



RFS

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Cover: Chapel window at St. Ethelreda's Church. Jeffrey Rosenberg.

Animal photography: Jeffrey Rosenberg, friends and colleagues from ZSL.

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Editorial:

Catherine Sarraf



At the time of writing, we've been having something of a warm spell; it suits some people, others prefer weather to be a little cooler. We were blessed with (mostly) good weather for the Moselle cruise, on which we all had a splendid time, and it was also fine for the excursion to Watts Gallery and Artists Village, as well as for Sue Weir's walks. In future, Sue will only be running her London walks once a day, in the mornings, instead of one before noon and again in the afternoon. I find this sad, as I am an afternoon walker, but economics have ruled and the opportunity has had to be changed. Sue will be arranging walks in the spring of 2024, but the titles of these are not yet available. They will appear in the December issue of this journal.

Ahead of compiling this issue of the journal, a good deal of thought (and meetings held) has abounded concerning announcement of the change of name of our society from the RSM Retired Fellows Society to something more appropriate, something that more accurately reflects precisely what our Fellows are, and have in common. Thus 'Senior Fellows Forum' has been arrived at - we shall officially initiate this term when we all reconvene after the summer break. Following the change, the journal's name will be amended, to agree - it will be the RSM Journal of the Senior Fellows Forum. It will still be issued three times a year, April, August and December, and there will be seamless continuity in numbering the issues. Thus the first Journal of the Senior Fellows Forum will be issue number 78, December

2023, following on from JRFS issue number 77, August 2023 (this one). The same categories, Programmes, Reports, Articles will be followed, and as ever, contributions from our Fellows are most welcome and encouraged.

Catherine Sarraf

Announcement from our Chair

Since 2016 there has been a progressive and worrying decline in our membership from well over a thousand to approximately six hundred to date with many no longer able to regularly attend our outstanding meetings, often due to age-related reasons. Our aim is to revitalise membership starting with a name which better reflects our status, aims and lifestyles. The Council of the Royal Society of Medicine has agreed that we should henceforth be known as the Senior Fellows Forum (SFF) of the Royal Society of Medicine. The contact details will remain unchanged in the interim (rfs@rsm.ac.uk)

Jeffrey Rosenberg
Chair
Senior Fellows Forum



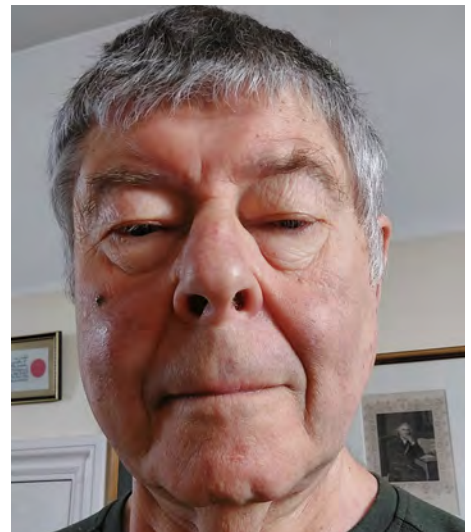
Jeffrey Rosenberg and friends

Membership of the committee of the (soon to be) Senior Fellows Forum

Membership of the committee of the Senior Fellows Forum closely follows membership of the committee of the Retired Fellows Society, with some notable changes as time has passed. Our Chair now is Jeffrey Rosenberg and our secretary is John Skipper. Ian Stephen remains our treasurer and I, Catherine Sarraf, remain Editor of the journal, now to be called the Journal of the Senior Fellows Forum. Jane Reeback is the Organiser of Internal lectures and events, while Sue Weir is Organiser of External events and walks. Completely new are Isobel Williams and Judith Foy, who are warmly welcomed. We serve for set amounts of time, with roles, on the committee, decided in our Constitution, thus those who have completed theirs have moved on (re-entry in the future, being possible). Below, we are delighted to present some details provided by each member himself/herself.

Jeffrey Rosenberg MB BS FRCP, Chair of the Senior Fellows Forum

Memories of signing the register at Guy's in 1965, student electives at the Institute of Ophthalmology in London and Lawrence General Hospital in Massachusetts and visiting Beirut as a ship's doctor in 1971. Training in paediatric rheumatology at Taplow adjacent to the Cliveden Estate and later as a senior registrar at the London, being taught to take fingerprints at Scotland Yard for a research project on ankylosing spondylitis and travelling in a police car along the A12 in Essex as a member of the Home Office Accident Investigation Unit; research which led to the introduction of full face helmets for motorcyclists. Appointment as a consultant in rheumatology and rehabilitation in 1978 to Edgware General and Napsbury Hospitals (morphing into Barnet & Chase Farm Hospitals NHS Trust in 1993) together with an Hon appointment at RNOH, Stanmore. A long association with many medical societies including presidencies of the Hunterian and London Jewish Medical Societies. A founder member of the Society of Expert Witnesses, former Judicial Office Holder on Social Security and Child Benefits appeals tribunals and specialist advisor, CQC. Currently a visitor engagement volunteer at the London Zoo. A keen walker, traveller, reader, collector of postcards (mainly medical) and antiques. Married to Jane Benn, a private GP, and most fortunate to have a second home in Aldeburgh; we enjoy frequently visiting our children and grandchildren in San Diego.



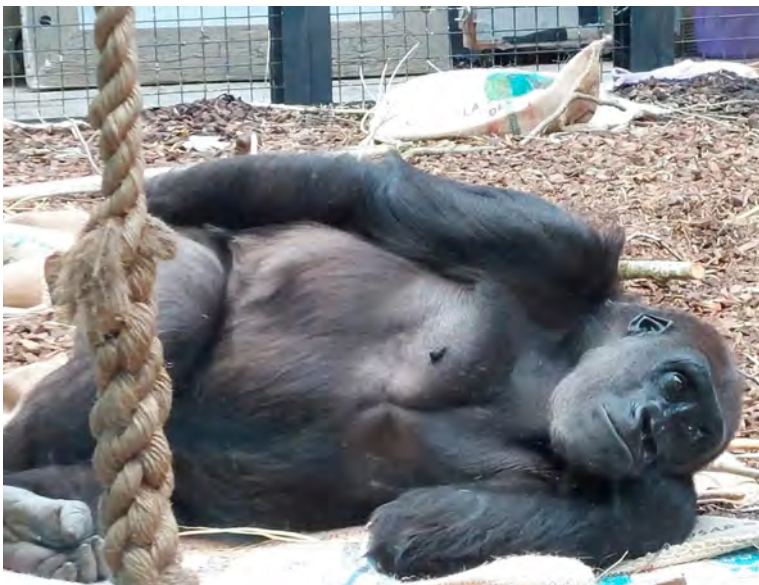
David Murfin FRCGP, MPhil, DRCOG, Vice-Chair of the Senior Fellows Forum

I have been a long-serving Secretary to the committee of the Retired Fellows Society, ahead of it changing to the Senior Fellows Forum. I trained at King's College and St George's Hospital, London and was awarded an MPhil in 1996 for a thesis *Patient Satisfaction, Service Quality and Medical Outcome. An Integrated Study in the General Practice Setting*. Since retirement I have continued to live in my practice area of Carmarthenshire. I am a former Vice Chairman of the Royal College of General Practitioners.



John Skipper MB BCh BA LLB FRCSEd FRCSEng, Secretary of the Senior Fellows Forum

I graduated in 1979 from Cardiff and after basic surgical training there, also at Newport, Sheffield and Bristol, I was a registrar in ENT at Whipps Cross. In 1986 I joined the Royal Air Force as a senior specialist to begin higher training in ENT at RAF Halton. After two years as senior registrar at Leicester Royal Infirmary I was made consultant at Halton with an interest in aviation-related ENT disorders, otology and sinus surgery. I became the first tri-Service Defence Consultant Adviser in ENT in 1996. When all military hospitals in the UK were closed, I served with the RAF at Queen Alexandra Hospital Portsmouth until retirement as Group Captain in 2014. A two-year posting to The Princess Mary's RAF Hospital at Akrotiri, Cyprus in 1992 started my long involvement with Cyprus and the Greek language. I held a diploma as a French interpreter and after a BA Humanities in French and Classical studies with the OU I gained a law degree in 2011 from the OU and the College of Law. I



Jeffrey Rosenberg and friends

passed exams in Modern Greek at the University in Limassol to be registered as a specialist in Cyprus in 2017. I made several visits to ear surgery camps in Nepal with Neil Weir and BRINOS. I was a Medical Member of the Social Entitlement Chamber of the Tribunal Service from 2013 until finally retiring in 2021. I have been a Fellow of the RSM since 1986, have been president of the Hunterian Society of London and am a Fellow of the Medical Society of London, as well as being an Apothecary. I continue to enjoy foreign travel with Livery Committee trips as well as others.

Ian BM Stephen FRCS, Honorary Treasurer of the Retired Fellows Society

I am a retired Consultant Orthopaedic Surgeon with twenty years' experience in the National Health Service and in private practice in East Kent, in general trauma and orthopaedics. I qualified in medicine in 1968 from Cambridge University and St Bartholomew's Hospital in London, trained in General Surgery and then in Orthopaedic Surgery in Bristol, Exeter, Truro and Montreal. I was appointed as a Consultant in Trauma and Orthopaedic Surgery in East Kent in 1983. I retired from the NHS in 2002 but continued in independent practice concentrating on problems with the foot and ankle until 2007, and medicolegal work until 2011. I have been: President of the British Orthopaedic Foot and Ankle Society, of the Orthopaedic Section of the Royal Society of Medicine and of the Hunterian Society. I was Chairman of the Academic Board of the Royal Society of Medicine, a Member of the Claims Advisory Committee and Expert Assessor for the Medical Protection Society and Non-Executive Chairman of East Kent Medical Services Limited, which provides independent medical services in East Kent. I was also Governor of the Expert Witness Institute and Chairman of my Cambridge College Alumni Committee. Presently I am Honorary Treasurer of both the History of Medicine Society and the Senior Fellows Forum, at the Royal Society of Medicine, Fellow of the Medical Society of London and of the Hunterian Society, as well as acting as Honorary Archivist for the British Orthopaedic Association, of which I was made an Honorary Fellow in 2019.



Catherine Sarraf BSc PhD FRCPath, Honorary Editor of the Journal of the Senior Fellows Forum

At University College Cardiff, I took a first class honours in Zoology, followed by my PhD on *Cell Proliferation and Cell Death in Malignant Tumours*. I spent the greater part of my career in the Department of Histopathology, Royal Postgraduate Medical School, at the Hammersmith Hospital, during which time the RPMS ceased to exist, melding into the then newly formed Imperial College School of Medicine. I am a Fellow of the Royal College of Pathologists. For fifteen years, along with the 'day job' being a Reader in Experimental Pathology, I was Editor-in-Chief of the international journal *Cell Proliferation* (published by Wiley, USA). I am an active member of a number of Medical/Scientific Societies, having been President of the RSM History of Medicine Society and President of the Harveian Society of London. Currently I am secretary on the Council of the Medical Society of London and a member of the Livery Committee of the Worshipful Society of Apothecaries of London.



Jane Reeback BSc (Hons) MB BS (Hons), MRCP, Organiser of the Internal Events programme of lectures for the Senior Fellows Forum

I trained at the then London Hospital Medical College and went on to become a rheumatologist. I have been a member of the RSM for a long time and I've sat on the council of the Rheumatology section. In addition, my wedding reception was held at Chandos House almost 46 years ago. In more recent times I joined the Retired Fellows in what is about to be the Senior Fellows Forum. In addition to working within the field of Rheumatology I have been involved with the Tribunals Service sitting on Social Security Tribunals, Industrial Injuries, Gender Recognition Panel and War Pensions, and being involved in training. I have been determined to view retirement as a challenge and expanded my interests particularly in art appreciation and history. This continued during COVID and is now returning to live activity. My husband David and I enjoy travel and there is much time spent with our three sons and families including three grandchildren. Even some babysitting. Maintaining friendships is a delight. At home I enjoy pottering in the garden as well as visiting gardens, and I'm learning to play the piano. No recitals! Like many retired doctors although not practising, I continue to take an interest in medical matters.



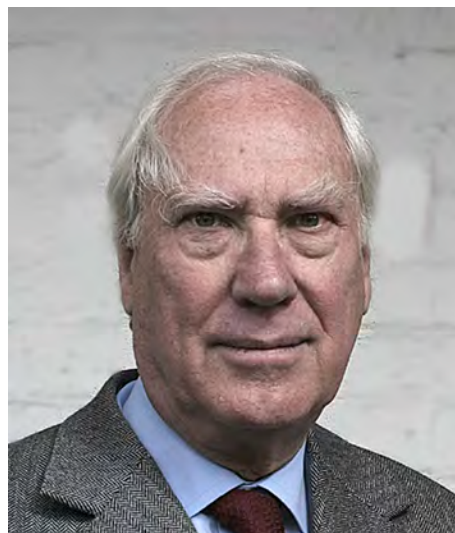
Sue Weir RGN DHMSA, Organiser of the External Events programme of walks and visits, for the Senior Fellows Forum

I began as a Westminster Hospital nurse and also I am a registered Blue Badge Guide. I developed a special interest in medical history and I have a diploma in the History of Medicine from the Society of Apothecaries. I am a past-President of the History of Medicine Society at the Royal Society of Medicine and was President of the British Society for the History of Medicine 2009-2013, and President of the Hunterian Society in 2013. I was a founder of The London Museums of Health and Medicine group, now an honorary member, and I wrote a guide book to Medical Museums in Britain published by the RSM in 1993, before such information was readily available on the internet. I was a board member of *The Journal of Medical Biography*, then published by the RSM, and Vesalius - for the International Society for the History of Medicine. I have given a variety of lectures on the history of medicine and I am organiser of Medical History Tours with walking tours in London to places of medical historical interest. I conduct general walking tours to 'unknown' areas of London for the RFS/SFF as well as external visits further afield.



