of emotional resonance and emotional detachment, between empathic awareness and the stoicism required to guard against compassion fatigue. We administer harms and toxins as means to an end, and are confronted with the constant micro-impacts of such work. Through all this, we are trusted and bear the responsibility and burdens of such trust. The medical profession is rife with unacknowledged vulnerability, unspoken fears, and as with all humanity, illness and death. Necessarily, this has a deep impact.





Doctors are themselves not immune to illness, yet most strive to hold power until the last moment: to dictate our own care, order our own tests, and decide our treatments. Mental health amongst clinicians is startlingly poor, with higher rates of substance misuse, depression, and suicide. Helen Riess attributed much of this 'psychosocial carnage' — burnout, psychological job-exhaustion — to a loss of empathic connection between doctors and their patients, with an antidote of 'self-reflection, connection with patients, teaching and role-modelling'. When the doctor is infallible yet questioned, when humanity is rejected in clinical practice, doctors bear the split self and a psychological toll.

The historical doctor, whilst placed on a pedestal of authority, was known by their community. The clinical and domestic worlds were often fused, the consulting room within the domestic sphere, and the doctor viewed as a person, first and foremost. In recent years, the clinical frame is of starched white sheets and curtains, of a doctor about whom nothing is known besides their rank and specialty, and if humanistic, their name. Dr Kate Granger MBE, a

young doctor who sadly passed away young, wrote eloquently:

As a healthcare professional you know so much about your patient... What do we as patients know about our healthcare professionals?

As a healthcare professional you know so much about your patient... What do we as patients know about our healthcare professionals? The answer is often absolutely nothing, sometimes it seems not even their names. The balance of power is very one-sided...

The evidence is clear that doctors who attempt an empathic relationship with their patients, whether accurate in tone or simply voicing concern, obtain more accurate and rich clinical information, have greater patient satisfaction and treatment adherence, and achieve better outcomes for their patients. Whether placebo effect, positive feedback loops of trust and benefit within the patient-doctor relationship, or neurobiological hypoalgesia, such positive impacts have been replicated time and time again. Doctors themselves are less likely to suffer, with those willing to communicate empathetic concern suffering lower rates of emotional distress.

We must practice in such a way as to be deserving of trust, to inspire trust for future clinical interactions, and must model compassionate care for ourselves — to acknowledge our own vulnerabilities and humanity in our practice, whilst remaining sufficiently resilient to allow our patients to do the same, to lay down their burdens with us. Giving of patient agency does not necessitate our silence or blind regurgitation of statistical fact, but asks us to question and evaluate our interactions as measured and holding. We rightly are guided by statistics and evidence to offer our patients counsel, yet as Paul Kalanithi notes, probabilities offer little comfort in suffering.

Our empathy and relationships are vital; we must foster an atmosphere of care throughout our service, for patients and fellow staff, and thereby create a culture of safety. Hierarchies are crucial but dynamic and supportive, team divisions are administrative not communicative. An ideal perhaps, but one worth pursuing. For such an approach, we must be able to reflect on our practice and our responses, and process our experiences to reappraise and review whether our patients' trust is deserved. Innovation, equally, rests on our ability to see the flaws in our work and reevaluate our practice. We cannot be complacent, and we cannot be blind. Our trust must be earned.

When... trust is gone, all that's left is fear... Doctors are scared too. We're scared of patients finding out who we are and what medicine is all about. And so... we put on our white coats and hide behind them. The more we hide, the more people want to know what it is we're hiding, [which] spirals into mistrust and poor medical care... When doctors are willing to step off our pedestals, take off our white coats, and show our patients who we are, that's when we... establish trust [and] change the paradigm of medicine.

The original essay had been accompanied by 20 footnotes.



ARTICLES

On Call in Africa – in War and Peace 1910-1932.

