Looking to the future

Julian Nettel, Chief Executive, on the challenges of running Barts and The London NHS Trust

Plus

Cancer research at Barts and The London
The secret of staying healthy
Wallace Brigden remembered
Electives you have supported
Your reunions and news
A Welcome from the President of BATLAA

Welcome to the autumn/winter issue of Barts and The London Chronicle.

As the President of Barts and The London Alumni Association I am very pleased to see that so many of you have responded so enthusiastically to the new Alumni Giving Programme established by the Queen Mary, University of London Foundation. The funds raised through this important initiative will be distributed for the benefit of students, researchers, staff and ultimately patients. We will keep you updated with news and progress of this fund in future issues.

In this issue of BLC we are pleased to introduce you to the Chief Executive of the Barts and The London NHS Trust, Julian Nettel. Julian has made many positive changes already and in our interview shares his vision for the future for the Trust.

We celebrate the life of Wallace Brigden, who was a leading and much respected cardiologist, teacher and mentor to many at The London. We learn of AE Clark Kennedy’s secrets to a long healthy life, the exploits of Roger Wood and his father as students and Michael Partington’s experiences of working in a mental hospital in the 1950s.

There is a reminder of our exclusive cruise in Turkey, organised especially for Barts and The London alumni, in June 2009. There are also, of course, reports of your reunions and notices of those to come, your news and a list of forthcoming events we hope you will want to attend. In addition there are reports of the adventures enjoyed by our students who received support from you for their elective visits.

Thank you again for your generous and continued support and involvement.

Keep in touch!

With best wishes

Dr Brian Colvin
q The London, 1969
President of Barts and The London Alumni Association
Roger Wood gained his first MB at Epsom College and started at The London Hospital Medical College in 1938. To cut a year off qualifying times he changed over to conjoint board and became MRCS and LRCP in 1942. He did medical and house jobs at Brentwood before serving as surgeon lieutenant in the navy from 1943 to 1945. After a six month gynae house job at Windsor Hospital he became a GP in Kent from 1947 to 1986. He has written an autobiography that he is reluctant to publish.

Archibald Edmund Clark-Kennedy (1893-1985) entered The London Hospital Medical College in 1916, qualifying as LRCP and MRCS in January 1918. He then qualified as MRCP in 1921 and FRCP in 1929. He saw active service in India and Mesopotamia. The pinnacle of his eminent teaching career was as Dean to The London Hospital Medical College from 1937 to 1953.

Brian Colvin is President of the Alumni Association. Recently retired as Dean for Student Affairs at the School of Medicine and Dentistry after a decade in this role; he has had a long and fruitful relationship with Barts and The London. Brian was a student at The London, qualifying in 1969, and led Barts and The London’s Haemophilia Centre for 30 years from 1977 to 2007.

Alastair McDonald came to The London as a Senior Registrar becoming a Senior Lecturer in Cardiology in 1971 and a consultant in 1972. He was Dean of Medical Studies from 1986 to 1990 and as Chairman of the Curriculum Management Committee he played a key role in the merging of Barts and The London. After retirement in 1999 he was Chairman of the North-west London Hospitals Trust. He now enjoys practicing his French with his neighbours at his apartment near the foot of Mont Blanc.

Michael Partington qualified from Barts in 1948, trained in paediatrics in Norwich and Sheffield, emigrated to Canada and became Professor of Paediatrics at Queen’s University. He then turned to genetics and emigrated to Australia to marry and start a clinical genetics service in Newcastle, NSW. He and his wife, Gillian Turner, have carried out research for 40 years into the aetiology of mental retardation.

Kate Richardson was appointed Assistant Archivist at The Royal London Hospital Archives in 2003. She previously worked at the Royal Commission on Historical Manuscripts (now the National Advisory Services of The National Archives based in Kew) and the British Railways Board Record Centre. Kate has a BA (Hons) in Ancient History and Archaeology from Leicester University and a Postgraduate Diploma in Archives and Records Management from Liverpool University.

John Ross became a medical student at Cambridge in 1946 after five years wartime service as a Gunner and with the Special Operations Executive. He went on to The London in 1947, qualified in 1950 and worked there with a particular interest in renal disease until 1960 when he was appointed Consultant Physician in Hereford, retiring in 1985.

Barts and The London Alumni Association
Supporting our students

Thank you for the generous support that you have shown towards Barts and The London School of Medicine and Dentistry following receiving the insert ‘Supporting Scholarships and Student Opportunities’ in the last issue of BLC.

We have had a fantastic response from our alumni who have all shown a strong affinity with the objectives of the alumni giving programme and with the key priorities of the School. These aims are to provide gifted young people in financial need with access to a world-class education; to improve the educational, cultural and research facilities and amenities provided by the School; to develop the School’s work in the community, and to enhance its international reputation for research and education. All of these will contribute towards our students becoming excellent doctors and dentists and to the research environment in which they learn.

Many of our alumni felt their time studying with us left a positive impression. Their medical and dental qualifications significantly benefited their careers and so they have felt inspired to help today’s students to realise their potential and fulfil their career aspirations. Your gifts have enabled our medical students to take up their places with us; students have received support to undertake intercalated degrees; over 100 medical and dental students have benefited from studying at hospitals and medical provision centres in some 30 developing countries. In addition your gifts are also contributing to research in many areas such as oncology and dermatology. We wish to encourage more alumni to contribute towards the fund, continuing into the future.

The Queen Mary, University of London Foundation provides a financially secure means for philanthropic gifts to be donated to Barts and The London School of Medicine and Dentistry. Donations can also be enhanced through Gift Aid; the Foundation can reclaim tax from HM Customs and Revenue on gifts from UK tax payers. This increases the value by an additional 25p for every £1. Higher rate tax payers can also benefit by reclaiming the tax on the difference between the basic and higher rates. In addition the government has introduced a matched-giving scheme for English universities with the aim of developing a culture of giving among former students. For every £2 of philanthropic income received the government will donate a further £1.

If you would like to make a regular or one-off donation, leave a legacy in your Will or find out more about our giving programme please contact Susan Nettle on +44 (0)20 7882 7423, email s.nettle@qmul.ac.uk or visit www.qmul.ac.uk/alumni/support

Naming of the Garrod Building and Milton Lecture Theatre

The Old Medical College Building at Whitechapel has been re-named the Garrod Building. Sir Archibald Garrod (q MRCs, Barts, 1884) was a physician at Barts, and a pioneer in identifying inborn metabolic disorders. This building on the Whitechapel campus was named in his honour. The Old Anatomy Lecture Theatre at Whitechapel has been re-named the Milton Lecture Theatre. Miriam Grace Milton left a substantial legacy for the benefit of students of the School to show her gratitude for treatment she once received at St Bartholomew’s Hospital.

Women at Queen Mary Exhibition Catalogue

The Women at Queen Mary Exhibition Catalogue is a commemorative volume expanding upon the Women at Queen Mary Exhibition. It contains profiles of some 50 ‘Featured Women’ along with photographs, manuscripts, student magazines and other material. Proceeds from the book will support the Queen Mary, University of London Foundation, established in 2006 to help advance the work of Queen Mary by raising philanthropic income. To order a copy, priced £7.95 (excluding postage and packing), please visit www.qmul.ac.uk/alumni

Support for clubs and societies

Support to Barts and The London’s Music Society, enabling the Society to purchase new musical instruments in 2008, to the Ladies Boat Club in 2007 to fund a new ‘eight’ and the part-funding of the minibus for students in 2006, has made a significant difference to groups of students.
Get involved

If you would like to get more involved in Alumni Association activities there are many ways to take part

Careers support from alumni living overseas

Staff at Barts and The London School of Medicine and Dentistry are working to set up a panel of doctors who would be willing to provide advice to our graduating students. Alumni from our School, and its preceding Colleges, who work overseas are invited to help our new graduates who may be considering jobs outside the UK.

New Dean for Students, Professor Mike Roberts, explains “It is a fantastic opportunity but also a daunting prospect for our new graduates to work overseas. They must negotiate a different healthcare system and postgraduate training structure as well as settle in to a new country. For some of our newly qualified doctors they are returning to their country of residence but do not have an understanding of the training system and job opportunities. For others it is a chance to work overseas for a year or two before returning to the UK. Some graduates may even choose to emigrate.”

The School has been overwhelmed with the offers of help so far. “We are most grateful to all those who have stepped forward. The advice needed will depend upon the individual circumstances of our graduates. Many of them need an explanation of the training structure, the administrative processes of registering to practice as well as information about the country and its lifestyle opportunities. We anticipate about 20 of our overseas resident graduates will return home each year, and approximately ten year one and year two graduates will take time out to work overseas.”

To help the doctors of tomorrow please register your interest by emailing batlaa@qmul.ac.uk

Nominations for one Vice-President (Trustee) and five Ordinary Members

The terms of office expire for Vice-President Trustee William Lloyd (BDS, 1973) and five Ordinary Members in December 2008. Nominations are invited for one Vice-President (preferably a dentist), and five Ordinary members to serve from 1 January 2009. The Vice-President will also be a trustee of BATLAA. The results of the election will be announced at the BATLAA AGM on Tuesday 14 October.

Dental Club seeks presidential nomination

Nominations for the president of the Dental Club Annual Clinical Meeting 2010 are invited. They must be received by Friday 2 January 2009 (two months before the ACM) and must be signed by the nominee, proposer and seconder, all of whom must be members of BATLAA. Former presidents are eligible. Nomination forms are available from the Alumni Relations Office by emailing batlaa@qmul.ac.uk

Events

There are a number of events held throughout the year. Alumni are invited to attend reunions, the biennial Dinner and Dance, inaugural lectures, View Day, William Harvey Day, Christmas concert and carol service. For more information about forthcoming events please see the back page of BLC or our website at www.batlaa.org

Looking for our lost alumni

BATLAA is always looking for alumni with whom it has lost touch. Please contact us if you do not hear from us regularly. Please also encourage any of your contemporaries who are not connected to drop us a line with their news. Email batlaa@qmul.ac.uk

Reunions

If you would like to organise a reunion for your year we would be pleased to help you by finding lost friends, promoting your event and assisting in the organisation. Email batlaa@qmul.ac.uk to register your interest.

The London Class of 1957 at their reunion in October 2007
Alumni honoured in Queen’s Birthday List

Many of our alumni were honoured in the 2008 Queen’s Birthday List. Former member of staff, Professor Christopher Edwards, Lecturer in Medicine 1969-75; Senior Lecturer and MRC Senior Research Fellow, 1975-80 at Barts, was awarded a knighthood for services to higher education, medical science and regeneration in the North East. Professor Anthony Newman Taylor, who qualified from Barts in 1970, and is a former chairman of the Industrial Injuries Advisory Council, was awarded a knighthood for public service. Dr Anthony Zideman, who qualified from The London in 1972, was awarded an LVO (Royal Victorian Order) as an Honorary Physician (civilian) to HM The Queen. Dr Edward Major, who also qualified in 1972 from The London and is Clinical Director of the Intensive Care Unit in Swansea, was awarded an OBE for services to the NHS. Dr Peter Richard Elliott, who qualified with an MBBS in 1969 from The London and is a former General Medical Practitioner, was awarded an MBE for services to healthcare and to the community in Suffolk.

100 year milestone for Dental School

The London Hospital Dental School, established in 1911, will be celebrating its centenary in 2011. Now known as Barts and The London School of Medicine and Dentistry, it has gone from strength to strength. Incorporating 400 students the School offers one of the best higher educational experiences in dentistry in the UK. If you have any ideas of how you would like to see the centenary celebrated please get in touch by emailing batlaa@qmul.ac.uk

Dinner and Dance 2008

The BATLAA Dinner and Dance takes place on 21 November. All alumni are invited to attend. We hope to reunite the Cup winning sides of The London Hospital Rugby Club, Barts Rugby Club and medics and dentists graduating in 1948, 1958, 1968, 1978, 1983, 1988 and 1998. If you would like to attend please email batlaa@qmul.ac.uk or telephone +44 (0)20 7882 5392.

Launch of the ‘Sue Boswell’ rowing boat

The ‘Sue Boswell’ boat, purchased by the Barts and The London Ladies Boat Club with funds donated by BATLAA, will be officially named on Wednesday 8 October 2008. The launch will take place at the London Regatta Centre, Royal Albert Docks, near City Airport. All alumni are welcome to attend. Please email batlaa@qmul.ac.uk or telephone +44 (0)20 7882 5392 for more information.

Thank you

Thanks to the continued support of our alumni BATLAA is able to support today’s medical and dental students. The work, commitment and generosity of the Trustees, Committee members and donors are so vital. Thank you to all who have been involved.

London Hospital Dental Club Annual Clinical Meeting 2009

The Annual Clinical Meeting for dentists will take place on Friday 6 and Saturday 7 March. It is hoped that moving the date from its usual timing in February, which often clashed with half-term, will enable more delegates to attend. The programme, devised by President Wendy Turner (q BDS, 1992), will have a periodontology theme. Wendy has invited a diverse range of speakers with considerable expertise from varying perspectives. The Dental Newsletter and booking form will be mailed to dentistry alumni in November.

Year group photos wanted for BATLAA website

Do you have any photographs of your graduating year group? If so we would love to borrow them to add to the BATLAA website. Please email batlaa@qmul.ac.uk if you are willing to lend your photographs to us.

Professor Parveen Kumar awarded highest honour by BMA

Professor of Medicine and Education and Honorary Consultant Physician and Gastroenterologist, Parveen Kumar, has been awarded the Gold Medal of the British Medical Association for her distinguished contribution to medicine and medical education. A former President of the BMA, Professor Kumar commented “I was utterly surprised to receive the medal – it’s not awarded often as it is the highest honour the BMA can give and yes, it really is gold! What delighted me most was that the citation mentioned both Tony Dawson and Mike Clark – my mentors and academic supervisors. I only wish Tony had been alive to see the day.”

Professor of Medicine and Education and Honorary Consultant Physician and Gastroenterologist, Parveen Kumar, has been awarded the Gold Medal of the British Medical Association for her distinguished contribution to medicine and medical education. A former President of the BMA, Professor Kumar commented “I was utterly surprised to receive the medal – it’s not awarded often as it is the highest honour the BMA can give and yes, it really is gold! What delighted me most was that the citation mentioned both Tony Dawson and Mike Clark – my mentors and academic supervisors. I only wish Tony had been alive to see the day.”
The London Class of 1957

A reunion of the medical class of 1957 from The London was held on 26 October 2007 to mark 50 years since graduation. 26 members revisited Whitechapel for a nostalgic tour of both the old and new Medical Schools hosted by BATLAA President Dr Brian Colvin. They were also given a fascinating preview of the plans and building site for the new Hospital. The evening reception and dinner was held at the Royal College of Surgeons in Lincoln's Inn Fields, a venue that had some connotations of stressful examinations past, but on this occasion proved relaxed and convivial. The event was attended by 34 members of the year together with 19 of their partners. Six had travelled long distances to be present; two from Canada, three from the USA, and one from Tasmania. Many of us had not met since our 25th year reunion and to assist recognition each attendee was labelled and given a Year Book. This contained their student photograph alongside a current image, together with a brief biography since graduation. Before dining a group photograph was taken and the alumni stood in silence to respect the ten members of the year who had died. After an excellent meal members mingled. The evening ended too quickly, but before leaving everyone received contact details for all the year members we had managed to trace. This should allow continued networking in the future, even if the ageing process prevents us reassembling in ten years time for our 60th year reunion. David Hamblen

**Dental reunions at Annual Clinical Meeting 2008**

Members of The London Hospital Dental Club attended the dinner at the Annual Clinical Meeting in February. Members of The London Hospital Dental Club attended the dinner at the Annual Clinical Meeting in February. Some members of the BDS course who qualified in 1958 were also given a fascinating preview of the plans and building site for the new Hospital.

**Barts Golf Society**

The 80th Year of the Barts Golf Society saw the summer meeting held at The Berkshire Golf Club on Friday 27 June. A splendid day’s golf with 21 attendees resulted in Richard Lavelle (former ENT Consultant) winning the Gordon Watson Trophy for the afternoon’s golf with 21 attendees. The winning score of 33 points reflected the severity of the heather and the lightning pace of the greens. Hugh Maurice (q 1977) won the Gillies scratch trophy with 32 points and the afternoon Greensomes were won by John Capper and Ali Alibhai with a towering 43 points.

The Society holds two meetings a year and is always keen to welcome new members. There is some spectacular silverware to play for, and the ambiance is always convivial with the opportunity to catch up with colleagues from the past. The next meeting will take place at Ashridge, on 1 October. For further information contact the Secretary Mr Michael Wareing, ENT Surgeon at Barts and The London on +44 (0)20 7935 1304 or email mike.wareing@bartsandthelondon.nhs.uk

On the evening of 28 March, seven former dental students of The London Hospital, who all qualified in late 1953 or early 1954, gathered to talk over old times. Those present were (l-r) Don Gould, Derek Baker, David Pierpoint, Brian Chilvers, Colin Cowell, Eric Garner and Stuart Tucker. Unfortunately David Scott, Tom Pearce, and Ian Millar were unable to attend.

David Pierpoint

**Reunion of 1977 Graduates**

Over 120 Barts graduates from 1977 and their guests were wined and dined in Barts Great Hall last November. Many of the guests made a weekend of the occasion and stayed at the nearby Malmaison Hotel in Charterhouse Square. Peter White arranged a tour of old haunts to include the Hand and Shears and College Hall. The evening itself was also a huge success with amusing anecdotes from Paul Landy, Ross Adley and Robert Trecharne Jones. Roger Humphrey

**Reunions The Old Londoners of 1977-way**

The class of 1977 assembled in Bath late in 2007 for the 30th anniversary since qualifying. We have now had four reunions since qualifying, but I was surprised to be told that no other year meets this regularly. Why not? Is there something unusual about this generation? We seem to have turned out pretty much as expected; three returned to their countries of origin, two are now working outside the field and one has retired, half are in general practice and the rest in the hospital service. I speculate on three ideas as to how we have managed to stick together.

Firstly we were picked by Sir John Ellis who was a man of great psychological insight and prepared to include a proportion of non-standard types, some of us will remain discriminated against, although increasingly less so. However there was still no place for the “average” – all the women had to be more so. However there was still no place for the “average” – all the women had to be
The London 1964 Reunion

Jackie Currey (née Harris) and Tim Crow organised a reunion for Londoners of ‘64 on 26 and 27 September 2007 at Trinity College, Oxford, a splendid venue in the middle of the city. For those who did not want to relive shared accommodation at the Student’s Hostel in Philpot Street the Randolph Hotel was at hand. 41 people attended.

People gathered at coffee time. After lunch, Tim had organised a short scientific meeting. Robert Winston began by describing a further phase in his career as a member of the House of Lords. Tim told us about his exciting theory to explain how serious psychosis has persisted despite the certainty of Darwinian principles and the survival of the fittest. The experience of an unusual career path via computer science to epidemiology and community medicine was outlined by Ted Coles. Jim Monro gave us an insight into how the pattern of work in cardiac surgery has changed since radiologists and cardiologists became interventionists. In stark contrast Sarah Acland shared the realities of working as a psychiatrist in Nepal.

The session ended on a lighter note when Martin Seifert took us back to student days in Whitechapel in the 1960s and delivering babies on the district with Aunty Glad. He also reminded us how Jimi Hendrix had impacted on his life. The audience contributed similar but less startling examples.

An excellent dinner was held in the college refectory. Jon Lane acted as MC and Don Williams gave an entertaining after dinner speech ending with the toast “1964; A Vintage Year.” After breakfast the next day people began to leave for home, Sarah Acland, David Leivers and Dave West to the States and Gordon Chapman and Andrew Robertson to Canada. The reunion at Trinity College was a resounding success and our gratitude to Jackie and Tim is enormous.

