

BLC

BARTS AND THE LONDON CHRONICLE

Spring 2008 Volume 9, issue 2

Women at QM Special

Dental Dame

Matrons at the Hospitals

Letter from Malawi

Women in Research

Women at QM: The Exhibition

Plus:

The achievements of the Dental School

The horrors of Obstetrics in Dublin

MMC – what went wrong

Your news



The magazine for the alumni community of Barts
and The London School of Medicine and Dentistry



Barts and The London
School of Medicine and Dentistry

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Cover: The London's first woman Professor, Dorothy Russell (q The London 1923), using a microscope (image courtesy of The Royal London Hospital Archives); and from left to right: Professor Farida Fortune; Vera Martins and Dr Edel O'Toole; Professor Parveen Kumar; Dame Margaret Seward and Professor Elizabeth Molyneux



Barts and The London
Alumni Association

Barts and The London Alumni Association

Barts and The London Alumni Association was formed in 2000, and joined together Barts Alumni Association, The London Hospital Dental Club and The London Hospital Medical Club.

The Association aims to foster a mutually beneficial lifelong relationship between Barts and The London School of Medicine and Dentistry and its alumni.

The Alumni Association offers the following benefits and services:

- biannual *Barts and The London Chronicle*
- quarterly Queen Mary Alumni e-newsletter
- regular social events including the biennial Dinner and Dance, regional reunions and dinners and the opportunity to attend events which incorporate Queen Mary alumni
- medical and dental clinical meetings for which PGEA/CPD approval is usually granted
- promotes and supports special interest groups, regional groups and overseas groups, including St Bartholomews Decennial Club, The London Hospital Dental Club and the Cambridge (with Oxford) Graduate's Club
- help with finding lost friends, former classmates and tutors
- QMandWAlumni ID card for reference access to the Queen Mary library both at Whitechapel and Mile End, and a lifelong email address (for recent graduates)

Barts and The London Alumni Association

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If you would like to contribute to future issues of *BLC* please get in touch. We welcome your comments and ideas as well as your articles about former or current teachers, letters, news of reunions, photos and your memories of your time studying with us.

Design

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Queen Mary,

University of London

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- message forwarding service
- access to the sporting and bar facilities at Queen Mary with the Students Union Lifelong Membership card
- support for our current medical and dental students through bursaries and elective and hardship grants

Barts and The London Chronicle

Barts and The London Chronicle is the publication of the alumni of Barts and The London School of Medicine and Dentistry, and the alumni of the Medical Colleges of St Bartholomew's Hospital and The Royal London Hospital.

The *Chronicle* aims to

- foster a lifelong relationship between the School and its graduates
- inform alumni, former staff and staff about developments and achievements of the School, Queen Mary, the Alumni Association, its members and associated hospitals
- acknowledge and celebrate our talented staff, alumni and students and the rich history and tradition of the School and its associated hospitals
- encourage current students to develop links with the School, Queen Mary and its alumni
- invite alumni to forthcoming reunions and events
- share news and photographs from previous reunions and events

Barts and The London Chronicle is edited and produced twice a year in spring and autumn by the Alumni Relations and Events Office, Queen Mary, University of London. No part of this publication may be produced without the prior permission of the publisher. Whilst every care has been taken to ensure the accuracy no responsibility can be taken for any errors or omissions. The views expressed are not necessarily those of Queen Mary, University of London, Barts and The London School of Medicine and Dentistry or the Editorial Board. All rights reserved. © Queen Mary 2008.



This magazine has been printed on environmentally friendly materials from sustainable sources.

A Welcome from Professor Parveen Kumar CBE



Professor Parveen Kumar, physician and gastroenterologist, teaches at Barts and The London; is a senior examiner for the MRCP and the Immediate Past President of the BMA. Previously Chairman of the Medicines Commission UK, Vice President (academic) RCP and a non-Executive Director for NICE. She founded and co-edits the textbook '*Kumar and Clark's Clinical Medicine*'. She was awarded the CBE for Services to Medicine in 2001 and was the first UK Asian Woman of the Year (Professional) in 1999.

I am delighted to welcome you to the Spring issue of BLC.

As an alumna of Barts I am very proud of my alma mater and all that it has achieved. Barts and The London is now a leading medical school and is breaking new ground in all its activities; education, research and clinical engagement. Our alumni play a crucial role in its success. Indeed, it is thanks to the continued support and involvement and considerable accomplishments of our alumni that Barts and The London enjoys such a reputation.

BLC continues to be an important tool in the School's relationship with its alumni. It is vital that we share our good news, celebrate achievements and acknowledge the talents our staff, students and alumni.

This issue of *BLC* celebrates the contributions made to Queen Mary and its previous constituent institutions by women to tie in with the project 'Women at QM'. Interviews with alumni include dental guru Dame Margaret Seward, there is a letter from Malawi-based paediatrician Professor Elizabeth Molyneux, and an insight into being a Matron at Barts or The London at the turn of the century. We also look at the work of some of Barts and The London's women researchers. There is also more information about the exhibition 'Women at QM' itself. I hope you will take the opportunity to visit the exhibition either at Mile End or online. It is a fascinating walk through the history of Queen Mary and neatly illustrates the influence and significant achievements of women.

I hope to have the pleasure of meeting you at an alumni event in the future.

With all good wishes
Keep in touch!

Professor Parveen Kumar CBE
q Barts, 1966

Get involved

If you would like to get more involved there are many ways to take part.

BLC

We welcome all contributions from alumni for the biannual magazine.

Editorial Board of BLC

We would love to hear from you if you would like to join the Editorial Board. We welcome all alumni who have an abundance of ideas and a good network of contacts.

Events

There are a number of events held throughout the year. Alumni are warmly invited to attend all College events. For more information, please see the back page of *BLC* or our website at www.batlaa.org

Mentoring

Alumni Relations is working to establish a mentoring programme across the whole range of disciplines at Queen Mary. If you would like to be a mentor, are established in your chosen field and are willing to share your expertise with recent graduates please get in touch. If you are a potential mentee who would like to benefit from the experience of your fellow alumni please let us know.

Giving to Barts and The London

The donations to Barts and The London Alumni Association currently fund 35 students of medicine and dentistry. Many of these students receive grants for their elective trips overseas. The association is also able to support one-off projects such as part-funding the purchase of a minibus for students in 2006 and a new eight for the Ladies Boat Club in 2007. It is thanks to the generous gifts from alumni that this is possible. We of course need your continued support to be able to do this. If you would like to contribute, please get in touch.

Queen Mary has produced a new brochure about how a gift in your Will could help future generations of doctors and dentists at Barts and The London School of Medicine and Dentistry. The Queen Mary University of London Foundation has charitable status and as such is exempt from paying tax on gifts it receives. If you are in the process of drawing up your Will and are thinking of including a gift to Barts and The London School of Medicine and Dentistry, please contact Susan Nettle, Head of Alumni Relations on +44(0)20 7882 7423 or email s.nettle@qmul.ac.uk who will be pleased to send you a copy of the new brochure.

Thank you

Thank you very much to all of you who have supported BATLAA. Thank you to all our donors, to our Trustees, Committee members and Editorial Board. It is thanks to your involvement that the Association can achieve so much.

Update form

We kindly ask that you take a few moments to complete and return the Update form which is enclosed with *BLC*. It is always great to read your news which we will include in the Alumni News section. We are also very interested to hear about the careers of our alumni and so we particularly ask that you complete the section about your employment. It is helpful for us to be able to illustrate the employability of our graduates, particularly medics and dentists.

Congratulations

Marigold Curling OBE

Marigold Curling, retired Barts Consultant (Pathology/Cytology) and Honorary Senior Lecturer, received an OBE in the Queen's Birthday Honours List in 2007.

Dr David Barnardo (q The London, 1962)

Vice-President and lately Chairman of the charity Barnardo's received an OBE in the New Year's Honours List for services to the social care of children. David is the great, great nephew of the charity's founder, Dr Thomas Barnardo (q The London).

New Master of the Apothecaries

Mr Andrew Paris (q The London, 1964) has been elected Master of the Worshipful Society of Apothecaries London. He was Senior Consultant Urological Surgeon until 2005 and a member of the Council of the former London Hospital Medical Club.

New BATLAA Trustee and Committee members

At the BATLAA AGM in October 2007, Professor Mark Caulfield (q The London, 1984) was elected to continue as Vice President of BATLAA for a final term, Dr David Price (q Barts, 1958) was elected as Treasurer for a final term and the following Ordinary and Co-opted members were elected: Dr Alistair Chesser (PhD in Pharmacology, 2004), Dr Gerald Libby (q Barts, 1967), Professor James Malpas (q Barts, 1955) and Professor Paul Wright (q BDS The London, 1969). Former BATLAA President Professor Chris Hudson (q 1955 Barts) was elected Honorary Vice President.

Marriage of Amy Stiles (q 2002) and Bruce Rodda (q 2003)

Congratulations to Amy and Bruce on their marriage in September 2007. They are thought to be the first couple to wed having met as members of the Mixed Hockey Club at Barts and The London.



Lifeboat named after former London Hospital Registrar Colin Parker

Anyone who was at the London Hospital Dental School in the late 50s and the 60s is sure to remember Colin Parker who was, at that time, a Senior Registrar in the Oral Surgery Department. Colin was very popular both with staff and students, always invited to any party that was going and also in demand for his skill in repairing old cars.

On leaving The London he worked at the Royal Dental Hospital, St. James' Hospital in Balham and the Royal Hospital and Home for Incurables in Putney. In 1976, he was presented to the Queen for inventing a lift which allowed disabled patients to receive treatment in their own wheelchairs instead of having to transfer to a dental chair. Latterly Colin worked at Guy's Hospital, and was then appointed Senior Lecturer and Honorary Consultant in Oral and Maxillofacial Surgery at King's College Hospital, but sadly his failing health prevented him from taking up the post. He died in 1997.

This year he was commemorated by the launch of a lifeboat named after him by his former student and close friend, Diane Saxon. The "Colin Bramley Parker" is a Class D inflatable inshore lifeboat, and was commissioned at a service of dedication at St. Ives in Cornwall on Whit Saturday. Two days later it was called out on its first "shout" – to rescue a father and his son cut off by the rising tide from rocks near Hawkes Point, a difficult task in heavy swell and large breakers. Colin's grandmother was of Cornish stock and married to a sailor, and Colin, who for many years spent holidays in Cornwall, was a frequent visitor to St. Ives. He was a talented amateur artist and enjoyed attending the Open Studio weeks held there every summer. He would have been pleased and proud for his new boat to be stationed there.

Diane Saxon
q The London, 1961



Diane Saxon after the service



Colin Bramley Parker lifeboat

BATLAA funds ladies' boat

The Trustees of BATLAA have agreed to the funding of a new eight-seater boat for the Ladies' Boat Club. Read more in Student News on page 5.



University of London Women's Boating Club. May 1956.

Forthcoming reunions and events

If you are organising a reunion and would like us to promote it for you on these pages please let us know.

Decennial Club

A successful Barts XIIIth and XIVth Decennial Clubs meeting and luncheon was held on 20 October 2007 (pictured below) in Barts Great Hall. The next meeting and luncheon will be on 18 October 2008. Please contact Dr Bonner-Morgan on 01359 244118 or email drsbonner_morgan@doctors.org.uk for more information.



London Hospital Dionysians Society Dinner

Stewart Daniell (q BDS, 1974) invites members of the Dionysians Society to attend the Golden Jubilee Dinner on Friday 7 November 2008. Contact oggiedaniell@gmail.com for more information.

2009 Reunion for Barts graduates of 1961

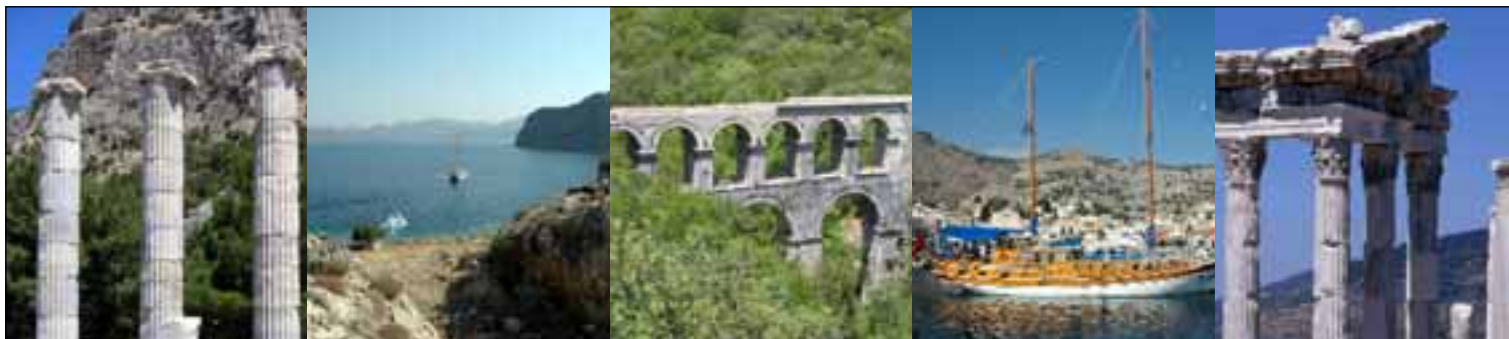
Adrian Padfield is organising a reunion for View Day 2009. Contact a.padfield@sheffield.ac.uk for more information.

Calling the Class of 1978

All those who qualified from Barts in 1978 (or started pre-clinical in 1973 or clinical in 1975) are invited to a 30-year reunion in The Great Hall at Barts on the 11 October 2008. Contact either lizmiller@i31.co.uk or s.j.mannion@qmul.ac.uk for further information.

BATLAA Dinner and Dance 2008

The next BATLAA Dinner and Dance will be held on Friday 21 November 2008. If you would like to book your place, or a table, please get in touch. We are hoping to reunite Cup winning sides of our Rugby Clubs, medics and dentists graduating in 1948, 1958, 1968, 1978, 1983, 1988, 1998.



Launching the 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 a pilgrimage celebrating 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 practised), Ephesus, Miletus and Kos (where Hippocrates practised) 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.

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.

You will be making a valuable contribution to Queen Mary, as IMA will make a donation to Queen Mary for each traveller.

For more information please contact IMA Travel, 13 The Avenue, Richmond, Surrey TW9 2AL UK
Tel: +44 (0)20 8940 4114 Fax: +44 (0)20 8332 2456 email: ima@templeworld.com www.imatravel.com

**the trip can be booked without flights*

The identity of the School

As readers will know, over the last few years there has been a range of far-reaching and demanding changes in the environment within which the School has to operate. To name but a few of these: our own restructuring and renewal as a School; the fight to keep the Barts and The London PFI a two-site project, with a significant clinical activity at Barts; the development of new ways of funding medical research, such as Best Research for Best Health; the Barts and the London Trust/Queen Mary joint proposal for an Academic Health Sciences Centre; and the Darzi review of healthcare provision in London.

The London healthcare landscape continues to evolve and the School is now engaged in a robust external relations strategy to respond to the demands of this environment. Our strategy for the past five years has been focused on the renewal of the School against the background of the 2001 Research Assessment Exercise and the urgent steps that were required to strengthen the School's profile and performance. This strategy has been successful in producing the robust School in which we now work, financially sound, attracting a large number of world-class scientists, clinicians and research groups over the past few years.

We are now working hard to ensure that the strengths of the School and its strategic aims are understood by our key stakeholders. To this end, the Warden commissioned a study of how the School was viewed by a variety of opinion-formers and of how we could develop a clearer and more effective identity for the School. An account of this exercise and its outcome can be found at www.qmul.ac.uk/docs/smdnewidentity.pdf. If you would like copies of this publication, please email batlaa@qmul.ac.uk or telephone +44 (0)20 7882 5392.



Drapers' Prize winners

The Annual Drapers' Prizes for the Development of Teaching and Learning allow staff to showcase innovative teaching and learning practice. Vivien Cook, Gill Ritchie, Dr Jon Fuller, Dr Patricia Revest, Maria Glanton and Dr Graham Thomas were awarded a prize for their entry, 'Supporting student appraisal though an e-portfolio framework'.

Barts and The London Academic Health Science Centre

In one of the most significant and exciting developments in the recent history of Barts and The London School and Trust, the two organisations are working together to create an Academic Health Science Centre (AHSC). The initiative involves joint working to enable the School and the Trust to develop an even more effective 'laboratory bench to the bedside' approach to their work, ensuring a seamless connection between research and patient care.

An Academic Health Science Centre is a partnership that harnesses world class research, teaching and healthcare delivery to encourage innovative and exemplary care for patients. It brings together the research and educational strength of a medical school with the healthcare delivery capability of a major NHS Trust for the benefit of patients and the community.

The Barts and The London Academic Health Science Centre is based on the belief: that effectiveness in healthcare is closely linked to innovation in practices and treatments, in the science underpinning innovation; and that the benefits of innovation should be delivered to patients as quickly and effectively as possible.

Professor Ray Playford, Deputy Warden of the School and Vice-Principal for NHS Liaison, said: "The AHSC will bring together one of the UK's leading teaching and research hospitals together with one of the UK's leading medical schools to overcome traditional barriers to access, innovation and investment which will improve the lives and welfare of patients".

In a further innovative development, the School is creating an Education and Skills Partnership for Healthcare. It will work closely with partners throughout North-East London to bring world class innovation to the training and education of doctors, dentists, nurses, technicians and other healthcare professionals. The Partnership will include all the leading healthcare organizations City University and NHS Hospital and Primary Care Trusts across North-East London as well as Barts and The London.

Former Warden Professor Sandy McNeish honoured

Former Warden of Barts and The London School of Medicine and Dentistry, Professor Sandy McNeish, was honoured in Queen Mary's summer graduation ceremony. The title of Honorary Fellow was bestowed on him in recognition of his services to the School of Medicine and Dentistry, which he led through the process of joining Queen Mary, University of London. He is now enjoying his retirement as a graduate student at the School of Law, working towards a PhD in medical ethics.



Queen Mary's Principal Professor Adrian Smith with Professor Sandy McNeish

Letter from the Students' Association President Mally Scott



Let me introduce myself, I am Mally Scott and I am President of Barts and The London Students' Association, having completed the third year of medicine.

Firstly, I would like to thank Tom Barton for all the good work he has done to help me adapt to the role.

The Graduation events at the end of last year went exceptionally well; firstly, we had the Summer Ball, which was enjoyed by Finalists and first years alike, a great way to see off another year. Then, for the Finalists, there was the Rites of Passage Ceremony where they pass out from our Medical School, a thoroughly

enjoyable occasion for Finalists, their families and the staff. This was followed by the Queen Mary, University of London graduation ceremony. Last, but by no means least, was the Graduation Dinner, which is the final event that the Graduating Doctors have together, before starting their new jobs. I would like to thank Tom, Andy and Emma who led the organisation of these events.

The festivities of Freshers' Fortnight welcomed the new cohort of Barts and The London students. We have a group of students currently undergoing a course to become licensed drivers of the Barts and The London Minibus. These people will then be able to drive their respective clubs and societies around and help out at various events through the year ahead. Thank you all for your commitment and support for this.

This year, we have high hopes for our sports teams. Many of them have had successful seasons, and we wish them all the best and hope that this continues. A special good luck message goes to the Women's Boat Club who will be racing in a brand new boat courtesy of BATLAA.

I look forward to beginning the process of updating the facilities that we provide for our students within The Students Association. The services that we currently offer are a little out-of-date, and updating them is one of the aims for my time in office. The first step on this road is to install a Bean-to-Cup coffee machine providing 'real' coffee. I shall keep you posted on all further developments.

Mally Scott

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www.bartslondon.com

Exciting news for Barts and The London Women's Boat Club

The members of Barts and The London Women's Boat Club are delighted to welcome the arrival of a brand new eight, thanks to the considerable generosity of the Alumni Association.

Since relocating to the London Regatta Centre two years ago, the boat club has moved from strength to strength. Notable achievements have included winning silver medals at the British Universities Sports Association (BUSA) Head Race 2006 and as a composite crew winning the Novice Pennant at Women's Head of the River Race 2007. We are proud that one of our members represented Great Britain at the European Universities Sports Association (EUSA) Regatta 2007.

Currently the club has two eights and a four, all of which are past their best and require frequent repairs. As a result, for prestigious races, the club has found it necessary to rent a boat. In the long term, this arrangement is unsustainable, both financially and from a training perspective. Efforts to secure sponsorship and funding to purchase a replacement boat were proving unsuccessful.

In June 2007 a request to BATLAA for financial assistance to purchase a boat was so generously supported that we were able to consider the purchase of a brand new Janousek eight along with necessary cox box equipment which is paramount for safety. This ultimately means the future of the club is secure and provides the impetus that allows us to continue to compete whilst organising fundraising projects with a view to renewing the other existing boats.

On behalf of the women's boat club, we would like to take this opportunity to extend our heartfelt thanks and appreciation to the Alumni Association for this very kind donation. This has made an enormous difference to the

club, allowing members to train and race using superior and safe equipment. Having this opportunity is of considerable significance to everyone at BLWBC whether they train once a week or seven days a week!