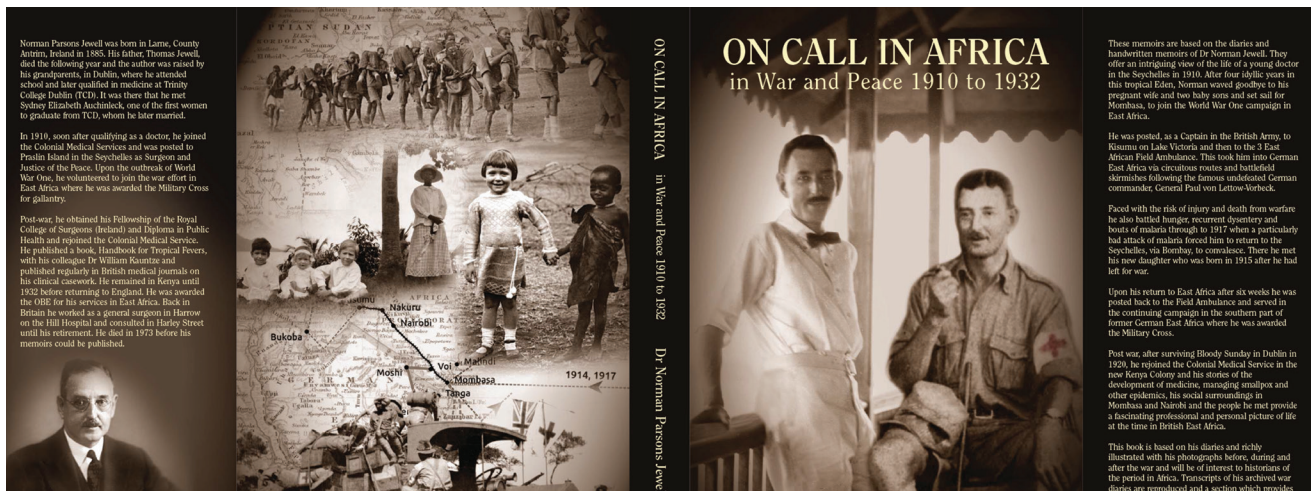
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Dr Norman Parsons Jewell OBE MC MD FRCSI

Tony and Sandra Jewell

This is the first of 3 articles taken from the book 'On Call in Africa – in War and Peace 1910-1932', compiled by Norman Parsons Jewell's family, from his personal memoirs of the time.

Episode 1. Life in the Seychelles



RFS Newsletter issue no.60

This article reviews the recently published memoir of Dr Norman Parsons Jewell who served in the Colonial Medical Service in Seychelles and East Africa in the early stages of the 20th century. He enlisted in the British Army in 1914 and spent the duration of the War as a Captain leading the 3rd East Africa Field Ambulance in the campaign against the infamous German General, Paul von Lettow-Vorbeck. In 1917 he was awarded the Military Cross for gallantry for his work treating casualties from battle during which he worked nonstop in the field hospital for 72 hours. During one battle he notes they took in 500 casualties.

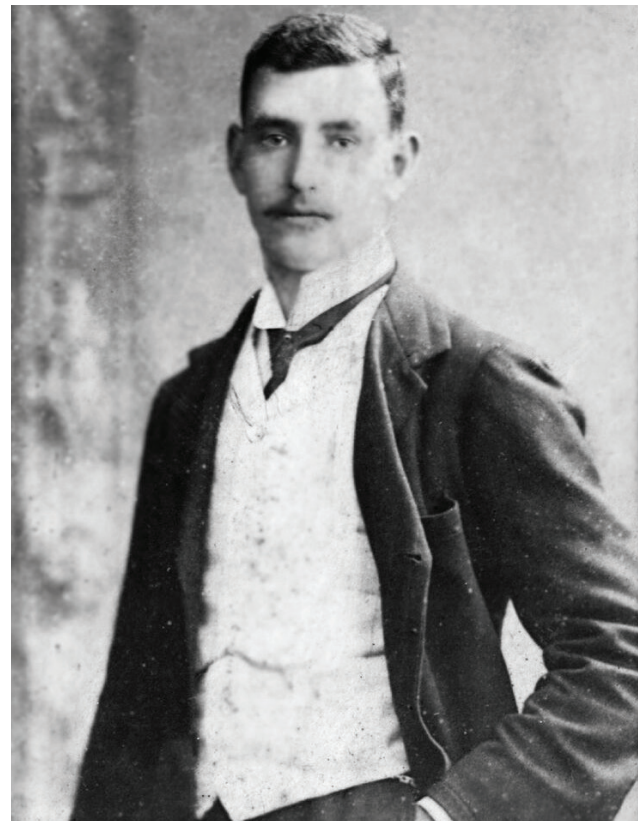
After the War he returned to Dublin to obtain his FRCSI returning to the new Kenya Colony to work in Mombasa and Nairobi as a Medical Officer and Surgeon. He was awarded the OBE for his service in 1929 and returned to Britain in 1932 during the Economic Depression when there was disinvestment in the Colonial Services. He then worked as a general surgeon in Harrow on the Hill Hospital in Middlesex until his retirement in 1950. His retirement at the age of 65 was against his wishes but required under the new policies of the new NHS. He protested to the BMA and published his views in the correspondence columns of the BMJ!