DDRW

Alumni receptions in Hong Kong, Kuala Lumpur and Singapore

Former Principal of Queen Mary, Professor Adrian Smith FRS, and BATLAA President, Dr Brian Colvin, hosted alumni receptions in Hong Kong, Malaysia and Singapore at the end of 2007. Many alumni attended and heard news from Queen Mary and Barts and The London School of Medicine and Dentistry.

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Forthcoming reunions

Event in 2009 for Barts graduates of 1961
Adrian Padfield is organising an informal event for Barts graduates of 1961 on View Day 2009. Convening at the Old Hand and Shears for a buffet lunch on 13 May, it will be an opportunity for everyone to catch up since the last reunion and think about a grand celebration of our 50th anniversary in 2011. If you would like to attend or help organise the 50th anniversary reunion please contact Adrian by email at a.padfield@sheffield.ac.uk or telephone +44 (0)114 2664532.

Barts graduates of 1972-74
Richard Wells, Peter Acres and Ian Jack cordially invite Barts graduates of 1972 to 1974 to a reunion on Saturday 29 November 2008. The evening dinner will take place in the Great Hall at Barts and will include a buffet meal and guest speaker. Partners all welcome. Tickets are £40 each. Expressions of interest now, please – you can pay later!

All Barts graduates qualifying in 1979
Kate Evans, Neil Shepherd and Eric Watkins are organising a 30th anniversary celebration. The current plan is for a weekend in a nice hotel (not too cheap and not too expensive), likely to be held in July 2009. Email neil.shepherd@glos.nhs.uk to register your interest. Please pass on this message to any others from our year.

Organising a reunion?
If you wish to organise a reunion for your year please get in touch with the Alumni Relations and Events Office. For best results contact us at least six months before you wish to hold your event. We would be pleased to help track down your year, promote the reunion and assist in planning the occasion. Alternatively if you have recently held a reunion and wish to share your photographs please also let us know. Please email batlaa@qmul.ac.uk
Simulation training helps create medics of the future

A new simulation centre at Barts and The London will soon help to accelerate learning and align it with clinical needs in an entirely patient-safe environment. The new Barts and The London Medical Simulation Centre will offer a unique and powerful teaching resource for a wide range of healthcare professionals. The Centre will create an interactive learning experience, providing a wide range of benefits to students, the health service and ultimately patients. A fully equipped operating theatre, ward or emergency room, with simulated, life-size, computer controlled ‘patients’ or mannequins will enable students to develop practical skills. Non-technical skills such as clinical decision-making can also be honed. This simulated environment will ensure patients are not exposed to risk while users can train at their own speed in a safe environment. Users are able to gain experience of rare but critical clinical events and develop new skills in crisis management and professional behaviour. Simulation also offers the opportunity for repetitive practice; multi-professional and inter-professional learning.

Year five medical students will be put through their paces in realistic acute clinical and critical care scenarios. These include cardiac arrests, severe anaphylaxis and massive haemorrhage from gastro-intestinal bleeds. This new initiative is part of the ‘Excellence in Education’ strategy of NHS London and supports the development of world-class healthcare education and training in London.

New Dental Clinic

The Academic Dental Clinic at Southend was officially launched in April by HRH The Princess Royal, Chancellor of the University of London. The new NHS health facility, Southend Health and Dental Care, has been developed in partnership with Barts and The London NHS Trust, South East Essex Primary Care Trust, Barts and The London School of Medicine and Dentistry, and the University of Essex.

The facilities of the centre include the Barts and The London Academic Dental Clinic, which offers members of the public the chance to receive free, routine NHS dentistry provided by senior dental students, under the supervision of qualified dentists. Treatments include check-ups; preventive advice and treatment; simple gum treatment; routine fillings; simple root canal treatment; straight forward extractions; simple crowns and bridges, and dentures. Students benefit from qualified nursing support and a range of high-tech equipment including 20 state of the art dental chairs and bays, complete with networked computer facilities.

The clinic has been established to give senior dental students the opportunity to experience comprehensive primary dental care for a diverse range of patients. It represents a major shift in clinical dental education, away from the traditional secondary care hospital setting and into the community, where patients can be treated in a more holistic fashion.

There are approximately 3,000 patients registered at the clinic and all fourth year students will spend at least five weeks there. The students also live in the local area during their time at the clinic, providing an immersive experience in the community. Student evaluations have been positive: they have unanimously enjoyed the whole experience, recognising and appreciating the differences of delivery compared to the traditional hospital setting. All students were satisfied with the access to patients at Southend, the support of their teachers and the educational value. More importantly they felt that they were almost 90 per cent of the way towards becoming confident and competent dental practitioners within primary care.

New enhanced curriculum embraces virtual medical education

From the start of the academic year in 2008 first year undergraduate students will benefit from the implementation of The International Virtual Medical School (IVIME DS).

A 21st century initiative this virtual medical school is inhabited by an international academic consortium of medical schools and institutions working to develop the full potential of e-learning. In partnership with its members, IVIME DS provides an effective means of developing and sharing a range of digital learning resources and educational services. Members can meet virtually in ‘webinars’, during which they may log-in, pose questions and exchange knowledge.

National Institute for Health Research Biomedical Research Unit in Cardiovascular Disease

The application by Barts and The London School of Medicine and Dentistry and Barts and The London NHS Trust to become a prestigious National Institute for Health Research (NIHR) Biomedical Research Unit in Cardiovascular Disease has been approved by the Secretary of State for Health, Alan Johnson.

The Cardiovascular Disease Unit will be a partnership between the Trust and the School, which will enable the best health researchers and clinicians to work together.

The aim is to drive innovation in the prevention, diagnosis and treatment of ill-health; translate advances in medical research into benefits for patients; and provide a key component of the NHS contribution to international competitiveness.
Professors elected to Academy of Medical Sciences

Three Barts and The London School of Medicine and Dentistry professors have been recognised for their achievements by the Academy of Medical Sciences. David Beach, Mark Caulfield and John Gribben have been elected to Fellowship of the Academy for their outstanding contributions to the advancement of medical science. The Academy awards fellowships for exceptional work in making new discoveries, sustained contributions to scholarship, original applications for existing scientific knowledge, and using leadership and inspiration to bring about advances in human health and welfare.

John Gribben, Professor of Cancer Immunotherapy in the Institute of Cancer, works to bring new and experimental treatments and technologies from the laboratory to patient care. Professor Gribben leads research on immunological responses to leukaemia and lymphoma. David Beach, of the Institute of Cell and Molecular Science, is Professor of Stem Cell Biology in the Centre for Cutaneous Research. Professor Beach’s research centres upon molecular pathways that regulate the proliferation and fate determination of mammalian cells, and his discoveries include the previously unknown tumour suppressor genes p21 and p16. Mark Caulfield, Director of the William Harvey Research Institute and Centre Lead for Clinical Pharmacology, is also National Co-ordinator of the MRC British Genetics of Hypertension (BRIGHT) study. His work with BRIGHT has led to changes in international guidance on lipid lowering and blood pressure.

Professor Nicholas Wald, Director of the Wolfson Institute of Preventive Medicine, has been awarded a knighthood for services to Preventive Medicine; Professor Wald is internationally renowned for his research in epidemiology and preventive medicine having pioneered the field of antenatal screening for congenital malformation. Professor Fran Balkwill, Centre Lead of the Centre for Cancer and Inflammation, has been awarded an OBE for her services to communicating science to young audiences. Professor Balkwill’s expertise lies in the role of inflammatory processes in malignancy, especially cancers of the ovaries and skin. She has authored 13 children’s science books, including the Enjoy Your Cells series.

Government post for Principal Professor Adrian Smith

Queen Mary Principal, Professor Adrian Smith FRS, has resigned from his role to join the Department for Innovation, Universities and Skills as Director General, Science and Research and Chief Scientific Advisor to the Department. In these roles, Professor Smith will exercise a major influence over national research in the higher education sector. Professor Smith had been Principal for ten years and significantly increased the College’s revenue and student numbers, transformed the campus and attracted world-class scholars and research funding. Senior Vice Principal Professor Philip Ogden is Acting Principal until a new Principal is appointed.

Staff included in Queen’s Honours List

Professor Sir Nicholas Wald, Director of the Wolfson Institute of Preventive Medicine, has been awarded a knighthood for services to Preventive Medicine; Professor Wald is internationally renowned for his research in epidemiology and preventive medicine having pioneered the field of antenatal screening for congenital malformation. Professor Fran Balkwill, Centre Lead of the Centre for Cancer and Inflammation, has been awarded an OBE for her services to communicating science to young audiences. Professor Balkwill’s expertise lies in the role of inflammatory processes in malignancy, especially cancers of the ovaries and skin. She has authored 13 children’s science books, including the Enjoy Your Cells series.

Small Things Capture the Imagination

Queen Mary’s new NanoVision Centre was launched in January 2008. This multi-million pound, state-of-the-art microscope unit, brings together the latest imaging technologies to open-up new avenues for cutting-edge research. Dr Andy Bushby of the School of Engineering and Materials Science who leads the Centre, explains “Our scientists will use scanning electron microscopes (SEMs) that utilise a high energy beam of electrons to image and investigate the structure of materials at a very small scale; and scanning probe microscopes (SPMs), that apply a tiny physical probe tip that is moved over the sample in order to ‘feel’ the surface. This will give the team an unprecedented opportunity to examine how complex systems such as biological tissues behave.” The new capabilities can help medical researchers to reveal the interactions of chromosomes in the nucleus of cancer cells and enable targeted drug delivery strategies to be developed by watching nano-particles being absorbed by nerve cells. Detailed molecular studies will help to unravel how plants trap light and turn it into energy in photosynthesis. Nanoscale materials research has huge potential in molecular electronic materials for flexible screens and affordable solar panels; and future computer processing based on semiconducting carbon nanotube molecules.

‘Porotic bone’ scanning electron micrograph by Professor Alan Boyde.

The inner honeycomb structure of bone. Changes in these structures are important in bone diseases such as osteoporosis.
Warden receives honorary degrees for outstanding contribution

Professor Sir Nicholas Wright recently received honorary degrees from the Universities of Hertfordshire, Durham and St Andrews. Commented for his work on stem cell research, supporting junior doctors and championing their cause, and on his very successful position as Warden at Barts and The London, Professor Wright was delighted to be honoured. "I was obviously very pleased to be recognised in this way. But getting an honorary degree from the place you graduated, in my case the University of Durham, is something really special."

Professor Tom MacDonald honoured by British Society of Gastroenterology

Tom MacDonald, Dean for Research and Professor of Immunology in the Institute of Cell and Molecular Science has been awarded the British Society of Gastroenterology’s President’s Medal for Services to Gastroenterology. The award recognises Professor MacDonald’s contributions to the field.

American Surgical Association award for Professor Williams

Norman Williams, Centre Lead for Academic Surgery in the Institute of Cell and Molecular Science, has been elected to an honorary fellowship of the American Surgical Association, the highest distinction the Association may confer on international surgeons. Professor Williams, one of only two practising UK surgeons to have the honour, specialises in coloproctology. His achievements include the development of a technique to replace the anal sphincter using electrically stimulated gracilis muscle.

“Pinball” collisions seen in Saturn ring

Some of Saturn’s rings have constantly changing structures, making it difficult for researchers to decipher the processes that shape them. Data from Cassini, the first spacecraft to enter into orbit around Saturn, has allowed Professor Carl Murray of the Astronomy Unit at Queen Mary to study Saturn’s outermost ring in unprecedented detail. Professor Murray found that constant collisions and the gravitational pull among a population of small satellites give the ring its form.

Lifetime Achievement Award for Queen Mary Professor

The Royal Society of Chemistry (RSC) has awarded its Creativity in Industry Award to Professor John Irven, Professor in Chemistry at Queen Mary. The RSC’s annual lifetime achievement award is given to an individual for contributions to research and innovation with demonstrated evidence of commercialisation. Professor Irven lectures undergraduates on surfaces and materials, focussing on the use of gases and precursors in electronics, electro-optics, and optical fibre technology.

Digitising QM PhD theses

With the launch of ETHOS, the Electronic Theses Online Service, up to 20,000 UK PhD theses will be digitised, including theses written by alumni of Queen Mary. Once digitised, the full text will be available online in ETHOS, free at the point of use, for anyone who wants to read them. They will also be available in the College’s own online research repository ‘QMUL eprints’. If you received a PhD from Queen Mary, and your thesis is selected for ETHOS, you will be sent a “Deposit Agreement” seeking permission to supply your thesis to the British Library for digitisation and subsequent inclusion in QMUL eprints and ETHOS. If you already have an electronic copy that you would like included or if you do not wish for your thesis to be digitised please contact the E-thesis Office at The Library, Queen Mary, University of London, Mile End Road, London, E1 4NS.
Proposal for new Thames Gateway Healthcare Education and Skills Partnership

Staff at Barts and The London School of Medicine and Dentistry are proposing the formation of a Thames Gateway Healthcare Education and Skills Partnership. Encompassing the NHS, Higher and Further Education institutions, schools, local authorities, and regeneration agencies, the aim of the partnership is to promote levels of health-related skills in North East London and the Thames Gateway region. It is hoped that the Partnership will aid the development of the most appropriate education for the healthcare workforce for the benefit of patients.

The Partnership will address some of the pressing social and economic issues in the region. Re-organisation within the NHS in London has acknowledged the need for healthcare professionals to be trained in larger numbers and in different ways. There is also significant growth within the communities in the Thames Gateway region. For example, 100,000 new homes in the area are estimated to require 1,000 new beds, as well as considerable numbers of staff and the building of primary care and diagnostic centres. There is also a high level of unemployment and it is thought that the Partnership will create new and innovative programmes of study, leading to work in healthcare across all levels, particularly for young people.

It will facilitate multiple access and exit points in a continuous and integrated system relating to different types and levels of skills and occupations.

The Partnership will build upon the existing network of NHS Trusts that work with Barts and The London School of Medicine and Dentistry, further incorporating education bodies such as Primary Care and hospital trusts, and higher education providers, as well as schools and regeneration agencies. They will deliver a suite of degree programmes, diplomas and short courses. Such collaboration will also enhance opportunities for funding from agencies such as the Higher Education Funding Council for England's Strategic Development Fund.

Warden, Professor Sir Nicholas Wright, said "In light of the growth factors that will see the region and its population mushroom in the coming years the development of this Partnership is essential if London is to successfully address healthcare skills and education needs, and improve the level of skills in the population.” It is hoped the partnership will form the basis for a Health Innovation and Education Cluster, as recently announced in the NHS Next Stage Review Final Report.

New Health and Fitness Centre on campus

Qmotion, the new Students' Union Health and Fitness centre at Mile End opened in September. Facilities include an industry-leading fitness centre, offering 76 pieces of life-fitness equipment, large free weights, 25 studio classes, a female-only gym, sports specific room, sports hall, squash court, personal training and a treatment room. The Drapers Bar is also newly refurbished. Alumni are invited to join Qmotion at a discounted rate of £30 per month.

Membership options are available for 3, 6, or 12 month periods. Alumni who currently hold life-long membership of the Students’ Union can take advantage of further savings of £75 on the 12 month membership. They are also entitled to the additional benefits of two personal training sessions per year, one complimentary squash court booking per year and use of the bar. Visit www.qmsu.org/qmotion or telephone +44 (0)20 7882 8040 for more information.

Women honoured in summer ceremony

Professor Mary Cooke OBE and Baroness Elaine Murphy of Aldgate in the City of London were made Honorary Fellows of Queen Mary in the Barts and The London School of Medicine and Dentistry graduation ceremony this summer.

Professor Cooke trained at the Royal Free Hospital and became Senior Lecturer and Honorary Consultant in Bacteriology at Barts from 1967 to 1971. She was the second woman consultant appointed to Barts, and the first woman to hold an academic appointment. Professor Cooke has published extensively in peer review journals and written several books in the area of clinical bacteriology. She has been a member of various Government working party committees. She was awarded an OBE in 1995 for services to public health.

Baroness Elaine Murphy chaired the North East London Strategic Health Authority, where she provided pivotal leadership in assisting the School of Medicine and Dentistry in its resurgence from 2001 to 2006. She also served as an active member of the Council of Queen Mary from 1998 to 2005. She was created a crossbench life peer in 2004.

Going for Gold

Martyna Snopek, recent graduate from Pharmaceutical Chemistry at Queen Mary, represented Poland in the 1km female rowing event in the Paralympics in Beijing. Following the games Martyna will take up her place on a postgraduate course in biomedical science at Imperial College.
Joint inaugural lecture by Warden and Deputy Warden

Warden, Professor Sir Nicholas Wright, gave his inaugural lecture in December 2007. Tracing his career to date the Warden spoke of how his previous roles at the Royal Postgraduate Medical School (RPMS) and at Imperial College of Medicine have influenced his approach as Warden of Barts and The London School of Medicine and Dentistry. Central to his role is remaining active in research. “My research group has been focused on stem cell biology, including aspects of stem cell plasticity. Our aims have been to establish the repertoire of gastrointestinal stem cells in the human model, particularly the origin of cell lineages in the gut and the genesis of new crypts in the intestine and stomach and the role of stem cells in the development of malignancy. We have also shown that human tissues, such as kidney, epidermis and intestine, can receive a significant contribution of functional cells from the bone marrow.

Deputy Warden, Professor Ray Playford, also presented his lecture. An alumnus of Barts, Professor Playford spoke of his pleasure of working at his alma mater. He highlighted the importance of encouraging non-traditional students to study at higher education level. He also shared with the audience his research which focuses on the gastrointestinal tract. “It retains the ability to remain intact despite being constantly bathed in acid and enzymes that can digest virtually any form of food that is eaten. When a minor gut injury occurs, such as following direct physical trauma or ingestion of noxious agents, it is normally rapidly healed. The gut therefore has powerful mucosal defence and repair mechanisms. Using a variety of research models and clinical studies, our research group has looked at how several regulatory proteins influence this process. We have progressed this area by examining what happens if we supplement the system with artificially produced ‘growth factors,’ to determine if this stimulates the repair process.”

You can listen online to these inaugural lectures at www.batlaa.org

Alumni Travel Programme

Ancient Medicine: a private cruise in Turkey
20 JUNE – 4 JULY 2009

A unique opportunity to relax and learn with your fellow alumni in the Mediterranean, ‘Ancient Medicine: a private cruise in Turkey’ is an exciting tour which celebrates some of the great moments of cultural development and human discovery.

Classic yachts make the journey from the historical sites of Troy to Caunos, visiting the ancient cities of Pergamum (where Galen practiced), Ephesus, Miletus and Kos (home of Hippocrates) along the way. The shores of Aegean Turkey have a wild landscape sculpted into long deep inlets, secluded coves and pine-fringed fjords whose remoteness make it an ideal coast to enjoy by yacht.

The cruise will be accompanied by scholar Jemma Reynolds, who gained a First in Classics from Exeter University and is in the final stages of her PhD. Her studies focus on the East Mediterranean, its history and archaeology. She currently lives in Bodrum and speaks fluent Turkish.

The tour costs £1,790 per person sharing. Single rooms are available on request and will incur a supplement of £280. The price includes flights with Turkish Airlines*, UK departure tax, full board and all excursions. Not included are specially levied taxes, insurance, foreign departure tax, visa (on arrival), drinks and tips to crew on board and local guide.