There will be an official launch once the club has taken receipt of the boat. It is to be named after Sue Boswell as a tribute to her fantastic work for the Alumni Association. Details of the launch event will be circulated when plans have been finalised. All are welcome.

Thank you again

Best wishes

Miriam Conway (Captain 2005-06)

Rachael Morris (Captain 2006-07)



Barts and The London Rugby Club

BL rugby club is going through a new and exciting period. Last season brought success in the British University Sports Association league (BUSAs), as well as the United Hospitals (UH) Cup, winning our first UH match in six years. We would really value all support from old players as well as anyone interested in the club.

Forthcoming key events include:

Friday 4 April Annual General Meeting and Black Tie Dinner

Sunday 6 April - Mike Floyer Memorial Day

At Chiselhurst, with Old Boys XV playing the current 1st XV

If you would like to hear any more about the club, including fixtures and news please either contact William Dooley (First XV captain) or Professor John Shepherd (Club President). I look forward to seeing you at our matches and the AGM.

Professor John Shepherd

email: john.shepherd@bartsandthelondon.nhs.uk

William Dooley

email: willdooley@hotmail.com
www.bartslondonrfc.com



Asian Medical Students Conference 2007

Cancer in Asia: Incidence, Suffering and Prevention

While for most students, summer holidays usually signify the time for relaxing and having fun, trips to sunny Barcelona or a job at Tesco's, 19 medical students chose to spend what remained of their student loan (or rather over-stretched overdraft) to fly halfway around the world to learn about cancer in Asia. Hailing from medical schools all over the UK, these foolhardy students were representing AMMSA-UK in what was to become an opportunity of a lifetime to meet with like-minded individuals and learn about different healthcare systems.

Over seven days, more than 400 students from all over the Asia-Pacific region gathered to participate in this conference in Seoul. The programme consisted of lectures, interspersed with visits to a local hospital, discussion forums, and community service to raise cancer awareness in the general public. Through presentations, each delegation highlighted the challenges of cancer in

their own country. The UK representatives discussed cervical cancer and the developments in liquid based cytology in improving the screening programme.

But it wasn't just all about hard work. During the week, tours of Seoul were organised in groups led by Korean medical students. To end the conference, each country produced a cultural performance. In turn, our delegates performed the waltz, a Scottish dance and a rendition by our very own Beatles. Needless to say, by the end we were all exhausted. Through participation in AMMSA 2007, we have gained lasting friendships and formed networks that will prove invaluable as a source of knowledge and co-operation in the future. More immediately, it has opened our eyes to the opportunity for an elective in Asia.

Vinton Cheng

Fourth year medical student



The UK delegates, including six Barts and The London representatives.

Musicians wanted for Orchestra 2007-08

Barts and The London Orchestra is a small, friendly group of musicians consisting of medical and dental students, as well as staff and alumni from Barts and the London. They currently have a shortage of musicians and welcome any new members. If you play strings, brass, oboe or bassoon they would love to hear from you. They do not hold auditions and accept all standards. Rehearsals are held every Tuesday from 7.15pm to 8.30pm at the Students' Union in Whitechapel.

Their Autumn concert, featuring the *Nutcracker Suite* and *Autumn* from Vivaldi's *Four Seasons* was held in November. Two further concerts are planned for the rest of the academic year. Please contact the Orchestra Representative of the Barts and London Musical Society, Elias Chandran, by email at elias_aris@hotmail.com

New Dean for Dentistry



Professor Farida Fortune has taken over from Professor Paul Wright as the new Dean for Dentistry. Since 1992 she has held the Chair of

Medicine in Relation to Oral Health at Barts and The London School of Medicine and Dentistry. Professor Fortune graduated in both Dentistry and Medicine from University College London, and obtained her PhD in 1992. She is on the specialist register for Oral Medicine in Dentistry (GDC), and Immunology in Medicine (GMC).

Professor Fortune's major research focus is the epithelial biology of the mucosal disease and oral cancer. Strategic focus for the past two years has been to build research in oral cancer at the Institute of Dentistry to the level of both national and international excellence. Her clinical expertise is in Oral Medicine, Immunology, and Oral manifestations of systemic disease. She teaches the medical support subjects for dentistry. Her expertise in teaching is in Assessment and Quality Assurance methodology. She has an extensive administrative and management background within the education sector and nationally. She is currently part of the executive team of the Royal College of Surgeons, Faculty of Dental Surgery, as well as Chairman of the Examinations Committee.

On being appointed to the role of Dean Professor Fortune said: "The environment for research, and teaching as well as training is rapidly changing and will bring huge challenges for all in academia and the NHS. Research, teaching and training are at the heart of our excellence in patient care. Our relationship with our dental hospital is very strong and we look forward to being a Clinical Academic Unit. I also look forward to building strong associations with our NHS and academic partners in outreach along the Thames Gateway. We have a fantastic collegiate staff and student body and need to strengthen our structures and processes to provide a nurturing environment for personal and collective achievement and excellence. I will work towards progressing the Institute of Dentistry's image of being friendly, focused and first class."

Annual Clinical Meeting for London Hospital Dental Club



2008

The Annual Clinical Meeting took place on Friday 22 and Saturday 23 February at Whitechapel, presided over by Bryan Harvey (BDS The London, 1965) pictured left. This year's programme was themed "Providing quality care for our patients".

On Friday evening the dinner was held at Café Spice. The Annual Business Meeting for alumni was held on Saturday 23 February.

Date of ACM 2009

The ACM in 2009 will be held on Friday 6 and Saturday 7 March.

Dean's PA Carole Symondson retires



At the end of July 2007 Carole Symondson, PA to Professor Paul Wright, Dean of Dentistry, retired after more than 40 years service at the Dental School. She started in

December 1962 when the School was originally situated in the old Out Patient Building. She has acted as PA to various Deans since 1979.



Chief Dental Officer appoints Professor Paul Wright as consultant adviser

Former Barts and The London Dean for Dentistry Professor Paul Wright has been appointed as a consultant adviser to Dr Barry Cockcroft, the Chief Dental Officer for England. Dr Cockcroft said: "I wish to complement the skills of my team at the Department of Health with a specialist from secondary dental care".

Professor of Oral Health of Children named President of IAPD

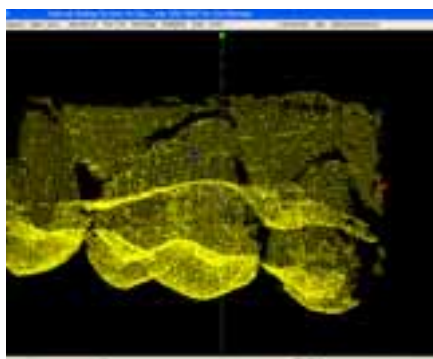
Mark Hector, Professor of Oral Health of Children at Barts and The London, has been elected as the next President of the International Association of Paediatric Dentistry and has rejoined the Executive Board, taking up the Presidency in 2009 for a two year term of office. The Association represents the interests of 50 national associations representing paediatric dentists worldwide.

Alumnus spearheads new dental imaging technology

London Hospital graduate Dr Maurice Ernst (BDS, 1980) has invented a new method of 3D intra-oral scanning. A 3D image is produced instantly by a small hand-held camera, giving an accurate map of a tooth or a number of teeth. Consisting of a chair-side stand alone unit, PC, flat screen and a hand-held intra-oral camera the dentist is able to capture images of a patient's teeth. The applications for the system range from crown and bridge to orthodontics.

"Previously the process of taking moulds for the preparation of crowns and bridges and for orthodontic use was a messy and tedious process, unpleasant, time consuming and costly for both the dentist and the patient" explains Dr Ernst. "Competing imaging systems take anything from an hour to 12 hours to process. This new system generates a very small file and it can be emailed to processing labs."

The highly accurate images are not affected by movement from the dentist or patient. Procedures requiring a full mouth impression are also simple, requiring the dentist to manoeuvre the camera, much like the dentist's mirror for between 60 and 90 seconds. Sarah Cramer, CEO of Denys, Dr Ernst's company, said: "There is no doubt that this technology, which provides the front end for the dental Cad Cam of scanning in the mouth, is the future for a major change in dentistry for the dentist and for the patient."



3-D image of teeth, using intra-oral scanning

Sarah Murray named Hygienist of the Year

Sarah Murray, Principal Tutor of Hygiene and Therapy, The Centre for DCP, was awarded Dental Hygienist of the Year, at the 'Probe' Dental Awards in 2007.

Reflections of a has-Dean by Professor Paul Wright, Dean of Dentistry 1999-2007

When I started at The London Hospital Medical College Dental School in October 1965, I never dreamed that I would one day be Dean of my alma mater. Indeed all I ever wanted to be was a Dentist and serendipity led me into a Clinical Academic career where I was happy as a Senior Lecturer in Prosthetic Dentistry with an Honorary Consultant Contract. Therefore, when Sandy McNeish first asked me to take on the role as Dean of Dentistry, I was initially reluctant, but circumstances and time persuaded me to 'give it a go'.

I doubt if any new Dean really knows what they have taken on, but it very soon becomes apparent that strategy and planning is constantly undermined by internal and external forces, all of which are now the responsibility of the Dean. A new curriculum was planned and was to be implemented starting in October 1999. Despite the strap-line 'evolution, not revolution' this was a major undertaking. Imagine our delight, therefore, when the Quality Assurance Agency announced it was to visit in 2000. This was my first real experience of leading a huge team who worked exceptionally hard to prepare for this visit while implementing the 1999 curriculum. There were so many involved, at all levels and without exception, with such enthusiasm. The Dental School has always been 'the sum of all its parts' and this was no exception. The result was probably the highlight of my tenure as Dean when the result (24/24) was announced to a packed Sir John Ellis lecture theatre, the uproar must have been heard in the Whitechapel Road. The party afterwards was also one to be remembered.

This was followed by a successful Research Assessment Exercise, which secured the funding for the Dental School for the next seven years. General Dental Council visits and annual monitoring, Royal College of Surgeon Specialist Advisory Committee visits followed, all of which had to be fitted around the annual events. These included the admissions process, that had consequences for at least five years at a time, Student Progress Reviews, Sign-up and the final examinations, graduation, alumni meetings and more. The national press also evaluated our success and we have never been below fourth in the League tables with the highlight being number one in *The Guardian* in 2005.

Change was everywhere. On the clinical side the Trust was expanding in all the dental specialities which had so recently been defined by the GDC. We introduced new clinical postgraduate degrees and the existing postgraduate degrees expanded. A new dental hospital to expand our outreach activity was also planned, with funding from the Department of Health to support increasing student numbers. Some of these funds were used to introduce a four-year Graduate Entry programme. We received over £6 million in capital funds, which has supported a complete refurbishment of the existing clinical facilities (the new dental hospital was still between five and ten years away). Two outreach centres, one at Barkantine in Docklands (15 chairs) and one at Southend-on-Sea with the University of Essex (22 chairs) will open this year. The collaborations between the Strategic Health Authorities and Primary Care Trusts were developed against change in these structures nationally.

I was determined not to let the other aspects of my work that I enjoyed so much be completely submerged. Clinical work continued at least a day a week, postgraduate and undergraduate teaching was curtailed but not entirely, a grant enabled some research to continue with the help of a post-doc and several PhD students. As President of the European Prosthodontic Association 2005-06 I organised a major international conference in London, another highlight of my career. I look forward to returning to these activities with renewed vigour. However, my experience will not go to waste. Appointments with the GDC and the Department of Health will allow me to continue to contribute nationally as well as locally.

What will I miss most? The fantastic support I have received from all of the staff on a daily basis. The national interaction with all the other dental schools who are all working with the same ultimate aim. Most of all, the brilliant students during my period as Dean, who already are or will become alumni, and I hope will share my love of this school for the rest of their lives. Graduation was always one of the happiest times of the year, and especially when 'White Gloves' were appropriate.

I wish my successors the best of luck with the challenges which will undoubtedly occur in the future because it is now for them to maintain the strength of this top Dental School.

THES Awards

Queen Mary has recently won two awards at the *Times Higher Education Awards*, for the second year running. ApaTech Ltd, who won the 'Business Initiative of the Year' award, aims to improve the quality of medical procedures with its synthetic bone substitute, ApaPore. The product is a practical application of research from the Interdisciplinary Research Centre in Biomedical Materials at Queen Mary. ApaTech is now a world leader in bone-graft technologies. Performing Medicine won the 'Excellence and Innovation in the Arts' award. The programme explores how arts can be used in the medical curriculum. The collaborative venture brings together theatre and performance to teach medical students how to use their bodies and voices more effectively. Performing Medicine is the only initiative of its kind in the UK. The 'Lifetime Achievement Award' went to Nobel prize-winning physicist and Queen Mary alumnus Sir Peter Mansfield.

Queen Mary ranked 14th in UK for research

Research Fortnight has published its Research Success Rankings for 2006-07, placing Queen Mary in 14th place, up 11 places on 2005's ranking. Research Success Rankings measure the number of research grants that universities apply for, and the success rate of their applications.

Purple flowered plants best for bumblebees

New research reveals that a bee's favourite colour can help it to find more food from the flowers in its environment. Dr Nigel Raine and Professor Lars Chittka, from the School of Biological and Chemical Sciences, studied nine bumblebee colonies from southern Germany, and found that those which favoured purple blooms were more successful foragers. Dr Raine said: "In the area we studied, violet flowers produced the most nectar – far more than the next most rewarding flower colour which was blue. Inexperienced bees are known to have strong colour preferences, so we investigated whether the bumblebee colonies with a stronger preference for violet flowers foraged more successfully in their local flora."

Saturn's 60th moon is discovered

Scientists from the NASA/ESA/ASI Cassini mission have announced the discovery of a new moon orbiting Saturn, bringing the total number of known moons in the Saturnian system to 60. This latest satellite was first detected by Queen Mary Professor, Carl Murray, a Cassini Imaging Team scientist from the Astronomy Unit. It was found in a series of images taken from the wide-angle camera onboard Cassini on 30 May 2007. Initial calculations suggest the moon is about two km wide (1.2 miles) and its orbit sits between those of two other Saturnian moons, Methone and Pallene. The Cassini Imaging Team, who found the object, said Saturn's moon count could rise further still.

Professor Carl Murray said: "After initially detecting this extremely faint object, we carried out an exhaustive search of all Cassini images to date and were able to

find further detections." It is thought, like many of Saturn's other moons, to be mostly made up of ice and rock. The body's proximity to Methone and Pallene suggests the three satellites may constitute a family of moons. The moon, originally dubbed Frank by the scientists who discovered it, has now officially been named Anthe. This decision will be taken by the International Astronomical Union. Professor Murray said: "The Saturnian system continues to amaze and intrigue us with many hidden treasures being discovered the more closely we look."

Some Londoners may remember Carl: "As an undergraduate whilst at Queen Mary I spent two summers (1975 and 1977) working as a porter at The London Hospital. That doesn't quite make me a London alumnus but must be quite close to it."



Anthe, Saturn's 60th moon, shown above, labelled 'S/2007 S4'

Andrew Marr speaks on History and Journalism

The BBC's Andrew Marr took centre stage in January to deliver this year's annual Bagehot Lecture. Speaking to a packed house about History and Journalism, Marr spoke about news coverage and discussed whether historians or journalists are closest to the truth. Chaired by Professor Peter Hennessy, from the Department of History, Marr commented on the culture of 24-hour news and the importance of institutional support for today's journalists. Andrew Marr joined the BBC as political editor in 2000 after a career as a political reporter, columnist and newspaper editor.

Sir John Major and Professor Peter Hennessy in conversation at Queen Mary

Former Prime Minister Sir John Major was in conversation with Atlee Professor of Contemporary History, Peter Hennessey at an event organised by the Queen Mary's Mile End Group. The conversation ranged from discussing his new book *More Than a Game: The Story of Cricket's Early Years*, to Iraq and Sir John's time as Prime Minister.



Transforming the hospitals

Barts and The London's £1 billion new hospitals programme is set to transform healthcare facilities locally, not only for current residents in east London and the City, but for the thousands who are expected to move into the area as part of the Thames Gateway expansion.

Once complete, the re-development will create world-class new hospitals at both The Royal London in Whitechapel and Barts in the City which, together with The London Chest Hospital in Bethnal Green, have provided medical care for hundreds of years.

The entire re-development of both hospitals is expected to be completed in 2015. The new cancer centre at Barts is due to be ready in 2010 and most new facilities at The Royal London should be operational early in 2012.

Already, the new Royal London Hospital is beginning to transform the cityscape of east London, with the core shafts of the new buildings now at full height. Measuring nearly 90 metres and 150 metres high, the shafts will house passenger, patient and goods lifts, stairways and associated lobbies, providing the inner core for the new buildings around which the rest of the structure is now being built, floor by floor.

Once complete in 2012, the new buildings will house the majority of clinical services, including London's leading trauma and emergency care centre and a dedicated children's hospital spanning three floors and bringing together all of the paediatric services for the first time.

At Barts, the upward construction of a purpose-built centre to house the flagship cancer and cardiac services is also well underway. The eight-storey building is being constructed in two halves, with the cancer centre due to open in three years' time and the cardiac centre set to be operational by 2014.



Interim Director of Medical and Dental Education appointed

Dr Ali Jawad, Consultant Rheumatologist, has been appointed as Interim Director of Medical and Dental Education. Dr Jawad takes over from Dr John Krapez who stepped down in August 2007. Dr Jawad has been a senior member of the M&DE team for over seven years and has deputised for John Krapez on several occasions. He has a wealth of experience in training and teaching for undergraduate and postgraduate doctors.

The Royal London's 250th anniversary

Founded in a pub by seven friends with but a shilling in the bank, The Royal London Hospital was born out of humble beginnings. Despite this, the organisation has grown to become one of the UK's leading teaching hospitals and celebrated its 250th anniversary last year.

The establishment of The London Hospital (as it was known before being granted its Royal title) was brought about by the founding group's desire to help London's underprivileged, poverty-stricken East End population. In celebrating its anniversary at Whitechapel, it is evident the initial loyalty to the local community has never wavered – indeed, it has been extended to patients from the City, Essex and beyond. The founding aspiration to help others is reflected in the hospital's coat of arms, which reads: 'Humani nihil a me alienum puto', meaning 'I am human therefore any human is my concern'.

On 20 September 1757 the original £18,000 Whitechapel hospital was opened, funded entirely from charitable donations and the hospital was supported in this way until the creation of the National Health Service in 1948.

The hospital celebrated reaching this milestone of 250 years at its annual open day in September 2007. The day included stalls and interactive displays, live music and dance, and the chance to take a look at the new hospitals construction site.

Map of Medicine online

All London clinicians can now gain access to the Map of Medicine, an online information tool designed to aid clinical decision making. The map gives healthcare professionals a single view of the best clinical information and latest guidelines relevant to a patient's pathway – all approved by NHS experts. The information spans 28 specialties, is organised into 3,700 pathways, and includes access to over 400 images. For more information on the specialties and pathways included, visit: www.mapofmedicine.com/broad_scope.php

Barts and The London's services 'excellent' again

Barts and The London once again received the highest possible rating for the quality of its services in a major national assessment. In its annual health check ratings, published in October 2007, the Healthcare Commission rated the quality of services at the three hospitals as 'excellent' for the second successive year. This was the only major teaching hospital in the capital to achieve the 'excellent' rating two years running and the only hospital trust in east London to be awarded the top rating. They also maintained their 'good' rating for the efficiency with which NHS resources are used.

Heart centre rated among the best

Patients who have cardiac surgery at Barts and The London Heart and Chest Centre receive some of the best care in the capital according to the independent Healthcare Commission. The centre achieved an overall survival rate of 96.6 per cent for patients who undergo cardiac surgery, 2.5-4.6 per cent higher than the survival rate range expected under European standards.

New children's critical care unit

Our new paediatric critical care unit is now officially open at Barts and The London Children's Hospital. Based at The Royal London, the new unit has sophisticated modern equipment and is led by a dedicated nursing team and specialist consultants, ensuring a high staff-to-patient ratio.

High scores for stroke services

Stroke services provided by Barts and The London and Tower Hamlets Primary Care Trust scored highly in the 2006 National Sentinel Audit for Stroke commissioned by the Royal College of Physicians. Services were assessed on 12 key measures vital to maximise the chances of a strong recovery following a stroke. Overall, Barts and The London scored 90% compared to a national average of 67%.

Revolutionary new imaging system

The £5 million new imaging system is now transforming how staff view, analyse, store and share medical images. The Picture Archiving and Communications System (PACS) means that instead of using traditional film, all new radiographic images are stored centrally on an electronic database. Clinicians can now

access medical images almost immediately, enabling more efficient diagnosis and treatment of patients.

Preparations are also gathering pace for the introduction of the NHS Care Records Service (CRS) across the hospitals later this spring. Over time, CRS will bring significant improvements to the speed, safety and quality of patient care and treatment.

Follow up to Casualty 1906

Following the success of the BBC's one-off drama *Casualty 1906* featuring life at The London Hospital a century ago, a three-part drama follow-up called 'Casualty 1907' will be broadcast from 30 March. The period drama is based on real case notes, ward reports, autopsy records and diaries.