The story of his time in Seychelles and East Africa was captured in his unpublished memoir, which has been held as a family heirloom until recently. Norman's grandson Dr Tony Jewell, following his retirement as CMO Wales in 2012, decided with the support of other family members to edit the memoir and publish it using many of Norman's original photographs. The project expanded when original 'war diaries' were found in The National Archives, by Dr Anne Samson, which provided historical evidence for the accuracy of the content of his memoir. The publication of these transcripts of the day-to-day work of a Field Ambulance



is unique as is the story itself of an army doctor who worked in the field, despite being invalidated out with several episodes of severe and debilitating malaria, for almost the duration of the War.

At the time of the Centenary of WW1 there has been increasing interest in the extent of the theatres of war globally as well as the range and nationalities of the troops involved. The East Africa campaign is still a poorly understood campaign, which had huge costs to individuals involved (troops and the local population) as well as financial and human costs to Great Britain during the struggles on the Western Front, which was far closer to home. Many families may hold such documentation in the form of diaries or items of interest – I will share some thoughts about the learning from bringing this book to publication and hopefully encourage others to follow suit after providing some examples of his interesting family history and career.



I will look at the three phases of his story – the early years, medical training and the Seychelles; leading a Field Ambulance team in the East Africa Campaign and as a Colonial Medical Officer in the 1920s in the new Kenya colony.

Norman's story

Norman was born in Larne, Co Antrim in 1885 and sadly his father died when he was less than 2 years of age, his mother deciding to pursue a theatrical career, leaving the young Norman with his grandparents. The grandparents moved to Dublin and in fear of overtaxing his brain (Norman's father had died of a stroke, sometimes described as a 'brain storm') decided not to send him to school until he was 10 years old. By the time he got into the school system Norman felt at a disadvantage. This sense of inferiority continued when he was admitted to the prestigious Trinity College Dublin to study medicine. Gradually his confidence grew as his exam results were near and at finals at the top of his year group and he was appointed as a University Moderator. He also excelled at sports such as rugby,



athletics and became a middleweight boxing champion! His interest in surgery showed itself early on in his house jobs phase working with famous surgeons such as Sir Robert Woods (ENT) and Sir Lambert Ormsby (Paediatric Orthopaedics)

It was however only 3 years after qualifying that he applied to join the Colonial Medical Services and after competitive interviews in London was offered the post in the Seychelles. In September 1910 he set sail on the MM Melbourne from Marseilles to Aden via the Suez Canal and then on to the Seychelles. Despite nearly missing the departure of his ship in Aden he made it to Victoria, on Mahé Island, which he describes and

photographs in all its tropical beauty. Port Health regulations held him up however as he and several passengers were quarantined due to an outbreak of measles on the ship! He joined a small team of doctors who served the island communities and was posted as Medical Officer and Magistrate on Praslin Island and some of its neighbouring islands.





He was joined by his student days sweetheart and fiancée, Sydney Elizabeth Auchinleck, whom he married in Mahé. She had been in the first group of women admitted to TCD in 1904 and must have been a brave woman to travel from Dublin and sail to the Seychelles on her own in those days. The Governor had made it clear that single European women were not permitted to stay on the islands and Government House where she had been staying was not an hotel! The couple quite quickly had a Church wedding and a civil registration in Government House. Interestingly we were able to track down the marriage certificate in the Church records and reproduced this and other archives in the book.