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*the trip can be booked without flights
The challenges of running Barts and The London NHS Trust
Chief Executive of BLT, Julian Nettel, tells BLC about the challenges of running a hospital in the capital’s East End and ensuring excellent patient care, all amid the ambitious new-build, the requirement to meet government targets and the desire to become a Foundation Trust. Interview by Jo Stiles

“Of all the NHS organisations there can’t be one that faces a more challenging and exciting future than Barts and The London,” says the Chief Executive of Barts and The London NHS Trust, Julian Nettel.

A Philosophy graduate from Bristol, Julian has made his career in hospital management. “I joined the Health Service in 1975 as a National Graduate Trainee, with the NHS, straight after university.”

A meteoric rise followed and he was appointed Hospital Secretary at Westminster Hospital and Westminster Children’s Hospital at the age of 29. In 1990 he became Operations Director at Kings College Hospital and subsequently spent a year out with his family in Canada. “My wife had a job over there while I had an academic appointment at the University of Ottawa. They have an MA programme in Health Administration and I was grandly known as the ‘Executive in Residence’.” Giving guest lectures and providing tutorials and seminars on the British healthcare system gave the students a comprehensive picture of the changes taking place in the UK. “At that time the Thatcher reforms creating NHS Trusts and the purchaser-provider split were innovations and there was a lot of interest from the Canadian viewpoint.”

After Kings and Canada he was appointed as Chief Executive at Ealing Hospital Trust for five happy years. In 1999 he then became Chief Executive at St Mary’s in Paddington. On joining Barts and The London he explains; “I have always harboured an ambition to work in East London, particularly here, because it is a fascinating place, and a fascinating environment in which to try to run modern hospital services. Someone once said to me ‘you just have to step outside the tube at Whitechapel and what public service is all about hits you.’”

Our conversation turns to the challenges of being Chief Executive at Barts and The London. “It’s difficult to know where to start really” he says. “First and foremost one of our biggest challenges is to maintain and develop the quality of our services in increasingly difficult circumstances, in the run-up to moving into our new hospital buildings.” At a capital build cost of over £1 billion the new hospitals at The Royal London and Barts will create world-class healthcare facilities for the people of East London, the City and beyond. In the meantime excellent standards of patient care must be maintained. “It is not to be under-estimated how much staff have to put up with in the current environment, particularly at The Royal London. Facilities and conditions are not conducive to providing top quality care. The fact that we do provide high quality care to our patients is a testament to the extraordinary commitment and ingenuity of our staff.”

The much-needed redevelopment currently underway at The Royal London will transform the hospital experience for patients, with state-of-the-art facilities and standards of care to rival the best in Europe. The new hospital at Whitechapel is expected to be complete by 2015, with 75 per cent of its services ready by early 2012. It will include London’s leading trauma and emergency care centre, one of Europe’s largest renal services and one of the UK’s biggest paediatric services within a dedicated Women and Children’s Hospital.

A major event that must be taken into account during redevelopment is the 2012 Olympics to be held in neighbouring Stratford. The major phase of The Royal London development will be ready in time for this. “That’s a symbolic target for us. We already know from the Olympic Delivery Authority that we are a designated support hospital should any major incident occur.”

Barts is also receiving significant investment, and will become a Cancer and Cardiac Centre of Excellence, incorporating services from The London Chest. The hospital at Barts is being substantially re-built; “unfortunately it is happening over an extended period of time because it’s a crowded site, in the middle of the City. The decanting arrangements that support the programme at Barts are very complicated. We are constantly reviewing them.” Alumni will be relieved to hear that the redevelopment includes sensitively conserving the historic Georgian buildings, and the much-loved fountain, alongside the
new modern architecture. The new Barts will also be completed by 2015, with some major elements, including the new cancer facility, in use before this.

Once BLT’s services are administered from its new hospitals this will present yet another challenge, against which Julian is already mitigating. “We need to try to find a way of avoiding some of the problems commonly experienced by people moving into fresh environments by planning the inheritance of our new buildings very carefully. It is happening in phases so we have an opportunity to learn from any mistakes.”

One of the biggest issues for Julian and his team is to forecast how the Trust will pay for the new hospitals. The development will be funded using the private finance initiative (PFI), the Government’s preferred method of funding large capital projects across the public sector. “PFI means that there is a large mortgage coming, so we have to reduce our wastage and pursue alternative income.” Reducing wastage is not just about what is thrown away. It means a systematic review and deconstruction of patient pathways. The Trust has already launched an ambitious transformation programme to prepare for this using ‘Lean’, an improvement methodology, used by many industries and public sector organisations. It will help the Trust in its aim to remove inefficiencies, duplication and other wastage from patient pathways. It also develops a continuous improvement culture, which is already starting to make a real difference in some parts of the Trust. “For example we have already had a number of successful pilots in cardiac care and renal care where we have been able to demonstrate that we have pathways and procedures that could be more efficient, particularly in the use of time. Barts and The London’s multidisciplinary renal team has successfully used ‘Lean’ to improve vascular access procedures for haemodialysis patients. An unnecessarily convoluted patient pathway involving as many as eight separate outpatient visits and up to 400 miles of travelling has now been reduced to just two visits, the first for a one-stop clinic and the second for the operation itself. The ‘Lean’ approach in renal has led to a dramatic fall in the number of surgical cancellations and a corresponding rise in the number of procedures performed on each operating list. He continues; “really successful organisations have systematically examined the way in which these things work. Scheduling is given a much higher priority and it leads to a much more efficient and satisfying environment in which to work. Staff feel that they are not wasting time, the training which has so expensively been funded for them, in terms of their professional abilities, can be put to proper use.”

Income generation will involve “exploring every avenue,” Julian explains. “We need to promote more private practice in the Trust

We need to look at commercial opportunities and selling our services not just to the NHS but also to other organisations where our expertise is of value. We provide support to the Port of London Authority for its scanners by providing technical support from our physics department. It’s just one example of the ways in which the expertise here can be tapped. Everywhere you look there is expertise in all sorts of interesting areas.”

The challenge of becoming a Foundation Trust is also near the top of the agenda. “The application process is extremely rigorous. We have to demonstrate in our business plan that we have, over a period of five years into the future, an extremely secure income that will support our anticipated costs. It also needs to give us sufficient surplus at the end to enable us to continue to develop our services and move forward.” The Trust is expecting to find out more about its status in the coming months.

Amongst the challenges there are also prime opportunities for BLT to position itself as a leader within the sector. “If we are serious about providing a top quality service to our patients then we need to collaborate more.” He expands; “For example, if you have renal failure in Newham, and you need end-stage renal failure treatment, such as dialysis, there is no facility for you to receive this anywhere in the Borough of Newham. Instead you have to come into the Hanbury Unit at Whitechapel, three times a week for five or six hours, to be hooked up to a dialysis machine. We are urgently looking at ways to provide a modern renal dialysis unit at Newham Hospital where patients will have satisfactory, immediate and local access to the treatment by collaborating closely with Newham University Hospital Trust. We’ve just done the same at Whipps Cross. We have similar ambitions in other parts of the sector. It is a sort of franchised service if you like; a BLT service based on another site where we get the income, pay the host Trust a rental for the facilities that they allow us to use.”

It is clearly a model that can be rolled out for other areas. “It will be supported very much by the emerging strategy for health services in London as outlined in the Darzi report. “Another very good example of that would be stroke; the outcomes for stroke patients vary considerably between major centres and general hospitals. There is real urgency to do something about that and to think about the organisation of stroke services in a different way. Our track record in providing stroke care at The Royal London is very good so we can look forward to some

“I have always harboured an ambition to work in East London, it is a fascinating environment in which to try to run modern hospital services”
An interview with Julian Nettel

very positive developments in that area.”

For Julian, the immediate challenge is to focus on the government imperatives. “The target of 98 per cent [of patients waiting no more than four hours to be seen in A&E] is not easy to achieve at The Royal London for a variety of reasons; cramped conditions, a heavy case load and a recent noticeable increase in complex trauma cases which is putting pressure on everybody. Meeting the 18-week target [the maximum time from GP referral to hospital treatment] is the other major objective and we have got a lot to do over the next few months to achieve that by the end of the year. We have to deliver that within the Trust along with everyone else within the health service. It is a pretty fundamental responsibility.”

Another challenge that Julian shares with me about his role is fostering an academically active organisation. “I have held the view for a very long time that an organisation of this size and importance, providing the portfolio of services that it does, has to see itself as an academically active organisation. If you want to provide high quality services to patients you have to attract the highest quality clinicians who can provide the latest treatments. The really high quality clinicians are people who are attracted to the tri-partite mission. They don’t want to just provide services to patients. They are also interested in forging ahead, seeing how services can be developed, using the latest innovations, participating in clinical research and being actively involved in teaching and training.” He believes this ethos is shared by many people and explains “it is my job to make sure that everybody shares it as a comprehensive mind-set.

“We are working ever closer with Barts and The London School of Medicine and Dentistry. We have re-organised the shape of the organisation by moving away from the traditional clinical directorates to Clinical Academic Units that have a broader remit, taking in the three essential elements of service provision, teaching and research. At a stroke we have a significantly larger number of key leadership positions that have been taken by senior clinical academic figures.

“Only a small fraction is achievable by the Trust operating on its own. Certainly in London, the very notion of being able to consider a teaching hospital and its future prospects in isolation from your associated medical and dental schools is pretty bankrupt. We are totally committed to working very closely together and so are moving forward on a completely united basis.”

Motivated by what he calls “old-fashioned values of public service,” Julian is forging ahead in his aspiration to create 21st century hospital services for a vibrant and diverse community. With the sheer number and the scale of tough challenges to overcome, a person of considerable calibre is required. Julian Nettel has the necessary vision and conviction to tackle these challenges head-on. He is an unflinching, dedicated and an agile strategist who can transform BLT to the next level. “Working at Barts and The London is hugely challenging as I anticipated, and as I have actually discovered. But nevertheless it is hugely rewarding as well.”

Read more about the progress of the new hospitals at www.bartsandthelondon.nhs.uk/newhospitals

Artist’s impression of the new-build of The Royal London Hospital at Whitechapel
A Teacher Remembered

The Spring edition of BLC found its way across the Atlantic and I immediately recognised the pretty lass gazing down a brass microscope on the cover as a young Dorothy Russell. In the mid-fifties our routine as clinical clerks at The London included a late afternoon trudge across the garden to the Bernard Baron for the daily autopsy reviews. There an older Dorothy Russell, wearing elbow-length rubber gloves and a long apron, led us from table to table and demonstrated livers and long bones filled with ugly tumour, coronary vessels blocked with plaque and lungs opened to reveal emboli. We received clear and unforgettable lessons about end-stage disease and the causes of human mortality.

Yet my own most salient memory of Professor Russell stems from a very different occasion. In those days there was a series of seminars in the Bearsted Theatre when members of the consultant staff gave talks on subjects outside their own medical specialty. These were lighthearted, funny presentations that drew large crowds. I recall Lloyd Rusby opening his talk by saying: “I feel like a lion that has been thrown to the Christians!”

Dorothy Russell gave one such lecture entitled The History of Women at The London. She began with her recollections of the time during the First World War when women were first admitted to the medical College. Her descriptions of the misadventures of those pioneer ladies had us in stitches. One embarrassment led to another: consultants were patronising, the nursing staff did not know how to address them, patients were bewildered and the College had no toilets for women.

As her lecture continued its tone gradually changed. Professor Russell spoke of that wartime era and why there were so few male students. She talked of the men who were not there and of her contemporaries from London and Cambridge who had disrupted their education to enlist in the army. In her quiet voice she reminisced about friends who never came home. She recounted the horrors of trench warfare and of the awful and disproportionate death rate of young officers. She noted the generation-long impact of their loss upon the leadership of the country.

The Bearsted Theatre gradually filled with khaki-clad ghosts and the distant thunder of Passchendaele and the Somme. The boisterous laughter that had greeted the start of her talk faded into tearful silence. We were all children of the Second World War and in her gentle way Dorothy Russell ensured we would never forget of the tragedy of the First.

Jan Schneider
q The London, 1957
Remembering RB Price

Brigadier Robert Bernard Price (1885-1971) edited the Barts Journal in 1909 and was probably responsible for publication of the first edition of Round the Fountain. He was the acknowledged author of six of its 29 items, and the anonymous first one, ‘Old Verses’, dated November 1904, which concerns the difficulties of learning medicine, is also in his style.

Three years after qualifying in 1908, he joined the RAMC where he specialised in pathology. After serving through both world wars, during which he was awarded the DSO as well as earning three mentions in dispatches, he finally retired in 1946.

He wrote ‘Hymn for the Fallen of the RAMC’, first used in 1947 at Westminster Abbey.

In 1924 he had joined that convivial group of Bart’s loyalists known as the Fountain Club. He soon became their official Bard, a position he treasured. The last verse of his ‘Elegy in a City Courtyard’ reads:

Let not ambition mock my humble niche Nor Harley Street my poor vocation snub – Still once a month I dine amongst the rich – The Poet Laureate of the Fountain Club.

Milo Keynes, editor of the Journal in 1946, was one of those who joined Charles Morris, editor in 1949, to produce a fifth edition of Round the Fountain. It contained 13 items by RB Price and was reprinted in 1951.

Writing to thank the Editor for a copy of this edition, Price offered a final stanza for his ‘Elegy’, referring to the introduction of the NHS, now topical again in its 60th year:

No longer needs to hang his head in shame This wretched slave, whom Government employs,
Since all of you will soon be much the same – State-paid and State-directed Bevan boys.

In the six editions of Round the Fountain Price’s verses provided at least 22 items – a far greater contribution, amassed over a much greater time period (1907-68), than anyone else. Some of his work was repeated in every edition now available (although no copy of the second edition from 1912 can currently be traced). Others were altered and expanded over time, for instance ‘The Battle of Furunculus’ increased from seven original verses in 1909 by gaining a further three in 1927. The fourth edition, published that year, is unique in not including any new contribution by Price, who was the author of five new items in the 5th edition (1949) and another six new pieces in the 1977 edition, edited by Robert Treharne Jones – the last ever to be published.

RB Price never saw the final edition of the book which he had started so long ago. He died just a few years earlier in 1971, and his obituaries in the BMJ (by WAW) and the Barts Journal (by CKV) spoke of his fond memories for his alma mater, from which he had graduated during another era.

In 1968, three years before his death, the Journal had celebrated its 75th anniversary and Price wrote a poem which proved to be his swansong:

Though it started when he was an eight-year old boy,
This aged and doddering Colonel
Continues, surprisingly, still to enjoy
St Bartholomew’s Hospital Journal.
As its oldest ex-Editor living today,
He views with approving concern all
Attempts to present in a livelier way
St Bartholomew’s Hospital Journal.
And now, as it passes this latest mile-post,
With stamina seeming eternal,
He invites all its readers to honour
this toast –
“St Bartholomew’s Hospital Journal!!”

Milo Keynes, q Barts, 1948
Charles Morris, q Barts, 1950
Robert Treharne Jones, q Barts, 1977
Cancer

Research into cancer is a leading strength at Barts and The London School of Medicine and Dentistry, using an integrated approach to the problem of cancer in individuals and in populations. Expertise in this field is found across the wider School but it is concentrated in the Institute of Cancer itself and in the Wolfson Institute of Preventive Medicine, both based at Charterhouse Square.

Research strengths include therapeutic and diagnostic target identification and validation in both haematological and solid malignancies; clinical trials exploring new therapies; the development of novel molecular approaches for diagnosis, classification and treatment of human cancers and investigations into the regulation of tumour spread and host anti-tumour responses.

Research at the Wolfson Institute, in particular the randomised cancer prevention trials, is also critical to Barts and The London’s work. The Institute is the leading UK centre in the ongoing HPV vaccine trials.

Barts and The London Centre for Experimental Cancer Medicine (ECM) opened in April this year. Part of a network of 19 hospital research units, funded jointly by the Department of Health and Cancer Research UK; it tests drugs on patients at early trial stage, with the aim of reducing the time it takes for new therapies to be licensed. The Centre will conduct trials for leukaemias, lymphomas and myelomas, ovarian cancer, breast cancer, and head and neck cancer.

There will be trials in treatment of other more common cancers in the future. Through the Centre cancer patients who are no longer responding to existing drug therapies can have access to new medicines or combinations of medicines. Patient safety is given top priority by administering a tiny dose of the drug to start and only continuing the drug if there are no unacceptable side-effects. The Comprehensive Cancer Centre will provide outstanding facilities for clinical research.

Key individuals in cancer research

Professor Nicholas Lemoine
Professor Lemoine (q Barts, 1983) is the Director of the Institute of Cancer and the Cancer Research UK Clinical Centre. He has also recently been appointed to the position of Head of the Clinical Academic Unit for Cancer in Barts and The London NHS Trust. This role combines a clinical, research and educational element. He also leads the research of two groups focusing on the molecular pathology of solid malignancies, and molecular therapeutics including gene therapy and vaccine approaches in the Centre for Molecular Oncology and Imaging. This Centre aims to exploit the technologies of functional genomics to develop novel approaches for diagnosis, classification and treatment of human cancers. Advances in knowledge resulting from the sequencing of the human genome and the advent of high-throughput technologies now facilitate simultaneous analysis of the activity of many genes in cells and tissues. The challenge is to translate such molecular profiles into clinical benefit for patients.

Within the Centre, Professor Lemoine directs the Molecular Pathology research group. This offers major new opportunities for molecular analysis of cancer, with access to a wide range of primary cancer samples both from established tissue banks and directly from patients in prospective clinical trials. Current studies use array CGH and high-density SNP analysis for genomic interrogation, as well as microarrays to follow patterns of gene expression. These address questions related to tumour classification and response to therapy in pancreatic and other gastrointestinal malignancies.

Professor Lemoine also directs the Gene Therapy research group whose interests are in oncolytic virotherapy, particularly using selectively replicating adenoviruses, and in defining the cell survival signalling circuits that determine the sensitivity of cancer cells to this approach. The role of the immune system in modulating viral replication and tumour cell destruction is the focus of a major new programme.

Professor John Gribben
Professor Gribben has a global reputation for his work in researching new drugs and forms of cancer treatment. He has grant-funding from The National Cancer Institute and Cancer Research UK for pioneering studies in leukaemia and lymphoma. He has lectured across the world on new therapies for cancer treatment.

Professor Gribben’s primary research interests include immunotherapy approaches, including stem cell transplantation for the treatment of cancer; identification of tumor antigens with particular emphasis on B cell malignancies, and detection and treatment of minimal residual disease in leukaemia and lymphoma. The aim is to implement immunological treatments, including allogeneic transplantation, to improve the outcome for patients with haematological cancers. A particular interest is in understanding the molecular basis for alterations in immune cells in the tumour microenvironment and his research group have recently identified changes in gene expression in T cells in patients with leukaemia. The multidisciplinary research programme combines clinical strength in leukaemia and lymphomas with a dissection of immunologic responses against cancer, identification of tumour antigens as targets for this approach and exploitation of the graft versus leukaemia effect.

For 15 years Professor Gribben has been investigating the potential of cells transplanted from other people to fight cancer. He realised that bone-marrow cells transplanted from donors did far more than replacing damaged marrow in the patient. “They actually seem to detect cancer cells in the recipient,” he says. “If you transplant white blood cells, or the bone marrow that creates them, into a patient, the transplanted cells can start attacking the tissues of the patient.”