A scene from *Casualty 1906*. Image courtesy of Stone City Films

Foundation Trust application update

More than 6,500 patients, carers and members of the local communities have already signed up as members of the proposed new Barts and The London NHS Foundation Trust. Once the Trust is given this status, it will be accountable to its members via elected representatives, who will be patients or their carers, members of the local community and hospital staff. All hospital staff will automatically be made members unless they choose to opt out. Anyone aged 16 or over who lives in Tower Hamlets, the City of London, Hackney, Newham or south Islington can join, as can anyone who has been a patient at Barts and The London's hospitals in the past three years. People who do not meet these criteria can be associated members.

Members will receive regular information and have opportunities to attend special Medicine for Members events to find out more about the work of the hospitals and about specific health issues of interest to them or their families. They will also be able to vote in elections to a new representative body – the members' council – or stand for election themselves to represent others.



The trust's application to become an NHS foundation trust was submitted to the Department of Health at the end April 2007, following a three-month public consultation. The Department confirmed that the application was strong, but asked that the trust undertake further work on specific elements, before proceeding to the final stage of the application process. The Trust currently hopes to resubmit their application this summer.

Aine McKnight

Professor of Viral Pathology

Centre for Infectious Disease
Institute of Cell and Molecular Science



The research interests of my group are mainly in human immunodeficiency virus (HIV) and acquired immunodeficiency disease (AIDS).

The holy grail of HIV research is the development of a vaccine to prevent its transmission. As part of The Bill and Melinda Gates Foundation we aim to discover a vaccine against HIV that is particularly suited to the developing world. Our location in East London is ideally suited because the majority of patients attending local clinics are infected with HIV viruses that most closely resemble those in the developing countries. Our group's effort is to identify neutralising antibodies in HIV infected patients that can block the virus from entering cells and to mimic this action by vaccination. Furthermore studying these viruses and how they infect cells can help us to understand how to block their replication.

HIV interacts with CD4 and a chemokine cell surface receptor to infect cells. Once inside the cell there are many obstacles to overcome before the replication cycle can be completed. HIV must not only interact with normal cellular factors to find its way to the nucleus but it must avoid factors that actively defend the cell from invasion by pathogens. Such factors are called 'restriction' factors and a major part of our research interest is to identify and characterise them. Our particular focus at present is on a factor, we discovered, called Lv2 (Lentiviral restriction factor 2). Characterisation of restriction factors are important because they can lead to new drug targets which are urgent without an efficacious vaccine.

Amrita Ahluwalia

Professor of Vascular Pharmacology William Harvey Research Institute



After graduating with a BSc in Pharmacology from University of Bath in 1989 I embarked on a PhD in Pharmacology at Barts and was

awarded my PhD in 1992. At that time I had no idea that I would 'come home to roost', as they say. After post-doc placements in the gorgeous city of Florence, Italy and the not quite so 'gorgeous', but nevertheless enjoyable, St George's Hospital in Tooting, I started the career ladder 'hike' with fellowship funding and an honorary lectureship at UCL in 1996. It was five years later that I was lured back to the Medical School and the serenity of Charterhouse Square. Of the various avenues of research that I have followed since my return one of my favourites, and perhaps most relevant, is our work on sex differences in cardiovascular physiology. Cardiovascular disease (CVD), which includes heart disease, stroke and high blood pressure, is the main cause of death in the UK. However, on average, women develop CVD ten years later than men but the reason(s)

for this difference has remained uncertain. CVD is largely brought about by the malfunction of blood vessels, predominantly of the arteries whose role it is to deliver blood to all organs of the body. To do this, arteries are kept in an open and relaxed state by substances made in and released by specialised cells lining the inner surface, called the endothelium. When arteries are diseased, the endothelium fails to make enough relaxing substances, and arteries become narrowed and blocked. Our research has shown that one of the relaxing substances that might delay CVD in females is endothelium-derived hyperpolarising factor (EDHF). Although it was first described almost 20 years ago, the exact role of EDHF in health and disease remains controversial. Using a mouse model we found a striking difference in the activity of EDHF in females compared to males such that the endothelium of female arteries appears to synthesise large quantities of EDHF whilst the arteries of males do not. Importantly, this has demonstrated for the first time that EDHF is involved in regulating blood pressure but also in preventing the inflammatory processes in the blood vessel that precedes disease.

Silvia Marino

Professor of Neuro-oncology

Institute of Cell and Molecular Science and the Institute of Pathology



I graduated from the medical school at the University of Turin; trained in molecular genetics at the Netherland Cancer Institute in Amsterdam and in

Histopathology and Neuropathology at the University of Zürich. In 2000 I established my own research group at the Department of Pathology of the University of Zürich.

I joined ICMS and the Institute of Pathology in 2006.

The focus of my research is genetic and molecular mechanisms controlling the development of the central nervous system (CNS) and how these very same mechanisms can contribute to developmental defects and brain tumourigenesis when deregulated.

The work of my group focuses on:

- The pathways and genes controlling the proliferation to differentiation switch of granule cell progenitors during postnatal

cerebellar development, in particular the Sonic Hedgehog pathway and the Polycomb group genes.

- The involvement of these genes in the pathogenesis of medulloblastoma, a highly malignant CNS tumour of childhood.
- The mechanisms of transcriptional repression through the Polycomb group genes and their role in brain development, neural stem cell maintenance and cancer formation.

To address these questions we are using experimental models such as conventional and conditional transgenic and knock-out mice as well in-vitro systems, including isolation and genetic manipulation of primary neural progenitors and neural stem cells.

My lab also has a strong interest in the translational application of such studies and the group is currently investigating the prognostic value as well as the possible use as therapeutic target of several genes identified in studies on the mouse models.

Helen Hurst

Professor of Transcription Biology

Gene Transcription Laboratory, Centre for Tumour Biology, Institute of Cancer

The focus of our research is the role of the AP-2 family of transcription factors in breast cancer. We have found that high level expression of one family member, AP-2 γ , is linked to poorer prognosis and reduced response to Tamoxifen. Using siRNA technology to silence AP-2 γ expression in breast tumour-derived lines, we have recently shown that the high expression level is needed to keep the tumour cells proliferating. Chromatin immunoprecipitation (ChIP) experiments have shown that AP-2 γ binds to and represses the gene encoding the cell cycle inhibitory protein, p21^{cip}, in the tumour cells. As p21^{cip} is normally induced by anti-oestrogens such as Tamoxifen, our hypothesis is that excess AP-2 γ interferes with this response.

Due to its minimal side effects, Tamoxifen remains the first-line treatment of choice, especially in elderly patients, hence there is a lot of interest in prolonging the effectiveness of this drug. We have a linked research interest using microarray technology to compare the range of genes expressed in tumour samples from patients who are either sensitive or resistant to Tamoxifen.

Edel O'Toole

Clinical Senior Lecturer

Centre for Cutaneous Research, Institute of Cell and Molecular Science and Honorary Consultant Dermatologist at Barts and The London



I grew up in Leenane, a small village in the West of Ireland famous for the film *The Field* and the scenic Killary Harbour, where I attended the local

two-teacher primary school. After a six-year stint in a convent boarding school, I studied Medicine at University College, Galway and subsequently trained in Galway and Dublin in Medicine and Dermatology. Under the mentorship of David Woodley at Northwestern University in Chicago, I spent four years investigating keratinocyte migration on extracellular matrix, funded by a prestigious Howard Hughes Medical Institute Physician-Scientist Fellowship. I moved to London in 1998 to finish my clinical training in Dermatology, and was appointed as Senior Lecturer in Dermatology in the Centre for Cutaneous Research in 2001. My keratinocyte research group commenced in 2003 following successful grant applications. My clinical interests are paediatric dermatology and genetic skin disease. Vera Martins, one of my PhD students, is using small inhibitory

RNA technology to look at the role of type VII collagen, a basement membrane protein in cancer. Mutations in type VII collagen cause the upper layer of the skin (epidermis) to detach from the epidermis resulting in chronic blistering and scarring in the severe inherited skin disease, recessive dystrophic epidermolysis bullosa. These patients develop aggressive skin cancers as young adults which metastasise and cause early death in over 50 per cent. Vera has shown that loss of type VII collagen induces changes in cells that possibly increase the chance of metastasis. She received first prize for her oral presentation at the national British Society for Investigative Dermatology meeting and gave one of just two plenary oral presentations from the UK at the International Society for Investigative Dermatology meeting in 2007.

I collaborate closely with Professor David Kelsell on harlequin ichthyosis (a severe congenital skin disease) and Judy Breuer on herpes virus biology on skin. I enjoy the challenge of having parallel clinical and scientific careers and hope that this dual relationship can result in translational benefit for patients.

Tanya Parish

Professor of Mycobacteriology Institute of Cell and Molecular Science



As Professor of Mycobacteriology, my major role is to conduct research into the biology of the causative agent of tuberculosis, *Mycobacterium tuberculosis* (Mtb). Despite

effective (but lengthy) drug treatment regimens being available, nearly two million people die and millions are newly infected each year. TB poses an increasing threat to public health with the emergence of multiple drug resistant strains refractory to treatment. Thus, new therapeutics are urgently required.

I deliver lectures on tuberculosis and molecular techniques to the undergraduate and postgraduate courses. I run the TB research group, composed

of post-doctoral researchers, research technicians and PhD students. I have worked at Barts and the London for seven years, after obtaining a PhD on mycobacterial genetics and several years of post-doctoral work on Mtb. I am also a Senior Scientist at the Infectious Disease Research Institute in Seattle, where I further our drug development.

We have developed and utilised genetic methods to identify and validate drug targets in Mtb. We have developed robust ways to identify essential processes in the bacteria, which if inhibited would lead to bacterial death. The hope is that drugs targeting these processes can be developed. Mtb has a very impermeable cell wall, which many antibiotics cannot cross, so that it is intrinsically resistant to a number of commonly used drugs. However, the cell wall itself is a good drug target. We have identified a number of genes which are essential for synthesis of

its components (including isoprenoids, mycolic acids and lipoarabinomannan). We have shown that by preventing their synthesis, we can effectively kill the bacteria and at the same time render them more sensitive to other antibiotics. In addition, we are investigating gene regulation in response to environmental signals, which are important for pathogenesis.

Mtb is a difficult organism to work with, partly because it is pathogenic, infecting via the aerosol route, and therefore it poses an infection risk. Thus Mtb must be handled with great care within a specialised containment level laboratory. In addition, it grows much more slowly than other bacteria, taking three weeks to form colonies, so that experimental work is a lengthy process and most experiments take months to complete.

Dear Editor,

John Menon's letter and picture brings back memories. Arthur Wint's other claim to fame was his qualities as a model for Surface Anatomy! Brian Lascelles we remember well. Peter Matthews was my fellow Casualty Officer at the Norfolk and Norwich in 1953. No pre-reg jobs in those days! During his two weeks' leave, I held the fort, 24/7 without relief. Even at 25, it was tough. The EWTD would not have approved. Khurshid also appears, as he does in a similar picture in The Square, of St. Barts AFC, of which I was Hon Sec for a time, the President being Alan Hunt. Khursid was a fine right winger, with a trick of centring by abduction of his left leg, which deceived many an opponent. His secret weapon when we were losing and time was running out, was to remove his boots, presumably the relic of dust-covered playgrounds of his youth. It gave him a yard! Stallard was not only 'on' at Barts, but also at Moorfields, this being the recipe for professional success in the 'Specials' in those days. I came into Ophthalmology relatively late, and did a few locums in the Eye Department at Barts while working for Fellowship. HBS was, I suspect, slightly put out to find that here was a young Ophthalmologist not actually inspired by himself!

Is John Hawkins right about the opening of College Hall in October 1952? Does he mean the Residential Block, because I remember moving in there in early '52 before Final MB in May. The Collegiate surroundings, Oxbridge in ambience, fellowship and amenities (squash, shower and bed by 10pm) and the all-important proximity of Barts for the Library, OPs etc. made the difference for me, not to mention the 'Hand and Shears' now and again!

Colin AL Palmer
q Barts, 1952

Dear Editor,

The wards and nurses pictured in Volume 9 issue 1 reminded me of my time working as SHO in Albert Dock Hospital, London E16. Alas it has been demolished and a housing estate built in its place. I worked with a consultant Orthopaedic Surgeon from Bangladesh who was a medical teacher too.

Dr Kailash Trivedi
Former staff member of The London

Dear Editor,

I was amused to read the article and see the photograph of View Day (BLC, Spring 2007, Volume 9, Issue 1). I was present on that day in 1964 as a guest of my father, Sir Michael Perrin (ringed



View Day 1964
Photo courtesy of St Bartholomew's Hospital Archives

Dear Editor,

I cannot resist adding my own memories about DH (BLC, Spring 2007, Volume 9, Issue 1). Although a decade earlier, all the clinicians Brian Apthorp mentions are familiar to me but there were many more. The Dean was AE Clark-Kennedy whose book on The London, *London Pride*, was published in 1979. I remember ward rounds by Sir Alun ('Daddy') Rowlands who would approach a bed, place his stethoscope on the patient's chest and say in his Welsh lilt "How are you?" He told us about an occasion when he was a senior naval officer when he felt faint so he knelt down and put his head near the ground. He was picked up by two naval guards who took him to the guard-room and reported "We've got a bloody admiral drunk as a lord". He would regularly attend Clinico-pathological conferences and on several occasions, when the audience had discussed an odd case which had been presented, he would say that in 1936 he had a patient, in bed 8 of his ward, with similar symptoms which was diagnosed as x – which was precisely the diagnosis of the case presented. Willie Evans made us vow to "Grow up to be lean doctors so that you can chastise your obese patients". He refused to accept 'mitral incompetence' as a diagnosis. When he saw it written in the notes he would say "Incompetence yes, but not mitral". The thoracic

in the photograph). He was Chairman (although the position was then known by the old style of Treasurer) of the Board of Governors of St. Bartholomew's Hospital from 1960-1969. At the same time he was Chairman (in that case the position being styled as President) of the Medical College. In the picture he is accompanied by John Gooddy, the House Governor and Joan Loveridge, the Matron, is walking behind them. I am afraid I cannot now identify the man walking with her.

You might be interested to know that the Stave of Office (in fact I suspect a billiard cue, but painted with his name and the Hospital crest) carried by my father is now proudly displayed in my dining room.

Charles J Perrin, Treasurer
Queen Mary, University of London

surgeons would invite him to come to theatre when a heart was displayed so that he could insert a finger and feel the incompetence but he never went.

As suggested by Dr Apthorp, it was Donald Hunter who seemed to dominate the scene. I remember the queues forming early outside the Bearsted Theatre to be sure of getting into his lunchtime lecture. He used a 'clicker' to signal to his projectionist to change the three-inch glass slide and he used, what looked like, a billiard cue to bang it on the wall in precisely the position where the next image would appear. "This man is engraving a tomb-stone – his own tomb-stone" he would add as the man wore no mask. As a leading authority on industrial medicine he would have a display of artefacts on a table for the oral examination of final year medicine students. It is said that as a joke his colleagues once removed these objects and replaced them with a plate of fish. As a result all subsequent students were examined on diseases of fishermen and those caused by fish. My brother Peter (q The London, 1936), who was determined to be a surgeon, was nearly swayed towards medicine by Donald Hunter.

Michael Essex-Lopresti
q The London, 1951

Dear Editor,

I read with great pleasure Dr Apthorp's article on the late great Donald Hunter. Such was the degree of nostalgia that it gave me; I felt it necessary to share some memories from those days. I was privileged to do his 'firm' (six students clerking) at The London in 1952-3. We awaited a ward round and the arrival of DH, and stood by the fireplace in the centre of the ward, some 30 feet from the door. The door swung open to reveal the great man, bald head shining, echeloned by white-coated junior house staff, and the shout from him was "Rats!"— as he swept down the ward towards us. Fearing the worst, we cringed as he reached us. "What was the cause of the plague of London, boy?" "Er – er– rats Sir??" "Rat fleas, good boy, good boy!" and on we would go.... DH demonstrated an epileptic fit on a nearby empty bed. Leaping off he'd grasp a student and cry "What did I miss out, laddie?" "Dunno Sir." "I wasn't INCONTINENT! Was I, Sister?"

He asked me which was the largest port in the world. "Sydney, Sir?" He pressed half a crown into my hand and ordered me to take a boat ride around London Docks. Lesson learned. His daughter obtained her exemption from Second MB from Oxbridge (with Honours, of course). The 'firm' was invited to a small celebration party at his house in Hampstead where we were given a guided tour of his garden. All the plants, flowers and shrubs, bar none, had medicinal uses – a veritable *Materia Medica* of garden flora. Each growth was given a brief description of its medical history and uses in clinical practice. I still protect foxgloves in my garden.

Senior or junior hospital staff would ask DH to see any patient who might have a challenging physical sign relating to their occupation (remember DH's book on occupational diseases was, and still is, of world acclaim). The patient could have a callosity on some part of their body and DH would have to identify the occupation from that alone. It was rather like the more formal Clinico-Pathological Conferences held in the Bernhardt Baron lecture theatre, when a Consultant would be given a scanty history to muse over and make suggestive diagnoses and choose the most likely one. Eventually, a Pathologist would reveal all, from the findings in 'The Palace of Truth' (the post mortem room).

Dining-in night at The London was, I think, every six months, and in 1956 one of the invited Consultants 'sang for his supper'. The high jinks after dinner are best forgotten. Highly respected national names attempted to circumnavigate the Residents' mess

common room without touching the floor. This inevitably resulted in fixtures and fittings being torn down and the Mess President, (the Senior Accoucheur), was summoned to the House Governor's office the following morning to be reprimanded and receive the enormous repair bill. Similar to 'Doctor in the House', a cheque from one of the Consultants arrived soon after for 'Mess Funds' with a letter of gratitude for a 'good evening'.



DH examining notes in a hospital in India

John A Cooper
q The London, 1956
Retired Obstetrician and Gynaecologist,
Cornwall and Isles of Scilly

Dear Editor,

It was with interest that I saw the photograph in Volume 9 Issue 1, of the Housemen on page 19. I was the Senior Resident Accoucheur, the senior of the House Officers, and in those days, President of the Mess. I am the chap with the moustache and a white handkerchief in my breast pocket, seated in the middle of the front row between Mike Floyer on my right and Jack Crawford on my left. Valerie Thompson is on Mike Floyer's right.

I continued in Obstetrics and Gynaecology, eventually appointed to the Royal Free where Valerie was a consultant colleague. The year was actually 1958-1959. This was the House at Christmas 1958.

Philip Chalk, q The London, 1957

Heartfelt Reflections

Ambulance siren, twitching curtain
 Why at midnight is it so certain
 That crises strike and paramedics,
 Cheerily able, perform heroics?

Anginal spasm, pallid brow
 Why pyjamad must it now
 Strike a note of sleep revoked
 Conveyor-belt so well provoked?

Through the starlit fevered night
 Blanketed against the blight
 Of system's shock and rising panic
 At the thought of death titanic.

Wifely comfort, nursely calm
 Doctor's tired and earnest balm
 Chuntering monitors, machines galore
 Assail the senses from head to floor.

Bedside chat by cardiologist
 "Operate within the week" his logic
 Visited by friends and family
 Hugs and kisses, touching clammily.

So the darkness once more faced
 Surgeon's skills and choices paced
 Heart bypassed in multiple four
 You couldn't really wish for more.

Out of body, that's the trick
 Peaceful scene around the sick
 Protected well in spite of all
 Held against a deathly thrall.

Waking, wondering "Is this heaven?"
 Feeling deeply, darkly shriven
 'Intensive Care' gives the lie
 No techno suites beyond the sky.

Life support to 'High Dependency'
 Kidneys failing quite a tendency
 Wretching, reaching for a bowl
 Better health the longed-for goal.

Hope beyond enfeebled state
 Moving there at sedatest rate
 Heartfelt limits, limitless love
 Fit us for the realms above.

Roger Hurdling
q Barts, 1959

Dental Dame

Jo Stiles talks to alumna Dame Margaret Seward about her career in dentistry, life at The London, and her lasting legacy of training and support for all members of the dental team

From a young age Margaret was immersed in the world of dentistry. Her father practiced as a single-handed, general dental practitioner. Their family home was equipped with a surgery in a converted bedroom and she became fascinated by the practice and the work of the technicians. "At the age of seven, I began making models and was given a fret saw. As I got older I waxed up parts of dentures". She recalls "People would come in to see my father looking terrified or in pain, saying 'I've got terrible tooth ache'. Then after their treatment they would come out smiling, exclaiming 'Oh! That is wonderful'. I thought 'isn't that lovely?' I knew I had found a real vocation. I never thought of any other career."

Margaret undertook her formal training at The London, following in the footsteps of her father and her brother Leslie Oldershaw (q MBBS, The London, 1949). "There were a number of reasons I wanted to go there. Les said it was a very good hospital. Also important was its location. Students didn't live away from home then. I had to take the train every day so it had to be within easy reach of Enfield." The demographic studying dentistry in 1954 was very different from that of today. In Margaret's year there were just five women. Although now this would be considered a very small number, in the 1950's this was unusually high. For the men in the class this caused "absolute outrage. They all said, 'we are going to be short of rugby players', and 'they are going to interfere with all our drinking,'" she recalls.