Seychelles

So Norman found himself, only 3 years after qualifying, in charge of a relatively small but dispersed multi-ethnic population living on a cluster of tropical islands in the Indian Ocean some 1000 miles off the coast of East Africa. He had a small hospital/clinic to manage with his link to the Capital Victoria on Mahé Island achieved by small sailing craft. He found the island people fascinating with some idiosyncratic French settler-farmers to deal with such as the Choppy's who owned Marianne Island. He recalls them 'dressed in white duck trousers and coats with gold coins as buttons, white shirts and small black ties. On their heads they wore straw boaters with large black ribbon around them, which ended in two tails'. We are able in the book to reproduce many of Norman's original photographs of the island terrain as well as the people such as the Choppy family and his colleagues.

The population of the Seychelles as a whole is made up of people of different ethnic origins who would have arrived by sea over the years. African, Asian, European and Chinese origin peoples are all represented. The islands had originally been a French colony so the common language was Patois French. My father who was born on Praslin island remembered being disciplined by his English-based French teachers at school for his patois phrases and pronunciation!

One of the roles of Medical Officers in the Colonial Service was to take on other nonmedical roles too and Norman found himself to be the island magistrate alongside his medical duties. It amused him, in his magisterial role, to order himself to fulfil certain functions such as overseeing the road building programme on the island. His time on the Island was in his own words 'very pleasant' and it must have been an idyllic setting for newlyweds, starting a family. Sydney's poem about Praslin forest (the 'Garden of Eden'), which we publish in the book, captures this magical environment, which was a far cry from the war mongering aggression that had already started in distant Europe



LEFT OVER FROM CHRISTMAS CRACKERS

Why did the germ cross the microscope?
To get to the other slide.

What do you call a penguin in the Sahara Desert?
Lost





Going anywhere nice?

Christine McCartney

In the late '90s whenever I was picked up by a taxi at 4.15 am to go to my company's Tour Departure Point, London Victoria, with a large Samsonite suitcase, a softer bag for shoes, hairdryer, iron and other items, a beauty case, a briefcase and my handbag, the driver would often ask that question, assuming that I was going on holiday.

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Sometimes I would just say very little, it being a bit early for a chat, or if I were feeling a bit brighter, I would list the cities on the coach tour itinerary I was about to embark on as the Tour Director (TD). A typical list might be: Paris, Lucerne, Milan, Rome, Florence, Venice, Innsbruck, Heidelberg, Amsterdam, then back to London. This to be achieved in 12 days, with 2 night stays in Paris and Rome. 'Whew!' You might say, but for thousands of people from the English speaking ex-colonies, this was and still is the best and most cost effective way to see Europe. As well as being enormous fun. Each coach full of up to 48 passengers was a different mix. Predominantly Australians, New Zealanders, Americans with a sprinkling of Malaysians, Singaporeans and Hong Kong Chinese, you never knew what challenges they would throw up. My job was to keep the guests and their luggage safe, guide them successfully from place to place, entertain and inform them, and above all not lose anyone. Most frequently, guests were retired doctors who had never had the time to travel properly before and wanted to fit the most into the time available.

I learned some valuable lessons from that job. First, don't leave it too late. If you want to go somewhere, don't keep putting it off. A bit like having kids, there is never a good time, only

"Hey Christine. Those trees with the oranges on them, what kind of trees would they be?"

missed opportunities. Secondly, there are some questions to which, in the immortal words of Eric Morecombe, there is no answer. Here are some examples: During a trip along the Basse Corniche outside Nice, "Hey Christine. Those trees with the oranges on them, what kind of trees would they be?" Or, on being asked what the group thought of our trip through the channel tunnel, the lady who said she was bitterly disappointed because she 'did not see any fish'. It transpired that she thought the tunnel was a transparent tube, as in a modern aquarium.