Richard Lansdown BA, PGCE, PhD, FBPsS. Former Chair of the Retired Fellows Society

I started professional life as school teacher, having read Modern History at Oxford. After seven years working mainly in Special Schools, I trained as an Educational Psychologist at UCL. Four years as an EP were followed by an unusual move to clinical psychology, working at Great Ormond Street Hospital for 23 years. There I was, at various times, Head of the Department of Psychological Medicine and Clinical Director of the Neurosciences Directorate. My main research interests were the effects of lead on intelligence and behaviour and children's concepts of death. For some 20 years I advised the WHO on matters concerning child development and health education in primary schools. RSM activity has included being President of the Open Section, the first Chairman of the Academic Board and previous editor of this journal, *Newsletter* as it was then called.



Michael D O'Brien, MD FRCP FRGS

I performed my undergraduate training at Guy's Hospital Medical School. Training in neurology at Guy's Hospital, The National Hospital for Neurology and Neurosurgery and in Newcastle-upon-Tyne. MRC research positions at Guy's Hospital, in Newcastle and at the University of Minnesota, USA. Previously I was Consultant Neurologist at Guy's and St. Thomas' Hospital, Hon. Senior Lecturer in Neurology, Kings College London, Hon. Consultant Neurologist, National Hospital for Neurology and Neurosurgery, Hon. Consultant Neurologist, Kings College Hospital. I am a past-President of The Harveian Society, the Clinical Neurosciences Section of The Royal Society of Medicine, the South of England Neurosciences Association and The Medical Society of London. Past Chairman of the Friends of Guy's Hospital. Current Chairman of the Medical Artists Education Trust and Director of the D'Oyly Carte Charitable Trust. Previously I was deputy editor of the *Journal of Neurology, Neurosurgery and Psychiatry*, editorial advisor to the *British Medical Journal*, editorial boards of the American Heart Association's journal *Stroke*, The quarterly *Journal of Medicine* and Guarantor of *Brain*. I have held CAA and FAA private pilot's licences since 1982 and became Consultant Advisor in Neurology to the UK CAA in 2001. I developed a special interest in Hindu art, architecture and mythology and I am an approved Arts Society (NADFAS) lecturer.



David Shanson MB BS FRCPath

I was born in London and am now aged 76. I qualified MB BS from Westminster Hospital Medical School in 1966, obtained my MRCPPath in 1973 and FRCPath in 1986. Currently, I am retired although I remain an Emeritus Consultant Clinical Microbiologist at the Chelsea & Westminster Hospital. Previously I held Consultant Microbiologist posts at St Stephen's & Westminster Hospitals and Great Ormond Street Hospital for Children. I authored the textbook *Microbiology in Clinical Practice* and was Editor of the postgraduate book *Septicaemia and Infective Endocarditis*. I have also authored & co-authored over 160 journal publications. My society activities are: previous Secretary, then Chairman of the Healthcare Infection Society (awarded the Gold Medal of this Society in 2020), past President of the Section of Pathology of The Royal Society of Medicine, Recent President of The Medical Society of London. My hobbies include playing tennis, music and playing the piano.



Julian Axe BSc DPhil FRSA

I am a retired University Administrator and Manager, having worked initially at Edinburgh University Medical School and then University of London, St George's Hospital Medical School, Institute of Neurology, the Medical College of St Bartholomew's Hospital, St Bartholomew's and the Royal London School of Medicine and Dentistry, Imperial College School of Medicine and the School of Pharmacy. I have been a member of a number of national committees, Secretary to the Conference of Metropolitan Deans, Director of Universities and Colleges Admission Service (UCAS), Chairman of the London Universities' Purchasing Consortium (LUPC) and a Trustee of Superannuation Arrangements of University of London (SAUL). I am currently a member of three other medical related committees.



Harbour at Deauville. John Skipper

Harvey White FRCS DM MCh

Following preclinical studies at Oxford, I undertook my clinical training at Barts. After working as a registrar at a number of London Hospitals, I left Bart's as a senior registrar to take up a consultant surgical appointment at the Royal Marsden Hospital. I was a Founder Member of BASO and subsequently Vice-President and first editor of *Clinical Oncology*; also I was awarded the Ernest Miles Medal and a Hunterian Professorship. After taking early retirement from the NHS, I worked as a consultant at the London Clinic and King Edward VII hospitals. For 28 years I held various appointments at the RSM including vice-President, and was founder of the Retired Fellows Society (RFS) and first recipient of the RSM Medal. I was also President of various Medical Historical Societies and I have published a number of books.

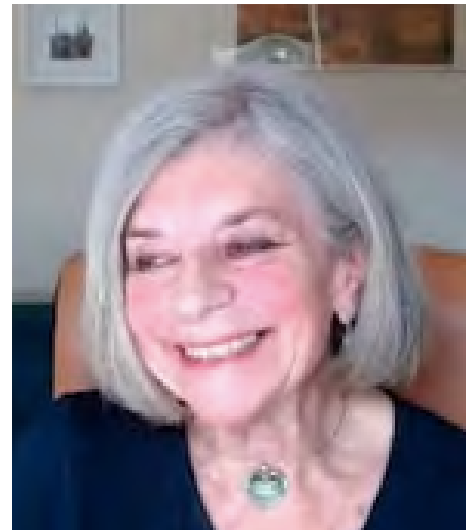


Isobel Williams MD FRCP DCH FRGS

I qualified as a doctor at St George's Hospital, University of London and progressed to become a Consultant Respiratory Physician, working for the National Health Service. Dr Edward Wilson, Robert Scott's friend and confidant, who went with Scott on both the Antarctic expeditions of the early 1900s, trained at St George's some seventy years previously - there were many of his iconic paintings to view in the medical school. I became fascinated by Wilson's many achievements and wrote the biography of this remarkable

man. Subsequently I have written the biographies of other Antarctic Heroes

(Edgar Evans and William Speirs Bruce) and am currently writing the life history of Sir Clements Markham who was President of the Royal Geographic Society for many years. I have also published a book on the life of Sir Hubert von Herkomer an exceptional artist, teacher and entrepreneur. For the past twenty years I have made regular presentations on Antarctic Heroes and Antarctic subjects.



Jeffrey Rosenberg and friends

Michael Kelly MChir (Cantab), FRCS(Eng), MRCP(UK), EWCert

Cambridge & St George's Hospital London (brought up in Wimbledon, married first ward sister, 2 children and 2 grandchildren). Bacteriological thesis, Hunterian Professor RCS. Senior Surgical Registrar, Bristol, 8 years, RSO St Mark's Hospital London. Consultant colorectal surgeon, Leicester 24 years with an extensive, but selective medico-legal practice. National Lead Clinician Colorectal Cancer 2002-12 helping initiate 'Straight-to-Test', Faecal Occult Blood Screening, MDT & Database in Colorectal Cancer. Past President Coloproctology Section RSM, and also the St Mark's Association. I am now fully retired. I was 1st Tenor Leicester Philharmonic Choir 35 years, Craft Bookbinder 15 years (on National Council) Chairman local Arts Society. Keen trout fisherman (River Derwent at Chatsworth), enthusiastic cook (was a Good Food Guide Inspector for ten years!) Rail Travel has now become seriously expensive for retired people so I am keen to support and encourage hybrid lectures for RFS members who live outside London.



Judith M Foy MB BCH FRCA

I studied medicine at The Welsh National School of Medicine at a time when there were quotas for women applicants, which seems unbelievable by today's standards. I trained in anaesthetics first at St Mary's Hospital, Paddington then returned to Cardiff Royal Infirmary as a Research Registrar to Professor Mike Rosen. Anaesthetics was appealing as administering drugs IV caused effects in seconds rather than waiting for months to see the result; the immediacy was exciting. I had two children early on which meant juggling home and work with a succession of nannies some of whom were angels undoubtedly heaven sent, while others were clearly spawned in some other place! As an SR I spent a dazzling year in the USA in Boston; Americans were light years ahead of us in major trauma resuscitation and cardiac anaesthesia using Swan Ganz catheters and echocardiography. I returned with my fancy ways and was made a consultant, mainly in Intensive Care. I had my third child and moved to cardiac anaesthesia. Then, in addition, I became Director of the Chronic Pain clinic. This involvement took me to New York in 9/11 where we helped with triage. Retirement has allowed me to indulge my interest in art becoming lecture secretary of the Contemporary Art Society for Wales and member of the Board of Trustees of the National Museum. In 2022 I was President of the History of Medicine Society of Wales.



Forthcoming Events Autumn 2023 and Spring 2024

Programmes

Internal Events

Jane Reeback

2023

October

19 | Sir Malcolm Evans, International and Human Rights lawyer

November

30 | **Recent advances in medicine and surgery**
Whole day event featuring invited speakers working at the forefront of their medical and surgical professions

November

16 | **Claire Hilton,**
To be crippled for lack of means is not economy

2024

February

22 | **Judy Mallaber, (MP 1997-2010)**
I was not a Blair babe – the ups and downs of life as a Labour MP

May

16 | **Simon Spiro,**
From snails to sperm whales; pathology across 10 orders of magnitude

March

21 | **Michael O'Brien,**
Hindu mythology

June

13 | **Will Palin,**
(11.00-11.15 AGM of the Senior Fellows Forum)
Waking a sleeping giant: rescue and repair of the north wing at St Bartholomew's hospital

April

18 | **Sophie Scott,**
The science of laughter

External Events

Sue Weir

2023

12 September

An early autumn visit to Kew Gardens. Enjoy a visit to the world's leading Botanic Garden: glass houses, a palace, an art gallery, temples, lakes and the Treetop Walkway!

10.45am Kew Gardens. Meet at Victoria Gate, the nearest gate to the underground, to board the Explorer Land Train, (departs 11.00am) which will drive you around the entire garden. On return we will visit the recently restored Marianne North Gallery, for the Victorian artist who embarked on her first solo expedition in 1871 to paint 'peculiar vegetation' in other lands - the result is 832 paintings of plants in their natural habitats.

Then free to wander and explore the delights of the garden. There are 3 cafes (refreshments not included) or bring a picnic.

Price: Entry & train: £23.00pp

1 November

Visit to the library & hospital at London Zoo in conjunction with the Section of Comparative Medicine. Please see website for price.

Further planned visits TBA:

Theatre Royal Drury Lane, Mansion House, National Portrait Gallery (possibly followed by tea at the Garrick), Magic Circle

Walks with Sue Weir

2023

October

11

Following the river by the City

Meet: 11.15 at the exit barriers of Blackfriars underground station (north side), finishing at Tower Hill underground station.

NO afternoon walk

Cost: £17.00pp

2024

Spring walks TBA

Sue Weir's 2024 walks will take place at ONE TIME only, MORNING, meeting at - 11.30am. There will be NO afternoon walks

Camera Club

Richard Lansdown and Michael O'Brien

All in house at the RSM, coffee 10.30, meeting 11.00

2023

September

11 | Carl Doghouse
Members meeting

October

9 | Presentation meeting

November

9 | Presentation meeting

December

4 | Speaker TBA

2024

Jan

18 | Members meeting

February

9 | Presentation meeting

March

7 | Speaker TBA

April

15 | Members meeting

May

17 | Presentation meeting

June

5 | Speaker TBA



It's the heat! Jeffrey Rosenberg and friends

Abstracts and biographies of speakers

Sir Malcolm Evans

Thursday 19 October 2023

To be crippled for lack of means is not economy: hospitals and their mentally ill patients in austerity, 1920s style

Dr Claire Hilton

Thursday 16 November 2023



Biography

Dr Hilton is Historian in Residence (an honorary post) at the Royal College of Psychiatrists and provides history of psychiatry content and context for the College and for other organisations, including the media, and individual researchers. She is also Honorary Research Fellow at Birkbeck, University of London. Previously an NHS consultant and old age psychiatrist (1998-2017), her MA and PhD are in history. She has authored two open-access monographs *Improving Psychiatric Care for Older People: Barbara Robb's Campaign 1965-1975* (2017) and *Civilian Lunatic Asylums During the First World War: A Study of Austerity on London's Fringe* (2021). Her current research is on mental hospitals in England and Wales in the 1920s.

Abstract

The talk will aim to challenge stereotypes we may have about mental hospitals in England a century ago, and to provoke debate about provision of mental health services today. Important themes include: innovation; 'after-care'; gender; scandals; and the challenges encountered by those people, within and outside the medical profession, who fought to achieve improvements.

I was not a Blair babe – the ups and downs of life as a Labour MP

Judy Mallaber

Thursday 22 February 2024



Biography

1997 – 2010 Labour MP for Amber Valley, Derbyshire – former coalmining and textiles area. Activities over the 13 years included:

- Member of education & employment, trade & industry, Treasury Select Committees

- PPS to leader of House of Lords
- Chair of UNISON MPs and vice-chair trade union group
- Chair of East Midlands Labour MPs

1985 - 95 Director (previously deputy) Local Government Information Unit – joint national trade union/council body

- campaigning against ratecapping, poll tax, privatisation and more
- promoting jobs, quality services and local democracy

1975 - 85 Research Officer, National Union of Public Employees (now part of UNISON). Included:

- writing pay claims for NHS ancillary, ambulance, nursing, technical staff
- work on low pay and campaign for statutory minimum wage
- servicing Executive and National Committees and Annual Conference
- media relations and running education courses for members

Long-term involvement in campaigns on equalities, rights of women, employment rights, public services.

Abstract

With 13 years as Member of Parliament for the Derbyshire constituency of Amber Valley, Judy Mallaber will reflect on life during the Labour government years of Tony Blair and Gordon Brown. What were the highs and lows? What does an MP actually do from day to day? Can a mostly backbench MP achieve anything? Are MPs really ‘all the same’ and ‘just in it for themselves’ as constituents often say at election time? Judy will talk about how and why she became an MP – and what she brought to the job from her previous work and campaigning experience. Did she achieve any of the aims she went in with – and make progress on her previous priorities? Being an MP involves work at Westminster – but just as important and rewarding is the MP’s relationship with

constituents and pursuing local concerns. What did she learn from local residents – and what were the new issues that arose? Or is the local MP just a glorified social worker? Judy will also comment on her life after Parliament – and what has changed in Parliament and outside since she lost her seat in 2010.

Dr Michael O’Brien

Thursday 21 March 2023

The science of laughter

Professor Sophie Scott

Thursday 18 April 2024



Biography

Professor Sophie Scott CBE is Director of Cognitive Neuroscience at University College London. She uses brain imaging to ask questions about how speech is processed as a sound, the neural basis of speech and sound processing and the social roles of vocalizations. She has pioneered neuroscientific studies of laughter. She gave the Royal Society Christmas Lectures in 2017, was awarded a CBE in the Queen’s Birthday Honours in 2020 and was awarded the Royal Society Faraday Prize in 2021.