On finishing her BDS Margaret was appointed to the unique and highly competitive position of Resident Dental House Surgeon at The London. Starting a six-month posting in the summer of 1959 (which readers of the last issue of *BLC* will note was the same year as Peter De Buse's term as House Physician), Margaret was the first ever woman to be selected for this role.

"When I was appointed, they thought 'Oh gosh! This woman is going to have to live in the mess.' The resident housemen were expected to have parties in their rooms. So you had to pack up your room and let them party."

One very formidable force to reckon with when Resident House Surgeon was the Sister in charge of theatre, Miss Ida Latham. "She was known to a whole generation of people. As a lowly houseman you had to negotiate with her to get your patient on to the operating list. You found skills you never thought you had." Ida became a great friend and claimed that it was her matchmaking that resulted in Margaret's marriage to the Senior Dental Registrar, Gordon Seward (q BDS 1948 and MBBS 1957, both at The London).

Discrimination in the profession became an issue to which Margaret would frequently return to address throughout her career

In 1964 Margaret resigned as Senior Hospital Dental Officer at Highlands Hospital to become a mother, as there was no maternity leave. During the early years of motherhood she continued to pursue her professional interests. "I got quite bored at home", she laughs. "All my friends were having babies too. We were all keen to do things". Observing the babies' symptoms and resulting distress during teething, Margaret wrote her thesis '*A Survey and Statistical Evaluation of the Complications Attributed to the Eruption of the Primary Dentition*'. Friends with babies and the local health visitor contributed to the research. Following its submission in 1969 Margaret received the MDS from

University of London. Her publication continues to be the most authoritative study on this subject.

Margaret tells me of the difficulties many women experienced in finding employment if they had taken a career break to have children. "All those around you, the ones that hadn't stopped work to have kids, had gone up the ladder past you. What I found really challenging was the lack of provision for re-training." To illustrate this need, Margaret persuaded the Department of Health to fund a survey to uncover the problems for women in the profession. The results highlighted that women returning to work needed refresher courses and some re-training to enable them to adopt the latest technologies and techniques. Discrimination in the profession became an issue to which Margaret would frequently return to address throughout her career.

On being appointed Editor of the *British Dental Journal* in 1979 Margaret began to instigate many changes. She commissioned more general practitioner related articles; included sugar-free recipes; organised study tours abroad; and produced numerous books and continuing education initiatives. The most significant was a supplement aimed at training the dental nurse. "I was very aware that they were a neglected group in the dental profession," she explains. "I am a very team-orientated person and believed they were not supported." Using her powers of persuasion and negotiation learnt whilst at The London, she tells me, the Department of Health gave her a grant to publish a supplement in each issue of the *BDJ* for 24 issues (one year). Margaret proudly tells me that the seventh volume has just been published some 17 years later. "It's wonderful to see the *Teamwork Series*, as we called it, is still continuing".



Feature Dame Margaret Seward

During her tenure as Editor she maintained her knowledge and expertise in clinical dentistry by teaching at The London an afternoon a week in the oral surgery department.

Following her earlier survey in 1975 she was asked to undertake a follow-up survey in 1985. "I found, what we knew to be the case, that ten years later, discrimination was still around." Unfazed by this problem, seemingly entrenched in the working life for millions of women, she proposed and delivered a solution. Displaying her typical modesty, Margaret tells me that she was just in the right place at the right time to do something about it. She explains, "Always keen to hear what was going on, Edwina Currie, the Minister for Health at the time, visited The London. I told her of the issues women were facing in the workplace and that a tailored course for getting back to practice was needed. "Margaret, you fix it!" she said. So with a Department of Health grant Margaret returned to The London to seek their help in running such a course. In the first year they had 24 applicants for eight places. It became a model for other institutions to follow. In true altruistic style, Margaret says, "It was such fun seeing these people getting back to work. And," she adds proudly "It was The London who was forward-thinking to enable them to have that opportunity."



Class reunion, February 1984

Margaret's illustrious record of leadership and accomplishment during her career grew as she was appointed to positions such as Editor of the *International Dental Journal*, the first woman President of the British Dental Association for nearly half a century and the first woman President of the General Dental Council. Her many achievements were acknowledged through the bestowing of many honorary fellowships from institutions such as Queen Mary, University of London, Royal Colleges of Surgeons of Glasgow and Edinburgh, Universities of Birmingham, Newcastle, Portsmouth and Sheffield, as well as the Academy of Dentistry International, American Dental Association, American College of Dentists, College of Dentists in Hong Kong, International College of Dentists and the Pierre Fauchard Academy. She has also been awarded the prestigious civil honours of CBE and DBE.

Thinking she was ready to retire, Margaret undertook one last survey: *Better Opportunities for Women Dentists*, for the Department of Health. "There were still lots of problems in 2000, and they were more complex as society had moved on." With maternity provision and many people working part time, the work force was decreasing. "I got a call from

the Department of Health to come in for a chat. I thought it was about the focus groups I was holding as part of the survey." Instead, they offered Margaret the chance to implement the recently published government strategy *Modernising NHS Dentistry*, with the role of Chief Dental Officer thrown in for good measure. After considerable deliberation she accepted the role, motivated by the opportunity to bring about significant changes. The first year was tough, but using her finely honed leadership techniques she skilfully won the trust of stakeholders and opinion-formers. "They saw I was open to negotiation and prepared to listen. Eventually I was accepted." Not only was she accepted but she won full support from all parties. "It was the most incredible time. You are a bridge between government and the profession. You have enormous influence, which you don't appreciate until you're in the job. I thought I was influential when I was journal Editor and then as President of the GDC, but it wasn't until I got to the Department of Health that I really found out. You have an enormous input with ministers. It was the most wonderful experience and I was very lucky to do it."

Now Margaret has really retired she and Gordon live by the sea and spend their time travelling, entertaining, going to the theatre, walking, and spending time with their family, including their two grandchildren. But her thoughts are never far away from supporting good oral health. Even in the newsagent she is campaigning: "I was at the till in WH Smiths buying a couple of greeting cards and the young assistant said 'Would you like this special offer chocolate?' pointing to a huge bar on the counter. I said 'Hang on! No! I am a dentist and you are ruining children's teeth!'"

Throughout her career it is easy to see that Margaret has been driven by her determination to improve people's lives; whether patient, dentistry professional, today's children or teething babies. A true leader, she promotes teamwork and optimism through her energy and exuberance. And she tells me – "Once you are a Londoner, you are always a Londoner". Dame Margaret is obviously proud of her roots.

Highlights of Dame Margaret's career

1959

BDS (Hons), The London

1959-1960

Resident Dental House Surgeon, The London

1960-1962

Registrar, Oral Surgery, and Dental Officer to the nursing staff, The London

1962

FDS, Royal College of Surgeons of England

1970

MDS, University of London

1976

Member, General Dental Council

1979-1992

Editor, *British Dental Journal*

1980-1992

Honorary Lecturer, Department of Oral and Maxillofacial Surgery, The London

1980-1994

Member of Faculty of Dental Surgery of Royal College of Surgeons of England

1989-1992

Member of Council, Federation Dentaire Internationale

1990-2000

Editor, *International Dental Journal*

1990

Vice-Dean for Faculty of Dental Surgery of Royal College of Surgeons of England

1993-1994

President of the British Dental Association

1994-1999

President of the General Dental Council

1994

Awarded CBE for services to dentistry

1999

Awarded DBE for services to dentistry

2000-2002

Chief Dental Officer, Department of Health of England

Women at QM – The Exhibition

The Women at Queen Mary Project celebrates the 125th anniversary of Queen Mary. The project acknowledges the different generations and communities of women who entered higher education for the first time, and draws parallels between groups of women for whom entry into such education was not the norm.

The Women at Queen Mary Exhibition, a key part of the Women at QM project, celebrates the achievements and history of our alumnae and former staff from all four of the institutions that now constitute Queen Mary. It seeks to explore the challenges, opportunities and dilemmas women faced. The history of women at the College is told chronologically and is structured around a number of themes which include ‘The Woman Physician’, ‘The Impact of the Great War’, ‘WWII Evacuation’ and ‘Women in Medicine and Dentistry 1946-1959’. The exhibition illustrates the ways in which women have studied, taught at or worked at Queen Mary. It illustrates the influences of changing educational and professional opportunities, political ideologies, international events and cultural ideas.

Fascinating stories emerge from the exhibition. Women students and staff have made significant contributions to The London Hospital Medical College (est. 1785), St. Bartholomew’s Hospital Medical College (est. 1843), Westfield College (est. 1882), Queen Mary College

(est. 1887) and School of Dentistry within The London (est. 1911).

Women such as Elizabeth Blackwell (q Barts, 1850), the first fully-qualified woman doctor of medicine and Elizabeth Garrett Anderson (q The London, 1866), the first British woman to qualify, were both individuals who championed medical education for women. Despite their individual success stories however, there was strong opposition to women in medicine; this remarkable pair triumphed in a social environment where religious ideals dictated that women spent their time at home, caring for their family. Many professions refused entry to women and the world of medicine was no exception. One young woman who experienced such prejudice was Ellen Colborne who registered to study at Barts in 1865. Her presence caused such a stir among fellow students that lectures were disrupted and a petition was raised against her, which most students signed. With little support for her cause she was forced to withdraw. The College did not accept women students back through its doors again until 1947.

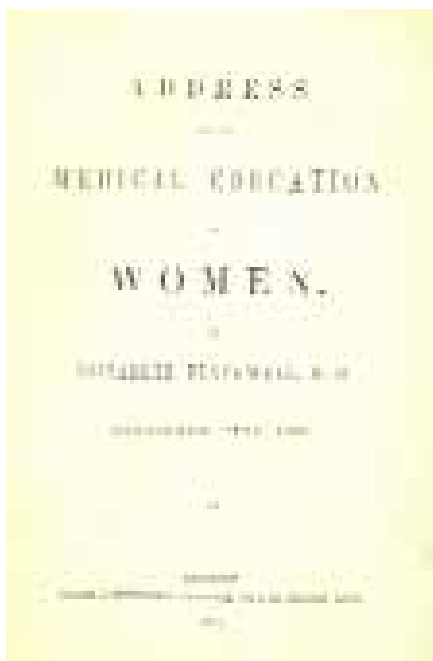
The exhibition also illustrates how women’s roles changed during and after the First and Second World Wars. With men engaged in active service during the conflicts, the demand for doctors and medical care increased significantly. Although the Medicine Act of 1876 had allowed women to become qualified doctors, there were still few opportunities for women to train. Such a shortage of health care professionals forced London medical colleges to change their admissions policy during and after the First World War. The London Hospital Medical College accepted a limited number of women for a temporary period between 1918-1922. Barts, however, resisted alongside Guy’s, St Thomas’s and The Middlesex. In 1922, The London again banned women from studying medicine. During and after the Second World War, the University Senate’s Committee on the Medical Education for Women reviewed the

position on co-educational medical study. In 1946, all London medical schools were obliged to accept both male and female students from 1947.

As for the rest of Queen Mary’s history, women played a key role in the founding and success of Westfield College, and what eventually became Queen Mary College.

Westfield College was founded in 1882 by a group committed to women’s higher education, including Mary Petrie and Constance Maynard, who became the first Mistress. The founding of the College was made possible by a generous donation from Ann Duden-Brown, a wealthy heiress. Westfield became the first residential women’s college in London, and was situated in Hampstead, north London. The College mission was to offer higher education based on Christian doctrine. Subjects taught included mathematics and botany. Westfield College merged with Queen Mary in 1989, eventually moving over to the Mile End Campus.

The People’s Palace was founded in 1887, and its technical schools, which later became East London (Technical) College, provided people of the East End with cultural and educational opportunities. These included evening classes, a library and reading rooms in an attempt to ‘bring the teaming hoards



Front cover of Elizabeth Blackwell’s “Address on the Medical Education of Women” December 1855. Courtesy of Barts Archives.



Westfield College staff and students, 1889

culture and practical education'. The local community frequently used the library within the Palace. Minnie Stewart Rhodes James, the Assistant Librarian, played an important role in building the collections and tried to accommodate members by acquiring novels and other light reading. In 1934, East London College was renamed Queen Mary College.

Materials and artefacts presented in the Women at QM Exhibition date back to 1850. These feature photographs, sketches, diaries, posters, prospectuses, medals, college shields, and a netball jacket, provided by the Queen Mary Library Archives, the Barts and Royal London Hospital Archives, alumni and former staff. Also included are interactive

features such as recorded dramatisations and oral histories from individuals, which bring the history of the College to life.

For more information, see www.women.qmul.ac.uk

Alumnae Profiles

Elizabeth Blackwell (1821-1910)

First woman doctor (q Barts, 1850)

Blackwell was the first woman medical doctor and was a champion of medical education of women. Around 1850, she was admitted as a doctor at St Bartholomew's Hospital and worked alongside Dr James Paget. She wrote many lectures on health issues and in 1852 she published *The Laws of Life; with Special Reference to the Physical Education of Girls*. In 1858 she embarked on a year-long lecture tour addressing topics including the value of physiological and medical knowledge to women and the work of medical women in America. In January 1859, she became the first woman to be registered with the British Medical Council. Blackwell helped to organise the National Health Society and founded the London School of Medicine for Women with several other pioneering women doctors, including her sister, Emily Blackwell and Elizabeth Garrett Anderson. In 1875, Elizabeth Blackwell became a Professor of Gynaecology. She retired in 1907.

Elizabeth Garrett Anderson (1836-1917)

First British woman doctor, (q The London, 1866)

Garrett Anderson was a pioneer in the medical education of women and a feminist campaigner. She was born in Whitechapel and was educated both at home and at a boarding school for ladies in Blackheath. Between 1863 and 1864 she studied dissection and anatomy at The London Hospital Medical School. In 1866, she was listed on the



Elizabeth Garrett Anderson as a young woman 1865, Royal London Archives

Medical Register and established a dispensary for women in London. She was made a visiting physician to the East London Hospital and subsequently founded the London Hospital for Women, which was staffed entirely by women. Anderson appointed her mentor, Elizabeth Blackwell, as the Professor of Gynaecology. In 1883, Anderson became Dean of the London School of Medicine for Women, which she founded with other pioneering women doctors. Anderson's efforts paved the way for other women, and in 1876 an act was passed permitting women to enter medical professions.

Ann Duden-Brown (1823-1917)

Founder of Westfield College

Duden-Brown was a wealthy heiress with an interest in evangelical religion. She resolved to establish a residential college for women. Duden-Brown gave a gift of £10,000 for 'founding and perpetuating a college for the higher education of women on Christian principles.'



Constance Maynard, the first Mistress of Westfield College, at her desk, c1897

Constance Maynard (1849-1935)

Mistress of Westfield College
Maynard held the unique title of Mistress of Westfield College from 1882 until 1913. She was born in Middlesex and grew up in a strict

evangelical household in Kent. In 1872, in spite of her parents' fears, she joined a new college for women in Hitchin, which soon after became

Girton College, Cambridge. In 1875 she received a second-class honours degree in Moral Sciences. During these years she developed a vision of a college, which not only promoted high educational standards but also acknowledged a commitment to Christianity. She played an influential part in the establishment of Westfield in 1882 and ensured its subsequent Christian connotation. As Mistress she saw Westfield successfully evolve from a small London College for ladies into a prominent College of the University of London. She wrote numerous religious periodicals and papers on the education of women. Maynard played a significant role in the late nineteenth century movement to secure intellectual enfranchisement of women.

Minnie Stewart Rhodes James (1865-1903)



Minnie Stewart Rhodes James. Courtesy of CILIP Papers, UCL Library Services, Special Collections

Librarian, People's Palace
James was appointed assistant librarian at the People's Palace for East London in 1887, and became head librarian in 1889. She played an important role in building the

collections of the People's Palace Library. Her writings display respect and sympathy for the library's clientele, whom she tried to accommodate by adequate opening times and by the acquisition of novels and other light reading.

Matrons of our two Hospitals

Dr Brian Colvin celebrates the matrons of Barts and The London

One hundred years ago, on Saturday 1 June 1907, the 1,000th edition of the weekly *British Journal of Nursing* was published. The Editorial stated that, at the time of the first edition in April 1888, few hospitals in the United Kingdom maintained acceptable standards of nurses' training. In those days, "any woman could term herself a nurse without having received any professional education at all. The nursing staffs of many hospitals were much restricted in number, their salaries were very small, their food very insufficient, their bedroom accommodation usually consisted of part of a room or of inferior cubicles. It was a usual experience that they were overworked and underpaid."

Much has changed in the past 120 years since these words were written but our own nursing colleagues may feel that all too much has remained the same.

Ethel Bedford Fenwick Matron of Barts (1881-1887)

The Editor of the *British Journal of Nursing* in 1907 was Mrs Ethel Bedford Fenwick (née Manson) and she had a profound effect on the development of nursing in the United Kingdom and beyond. She was born in Elgin, Scotland in 1857 and at the age of 21 she commenced training in Nottingham, and soon moved to Manchester. She then left for London, worked for 18 months at The London Hospital and in 1881 she was appointed Matron of St Bartholomew's Hospital. At just 24, she was the youngest Matron ever to be appointed at Barts and held the post until 1887 when she resigned, as was the custom in those days, to marry Dr Bedford Fenwick, (q The London, 1877). During her time at Barts she did a great deal to improve training and working conditions and recruited nurses from a wider social and geographical pool than before.

After her marriage, Mrs Bedford Fenwick nevertheless remained extremely active, campaigning for reform in order "to unite British nurses together in membership of a recognised profession, for their mutual support and assistance; to improve their education; to provide for their proper certification and registration, and to enable them to obtain, when trained, a just reward for their work." There was, in those days, a "Nightingale Circle", with which Mrs Bedford Fenwick was not associated. The Bedford Fenwick vision was to take nursing professionalism beyond the limits that Florence Nightingale found acceptable. In 1919, the Nurses Registration Act was passed, representing the culmination of her work and Mrs Bedford Fenwick appeared as State Registered Nurse number one when the register appeared in 1923.



Ethel Bedford Fenwick. Courtesy of Royal London Hospital Archives and Museum

Eva Luckes Matron of The London (1880-1919)

Miss Eva Luckes was born in Exeter, Devon in 1854, was educated at Cheltenham Ladies College, began her training in 1876 at the Middlesex Hospital and completed it at the Westminster. She first came to The London in 1878 and was appointed Matron to The London Hospital in 1880. She was only 26 and, according to Frederick Treves, there was some concern that she was “too young and too pretty” to be Matron (a similar comment was apparently also made a year later about Ethel Manson at Barts). Miss Luckes was determined to improve nurses’ living and working conditions and to place an emphasis on training, in order to improve standards of care. She published a collection entitled *Lectures on General Nursing* in 1884 and *Hospital Sisters and their Duties* followed in 1886.

It seems that Miss Luckes’ approach to training was more personal and practical than that recommended by Mrs Bedford Fenwick and by her journal, the *Nursing Record* (later the *British Journal of Nursing*). Miss Luckes felt a strong sense of personal responsibility for those she had trained and perhaps this was one reason that she opposed the state registration of nurses, which Florence Nightingale had said would “stereotype mediocrity” and which both feared might interfere with the pursuit of excellence. It is worth noting that Eva Luckes and Florence Nightingale had a very good relationship, the latter describing Miss Luckes as the “Matron of Matrons”. Miss Luckes continued as Matron at The London through the Boer and then the Great War and in 1919 she died in office, 39 years after her appointment.



Eva CE Luckes. Courtesy of Royal London Hospital Archives and Museum

St Bartholomew’s and The London Hospitals have now been united for more than ten years. The new NHS Trust, which also incorporates the London Chest Hospital, is developing into one of the largest and most successful hospital groups in the UK. With a very large PFI on two sites, it uses space partly released by the demolition of the old nurses’ homes, built under the influence of the matrons of the past.

I have found myself curiously saddened by their loss and am sure that both matrons would have shared my feelings. Meanwhile the reputation of the new School of Medicine and Dentistry within Queen Mary, University of London, has been growing steadily and the School is contributing enthusiastically to proposals for the creation of an NHS Foundation Trust and Academic Health Sciences Centre.

Just as Ethel Bedford Fenwick and Eva Luckes did not always see eye to eye, so we have experienced some conflict, (not

always constructive), in the creation of our Trust and School. The two great nursing figures of the end of the nineteenth and the beginning of the twentieth centuries had similar visions of high quality nursing care and training, which they sought to achieve in different, but equally valid ways. We can now use the example of these two remarkable and powerful women from our shared past to reinforce our confidence and faith in our future together.

Dr Brian T Colvin MA FRCP FRCPATH
Dean for Student Affairs
Consultant Haematologist
President, Barts and The London Alumni Association

This article is based on a speech given by Dr. Colvin at the Nurses’ Dinner of Barts and The London NHS Trust on Friday 1 June 2007.

An Obstetrical Rotation in Dublin in 1947

Readers may find the content of the following account disturbing. After careful consideration the Editorial Board agreed that publication was appropriate because of the article's historical significance.