My favourite is the remark made by a pair of elderly English ladies encountered in a hotel in Kavala, when I was en route from Athens to Canakkale to visit Troy. They had just come from there, with a tour group travelling in the opposite direction, and were eager to share their experiences with my group. They confided that the experience was wonderful and that there was even a wooden horse, but "of course, it wasn't the real one". So kind of them to want to be sure we wouldn't be disappointed.

Even death can have its up-side. In a previous incarnation I worked as a Rep for a major tour company on the Riviera in the late '70s. I was called at home one night by the concierge of the Westminster Hotel to be advised that a guest had died and asking me to go and witness her jewellery being removed from the body and put into safe keeping, before she could be taken away by the undertaker. Subsequently her daughter arrived from England to complete the formalities, identify the body and arrange the funeral. I was there to assist and accompany her, and our first job was to go to the morgue for the identification. I took her there, then moved away to allow her some privacy. After a few moments she emerged with a huge smile on her face. "It's definitely her, and she's definitely dead. Time for lunch." I was taken aback but was happy to share lunch and a bottle of champagne, during which this lady told me her story. In the period between WWI and WWII, Mother had been a 'grande





horizontale' who she only ever saw as a vision in furs and silks, sweeping in and out of her life in a series of expensive cars. With her death she would now be rich and her life had changed forever. A happy ending.

During a later part of my career as 'Customer Care Manager' for the same company, the opportunities to see the bright side were frequent, but could sometimes save a situation. An elderly American gentleman who had once been something big in movies in LA found himself in Trondheim with

a broken hip. He did not trust the local hospital to do the necessary operation and would not give his permission. He had not taken out travel insurance being under the mistaken impression that Medicare would cover him and, in spite of being fabulously wealthy, too mean to spend the \$99 to buy the cover offered as part of the tour package. His age and general health meant that the only way to get him home was a Medevac which at the time would have cost about \$75,000. What to do? No amount of sensible conversation with me, his doctor at home, the local hospital, or the airlines (which refused to carry him) could get him to see reason. Eventually, in exasperation I suggested that his best bet was to take out Norwegian nationality, since he would be spending the rest of his life there. This made him laugh and finally he agreed to pay for the Medevac. Case closed.

My own place as the servant/savant, the person who they all relied on, who was paid to lead them and knew more than they did about any given situation, was a source of confusion among some guests. A special (closed) group of Mormons decided to ask me for clarification. We had been travelling through Europe for 14 days of a 21day itinerary and had become friends. One day a lady whose turn it was to sit in the front seat leaned over and asked in all seriousness. "Christine, you are a highly educated person, you speak four languages, you are clearly a professional, what is your real job?" It had never occurred to me that my job did not appear to be real to those benefitting from it, however I could see her point so gave her the first answer that came into my head. "Don't tell anyone but I'm a brain surgeon, and I do this to relax". She was delighted with this response and it quickly went round the entire coach. After a few days of being treated with undue deference I decided to elucidate. I asked them if they remembered having to go through special security arches at the airport on the way to Europe, which of course they did. I then explained that the effect of these arches was to disconnect the synapses in their brains which allowed them to find the toilet on their own, or to recognise their own luggage from a pile outside a hotel. My job at the end of the trip was to make sure all the connections were re-established so that that they could function normally in the real world. By then they realised that I had been joking the entire time, and they took it in good part, though I am still not sure they fully appreciated that being a Tour Director is a proper job.

Who gets to sit in the front seats? Well, thanks to the joys of seat rotation, at some point in a tour, everyone does. Every day, or half day, depending on the length of the tour, everyone moves one row forward or back from the previous day so that the experience of seeing everything through the big front window is shared equally. A coach has two sides so one column moves forward while the other one moves back, (or they all end up on the back seat - think about it). This can also cause confusion. Company brochures make a point of seat rotation, as otherwise situations can arise where some individuals believe they have a right to the front seat – travel sickness being most often cited as a good enough reason. My question was always, 'if you suffer from travel sickness, what are you doing on a coach tour?' but these days we are not allowed to query an individual's right to travel, regardless of their limitations. A clear statement of the right of all passengers equally to sit in the front row at some point in the tour takes care of this. Anyone persisting with the sickness card would be advised that they could permanently occupy the third row from the front (right over the front wheels), which is the point where the coach is most stable. However not everyone reads the