“You get very motivated to do something, when you’re working with the patients who are directly affected by cancer. For many patients conventional treatments have failed and there’s a need to move faster.” Professor Gribben leads the newly established Centre for Experimental Cancer Medicine.
Dr Claude Chelala
Dr Claude Chelala is part of the younger generation of academics in the Institute of Cancer, and was recruited in 2006 to take a leadership role in the key area of bioinformatics that underpins so much research in the post-genomic era. She was awarded an MRES and a PhD in Radiation Biology from the University of Paris XI in 2002 as well as a degree in Structural Bioinformatics from the University of Paris Descartes. Her first post-doctoral position at the National Centre for Scientific Research (CNRS) involved the development of bioinformatics tools for the analysis of whole-genome maps and the distribution of disease-related genes. Afterwards, she joined the Pasteur Institute to work on large-scale analysis of genetic variation, integration with clinical data and the association with Type 1 Diabetes.

Dr Chelala’s current research work focuses on the development and application of integrative and computational bioinformatics solutions to cancer research. These include the design and implementation of a generic model for the organisation, integration and mining of complex data for cancer research. Another aspect of her research involves designing and setting up a dedicated database allowing scientists to functionally annotate newly discovered or public domain Single Nucleotide Polymorphisms in order to prioritise targets in further disease studies and large-scale genotyping projects. In addition, her computational work covers genomic and expression profiling in order to identify cancer-causing genes, related molecular pathways as well as new biomarkers for novel diagnostics or screening in cancer.

Professor Jack Cuzick
Alumnus Professor Cuzick leads research into the screening and prevention of cancer. Key areas of interest are cancers of the breast, uterine cervix, prostate and colon. Screening, early detection and disease prevention form a focus for this through clinical trials. The analysis of data from these projects often requires the development of new mathematical and statistical techniques. “Through this more can be understood about factors leading to disease incidence and recurrence and how they interact with different treatments,” says Cuzick.

Cuzick and his team have been investigating the effects of tamoxifen for more than ten years, a hormone treatment that is involved in tumour promotion and spread, in an inflammatory tumour micro-environment. In the centre of this is a complex cytokine network, that a pro-inflammatory role will be of therapeutic benefit” she explains. “We aim to translate laboratory research in chronic inflammation and the tumour microenvironment into new treatments for cancer.” The Centre has excellent collaborations with the Clinical Academic Unit for Cancer at Barts and The London NHS Trust. Professor Balkwill has a strong commitment to public engagement in science and is Director of The Centre of the Cell. The Centre will impact on young people’s understanding of cell and biomedical science, of scientists and of health care professionals.

Professor Frances Balkwill
Throughout her career Professor Balkwill has been interested in translating lab research to clinical practice. Early work on interferons was the start of a lifelong interest in the cytokine network and its relevance to cancer. Professor Balkwill’s work has led to the realisation that cancers possess a complex cytokine network, that a pro-inflammatory tumour micro-environment is involved in tumour promotion and spread, and that there are strong links between the processes of chronic inflammation and cancer. “The overarching hypothesis that drives our research is that the inflammatory mediators and cells found in cancer are more likely to enhance than inhibit tumour progression; hence modulating these cells and mediators will be of therapeutic benefit” she explains. “We aim to translate laboratory research in chronic inflammation and the tumour microenvironment into new treatments for cancer.” The Centre has excellent collaborations with the Clinical Academic Unit for Cancer at Barts and The London NHS Trust. Professor Balkwill has a strong commitment to public engagement in science and is Director of The Centre of the Cell. The Centre will impact on young people’s understanding of cell and...
Prevention is Better: Staying Healthy in old age

This article by AE Clark-Kennedy, former Consulting Physician to The Royal London Hospital, is taken from *Geriatric Medicine* Volume XIII Number 9, September 1983

It is not possible to survey a man’s constitution as one would survey a house. But it is possible to guess at it and to educate him against the risks to which his habits are exposing him. The author, now aged 92, emphasises the importance of marrying habit to constitution when helping older patients to lead healthy lives.

How does a man keep fit, steer his body through all the recognised dangers of his middle years, and arrive safely at what is called “ripe old age”, in due course to drop off the tree of life, like an overripe plum which has escaped major incursion by wasps, into a comfortable grave.

I told that I ought to know, having reached the tenth decade of life, and your editor, following the example of the young man in *Alice in Wonderland*, who, you will remember, kept pestering Old Father William with “Pray, how do you manage to do it?” seems to think the same. She has asked me to tell you how I have done it in order to help your patients to do likewise.

Unfortunately I have not a clue as to how I have done it. All I can tell you is that, both conscientiously and consistently, I have followed the good advice of the most revered of my teachers at The London in my student days: Bobby Hutch, as we used to call him, that cynical Scot, co-founder with Still of modern paediatrics, alias Robert Hutchison, later Sir Robert and President of the Royal College of Physicians. “The secret of health,” he used to say (and I can hear him saying it now), “is to neglect it.”

I have always lived exactly as I liked, consistently neglecting everything which I have learnt since then. I eat as much carbohydrate as I want. I love potatoes. I like bread and marmalade. And yet I don’t put on weight. I seem incapable of it. I remain bony, spare and thin. I can only suppose that I am so made that my chemical machinery, instead of converting my luxus consumption of calories into fat, blows it off as heat, warming up the world around me!

Nor have I ever bothered my head about the relationship between high animal fat (saturated fat) consumption, high blood cholesterol, and atheroma. I like butter and cream. I eat eggs and bacon. Vegetable fat (unsaturated fat) substitutes for animal fat are an anathema to me. Of course I may get a cardiac infarct tomorrow. But somehow... I don’t think I shall for my blood pressure flatly refuses to rise — it was 130/90 mmHg when, very much against my will, it was taken only a few weeks ago.

I like wine but I am not a beer-drinker. Nor do I smoke. I gave that up long before the cancer scare. I am Scottish born, and bang might go sixpence far too often on cigarettes for my liking. I enjoy exercise. Exerting myself comes naturally to me. I used to walk, run, and climb, but I can’t do that now. The “wasps” have eaten too deeply into my joints, so deeply into my left hip, in fact, that I had to have it replaced over six years ago. That is now the best joint in my body. It is my knees and neck which trouble me most. So I bicycle instead. That takes my body weight (not that that is much) and I get my exercise that way.

Our lease of life in this world is genetic; the actual number of years we live in it, discounting a serious accident, fatal infection, or new growth, is determined by the way we are made. Some, like fools, spoil both their own lives and those of other people by worrying unduly about their health. It was this miserable kind which prompted Sir Robert Hutchison into his aphorism. They waste both your time and their money, the latter mainly on patent medicines and health foods. They must be reasoned out of their stupidity.

Others live regardless and remain as fit as wasps. Look at Churchill! Would you have stopped his cigars or vetoed his champagne? He was also overweight and did not take much exercise (as far as I know) except laying bricks. What was his blood pressure, I wonder?

“Never interfere with the fixed habits of life of a man over 40”, was another of Bobby Hutch’s dictums, “however bad they may be.” I would now put the age up to 60 (the average span of human life has increased a lot since then). Otherwise I still agree wholeheartedly. Don’t spoil the little left in life to any ageing man. “From making the treatment worse than the disease,” I can still also hear him saying, “Good Lord deliver us.”

It is essential to find out how a patient lives. “Come tell me how you live,” I cried, and thumped him on the head” (*Alice in Wonderland* again, the Old Man sitting on a gate). You soon find that many live their lives regardless, and in all probability most of them do not possess good fortune to be so constituted as to stand up to it well. We can’t survey a man’s constitution in the same way that we can survey a house. But we can guess at it and, under these circumstances, it is mere common sense to educate our patients against the risks in life to which their habits may well be exposing them.

I have not got much faith in statistics. Mark Twain estimated that 99 per cent...
Health in old age

of people die in bed, concluded that it must be the most dangerous place in the world, and decided never to go to it again. Nevertheless, I am pretty well convinced, not only that smoking does predispose to cancer of the lung, but also that a combination of it with being overweight due to excessive consumption of carbohydrate, and atheroma due to a diet over-rich in animal fat, does predispose to coronary thrombosis and cardiac infarction and all their possible consequences.

It is common sense to persuade all patients to keep off smoking as a matter of routine on our part. Also, if they are overweight, to cut down their carbohydrate consumption. But don't allow a young woman to try to slim too quickly. That can be dangerous. Any tendency to obvious obesity means that vegetable must be substituted for animal fat. It should be "marge", in fact, instead of butter.

High blood pressure is a difficult problem. In the old days we could do nothing for it and were wise to say nothing about it. If a patient asked me what his was, I would tell him the diastolic. I had not told a fib and he went on his way rejoicing. In this generation we have the means to get it down, and in every case one has to decide whether to do that or not. It means repeated visits and repeated blood-pressure takings. These don't seem to scare patients as they did. But beware of ECGs. Keep them down to a minimum. What is the good of finding out morbid details about which you can do nothing? There is a lot of talk about stress, high blood pressure, and coronary disease. Don't confuse stress with hard work. I don't believe that the latter, either physical or mental, ever did anybody any harm. Stress is a wrong attitude to work. Think of Winston again. He must have worked damned hard. He passed through many awful moments. It was his basic enjoyment of the responsible position that he was in which kept that remarkable man alive.

Most people give up games, and in consequence stop exercise, much too soon. It may be hard to get them back to it. They may be too old. If a man has never jogged before, don't let him start jogging now. Besides jogging is, I would have thought, destructive to the soul. (A tracksuit is not necessary. We used to run in the evenings up Harley Street and into Regents Park in old Army shorts). Far better for the elderly is bicycling. This enables them to take more exercise and widens their whole environment. It also takes the weight off their joints and balancing, which in old age tends to become a real problem on two feet, is no problem on two wheels.

I have not the space to carry my argument further, but I do hope I have convinced you of the importance of marrying habit to constitution, and doing it before it is too late.

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Wallace Brigden
(1916 – 2008)

Colleagues of Wallace Brigden pay tribute to his achievements during his career

Wallace Brigden died after a protracted illness which was greatly aggravated by the parallel loss of vision. He was 92 years old, and had retired from The London Hospital in 1981. The Cardiac Department at The London was established under the aegis of Sir James Mackenzie, but the onset of the First World War intervened and it was only afterwards that Sir John Parkinson was confirmed as Head of the Cardiac Department. Wallace was appointed in 1949 as physician to the cardiac department on Sir John’s retirement. He was also appointed as Physician to the Hospital by a separate appointments committee, reflecting the tension that existed between “specialist” and “generalist”. He was 33 years old, which was remarkable and even more so when one considers that he had spent four years in the Army. In 1950 he was appointed consultant at The National Heart Hospital.

He was an outstanding student. From the Latymer School he went to King’s College, Cambridge as Senior Scholar studying Natural Science. He obtained a double first. In 1937 he obtained a Fellowship to Yale which led to an expedition to Alaska to study arctic sea birds. War seemed inevitable and he decided to obtain a medical degree and returned to study at King’s College Hospital. He qualified in 1941 and in the same year obtained membership of the Royal College of Physicians. Most of us took far longer than that! He joined the RAMC as a specialist physician in 1943 and served in Italy until 1945. Thereafter he was sent to India during the period of partition of India and Pakistan. He rejoined civilian life in 1947 and was appointed lecturer at the Hammersmith Hospital where Sir John McMichael was head of the Post-graduate Medical Federation. At that time the work at the Hammersmith was evolving cardiac catheterisation for diagnostic as well as physiological studies.

In the forties and fifties the possibility of surgical intervention for valvular heart disease and congenital heart disease advanced rapidly. With the development of cardiac bypass, surgeons had adequate time with the heart arrested to do major procedures. As far as cardiologists were concerned the diagnostic process needed to be correct. Wallace’s diagnostic technique was traditional, in that the history came first, and physical examination second. Precise clinical observation enabled a diagnosis at the bed-side and investigation was used to refine the severity of the condition. He had an impressive clinical memory with which, as his Senior Registrar, I used to attempt to find fault. I very rarely won. He enjoyed teaching medical students and aspiring cardiologists. In this role he was supportive. He encouraged analysis rather than rote learning and public humiliation.

There were many topics to which he made important contributions but I will only mention two. Firstly there was elucidation of systolic murmurs. With his colleague, Aubrey Leatham, he described the importance of pan-systolic murmurs as indicating mitral regurgitation and that the leaking valve was a separate entity from rheumatic heart disease. Until this work patients were either falsely reassured or treated as invalids. He also made significant progress in defining what he preferred to call cardiomyopathy. The importance of alcohol as a cause of heart failure emerged from his work.

I formed the opinion that he did not like medical politics, but he was admired and trusted by his consultant colleagues and as a consequence he became chairman of the Final Medical Committee at The London. After the major administration changes of the NHS in the early seventies he was appointed to the Area Health Authority.

Wallace Brigden managed, to perfection, the balance of being distinguished yet approachable. He was par excellence an outstanding clinician, who commanded both affection and respect in a wide range of consultant colleagues.

Wallace is survived by his wife Everel, and from his first marriage, by two sons and one daughter, David, Anthony and Anne, and from his second marriage, by his son Charles and step-son Geoffrey. Geoffrey followed Wallace into the world of cardiology. Three of his sons pursued a career in medicine.

Dr Alastair McDonald
Consultant Cardiologist, The London

Above: Wallace Brigden
Left: Illustration by Professor John Blandy
Wallace Brigden was a remarkably good painter, and regularly exhibited at the annual Art Club Exhibition at The London. I admired his sense of colour. I do not know how important it is, but he was the first person who showed me how relieving outflow obstruction to the bladder could improve cardiac function. I have never seen this written down anywhere and wonder if it ever got published. For me it was a novel indication for prostatectomy and I still remember the patient for whom Wallace insisted that I operated.

Professor John Blandy
q The London, 1951
Emeritus Professor of Urology

I worked for Wallace Brigden as House Physician to the Cardiac Department in 1966, soon after I qualified. My memory of him at that time was of an interesting, kind and very courteous man at the height of his powers as a clinical cardiologist.

Cardiac catheterisation was still a major undertaking and echocardiography only in its infancy as a research topic at that time but cardiologists of Wallace Brigden’s generation had little need of invasive techniques to make an accurate diagnosis.

Cardiac surgery involving cardiopulmonary bypass was available but hazardous. I can recall a conversation in 1966 that Wallace Brigden had in my presence that leads me to believe that he had a great deal to do with the establishment of cardiac surgery by John Weaver at The London in the late 1960s. This initiative, unbeknown to me at the time, was to have a profound effect on my subsequent career as an anaesthetist and intensivist.

I encountered him again some 12 years later when I anaesthetised some of his patients referred for cardiac surgery. Although he was able to call on invasive diagnostic techniques he used them only to confirm his clinical diagnosis and his clinical skills remained undiminished.

He was always a pleasure to talk to and always ready to back up his judgement with a suitable and sometimes long anecdote from his formidable memory. His great age must mean that he was the last of the great clinical physicians and cardiologists who created modern cardiology after the war. Above all he was a true gentleman and we will not see his like again in the modern health service.

Dr Brian Colvin
q The London, 1969
Consultant Haematologist

Dr Peter Colvin
q The London, 1965
Consultant Cardiothoracic Anaesthetist
Membership Memories

John Ross recalls his experiences of Royal College of Physicians membership examinations

I would like to be a fly on the wall and watch examiners conducting a clinical examination for membership of the Royal College of Physicians these days. How different would it be from 50 years ago; would it be as entertaining?

When I was Senior Registrar to Lord Evans at The London Hospital in the mid-1950s, I was responsible for arranging the clinicals there for two years. It was hard work, living in the hospital for several nights, building up a book of suitable long and short ‘cases’, planning their sequence and transport, writing up their details for the examiners and paying the patients, who were given ten shillings each for a session.

The examiners were a fascinating group of well-known physicians with Lord Evans and Donald Hunter (of industrial medicine fame) leading them. Donald Hunter was a cheerful outgoing character who filled the wards with laughter whilst telling stories to the other examiners. He questioned them about well-known medical figures they had known, and scribbled their anecdotes in a large book. I was sometimes sent to fetch it from his office, a wonderful collection; I wonder what has happened to it. Someone had told me that he, presumably unwittingly, almost always phrased his questions so that the correct answer was ‘yes’. I confirmed this but never told a candidate. He was always anxious to ask unusual questions. I had a patient in as a short case with Kartagener’s syndrome and was sent over to the library to find out all about Kartagener so that he could ask for this information from unfortunate candidates. He sometimes had a milk bottle on the table in front of him and asked candidates what this suggested. It was supposed to lead on to a discussion about Milkman’s fractures.

There was a myotonic patient as a short case one morning and the examiners sent the candidates to shake hands with him and return to discuss their findings. All went well but I always changed the cases at lunch-time in case news got around about them. In the afternoon a man with a pneumothorax was in the myotonic’s bed. Most of the examiners did not read my notes or listen to what I told them about the patients and I saw that Dr Cullinan of Barts was sending his candidates to shake hands with the puzzled pneumothorax patient. I told Dr Hunter who did not seem to be worried, roared with laughter and gathered the other examiners to stand around laughing at the unfortunate candidates and Cullinan until the latter was made aware of what was going on.

Lord Evans was a quiet, thorough examiner, keen to observe the candidates examining their patients. He would, for example, ask them to examine the eyes of a ‘short case’, failing them if they rushed at the patient with an ophthalmoscope and neglecting to stand back first and note the mild exophthalmos. He was a good general physician, making detailed examinations of his aristocratic patients which others had failed to do. It was said that Queen Mary, whose physician he was, insisted on him seeing George VI whose own physician had neglected to do. It was said that Queen Mary, whose physician he was, insisted on him seeing George VI whose own physician had not reached a diagnosis and whose intermittent claudication was then recognised. Subsequently, I and his junior staff enjoyed being quizzed about febrile illnesses in younger members of the royal family whom he had been asked to see.

Sir Russell Brain was President of the College at that time and put in an occasional appearance. He was a brilliant diagnostician but very austere and remote from junior staff. Having tea with him after an outpatient session was a silent ordeal. Clinical work in his clinics was fascinating and instructive but the preceding procedure was extraordinary. He processed through the waiting room with his staff and new patients handed their GP’s letters to Sister who opened them with a paper-knife reserved for the occasion. The letters were read silently by Sir Russell who then handed a pink card to the patients whom he wished to see himself and kept their letters. The remaining letters were given to the Senior Registrar who allocated the patients to the other doctors. Nothing was said or explained to the patients. I remember a woman rushing forward during this ceremony, seizing the hem of Sir Russell’s coat and begging to be seen by him, ‘been coming for five years and never been seen by you yet.’ She was brushed aside by Sister.

Some examiners were surprisingly ignorant about disorders outside their immediate interest. A very good chest physician told Donald Hunter that he knew absolutely nothing about scleroderma prior to examining a candidate faced with a patient with this disorder and was told exactly what questions to ask.

In those days there was a doctor (not at The London) running a very popular course for potential candidates. He asked those who took the exam to give him full details of all the patients they had met and he then provided candidates with this information. This upset the examiners but they could do little about it. Donald Hunter paid junior staff to go on the course and report back what had been disclosed.

John Ross MC MD FRCP
q The London, 1950

L-R: Donald Hunter, Lord Evans, Sir Russell Brain

COURTESY OF THE ROYAL LONDON HOSPITAL ARCHIVES
Letters

Dear Editor
I was interested to read the article by Peter de Buse about his time as a houseman at The London Hospital in 1960 in BLC, Spring 2007, Volume 9, issue 1, p19. However, he is out of touch in his claim to be amongst the first housemen to be paid for their services. Compulsory pre-registration house jobs were introduced at the time of the inception of the NHS in 1948 and thus had to include an element of recompense. From then on these were salaried posts and the cost of residence was charged at about 50 per cent of the (nominal) salary. There was also provision for two weeks paid holiday during each six months stint from 1948 onwards.