Soon after the end of World War II it became possible to do an undergraduate obstetrical rotation at the Rotunda Hospital and I jumped at the opportunity. After all, I reckoned I knew a thing or two about Dublin, having read James Joyce – *A Portrait of the Artist, Dubliners, Ulysses* – and although it would be more than 40 years after Bloomsday there might be some of his Dublin left to recognise.

But first I had to do a month's rotation in an obstetrical unit closer to home. This

was in Dartford in a small unit with light and airy wards. The pace of work was usually unhurried and the sister in charge was a follower of Grantley Dick Read. We had two dramas. The first was a prolapsed cord with just 11 minutes elapsing from recognition to the emergence of the living baby's head at section. The second was a disaster – a breech with delay in the aftercoming head. All the right manoeuvres were carried out but none worked and the episode ended with a cranioclasty.

By default I gave the open ether anaesthetic. Not a happy time for any of us – foetus, mother, obstetrician, sister, midwife and me. However most of the deliveries went well. Analgesia by trilene mask or pethidine was available but seldom requested. I was lucky enough to help four or five women have a full 'natural' childbirth culminating in the delivery of the baby and an epiphany for all those present; a magnificent experience.

“From time-to-time, one would approach a labouring woman, exhort her to stop yelling and push”

Dublin didn't turn out to be quite what I expected. For a start I was kept too busy to chase up Leopold Bloom's haunts. And then the pillar-boxes were green not red. Then there was the Labour Ward, the District and the fleas. The Labour Ward was the antithesis of the unit in Dartford. It was a large, tiled, open room lined by basins and sinks and, in the centre, a half dozen beds, arranged radially, heads towards the middle, each separated by thin curtains on three sides with the bottom ends open for all to see. Midwives paraded the periphery. From time to time, one would approach a labouring woman, exhort her to stop yelling and push. When the baby emerged it was held up by the ankles, given a brisk smack on the buttocks to encourage crying and taken over to a basin for a brief wash and inspection. The midwife made sure the placenta was out and mother and child were shifted on to a ward to make way for the next one in labour. As this was my second rotation I had to attend only two deliveries in the Hospital before escaping to the District. This surrounded the Hospital and was not the most salubrious part of town, much of it designated as a slum. Home deliveries were attended by groups of four students supervised remotely by the Clinical Clerk. There were 12 to 14 groups: most were student midwives and a few were medical students from all over the UK who were regarded as soft and amateur by the midwives. Groups were sent out in rotation as the calls came in. The usual greeting for us was: “Thank God it's the



Michael Partington in the Square at Barts, 1947

medical students!" We brought little equipment (thread, scissors, swabs, Dettol, a straight stethoscope, a Higginson syringe and, most essential, change in pennies to call the Clinical Clerk from a public phone if needed).

Childbirth was very definitely women's business. Male students were accepted because we were medical but other men were sent away and usually went to the pub. A room had been cleaned and prepared with newspaper on the floor. A handywoman might be employed. These were old and not always helpful; after all, not so long ago, they had been in charge with prayers and incantations, plenty of hands-on and goose fat instead of Dettol. As in Dartford, most deliveries were normal. There was no opportunity for the whole Grantley Dick routine but we did our best. We were young and idealistic and soon came to like and respect these splendid Irish women. They were brave, sardonic, ("I knew I was going to fall again when he brought home a bottle of Guinness on a Saturday afternoon"), spirited and good-humoured. I can hear one of them now, clutching her rosary and punctuating each pain with "Jeeesus!" – grunt – "Mother of God!" – grunt – "Holy Mary!" – grunt. Usually, at the second postnatal visit, we had to take sips of sticky port and a few mouthfuls of sweet cake for the christening. I had two babies named after me and one mother asked if she could have a mass said – "for my intention and my success." Now I hadn't taken Pascal's Wager then, nor have I since, but I thought that one day I might need all the help I could get so I accepted happily.

We also attended miscarriages. At that time, there was no official contraception in Ireland and more than half the miscarriages were self-induced; half or more of these got infected – the so-called septic abortions. At the first miscarriage we attended it was my turn to take the history. I sat down by the bed and said, "Now tell me what happened". The reply was "Well I started bleeding in O'Connell Street, but I didn't do anything wrong, Doctor". This was the first and mildest of many intrusions I saw by the Church into the private lives of ordinary folk. How had it gained this authority and by what right?

One day, in a basement flat in Mountjoy Square, a woman had a miscarriage and was desperate to have the little creature baptised. She couldn't find a priest and begged us to do the honours. So there

we were, a Catholic, an Anglican, a Scottish Episcopalian and an unbeliever. I had the foetus in the palm of my hand. The Episcopalian sprinkled water and said: "In the Name of the Father, and of the Son and the Holy Ghost. Amen". The mother was delighted; she believed her little one would now go to Heaven and not stay forever in Limbo.

Not all deliveries went smoothly. There was a retained placenta removed manually by the Clinical Clerk with me, as the experienced anaesthetist, giving open ether for the second time in my life. There was another pregnancy of a 19-year-old whose first baby had been a stillborn girl. All in our group agreed that the foetus was lying transversely, which was not good news, so we sent for the Clinical Clerk. By the time he arrived she had delivered a stillborn boy with anencephaly. We wrapped the baby up and put it out of sight. The girl was anxious for her husband to see her son to prove she could produce the boy that he so wanted. We decided that the shock of seeing a baby with no top to its head would outweigh any good that might be done so we took it away with us. Later, a female medical student and I dissected the baby in a bathroom. After all it was a boy and, at that time, the male/female ratio for anencephaly was about one to seven; we were students and learning. Well, we didn't learn much except that the adrenal cortices were involuted, as expected. We then had the problem of what to do with the mangled body. Apparently there was a routine and I was elected. I found my way to the basement where a coal furnace was kept burning to provide hot water for the Hospital. I remember intense noise and heat. There was an old man there who grinned at me and opened the furnace door. I threw my bundle into the flames, the door shut and I left. No word was said. I wondered then, and wonder now, how often this ceremony had been performed, how many bundles were placentas and how many were babies, dead or alive.

Oh and the fleas. They surely were there in Bloom's time, but I don't recall Joyce mentioning them. I got infested at my first home visit, then re-infested at each subsequent delivery and finally got rid of them on the boat back to England.

Michael Partington
q Barts, 1948
PhD Physiology, 1953
email: parturn@ozemail.com.au

Elective experiences

Reports from medical and dental students, whose electives were partially funded by grants from BATLAA



Emily Chung

Elective with Reproductive and Child Health Alliance, Cambodia

Cambodia is a country with a complicated history, torn apart by war and genocide. Healthcare is seriously limited, and around 92 per cent of the population reside rurally, which makes access to healthcare a huge challenge.

I spent my elective with the Reproductive and Child Health Alliance (RACHA), an NGO that does an impressive job of improving health at grassroots level. The development of adequate medical care in Cambodia will take time, but the goals of preventing ill health amongst mothers and children is an important step to tackling health issues. RACHA aims to make services safe, available and most importantly, sustainable. They currently serve 1.7 million people and their area of coverage continues to grow.

RACHA plays a vital role in accessing the rural population and aims to educate villagers long-term, and empower them to educate others. Volunteers such as the Village Health Support Group (two members elected by their village), peer educators, wat-nun grannies and village shopkeepers are trained regarding RACHA's messages about safe motherhood, child health and infectious diseases. This education continues through regular refresher courses. Simple yet effective methods are employed, utilising placards and photographs, helping to avoid the issues of illiteracy and invoke stimulating mental images that can be retained.

My first impressions were of an organisation composed of essential sub-units, which were each keen to explain their roles. I was given a schedule to visit different provinces and observe the

continued overleaf...

continued from previous page

programmes in action. Villagers' hunger to learn was incredible and educators' enthusiasm inspiring to watch.

Of particular interest to me was the HIV/AIDS programmes. It was great to witness the difference in knowledge between those being taught for the first time and those who had been previously visited and had retained all the key facts. Cambodia has the fastest growing HIV/AIDS epidemic in Southeast Asia, especially amongst the large migrant worker population. I followed a fairly new programme which encourages open discussions between migrant husbands and wives about condom use. A migrant couple with HIV/AIDS took part in the session to help demystify and destigmatise the disease. The focus group style teaching methods may have seemed chaotic at times, with toddlers and chickens running noisily about and people coming and going, but it suited the setting and some interesting discussions ensued.

The Khmer people were warm and welcoming and the experiences I had in the countryside were truly unforgettable. Despite the atrocities that many of them have seen, they have a positive outlook and think towards the future.

Cambodia is a beautiful country and of course, the Angkor temples are a must-see. I would recommend RACHA to anyone wanting a unique and different experience and it would particularly suit anyone considering public health as a career.

With thanks to BATLAA, the Medical Women's Federation and RCOG for their support for this elective.

Faisal Siddiqui

Elective at Cheema Medical Clinic, India

Having passed my final exams, I packed my bags and set off on my six-week elective trip to New Delhi, India. I was totally taken back by my initial experiences getting off the plane. From the intense heat, to the sea of people and rickshaws filling the streets I was sure that this would be an unforgettable experience. Fortunately I had two days to acclimatise to the heat before I started my main clinical attachment in the Cheema Medical Clinic, New Delhi.

I was surprised by the modern facilities available at the clinic, from air conditioning to several well-equipped consultation rooms. While based there,

I was able to take histories from the patients, as well taking basic observations and minor practical procedures. The large majority of patients were wealthy and were very keen to demonstrate their excellent English with me, despite my desire to brush up on my Hindi! They presented many of the complaints I was accustomed to seeing in the UK, from stress to back pain.

A rural attachment was arranged by Dr Cheema to allow me to contrast the wide spectrum of healthcare delivery and provision within India. The clinic itself was run by Dr Hiran Kumar and his wife, Dr Priya Kumar. The clinic had no more than the basic equipment. Patients came from villages far and wide, often on foot, and presented a multitude of complaints. As a medical student it was daunting to see the masses of men, women and children with no knowledge of their past medical histories or treatments. Despite differences in dialect, I felt enormously lucky having come from an Indian background and being able to speak Hindi; as unsurprisingly, the vast majority of patients were unable to speak English. Having seen the luxuries offered in private practice, I did wonder how the Kumar's continued to work in the rural clinic with such motivation. Dr H. Kumar explained that despite these stresses, there was a real sense of achievement in being able to help the villagers. However I was also hit with the stark realisation that you would not be able to help everyone, with young and elderly often at greatest risk, and all the patients travelling long distances in the heat to reach the clinic.

The atmosphere of dedication and humility whilst working at the rural practice was a real inspiration and I'm sure it will have a lasting impression on my future medical career. I was exposed to a wide range of clinical presentations and gained an invaluable insight into the challenges and realities of practising medicine in the developing world. I was even more surprised to see the gulf in healthcare provision within the area and this has now given me a renewed appreciation of the standard of care we receive and provide in the UK.

Pritpal Nanra

Elective in Punjab, India

For my medical elective I went back to my grass roots in India, and in particular to the land of the five rivers – Punjab. India is a developing country with a

population exceeding one billion, and so the opportunity to experience and contrast the healthcare system with that of the UK proved difficult to miss.

I had arranged my elective to be with a local doctor who ran an outpatient clinic in the city of Jalandhar. Although a major industrial city, it has possibly one of the best medical services in all of Punjab, and is building its own medical college.



My placement was for six weeks, in a small clinic run by one doctor and his team consisting of two other doctors, a pharmacist and a nurse. The set up was a small waiting room which led into the doctor's room, and then a small pharmacy at the back and three beds for the acutely sick patient. They have all sorts of problems ranging from fever, rashes and diarrhoea, to demands to check their blood pressure, and, quite commonly, women asking for disulfiram for their husbands.

The clinic bridged gaps between primary care and secondary care, as it had an x-ray viewer, carried out blood tests, and prescribed its own medications. If patients were acutely sick: for example needing fluids or IV medications, there were facilities for this as well. We are working towards this in the UK, with GPs taking more control of the healthcare system and reducing the stress and unnecessary workload in hospitals.

I thoroughly enjoyed my time in India (even though India was so easily knocked out of the World Cup in cricket), and would repeat the experience all over again. Thank you to BATLAA for their contribution.

Syeda Mariam Batool Kazmi

Elective at Jinnah Medical College, Pakistan

Being of Pakistani origin myself I thought it would be a great opportunity to gain an insight into how medicine is practised in Pakistan and how the medical conditions differ compared to the UK. The purpose of my trip was to investigate diabetes.

Diabetes was one of the most common medical conditions that I saw, many patients had several complications of diabetes, most commonly nephropathy, retinopathy, and neuropathy. Such patients are regularly seen in clinics or in the wards. They are given excellent advice on controlling the disease and how to prevent complications from occurring.

Patients were often diagnosed with diabetes either incidentally on the wards or in the diabetic walk-in clinics, which were held once a week. Many of them had attended thanks to advice from a family member or friend. Many patients were aware of the disease through someone they knew being diabetic. Others said that they had seen advertisements on the television or heard about it on the radio.

My experience in Pakistan was memorable. As well as learning about medicine; I was also able to improve on my Urdu speaking skills.

We were given the opportunity to attend the medical students sports day, which was also an unforgettable experience. I would like to thank BATLAA for helping me fund my elective.

Minal Patel

Elective in Paediatrics at Shree Krishna Hospital, India



I undertook an elective in Paediatrics at Shree Krishna Hospital. The workload for the staff was huge. About 150-200 patients were seen in outpatient clinics every day, all accompanied by their relatives. Patients would wait at the entrance of the cubicle, making maintaining confidentiality and privacy challenging. All but the most private examinations were carried out on a couch in the corner of the room, which was in full view of all present.

Patients were grateful for the care provided by the hospital and considered it a bonus when something could be

done to help them. Medical care had to be fully paid for before treatment was delivered and only in exceptional cases of poverty was treatment delivered either at a subsidised rate or free of charge. I struggled to come to terms with the fact that people sell their possessions so that relatives could receive medical care. Hospital visits for such patients were times of great anguish due to both the financial and emotional worries. This made me appreciate the benefits of the NHS in allowing people to focus on their medical care at times of ill-health, without having to worry about financial issues.

On one of the daily ward rounds I attended, I was confronted with the heartrending sight of a girl with tetanus. On further investigation I found out that many children in this state do not take vaccines due to poor knowledge on the part of parents.

I understood the importance of good history-taking and examination where patients were unable to afford investigations such as a full blood count. This is in contrast to the NHS where we have access to investigations to confirm our clinical judgment. Limited clinical supplies and patients presenting at later stages of their conditions made practising good medical care difficult.

Despite extremely limited resources at the hospital, I was impressed by the dedicated hospital staff. My elective, while an enjoyable and eye-opening experience, was at times heartbreakingly sad. The staff had my greatest admiration, for they were thoroughly dedicated and doing the best they could with the very limited facilities.

Mona Ghadiri-Sani

Elective in Neurosurgery in Hospital Kuala Lumpur, Malaysia

Neurosurgical meetings were held every morning discussing management of cases from the previous day. I found these meetings an excellent learning opportunity where I became familiar with a wide spectrum of neurosurgical presentations. I also attended the ward rounds and became familiar with common presentations, such as road traffic accidents (RTAs) in young male patients, neurological malignancies in female patients and congenital hydrocephalus in paediatric patients.

I also attended theatre and observed numerous surgeries such as acute evacuation of a haemorrhage following an RTA, emergency insertion of an extra-ventricular drain, clipping of arterial-venous malformation, evacuation of a meningioma and transphenoidal evacuation of a pituitary adenoma. The vast amount of experience I was allowed to obtain over such a short period of time made me appreciate the procedures involved in neurosurgery.

A great percentage of neurosurgical cases in Kuala Lumpur and the surrounding areas are as a result of RTAs. This is due to the vast number of motorcyclists most of whom do not wear the recommended safety gear. Such injuries cover a spectrum from extradural haematomas (most common) to diffuse axonal injuries (much rarer). In contrast to developed countries such as the UK, due to strict safety regulations the majority of RTAs involving motorcyclists cause spinal rather than brain injuries.

Health provision in Kuala Lumpur and the UK are very similar in many respects, however there are also some differences. Within the neurosurgical department the most surprising difference was surgical management of spinal injuries by orthopaedic surgeons rather than neurosurgeons.

Other differences include the prevalence of diabetes and hypertension in Kuala Lumpur compared to the UK. Treating these consumes a great portion of the health costs, in contrast to the UK where resources are spent on prevention.

In both countries healthcare is financed by the government at the point of need. The acute management protocols in Malaysia are the same as practiced in A&E departments in the UK. The hierarchy of health professionals, in particular the medical practitioners, are the same in both countries. However, the patient to doctor ratio is greater in KL. The responsibility of a given practitioner at all levels in KL is much more than in the UK.

Overall I gained an immense amount of knowledge during my short time in Kuala Lumpur.

A Letter from Malawi

Barts alumna Professor Elizabeth Molyneux provides an insight into her career since qualifying

Malcolm and I met at Barts. I went as a preclinical student to Charterhouse Square in 1963 and Malcolm came down from Cambridge for the clinical years in 1965.

Professor Cave taught us anatomy and he did his best to embarrass the women students, and we made a point of studiously ignoring his jibes. Price was rather debonair and on our first day in the dissecting room, after a preamble to the gathered nervous novices, who were to spend the next 18 months dissecting a body together, he dramatically pulled the cover off the cadaver on which he had been nonchalantly leaning. Was it Anthony du Vivier who keeled over on the spot? Formaldehyde stained our Cunningham's dissecting manuals and the smell seeped into our clothes to alarm our neighbours on the bus or tube going home. Michael Besser taught us physiology. Someone demonstrated righting reflexes by throwing a cat up in the air (although that would probably not be PC these days).

My first clinical attachment was on Bodley-Scott's firm. We students were rather frightened of him. He would peer over his half-moon spectacles and lean back to balance his rotund belly. Many of his patients with leukaemia or lymphoma were our age and several students spent anxious moments feeling for their own lymph nodes.

Casualty brought in tough fellows from Smithfield meat market who had cut their fingers, or worse, forgotten to put on their leather apron and cut their groin or thigh. These guys would, as often as not, dissolve into a jittery heap unable to watch as we carefully stitched and tried to tie knots that wouldn't slip.

Malcolm and I were in Bart's choir and we were both members of the Christian Medical Fellowship (CMF). I played hockey for Barts and we had quite a successful team.



Barts alumni Malcolm and Elizabeth Molyneux

Our first house jobs were in North London, I at St Leonards with Dr Holdsworth and Malcolm at the Prince of Wales. Malcolm would visit on a bike, and then with me as passenger, we would go into town. We arrived at the 800th Anniversary Ball on a bike, he dressed as a monk and I as a nun.

After qualifying we spent our next five years in Gloucester (in the old Royal before it closed its doors to acute medicine), the Midlands and then back to London again. However Malcolm had been brought up in the once Belgian Congo and I in India, and we hankered



Professor Elizabeth Molyneux in Malawi

after the developing world. So, when the Archbishop of Central Africa knocked on our Stoke Newington door in 1974 asking us to go to his diocese, we packed our goods, chattels and two children under three years of age, and set off for Malawi, where we worked for the next ten years. We had arrived at a mission hospital but the next year we moved to Blantyre to the big government hospital at the request of the Chief Medical Officer. They found themselves without a physician and Malcolm had the only MRCP in the country. He became Chief Medical Specialist and I was one of two paediatricians in this 1,100-bedded hospital. It was pre-HIV and measles was the great killer until the vaccine was introduced in the early eighties. Malaria, TB, malnutrition, infectious disease, burns, Burkitt's lymphoma and more kept me occupied. Malcolm's wards were full of people with schistosomiasis, TB, hepatomas, rheumatic heart disease and hypertension.

In 1984 Malcolm was offered a job in Liverpool at the 'Trop Shop' (the Liverpool School of Tropical Medicine),

an offer difficult to refuse, and we moved back to the UK, now with four children. John Martin at Alder Hey gave me a job and I gradually moved from part-time oncology and part-time community health to full-time accident and emergency. It meant acquiring the MRCP (Paeds) on the way (20 years after qualifying), so I mugged up stuff about arteriosclerosis and smoking and cirrhosis for Part One, which I then happily forgot after the exam.

At Alder Hey I worked with the greatest of colleagues and had the opportunity to help to start the APLS courses and, amongst other things, learn how to run an A&E department.

When we moved back to Malawi in 1995 Malcolm became the Director of the Wellcome Research Laboratories, and I joined the College of Medicine and settled back into my old department, where I had worked in the 70s and 80s. By this time, the HIV pandemic was established and health in Malawi has been devastated by it. Many of the

successes of previous decades, for example in nutrition and TB control were eroded, and acute paediatrics is now practised on an undercurrent of chronic disease.

But successes do come – if slowly. We have a well functioning paediatric A&E department, we teach ETAT (a version of the APLS course), anti-retroviral drugs are now available for free, and the medical school is producing fine young clinicians. The newly established postgraduate courses are expanding and maturing.

We miss colleagues, friends and family in the UK, but not the red tape. One of the joys of working here is the need for lateral, creative thinking and actions, and the possibility to make a change. We should retire soon. Well, we are at least, thinking about it – a little anxiously. But there is so much to do and it is satisfying to try to do it. Maybe we can slow down a bit. It would mean we had time to show some of you this beautiful country.