"Christine, you are a highly educated person, you speak four languages, you are clearly a professional, what is your real job?"





brochure and understands the words. At the beginning of every tour there is always a brief explanation of how the coach works, similar to the safety briefing on a plane. 'Here is how the seatbelts work, here is how you recline your seat, raise/lower the armrests, where the toilet is and how to get its light to come on (close and lock the door)', and so on. At the end of one such briefing I could see a lady near the front fussing with her seat and clearly looking for a mechanism which she could not find. I enquired what was the problem, to which she replied "How do I make this seat rotate?" Even my normally razor sharp wit was not ready for that one. She must have seen my momentary surprise, so she said, "In the brochure it says Seat Rotation".

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And then there is the commentary. Of necessity touring involves periods of time between cities, which can be filled in many ways. Professional TDs do this by giving commentaries, or mini lectures, about subjects which they hope will be interesting, informative, and relevant to the countries being visited. These can be history, geography, facts about the daily lives of the population, education, tax systems, healthcare, agriculture, anything that the guests might enjoy. Never for more than twenty minutes at a time however, or it can get tedious. Guests also spend a great deal of time asleep, so it can be tempting to throw something a bit different into the mix to see if anyone is actually listening. Travelling down the Rhone valley on the way from Lyon to Avignon, a little girl of about 8 years of age was sitting behind me and became very excited by the sight of the cooling towers of the nuclear power station at Tricastan, south of Montelimar. She was desperate to know what they were for, and since it was a beautiful day with a clear blue sky I could not resist telling her they were a machine for making clouds. They were working very efficiently that day throwing big puffy cotton wool balls into the air. She was delighted with this idea and woke her mother up to tell her all about it. Mother told her that I was only joking and it was just condensation, but she would not have it. "Oh no Mummy, if Christine says it, it must be true."

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Mother told her that I was only joking and it was just condensation, but she would not have it. "Oh no Mummy, if Christine says it, it must be true."

It is not always the passengers who come up with the best lines. During my first trip to Florence, the local guide took us to the Duomo, which at the time was being restored, so that the interior of the famous dome was obscured by scaffolding and plastic sheeting. He was very apologetic and explained the situation with his lovely Italian-accented English. 'In Italy we have a lot of old buildings. When you have a lot of old buildings you have to do a lot of renovation. In Italy everything takes a very long time, so, every so often, we have to renovate the scaffolding.'

DID YOU KNOW THAT

When Buzz Aldrin returned to earth after a trip to the moon he claimed for his travel expenses: \$33.31.

The Japanese have a practice they call inumeri which involves falling asleep intentionally at work, including during a meeting. Doing so implies that employees are so dedicated to their work that they have worn themselves out.

Thanks to The Telegraph, The Guardian and Prospect Magazine





From the Village of Skokie, just North of the Windy City, Illinois. London Smog

Tom Madden

We read the 'Guardian Weekly' to keep up to date with what is going on at home, in Europe and the rest of the world; anything from plain news and journalistic analysis to theatre, exhibition, film and book reviews; assembled among many sources, from the Guardian and Observer, Le Monde and Washington Post.

My topic is smog, a familiar acquaintance which caused my brief admission to the London Chest Hospital, several months after the Great Smog of 1952.

A few months ago we read of smog in the capital affecting children going to school; a bit of a shock to one who remembered the coming of the Clean Air Act. Soon thereafter, we found ourselves reading in the Guardian of "Millions at risk from illegal air pollution." Finally, on the cover of its June 17th edition, the BMJ called on doctors to get involved locally. As to sources of information, which some readers might consult for reference, in 2015, the Harvard Press published Christine Cordon's "London Fog". As well as covering fogs from history and folk law, she related fiction writers' employment of 'smog' as atmospheric background to unexpected romantic encounters on foggy days and nights; as well as those of crime (Jack the Ripper, for example).