Abstract

Laughter is a positive emotional vocalisation which has its roots in mammal play vocalisations. Laughter is often assumed by

humans to be an index of humour, but most of the time when humans laugh, it has little to do with humour. Laughter is primarily a social behaviour, and we are more than 30 times more likely to laugh when we are with other people than when we are on our own. In this talk I will address the evolutionary history of laughter, look at its use in human interactions, and explore its neurobiology.

From snails to sperm whales; pathology across 10 orders of magnitude

Dr Simon Spiro

Thursday 16 May 2024



Biography

As well as his diagnostic case load, Dr Spiro teaches undergraduate and postgraduate students at the Royal Veterinary College and engages in clinical research. Dr Spiro holds degrees in pathology and veterinary medicine from the University of Cambridge, a DPhil in infectious diseases from the University of Oxford and a master's in veterinary pathology from the Royal Veterinary College. He is a Fellow of the Royal College of Pathologists and a diplomate of the American College of Veterinary Pathology. Prior to his work at ZSL he has worked as a molecular virologist at the Pirbright Institute, developing vaccines for oncogenic poultry viruses, and as a diagnostic pathologist for the Animal and Plant Health Agency (APHA).

Abstract

Dr Simon Spiro is the veterinary pathologist for the Zoological Society of London, where he is responsible for the diagnostic pathology of the society's 23,000 animals of 800 species. He is also the pathologist for the Cetacean Strandings Investigation Programme (CSIP) which investigates dead whales, dolphins, sharks, turtles, and seals in English and Welsh waters. In this lecture, he will guide you through the practicalities of performing post-mortems on animals ranging in size from the tiniest invertebrates up to the largest megafauna, introduce you to some of the fascinating diseases that can be found (some familiar to doctors, others unique to animals) and demonstrate how pathology can contribute to conservation. This lecture will include video footage of images, video and digital pathology from post-mortem examinations on animals as varied as snails, snakes, whales, rhinoceroses and lions.



Klipspringer. Jeffrey Rosenberg and friends

Waking a sleeping giant: rescue and repair of the north wing at St Bartholomew's hospital.

Will Palin

Thursday 20 June 2024



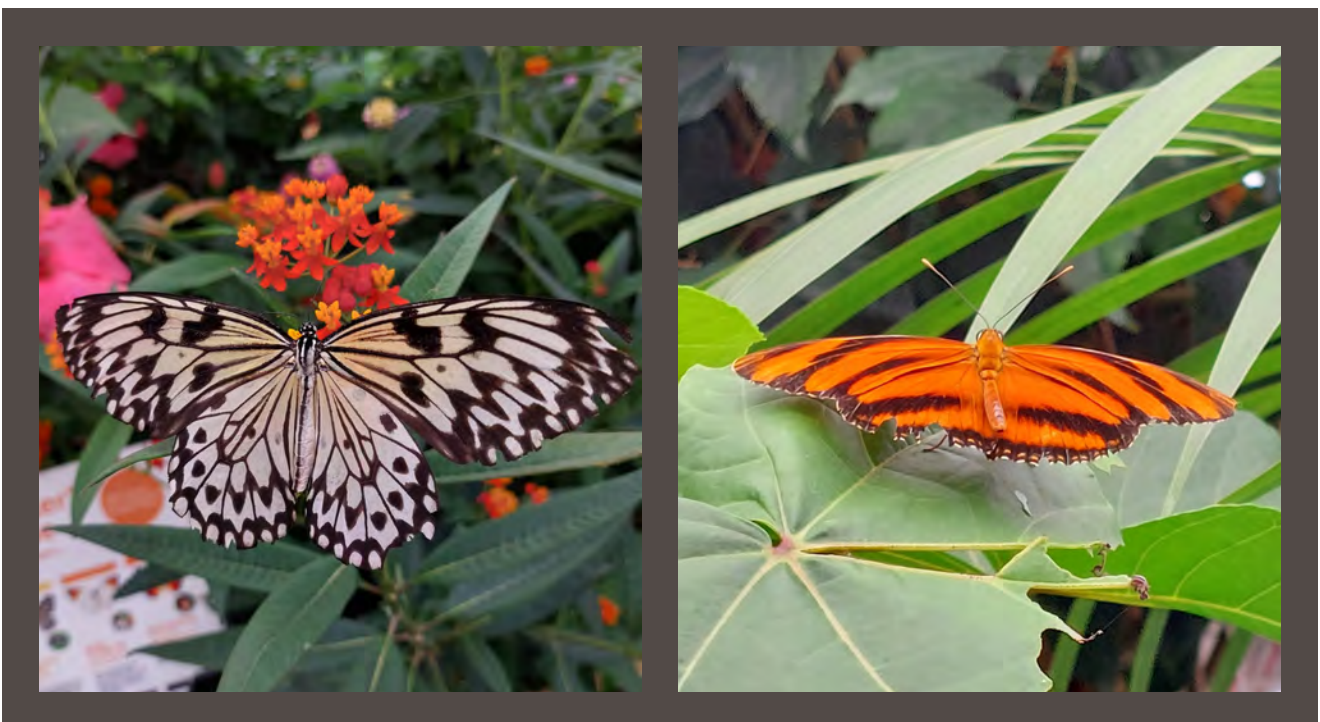
Biography

Will Palin was appointed CEO of Barts Heritage in 2019, he is an architectural historian, writer, campaigner and heritage expert. He was a curator at Sir John Soane's Museum until 2007 then served as director of SAVE Britain's Heritage. Most

recently he worked as Conservation Director at the Old Royal Naval College at Greenwich where he led the multi-award winning Painted Hall conservation project. Will has lectured widely on 18th- and 19th-century art and architecture and is a former columnist of *Country Life* magazine. He is a trustee of the Georgian Group and Chairman of the Sheerness Dockyard Trust.

Abstract

In 2023, the 900th anniversary of St Bartholomew's Hospital, Barts Heritage embarked on a landmark £9m project to repair, conserve and rejuvenate the Grade I listed North Wing at St Bartholomew's Hospital, including its celebrated interiors, the Hogarth Stair and Great Hall. As well as addressing the historic fabric of the building, the project includes a pioneering programme of events and activities linking heritage and health - in partnership with St Bartholomew's Hospital. In this talk Will Palin, Chief Executive of Barts Heritage, will discuss the challenges and complexities of the project as well as the exciting opportunities it offers for public access and engagement, both during and after the works.



Right to left, Red lacewing butterfly, Banded orange butterfly. Jeffrey Rosenberg and friends

Meetings Reports

The sea: ungoverned space



On the 16th of March, we enjoyed a lecture on The sea: ungoverned space by Commodore Rupert Wallace CBE, who has many years experience dealing with the challenges of the sea. Commodore Wallace retired from the Royal Navy in 2014 after a career which included three ship commands, but his lecture emphasised how little sovereignty or control applies to the world's seas. As residents of the United Kingdom, we live in a highly regulated legal structure crossing many boundaries, this format does not apply on the high seas - only a matter of fifty-eight miles away from the lecture theatre, there are virtually no laws once a narrow boundary is crossed from land. The lecture was based on three main themes. The first related to resource management, the second piracy and the third migration. Taking the example of the United Kingdom - the area between low tide and high tide being owned by the crown - historically three miles

below low tide mark, was state territory. A specific distance was not internationally agreed until 1982 and formulated in law by 1985. A distance of 12 miles from low tide was then agreed by the United Nations as belonging to the state. An exclusive economic zone (EEZ) as prescribed by the 1982 United Nations Convention on the Law of the Sea applies to every sovereign state, and stretches from the outer limit of the 12-mile baseline out to 200 nautical miles. While full sovereignty can be claimed for territorial sea, this does not apply to EEZ zones. Here surface waters are international, and a so-called sovereign right only applies to below the surface. In order to claim the 12-mile rule human habitation on land must be demonstrated. Reduction in fish stocks has led to more focused agreement on regulation of territorial zones, and Iceland as an example in recent times maintained its need for protection. It is not only fish but what rests

on the bottom of the sea which can create the need of defined ownership. Problems arise over national identity and the South China Sea is a potential trigger point for disputes. The Spratly Islands were taken from Japan and allocated to China as part of settlement following the second World War. While many remain uninhabited others have become militarized even to the extent of building and reinforcing what are essentially reef structures. Ukrainian waters have in recent years become the subject of disputes. HMS Defender tested Russian claims following occupation of Crimea and the surrounding seas are likely to remain politically emotive for the foreseeable future. Historically, might often takes the ultimate prize. Piracy is essentially an act of theft and Mogadishu as the capital of Somalia has been the focus of scrutiny, an important trade route for international shipping passes near to Somali waters. In 2005 there was an increasing problem with small boats which were capable of reasonable speed becoming manned by thieves and troubling slow moving, high value cargo vessels. Over the next couple of years, the issue increased in frequency when ships were essentially hijacked, and fees claimed before release. The Royal Navy became involved to offer protection, but the 12-mile rule hindered possible detention of suspicious small, manned vessels. People smuggling is another crime often hiding in the protection offered by moving on the high seas. Smuggling of the drug Methcathinone (CAT) has been a challenging problem with gangs making use of territorial waters. The freedom to roam has resulted in large companies having to invest more in the safety of vessels and by 2012 the problem of piracy had largely been solved. It remains an area of ongoing vigilance and the territorial waters between Indonesia and Malaysia have been experiencing challenges in recent times. Overfishing in factory style boats often at sea for long periods have recently challenged the protected Somali coastline. A recent constructive agreement between the Yemen and Somalia over permitted fishing has been welcomed. An improvement in the Somali economy from outside international

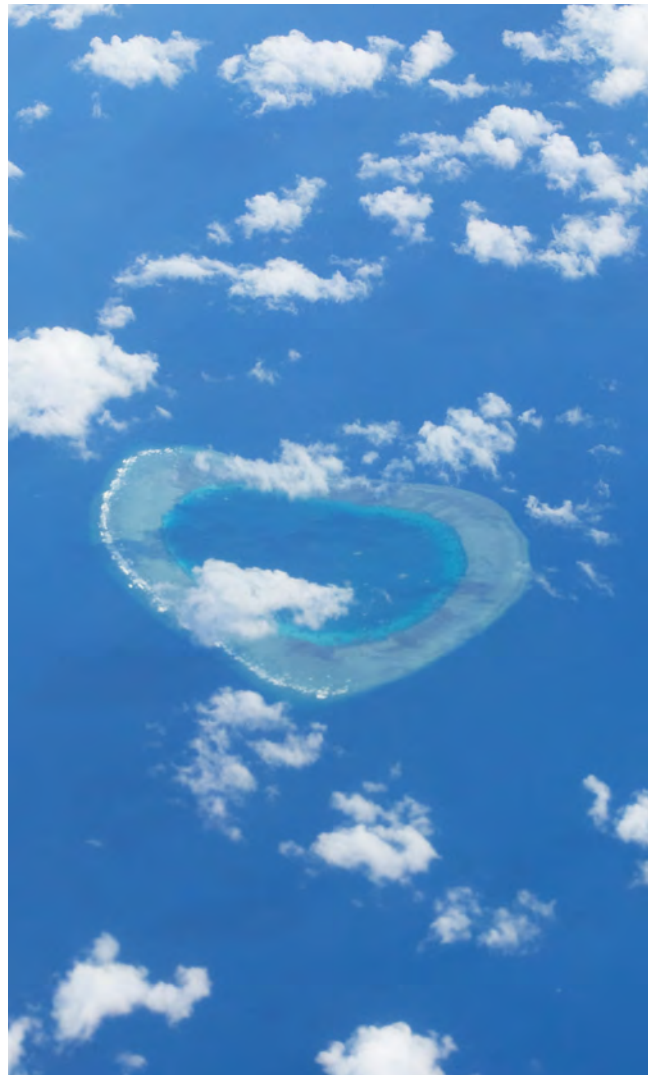


assistance helps to diminish the need for piracy and illegal procedures essentially fuelled by extreme poverty. Migration can be separated into two broad aspects, namely economic and 'other' asylum seekers and legality surrounding economic migrants is often challenged. The United Nations Act of 1951 continues to provide the guideline against which any appeal over deportation is made. This refers to persecution even including a death sentence in the original host country following forced rejection of an appeal and deportation. It remains the case that an individual can not be deported back to a country where the person would be at high risk. The system in the West seems to be broken with countries feeling overwhelmed by requests for asylum. Illegal economic migrants may disappear within the system aided by sources requiring labour. Outside the 12 mile limit no country has the legal right to interfere with boatloads of potential refugees, exception to the rule is a need for rescue when there is a duty on mariners to aid. The speaker commented on ruthless gang masters and desperate asylum seekers. Every Western European Government has become challenged. An example was given to how the Italian Navy has worked tirelessly to assist migrants at high risk. The challenges to controlling illegal entry to the United Kingdom concentrates political

discussion as how high the fences preventing entry should be. Despite best efforts to accommodate migrants in Germany, numbers eventually start to become overwhelming. One is forced to concede that the best hope for the future is to improve economic stability and standards of living in countries faced with major poverty. The Marshal Plan instigated in 1947 suggested the creation of a world in which free trade can flourish. In democratic structures there has been positive evidence of some success. Another example related to 'Boat People' leaving a devastated South Vietnam in the period around 1975. America gave money to allow policing of the coast, and a combination of financial assistance to surrounding countries in the South China Sea to assist fleeing migrants provided a solution. Climate change will create future challenges and we must help poorer countries to develop their economies and basic needs such as housing improvements. Libya is a good example where changes following assistance are becoming apparent.

Commodore Wallace finished his talk by returning to the lack of law outside the 12 mile limit on the Seas. His lecture clearly demonstrated by means of a current and historical dimension the challenges now and for the future. A range of questions following the talk included understanding piracy through a differential of buccaneers and privateers, the withdrawal from Afghanistan post international conflict, the monitoring of external assistance funding in countries such as Libya in recent times, international fishing rights, marine conservation, Taiwan and Chinese claims and finally the English Channel and International rights of passage.