The Battle of Furunculus, a long-lost poem, now re-discovered

When I was a medical student, in the 1960s at the University of Durham, there was a publication entitled *The British Medical Students' Gazette*, if I remember correctly, that came out about two or three times a year. Its provenance is now unclear to me, and I suspect I never knew. It just seemed to arrive, free of charge, and was always welcome. There was usually a number of distracting articles within its covers, but I have again forgotten most, if not all of these. One memory, however, does linger. It was a poem, entitled 'The Battle of Furunculus', and I liked it so much that I committed some of it to memory, especially the first verse.

I had been coerced at school to memorise the whole of Thomas Babington Macaulay's 'Horatius at the Bridge', from his *Lays of Ancient Rome*. And the rhyming cadences, so familiar to my ear from that enforced experience, together with my interest in bacteriology, obviously struck a chord. But I lost the issue containing it.

Frequently, since then, odd lines would float into my mind: 'lying in state in Canada, embalmed he long remained'. I suppose modern medical students would need telling of the very aromatic Canada balsam that we used as a mountant in histology and bacteriology practical classes. 'Some old and hoary leucocyte, who finds he's in the vein', for some reason always made me laugh. So there it remained, fragments of a poem, cluttering up my mind, dimly remembered and long lost.

Until this year, that is. In my post arrived a copy of a small book, minus its covers. It had been found among the effects of an old Bart's student, this edition published in December 1927, but dating from November 1909. It was called *Round the Fountain*, and the foreword is signed 'The Editors'. It is, in effect, an anthology of contributions to the *Barts Hospital Journal*, mainly from the turn of the century. The sender hoped I would find a use for it. Thumbing through the pages, many of the allusions to old Barts men (not many women) and locations eluded me – articles on 'Dress for Mr Cutler', 'The passing of Mackenzie's' – but many of the articles described situations which present day students would recognise. Suddenly, turning a leaf, there it was: '*The Battle of Furunculus*', contributed by one RBP and published in October 1909. I could hardly believe it!

I read it immediately, matching my memory with the text, after some 40 years. I had forgotten lines, some whole verses, but the pleasure it gave me, finding this poem after so long, is hard to describe. Of course we could mock its naivety now – with its misrepresentation of the functions of the eosinophil and the lymphocyte, but no matter. It always helped me to remember that *Staphylococcus aureus* is Gram-positive. So here it is, reproduced in our magazine, after a period of almost 100 years. I hope you enjoy it as much as I did. And here's to the memory of RBP, whoever he is, and if any reader knows then I would very much like to know.

**Professor Sir Nicholas Wright
Warden**



PIERCE WAS THE FIGHT ABOUT THE BODY OF PATROCLUS AND MANY HEROES FELL

The Battle Of Furunculus

A Lay Made About The Year Twenty-One Of The Constitution

Staphylococcus Aureus,
By Gram and Koch he swore
He would invade new regions
Unconquered heretofore,
By Gram and Koch he swore it—
To take a patient's life,
And called the Cocci, young and old,
From all his colonies of gold
To aid him in the strife.

Loud rang the warning toxins,
And flashed the summons forth
On the distant slopes of Agar
And the turbid seas of Broth;
The Cocci clustered thickly
From far off lands and labs.
Cocci of ancient culture came,
To come by tube they thought no shame,
But others of a fiercer fame
Drove up in acne scabs.

The septic hosts of Cocci
Advanced in serried ranks,
They marched upon the Blood Stream,
And camped upon its banks;
Forth flew the watchful blood-cells
Crying in wild turmoil:
"Staphylococcus Aureus
Has come and raised a boil!"

Far down the purple current
Was borne the direful shout—
The polymorphonuclears
And lymphocytes rush out;
Shame on the Eosinophils,
Who comes not forth to foil
The deadly Golden Coccus
At the Battle of the Boil!

And fiercely raged the conflict,
And thick lay strewn the dead;
The Battle of Furunculus
Was coming to a head!
The pale and lifeless pus cells
In scores were borne away,
But not a single Coccus
Survived that bloody fray.

Staphylococcus Aureus
Still wields his golden chain,
Where falling in the central slough
His friends around lie slain;
Surrounded and outnumbered
Still valiantly he fights—
He sees his tawny hosts grow less,
He sees the battle's hopelessness,
Yet ever through the Yellow Press
Defies the leucocytes.

Staphylococcus Aureus
Has fallen in the fray,
Upon a martial coverslip
They bore his corpse away—
Lying in state in Canada
Embalmed he long remained,
For though he dyed Gram positive
His honour was unstained.

And still at festive seasons,
When the blood is really stirred,
Before the full post-prandial rise
Of white cells has occurred,
When the phagocytes sit waiting
With platelets undersized
For the evening meal of microbes
Which is being opsonized.

When the trembling Eosinophile
That wrought the deed of shame,
Immune from fresh invasion
Comes forth his share to claim,
And talks of Staphylococcus,
And mocks his ancient fame
(For now the Yellow Peril
Is nothing but a name).

Some old and hoary leucocyte,
Who finds he's in the vein,
Will tell the well-known story
Of his battles once again;
While blood cells sit in rouleaux round
To hear the tale re-told
Of the battle of Furunculus
In the brave days of old.

RBP
St Bartholomew's Hospital Journal
October 1909

ER Cullinan (1901-1965)

Edward Cullinan had a genial avuncular manner and a jovial laid-back approach which sometimes distracted attention from his acute clinical judgment. His firm was referred to as the Country Club, possibly because of this persona or perhaps because it was one of the last medical firms to leave Hill End.

Cullinan's student teaching at Barts was conventional and straightforward, clarifying rather than complicating the problem. The attention of students was held by a fund of stories, told slowly with considerable background, making the point memorable. For instance when teaching on chronic gastric obstruction with its consequent production of methane from fermentation he would relate an alarming event – "At the Plaza Cinema – in Streatham – one Saturday afternoon – a man with chronic gastric obstruction – happened to belch – just as his neighbour – was lighting his pipe", or again "On a hot summer's day – after a picnic – a lady – of some quality – relieved herself – by the side of the road – and noticed – that where her urine had trickled on to the hot road – it turned solid".

Having been a student on his firm, his house physician (a full year in those days) and his chief assistant for two years I knew these stories word for word. He also told them in exams, then surprising a complacent candidate with a series of penetrating and difficult questions. His



stories still live on, I used them after moving to another hospital, and a year or two ago was asked by one of my former students for the exact details of one of his stories which he wanted to tell to his own students.

He used a different approach to his medical staff who were led to the right conclusions by careful suggestions of investigations which might help, rather than a didactic statement of the diagnosis. He would have deplored the present practice of blanket investigations as a 'database' as a lazy, unthinking attitude.

He had an instinctive feel for the individual needs of his patients and was unfailingly polite and courteous to them and indeed to everyone else. His prescribing too was personalised, his favourite prescription for abdominal bloating being known as the Archdeacon's Gigantic Wind-breaking Mixture. His weekly 'business round' had a fairly regular pattern; after formal greetings to the nursing and medical staff he would relate the latest story of the moment. Short, subtle and invariably suitable for mixed company, there might then be a commentary on recent stockmarket movements when strange shares with exotic names would be discussed, such as Wankie Colliery (no coal, runs at a loss, and the longest railway in Africa – but think of the potential, old boy). Kenneth Black, famously vague, would sometimes confuse buy and sell suggestions giving rise to the agonised cry of 'But I thought we agreed last week to buy'. Finally every patient on the wards would be visited and talked to, regardless of which consultant they were under. No one was left out or ignored.

He had an irreverent sense of humour; once, to the astonishment of Sister Colston, palming an egg from behind the ear of a psychiatric patient who had declared after an admission of many weeks that she would not be discharged until the egg was removed. He was a member of the Magic Circle. On another occasion having filled up almost the whole of a consultation sheet to a surgeon he remarked that a surgical opinion did not need much space, there were only two, both very short. One is 'Not for surgery', and the other '2.30 Thursday'.

He took over the firm from his father-in-law Lord Horder, who would visit occasionally and sometimes entertained the firm at the Apothecaries. On one return journey, after generous hospitality, he was driving back, rather erratically, when there was a series of bumps. "What was that?" asked Lord Horder. "Pedestrians, my lord?" suggested one of the passengers. "Ah well," he replied, and drove on.

During the war Cullinan served in the army in East Africa as a brigadier, and every two or three years thereafter used to tour the East African Federation as consulting physician, for which he was awarded the CBE. A stream of messages and patients would descend upon us. During this time I looked after his private practice, thus learning how both sides of consulting practice should be run.

He was a man of many parts, rebuilding with the help of his son Ted, then an architectural student, the old Belle Tout lighthouse on Beachy Head which had been target practice for the Canadian military during the war. He had a noteworthy collection of eighteenth-century glass, specialising in lacemaker's lamps, he was a member of the Magic Circle as already mentioned, and was president of the Bart's mountaineering club. He also partially restored a canal barge, The Swan, which unfortunately turned out to be a bit of a goose.

He was a family man, a generous host, and a delight to work for, giving a valuable and enjoyable training, showing, perhaps somewhat paradoxically, that there is much more to life than just medicine. It is sad that one with so many interests and talents should not have survived into retirement to pursue them.

**EDR Campbell FRCP
q Barts, 1952**

If you would like to submit your memories about a teacher you remember, whether they are still teaching, practicing, retired or now deceased, please contact the Alumni Relations Office on +44 (0)20 7882 5392 or batlaa@qmul.ac.uk

Barts' First Lady

I was in the second quota of women to enrol for my clinical work, having done the pre-clinical at Lady Margaret Hall, Oxford. The ratio of men to women at Oxford was good but even better at Barts!

I still look back on my time there with gratitude and nostalgia. I have a framed print by Albany Markham of the façade and fountain beyond. I remember how good it was to sit there looking at the building and the fountain, with one's colleagues after a gruelling day on the wards, of the equivalent of today's A&E. I see this every time I go upstairs.

There was, of course, a negative side to being a woman at Barts in that the nurses could be more distant with the female students. We had to be even more careful to keep on the right side of the ward sisters, who could be very fierce on the surface. We slept in the maids' quarters so that we were well and truly separated from the male students.

We had truly wonderful consultants although ward rounds could be scary as the female students tended to get the

questions more often. I will always remember Sir Patterson Ross who had operated on King George VI. He was rumoured to go to Buckingham Palace by bus – no Rolls or Bentley for him! Despite being so distinguished he would stand aside so that we could precede him through the ward doors. I wish I could remember other names but all the rounds were memorable and provided excellent teaching. How different today- not so long ago I accompanied a paediatrician to see a child on the ward and no one came near us! In my time at Barts, for grand rounds, all the beds had to be in line, the patient lying tidily in their beds and the retinue of Registrars, Housemen and students standing to attention.

An Oxford background could at times be a disadvantage – I still remember a pharmacology lecturer who would, during a lecture, pose an awkward question and say pointing at me “Shall we ask that little lady from Oxford what the answer is?” and I would stand up and try and give an adequate answer in front of everyone, while dying inside with embarrassment.

Generally it was good fun; excellent teaching with amusing episodes, such as trying to ride an ancient sit-up and-beg bicycle to go to maternity cases. We all used to drag our feet so that the midwife would get there first and deliver the baby! We had to score 20 births and swore that the male students were given priority by the nurses!

I was lucky enough to live within walking distance, albeit in a rather run down hostel. This necessitated a daily walk through Smithfield. I made matters worse by wearing a bright red Stewart tartan skirt so I got daily wolf whistles and shouts of “jock”. There were endless stories of placentas being collected from the obstetrics ward and made into pies. It was a bit of an anti-climax to go back to the Radcliffe Infirmary for the final exam but I will always remember the eminent examiner saying “don't worry my dear, you will be fine”. And so began my long, varied, very interesting but far from eminent career.

Jo Tew
q Barts, 1952

The Blandy Wall: Edith Cavell

Talented artist and The London alumnus Professor John Blandy created The Blandy Wall between 1977 and 2007, now displayed in the Senior Common Room in the Old Medical College Building. Depicted in the wall are the faces of many of the significant alumni and former staff of The London. In this issue of *BLC* the life of Edith Cavell is celebrated.



Edith Cavell (1865-1915) as portrayed in The Blandy Wall

Edith Cavell was born on 4 December 1865, the eldest of four children of the Vicar of Swardeston in Norfolk. Educated at Laurel Court, Peterborough, Edith held the position of governess with families in East Anglia and Belgium. She developed an interest in nursing whilst on a trip abroad and after nursing her father through a serious illness. She began her training at Fountain Fever Hospital, Tooting, South London in December 1895, before transferring to The London Hospital in July 1896. Prior to her completion of the Hospital's training course, she nursed victims of a typhoid epidemic in Maidstone, Kent. On leaving The London she worked at St Pancras Infirmary, Shoreditch Infirmary and in Manchester as a Queen's District Nurse.

In 1907 Edith accepted the invitation of Dr Antoine Depage, a leading Belgian surgeon, to run a training school for nurses in Brussels similar to the one at The London. Building the venture from scratch, the school attracted pupils from several European countries.

When the German army invaded Belgium in 1914, Edith, who was visiting her mother in England, returned to Brussels immediately. After heavy fighting at Mons, two wounded British soldiers arrived at the clinic, on hearing it was run by an English woman. Edith treated their wounds and then helped them escape back to Britain. She soon became involved in an organised network that helped wounded allied soldiers escape. The group was soon under the surveillance of the German authorities. On 5 August 1915 Edith was arrested, interrogated and eventually tricked into confessing information that she thought was already known. Five days later Edith Cavell was condemned to death and at 7am on 12 October, she was executed by firing squad. After the war, her body was brought back to England for a service in Westminster Abbey and then buried at Norwich Cathedral.

Kate Richardson
Assistant Archivist
Royal London Hospital Archives
and Museum

The Warden, Professor Sir Nicholas Wright, shares his personal views with *BLC* about how MMC and its recruitment system, MTAS, should move forward



The fiasco that is ‘Modernising Medical Careers’ (or Massacring Medical Careers, as Professor Mark Caulfield referred to it at the 2007 ‘Rites of Passage’), has left its mark. The government’s disastrous system for appointing junior doctors, although scrapped in May 2007, is continuing to have an adverse effect on our graduates.

The MMC system, according to its own website, was designed to ‘develop a better way of training doctors through the implementation of the Foundation Programme and the reform of specialty and general practice training programmes’. However, many of our graduates who started in posts last August faced short-term contracts or worse still were not appointed due to the flawed system of application and interview (MTAS). It has resulted in highly qualified people going into non-training positions or facing the threat of changing or no employment. Unsatisfactory career options include going abroad to work, or submitting a further application this year alongside new applicants.

Through the whole debacle Barts and The London’s Warden, Professor Sir Nicholas Wright, has championed the cause of junior doctors. “I have always had serious concerns about MMC,

particularly about the concept of run-through training.” Along with other counsels and heads of other medical colleges around the country, Professor Wright voiced his concerns vociferously to Alan Crockard, then National Director for Modernising Medical Careers, when the government’s ideas for MMC were presented. The new quango, the Postgraduate Medical Education and Training Board (PMTEB) took away the powers from the Royal Colleges and the responsibility of providing education for physicians sat with the Secretary of State for Health. “That was totally wrong,” explains Professor Wright. “Then they introduced a new online selection process for FY1 in 2006 which was a disaster. Candidates were graded on their answers to ridiculous questions on white space on the application form. The bottom five per cent of kids in their final year were then going to have to take an extra clinical examination. So I called for the resignation of Graham Winyard, the lead Dean for FY1.” Winyard withdrew his proposal and duly resigned.

In 2007 the situation worsened. The selection for specialist training and the short-listing was fraught with problems. Highly-qualified people were not getting short-listed; the short-listing process itself was done in a very amateurish fashion; the anti-plagiarism software didn’t work; candidates could buy answers from the internet and then there was the security breach where candidates’ personal details and confidential information were compromised. Interview panels were not allowed to see candidates’ CVs.

Led by Cambridge Professor Morris Brown, Professor Wright and other academics, including Mark Pemberton, voiced their support for junior doctors. “We wrote letters to the press and medical publications. We called for the resignations of Alan Crockard, Liam Donaldson and Patricia Hewitt. We encouraged the Royal Colleges and the BMA to use their influence and speak out against MMC. But they did nothing. They were absolutely spineless. We were the only group standing up for the juniors. We were even called hysterical by Lord Hunt,” recalls Professor Wright.

“The person who really should have resigned was the Chief Medical Officer, Liam Donaldson. He was behind all this. He was absolutely spineless too. It showed the medical profession in a very, very bad light and it showed the Royal Colleges in an even worse light. Nobody from the Royal Colleges was prepared to step in and take on the government. It was an absolute disgrace in my view.” Despite the protestations, including the march led by pressure group RemedyUK attended by 12,000 doctors, the government went ahead with MTAS. It was then suspended in May 2007.

An inquiry into the failings of MMC was carried out in the summer of 2007, led by Professor Sir John Tooke. Professor Wright and his colleagues were invited to give their input. “I think two years is too short a time to decide what you’re going to do. We recommended that there should be no run-through training. There should be a break after the second specialist training year to see how people are doing. There also needs to be much more flexibility in these positions, which at the moment are not family friendly.”

“We also proposed that medical schools, already in charge of FY1, should look after FY2, which would of course have enormous implications for our resources. I would like to see the abolition of PMETB, and its power restored to the Colleges charged by Royal Charter as responsible for postgraduate training. Proper leadership from the colleges in organising postgraduate education is very important to me. PMETB was supposed to have an overseeing role for MTAS which they did not do. I’d like to see the General Medical Council take a great deal more responsibility for PG education. PMETB’s power must be transferred to the General Medical Council, as an independent body. Perhaps a third FY year and a much fairer selection process for young doctors.”

The findings of the review, published last October, now contribute to a revised system. The inquiry recognised that MMC has been ‘deeply damaging for British Medicine’. It urged for a ‘recommitment to optimal standards of postgraduate medical education and training’ with ‘an aspiration to clinical excellence in the interests of the health of the population’.

The inquiry can be read at www.mmcinquiry.org.uk/MMC_InquiryReport.pdf



Choosing Methods in Mental Health Research: Mental Health Research from Theory to Practice

Eds. Michael Slade and Stefan Priebe

Why bother to do mental health research? For the pessimist, human nature is too complex to yield to mere scientific enquiry. To the idealist, research is a noble quest for the truth about our nature. For the pragmatist, it is a valuable way to improve lives. To the cynic, it is a paper-producing circus that pays the rent. This thoughtful compilation considers all but one of these perspectives and so bridges the chasm that exists between the worlds of evidence and practice.

The subtitle says more about the book than its title. Rather than setting out an exhaustive account of psychiatric research methodology, it places research in the heart of our modern world; one of information overload and increasing mistrust of 'the expert'. It tries to explain why researchers must consider the potential relevance, and significance, of their work to the non-scientific population. Without this consideration, well-founded research may either be ignored, or worse, misused to fit the agendas of countless vested interests.

The book is divided into three areas. The first, most traditional part of the text considers core themes of research methodology. Students seeking pithy, helpful descriptions of research techniques essential to the big questions about human conduct will not be disappointed. This section is strong in its handling of various qualitative content analysis methodologies, and the chapter

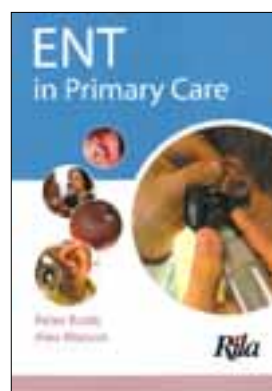
on systematic reviews carries an objectivity absent from the critical section of many articles using this approach.

The second section is devoted to a crucial maxim of any writer: always think of the intended audience. If research is to be relevant, or useful, in the wider world, it must be couched in language that is amenable to that world. The contributions here thus reflect the contemporary themes that dominate our thinking about mental health and sickness in the early twenty-first century. For example the shift of care from the institution to the community, our obsession with risk and the all-powerful role of the media, but any parochial preoccupations are balanced by an international perspective. Contributions from across the Channel, the North Sea and the Atlantic, describe how the task of improving our understanding of mental illness is at once a local and a global process.

The third section comes closest to the concerns of the cynic, suggesting ways to optimise the impact of one's research efforts, 'beyond the ivory tower', in a world of competing interests. This short section is tinged with a naïveté that falls slightly short of the world that many of us recognise, where the gap between evidence and actual practice is sustained by our inability to fully apprehend the viewpoint of the other. More detailed examples of the ways that key events in the history of mental health research have shaped both our practice and our understanding, would have been welcome here, but the big ideas in this section are beyond reproach: the increasing influence of the user movement and the need for psychiatric research to move on from its biomedical birthplace.

This book fills a significant, and hitherto invisible, gap in the literature on psychiatric research. Because of its philosophical depth and its awareness of the political dimensions of mental health research, it deserves a place on the shelf of anyone who seeks to answer questions about mental disorder.