Above the ground floor surgery, on the mezzanine and first floors of the Victorian home, dwelt the Nortons - caretakers, and on the top floor, the practice trainee and family in a three room flat.

It was my smog, the Great Smog of 1952, which finally led to clean air enactment; although the issue had figured in parliamentary debate over too many earlier years, without action. Corton gave the 1952 dates as between Thursday, December 4th and Tuesday, December 9th, a total of 6 days. In Bow, where I worked throughout the affected period, I had recalled it as lasting 7 days, in our area.

In respiratory research of the period (on chronic bronchitis and emphysema, COPD), living 'down-wind' of industrial chimneys was found to be a factor in their higher incidence among working-class families. The physical-climatic conditions accumulating to induce the '52 smog included the vast water surfaces of the lower Thames, Docklands and areas East, combined, over these days, with temperature inversion. The days were intensely cold. In addition to industrial pollution, by night and by day, in the thousands of homes on terraced streets, characteristic of all East End boroughs, both North and South of the River, coal fires burned, often on several floors. It would be some years before the Oxford Chair of Social Medicine began to draw attention to the role of smoking and chose, as its first target, doctors.

I was just over halfway through an NHS trainee assistantship to Dr Sam Smith of 16, St Stephen's Road, Bow, a well-known physician whose strong community roots and skills had attracted my choice of this post. The practice had a useful phone number: ADV 1760 (difficult not to recall when needed as 'advance a mile.') Above the ground floor surgery, on the mezzanine and first floors of the Victorian home dwelt the Nortons, caretakers and on the top floor, the practice trainee and family in a three room flat.

In addition to the Smith practice, the human resources available to take care of the medical and some social needs of the local population were, at this time, the 'lock-up' surgeries of Dr Dorothy Gibson (sole woman physician of the group, whom I found the most meticulous and clinically astute) and Dr Lightstone; their offices on opposite sides of the market part of the Roman Road. On Tredegar Road, in a corner home and surgery, dwelt and practiced the Rosewarne's, father and son; and on the Mile End Road, in a corner home and surgery, Dr Gordon, GP and area Police Surgeon. The five practices had already formed a rota to share





night and weekend call; the doctor on call taking over for the night from the end of evening surgery; for the weekend, between the end of morning surgery on Saturday and 9.00 a.m. on a Monday morning.

The police function of Dr Gordon offered some exciting assignments to whoever was on call, particularly on weekends; for example, for me, to a call to a Stepney police residence (the majority of PCs having a local home address) to examine a young woman PC, recruited and recently arrived from the Hebrides, who had a fever and a cough. When admitted to the Mile End Hospital prior to transfer to a specialist unit, a diagnosis of primary TB was confirmed. It was useful to know that the disease was endemic in some of the Outer Isles.

When, on the 4th, the smog descended over the area and Eastwards, all of the principals residing in nearby Essex and Dr Rosewarne Senior having recently died, his son and I decided that, in our surgeries, we would see all who could get there; and share the house calls. On the 5th, we received a welcome call from Dr Gordon's assistant, easily the best clinician of the area. Not only did he share the work, his advice to us was invaluable. Both Dr Rosewarne and I were still very green; and this, in a way, proved an advantage. Neither of us had any sense of what we could not do. [Dr Rosewarne continued to be referred to by his affectionate patients as the 'Young Doctor Rosewarne'; and was still so called when I joined a friend in partnership in Peckham in 1957.]. A couple of days before the end came, Dr Lightstone called to report that he had managed to travel in; and relieved us of the care of his list.

Crossing here to the continuation of St Stephen's Road led eventually to Old Ford Road.

All calls had to be made on foot. During the smog, this was difficult by day and extremely so after nightfall. Venturing out on to the street, the surgery door closed behind, street lights helped only briefly when reached. The first feature to be identified was the brick gate-post bearing the doctor's credentials and hours. From here on, touch was as important as sight; and everyday familiarity the most important aid. To the right of the post, the privet hedge led on to the next familiar feature; and thus slowly, a house at a time, to the crossing of St Stephen's and the Roman Roads. Crossing here to the continuation of St Stephen's Road led eventually to Old Ford Road, where the large canal was another source of dense mist and disorientation. Flashlights were mainly useful on arrival at a house, so that one would arouse the household expecting a call, No.88 not No.90!