David Murfin



Le vieux basin, Honfleur. John Skipper

Best stained glass windows in London



On the 20th of April Caroline Swash broadened our appreciation of the art of stained glass windows. Stained glass production is mainly performed by groups working together in studios, although most of Caroline Swash's work is crafted at home, often on a small scale, such as her recent commissioned work for The Society of Apothecaries. The design of windows can be abstract or figurative, may incorporate narratives from history or literature, may represent symbolic motifs or heraldry, or represent religious patrons. WWII bomb damaged churches have offered British designers the chance to accentuate the value of traditions by replacing a lost subject in a new way. Coventry Cathedral with the Baptistry Window made of 198 brightly coloured glass panels, 26 metres high, is unique and includes

some of John Piper's finest work using new imagery and modern art. In the Chapter House of Westminster Abbey, the restored stained glass is a mix of old and new glass and a good example of the interrelationship between place, time and the medium. Tuning with architecture is exemplified by the 1994 West Window of the Henry VII Chapel at Westminster Abbey, by John Lawson for the Goddard and Gibb Studio. This is decorative, historic, and comforting. At the Emmanuel Church, a new Church in Islington North London, Mark Angus uses blue glass to give a calming tone (which was common in ancient cathedrals in Europe), and clear glass in private areas, while Caroline's own rose window for St Barnabus, Dulwich reflects the days of the monks in the Middle Ages and the new structure of the

church. Other widows show St Augustine's and St Columba's journeys to England. A rare example of concrete glass can be seen at St John Chrysostom, Peckham, which brings the medium up-to-date and requires a different cast glass. There is a magnificent abstract window by Alfred Wolmark, best known as an impressionist painter, at St Mary's Slough and at the Chapel Royal, St James's Palace, there is the Golden Jubilee Window taken from a painting by the then Prince Charles and designed by John Napier and presented to the Queen. St George's Cathedral, Southwark has a window by one of the great designers in Europe, Harry Clarke, depicting the 'Coronation of the Virgin' and there is an early 17th Century window - the East Window - at the late medieval Church of St Mary, Battersea featuring heraldry and portraits of the then local senior figures.

A number of Victorian Churches have hidden treasures: St Mary Magdalene Church, Paddington has a sequence of windows by Henry Holiday and a spectacular small gilded crypt which includes the last judgement, based on a 14th Century stained glass. Also, St Anselm's, Hatch End where there is pre-Raphaelite work in glass by a little known arts and crafts artist who produced the most exquisite detail and intensity. Margaret Aldrich Rope's windows have the same intensity with her East End Life series at St Mary Magdalene, Regents Park. Not just Christian sites display stained glass, the Sikh Temple in Southall has one of its stained glass features - the wearing of the five K's and another, the Prayer Hall Window with fruit and flowering plants, both by Harry Cardross of the Goddard and Gibb Studio. Synagogues can also be rich with stained glass windows, often depicting Jewish history. Marvellous examples can be seen at the St John's Wood and the Agudas Israel Synagogues, the latter also is a care home. In the secular world, the vibrant staircase - with plants and flowers - at the Sanderson Hotel, Fitzrovia, uses Yorkshire glass designed by Piper, who also made the colourful and dynamic window for the chapel at Charing Cross Hospital. Uxbridge Station concourse has three remarkable

windows designed by Charles Holden depicting heraldry, and the windows were a precursor to his Canterbury Cathedral work, and an amazing Edwardian 'art nouveau' landscape window - designed with charm and style - can be seen at Thomas Goode & Co, Mayfair. Sir Stuart Lipton commissioned Alexander Beleschenko for exterior glass panels to a building in the City of London which required thicker fused sheet glass.



Brian Thomas, who was Principal of the Byam Shaw School of Art, created murals for the Bishop Tait's Chapel, Fulham which shows how mural painting and stained glass paintings both produce the richness for sacred and less than sacred architecture in England. Caroline herself was commissioned to prepare a sequence of windows on medical themes at the Medical Library at the Royal London Hospital site, where the AIDs window features a diagram of one of the earlier HIV strains found in Zaire. The Pandemic window was conceived before the significance became a reality. Following the lecture many of the questions focused on members of the audience own favourite stained glass, then Caroline was warmly thanked for her wonderfully illustrated lecture and presented with a gift as a token of appreciation from the Retired Fellows Society.

Jeffrey Rosenberg

The Silk Road



On the 18th of May, Frances Wood thrilled us with her account of her extensive travels on the Silk Road. Frances has devoted her life and career to studies of China (she is a Mandarin speaker) and Chinese history. Her extensive written works encompass both the high academic and popular, including books on Marco Polo, life in the Chinese treaty ports and on the first Emperor of China. The Silk Road is in fact a network of roads, largely oriental trade routes fully active until at least the fifteenth century. The Chinese have referred to it as 'the Jade Road', as in China jade has an elevated cultural importance to the people. Frances subtitled her talk as being on 'jade, cucumbers, spies and pleasure seekers', trade being to China as well as away from it. Imports included grapes, cucumbers, peas, and most importantly fine horses – essential for their military status, but not being native to early China. Famous exports, of course were jade, silk and paper, as well as medicinal plants such as rhubarb. With regard to the synthesis and export of silk

fibre and cloth, historically it was described in ancient Greece and Rome by both Strabo (64BC – 21AD) and Seneca (4BC – 65AD), they weren't terribly in favour of it – clothing being so fine, for ladies it was too revealing for historical commentators' conservative tastes! Of paper, extensive examples have been found at the Dunhuang cave (see below) dated to 65BC and at Yumen pass, dated to 8BC. The earliest extant paper fragment was unearthed at Fangmatan, in Gansu province, and was perhaps part of a map, dated to 179–141BC. Culturally, China imported religions; Buddhism (the Diamond Sutra is dated to 868AD), Islam, Sogdian Manicheism, Christianity (including Nestorian Christianity) and Zoroastrianism, while vital to Chinese culture was Confucianism. Travel of caravans to and from China was by camel – beacon towers showing the way, from 2,000 years ago. Dr Woods interest in 'spies and pleasure seekers' included accounts of map-makers and archaeologists of manuscripts; in some periods (for example

1914-1918 and 1939-1945) it wasn't always totally clear what these explorers of different nationalities subconsciously had in mind. She concentrated considerably on the discovery of the Dunhuang manuscripts, a wide variety of around 14,000 religious and secular documents (mostly manuscripts, but also including some woodblock-printed texts) in Chinese and other languages, that were discovered at the Mogao caves of Dunhuang during the 20th century. This was a vast cache of documents hidden in a sealed cave for 1,000 years, untouched by human hand. Their discovery by European researchers, largely Aurel Stein and Paul Pelliot followed exciting adventures of these and others, including forgeries having been sold by a Chinese national, Wang Yuanlu. Many of these original documents are held in the British Library, a considerable number now having been digitised.

On the history and travels of Marco Polo, Dr Wood has opinions – very little is known for certain about either the travels or the accounts. Some have him travelling to China with his father and uncle in around 1271. However, the texts were not written by any of these three, rather a some-time acquaintance of Marco, Rusticello, wrote up his verbal story. No original is extant, but there are three versions of copies, in Dr Wood's opinion 'a mish mash of dubious events'. Importantly, no well-known personalities present in China in those times has acknowledged their presence. For example, histories of the king's reign (Kublai Khan) do not mention the Polos. While on the other hand, writings of the Polos' travels omit mention of stunningly obvious advents of Chinese life of the time; nothing about the Wall, tea, chopsticks or bound feet.

The lecture was profoundly interesting and entertaining, followed by a wide variety of questions and answers: What was Chinese paper made from? It was made of hemp, mulberry and bamboo. How did the manuscripts in the cave persist in such excellent quality? The atmosphere in the cave was dry

and cold in winter. There were no mice, and the cave was effectively sealed. Have the Chinese asked for them back? Not yet. Stein travelled officially and BOUGHT them. How were caravans protected from brigands? There were Indian guards and Chinese officials. Also there were official couriers, but in localized areas, it could be lawless. What languages were encountered along the Silk Road? Persian was the lingua franca, although local languages, of course, were met along the way. In Vindolanda, we have famous proof that women wrote, did women participate in Chinese cultural activity? Yes, women were not discriminated against in general avenues of life and literacy.

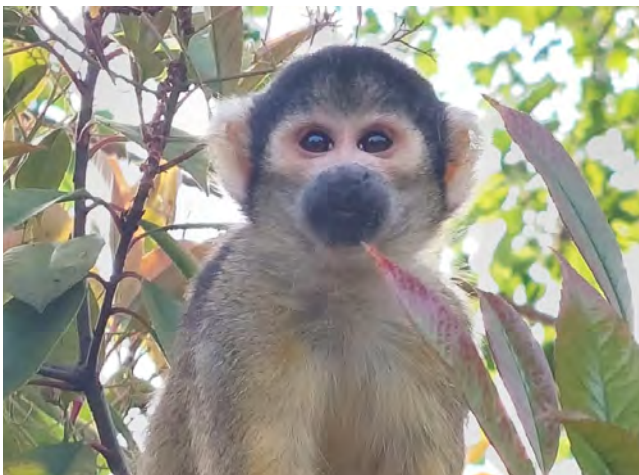
Catherine Sarraf



Honfleur port. John Skipper

The (neuro)anatomy of friendship: a multidisciplinary

On 15th of June, Dr Richard Lansdown introduced Professor Robin Dunbar, Director of The Institute of Cognitive and Evolutionary Anthropology, Oxford since 2007, who reminded the audience that there were only ten people in the world with a number (think Avogadro's Number!) named after them (see below); nine were dead so he was extremely happy to be addressing our Society! He spoke to us about the nature of the social world which clearly encompassed friendship. Over his career he has spent 25 years studying monkeys, and latterly feral goats, before turning to human relationships.



Jeffrey Rosenberg and friends

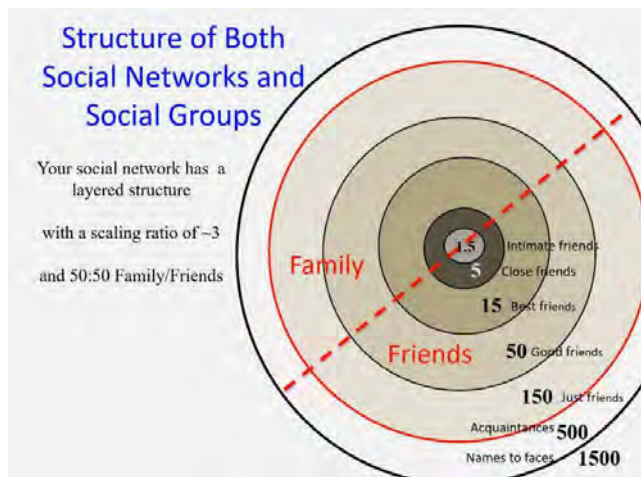
He defined 'friends' in the Facebook sense, as the platform didn't differentiate between different categories of friends such as family and more general relationships. Studies in Social Psychology tended to be vague. However, he discussed a meta-analysis of 148 epidemiological studies (310,000 people) of one-year survival, following an initial heart attack. Numerous variables were assessed including all the usual suspects such as BMI and exercise - but the number and quality of close relationships outweighed them all including smoking. A further study from Denmark looked at over 38,000 people recruited from



13 EU countries, and demonstrated that the risk of depression was reduced by having ideally five close friends or three volunteering roles. Protective factors could be mixed and matched but not added together. He felt that having more than five close friends was disadvantageous as one's social capital was then spread too thinly. Research has shown that the number of social contacts both in primates and humans is related to the evolution and size of the neocortex. In Man huge studies of telephone data (6 billion calls) have conclusively demonstrated that this tends to be a fixed at around 150 (Dunbar's Number). This number holds true for a diverse range of activities from community groups, wedding guests, company size and military units.

Historically, analysis of Doomsday Book records has shown that the average village size, in those days, would have been around 150 people too. Another study looking at records from alpine villages between 1200-1800 also revealed an average village size of around 140, as would be the size of contemporary English villages. Again with all societies, including tribal ones, an extended family of around 150 holds true. He next discussed the 'Social Brain Hypothesis' which essentially reflected the neocortex and the underlying default mode neural network stretching from the prefrontal cortex

(mentalizing) to the temporo-parietal junction (animation), limbic system (emotions) and cerebellum (coordinating the aforementioned activities). His and other groups had shown that the number of friends correlated with the size of an individual's neocortex. He described the 'ripple effect' of relationships with those furthest away being the weakest.



Social networks image. Robin Dunbar

Frequency of contact was critical to maintaining strong relationships. A scale of about 3 was applicable to each ripple and total numbers for each ripple were reproducible across a wide range of environments. Inner layers up to 50 identified close, intimate and general friends for example, whilst 500 reflected acquaintances, 1,500 the number of pictures of faces one could put names to and at 5,000 simply to recognise a face. These numbers were optima in terms of information flow. Interestingly numbers away from the core 50 were representative of the makeup of modern armies. However, the inner core of 5 intense relationships was vital for functioning of Special Forces units. Maybe surprisingly, it has been shown that 85% of women have a romantic partner PLUS a best friend forever (BFF), whereas men have either one or the other, but not both. This seems to be a difference at the innermost ripple core number of 1.5. Psychologists refer to a dual process mechanism which maintains relationships. Two parts of the brain work in tandem, one involving social grooming which triggers the endorphin system, which appears to be the bonding agent enabling the other component 'the social brain effect' to operate,

but at a subconscious level evaluating the worth of the relationship. He commented that the feel good factor after a visit to the hairdresser was due to endorphin release following social grooming! Apparently, 40% of our time is invested in just 5 relationships and 60% in just 15. He told us about a study of Chicago bankers which had demonstrated the importance of investing in social time to maintain relationships. How many times one contacted a new friend in the first month predicted the likely ongoing strength of that relationship. A study of body mapping has also demonstrated that the closer a relationship the more contact is allowed between individuals. About fifteen years ago the afferent c-tactile neuron system was described; fibres were unmyelinated and there was no return loop. They were widely distributed in skin as well as at the inner ear. The only thing that triggered these fibres was gentle stroking at precisely 3cm/second. Activities such as the speed at which a baby was rocked to calm it and the rhythmic nodding of the head to music operated via this mechanism for endorphin release. Professor Dunbar described a social tool kit which triggered endorphin release and facilitated social bonding in large groups. There were core components, namely laughter, song and dance, storytelling, feasting including food and alcohol use. Alcohol was the important factor for endorphin release.