As a houseman myself in 1964, our pay was about £700 pa of which we actually received £350. We still worked a one-in-two rota or worse and there were some teaching hospitals who granted no official time off at all during a six month job.

In 1966 it was finally agreed that compulsory residence should not be charged for. This was a retrograde step in many ways because free meals and other ‘perks’ for housemen were no longer included. Very quickly the ‘Doctors’ Dining Room’ disappeared to be replaced by dreary canteens with no provision for out-of-hours meals for those on call. On-duty houseman were no longer given preferential treatment or catered for by kind kitchen staff – no more welcome early morning tea in bed, good hot breakfasts cooked to order or food from the Ward kitchen late at night. Soon too the standard of residential accommodation began to drop and of course there was no more free laundry. Now much of the old purpose-built residential accommodation has disappeared altogether both for doctors and nurses.

Although we worked unbelievably long hours we were looked after very well and had a status and degree of responsibility within the Hospital which today’s junior doctors would envy.

Jane V Bond
q Barts, 1964

Dear Editor

Re: Alumnae Profiles, Spring 2008, Volume 9, issue 2, p21. I was delighted to read that you were celebrating the contributions made by women to Queen Mary. However in your enthusiasm to laud Barts and The London some errors have crept in.

Elizabeth Blackwell (EB) did not qualify from Barts. She qualified in medicine at the University of Geneva in upper New York State in 1849. Born in Bristol, England, her father emigrated with his whole family when Elizabeth was 11 years old. She travelled to Europe staying for many months in Paris, and in London she was welcomed by Sir James Paget as a doctor. She returned to New York, set up her own dispensary and encouraged her sister Emily to qualify from Pennsylvania. Emily had no hand in the foundation of the London School of Medicine for Women (LSMW).

Elizabeth Garrett (EG) rose to the challenge and eventually received a Licence to Practice from the Worshipful Society of Apothecaries, not The London. She did walk the wards at The London in the last few months of her difficult training – but as a quasi nurse not as a medical student. This was exactly her status at the Middlesex Hospital where she started her training in medicine. Her father Newsom had to pay the lecturers to give her private tuition as the medical students at The London refused to allow her to attend the course.

Sophia Jex-Blake, then still a medical student, was the driving force behind the creation of the LSMW and EG and EB joined to keep solidarity with the women’s struggles. Although the first suffrage meeting took place in Elizabeth Garrett’s house, her sister Millicent Fawcett is best remembered in suffrage circles and the Fawcett Society in London is a main pillar in the study of the women’s movement. It is all fascinating stuff. I doubt whether many of us today would have the same determination.

Dr Patricia Last
FRCS FRCOG
Assistant Gynae Department,
St Bartholomew’s Hospital, 1970-94

Dear Editor

Regarding the wedding of Amy Stiles and Bruce Rodda, I would like to congratulate them upon their marriage (BLC, Spring 2008, Volume 9, issue 2, p2). They may be the first couple to have wed as members of the Mixed Hockey Club of Barts and The London. My wife Jane (née Humphrey, q 1988) and I (q 1988) also met on the mixed hockey field in 1983 as members of Barts Mixed Hockey Club and ended up marrying in 1994!

Mr Michael Wareing
q Barts, 1988

Dear Editor

Readers may remember from the last issue of BLC the lifeboat named Colin Bramley Parker after my friend. The RNLI have issued a 54 pence stamp with a Class D inflatable lifeboat on it, entitled ‘St Ives’. The boat depicted is the Colin Bramley Parker. There can’t be many people who have been presented to the Queen and had “their” lifeboat on a stamp!

Diane Saxon
q The London, 1961

Dear Editor

Dear Editor

If you would like to comment on anything featured in BLC write to the editor, Jo Stiles at: Alumni Relations & Events Office, Queen Mary, University of London, Mile End Road, London E1 4NS or email batlaa@qmul.ac.uk
Elective experiences – Dentistry students

Students of Barts and The London School of Medicine and Dentistry are supported by funding from BATLAA to go on elective studies overseas

Elective studies are undertaken by medical students in their fifth year and dental students in their fourth year. Electives provide an excellent opportunity for students to gain experience; compare and contrast global healthcare systems and strengthen transcultural communication and understanding, an integral objective of the MBBS and BDS courses.

Below are a number of accounts. More elective experiences can be read on our website at www.batlaa.org.

Oral surgery in NZ

I was fortunate to visit New Zealand as part of my dental elective where I carried out a project on issues of consent regarding oral surgery procedures in the only dental school in the country. Currently in the UK it is an important part of the consent gaining process to warn the patient of the potential risks and benefits of treatment they may undergo; recording such discussions is needed for clinical records and because of the rise in litigation against clinicians. In New Zealand litigation is at an extremely low level and with the good nature of the population and the high regard they hold for dentists, the need for consent forms has never been tested within the community the dental school serves. Following my visit I realised the subject of consent has evolved rapidly in the UK and may continue to do so. The ultimate lesson was to ensure patients understand what the proposed treatment is for during the consent process. Otago Dental School was a welcoming and well established institution with the staff and students of the exodontia department very helpful for providing information for the purpose of the project.

Brazil is a country of staggering beauty. There are stretches of unexplored rainforest, islands with divine tropical beaches, and endless rivers. Then there are the people themselves, who delighted us with their energy and joy. The students at UFRGS College Of Odontologia looked after us very well. Although we were only with them for two weeks, we all felt as if we had known them for years. Going to Porto Alegre in Brazil is definitely one of the highlights of my time at university.

Navdeep Dhillon

Elective in Brazil

I developed an interest in endodontontology in my second year. South America is an area of particular interest as I have spent time with dental students from Brazil on their electives at The London. I am also learning Portuguese and it provided a great opportunity to increase my understanding of the language.

My elective study was to compare and contrast the difference in the choice of restoration for endodontically treated posterior teeth between undergraduates at The Royal London Dental School and Universidad Federal Do Rio Grande Do Sul (UFRGS) College Of Odontologia, Brazil. In most cases the retention for a restoration of root-treated teeth is compromised because these teeth are usually badly broken down. At Barts and The London, undergraduate dental students are encouraged to place a core to replace the lost dentine before a cast restoration is placed on the tooth. There are many ways to achieve sufficient retention for the core: groves, slots, dentine pins and dowels. The most common technique is the Nayyar amalgam dowel core.

At UFRGS College Of Odontologia, undergraduate dental students are encouraged to use cast multiple posts/cores to restore root treated posterior teeth. This involves constructing only one of the posts integral with the core. The remaining posts are cemented into their respective canals through the core. Initially a preformed plastic pattern and rubber-based impression material are used to take an impression of the tooth and post canals. Then by using a die, a model is constructed on which the post and core is waxed with withdrawable posts in two canals. In order to make sure that the model is accurate, the cast post and core is tried in the mouth and the removable posts are inserted through their respective channels. Zinc phosphate is used to cement the post and core system.

Brazil is a country of staggering beauty. There are stretches of unexplored rainforest, islands with divine tropical beaches, and endless rivers. Then there are the people themselves, who delighted us with their energy and joy. The students at UFRGS College Of Odontologia looked after us very well. Although we were only with them for two weeks, we all felt as if we had known them for years. Going to Porto Alegre in Brazil is definitely one of the highlights of my time at university.

KK Ngan
Fakulti Pergigian – The faculty of dentistry

Malaysia is a vibrant country full of energy. It is a multi-ethnic, multi-cultural and multi-lingual society consisting of 52 per cent Malays and other indigenous tribes, 30 per cent Chinese, 8 per cent Indians. Malay is the national language of the country, but the teaching at the University of Malaya (UM) was changed to English a year ago.

We visited the University of Malaya in Kuala Lumpur. It is the oldest university in Malaysia and is situated on a 750 acre campus in the southwest of Kuala Lumpur. The university has its own lake (Varsity Lake) and botanical gardens. Many of the students have scooters or motorbikes to get around the campus as there is no other transport.

Whilst visiting the University of Malaya, we were privileged enough to attend an annual event. For one day only, the hospital canteen shuts down. Staff of the dental hospital prepare authentic Malaysian cuisine at home. This is called the ‘Hari Kantin’ and is an event enjoyed by all. Most of the food is freshly cooked on site and sold to patients and students. The money raised goes towards individual postgraduate research projects and PhD theses. The food is exquisite and the event is an opportunity for students and staff to socialise.

We were also delighted to attend the university’s annual EXPO. This is a huge event where all the faculties display their current research. We were very pleased to see that the dentistry department was well represented.

The Oral Cancer Research Centre, headed by Professor Zain, is a national centre for oral cancer data collection. The data collected by the Centre is obtained from both national and private dental colleges from all the states of Malaysia, including the University of Malaya’s own oral cancer department. Professor Zain arranged for us to attend an oral medicine clinic held by Dr Zuria, where we observed a biopsy for oral squamous cell carcinoma of the floor of the mouth and a patient who had genuine haemochromotosis.

We also visited the radiography department headed by Professor Nambiar. We observed dental students taking bitewing radiographs of a phantom head and we were also shown more advanced equipment such as brand new rotational tomography machines and a MRI scanner. Digital radiography is now being introduced into the department. In order to introduce this new technology the department has gained several new computer screens and viewing software.

We were invited to take part in an interactive seminar given by Professor Nambiar entitled ‘Radiographic Interpretation’. This gave us a chance to observe how the fourth year dental students are taught at the university.

Our stay in Malaysia was very enjoyable and we learned a lot from our experience in the various hospital departments. We would like to thank both Professor Zain and Professor Nambiar and the University of Malaya for accommodating us.

Rebecca Musabbir

Paediatric dentistry in Melbourne

My elective during my fourth year at dental school was based at the University of Melbourne in Australia. My chosen area of study was oral hygiene instructions given to children at the Royal Dental Hospital in Melbourne compared to the methods used at The Royal London Hospital at Whitechapel. I hope to specialise in paediatric dentistry in the future and this was a great opportunity to observe how departments vary in other areas of the world. I found that in Australia, there was a greater emphasis in prevention of oral diseases by educating children and their parents from a young age. A wide range of resources are used from demonstrating brushing techniques to providing leaflets to parents and children on the different aspects of oral health. In addition, the hospital had refurbished the paediatric department, installing a new waiting room with toys and new dental equipment.

It had always been a life-long ambition of mine to visit Australia; a combination of interests made my trip a dream come true. By securing the placement at Melbourne, it gave me and my friends a chance to explore the east coast of Australia. A country with such vast variation in scenery, culture and activities made it a highly interesting trip. From the rainforests in the north, to the surfing beaches at Gold Coast, to the cities of Sydney and Melbourne in the south – it was a journey of a lifetime.

Although the culture is very similar to here in the UK, it was definitely more relaxed and there was a great emphasis on keeping active and eating well; frozen foods and ready meals were rarely found! Visiting Australia has whetted my appetite and I would like to work there for a year or so in the future. The prospect of working in a country with great weather, food, people and lifestyle is very tempting.

Rebecca Seth and Muneer Patel

Rebecca (third from left) at The Royal Dental Hospital of Melbourne
Paediatric dentistry in Jerusalem

In August 2007 I travelled to Jerusalem, the capital of Israel, to commence my two week dental elective in a children’s community clinic called Dental Volunteers for Israel (DVI).

Jerusalem is the largest city in Israel and one of the oldest cities in the world. I decided to go to Israel because it has a rich variety of historical and religious sites, as well as an opportunity to partake in some more adventurous activities.

My elective project was on the use of behavioural management techniques in paediatric dentistry. I wanted to study how different dentists from around the world approached the difficulty in treating children. I discovered that the “tell, show, do” approach was the most popular management technique in the clinic. It is straightforward to implement, acceptable to parents and children alike, and efficient at managing children’s nerves and anxiety.

The clinic that I visited treated children who had been referred by Jerusalem’s welfare service. The clinic was unique in that it was run by a team of volunteer dentists from around the world who spend a week or more working in the clinic. The clinic had a team of full-time staff which consisted of a paediatric specialist supervising all work carried out, a hygienist and dental nurses. All children who had been referred had undergone an initial consultation with a specialist for a treatment plan to be devised, followed by two sessions at the hygienist for oral hygiene instruction.

The clinic that I visited treated children who had been referred by Jerusalem’s welfare service. The clinic was unique in that it was run by a team of volunteer dentists from around the world who spend a week or more working in the clinic. The clinic had a team of full-time staff which consisted of a paediatric specialist supervising all work carried out, a hygienist and dental nurses. All children who had been referred had undergone an initial consultation with a specialist for a treatment plan to be devised, followed by two sessions at the hygienist for oral hygiene instruction.

My elective consisted of two weeks observing fifth year dental students at work on patients. The different specialty clinics were very similar to the ones found at The Royal London Hospital. Additionally they had a special needs clinic, where patients with debilitating illnesses, such as Parkinsons and Down’s Syndrome, were seen by dental students in their fifth year. One striking aspect about the clinics was the buzzer system that was employed. In each bay the students could press a buzzer in order to call the help of a tutor who would be notified by a plasma screen. Students also had another buzzer for when they needed an assistant or for when they wanted their bay cleaned. The clinical experience was very similar to that offered at The Royal London Hospital, ranging from simple extractions to complex endodontics. Students at the University of Adelaide Dental Hospital were not allowed to do minor oral surgery procedures on patients. I wondered how they would meet their patients’ expectations if required to do these procedures in general practice on graduation. Together with clinics I also attended seminars such as the fundamentals of crown preparation.

Conversations with staff members enlightened me about how the health care system in Adelaide is different to our UK NHS-funded system. Whilst only patients who are from an under privileged background receive treatment in the hospital, they still have to pay a subsidised fee for their treatment.

My two week journey was thoroughly heart-lifting and a valuable experience which will greatly contribute to my continuing professional development.

Simon Toledano

The vibrant city of Adelaide

The University of Adelaide Dental Hospital was the prime location for my elective. It is situated in the heart of the city, among the community it serves. Adelaide is a peaceful and culturally diverse city, full of friendly, welcoming people. It has weekly markets that sell everything from fresh food to souvenirs. It also has a beautiful sandy beach at Glenelg.

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Raajvy Shah
Cleft Lip and palate surgeries from London to India

For my elective I travelled to India to discover more about cleft lip and palate surgery. I enjoyed sightseeing around Bangalore during the evenings after University; I visited many tourist sites such as the famous botanical gardens, Mysore city, and several temples and religious museums.

I spent my elective comparing the protocol for the surgical management of cleft lip and palate in RV Dental College in Bangalore with the protocol currently used in the UK. I spent my time in the oral surgery department under Consultant Dr Girish Rao. I observed the postgraduate oral surgery students and the Consultant. I saw several procedures, such as history and examinations on patients with oral cancer, the surgical removal of impacted wisdom teeth, the diagnosis, treatment and follow-up for patients with oral cancer and salivary gland neoplasms. I was able to attend postgraduate conference seminars; where students discussed patient care, treatment plans, differential diagnosis and treatment options for different cases.

I was fortunate enough to observe several implants being placed under local anaesthetic. One of the major advantages of dental treatment in India as opposed to the UK is the frequent and standard use of dental implants for the treatment of loss of natural teeth. The concept of partial or complete dentures, are not routinely used in India as part of dentistry any longer. Students in India were therefore well-informed about techniques, procedures and the latest updates on implants.

During my elective, there were not many cases of cleft lip and palate. However, I was able to witness the outcome of previous successful surgeries such as cleft lip repair. I expected that the cleft lip and palate surgeries in India would be carried out with a less rigid treatment protocol compared to the UK; but this was not the case. Surgical procedures carried out in India are at different chronological ages than in the UK; however there is justified reasoning for these differences. I was able to see the product of delaying some surgeries when the final result meant that the child had fewer secondary corrective surgeries needed and the families were able to get back to a more conventional life without extensive time spent at hospital.

During my elective, I was able to observe, experience and enjoy many different things. I learnt a great deal about surgical steps involved in treating cleft lip and palate and was able to witness a wide range of treatments. I was fascinated to see the promptness of treatment and the devoted care patients were given during all of their surgeries.

Lakshmi Rasaratnam

Class III – The Japanese Way

My elective was at Tsurumi University, Yokohama, Japan. By visiting Japan I took the opportunity to experience a very different culture. I was particularly excited about travelling on the bullet train. The university is within commuting distance of Tokyo and so there were several opportunities to visit and explore this vibrant city.

The staff and students at Tsurumi University were very friendly, they organised days out in Tokyo and several dinners in the evening. This gave us the opportunity to experience different types of foods such as real Japanese sushi, sashimi and tempura.

For my elective I took the opportunity to study treatment of Class III malocclusion. The prevalence of the latter is greater in Asian populations than in the West. The orthodontic department provided many types of treatment for Class III malocclusion where the first week involved observing at the department and attending a bilateral osteotomy – orthognathic surgery.

A very common form of treatment I found at Tsurumi is the chin-cup treatment. This is a form of pre-pubertal/preventive treatment to prognathism. It is used in ages 6-12 years old. Use of chin-cup appliance is still one of the most effective approaches for treating growing Class III patients, however excellent patient compliance is required. I found this interesting as not many children would accept its use in the UK.

The second week was spent viewing many of the other departments around the dental hospital; which included prosthodontics, Restorative and Prosthodontics, and halitosis treatment.

Ali Rifai

Radiology and Oral & Maxillofacial Surgery

Two weeks of my summer elective was spent at the Aga Khan University Hospital, in Karachi, within the Departments of Radiology led by Dr Nadeem Ahmed and Oral and Maxillofacial Surgery (OMFS) with Dr Mansur Ahmad. The hospital was funded by the Aga Khan leader in 1983 and became Pakistan’s first private, autonomous university on an 84-acre campus. Karachi itself, the largest seaport city and former capital of Pakistan, has a population of over 12 million people, bustling with street vendors from all walks of life.

Working with both departments my study was to see how radiographs are perceived and what quality assurance programmes are in place for reporting radiographs prior to dental extractions. Arrangements were made for me to shadow the consultant from the OMFS department and the radiographers in the Radiology department based in the emergency section of the hospital. Although most of my time was spent in consultant clinics and OMFS theatre rooms I also had the opportunity to visit the state-of-the-art Magnetic Resonance Imaging, Computed Tomography Scanning, and Orthopantomography machines, producing stunning two and three dimensional digital images. One such experience was viewing a pre-operative three-dimensional CT scan of a young girl’s skull which showed a bony developmental defect resulting in right-sided condylar hypoplasia with limited jaw opening.

Besides surgical extractions, I had the opportunity to observe several major operations. These included traumatic injuries such as zygomatic fractures (a frequent occurrence due to the large presence of motor vehicle-related accidents) and orthognathic surgery. Also, head and neck oncology surgery, which included neck dissection (to excise squamous cell carcinomas), free flap reconstruction, and biopsies, which I would not normally observe in the UK.

My visit to the Aga Khan University and Karachi was thoroughly enjoyable and has served a valuable experience towards my professional development in dentistry.

Huzefa Shamsuddin

Huzefa outside the dental clinic building at Aga Khan University Hospital

L-R: Dr Gzair, Dr Mansur Ahmed, OMFS consultant, Dr Nabila Anwar and Huzefa in one of the main operating theatres

www.batlaa.org Autumn/Winter 2008 | Barts and The London Chronicle | 31
**Elective experiences – Medical students**

**Emergency Department in KL**
I carried out an elective placement in the Emergency Department at Hospital Kuala Lumpur, Malaysia which has 38 departments and is considered to be the biggest hospital in the South East Asian region with 2,502 beds.

While on my elective I saw a wide range of causes of hospital admissions ranging from women coming in for normal deliveries, complications of pregnancy, road traffic accidents, diseases of the respiratory system, and even possible organophosphate poisoning.