On my return from local trails to our third floor apartment, my face and eyes were sooty, although I protected my mouth with a triangular mask. Our eighteen-month old daughter, Susan, recovering from measles (before MMR) occupied a day-bed in the kitchen to be under her mother's watchful eye. There, her laundry hung over a clothes-line, the only white part of it being that resting directly on the line. Although we taped the frames, the fog obscured and penetrated the window.

Downstairs again, the surgery's recessed lobby normally looked across to Athelstane Grove, a cul-de-sac of rural cottages with front and back gardens (which, having 'character', would be seized on and 'gentrified' by today). Here lived a Great War veteran, a Dorset gardener who gave gardening hints and wrote poetry.

This, I am sure, might not have occurred but for the fact that, like my young colleague we had no awareness of the impossible.

The recess provided partial shelter, for example oxygen tent for a COPD patient in the lower front room of a terraced row-house. This, I am sure, might not have occurred but for the fact that, like my young colleague, we had no acquired awareness of the impossible.

A couple of days before the air finally cleared in the practice area, I was able to walk through midday fog to the Mile End Tube station; to descend the stairs to a subterranean platform, where a thinner fog allowed sufficient visibility for trains to travel at a reduced pace.





At my destination, a music class, only 100 yards from the Leicester Square Tube Station, there was no fog. The sun was shining.

I had a persistent hacking cough over following months, adding to damage from pertussis acquired during Peds at Guys, caused some dilatation of terminal bronchioles and collapse at the left base; and I spent a few days in the London Chest Hospital.

Rights? What rights?

Maurice Cohen

When I was about 16 -17 years of age, I spent many a fascinating day visiting the second-hand bookshops along Charing Cross Road in London. Most of the time was used browsing and reading snippets from various publications. But occasionally I came across a book I felt I just had to have. And it was one such time that I bought the biography of Tom Paine.

Here was a man who lived from 1737 to 1809, and started life in Thetford, Norfolk. After leaving school at 13, he helped his father as a corset maker and later worked for the Excise. But he achieved little success. In London, he met Benjamin Franklin, who advised him to go to America. It was there that he got involved in in the American Revolution, and later in France, he was caught up in the French Revolution. It was these two great historical events that led to numerous pamphlets and his great works 'The Rights of Man' and 'The Age of Reason'. His life and his writings greatly influenced my thinking in those early years, and I carried his philosophy with me through the greater part of my life. However, reality and time have a way of forging new attitudes and thoughts without one always being consciously aware of the changes. It is much like as Daniel Kahneman mentioned in his book 'Thinking Fast and Slow'.

A 'right', as defined by the Oxford Dictionary, is having a moral or legal claim or entitlement. It is 'entitlement' that I have now come to question, as we tend to think that 'right' implies that there is never any requirement for sanction or authority: a right is self-evidently a right. But the very presence of a legal system and lawyers belies such a belief, and the fact that there are many court cases where each opposing party is trying to prove that their individual rights are failing to be observed. In human society, experience has shown us that whatever moral or legal conditions exist, they have to be protected by all members of that society at all times. And that arrangements and organisations must be provided to ensure that so-called rights can be exercised without let or legal hindrance. If this is true, then we have no rights as defined, but merely a claim to them. And on a daily basis we look to individuals' moral outlook to allow us to pursue those rights, and should this fail, we must seek a legal solution.

From this reasoning, we must conclude that the term 'a right' has no automatic acceptance to allow it to be exercised, as modern usage would seem to imply.

So, **Rights? What rights?**

WELL, THAT'S ONE WAY

Some years ago, in Walthamstow, east London, a child guidance clinic shared a building with a family planning clinic.

In the car park was a notice: Please drive slowly to avoid children.





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 2000 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 2000 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: Photographs should be uploaded electronically and should meet these specifications of 300 DPI and Minimum sizes of 297 x 210 mm (A4 paper size)