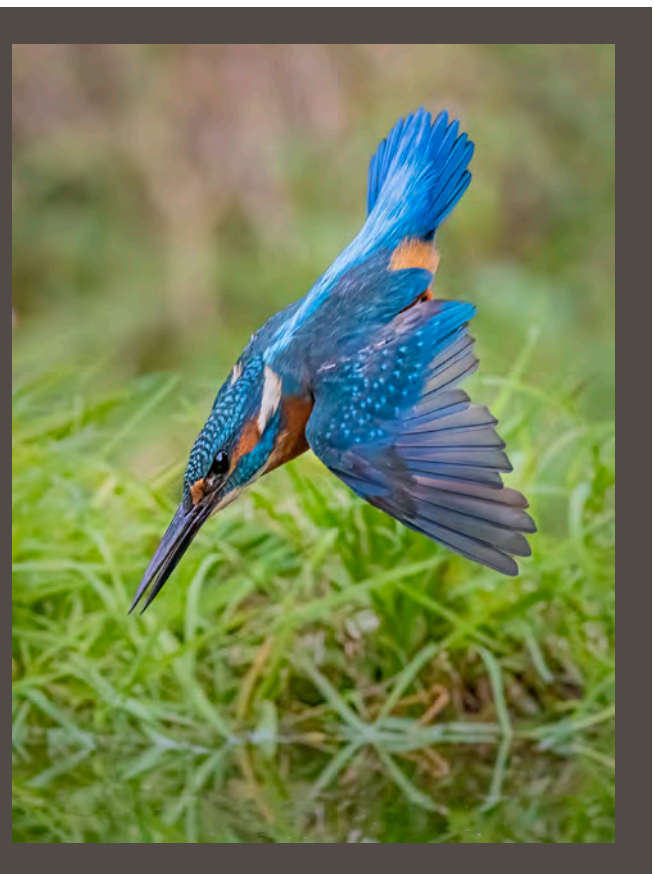
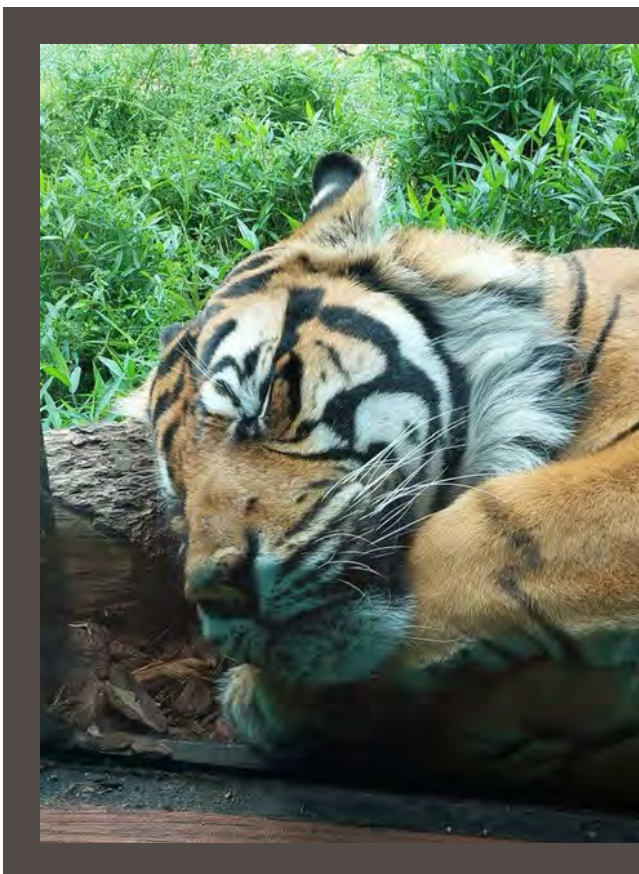
Group laughter could be triggered by funny videos but golfing instruction videos had no effect! The number of friends has been determined by the ability to mentalize, which in turn was dependent on the size of the individual's default-mode network. Only

20% of the population are capable of 6 order mentalizing which explains why great writers like Shakespeare are so rare. He told us that our best friends were most like ourselves, and described the seven pillars of friendship. He distinguished between endogenous and exogenous (cultural) factors in relationships. Gender bias was extremely important as a universal female endogenous factor as are age, ethnicity and personality. His group had also shown that male relationships were more activity based as opposed to conversation based, as in females.



Professor Dunbar concluded by referencing his recent publications on The Evolution of Religion and The Social Brain. He took questions from the audience which included one on negative relationships. In children these were casual and would decay anyway over time. In adults there was a lot of tolerance for close family members but loss of trust was a critical terminal factor. An online question asked about studies of moral decision making. His group hadn't looked at this but others had shown activity in the prefrontal cortex. Another question related to military bonding and he commented that square bashing and drill were analogous to dance in inducing endorphin release. In response to a question about empathy he stressed that it was different from mentalizing and rather abstract, which found an expression in poetry, by way of example.

Jeffrey Rosenberg



Jeffrey Rosenberg and friends

External events reports

Rhine and Moselle river cruise

Led by Sue Weir

On the 10th of May, fourteen Retired Fellows (including some guests) gathered at Terminal 5 Heathrow, for our departure to Dusseldorf. The gods were with us, and nothing went wrong – no strikes, no bad weather and no delays. From Dusseldorf airport to Cologne was a short coach ride, and we arrived at MS Geoffrey Chaucer in good time for a swift refreshing juice ahead of dinner.



MS Geoffrey Chaucer. John Skipper

Full of good cheer we all took up our luxurious staterooms while the boat conveyed us overnight down the Rhine. By breakfast time next day, we were passing the monumental confluence of the Moselle and Rhine, at Koblenz, where we changed river to follow the Moselle. A gentle and relaxing morning followed by lunch, preceded an afternoon guided walk through the riverside town of Cochem. This whole area is dominated by the wine-making industry, first established during Roman times, over 2,000 years ago. As the MS Geoffrey Chaucer cruised on, many locks were encountered, but it was exciting to watch the boat's incredible upward lift, with only inches to spare on each side. The Moselle valley is extremely beautiful, some parts forested, others covered with very steep vineyards, stretching

from hill tops right down to river banks. In general, we were travelling south-west, but natural intricate bends of the river, during history (and some more modern times) have been avoided by the construction of straighter canals. At Traben-Trarbach next afternoon we left the boat and were transferred to Trier by coach. Trier is an exceptionally important historical city. Considered to be Germany's oldest, it is situated just 18 kilometres from Luxembourg. Due to its close-to-border location, although definitely in Germany, as borders have changed through time and wars,



Original drawing by Neil Weir



Porta Nigra, Trier. John Skipper

so has the nationality of Trier's inhabitants. Celts of the 4th century BC were subsequently driven out by Romans who considered Trier to be one of the four capitals of the Roman Empire. Happily, as was their wont, the Romans left us staggeringly impressive buildings, such as the Porta Nigra and the Constantine Basilica. After walking, we returned to the coach; during our absence the boat had wound round the horseshoe-shaped curves of the river and had arrived at Bernkastel-Kues, where we spent the night. Discovering Bernkastel-Kues took place next morning, and what a pleasure it was! We learned that (as were the other mini-towns we visited) it is a wine producing centre. We were encouraged to take one particular remedy called the Bernkasteler Doctor, available from hostelries, which is certainly a cure-all. By this stage, the MS Geoffrey Chaucer had turned through 180° and overnight, we headed back downstream to reach Koblenz again by morning, stopping there this time. After breakfast we had a thrilling walking tour of the area of the town called the German Corner (Deutsches Eck), formed by the land at the Moselle/Rhine junction. This strikingly sharp wedge is crowned by the massive statue



Typical Market Square of the area. John Skipper



Bernkastel hostelry. John Skipper



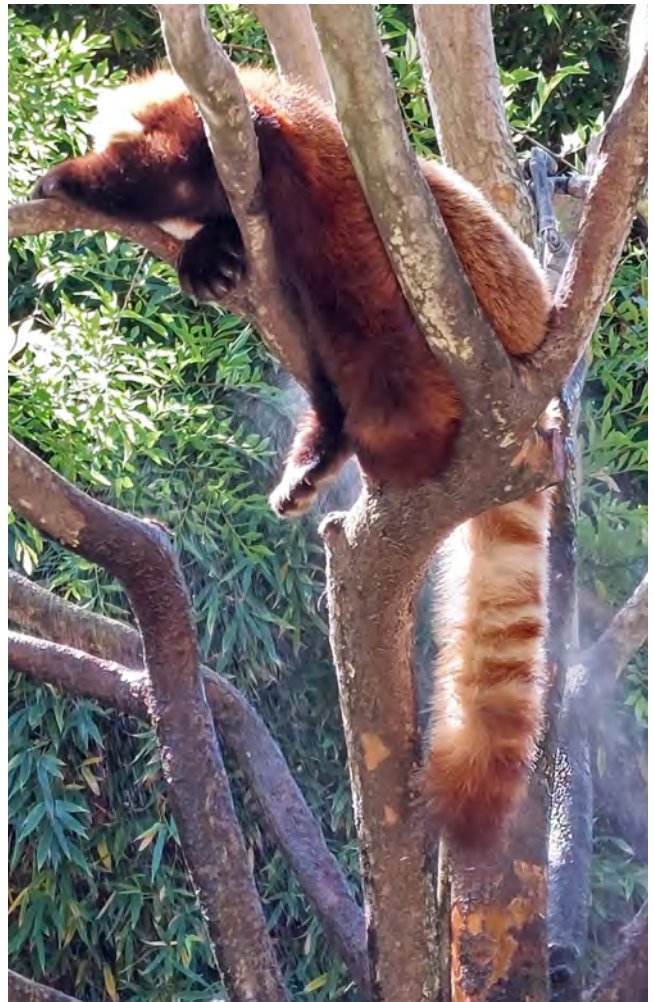
German Corner, Koblenz, (Deutsches Eck)



Koblenz spitting boy. John Skipper

of the Emperor William I, mounted on his 14 metre high horse. We saw a whole range of interesting sites some serious some humorous. Lunch was on board the moving boat, so that the afternoon could be spent at Boppard. Next morning, we passed through the Rhine Gorge, a World Heritage site and famous for the Lorelei Rock fables. The next day was to Rudesheim – a beautiful and popular tourist destination. Our walk took us through the town, where we specially enjoyed the Drosselgasse, a narrow lane, but so full of atmosphere and interest. That evening was the Gala dinner on board for which we all took the opportunity to dress up for the occasion – and splendid it was. Next morning saw us in beautiful Cologne. Again, full of history and entrancing vignettes, our guide entertaining us with tales as we wandered through the squares and alleys on the riverside. Finally, the day arrived for us to leave the Rhine, how sad! We thoroughly enjoyed all the shore events, while on board the hospitality, company, food and drink were second to none. Also needing a mention are the entertainments organised for us during the evenings – all jolly good fun. Thanks so much Sue for organising this and guiding us all through it! It was wonderful.

Catherine Sarraf



Red panda. Jeffrey Rosenberg and friends



Deauville. John skipper

Visit to Watts Gallery and Artists Village



The chapel. Ian Stephan

On Tuesday 20th June, twelve of us, plus one member of the Medical Arts Society, visited the Watts Artists Village at Compton, near Guildford, which was created by GF Watts (1817- 1904) painter and sculptor, and his wife, Mary (1849-1938) a designer, painter, potter and sculptor. We spent the morning on a brisk walking tour of the site, taking in the house, Limnerslease, the chapel and then the art gallery and pottery, the order in which they were created. Starting up the hill, we paused at the Watts memorial cross in the woodland below the house, before stopping outside the exterior of Limnerlease, the Watts arts and crafts home and studios, built in 1891, on the Pilgrims Way. The house name is derived from Linmer, a painter, and Lease as in its meaning of collect. There we were given a brief family history of the Watts family. We then walked further along to road to the Mortuary Chapel and cemetery. The cemetery is on the side of a hill with the graves

on the slope down to the road. It contains several graves made with terracotta and a wellhead designed by Mary, also in terracotta. Watts and Mary are both buried at the top of the rise in a cloister-type area. Entry to the cemetery is via a charming lychgate which is currently under repair, having recently been hit by a bus. The chapel is in the shape more usually associated with Byzantine or Orthodox churches, was designed by Mary and built (1895 to 1904) with local small bricks from a nearby clay seam. In 1895 Mary started a class at Limnerslease to train local people to make the gorgeous terracotta panels using symbols derived from Celtic, Romanesque, Jewish and Egyptian art which adorn the exterior of the chapel. The interior was not on our itinerary (but we insisted on visiting), is a magnificent sight, lusciously decorated by Mary and her students, with panels made in Mary's studio and then attached to the walls.