I attended meetings for the Emergency Staff where case-based discussions were held regarding a case which had presented over the last 24 hours. Here any problems were highlighted, and the good points regarding the management of the patient were also established. These meetings were very useful as the nursing staff also attended and so they learnt the same lessons as the doctors to ensure a good quality of care was provided for patients.

While medicine is taught and practiced in English, patient contact was difficult as most people spoke Malay, the main national language. Some patients spoke Chinese or Mandarin. Dealing with the language barrier was very important and has vastly improved my skills in obtaining a history from patients during difficult circumstances. The skills I enhanced during this time will be extremely useful in the future when I come across similar situations while practicing in England since we are a very multi-cultural society.

Experiencing how medicine is practiced in the Far East was both interesting and exciting and the bonus was that I was able to experience the Malaysian way of life as well. I fed and helped to bathe elephants in my spare time at an elephant sanctuary, as well as sightseeing in Kuala Lumpur.

I would like to thank the Barts and The London Alumni Association for supporting me on my elective and for helping to make it an unforgettable experience.

**Rebecca Islam**

**Columbia University, New York, USA**
“New York, New York”, I hummed happily as I left cold and rainy London behind. I was a student on a mission: neurology was to become my middle name and understanding it my motto in the city that never sleeps.

Columbia University is one of America’s eight Ivy League universities, which sums up generations of prestige and great traditions for those in search of excellence. I chose Columbia because of its great reputation in neurology and because I wanted to find out how hard the American doctors really work. “Of course I can keep up!” I kept telling myself.

I have never worked as hard as I did at Columbia but I have never seen as many interesting cases either. As part of the neurology consultant service I was able to clerk many neurologically-fascinating patients and converse with some of neurology’s grand old masters about their treatment plans. What struck me was the professors’ continuing interest towards this still largely unknown field –

**BATLAA supported second year student Viyaasan Mahalingasivam to attend a conference in the US.**

**A report of his trip is below**

Renal Week, November 2007, the annual conference of the American Society of Nephrologists, was held at the Moscone Center in San Francisco. Thanks to a grant from the Barts and The London Alumni Association, I was able to present my research at this international event.

I undertook my research voluntarily in the summer holidays following my second year in order to further an interest in nephrology that I had developed after a special study module. I was guided by Dr Raj Thuraisingham and Professor Magdi Yacoub at The Royal London Hospital. I compiled a database of patients who had been placed on the transplant waiting list since January 1995 at Barts and The London, assimilating the clinical and demographic details of each.

Those who were on the transplant waiting list are in practice the fittest patients with chronic kidney disease. We then studied 363 of those, who, despite being placed on the waiting list, never went on to receive a transplant. Half of them were being managed on haemodialysis, while the other half on peritoneal dialysis. We found that while survival on the two modalities was similar irrespective of which was used initially, those who remained on peritoneal dialysis for life showed a significantly poorer survival.

This was the largest event in the organisation’s history with 13,900 doctors, lab scientists, nurses and representatives of the pharmaceutical industry dominating the South of Market part of town. There were many presentations and symposia on the exciting developments being made in each room of the giant Moscone Center as well as the halls of the swanky local hotels. In addition to the presentations, there was the dynamic turnover of hundreds of posters each day which blanked a colourful commercial exhibition that was the centrepiece of the conference. The freebies on offer ranged from handwriting tests to personalised laminated baggage tags. Suffice to say my desk is well stocked with stationery to last the next few years!

I presented my poster alongside similar
and how the word ‘retirement’ was not part of their vocabulary!

Our days started at 8am in the “call room” where we discussed patients recently admitted to the service. I was privileged to give two presentations (on narcolepsy and neurological complications of leprosy) during our morning discussions, which made me greatly value the importance of background reading and continuous learning in the patient-centred health care. On Tuesday mornings we got together for a neuroradiology meeting and on Wednesdays for a grand round, which meant superb one-hour lectures given by some of America’s finest researchers in the field of neurology. Between Mondays and Thursdays we also had lunchtime meetings with lots of pizza and delicious sandwiches served for all of us. Wherever I went, the medical students were encouraged to share their thoughts and opinions on a range of clinical matters. Hierarchy existed in Columbia if you searched for it but in general everyone was both hardworking and relaxed at the same time.

I cherish these and all the other learning opportunities I was fortunate to be part of whilst at Columbia and hereby express my sincere gratitude to BATLAA for giving me this opportunity to become a better doctor.

Taija Nicoli

The Good News Hospital

Hopitala Vaovao Mahafaly, the Good News Hospital, is a 30-bed hospital in northern Madagascar. It is the only surgical centre for 200 miles around, and many patients walk (or are carried) for several days to reach it. It has four doctors, two of whom are general surgeons who operate on everything except the eyes, the only specialist in the hospital is an ophthalmologist who completed one year of training a year ago and has just been recognised as the leading cataract surgeon for the north of the country, a remarkable reflection on the paucity of medical personnel in the area.

Arriving at the hospital, my mind was full of reservations: would my French be up to scratch, did I know enough medicine, would I be adequately supervised, would I even enjoy it?

My fears soon proved groundless.

I received the warmest possible welcome from all the staff, the vast majority of whom were local Malagasy. My dormant French rapidly clicked into gear and my non-existent medical French soon began to evolve. I ran clinic on my own while the surgeon was in theatre: organising investigations (there was a simple lab, an ultrasound scanner and an X-ray machine) and dealing with everything from malaria to ENT complaints, bilharzia, meningitis, and typhoid fever. I even saw a case of rabies. In theatre I had the opportunity to practice both my anaesthetic and surgical skills, performing spinal anaesthesia, intubations and suturing.

This was also my first encounter with medical missionary work. The hospital had a strong emphasis on sharing the good news of the Bible with all who are interested to hear, and both patients and their families have the chance to find not only physical, but also spiritual healing during their stay.

Abigail Randall

Viyaasan Mahalingasivam

It has to be said that there is a disturbing element to observing the phenomenal progress being made in healthcare and contrasting this with the homeless of this diverse, booming, and apparently progressive city piled up on every other street. This is most striking on the doorsteps of cultural and governmental landmarks (even worse than The Royal London!) – an unashamed ingredient of the California experience or a cry for help by those who can’t surely be described as any more than the underclass? The inadequacies of the American welfare system were overwhelming and while the remnant advantages of the British model must be appreciated, I am now only more fearful of the consequences should this country follow a similar path.

This was the first time I had crossed the Atlantic and the experience was a fascinating and eye-opening one. It could only have been possible due to the generosity and support of the Barts and The London Alumni Association, and Dr Brian Colvin in particular, to whom I am very grateful.

Viyaasan Mahalingasivam
A Samoan adventure

A ward with colourful curtains and patients that don’t complain – sounds like a dream world? It exists – in Samoa

I spent my elective in the inner city NHS hospital in the capital of Samoa, Apia. I spent most of my time on the medical ward. It was very busy; 50 per cent of patients have diabetes and typhoid is endemic. There was a high prevalence of rheumatic fever, so every other patient either had a murmur or a mechanical heart valve in situ. It was interesting to see that the patients were fed and taken care of by their families and even had to bring in their own sheets. I felt that this led to increased patient satisfaction. Due to not having a blood bank, patients had to bring their “own” blood, i.e. bring a relative with the same blood group to donate blood!

Samoans often present their illness very late having initially tried traditional treatments. However, they have a very positive attitude to everything in life and it seems as if this pulls them through. Another major issue that I noticed while I was there was that drugs constantly ran out. During my time in Samoa, there was only one GTN spray in the whole hospital, they had no INR reagent and several commonly used antibiotics had run out. The doctors in Samoa are, as a consequence, extremely good at pharmacology and very innovative, in order to be able to treat patients.

Overall, I had an amazing elective in a wonderful country with extremely friendly people and I would recommend a visit to everyone. It is a real eye-opener!

Sahra Lantz-Dretnik

Prions then and now

I spent three weeks in Papua New Guinea, then three weeks in Japan, on a mission to discover more about prion diseases; anthropologically, clinically, and experimentally.

In Papua New Guinea bananas and pineapples grow along the roadsides and giant bats fly overhead. The locals call it ‘the land of the unexpected’; a justifiable accolade. The local volcano intermittently covers the hospital in ash causing corrosion and cancelling operations by contaminating the theatres. I spent half my time on the medical ward where we mostly treated malaria and diabetes, then the other half assisting the surgeon with whom I operated and ran clinics. Although I stayed in a part of Papua New Guinea remote from the highlands where the prion disease Kuru was endemic, it was fascinating to see how important ritual was to many people in Rabaul and their propensity to shun ‘western medicine’ until traditional healers had failed.

My first impression of Japan was that Japanese is much harder to learn than Pidgin. Fortunately, the necessity to understand English to read most scientific journals certainly worked in my favour when I got to the lab! Prion diseases are of particular concern in Japan as most people there have a genetic background that is more susceptible to them. I was given a project so I could learn different techniques whilst investigating two potential therapeutic agents. I was lucky enough to get some interesting results which could form a solid basis for a PhD should I decide to go back after my Foundation Years.

Surprisingly Japan and Papua New Guinea are connected by more than good weather and prion disease; both share an abundance of volcanoes and Second World War relics as well as cultures that pride hospitality. I wanted a memorable elective, and I certainly got one!

Tracy Sorkin

Elective in Moldova

I decided to spend my elective in Moldova, which is the poorest country in Europe, situated between the Ukraine and Romania. It has a population of just four million, of which one million live in the capital of Chişinău where I was based.

My time there was spent assisting surgeons in the microsurgery department of the Trauma Hospital and observing doctors on various wards of the Children’s Hospital. From the outside, the buildings looked old and shabby. On the inside, the wards were cold and bare and made up of stone floors and small wooden beds. The presenting complaints of the patients were similar to those in London but the sad truth is that children unnecessarily die there because their parents cannot afford to pay for simple medications like inhalers.

I reviewed the country’s childhood immunisation programme which is similar to that in the UK, although the Hib vaccine has been removed due to lack of finances.

Moldova is not a tourist country and there is very little to see and do. However, I was keen to experience this new country, its culture and its health care system. It was unlike anywhere I had ever worked before. However the friendliness of the staff, and their enthusiasm to show me their wards and skills turned an initially scary adventure into an interesting and enjoyable experience.

Victoria Stead
**The John and Lorraine Davies Elective Bursary**

In 2006 Dr John Davies donated £25,000 to Barts and The London School of Medicine and Dentistry. An elective scholarship has been established in his name to support a final year medical student to travel to an underprivileged part of the world to gain experience in clinical medicine under adverse conditions. In 2007 Abigail Norman travelled to Gizo Hospital in the Solomon Islands. Below is an account of her visit.

**Six weeks at Gizo Hospital**

The Solomon Islands are situated in the South Pacific just east of Papua New Guinea. They are made up of almost 1,000 islands; Gizo is situated in the Western Providence of this landmass with a population of around 3,000. Gizo Hospital serves the whole population of the Western Providence, about 70,000 people, and acts as a secondary referral hospital from rural clinics.

During my six-week elective placement in Gizo Hospital I wanted to experience medicine in a completely different environment as well as encounter new situations and medical conditions which I have not met in the UK. I also wanted to take on new and increased responsibilities to prepare me for working as a junior doctor upon my return. As well as these personal aims I also hoped to research the prevalence of maternal mortality in the Solomon Islands and compare this with the UK as well as identifying the main causes.

In April 2007, the Solomon Islands were struck by a major earthquake followed by a large tsunami of ten metres. This tsunami predominantly affected Gizo with a death toll of 52 people, as well as destroying more than 900 homes and leaving thousands of people homeless. The hospital was also destroyed and it is currently working at half its capacity. Prior to the tsunami it had approximately 60 beds with four main wards (male, female, paediatrics and maternity), it now has only 30 beds with two wards (maternity and mixed). There are two doctors who work in the hospital regularly with Australian doctors visiting occasionally, so the hospital is very dependant upon the aid of elective medical students. During my time at Gizo Hospital I spent my mornings doing ward work and my afternoons in the outpatients/emergency department. I was given considerable responsibility and was treated as a ‘doctor’ from the start of my placement which was very daunting at first; however the team of nurses proved to be an excellent source of information and support.

I was able to manage all aspects of my patients care, including prescribing of medications, referral to appropriate services, ordering of relevant investigations and if necessary admission to hospital. In Gizo I experienced a wide variety of conditions that covered the range of medical specialties and included several conditions that I had not previously witnessed. There was a considerable amount of infectious disease and I saw many cases of bone and joint infections, TB, pneumonia, skin abscesses, malaria, sexually-transmitted diseases, urinary tract infections, worm infestations and hepatitis. There is also a very high rate of Type 2 Diabetes mellitus among the local population. As a consequence of this many patients presented for review their diabetes or complications of diabetes.

The investigations we were able to order included X-rays, ultra-sound scans and basic biochemistry tests. The availability of drugs was very variable and there were often occasions when there was only one type of antibiotic available. It was a hard concept to grasp that conditions, which could easily be treated in the UK, had to be left untreated here.

Maternal mortality is rare in the UK however it does happen and currently it occurs at a rate of 13.95 deaths per 100,000 maternities with the commonest cause of direct death due to thromboembolism. In the Solomon Islands maternal mortality is much higher with 220 deaths occurring per 100,000 maternities with the most common causes being postpartum haemorrhage, eclampsia, puerperal fever and prolonged/obstructed labour. All of these are potentially treatable disorders provided the required facilities and medications are available. Unfortunately these rates are unlikely to decrease until they are equipped with improved conditions.

I am grateful to John and Lorraine Davies for supporting my elective which enabled me to gain wider experience for my future career as a budding obstetrician and gynaecologist. Without this experience I would not have been able to see how basic medicine can be used to improve the outcome of the lives of many women, as well as the alternatives that are available.

Abigail Norman
Student Years

An extract from the autobiography of retired GP, Dr CR Wood

My father started his medical training at UCH in 1893. In a lot of ways the teaching was very similar to what mine would be 50 years later – hours spent in the chemistry and pathological laboratories and in the dissecting room learning the anatomy of the human frame.

During term-time my father lived with two aunts in Chislehurst and travelled up to London each day by train with two other students, one of whom was always late and leapt into the carriage just as it was moving off. In those days porters stood on the platform and would close the doors when travellers had got in. One porter used to get angry with the delay the late youth caused and would slam the door shut on him. The students decided he had to be curbed so they took a finger from the dissecting room and had it ready. Their colleague arrived late as usual and the door was slammed on to him. He gave a piercing scream, the carriage window was opened and the finger was flung onto the platform with yells of “look what you have done.” The wretched porter was horrified. The train went on its way.

When they returned that evening the trio were ordered into the station office. The station master, in full regalia, sat at his desk. He gave them a lecture on the sort of behaviour the rest of society expected of people of their position and their education and how they had abused that position. There was no question of reporting them to the police or to the Dean of the Medical School. The station master had jurisdiction over his station, pride and confidence in his authority and was not afraid to wield it. They could apologise to the porter and behave like gentlemen in future or they would not set foot on the platform again.

It was very rare that my father invited me into his surgery to see a patient but one evening he did so. He was examining a man for life insurance. “You may never see a case of this again,” he said. “I have only ever seen one before.” It was a condition from head to foot, took her history and her family history back as far as she could remember. I even knew the names of her children, her cat and her canary.

The great day came. William stopped at the side of her bed. I felt supremely confident that I could answer any question that he could possibly ask me about her. But how I had under estimated the great

“He gave a piercing scream, the carriage window was opened and the finger was flung onto the platform with yells of ‘look what you have done’”

Dr Evans. His first question was “What is this plant on the patient’s locker?” My father was a very keen gardener but the only bedding plants that he went in for were polyanthuses and nicotiana and anyway like most youngsters I was not all that garden oriented and had no idea. I have to admit I had not even noticed them. Dr Evans told me, “They are called London Pride but by rights they should be called London’s Pride because they were originally bred by a Dr London. Now Mrs Thompson, your husband cut them from your own garden and brought them especially up for you to see how well they are doing. Is that right?” Of course it was and Mrs Thompson beamed with pleasure that the Great Man should have noticed. He now turned to me. “There is more to medicine than knowledge of pathology you know. You really must take some pride because they were originally bred by a Dr London.”

During the blitz I worked at St Andrew’s Hospital, Bow, run by a surgeon superintendent and matron but we did not entirely escape administrative interference. An old folks home nearby was so badly damaged that it had to be evacuated.
It was decreed that all those injured should be evacuated to a hospital out of the bombing range but the uninjured should be transferred to St Andrews! We were working to capacity and had casualties nearly every night. The last thing we needed was a crowd of oldies needing domiciliary help with washing, dressing etc. The superintendent did not give us exact instructions but we cottoned on. We examined every one of the prospective admissions and found something wrong with each of them: “strained back”, “fractured rib”, down to “fractured his little finger.” There was one diagnosis that intrigued us “Carcinoma on her breast.” Which student made this diagnosis we were not sure but we did wonder what he was doing palpating a breast when he was supposed to be looking for injury.

There was no come-back for all this. I think the people on the spot, the wardens and the drivers of the necessary vehicles felt, as we did, that the proper place for these old folks was out of the blitz area.

Roger Wood

q The London, 1942
Michael Partington shares his experiences from 1950

When I sat down on the other side of the Medical Superintendent’s large wooden desk he asked me my name and immediately reached behind him for that bulky red Churchill volume to see if I was on the Medical Register. I was, but had only made it 15 months previously and was not yet in the book. A phone call satisfied him and I was on my way as a junior medical officer in a mental hospital.

The previous year had started well enough with a house job in Paediatrics at Barts under Alfred White Franklin. After just six weeks I had my first major encounter with the staphylococcus which got into my blood stream and settled in my tibia leading to months of varied experiences as a patient in and out of hospital. By the time I escaped from the orthopods I had a few weeks to wait for another house job at Barts so I looked for a locum and found one at, let’s call it, Plainfields.

Plainfields was one of several large asylums for the mentally disturbed built in the late 19th and early 20th centuries some 25 miles or so out of central London. There was a cluster of five around Epsom, Hill End and Cell Barnes in St Alban’s and several others elsewhere including the infamous Colney Hatch. Plainfields had 2,200 inmates. The hospital was built in the shape of a V, male on one side, female on the other, with the administration built in the shape of a V, male on one side, female on the other, with the administration, the quality of the dining room food and hours on call just like the chit-chat of an ordinary general hospital. There was one other locum who had been such for 24 months; he had loads of books and a piano in his room. He was the only doctor I had met before – or since – practising on the LMSSA alone.

There was almost no discussion about psychiatry or psychiatric disease; the talk was all about medical problems, difficulties with the administration, the quality of the dining room food and hours on call just like the chit-chat of an ordinary general hospital. There was one other locum who had been such for 24 months; he had loads of books and a piano in his room. He was the only doctor I had met before – or since – practising on the LMSSA alone.

There was absolutely no way to verify the facts we put our signatures to each day on the wards. I was totally dependent on the reports of the charge nurses who had run the institution - and the doctors - for years in much the same way as the large institutions for the mentally retarded I was to meet in Britain, Canada and Australia.

The required yearly physical examinations were routine but those six monthly mental examinations were often bizarre. My three wards in the relevant arm of whichever side I had been given. Once a month I had to be available for the weekend to talk to the relatives at visiting time on Sunday.