Dr Mark Salter
q The London, 1983
Psychiatry, Barts 1989



ENT in Primary Care

By Peter Robb

q The London, 1981

As a practising GP in inner city London I see a lot of patients with ENT problems. I can manage most simple things like otitis media and otitis externa but after that I am stuck. I refer to ENT frequently and the referral rates for ENT from our practice are high. I have often felt the need for more knowledge about this mystical subject that occupies so many consultations in general practice and yet is given such little attention on the medical undergraduate and GP training curriculum.

Given the high ENT referral rate across my local PCT area I suspect many of my peers feel the same way. There are plenty of books about ENT that are aimed at medical undergraduates but very little aimed at GPs. This book appears absolutely ideal to fill the gap and I began to turn the pages with eager anticipation.

I was not disappointed. The book covers topic areas that are relevant to primary care and covers them in sufficient depth for a practising GP without excessive detail. It includes referral criteria and red flags that can indicate serious pathology, I found this particularly useful. It contains plenty of photographs to break up the text and actually makes ENT sound interesting! I would have preferred more photographs of normal and abnormal ears, noses and throats. I certainly would have preferred several pictures of normal tympanic membranes as there are plenty of versions of normal and seeing a range of them would have been really helpful rather than just the one photograph.

The paper that this book is printed on is grainy and the finishing could have been better. All that set aside I will certainly be keeping my copy of this book. As a book written by a practising GP, for practising GPs, it is useful, practical and right now sorely needed.

Hina Taylor



Journey of a Cancer Surgeon

**By Ian Burn
q Barts, 1950**

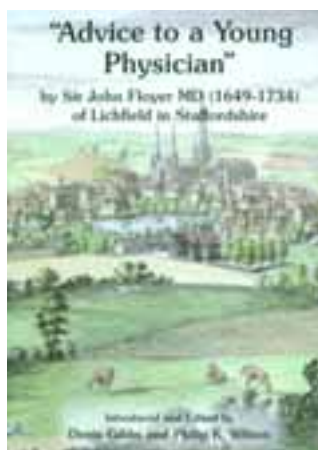
The discipline of a diary makes for a faithful chronology of a hard-working surgeon's life – and for a vivid surgical account of the blessings and failures of the first fifty years of the NHS. Burn was at school in the war (evacuations and 'buzz-bombs'), a student at Barts – from Queen's College Cambridge (another evacuation) to Charterhouse Square and the hospital at Smithfield. House jobs, marriage, National Service in the RAF, anatomy demonstrating, the Primary, the cutting jobs and the Fellowship followed. Children (four) arrived but he didn't see much of them I suspect (he admits this). Then a number of years at Hammersmith as Registrar to the great Ian Aird, a 'BTA' year at Roswell Park in Buffalo with research into lymphatic spread of cancer; he started a Breast clinic at Hammersmith and then exported those skills first to St. Charles' and then to Charing Cross. Younger readers will notice the differences from modern training regimes of British Surgery with the blessings of MMC.

Vocation, a love of anatomy and of life in the operating theatre make for a good surgeon. Burn's experience was gained at a time when most surgeons (and their Royal Colleges) believed that each was a good cancer surgeon (and you had to be) and specialism in cancer was frowned on. In spite of this and with the support of a devoted wife (a Bart's nurse) and family, Burns carved a career for himself in the field of breast cancer and in the many committees, national and international which have made surgical oncology a developing speciality. Inspiration came from many of his chiefs,

in particular Ian Aird and Ronald Raven who he helped to found the British Association of Surgical Oncology (BASO).

Reforms in the NHS led to his retirement from Charing Cross a disappointed man at 60. Private practice in London and Midhurst, the RSM, the UICC, the Surgical Societies, the lecturing and travelling strengthened his resolve to support the progress of Surgical Oncology; that will be his legacy to the next generation of surgeons. Discipline and determination are his mottoes – not a bad example! This reader found this stimulating – bringing back memories of Barts – but especially for the productive and entirely non-clinical use of his full retirement.

**Mr Alan McKinna
q Barts, 1956**



"Advice to a Young Physician"

**By Sir John Floyer MD (1649-1734)
of Lichfield in Staffordshire
Introduced and Edited by Denis Gibbs
(Consulting Physician, The London)
and Philip K Wilson**

This delightful little book is redolent of English life in the heated environment of the beginnings of scientific enquiry in the post-Restoration ambience of the seventeenth century. It consists of the text of a manuscript, found with the collection of books left to the library of Queen's College, Oxford by Sir John Floyer. The editors, Denis Gibbs a retired physician at the Royal London Hospital, and Philip K Wilson, a historian of medicine and science based at Penn State College of Medicine in Hershey, Pennsylvania, both have professional connections with Lichfield where Sir John Floyer was a physician in practice during all his professional life. Lichfield, of course, was also the birthplace of Dr Samuel Johnson during the period of Floyer's life and residence there (1709-1784).

The Editors set the scene with a helpful introduction consisting of a brief biography, with details of medical education in this time at Oxford, where Floyer would have had opportunity to make acquaintance with Boyle and Hooke, and perhaps also with Thomas Willis, Richard Lower, Christopher Wren and John Locke. Elias Ashmole was also prominent in Oxford at this time. In his practice at Lichfield, Floyer pursued academic aspects of his professional life, as well as maintaining his clinical practice; he published monographs on timing the pulse, and respirations, using a special watch devised for the purpose, a treatise on asthma, and a monograph on the virtues of cold bathing. He conducted chemical experiments in his own laboratory and developed medicines for use in his patients, described in one of the manuscripts left at Queen's College. His own work was written in English but, of course, he was a fluent Latinist.

The Advice to a Young Physician consists of ten folios that address the characteristics of a good physician, a scheme for the establishment of a Medical College at Oxford University with a plan for foundation of a hospital for the poor. It could be used for the instruction of students, the ethics of medical practice, including the provision of care for the poor free of charge, and thoughts concerning his own deep belief in God and the role of the Almighty as the provider of knowledge concerning Physicke (medical skill). The collection also contains essays on the pulse, on the use of medicines according to their tastes and concerning his special interest in the efficacy of cold bathing. The medical reader will find much that is surprisingly contemporary in content; for example, the physician is advised not to prescribe more medicines than necessary, to follow Hippocrates in avoiding poisonous medications, and to avoid the use of dangerous operations. There is advice to avoid treating incurable diseases, such as cancers, leprosy, chronic dropsy, and long-standing epilepsy – all disorders that remain difficult to manage today. The physician must "satisfy himself after giving a rational advice, though the patient show him dissatisfaction or ingratitude" bearing such injuries patiently, and desisting all unreasonable reproaches. The tendency, even then, of patients to turn to alternative, unlicensed practitioners, who promise cures, is recognised with perhaps a touch of sadness. On the other hand the unreliability of prognostication requires honest dealing with patients, however unsatisfactory this

may appear; “when the case is evidently incurable ‘tis fit to inform the patient of it that he may discern your honest dealing, and you will escape censure”. Clearly, we live today with the same issues in human nature, as Sir John Floyer did 300 years ago.

The book is extensively and beautifully illustrated, contains a chronology of relevant contemporary events through Floyer’s life, and concludes with a useful glossary, giving contemporary meanings of words used in the text, that is itself fascinating in the insight it gives to the pattern of thought of Sir John and his friends in their research and in their practice. Some of these words, for example acrimony, and acid, have entered modern English with a derived meaning from their original usage, others are now obsolete. Sir John Floyer was a complete man who not only deserves to be remembered, but still has much to teach us today.

Michael Swash
q The London, 1962
Emeritus Professor of Neurology



Punish or Treat? Medical Care in English Prisons 1770-1850

By Peter McRorie Higgins
q Oxford/The London, 1956

After a distinguished career as a urological surgeon, Peter Higgins spent eight years painstakingly pursuing primary sources to provide a picture of the medical care of prisoners in England between 1770 and 1850. In the process he was awarded MA and PhD (Open University). The study extends from the time of the great eighteenth-century prison reformers, notably John Howard, to the beginning of a new era when the

running of prisons was becoming the responsibility of central government. Prominent among the sources of information he used were reports made by prison reformers, parliamentary enquiries into prison conditions, journals of prison doctors and annual reports of the prison inspectorate, available from 1836.

From his comprehensive research, the author became uniquely placed to question and re-evaluate oft-repeated assertions made by historians, sociologists and criminologists, who seemingly have sometimes been influenced more by theoretical analyses and philosophical notions than documentary evidence. By its nature, the practice of prison medicine may confront the doctor with decisions raising conflicts of interest; moreover, within the medical profession, the work has seldom been perceived as a particularly glamorous calling. To add to their difficulties, doctors involved in prison medicine have often been subject to a bad press, one writer, for instance, describing them as “front-line controllers ... (who) have been intimately involved in reinforcing the discipline of penalty.”

A further source of misunderstanding has been the frequent failure of non-medical commentators to realise that some treatments they label as punitive were, in fact, regarded as good practice when they were used. One example is cold bathing, widely used in the eighteenth century as part of Galenic-based practice. In passing it may be noted that the newly built London Hospital in 1770 was equipped with a therapeutic cold bath.

The conclusions drawn by the author from his research have a ring of authenticity. In general, he found that the doctors of the time who were involved with prisons and the health of prisoners were “not motivated by a desire to be a part of some all-pervasive power structure devoted to the control and subjugation of the inferior classes, ... but were doing the job for which they had been trained, and doing it to the best of their ability. It is doubtful if many of them harboured particularly benevolent feelings towards their charges, but as doctors they were perfectly capable of putting any such feelings on one side... and were motivated by the ethos they had absorbed during their training, to look after those in their care – irrespective of background – in a professional manner.”

Peter Higgins has written a book that is a model of its kind. With an easy style and avoiding jargon, he has illuminated a

complex subject. Over thirty well-chosen illustrations serve to broaden the reader’s understanding of the social and medical context of prisons of the period. In particular, he has shown how careful study and sensible interpretation of the past convey lessons for the present.

Denis Gibbs
Consulting Physician, The London



Developing the Wise Doctor: A Resource for Trainers and Trainees in MMC

By Della Fish and Linda de Cossart

With the implementation of the foundation scheme, new assessments have been put in place to ensure that junior doctors have the skills and competencies necessary to progress to specialty training beyond the foundation years. The junior doctor is expected to produce evidence that they have acquired these skills. This evidence will be collected through work-based assessments. *Education for Medical Practice: Developing the Wise Doctor* contains key issues about assessment and aims to address any concerns junior doctors might have.

The recommendations made in this book will maximise the potential of junior doctors in their foundation years. Also suitable for students, trainers and those requiring an overview of assessments.

If you have recently had a book published and would like to promote it, please contact the Alumni Relations Office on +44 (0)20 7882 5392 or email: batlaa@qmul.ac.uk

Lunch to celebrate anniversary of qualifiers from 1957 of The London

The lunch to celebrate our 50th anniversary since qualifying was held at The Apothecaries Hall, Blackfriars Lane on Friday 21 September 2007. Forty-three alumni and partners who qualified in 1957 and were on the October 1954 Introductory Course met for a most enjoyable lunch. Many old friends were delighted to meet up again and the conversation and wine flowed freely. The Hall (the oldest of all the City Livery Company Halls) made a wonderful venue which was much admired and appreciated. Many of those attending reminisced about their student days and also updated each other on their careers and personal lives since.

Our event was one of two reunions being held last year for those who qualified in 1957. In those days there were two intakes into Introductory Courses held in April and October. The Oxbridge students started in October whilst the London students might start in either April or October, hence there were two intakes during 1954. Both would have qualified in 1957 as the Oxbridge students spent three months less on their clinical studies. The second event (for the April intake) was a Dinner at The Royal College of Surgeons on 26 October, organised by Professor David Hamblen. The September lunch was arranged by David Hughes and Enid Taylor who are both Past Masters of the Apothecaries.

Reunion of the year 1962 and friends

Was this our 40th or our 45th year reunion? We all started at The London in October 1962 – except for our four friends from Oxford who joined us in 1964 – and we all qualified in '67 or '68. Anyway, we had good cause for celebration if the mood of the party was anything to go by and no one seemed to mind which year it was.



Out of the 72 students who started, we had 26 of us present with the welcome addition of 12 'other halves'. Our venue, thanks to Gordon MacPherson, was Oriol College, Oxford where most of us (including Roger Allison and Di Strange who had come all the way from Oz) foregathered on a sunny Friday afternoon at the end of August. After settling into our comfortable student accommodation, we met for drinks and an excellent Thai meal at a nearby restaurant. Somehow a unanimous decision to visit the local off-licence, on the way back was taken, much to the amazement of the staff, who were just about to close, when 15 aged but cheerful medics arrived and upped their evenings takings! The party broke up about 1am, I think.

After a full breakfast in Hall (served at 8.15am), we dispersed in groups to enjoy the various delights of Oxford, meeting up again for a pub lunch and a long chat. Some went shopping, some visited colleges or gardens but all turned up in good time for the champagne reception prior to our black-tie dinner in the College that evening. After saying grace and a minute's silence for the four of our year who had died since our last reunion five years earlier, we enjoyed an excellent four-course meal. Conversation was certainly lively and everyone seemed to recognise and remember everyone else - albeit with the odd nudge! After dinner, Hilary Smith and Trish Fearn (née Kerin), joint organisers of the reunion, brought everyone up to date with news they had received from other alumni who were unable to attend. Being in Europe in a motorhome seemed to be a popular excuse! Many people are happy retirees but some are soldiering on. After dinner, we retired to sample the delights of 'the grog tray' and talked some more. Altogether an excellent evening, it was agreed, to be repeated in five years' time, if we are spared!

All managed to appear for the 8.15am breakfast and then people started to disperse – although leaving took rather a long time as one met up with different groups and stopped for a further chat.

We have contact with 75 per cent of our year but would love to catch up with the rest. If you are one of the 25 per cent, please contact Trish Kerin on patricia.fearn@virgin.net

The Griffin Community Trust – Ten-year Anniversary Garden Party

Last year saw the Griffin Community Trust celebrate ten years since the opening of its student residence, Griffin House in 1997.



The Griffin Summer garden party is an annual event and took place on Saturday 9 June, but with a significant anniversary, last year's event was extra special. Held at the neighbouring Shaftesbury Lodge, where the students befriend and organise events for the elderly residents, the garden was in full bloom (including the students' own flower beds) and the weather perfectly sunny. Guests included former students (now doctors in London and nationwide), trustees, new students and the Shaftesbury residents. The guests enjoyed a delightful display of balloons, flowers and decorations with an eclectic soundtrack to accompany the reminiscing and catching up. Dr Veronica White, Chairman of the Trust and one of the founders as a student, expressed delight that Griffin House is still going strong and maintaining its unique activities and valuable ethos. The students were pleased to meet with previous students and share stories and experiences of their time at Griffin. All are confident for success in the next ten years and reflect upon the enjoyment experienced by many since 1997.

Catherine Eades
Secretary The Griffin Community Trust
Student Resident

Dr Andrew Marsden recounts the dramatic story of his trip in an RV6 kit aircraft

Several years ago, I wrote an article for BLC about a serious accident I suffered in February 2000 when I received a fracture dislocation in my neck from which I made a good recovery. I have continued working as a Consultant Occupational Physician in Western Australia, flying in and out of various mine sites, assisting with the management of injured personnel, and looking after the general medical aspects of mining work.

Most of my flying, some 63,000 km per year, is undertaken in regular public transport aircraft, but in 1993 I decided I would learn to fly so that I could travel to, and from, some mine sites and other workplaces within the State myself. I am also a Designated Aviation Medical Examiner for the Australian Civil Aviation Safety Authority, and this involves reviewing the health of professional and amateur pilots in terms of medical certification for flying. I fly a Cessna 172, or Mooney 20J single engined aircraft.

In 2005 a professional pilot, routinely flying 30-40 seat airliners, came to me for his routine annual aviation medical examination. He told me he had recently completed building an RV6, two seater, single engined kit aircraft. The aircraft was a tail dragger, with a fixed pitch propeller, 160 hp engine and full instrumentation. The aircraft was beautifully built and finished, and had been a labour of love over three years. He was very proud of it and keen to show it to me, so we arranged a flight together.



The owner contemplates three years of work building the aircraft...and never wants to fly with a doctor again!



A sorry state...after bucking and cartwheeling...

We took off, I was in the left seat, and he as a fully qualified instructor pilot, was happy to remain in the right-hand seat, initially flying the plane himself, but handing over so that I could experience flying it. The weather conditions were unusual for the summer. It was very hot (32°C), but also extraordinarily humid at over 90 per cent, due to recent cyclonic conditions. This summer rain had caused the normally completely dry rivers to swell and roar, and the cloud level was down to about 4,000 feet but with almost no wind.

We did some turns and stalls, and some straight and level flying to demonstrate the speed of the aircraft, and then returned to the airfield for some 'touch and go' circuits. Unfortunately, on the second circuit, as we were roaring along the runway to take off again, the aircraft did not seem to be performing at 100 per cent power. We went over the end of the runway, airborne, but at a reduced height. The aircraft clipped the fence on the perimeter of the airfield, and then smashed down into the ground, cart-wheeled and slid along the ground, down the bank, across the road and up another bank, before being arrested by the wires of an ancient fence surrounding a field. The incredible noise stopped and everything went quite still.

The propeller was smashed, the wings were battered, and the left hand one had punched an old fence post completely out of the ground, causing considerable damage to the wing tip. We were wearing bilateral shoulder harnesses, which had held us tightly in the seats. I have a lasting image in those last few seconds of rapid deceleration of four hands and arms, flailing out in front of us, completely out of control and then all the noise stopped and it was very quiet. We had stopped upright, albeit suddenly, and there was no fire.

We both used an unfortunate expression of exasperation in the circumstances, and then agreed that we should get out quickly in case of fire. We both had chest discomfort, neck and back discomfort, and the other pilot had a very sore left index finger around the metacarpal joint. Both of us experienced our vision becoming distant, and I had the impression of looking through a shower screen. I could see the other pilot had obvious pallor, and our blood pressures were dropping. I encouraged him to cross

over the road, and lie down on the bank with our feet up. Within a minute or so our vision cleared, and apart from the general shaking and discomfort, neither of us had apparently suffered any form of mediastinal catastrophic tearing internally. There was nobody about at this remote airfield, except a man working in one of the hangars. We walked over to my car, fortuitously nearby, and drove round to the hangar. The chap working there had wondered what the noise had been.

We had a cup of coffee and after about 40 minutes, we heard the wail of ambulance and fire engines, and somewhat stupidly, I suggested that perhaps there had been an accident on the new town bypass, and then realised they were probably coming to our accident. We got back into the car and were stopped by a young man fully kitted out in Fire and Emergency clothing. We asked him whether anyone was hurt, and he said they couldn't find the pilot. We indicated that he should look no further.

The aircraft was written off, and I found over the next few days that I had suffered an un-displaced transverse fracture of my sternum, and for months had persistent paraesthesiae around my chest on the left, although there is no actual evidence of compression or wedge fracture in my mid-thoracic spine. The transverse fracture of my sternum healed uneventfully, but I was very reluctant to cough or sneeze for the first two or three weeks. I had a stiff neck and back for several days, but otherwise had generally been extremely fortunate.

It turned out that we had probably been caught by a density height effect on the engine performance, due to the very high temperatures, the very high humidity, and a significant risk of developing carburettor icing, despite using the heating device while on circuits.

The pilot promptly ordered a new RV7 aircraft kit, which has now been delivered, and he is beavering away on building the new aircraft. He has very graciously never blamed me for the accident, but I have felt somewhat guilty. He returned to normal commercial flying duties within a week or so, once his hand had settled down, as this was his only significant injury.

This all seems a very long way from Whitechapel in 1973.

**Dr Andrew Marsden
q The London, 1973
email: andrewmarsden@westnet.com.au**

Alumni news

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 alumni news can be found at www.batlaa.org

1937

Dr William HJ Baker (The London) Retired after 33 years as a pathologist in Hereford following service in RAMC. Still fairly active for a 92-year-old, though legs rather weak! Very happily remarried seven years ago, my first wife having died of Alzheimer's disease.

1940

Professor Reginald Shooter CBE (Barts) Smallpox archivist of the Jenner Trust since 2001.

1950

Dr Alan R Taylor (The London) At 86 slowly dying!

1952

Dr Joseph Blau (Barts) I play the cello in London Medical Orchestra. Have just finished article on 'Replacing tension-type headaches by their anatomical origin.'

Dr Barbara Donnison (The London) Now at the age of 80 I have retired to a delightful home in Gerrards Cross. I went on a world trip in 1960 to Australia and New Zealand. Worked in Canberra and Auckland. Worked my passage home as ship surgeon on a cargo ship in 1962/3.

Dr Kenneth Lown (The London) Retired and now living in a Royal British Legion home, of which I was the Medical Officer for many years.

1953

Dr Pat Goode (née Smeed) (Cantab / Barts) Retired after many years as GP and dermatologist in Dorking, Surrey. One of my daughters Gerry Trevella (née Goode) studied at Barts qualifying 1982 and is now a GP in Christchurch, New Zealand. My second daughter is also a doctor and my third daughter is a vet. There are seven grandchildren and one is already headed for medicine.

Dr Ruth Hutchinson (Barts) Retired anaesthetist. Run a charity which pays school fees for AIDS orphans. 1,506 kids were helped last term.