Plaster model of Tennyson in the plaster studio. Ann Ferguson



Watts painting table, in his studio. Ann Ferguson

The panels were made of plaster on a wooden and chicken wire frame, decorated with hatters' felt and string, soaked in gesso, and attached according to her designs, then painted and partly covered with gold leaf. On our return to the gallery built in 1904, we were given free time to have lunch and explore Watts gallery and pottery. The gallery was completed in 1904, the year that Watts died. It contains portraits and imagery 'offering a vision of nothing less than the progress of the human soul in an age of materialism and spiritual doubt' (guidebook p13). The human form is frequently central to these rather, to our eyes, gloomy paintings, but the portraits are more realistic, and there was one quite delightfully bright Greek family group. Downstairs is the 'Decoration or devotion?' exhibition, the De Morgan gallery containing part of the collection created by the Victorian husband and wife artists William and Evelyn De Morgan. This was a small collection of paintings, drawings and exquisite lusterware tiles and pottery. The pottery itself is a tall space, used by both Watts and his wife; the end wall is an entrance, now blocked by glass, but rails travel into the gallery from the garden so that his vast plaster models could be moved in and out. There were plaster casts of body parts, principally limbs, used later when they were making full size models. The whole space is dominated by two huge statues, both made of gesso grosso, a mixture of rag and plaster

which was hard enough to be carved. The first is 'Physical energy' a nude man riding a horse, which we were told represented our instinct to move forward. The other was a statue, over twice life-sized, a memorial to Watt's friend, Tennyson. This was then cast in metal and the final statue is to be found outside Lincoln Cathedral, a memorial to a man who spent most of his life in Lincolnshire. In the afternoon we returned to Limnerslease for a guided tour of the interior, only some of which is on view. We paused outside to see the space where the wall was decorated by the Della Robbia tondo, now lost and replaced by a flatter terracotta mural. At the east end of the house are their studios containing some of Watts paintings and his pigments and painting table. A video in Mary's studio showed how she created the plaster casts for the chapel. The low ceilings in the entrance hall and Anson Red Room are decorated with quite magical beautiful stucco low relief ceiling panels. We spent some time having the symbolism of these explained to us. We were issued with lightweight mirrors so that we could study them in comfort. They were designed by Mary after she had encountered many design cultures on her honeymoon. In the hall are five panels representing different spiritual cultures, and in the Red Room, used by the Watts as a sitting room, are panels representing joy in work, sun, bees, wheat, grapes and some Celtic patterns. By the fire is the niche where the Watts used to sit in the evenings where Mary read to him. Photographs show that this was originally richly decorated, but while the house was privately occupied after Mary's death, the decoration was lost. The whole Artists Village is run by the Watts Gallery Trust, finally, they acquired Limnerslease and are continuing to restore it. The whole project is a vast enterprise, and they continue to do well. Thanks were given to Sue Weir for organising this event, and we dispersed at about 3.30pm, after spending a truly enchanting day, in this magical venue.

Ann Ferguson

Walks with Sue Weir

Around Holborn's Past



Red Lion Square Gardens. Jeffrey Rosenberg

The sun was shining as we gathered outside Holborn underground station for the latest 'Hidden London' walking tour led by our incomparable Sue Weir. We set off with military precision at 11.15 to the first location, Red Lion Square gardens which was home to a physician, Dr Nicholas Barton in the 17th century. Legend has it that he buried Oliver Cromwell there after substituting his corpse for another to be desecrated as ordered by King Charles II. There were many medical associations with the square including the foundation of the Royal College of Anaesthetics in 1893 and hospitals for children, women and renal problems. The original headquarters of Austin Reed the department store was there too! A fine statue of the socialist politician, Fenner Brockway who founded the Campaign for Nuclear Disarmament graced the Holborn entrance to the gardens and a bust of the mathematician, Bertrand Russell at the exit. On leaving the gardens, we passed the Conway Hall, headquarters of the Ethical Society and the site of popular weekend lectures and concerts. We moved on to Lamb Conduit Street where Sue pointed out the original pavement with its York stone. We learnt that conduit meant ditch and



Fenner Brockway. Jeffrey Rosenberg

the whole area in past times was a slum, 'the rookeries'. In nearby Bedford Row, home to many barristers we passed an old water pump, once a common sight in London. We then walked along Jockey's Fields and across Gray's Inn (where years ago, duelling took place within its private grounds), to visit the beautiful medieval Anglo-Catholic Church of St Alban the Martyr. From there we walked through Brooke's Market and across Leather Lane Market to reach Hatton Garden, the centre for the diamond trade and onwards to Bleeding Heart Yard, a cul de sac off Greville street, and location of a popular bistro with extensive outdoor seating. Legend recorded that a Lady Elizabeth Hatton was murdered there and when found her heart was still pumping out blood. We then returned to Hatton Garden to pass by Ye Olde Mitre pub in an alleyway adjacent to Ely Place, part of the estate of the Bishop of Ely.

Apparently the pub was built for the servants and thus inconspicuously sited. Ely Place is also the only private road in London. Whilst there we visited another beautiful medieval church, St Etheldreda's, the town chapel of the Bishops of Ely from about 1250-1570 and the oldest Catholic Church in England. We then walked through across the concourse of the magnificent Prudential Building completed in 1879 and a stone's throw from Chancery Lane underground station where our walk ended. As always we had a most enjoyable stroll through a historic area of London seeing much which was hidden in plain sight until illuminated by Sue. The walks and tours offered by our Society are an absolute must do and cannot be more highly recommended.



Door of St Alban the Martyr church. Jeffrey Rosenberg



Bust of Bertram Russell. Jeffrey Rosenberg



Old water pump Bedford Row. Jeffrey Rosenberg

Jeffrey Rosenberg

Further along the Embankment



Somerset House.pxl.store - stock.adobe.com

On Friday 26th of May, Sue Weir greeted us on the Strand side of Somerset House and generously provided glorious sunshine and blue sky. We started by learning about the origins of Somerset House - initially built as a palace for Charles II then home to several Royal Societies and finally becoming the living quarters for the Earl of Somerset; meanwhile we all took in the view of workmen currently preparing the courtyard for this year's London Arts Biennale, underlining the onward progression of both art and beauty here. Leaving the Strand Somerset House level, we descended via a lift - yes quite a drop - to the river Embankment level, and walked east to meet in quick succession bronze statues of Isambard Kingdom Brunel, Lady Henry Somerset and John Stuart Mill before crossing into the City of London bypassing the Dragon boundary mark and close by the delightfully named Bulldog Trust (a charity organisation) and the moored HQS Wellington sloop (HQ to Honourable Company of Master Mariners).

After adjusting our pace we were educated regarding the origins of Blackfriars (not bridge builders nor train spotters) and Whitefriars, and their respective historical sites - this was soon extended to Unilever's, the Printing Museum and the Bridewell Theatre which have nothing in common other than being close neighbours in this historical but still thriving part of London. Tranquility and charm then embraced us as we rested in and around St Brides Church which has suffered and recovered from two great fires, in 1666 and 1940 - this site typifies

Sue Weir walk gems which are characterised by being quite unknown to all of us, despite being only yards from a bustling London street, on this day being the Strand. The church and crypt are open to the public and as we didn't know this church gave us all our perennial wedding cake tiering design after a local baker copied Christopher Wren's tiered spire design, in a time long since past. We ended the walk by exploring the Inner Temple where Knights Templar battle with the legal profession for prominence, but true paradise is only realised by visiting the Inner Temple Garden, which of course we duly did and were suitably and indelibly impressed - again as we all did not know this was the site of the first Chelsea Flower Show.



Blackfriars bridge

Finally, I ended my walk by having a lengthy chat with a fellow walker from Victoria, Canada who easily had the longest journey back home! Don't miss these walks - I have been in or around London since 1974 and have learnt more in a few hours walking with Sue Weir than in the previous decades wandering the streets of central London - look and learn in style and converse with fellow walkers - as always a most happy half day out.

Richard Moore

Articles

The detective camera

Richard Lansdown

In recent years there has been a vogue among photographers to go for smaller, lighter equipment. Even many of the keenest amateurs are using phones as much, if not more, than conventional cameras. Spool back around 140 years and something of the same phenomenon was observed. Ask anyone with a passing knowledge of the history of photography to describe a camera commonly used in 1880, and the response will be along the lines of 'something large, heavy and cumbersome', like the one shown in figure 1.



1 A 19th century plate camera

In 1880 that was, indeed, the favoured device and continued to be so for many years; plate cameras are still in use, albeit rarely. However, in the following year Thomas Bolus patented a hand held version, which he called the Detective Camera, a term which came to be used for any camera hand held. It was never produced commercially but was a prototype for those that followed.



2 Thomas Bolus's detective camera

Go forward to December 1885, when Robert Gray gave a demonstration in New York of a camera so small and light that it could be concealed behind a waistcoat, with the lens disguised as a button and the shutter activated by a string in the wearer's pocket.



3 Gray's vest pocket camera

This had a fixed, f10 lens and a circular, rotating glass plate which held six images of 40cm diameter. The results could be surprisingly good.

As figure 5 shows, it was claimed that a version of this new device was popular, at least with the American public. The production of detective cameras, sometimes called 'spy' cameras, was given a huge boost with the invention of photographic film, and later the production of the Kodak Brownie.



4 An image from Oslo

13,000 SOLD IN 2 YEARS.
A Wonderful Photographic Invention.
C. P. Stirn's Patent Concealed Vest Camera
 Awarded Silver Medal, Melbourne Exposition, 1888.
 Medal of Excellence, American Institute, New-York, 1888.

<p>Size and Price of No. 1. 6 in. Diameter, $\frac{3}{4}$ in. Thick, 1 lb. in Weight, \$10.00. Fine Nickel-plated Camera, with 6 plates for 36 Pictures, $1\frac{3}{4}$ in. Diameter.</p>		<p>Size and Price of No. 2. 7 in. Diameter, $\frac{3}{4}$ in. Thick, 1$\frac{1}{2}$ lb. in Weight, \$15.00. Fine Nickel-plated Camera, with 6 Plates for 24 Pictures, $2\frac{1}{2}$ in. Diameter.</p>
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Each Camera in a handsome Case. Each Camera guaranteed perfect.
THE ONLY CAMERA INVISIBLE TO THE EYE; CARRIED CONCEALED UNDER THE COAT OR VEST; TAKES 6 SHARP PICTURES WITHOUT A CHANGE OF PLATE; ALWAYS READY AND IN FOCUS.
 Instantaneous Pictures, stationary or moving, caught unknown to the object. No Tourist, Artist or Student, Amateur or Professional, should be without this Camera.
 Send for descriptive price-list, free, or stamp for specimen Photograph, or call for particulars, to
STIRN & LYON,
 20 PARK PLACE, NEW-YORK, U. S. A.
 SOLE AGENTS FOR UNITED STATES AND CANADA.
Canvassers wanted everywhere.

5 13,000 sold in two years

In 1888, in the USA, George Eastman made a ground-breaking invention - the first Kodak Camera, with an easy-to-load film, enough to take 100 photographs. When the last picture was taken, the entire camera was sent back to Kodak for the film to be developed and printed. But this \$25 camera was only for the rich. More life changing came in 1900 when Kodak introduced the Brownie, a tiny cardboard box whose film could be developed and printed at home or by a local chemist. Costing only a dollar, the Brownie made photography both popular and accessible.

Eastman went on to market the first commercial transparent roll film in 1889, thus allowing designers to do away with glass and put cameras in any number of places and objects. The last decade of the 19th century saw them hidden in walking sticks, in guns, in hats and any number of objects.



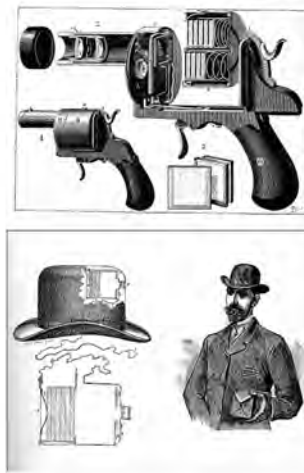
6 The Brownie

Such was the popularity of these tiny cameras that no lesser a person than Dan Leno featured them in a song;

The chorus went as follows:
 Don't wink or blink, or even think
 But look out, I've got you.



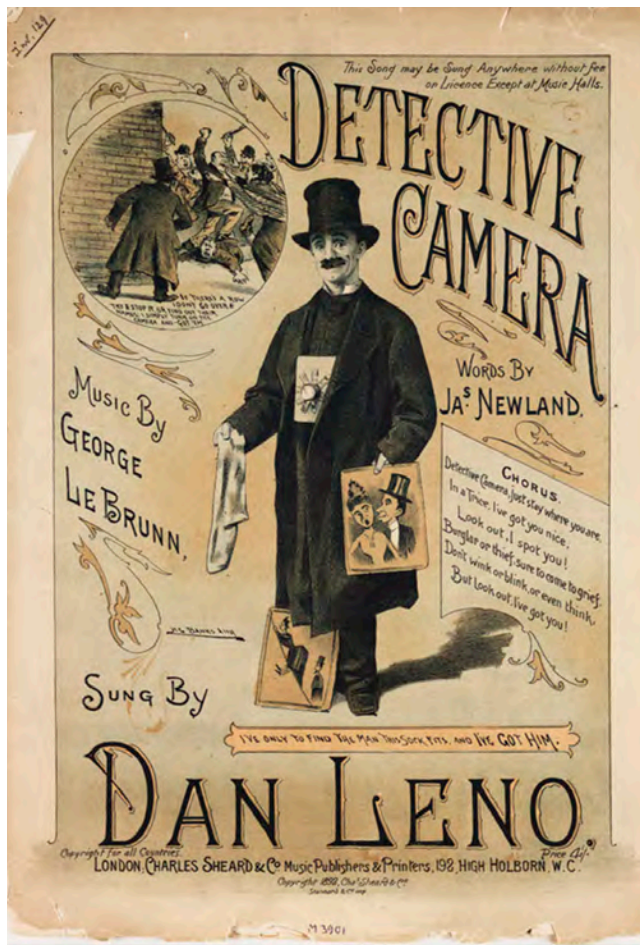
7 Hide it where you like



clerk is doubtful as to the look of the man. His face, he thinks, is worth taking. The clerk, when the man's face is full front toward him, touches a little button. Presto, a concealed camera is brought into play, the sensitive plate is exposed, and, in an instant, the man's photograph is taken.

Further than this, this wonderful detective camera is to play another role. The head of the house leaves his business and confides it to his clerk. Some of the clerks go to sleep, or smoke cigars, or skylark, or do other things not exactly in keeping with their calling, and off start a series of plates, worked by clockwork, and every motion of the clerks during a series of hours is recorded'. The Dundee Evening Telegraph, on Tuesday, 21st December 1886, published the following, tongue-in-cheek, article, which lamented the uses to which the new-fangled device might be put to, by errant boys over the Christmas season:

'A gloom will be cast over the approaching Christmas festivities with the announcement that a new weapon has been added to the armoury of mischievous boyhood. Already equipped with pea-shooter, catapult, and squirt, the bad boy of the family has immense facilities for causing dispeace, but the havoc he will create when armed with the new invention will be simply immeasurable. This dangerous instrument has been christened 'the detective camera', and it is worked on the principle of instantaneous photographs'. While today only a James Bond would think of concealing a camera in a gun or a hat, there is a plethora of so called spy cameras on the market, the smallest being really tiny.