The old joke, that in such places the only way to tell the staff from the patients was that the former wore the white coats, was not altogether true for Plainfields but the staff did harbour some odd characters. There were two or three qualified psychiatrists (i.e. held a Diploma of Psychological Medicine) in the senior positions but the rest were medical officers most of whom had been in the residential psychiatric hospital system for years. wards were for the “chronics” so that no fireworks were expected and none happened but it was odd for me to hear story after story, told with a straight face, of mind control by the IRA, the British or Polish governments through the hot water radiator pipes or the radio or whatever.

I saw what I thought were some fairly dramatic events during my six weeks at Plainfields but the more permanent staff seemed to regard them as not all that unusual”.

"I saw what I thought were some fairly dramatic events during my six weeks at Plainfields but the more permanent staff seemed to regard them as not all that unusual".
the stomach. The aforesaid locum summoned to one such event was completely unable to take charge or make a decision and the nurses called for help above his head. An agitated paranoid schizophrenic with an abscess on his arm ripped off the bandage and ate the kaolin poultice; he was on the list for a prefrontal leucotomy. A Pole, one of several transferred from Edinburgh who thought they were going home, managed to hang himself.

A depressed tuberculous patient, on suicide watch with red cards denying access to knives or forks, in transit in a wheelchair to have an X-ray, threw himself in front of an ambulance which stopped just in time. A rabbi’s wife in acute mania sitting on a mattress on the floor assured me in full voice that this was not the Snake Pit; she knew because she had seen the picture three times. There was a 19-year old girl from Gibraltar who died from exhaustion after five or more days of uncontrolled mania (not enough staff to sedate her safely, they said), and another Pole deported under armed guard said to be ex-SS and an active killer in the death camps.

Plainfields was closed in 1992 and replaced by luxury apartments. Some of the residents I met when it was a mental hospital lived in quiet desperation but others were more or less adjusted to where they had found themselves. Several were labelled as burnt-out schizophrenics and some had been discharged home or set up in lodgings outside the hospital but soon returned unable to hack it. Here the institution was functioning as a proper asylum. I suspect that it was people of this ilk that, 45 years later, I saw under Waterloo Bridge living in cardboard boxes. O tempora! O mores!

Michael Partington
q Barts, 1948
Ron enlisted as a territorial soldier in the Royal Army Medical Corps in April 1939, was promoted to Sergeant in January 1940, and captured in Belgium with the 10th Casualty Clearing Station, RAMC in May 1940. In the prisoner of war camp in Poland, Ron was inspired by the camp dentist (George Hankey, later to become a consultant oral surgeon at The London) and determined to become one. He remained a POW until January 1945 when he escaped to walk across Ukraine to Odessa in February 1945. He returned to England in time to be trained for Japan, which fortunately he was spared. He was demobilised in April 1946, completed his premedical studies at Kingston Technical College and commenced at King’s College Hospital Dental School in January 1947, taking the Senior Undergraduate prizes in both Prosthetics and Dental Surgery. He graduated LDS RCS Eng in November 1950 and, after taking a house job, joined the teaching staff in conservative dentistry.

Ron left King’s to join The London in 1952 in order to pursue a career in dental research. He received the MDS London research degree in 1959 for his ground breaking thesis on The Neurohistology of Human Dentine and the DSc (University of London) in 1970 for the body of his published research to that date. He was awarded a Fellowship of The London Hospital Medical College in 1988.

The posts that Ron held at The London, first jointly in the Anatomy and Dental Histology and Pathology Departments but later in the Anatomy Department under Richard Harrison (‘RJH’), were 1952 Junior Lecturer, 1954 Lecturer, 1957 Senior Lecturer, 1961 Reader, and 1970-80 Professor of Dental Anatomy.

Ron’s wide range of interests was evident from his memberships of professional societies. These included the Royal Society of Medicine, the Anatomical Society of Great Britain and Ireland, the Royal Microscopical Society, the International Association of Dental Research (IADR), the Society of the Study of Human Biology, the Bone and Tooth Society and the British Academy of Forensic Sciences.

He received international acclaim for his work; he was awarded the ORCA Rolex Prize in 1963 by the European Organisation for Research on Fluorine and Dental Caries Prevention and the Prize for Basic Research in Biological Mineralisation from the IADR in 1974 for contributions to the knowledge of enamel structure. His first major scientific contribution concerned the demonstration of the location, timing and extent of penetration of dentine tubules by nerve fibres. For this he used the classical techniques of methylene blue staining of living ex vivo preparations and silver staining of fixed and sectioned material – in the latter being greatly helped by John Linder, a highly gifted histologist refugee from the Nazis who was working with Professor Albert ‘Loma’ Miles in the Dental Histology and Pathology Department.

His interest in what lay within dentine tubules led him to become an early and infectious enthusiast for electron microscopy. He was jointly responsible for acquiring, with Professor of Anatomy, Richard John Harrison, the funding for the first TEM at The London. He was one of the very first people to use diamond knives to cut ultra-thin sections. He taught himself about electron diffraction. He discovered that the simplest way to make excellent TEM preparations of enamel – by biological standards, an ultra-hard tissue – was to catch it whilst still soft in an early stage of development. He learnt how to fix and embed developing enamel in a resin which could be cut with the interface between soft cells and harder enamel intact. He was thus the first person to show that enamel is an extracellular secretory product, again a profoundly significant discovery.

He enthused about all microscopic methods which produced quantitative data. Ron indeed started many scientific careers by pointing people in the right direction, giving them ideas, encouraging them, and letting them loose.

He offered expertise to Francis Camps and Taffy Cameron, which led to his becoming seriously involved in Forensic Odontology, where again he inspired several individuals, including such well known Old Londoners as (the late) Bernard Sims and John Clement (now the Foundation Chair in Forensic Odontology in Melbourne).

Ron’s enthusiasm for research spilled over into teaching. He not only helped many members of the clinical faculty get started, but he organised projects for the undergraduate students. Ron helped many students through the all sorts of problems which they encountered and his friendly avuncular help will be treasured by many old Londoners. Serious discussions about both research and teaching would be held in one of the many Whitechapel pubs or the Blizard club, accompanied by Ron’s roll-ups from Golden Virginia in his silver crab. Everyone will remember his multi-tasking ability in lecturing, without notes, with a fag on his lip, whilst rolling the next.

Ron had other outside interests, amongst which was painting. He was a keen fencer in his early days and national champion before the Second World War. He was Captain of the University of London fencing club as an undergraduate, and Vice-president from
Loma Miles
(1912–2008)

Albert Edward William Miles, known to all as Loma, was still working on his book on the origins of the Royal Army Medical Corps (RAMC), and writing letters to newspapers about the army’s duty of care to its soldiers in Iraq, at the time of his death, aged 95. He was an unassuming giant of dental science whose work has influenced a wide variety of disciplines.

As Professor of Dental Surgery and Pathology at The London Hospital Dental School (1950-76) he recognised the value of interdisciplinary research and attracted zoologists, physicists, pathologists, geneticists, dentists and epidemiologists to his department. His innovative research covered areas such as the variations and diseases of the teeth of animals and humans, palaeo-osteological research on Anglo-Saxons, the structural and chemical organisation of teeth, and the study of enameloid formation in fish. He invented the Miles method of assessing age from tooth wear in the 1960s which is still in use today.

Loma co-edited Colyer’s Variations and Diseases of the Teeth of Animals and the magnificent volumes on the Structural and Chemical Organisation of Teeth. He was executive editor of the Archives of Oral Biology for 20 years and scientific editor of the British Dental Journal (1947-51). He was honorary curator of the odontological collection of the Royal College of Surgeons from 1955 to 1989.

At The London Hospital, Loma was a pillar of scientific rigour and a beacon for young researchers at a time when there was relatively little good research on dental subjects. He was unstinting with his time and advice and a loved teacher and friend to his co-workers, including his laboratory technicians. He created opportunities for his researchers in a quiet, unheralded way and was not concerned with empire-building.

From the 1980s, Loma carried out research with his long-term partner Diana on the remains of 416 individuals exhumed from the chapel and burial mound on the Isle of Ensay in the Outer Hebrides. They spent many happy summers together on the isolated island, with no running water or electricity. He valued his close relationships with some remarkable people such as JZ Young, Sir Wilfred Fish and Alex Comfort, the physiologist and poet. He also valued his friendships with locals, neighbours and their children, and will be sadly missed by all of them.

Loma was a lifelong socialist, humanitarian and Guardian reader, vociferous in his opposition to the Iraq war. Most of his estate has gone to medical benevolent funds and armed forces charities. His book on the RAMC will be completed in his memory by his friends.

Deborah Arnott and Aubrey Sheiham

This obituary also featured in The Guardian on 24 April (www.guardian.co.uk/science/2008/apr/24/hrs).

1950-59. He keenly promoted fencing at The London and donated a cup (see photo). Does anyone know where it is today? If so, I would love to know. He supported all sporting activities of the student population. That he was well-loved also outside the dental school is indicated by the fact that he was elected President of The London Hospital Clubs Union from 1977 to 1978.

He will be very fondly remembered by faculty members and students of all the three Dental Schools and the Anatomy departments with which he was associated.

The Dental School have opened an undergraduate prize fund in his name and anyone wishing to contribute can contact the undersigned at a.boyde@qmul.ac.uk.

Professor Alan Boyde,
Research Fellow, Barts and The London

My first impression of Ron Foamhead, when I arrived at The London in October 1965, was of someone who had an enthusiasm for his subject; enthusiasm which rubbed off on his students. His laid-back, friendly style made us feel he was on our side.

One particular story I would like to share was when he was lecturing us on bone and emphasising that bone is a living tissue, with much happening within and around it, with osteoblasts and osteoclasts remodelling it, and contrasting this with the dead bone we stared at through our microscopes, seeing a dead, static picture. He confided in us that he was rather pleased with a phrase he had come up with. He described living bone as being in “a constant state of flux”. He later said that after reading our 50 essays on bone and having the phrase thrown back at him some 50 times he was thoroughly sick of it!

On another occasion, it is said, he was checking his diary and suddenly started muttering. He turned to Carol Ineson, who assisted in the Dental Anatomy Department, and said “Carol, I was supposed to give a lecture yesterday lunchtime. Why didn’t you remind me?” Carol, unflustered as ever, replied “I did, Sir, and you gave it!”

Richard South
q BDS, The London, 1970

Professor A E W Miles, FDS, LRCP, MRCS, FFOD (Ire)

PAINTING BY TREVOR STUBLEY 1976
Dr William Peter Lochrane Morrison
(1927–2005)

William Peter Lochrane Morrison was born, one of twins, on the 16 November 1927 in Derby.

As a student William gained entry to Emmanuel College, Cambridge to study at the age of 16. He then trained at St Bartholomew’s Hospital culminating in his graduation as a doctor at the age of 21. Having graduated as a Medical Practitioner he commenced as House Physician at Barts in 1949.

William completed two years of National Service in the British Army and served as a Medical Officer with the Gurkha Brigade in Malaya from 1950 to 1952. For his dedication and service during this time he was awarded a Silver and Ruby Ceremonial Kukri by all ranks for his service to the Gurkhas and their families. On returning to England he worked as a House Physician and House Surgeon at Gloucestershire Royal Hospital in 1952. He then took up the position of Senior House Officer, General Surgery at the West Hill Hospital, Dartford and this was followed by an appointment as House Officer in Obstetrics and Gynaecology. William held various positions in paediatrics or obstetrics and gynaecology in the UK and was awarded the Diploma of Obstetrics by the Royal College of Obstetrics and Gynaecology and subsequently MRCOG in 1958. During that year, William, as Senior Registrar in Obstetrics and Gynaecology at the North Middlesex Hospital, met his future wife Barbara Scott, who was a midwife. William and Barbara were married in 1960 shortly before he took up a position at Yallourn in Victoria, Australia as an Obstetrician and Gynaecologist.

William spent most of his working life as a Consultant Obstetrician and Gynaecologist at the West Gippsland Hospital from 1961 until his retirement in 1997. During this time, he also attended the Royal Women’s Hospital in Melbourne and worked as a Consultant in Out-Patients. He also worked as a Consultant and Gynaecologist with the Family Planning Association of Australia.

William provided a wonderful service to the local rural community of West Gippsland serving the community’s needs. As was often the case in small country towns, William provided support seven days a week, 24 hours a day for all obstetric services and supported General Practitioners, even when he was on holiday. When returning from a conference in Kuala Lumpur he even delivered a baby on a jumbo jet.

During his time in Warragul, William delivered over 10,000 babies to many different families from all walks of life including a future Gold Medal Olympiad. He was a founding Fellow of the Australian College of Obstetrics and Gynaecology and was awarded his FRACOG and his FRCOG in 1979.

William was honoured by many different organisations during his life, including receiving Honorary Life Membership of the Australian Medical Association, he was made a Life Governor of West Gippsland Hospital, and was elected an Honorary Life Member of the Medical Defence Union in London.

William was a quiet, private and peaceful man who enjoyed listening to classical music and reading. A few years after he retired his failing health was diagnosed as Lewy Body Disease which eventually led to his death in October 2005. He is survived by his wife Barbara, their four children, Simon, Andrew, Ruth and Paul, and grandchildren, Arianna, Elly, Reid, Weylin, Rhian, Aaron and Abigail.

In a fitting tribute to William, the new Birthing Unit at West Gippsland Healthcare Group (formally West Gippsland Hospital) was officially opened in April 2007 and named the Doctor William PL (Bill) Morrison Birthing Suites.

Barbara Morrison

Dr Norman Robinson

Norman Robinson came to Anatomy late in his career. He had been a research biochemist, working in the Institute of Neurology in London for 20 years, when he saw an advertisement for a Senior Lecturer in Anatomy at The London Hospital Medical College and decided to apply for the post. He was clearly ready for a change in direction and was prepared to learn topographical anatomy while continuing with his principal research interest investigating Friedrich’s Ataxia.

Not only did Norman learn Topographical Anatomy but he also made every effort to teach the subject effectively with a rare dedication that was greatly appreciated by both medical and dental students. In addition, he was a major contributor to the Neuro-Anatomy course and ran a course-unit for Intercalated BSc students in Anatomy. He was subsequently promoted to a Readership in Anatomy at The London.

Norman was continually successful in winning funding for his research from several major grant awarding bodies during his academic career and continued with his research programme until his retirement in 1984. Many of the young graduates who joined his research group and whose PhD projects he supervised went on to become leaders in Friedrich’s Ataxia research.

Following his retirement Norman moved to Farnham in Surrey, with his wife Carol. When Carol became terminally ill with cancer of the colon Norman looked after her with great dedication, love and patience. He missed her enormously following her death and was lonely but he continued to visit friends and relatives across the country. He was deeply touched when the Old Londoner’s invited him to their 20th anniversary reunion, clearly demonstrating how much they valued his teaching.

Sadly it was a year after his death that news of it eventually reached Barts and The London.

Professor Margaret Bird
Professor of Anatomical Studies, Barts and The London
Professor Rea Johnson
(1921 – 2007)

Rea Johnson died in August 2007 at the age of 86. He was born in 1921 in Lack, County Fermanagh, Northern Ireland and trained in Medicine at Queen's University, Belfast qualifying in 1945. While demonstrating in Anatomy at Queen's he met Pat Laverty, a medical student whom he married in 1951.

Rea came to The London Hospital Medical College in 1957 as Reader in Anatomy and was promoted to the Chair of Histology in 1964. Four years later he was appointed Professor of Anatomy and Head of Department at The London Hospital Medical College. He remained in this post until he retired in 1986. During his time at The London he played a major role within the School of Medicine and Dentistry and was Preclinical Sub-Dean (1979-85) and Dean of Preclinical Studies (1985-86). Rea also played a substantial role within the University of London in particular on the Anatomy Board of Studies.

Rea was very much a College man who steered the Department of Anatomy through a series of financial crises. All attempts to reduce the amount of topographical anatomy taught to the medical and dental students were vigorously opposed and the medical and dental students spent much of their first year acquiring a thorough understanding of Topographical Anatomy. When asked to cut back and make economies Rea did his utmost to fulfil his obligations to the College.

The London always seemed to be short of funding but managed to survive by the narrowest of margins. Under his stewardship the medical and dental students not only received a thorough grounding in topographical anatomy but also in histology, embryology and neuro-anatomy. The Department also ran an Intercalated BSc degree in Anatomy in which a research project was a major component. Rea encouraged every member of the academic staff to be active in research and purchased a transmission electron microscope at an early stage.

Rea examined extensively across the UK and overseas and played a major part in the Anatomical Society of Great Britain and Ireland. In the years leading up to his retirement Rea was very much involved in preparing for the merger of the Basic Medical Sciences Departments from the LHMC and St Bartholomew's Hospital School of Medicine with Queen Mary and Westfield College. This eventually came about in July 1990 several years after his retirement.

He remained in touch with The London following his retirement and was a frequent visitor to both The London and Queen Mary. He is survived by his wife, Pat, and children, Brian and Clare.