8 The Dan Leno song

The press of the time had a field day, The Glasgow Evening Citizen published the following article on Monday 6th June 1881. 'What truth there may be in an item running the course by the French prints no one can say, but it is said that in the leading banking houses in Europe what is called a 'detective camera' is to be used. A man of suspicious appearance makes his way up to the cashier's counter and presents a letter of credit or a draft. The bank

All photographs by Richard Lansdown.

Abstract photography and me

Asim Dasgupta

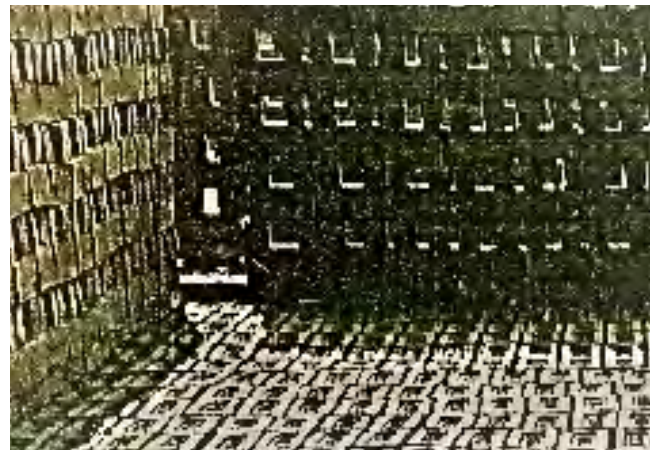


Water and oil

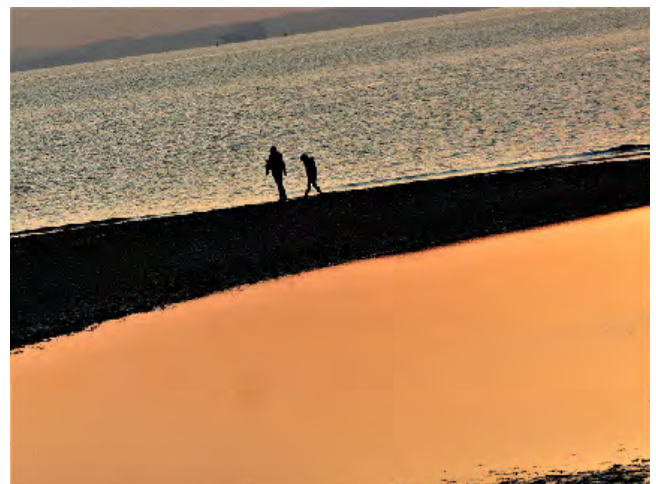
My interest in photography started during my teenage years, with travel photography. My first camera was a German one - Rico flex - which my father brought in 1956 from Germany. Gradually, I became drawn to the photography of the natural world - flora, fauna and landscape. Once, I remember showing my album to a renowned professional photographer, he commented on one of the photographs being 'abstract' - the first time I heard about abstract photography. Later, after some research I grew to like this genre. The art of abstract photography was elaborated in the nineteenth century but its popularity declined during the twentieth, however, since the advent of digital technology, it has regained its popularity.

So, what is abstract photography? I have been unable to find any clear-cut definition, but my understanding is that it is a kind of photographic art that has got no boundaries, no restrictions nor any specific objects. This art is usually produced by a camera, and by manipulating the print in the darkroom, using 'Photoshop' or creating computer generated images. The camera can be used in different ways with micro or tele-lenses, various modes of aperture, shutter and filter. The material can be anything, including out of

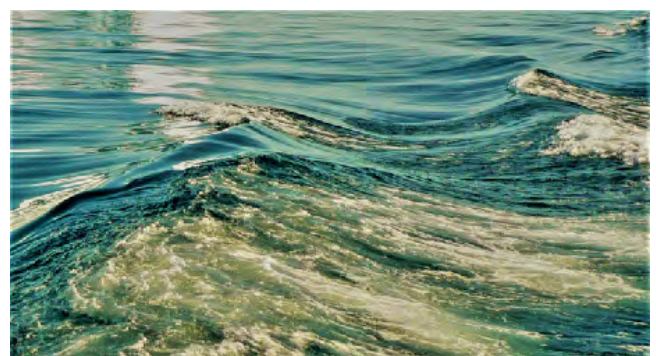
focus subjects. Ultimately, the photographic artistic impressions emphasise colour, light, shadow, texture, shape, form and pattern. On the basis of this information, I have produced some abstract photographs. The camera I used is a Panasonic DMC-FZ200 Lumix and images have been manipulated on my computer. The abstract images that have been created are below.



Light and shadow



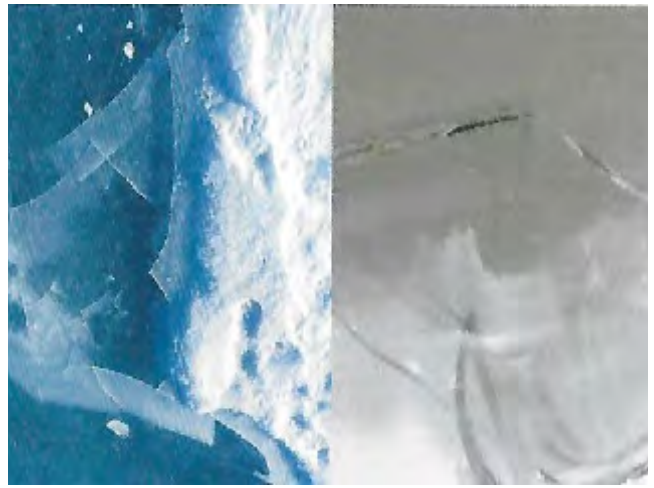
Silhouettes



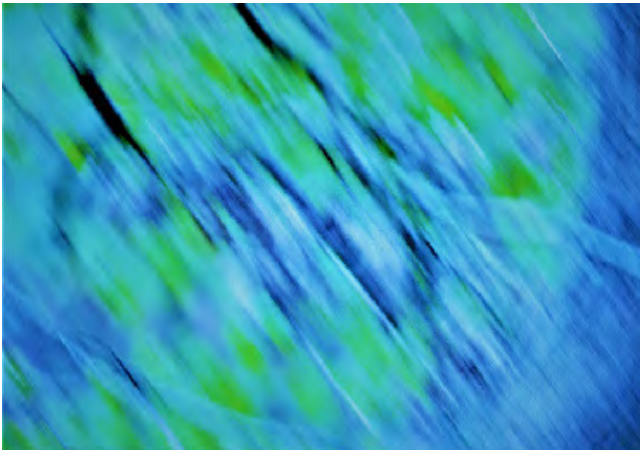
Ripples and waves



Shape and colour



Contrast - broken ice-sheet on a frozen lake and broken glass on sand



Blurry or haze



Footsteps on sand and footsteps on ice

Photography by Asim Dasgupta



Jeffrey Rosenberg and friends

Jottings of a jobbing geriatrician (part two)

Episodes 4, 5 and 6 (Jottings of a jobbing geriatrician (part one) was in RFS journal April 2023, issue 76, 26-33)

Nick Coni

Episode 4

The A&E Department is well known as a setting for traps for the unwary, and one such enlivened my post-take ward round many years after the gentleman with the funny turns, previously described. The registrar had been called down to A&E because an old lady had been brought in by ambulance which had been summoned to Marks and Spencers in the Market Square, where she really had come over very queer indeed. She was mumbling rather incoherently and had asked for somewhere to sit down because she felt weak and unsteady. The staff in the shop were unable to get anything much out of her in the way of where she lived, or that important matter of 'Who's at home, then?' or how she might get there, and called the ambulance service which sent a vehicle with a couple of paramedics. She gave very little account of herself, and the paramedics decided to proceed to a few routine procedures such as pulse and blood pressure measurement and her temperature as read in her ear canal. This required the removal of a woolly hat which covered her ears and which was rather wet although it had not been raining when she entered the store.

The mystery was solved when the hat was found to contain a small frozen chicken which she had concealed therein, in an attempt to avoid paying for it; her temperature was found to be 34.50 so the paramedics very sensibly decided to bring her to the hospital as a case of mild accidental hypothermia. She was wrapped up warmly, using the conventional metallic 'space blanket' for the purpose, and placed in a very warm room, where she recovered without any apparent underlying pathologies emerging from the battery of investigations. I

told the registrar to make sure that she read the riot act to the lady, and in particular, to instruct her that on any future shoplifting sprees, any ill-gotten frozen goods should be concealed elsewhere upon her person and not in contact with her scalp, which is notoriously efficient at facilitating heat exchange between the body and the environment.

Geriatric Medicine, as a specialty, has always suffered from an indifferent popular image and is difficult to portray as particularly sexy compared with cardiology or neurology, being more comparable with rheumatology or gastroenterology or even public health medicine. Its professional profile is little better. Where are the opportunities for world-changing research? – the newly qualified high-flying medical graduate may wonder. Surely there is no real knowledge base to establish it as a scientific discipline in its own right? Let me briefly outline some of the positive satisfactions of practice in this field. Our patients, as I am trying to illustrate, are often interesting cases. They are also often interesting people who have led extremely eventful lives and have fascinating stories to tell. They are often very agreeable patients, appreciative of whatever efforts are made on their behalf, and less liable than their children and grandchildren to become aggressive or abusive (unless confused). The intellectual challenge, I attempted to define in the preface to the sixth edition of the little textbook which, with colleagues, I edited through its first six editions, as:

...Identifying the various pathologies, some new, some old, ... [which the patient] may have acquired en route through life, together with

the pills accumulated in various attempts to treat them all, and then to tease out which of these illnesses [or medicines – I am reminded of a patient whose extremely slow heart rate was caused by the hasty consumption of his stock of digoxin when he suddenly remembered that his GP was due to visit, and would be very displeased on discovering the unopened bottle dispensed six weeks previously] may be responsible for the recent decline in quality of life: which are readily susceptible to treatment and which are not: how burdensome the treatment might be in view of the general state of health and probable life expectancy and whether to comply with the patient's expressed view that it is all a waste of effort at his or her age, or to dismiss that view as due to natural despondency which might be totally reversed if well-being could be restored – all this requires a modicum of time and, we suggest, of wisdom...

It is no accident that the only definition of 'the geriatric patient' which enjoys the support of the majority of geriatricians, is 'the patient who is too complicated for anybody else'.

It is also true that the patient populations of most of the medical sub-specialties in affluent countries, are in this day and age dominated by the demographic group under discussion. Ethical dilemmas present major challenges in geriatric practice, and one particular one haunted my first few months in my consultant appointment. Professor Jenkins had moved from London a few years previously in order to be near his son, and the latter's family, the son being a local GP. He was sent to see me on account of his heart failure, and his features were very familiar to me since he had been the Professor of Pathology at my London medical school (at that time those of us who completed our preclinical studies at Cambridge almost invariably applied to one or other of the nine or ten august London teaching hospitals for a place on its clinical course). He responded well to medication, and seemed to feel reassured by his attendances, so I continued to see him every month or so over quite a considerable period. It was no hardship for him to attend the clinic, it was not at that time on the main

hospital site and there were parking spaces right outside the reception and waiting area. He had a degree of cognitive difficulty, but not to the extent that anyone took it very seriously because he didn't drive – this chore he left to his wife, a diminutive creature of at least the same age, who navigated their battle-scarred Morris across the tarmac with complete but quite unjustified confidence. It took me a few months to take on board the fact that you could always tell when Prof Jenkins was due to be seen in the clinic, because the staff always parked their cars offsite on those days, out of reluctance to leave their precious vehicles in harm's way. It was not so much that she had actually struck anything, or anybody, when driving her husband to the clinic; it was a combination of factors.

It was pretty clear to the reception staff that she was considerably vaguer even than her husband, but she was protected from further probing by the fact that she wasn't actually anybody's patient, not at this hospital, anyway, and however distasteful it may be to advise one's own patient that the time has come to hang up the ignition key, imparting the same advice to a total stranger as a matter of public duty is to offer oneself as a target for a torrent of abuse. The situation, therefore, had achieved a kind of stability. Prof Jenkins was very happy to attend the clinic and we had all conspired to make it painless for him to do so. His wife enjoyed driving him there, it was a very short drive and the car park was always mysteriously empty. She knew exactly which day, and at what time, he was due to be seen, because he told her, so nobody dreamed of asking her those trick questions about who the Prime Minister was, or what month or year it might happen to be. Like all such happy arrangements, it was too good to last and it came to an abrupt and sticky end one fine morning, when the Regional Medical Officer, a short-tempered Scotsman, happened to use the car park concerned as a short cut for his walk to his office, at the very moment when Mrs Jenkins was navigating her approach to one of the vacant spaces, and was experiencing some difficulty deciding exactly which one of them to

choose. Her indecision caused her to point the nose of the little saloon first one way, and then the other, and this caused the RMO to vacillate and change course himself in an attempt to second-guess her intention. They juddered to a standstill, locked in an apparently fatal embrace – he, on his knees, appearing to be begging for mercy from the humble vehicle whose bonnet he was clasping in a bear-like hug, she, gripping the wheel in her bony claw-like hands but too tiny to see over it or to be seen.

It was some years since the RMO had chatted to a real live patient, but he recovered his balance with commendable speed, peered through the windscreen, spotted a creature which looked very like a small specimen of one of the macaque monkey species clutching the controls of the car, and switched the ignition off, pocketed the keys, and yanked on the handbrake. Within seconds of finding himself confronting his probable demise, he had established that an extension of the Queen's Highway of which he was nominally in control, was in use as a practice circuit for vehicles whose drivers were cognitively impaired. With the eager collaboration of the younger generations of the Jenkins family, the Professor and his wife surrendered their driving licences - thereby escaping the attentions of the Crown Prosecution Service - and also the ownership of the vehicle in question; and there this case report might have ended, had not the Professor been admitted in severe heart failure and very anoxic and confused a month or two later. He became rather noisy and outspoken, particularly during visiting time during the early afternoon, when he would harangue the passing visitors loudly from his bed, which dominated the patients' and visitors' sitting area at the side of the nursing office. 'Of course, Coni always was a bloody idiot, even as a student!' he would reassure the world at large, 'Absolutely hopeless, he was' he added helpfully, offering to elaborate further should it be necessary. It never was, because in point of fact, we had never exchanged a single word in those carefree far-off days and our personal relationship was entirely

imaginary, nevertheless, not exactly the sort of message you want broadcast from the rooftops when you are feeling fairly insecure as a brand-new consultant, and when the Health Correspondent of the local paper is in the habit of visiting his poor old Mum in the early afternoon on my ward where she was an in-patient.

Episode 5

The whole issue of fitness to drive is fraught with ethical pitfalls. Protecting the public tends to over-rule the autonomy of the individual, but notifying the appropriate authorities may clash with the preservation of confidentiality. Like so many issues in life, there are three categories, two easy and one fiendishly tricky. Some elderly subjects are self-evidently competent and probably safer on the road than their children, and certainly more so than their grandchildren. Others are afflicted by some condition which is indisputably incompatible with driving a vehicle, such as seizures or a major visual field defect. Also easy. But there is a large group of elderly people who do not actually have one of these conditions, but who simply inspire zero confidence. If you are lying injured in a roadside ditch and such a person cruises up alongside you in a silky-smooth Jaguar and lowers the window sufficiently to enquire if they can drop you off at A&E, it is liable to arouse such alarm at the prospect that you stammer nervously that everything is quite all right, thank you, you are just whiling away a leisurely hour in the said ditch in order to conduct a quick survey of the fauna and flora to be observed therein, so thanks, but no thanks. George Perkins was in the second category mentioned above. He was sent to the clinic with gross iron deficiency almost certainly due to gastrointestinal bleeding. The GP also pointed out that, whatever was discovered to be the source of the blood loss, decisions regarding treatment would need to be weighed up in the knowledge that he was severely demented, although happy and co-operative. After withdrawing the sigmoidoscope, I let him rest on the couch for a few minutes while washing my hands, and said half-jokingly, 'That wasn't all that bad,

was it now?’ He looked, I had to acknowledge, totally unfazed by the procedure, and replied in similarly jovial vein ‘What wasn’t?’ Not only had all recollection of the past twenty minutes been obliterated, but he had no recall of having spent the previous half-hour in my company, nor of what my job or my connection with him might be. One of George’s passions in life was driving his muscular, if venerable, BMW around the local countryside, and the thought of the possible consequences of his determination that no one was going to deter him from this practice had spurred the good GP, during a visit, not only to advise his daughter to make sure that the rotor arm was removed from the distributor but to dredge up a forgotten skill from his student days and carry out the task himself. Thereafter George had remained perfectly happy when allowed to sit at the wheel of his beloved motor in the driveway, manoeuvring the steering wheel and toot-tooting in a fine impression of Toad of Toad Hall.

The grey area where friendship overlaps a professional relationship is sometimes a little uncomfortable. Mary, then in her mid-seventies, and I shared an interest in the societal aspects of ageing, and she had been good enough to invite me, in her rather sharp tongued way, to contribute to an academic book which she was compiling. Its publication was scheduled to coincide with a very prestigious conference about Demographics in Delhi, where she was due to give the keynote address to help to launch her brain-child into a breathlessly expectant world. She was talking enthusiastically to me about the trip some three or four weeks before her departure. I had always assumed that she was perfectly capable of talking for an hour without deviation, repetition or hesitation, rather than a mere minute, and in front of an enormous audience, too, so I was a little surprised to learn that she was in the habit of rehearsing any substantial paper she was preparing to give until she had it off by heart.

This time, apparently, it wasn’t going too well. ‘It’s always at just the same place’, she told me. ‘I get to the third page, where I start talking about familial relationships, when my voice goes weak and starts fading away. Nothing like this has ever happened to me before. I’ve got to work on it because I fly in less than a month’. I told her rather sharply that she wasn’t going anywhere – or no further than the surgery just around the corner from her house, anyway, and had a word with the first-class GP (whom she never treated with the same courtesy that he invariably used when greeting her). This courtesy extended to phoning me back with the outcome of the neurological consultation which we had agreed was urgent. ‘Spot on!’ – he exclaimed as soon as he identified me as the caller. ‘She’s got myasthenia sure enough, affecting her voice and swallowing too, until she had the tensilon. It sounds as though she may be able to go to Delhi after all, once the dose of neostigmine is sorted’, The GP, bless him, was inclined to be fulsome in his appreciation of my intervention. Mary, on the other hand, took it as routine; it was, after all, what I did for a living.

Episode 6

Older people do develop rare diseases, although not as commonly as they develop common diseases. Sir Richard, the unfailingly charming physician whom I had had the privilege of serving as his registrar, was fond of gently bullying juniors who leapt precipitately at an exotic diagnosis. ‘The birds on the lawn’, he would point out, ‘are almost certainly sparrows unless you have very good evidence that they are golden eagles’. Oliver Braithwaite had the misfortune to be something of a golden eagle, although at first sight he had adopted the guise of the humblest sparrow. ‘He has a bad hip’, wrote the GP, ‘could you evaluate him from the cardiovascular standpoint and advise him whether he should be considered as a possible candidate for joint replacement?’. Oliver was an utterly lovely man, the sort for whom the term ‘gentleman’ was coined. I grew to know him over a period of a few months and he was invariably courteous and uncomplaining.

Slightly unhelpfully, this characteristic even extended to his symptoms, and it took a couple of appointments at the private hospital before he volunteered the information that yes, it was true, his bad hip did give him ‘gyp’ from time to time. And when that happened, what he did, was take a pain-killer. And yes, he thought on the whole that they were probably reasonably effective, but one of them probably lasted him through the night, he really didn’t suffer much in the way of loss of sleep.

A systems enquiry led me to suppose that his general health was pretty fair, although he was one of those rather cherubic, pink-cheeked individuals who surprise one by turning out to be moderately anaemic (haemoglobin just under 10g/100 ml), and I wondered if he might have pelvic bones full of prostatic metastases. He didn’t, but he had a few other unrelated findings. He was unusually tall, for instance, but denied any youthful athletic prowess, stating that on the contrary, he had been something of a figure of ridicule for his lack of strength and agility commensurate with his height of 192cms. And rather strikingly, he was endowed with an impressive pair of breasts which were tender to pressure. Elsewhere, there was little in the way of excess bodily fat. The penis was underdeveloped, and he confirmed that it always had been, and the testes, small, and he was pretty well devoid of body hair. The reader may have divined where all this is leading, although Oliver clearly did not, and answered my probing with good humour.

I knew that his marriage was a source of satisfaction to him, and wondered whether this had included their sex life. Alas, it had not, the reason given being that ‘my wife never fancied me’. This had never led to any acrimony between them, and seems to have been a situation which both accepted with a degree of equanimity, as had their childless condition; Mrs Oliver must have been a remarkable woman. I was unable to resist the temptation to send a sample of blood off to the lab with a request for chromosome analysis, and the result came back after a few days confirming the presence of an extra X-chromosome giving

a total of 47 instead of the normal 46, and the condition is often simply referred to as “XXY syndrome” to reflect the nature of the problem. It is uncommon, more of a nightingale than a golden eagle, affecting perhaps one in 500 or one in 1,000 live male births, although it can be justly claimed that cases of what might be termed ‘Late onset Klinefelter’s syndrome’ are pretty rarely encountered (or, perhaps, recognised) in geriatric practice.

Dr Collins, in a nearby little town, was very knowledgeable on the subject of antiques, but medicine had remained something of a closed book to him. He displayed lack of awareness of the purpose of my specialty, when he wrote asking my help with managing ‘Cecil, the mountainous mongol [aged late 30s]’. I demurred, on the grounds that no geriatrician should take on a patient younger than himself. Dr Collins wrote again, saying that I was the only specialist in the hospital capable of helping poor Cecil. Flattery will get you anywhere, as we know, and I agreed to see him. When we met, I had no idea what the matter with Cecil was, but I did know that he did not have Down’s syndrome. He was astonishingly obese, and always had been – I managed to acquire a photo of him as an infant, seated in his high chair, confronting a mountain of food of every conceivable variety. We kept him for a day, and he demonstrated a prodigious capacity for demolishing whatever sustenance the hospital kitchen was able to supply. Tim, my SHO, wandered in. He had recently completed six months’ training in paediatrics, so I told him to have a look at Cecil and went away to deal with some paperwork. When I got back, I asked Tim if he had had any thoughts regarding Cecil. ‘Well...’ he replied, ‘I don’t suppose he could have Prader Willi Syndrome, could he?’ I made a mental note to look it up when I got home, muttered something to the effect that if he was a Prader-Willi, there were a number of atypical features, and returned to my office. When I reached it, I wrote a note to a colleague whom I greatly respected, even though our professional paths had hitherto never crossed.

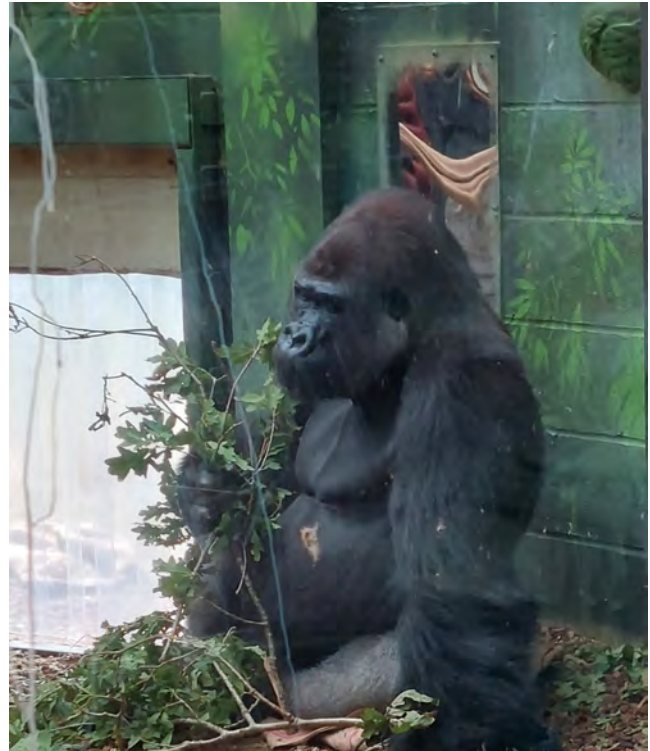
That is the only time that I – or, for that matter,

any other geriatrician I have ever met – have referred a patient to a paediatrician. The diagnosis of ‘late onset Prader-Willi Syndrome’ was confirmed, and Tim had indeed scored a diagnostic triumph of golden eagle proportions. Cecil attended our day facility thereafter once a week or so, partly to relieve the strain on the home caring team, and was popular with the staff and with other patients and seemed to enjoy the attention. He died rather abruptly and mysteriously a couple of years later, considerably younger than would have been anticipated by an actuary but at about the maximum age recorded for people with this illness.

Dr Collins later referred another case of inherited illness to me, a gentleman who came from a family of achondroplastic dwarves. This man had retired from his chosen calling of taxi driver because he had noticed the queue for taxis at the railway station shrinking at his approach. Another driver confided that he had learned that potential customers were deterred by the deceptive appearance of the motor car which looked as if there was no one at the wheel. This was not easy to understand, because the short stature of the condition is entirely due to a deficient length of the thigh, the upper arm being similarly short. In the sitting position, therefore, many achondroplastics appear to be of normal size, until it can be seen that the feet fail to reach the ground. These people often live to a fair age, not infrequently reaching their 70s - although less often the 80s due to bony deformities causing pressure on nervous structures. Geriatricians have to learn to accept the inevitability of the loss of a relatively high proportion of their patients, but meanwhile they hope to have achieved some worthwhile increments in the quality of their lives, and to have themselves benefitted from contact with some unusual fellow guests on Planet Earth.

The lives of our patients are often held in great value by their possessors, and by close family members, and a person who has enjoyed good health until an advanced age is regarded as

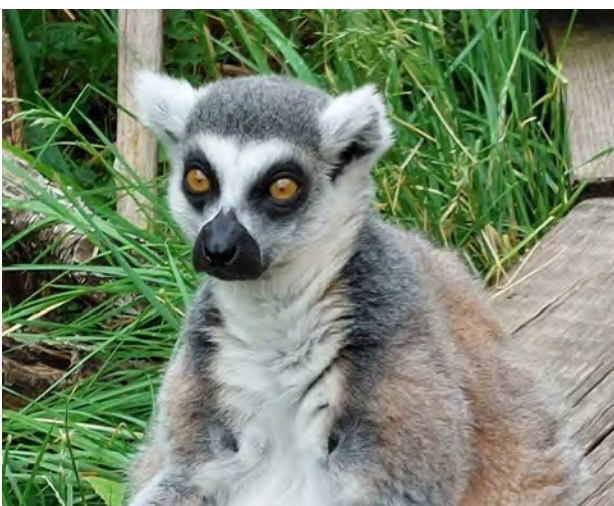
fortunate enough to have had a ‘good innings’. It is also sadly true that death, when it comes, is all too often a merciful release from a life now dominated by suffering or dependency. In either of these two contrasting situations, it is difficult to regard the demise of the patient so much as a tragedy, but, to use the anodyne cliché, simply as nature taking its course.



Jeffrey Rosenberg and friends



Tiger cub. Jeffrey Rosenberg and friends



Information for Authors

There are three issues per year of the Journal of the RSM Retired Fellows Society, 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 Oxford English Dictionary.

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

Authors also please be sure to complete your submission with your name on it.

Accepted articles for the *Journal*:

- Solicited articles, on a topic agreed with the editor, and should be 1,500 to 2,000 words in length.
- Articles submitted by readers - 500 to 1,500 words.
- Reports of presentations at meetings of the Retired Fellows Society - 500 to 1,500 words, the author invited by the Chair of the corresponding day.
- Reports of extramural events of the Retired Fellows Society - 500 to 1,000 words, the author invited by the leader of the event.
- Reports of Retired Fellows Society tours - 1,000 to 2,000 words, the author invited by the leader of the tour.
- Short 'fillers', text and/or photographs. Poems, quotes, amusing items, brief - under 200 words.

Imagery:

With reference to submission of images (which is encouraged), it is important that each image is accompanied with a title, description and photographer acknowledgement.

Photographs should be uploaded digitally and be as high resolution as possible.