Professor Margaret Bird
Professor of Anatomical Studies, Barts and The London

We regret to report the death of the following alumni and former staff

Obituaries printed in the BMJ can be read at www.bmj.com and in the BDJ at www.nature.com/bdj/journal/index.html

Dr Wilfred Atlee
q Barts, 1942
d 02 08

Esmond William Ball
q Barts, 1944
Former consultant haematologist, Selly Oak Hospital, Birmingham
b 1919, d 01 09 07
BMJ 05 01 08

Dr John Banner
q Barts, 1953

Cyril John Bintcliffe
q Barts, 1939
Former general practitioner, Romford
b 1916, d 31 01 08
BMJ 10 05 08

Robert Alexander Blair
q The London, 1939
Former consultant psychiatrist, Moorhaven Hospital, Bittaford, Devon
b 14 08 15, d 12 07 07
BMJ 21 06 08

Wallace William Brigden
Former consultant cardiologist, The London Hospital and Dean, Institute of Cardiology
b 1916, d 11 03 08
BMJ 14 06 08

Dr Donald Cadman
q Barts, 1941

Brian Ernest Dudley Cooke
q BDS, The London, 1942
Emeritus Professor, Founder Dean and Professor of Oral Medicine and Oral Pathology of the Dental School, University of Wales, College of Medicine, 1961-82
d 28 09 07
BDJ 08 12 07

Dr Barrington Cooper
q Barts, 1946
d 23 12 07
The Times, 5 January 2007

Gareth Davies
q Barts, 1972

Charles Gavin Elliott
q Oxford / Barts, 1947
Former general practitioner, East Hoathly, East Sussex
b 1922, d 09 05 08
BMJ 21 06 08
Obituaries

Dr John Dashwood Farley
q Barts, 1951
d 23 06 07

Herbert Thomas Foot
q Cambridge/The London, 1943
Former general practitioner, Northolt, Middlesex
b 1918, d 24 06 07
BMJ 01 03 08

Louis Greenbaum
q The London, 1936
Former general practitioner, Bethnal Green and Sydenham
b 1912, d 12 03 07
BMJ 03 05 08

Dr Thomas Grimson
q Barts, 1943
d 03 03 08

Dr Hubert C Grocott
q Barts, 1949
d 30 12 07

Dr MT Hambly
q Barts, 1968
Dr Sarah Hartill-Glithero
q Barts, 1985

Paul Hex Venn
q Barts, 1948
Former consultant anaesthetist, Eastbourne hospitals
b 1923, d 10 03 08
BMJ 10 05 08

Dr Derek Aldwyn Hill
q Barts, 1953
d 30 12 07

Ian Macdonald Hill
q Barts, 1942
Former consultant cardiothoracic surgeon, Barts, London
b 08 06 19, d 22 09 07
BMJ 19 01 08

Dr David Cullen Hodgson
q Barts, 1951

Dr ERS Hooper
q Barts, 1949

Dr Reginald Keith Hyland
q Barts, 1953
d 06 12 06

Dr Robert Iven
q The London

angela Isabel Jameson
q The London, 1947
Former general practitioner, Bath
b 1923, d 12 11 07
BMJ 02 02 08

Dr Robert Jameson
q The London, 1943

Herbert Hugh John
q Cambridge/The London, 1955
Former medical officer of Health Corporation of London, 1981-93
b 1931, d 03 04 07
BMJ 29 03 08

Professor Bill Keatinge
Former staff of The London 1968-96,
Emeritus Professor of Physiology, Institute of Cell and Molecular Science
b 1950, d 11 04 08

Mr Martin Kelly
q Barts
d 20 05 08

Jane Knowles
q Barts, 1974
Consultant psychotherapist and group analyst, London
b 1927, d 30 10 49
BMJ 28 06 08

James Gordon Latimer
q Cambridge/The London, 1946
Former general practitioner, Rotherham
b 1922, d 18 04 08
BMJ 21 06 08

Virginia Wun Kum McGregor (née Ng)
q Barts, 1987
Consultant neuroradiologist, South London and Maudsley and King’s College Hospital
NHS Foundation Trusts
b 1963, d 03 09 07
BMJ 19 01 08

Loma Miles
Former staff of The London
BMJ 24 05 08

David Gerald
Milton-Thompson OBE
q Cambridge/The London, 1942

Dr Sarah Jane Mitchell
q The London, 1991
Medical Consultant (Neonatologist), Princess Margaret Hospital for Children, Western Australia
b 22 05 08, aged 42

John Derrick Morris
q Barts, 1943
Former general practitioner, Bexhill-on-Sea, Sussex
b 1918, d 06 06 07
BMJ 15 03 08

William Stewart Ogden
q Cambridge/Barts, 1954
Former general practitioner, Chalfont St Peter, Buckinghamshire
b 1930, d 11 08 07
BMJ 01 12 07

Dr Michael Redfern
q Barts, 1969
d 09 07

Dr Philip Rodin
q The London, 1954

Edmund Mervyn Rosser
q Cambridge/Barts, 1954
Former general practitioner, Bermondsey, London
b 1926, d 15 04 07
BMJ 08 12 07

Christopher Smallwood Savage
q Cambridge/The London, 1941
Former consultant in ear, nose, and throat surgery, Chelmsford and Essex Hospital and Southend General Hospital
b 1915, d 10 12 07
BMJ 01 03 08

Dr Jean M Scott
q Barts, 1956

William Chisholm Scott
q Barts, 1950
Former consultant radiologist, East Dorset Health District
b 23 08 27, d 19 07 07
BMJ 17 11 07

Barnett (“Barney”) Shanson
q The London, 1932
Former general practitioner, London
b 1910, d 22 08 07
BMJ 08 12 07

Dr F E (Freddie) Shaw
q BDS, The London, 1943
q MBBS, The London, 1952
b 20 05 08, aged 42

James Picton Douglas Thomas
q Cambridge/Barts, 1947
Former senior physician, University Hospital of Wales
b 1924, d 13 08 07
BMJ 03 11 07

Dr Napier Thorne
q Barts, 1945

Robert McLaren Todd
q Cambridge/Barts, 1940
Former consultant paediatrician, Alder Hey Children’s Hospital and Liverpool Maternity Hospital, Liverpool
b 1924, d 10 03 08
BMJ 17 05 08

Dr Alan Winfield
q The London, 1953
Alumni News

David Wilkinson named Laureate of the History of Anaesthesia 2008

At the 2007 Annual Meeting of the American Society of Anesthesiologists (ASA) in San Francisco it was announced that David Wilkinson, (q Barts, 1971), Consultant Anaesthetist to St Bartholomew’s Hospital, had been elected as the Wood Library Museum (WLM) Laureate of the History of Anaesthesia 2008. The title of Laureate is a unique honour in the field of the History of Anaesthesia. WLM is the heritage division of the ASA, and this award was established in 1994. It is made every four years as the result of a secret ballot of an international panel of assessors. Every assessor studies detailed nomination submissions recording the literary and verbal contributions from each candidate before voting. David Wilkinson was the unanimous nominee of the President and Council of the Association of Anaesthetists of Great Britain and Ireland, supported by the Councils of the Royal College of Anaesthetists and the Council of the History of Anaesthesia Society. Previous Laureates were Gwenifer Wilson (Australia) in 1996, Norman A Bergman (USA) and Thomas B Boulton (UK) were elected as joint Laureates in 2000, and Donald Caton (USA) was elected in 2004. Thomas B Boulton q Barts, 1949

Please keep in touch and tell us your news. You can submit your update using the questionnaire enclosed or email batlaa@qmul.ac.uk. More news can be found at www.batlaa.org

1938

Dr Geoff Player (BDS, The London) Presented recently with a “Sixty Year Membership Award” from the President of Rotary International at the Leigh-on-Sea Rotary Club.

1943
Professor David Moffat (Barts) Moved from Cardiff to Sussex to be nearer children and grandchildren. A bungalow – no stairs to climb – is a great advantage.

1949
Dr John Menon (Barts) Past member Brecon Beacons National Park Rights of Way Chairman. Past Chairman of Land Use and Parliamentary Committee Farmers Union of Wales.

Dr George Simpson (The London) I would like to get back in touch with graduates from The London between 1948 and 1950.

1950
Professor Ray Vickers (Barts) Recently celebrated 80th birthday and 55th anniversary of marriage to an ideal Barts nurse. None of our numerous offspring plan to become a doctor or nurse!

1951
Dr Arthur Bapty (Barts) Now over 80 and maintain a residue of mental and physical abilities. Medical abilities – better not to search that too closely! Happy memories of years at Barts.

1952
Dr Richard E Dreaper (Barts) Still glad to be of some use to patients, using hypnotherapy for the treatment of stress related disease.

Dr George Waddy (Barts) Retired – just.

1955
Dr Margaret Elmes (née Staley) (Barts) I often go to the Wales Millennium Centre in Cardiff on my mobility scooter for opera and other events. I have four grandchildren in the London area and see them whenever possible.

1956
Dr Barbara Eley (née Finch) (The London) Still busy here in Chichester. I am in touch with Bobbie Rogers in Australia and Audrey Peeling in Wales. I am a trustee of Friends of St Richards Hospital, Secretary of West Sussex History of Medicine Society and an...
active supporter of Pallant House Art Gallery and the independent cinema at New Park in Chichester. Two gorgeous granddaughters (aged 20 and 19) both at university.

Professor R Langton-Hewer (Barts) Remain in active medical practice – mainly medico-legal work. I edit a medical website. I have recently been awarded the 2007 medal by the Association of British Neurologists. Enjoy walking my two labradors in the woods every day.


1958 Professor Tim Biscoe (The London) My first wife Daphne (née Gurton) was a nurse and midwife at The London. We married in 1955. She died in 2005 at The Royal Free. I have remarried, and have worked in Canberra, USA, Canada and Hong Kong. My two older children live in California.

1959 Dr Michael Haslam (Barts) I completed an MA in Theology at Leeds University in 2003. Published Close to the Wind in 2006.
Dr Robert Reeves (The London). At the age of 75, has a busy psychiatric report practice. When not in prison or Broadmoor he creates gardens in Spain.

1962 Mr James Harvey Kemble (Barts) Recently a tutor in Archeology at Essex University, Now Co-ordinator of the Essex place-names project. Author of Prehistoric and Roman Essex (2001) and Essex Place-names (2007).
Dr John Newman (LDS, The London) Took early retirement due to arthritis. Studied with OU to gain a BA in 1996. I have been a local councillor for nine years. Recovering from both hip replacements and right knee. Vegetating and ruminating.

1963 Dr Michael Barsby (BDS, The London) Currently examiner for the International Qualifying Examination for foreign dentists and for the Overseas Registration Examination. Visiting Professor in the Faculty of Dentistry at the Asian Institute of Medicine, Science and Technology, Semeling, Kedah, Malaysia (October 2007 – October 2009).

1964 Mr Alan Ridgway (The London) Now Chairing the NE Divisional Henshaws Society for Blind Persons, having this year retired from running the European Board of Ophthalmology Diploma examinations.
Dr Geoff Stapleton (The London) Just moved to Suffolk to be near my daughter and new granddaughter, Megan.

1966 Dr John Wilkie (The London) Retired in March 2008 to do some walking in the UK and Spain.

1968 Dr Anthony D Fox (The London) My last professional tenure before retirement was assisting with the launch of the newly built Fenwick Hospital in Lyndhurst, Hampshire.
Dr Simon T Meller (The London) Left the NHS in 2002 after 20 years as a Consultant Paediatrican and Paediatric Oncologist. Acquired a First class Law degree and MA in Medical Law and Ethics at King’s College, London.
Dr Fiona Roberts (Barts) Retired in 2001 from being a GP near Aylesbury to the Isle of Wight. Tennis, Bridge, sailing; Trustee of two charities; running our house and garden as a wedding venue keeps me busy.
Dr Elizabeth Wise (The London) Worked as an anaesthetist at Royal Sussex County Hospital, Brighton. Then as a GP in Worthing and Lancing, West Sussex. Lived in New Hampshire and Florida, USA. Now retired in Wiltshire.

1969 Dr Henry Tegner (The London) Retired to the West Country in December 2006 after 30 years in general practice in London. Now undertaking locum work. We have three grandchildren and expect two more in the summer of 2008.

1970 Dr Peter F Brodribb (Barts) Retired April 2008 after 30 years as principal GP in Chertsey.
Professor Tim Eden (Barts) I am retiring in September to take up a role as TCT Medical Advisor; to develop a role of providing sustained funding for developing countries (WCCF and Faculty Associate of Brooks Poverty Institute) and writing.

Dr Ted Leveryon (Barts) Retired from GP education in May 2007 and from medical practice in April 2008. I volunteer with RNID.
Dr Paul White (The London) Finally reducing my commitment to General Practice after 36 years at the coal-face. Increasingly involved in music, especially the Stour Music Festival (see www.stourmusic.org.uk) and still playing the flute. The rest of my time is spent keeping up with my ten children and six grandchildren.

1971 Mr Jonathan Gilbert (The London) Member of council of the Royal Society of Medicine section of coloproctology.
Dr Gareth Tuckwell (Barts) Enjoying the pre-retirement challenge of being CEO of Burrswood Christian Hospital and Trustee of Macmillan Cancer Support, chair of Trustees of ‘Hospice 23’ palliative care charity and Elder in Church, alongside the joy of eight grandchildren... and still practicing medicine!
Dr Jennifer Verity (Barts) Retired from medicine one year ago.

1973 Drs Biddy and Ian Hiscock (The London) Biddy retired in June. Ian retires in 18 months. Still working as a full-time GP. How about a reunion of our year which started in October 1967?
Dr Robert Mills (The London) I work in Edinburgh as an ear surgeon and I am also Director of Year Four of the undergraduate medical curriculum of the Edinburgh Medical School. I am involved in research aimed at developing an implantable hearing aid. In 2005-06 I was President of the Section of Otology of the Royal Society of Medicine. I am a team leader for BRINOS (Britain Nepal Otology Service) which is dedicated to treating deafness and ear disease in Nepal.
Mr Ken Ross (Barts) Appointed Orthopaedic Consultant in 1986 at Eastbourne where I continue to work. I remain a keen golfer and keep in touch with a number of Barts graduates. I am married with two sons and two grandchildren.

1974 Dr Miranda Bevis (Barts) I gave up as a GP in 2002 to concentrate on counselling and teaching yoga. Much less stressful!
Dr Anne ER Reed (née Ryder-Richardsdon) (The London) is a GP in Bridgewater, Somerset, in the same practice as husband Peter Reed (q The London, 1974). They
have two children, both now married, and their daughter is a practice nurse. They plan to retire in 2011. Peter is still playing cricket and they both love gardening.

1977
Mr Chris Johnson (BDS, The London) Currently retired. Living part-time in Spain, rest of the time in Devon. Still sailing and pursuing a career in art (watercolours).

1982
Dr Ian Beasley (Barts) Consultant/Honorary Senior Lecturer for Sports and Exercise Medicine at Barts and The London. Also Medical Officer for Arsenal Football Club and the Royal Ballet Company.

1985
Dr Faith Gardner (Barts) I am part of the 1984 qualifying year from Barts and am wondering if there is any sign of a 25 year reunion for us all in 2009 or thereabouts.

1987
Dr Natasha Bijlani-Khubchandani (Barts) I am married with two daughters, aged 12 and nine. Have been self-employed in private practice (part-time) for two years now as a Consultant Psychiatrist based at The Priory Hospital in Roehampton. Dr Gilly Coutts (Barts) Still married to Graeme! Amazing! One pony, one dog, one cat, four rats and two kids.

1988
Dr Karen Lipscomb (née Locker) (Barts) Working full-time as Consultant Cardiologist, married to George, a Barts graduate from 1987. One daughter, aged seven. Enjoying the outdoor life in the NW of England.

1989
Dr Rhydian Jones (Barts) Now GP trainer. Recently completed London to Reims cycling challenge for British Heart Foundation. Still married to Jo Chavasse, a Barts nurse.

1991
Sean Woodcock (Barts) Consultant laparoscopic surgeon in the beautiful North East. Still having a blast!

1996
Dr Malcolm Cameron Now appointed Consultant Maxillofacial Oncology Surgeon at Addenbrookes Hospital, Cambridge. Continue interest in facial trauma.

1998
Dr Nicky White (née Henderson) (The London) I am an Anaesthetic Registrar in the South East. Thoroughly enjoying work, especially ITU. Nigel is the Adult Protection Co-ordinator for Kent Police. Ben continues to grow like a bean stalk and is already an articulate debater aged six!

1999
Dr Justin Varney In the last few years I have become a consultant, stepped down as an advisor to the Department of Health on sexual orientation and gender identity. I remain an advisor to the Metropolitan Police and a public health voice on homelessness and domestic violence.

2000
Dr Sukhdev Chatu Published third edition of Hands on Guide to Clinical Pharmacology with fellow alumni A Milson and C Tofield.

2001
Dr Babak Shadgan (MSc in Sports Medicine) I was elected and assigned as one of the 29 official medical officers of the 2008 Beijing Olympic Games. After attending the 2004 Athens Olympic Games as the official medical officer of the International Wrestling Federation, I was honoured to be involved a second time. This is the ultimate success for a sports physician. I would like to share this honour with QMUL where I learned sports medicine.

2003
Dr Lorna McCune married Pete Sandbach in 2004 having met at Barts and The London. Now working as a GP in Warrington and Pete is in run-through training in Manchester.

Erratum BLC would like to apologise for the errors printed on page 21 of the spring 2008 issue. Elizabeth Blackwell and Elizabeth Garrett Anderson did not study medicine at Barts or The London respectively as stated. They both worked at St Bartholomew’s Hospital and The London Hospital.

Book Review

Renkioi – Brunel’s Forgotten Crimean War Hospital
By Christopher Silver

Christopher Silver was Consultant Geriatrician at The Royal London Hospital. This book was inspired when the author was touring classical remains in the Dardanelles. Close to the archaeological excavations of Troy, is the site of Renkioi Hospital, built in 1855 to care for the sick and wounded evacuated from the Crimea.

With the aid of statistical charts, Silver demonstrates that the medical history of the Crimean War can be divided into two phases. Firstly, the initial assault was characterised by administrative chaos, hospital overcrowding, rampant infectious disease and high mortality. In the second phase, Sebastopol was besieged and captured; there was more order, fewer hospital admissions and a substantially reduced mortality. It was during this latter period that Renkioi Hospital was built and deployed.

The hospital plans were sketched out in just a few days by Isambard Kingdom Brunel. The wooden components were made in the UK, shipped to the construction site and erected in less than six months. The design incorporated state-of-the-art sanitation and ventilation together with a railway to transport newly-arrived patients from the ships to the wards.

Renkioi had a civilian administration and was led by a doctor. This arrangement proved to be superior to that of contemporary military hospitals headed by a commander in the field but was not popular with the army establishment. The absence of military red tape permitted a somewhat relaxed and elegant lifestyle with staff dressing for lunch and enjoying long walks and picnics. The Renkioi project involved many gifted people; the author highlights Brunel and Edmund Parkes, the Medical Superintendent, who became a pioneer of military and public health. Other Renkioi alumni were surgeons Thomas Spencer Wells, of artery forceps fame, and Holmes Coote, successor to Sir James Paget at Barts. Dr Silver’s scholarly book will appeal to the general medical reader as well as the historian. It is illustrated with some remarkable early photographs.

Christopher Derrett
Honorary Senior Lecturer
Barts and The London
Forthcoming Events

Events

Below is a selection of College events taking place over the coming months. To attend or find out more about any of these events please contact events@qmul.ac.uk, unless stated otherwise. More up-to-date information can be found on our website at www.batlaa.org

2008

BATLAA Annual General Meeting
Tuesday 14 October, 1pm - 2.30pm
Great Hall, St. Bartholomew’s Hospital
Barts and The London Alumni Association invites all its members to the AGM over a buffet lunch.

William Harvey Day
Tuesday 14 October
Robin Brook Centre and Great Hall, St Bartholomew’s Hospital
Internal and external speakers including television presenter Adam Hart-Davis, Professor Pierre Corvol from the College de France, alumnus Professor Jack Cuzick (MSC Mathematics 1971, Westfield College), Professor Alan Ashworth and many more. Cutting-edge research will also be showcased.

St Luke’s tide Service
St Bartholomew-The-Great, 6pm

Subscription Dinner
The Butchers’ Hall, EC1
If you wish to attend all of the day, or just a part of it, please contact the Events Office on +(0)20 7882 7866 or email events@qmul.ac.uk.

The Bernard Corry Lecture
Wednesday 22 October
To be given by Dan Corry, Director of the Downing Street Policy Unit.

The Logic of Life
Wednesday 29 October, 2.45pm
The Octagon, Mile End

Centre of the Cell Volunteer Training
Tuesday 11 November and Thursday 4 December, 12pm
The Centre of the Cell, opening in 2009, is a learning resource. There is now an opportunity for individuals to get involved as Science and Engineering Ambassadors. Email nk.jagger@qmul.ac.uk for more information.

Out of the Closest: Love, Power and houses in 18th Century England
Wednesday 12 November, 6pm
RIBA, Portland Place, London
Amanda Vickery explores the history of the home as a saga of power, labour, inequality and struggle as much as a place of sanctuarity and comfort, colour and pleasure.

International Health, Vaccine innovation and Geography seminar
Tuesday 18 November, 12.15pm
Room 220, Geography Building, Mile End
Given by Jens Plahte from the University of Oslo. Email j.go@qmul.ac.uk for more information.

Christmas Concert
Thursday 4 December, 7.30pm
The Great Hall, Mile End

College Christmas Carol Service
Monday 15 December, 1-2pm
The Octagon, Mile End

Performing Medicine
Thursday 30 October – Thursday 11 December
This season of conversations, performances and workshops examine the medical profession through performing and visual arts. For more information visit www.performingmedicine.com or email admin@clodensembe.com

Inaugural lectures
Autumn 2008 – Spring 2009
Newly appointed Professors are invited to give an inaugural lecture. This is the first public lecture that they will undertake. Visit www.qmul.ac.uk/events for more information.

2009

London Hospital Dental Club Annual Clinical Meeting
Friday 6 and Saturday 7 March

London Hospital Dental Club Annual Business Meeting
Saturday 7 March, 12.30pm

Queen Mary’s Third Arts Week events
Monday 27 April – Friday 2 May

View Day
Wednesday 13 May

BATLAA Annual General Meeting
Tuesday 20 October

William Harvey Day
Tuesday 20 October