Dr Desmond E Sharland (The London) I retired from the Whittington Hospital in 1994. I still teach anatomy (an interest I gained from the late Professor JD Boyd) at University College London.

1954

Professor Peter R Holt (The London) I recently have gone to the Rockefeller University to continue my translational studies in the field of colon cancer prevention, as Senior Research Associate.

1955

Dr Lester Cohen (Barts) Still alive but not kicking due to two hip implants. Met up with Barts geriatrics whose names escape me for the moment (probably some form of dementia). They all seem to be married to ex-Barts nurses – says something!

1955

Dr Geoffrey Cunningham (Barts) I still do a couple of occupational medicine sessions a week which I enjoy. My wife and I spend a lot of time at 37,000 feet bonding with our seven grandchildren in the US and China. Reunion of recent years with Barry and Pat Wheeler through *BLC*.

Dr Margaret Elmes (Staley) (Barts) In spite of increasing disability keeps going to operas and concerts in Cardiff and was taken to ENO's *Death in Venice* for her 75th birthday by her son John. She hopes there will be a 55th anniversary reunion, the 50th was a great success.

Dr Geoff Pollock (The London) Now retired over ten years. Only interests now are painting and fishing. Never had any talent for painting but learning slowly! Better with the fishing. Just about recovered from 40 years of general practice.

Dr Christine Thompson (Barts) We held a reunion lunch at the RSM for 24 of us who qualified in 1955. It is hoped to

repeat this (for those of us still around) in 2010 to mark 55 years since qualification. Please let me or David Stainton-Ellis know if you are interested.

Mr Arthur P Wyatt (Barts) Moved to delightful village in West Bucks in 2006 with most of my orchid plants and bonsais to be near two sons and all six grandchildren for our latter years. Interesting trip to SW China in April with Royal Society of Medicine Retirement section. Former Barts Forbes Ambercrombie (1958) on same visit and very entertaining.

1956

Dr P Binnion (The London) Seeing news of David Hughes, who was at my wedding and Colin Lythgoe whose company I enjoyed for years, prompted me to tell of my new position as Associated Medical Director at the Howard R Young Correctional Institute in Wilmington, Delaware, USA. I started in February 2007 being delighted then there was no age bar and pleased to be mentally stimulated by diseases I had previously not treated (Hep C and HIV especially).

1957

Dr Michael Absolon (The London) Retired as Honorary Curate Benefice of St. James Chipping Camden with St. Eadburgh's Ebrington, November 2006. But I still help out twice a month or so on Sundays. Unfortunately developed glomerulonephritis (rare variety of course!). Am holding off dialysis, to my ex London Hospital Consultant's surprise!

Dr Christopher L Brown (The London) Working part time as Consultant Histopathologist at Barts and The London in the new Pathology and Pharmacy building in Whitechapel.

Dr Eileen Evans (née Harris) (The London) In 1967 Graham (St George's) and I, with our two young children, went to take up positions as consultant psychiatrists in New Zealand. The rural environment just outside Auckland allowed us to breed horses and cattle. In 1991 we were able to retire to our farm to continue breeding pedigree Limonsin beef cattle.

1958

Dr Conor Carr (Barts) Retired from post of Consultant Obstetrician-Gynaecologist in Portiuncula Hospital in County Galway, Ireland in 1998. Since then travelling widely and playing golf.

Dr Walter R Chisholm-Batten (The London) Still doing locum GP work at 84 and enjoying it.

1959

Dr Michael T Haslam (Barts) Did I tell you I received an MA (Theology) from University of York St. John in 2003?

1960

Dr John D Abell (Barts) At 70, still gainfully employed part time in general practice. As almost all of our family lives in New Zealand. Advantages accrue from this activity not entirely related to the fascination of clinical medicine.

Dr Frank O Wells (The London) Now chairman of the BMA's Retired Members Forum (2007-2009). Co-chairman of EFGCP European Working Party on Research Ethics. Honorary Secretary of the Livery Committee of the Worshipful Society of Apothecaries.

1961

Dr Michael D Brown (Barts) 11 years retired now and still kicking in Canada. Spend much of my time actively engaged in peace and quiet! Two recent involvements as an inpatient suggests to me that whilst technology is very shiny and clever, compassionate care seems in increasingly short supply. Brave new world!

Dr JW Dale MBE (MBBChir Barts) I have retired from the NHS and have since worked for The Gambia. Initially I was Epidemiologist at the Department of Health and continue as Honorary Epidemiologist. I am working with the new medical school in Brighton as a Honorary Senior Lecturer. I chair a small charity providing Primary Health Care in The Gambia for which I was awarded the MBE.

Mr Charles DR Lightowler (The London) I have just completed three years as Chairman of the Senior Fellows Society at the Royal College of Surgeons of England. Can I recommend any surgeon from the College who has retired, fully or partially, to consider joining us? Details from the College!

1962

Professor Jeremy M Hardie (BDS) Now fully retired and living in Great Malvern. Currently restoring a fine 1920 house and looking forward to getting more involved in local cultural activities.

1963

Dr Philip Evans (The London) sails his 14ft dinghy around the Norfolk Broads and drives his 1925 Alvis Tourer around locally; does survival gardening, drawing of people and local cycling. Essential income and interest come from disability visits and teaching anatomy to artists in London.

1964

Dr David J Girling (The London) Retired after a career in medical research, conducting clinical trials in the management of tuberculosis and cancer. I chair an independent data monitoring committee for the Christie Hospital in Manchester. I am also a lay reader for the University Church in Cambridge.

1966

Dr David H Dighton (The London) Two books now published on strategies to prevent atherosclerosis and its consequences. In depth analysis of the role of micronutrients in food as well as other evidence-based factors. Hardback: *Eat to your Heart's Content* £25 and softback version written for the informal public reading *Heart Sense* £12.99. Available half price to all *BLC* readers (order on 020 8508 7741).

Dr Peter Foy (BDS, The London) Moved from Tunbridge Wells to flat in Sevenoaks. Been to Russia, saw Kirov Ballet in St Petersburg. Standard of cuisine excellent and so many beautiful old buildings wonderfully restored.

Mr Howard L Ripley (BDS) Fit and healthy, enjoying life enormously. Recent travel to China, Morocco, Singapore and Japan where our son Barry is doing research on Lupus disease.

1967

Dr Carol Church (Barts) On retirement from Community Paediatrics in Southampton. We now live in Argyll where gardening, golf and sailing are the order of the day.

Dr Jeremy J Church (Barts) Having retired as Consultant Anaesthetist at Salisbury NHS Trust. I enjoy the hills, fishing and sailing.

Mr Martin Usherwood (The London) Retired from NHS in April 2006 as Consultant Obstetrician and Gynaecologist at Stoke Mandeville Hospital. Enjoying advisor work and large garden.

1968

Dr Anthony K Clarke (The London) I am retired from the NHS but have been elected as a councillor on Bath and North East Somerset. I am on the Health Scrutiny and Licensing Committees. I still undertake a lot of medico-legal work, garden and play golf.

Dr Alan Fox (The London) Still working in private practice in Homeopathy. Now proud grandpa of two.

Dr Peter A Harris (The London) I am Chief Medical Officer to biotech Algeta, based in Oslo, Norway, working on hormone-refractory prostate cancer.

Dr Stephen P Heyworth (Barts) Retired two years ago from general practice in Guernsey. Enjoying sporting activities and my five grandchildren.

Dr Judith Pumphrey (Barts) Retired and now have second career in botanical art. Four children and six grandchildren.

1969

Dr Ian F Crabbe (Barts) I am enjoying retirement, family life and sporting activities. Most notable event 2007 - Living History participant in Medieval Festival. Look out for 'the Discovery of the Ark of the Covenant'.

Ian Douglas Fraser (Barts) Retired consultant surgeon in Warwick in 2006. Actively involved as MRCS Examiner at the Royal College of Surgeons of England. Residence divided between Stratford Upon Avon and Kingswear, Dartmouth. Messing around in boats and examining worldwide add to a very enjoyable life.

Dr Peter R Elliott (The London) Retiring (early) from being a GP and sometime Medical Advisor to a PCT. Moving to Suffolk to enjoy other interests, particularly in the local church.

1970

Dr Barry Hemphill (Barts) Recently involved with donation of Churchill's specialised gold upper partial denture to Hunterian Museum. I am a liveryman in the Barber Surgeons Company and at present it is having its 700th anniversary. Due to spinal cord compression I have had to cease driving TR6 after 33 years. Now involved with poetry and grandchildren – not necessarily in that order.

Dr Graeme Riddoch (The London) Retired from GP in April 2006. Now divide my time between Hobart, Tasmania and Tarryblake, Scotland. I have started Tarryblake Timber (www.tarryblaketimber.com) following the family (non-medical) tradition.

1973

Mr Joseph Cohen (BDS) Full time job keeping tabs on six grandsons in England, Holland and United States.

Dr Richard DW Wells (Barts) Planning 2008 reunion for 1973 graduates on 29 November in the Great Hall at Barts. After the excellent turn out for 2003 will those who have survived the last five years come again?!

1974

Professor Peter Kaplan (Barts) I have been at Johns Hopkins for 20 years with my time divided among clinical research, patient care, directing clinical electrophysiology, administration and teaching. My research interests are in coma prognosis and nonconvulsive status epilepticus.

Dr Andrew Macdonald-Brown (The London) Still working as a GP in Tunbridge Wells; coerced into PBC as prescribing (rationing) lead after years spent trying to escape from Fundholding, PCG, PCT, and bar! Only published one paper, with reprint requested from Poland. Follicularly challenged, happily married to the same woman for 34 years, a grandfather and part-time pig farmer.

1975

Professor John Hodges (The London). After 17 remarkable years in Cambridge, the last ten as MRC Professor of Behavioural Neurology, I have decided that it is time for some new challenges and an injection of fun. I am going to take up a Federation Fellowship and Chair of Cognitive Neurology at the University of New South Wales in Sydney, Australia. I hope to have more time to indulge other passions (jazz, writing and cooking) while still making a few contributions to medical science. How about a 40-year reunion?

Dr Stephen Millar (The London) Consultant anaesthetist for 21 years. Former Associate Medical Director and current Chairman of consultant staff at Queen's Hospital, Burton on Trent. Elected fellow of the BMA. An award in recognition of outstanding service for many years was presented by HRH The

Princess Royal at The Britannia Royal Naval College on 26 June 2007.

1976

Noel J Buckels (The London) I am working in a public hospital in Kwazulu Natal as a cardiothoracic Surgeon. I am married with four children, one grandchild and play baseball where I have represented my province in South African Masters.

Dr Nigel Dunn (Barts) Appointed Associate Clinical Professor to Warwick Medical School. Married to Sarah who is a Clinical Nurse Specialist. We have two children; our son is an F1 at Warwick Hospital and our daughter is a final year medical student in Glasgow.

1978

Dr Michael A Ashby (Barts) Lives with his wife and three children in Tasmania. He is Professor and Director of Palliative Care at the Royal Hobart Hospital and University of Tasmania.

Dr Mary Nunn (Barts) Sadly I have had to take medical retirement after 22 happy years at the Mission Practice in Bethnal Green. Waiting to see how my future unfolds.

1981

Dr Stuart D Rudge (Barts) Married with three children. GP in Colchester for last 21 years and doctor to Colchester United Football club for the last three seasons – the most successful period in their history.

1982

Mr Chris BD Lavy OBE (Barts) Just been given Honorary Professorship at London School of Hygiene and Tropical Medicine.

1984

Dr Tony Davies (Barts) One wife, two kids, 17 acres, 20 cows, 3,200 patients.

Dr Anna Maria Klos (née Filipowicz) (Barts) I'm living in Poland with six children. Doing medical and other translations. Hope to get in touch with anyone who remembers me.

1985

Mr Walid Dihmis (The London) Sabbatical planned with wife and three children in tow as Cardiac Surgeon in Jordan.

Catherine Roe (The London) I am a part-time GP principal in a busy inner city practice; 8,000+ patients, five partners. I have three daughters, 16, 14 and 10 years old. My oldest, Eleanor is determined to study medicine at Barts and The London.

1988

Dr Sarah Goetz (Barts) Living at Gold Coast, QLD, working at Royal Children's Hospital in Brisbane part-time as paed. anaesthetist. Three kids, two dogs. Husband orthopaedic surgeon (an Aussie).

1989

Dr Ratna Neville (Barts) Moved to Australia in 1998. Working as a GP in Mosman. Married fellow Bartsman Munro Neville – have two kids. Munro has own medical business in the city. We enjoy life in Sydney and go surfing, kayaking, surf life-saving, tennis and body combat.

1990

Dr Alistair LN Hepburn (The London) Having completed specialist registrar training in Rheumatology and General Medicine, I have recently been appointed as Consultant Rheumatologist at Worthing and Southlands Hospitals NHS Trust. I'm married with two small sons. We love being close to the sea!

Dr Caroline Jenkins (Barts) Consultant anaesthetist at Worthing Hospital since 1999. Married with two children James (six) and Emma (four).

1992

Dr Linda Heaney I am working as a Consultant psychiatrist in Bristol. Married to Bruce Toase (Mechanical Engineering QMW 1992) with a two-year old son.

1993

Mrs Katy Hogben (née King) (The London) Married with three boys. Recently appointed Consultant Breast and Reconstructive Surgeon, Charing Cross Hospital.

1998

Mr Suki Soon (BDS) Worked as SHO (Oral and Max) and Clinical Assistant for five years following graduation. Currently working as an Associated GDP in three practices - Upminster, Billericay and Buckhurst Hill.

2000

Dr Stuart AFJ Bennett MBA studies at London Business School. Career now centred around NHS reform, the battle which nine years in the military may have partially prepared me for.

2005

Joanne Ashmore Pursuing a career in public health.

Stephen John Hadfield MA Cantab, DObstRCOG, FRCPEd



Stephen John Hadfield was born in Clapton, London, the son of a consultant anaesthetist. Following in his father's footsteps, he won a scholarship from Epsom College

to Trinity College, Cambridge, and completed his medical studies at Barts, winning the Bentley prize. Early work in surgery, anaesthetics, and midwifery was followed by a memorable trip to the United States as assistant surgeon aboard the *Aquitania*.

In 1936 Stephen married Jean MacDougall and moved to general practice, first in Wiltshire and then to Devon. He saw war service in the Royal Air Force Volunteer Reserve (RAFVR) and was mentioned in dispatches. In 1948 he was appointed Assistant Secretary of the BMA to which he provided a major contribution to the development of general practice. In 1953 he was commissioned to undertake a major field survey of UK practitioners. He showed that while most doctors performed adequately, often in very poor working

conditions, there was significant scope for improvement of conditions, attitudes and standards. In 1958 he published a textbook on law and ethics for doctors. He was appointed under Secretary of the BMA in 1960 and moved to Edinburgh to become Scottish Secretary from 1964 until his retirement in 1974.

In 1977 Stephen and Jean moved to Oban, seat of the Chiefs of the Clan MacDougall, where they entertained a constant stream of visitors in their home overlooking the Firth of Lorne. Stephen threw himself into voluntary work as treasurer of ASH Scotland and the Oban Red Cross. A keen musician, he took leading roles in the Oban Operatic Society productions of Gilbert and Sullivan until well into his 80s. He was a staunch Anglican who loved the liturgy and music and regularly turned out for sung matins at St John's Episcopal Cathedral in Oban until a few months before his death. Stephen was an exact, modest, courteous, and gentle man. He is remembered as a big and generous personality and was loved greatly by the many who crossed his path. He is survived by his two daughters, Morag and Sheana.

EM Armstrong

Dr Ernest William 'Bill' Deane MA, MB, BCh, MRCS, LRCP

Born in 1918, Bill Deane was educated at Sherborne School, followed by Cambridge, where he studied medicine. He did his clinical studies at The London Hospital, qualifying in 1941.

In World War II Bill served as a Surgeon-Lieutenant in the Royal Navy Volunteer Reserve. He then joined his father in General Practice in Christchurch where he remained for 38 years. As a GP, he showed devotion to duty and close knowledge of his community.

Outside work, Bill's post-war years were dominated by sporting and political endeavours. He loved sailing, and competed in the 1948 Olympic trials and the 1949 Fastnet race. He was an early enthusiast for long-distance motor rallies, and he was successful in five Alpine rallies. He came first in his class in the Monte Carlo rally on several occasions. He won the RAC rally in 1958. He was selected as Conservative prospective parliamentary candidate for Southampton Itchen constituency in 1951, but did not

win the seat. He later became agent for the sitting Bournemouth MP. In 1949 he became one of the youngest magistrates to be appointed, and he sat on the Christchurch Bench until 1981. He was also Chairman of the Juvenile Court at Bournemouth Crown Court. Bill devoted much time and effort to numerous charitable causes. He was a founder member of Christchurch Rotary and was awarded the Paul Harris Fellowship for long service in 2005. He was actively involved in the RNLI, and was Medical Officer to Mudeford Lifeboat for many years.

In 1983 Bill married Dr Ruth Scott-Jupp, also a Christchurch GP, and they spent their retirement sailing and travelling extensively. He suffered a disabling stroke in 2005, and spent his last year in a nursing home. He died of heart failure on 18 February 2007. He is survived by his wife, and by his two children from his first marriage.

**Robert Scott-Jupp
q The London, 1980**

Dr Tony Jackson MD, FRCP, FRCPCH



Tony graduated from The Middlesex in 1943 and seven months later joined the Royal Army Medical Corps. He served in Brussels, Holland, Germany and North Africa, experiencing first hand an epidemic of smallpox. Whilst stationed in Tripoli, Tony met Jess Wilkes, a physiotherapist, whom he married in 1946. Following demobilisation and a year in general practice, he embarked on a career in paediatrics, beginning his training at the Middlesex before moving to Great Ormond Street under the direction of Sir Wilfred Sheldon. This was followed by posts such as Senior Paediatric Registrar at The London and Queen Elizabeth Hospital for Children, and Lecturer and First Assistant to Professor Sir Alan Moncrieff at the Institute of Child Health in 1956. He set up one of the first clinics for handicapped children and became interested in the effects of child abuse.

From 1970 to 1982 he was Postgraduate Dean at The London Hospital Medical College where he established a new computerised system of pre-registration house appointments between The London and District General Hospitals in the South of England. This was a change which gave equal weight to the choices of candidates and consultants and gained considerably more approval from the former than the latter. Generations of young doctors have thus benefited from his foresight and understanding in implementing this tool. London Hospital graduates for a quarter of a century have also had occasion to remember Tony on account of his impressions of a variety of paediatric conditions, most spectacularly

that of croup. He was, in addition, a particularly strong supporter of student extracurricular activities. He was elected Staff President of the London Hospital Clubs Union, was a significant supporter of the London Hospital Drama Society and became Staff President until his retirement.

Tony was elected to the Council of the Royal College of Physicians and was chairman of the paediatric committee. At the same time his strong interest in education led to him being elected President of the Association for Paediatric Education in Europe where his training in modern languages stood him in good stead as he was able to address meetings in French and several other languages.

In 1981 Tony became President of the Section of Paediatrics of the Royal Society of Medicine and over a period of some 20 years was actively involved with the British Paediatric Association (BPA). He held posts of secretary of the Academic Board and Honorary Treasurer.

In retirement Tony took on the Chairmanship of the Research and Medical Advisory Committee of the Cystic Fibrosis Trust, playing a major role in the strategic direction of the Trust, for which he was awarded the John Panchoad Medal, the Trust's highest honour. To his great tribute, his desk at home at the time of his death still displayed the photos of CF patients sent to him by grateful parents.

Following a sporting career as a rower and second row rugby forward, he developed an interest in bowls during his retirement. He won trophies from time to time but, true to form, described himself as a very ordinary bowler. He played a major role in the administration of the club over many years.

Although Tony developed chronic renal failure four years before he died, he very successfully managed his own peritoneal dialysis, not allowing himself to be restricted in any way. He died from pneumonia and peritonitis complicating chronic ambulatory peritoneal dialysis. He leaves his wife, Jess, three children and four grandchildren.

Linda and Stephen Jackson

We regret to report the deaths of the following:

Dr Richard Finlay Alexander

q Barts, 1943
d 08 08 07

Dr Tom W Bolton

Former general practitioner,
Leighton Buzzard
q Barts, 1956
d 10 06

Mr Claude Brun

q The London, 1941
d 25 05 07

Dr Eric F Carr

q The London, 1943
d 27 12 06

Dr Ronald Church

q Barts, 1945
d 2 06 07

Professor Brian Cooke

Dentist and former Dean
of Cardiff Dental School
q BDS The London, 1942
d 28 09 07

Dr Kevin Richard East

q Barts, 1976
d 21 09 07

Dr Gwilym Ryhs Evans

q Barts, 1940
d 11 06

Mr Thomas G Evans FRCS

q Barts, 1943
d 25 12 06

Mr Ron Fearnhead

Former Professor of Dental Anatomy
d 1 10 07

Dr Charles M French

q The London, 1962

Dr Lore Marguerite Fry

q Edinburgh, 1943
d 04 06 07

Dr Sidney Gee

q The London, 1943
d 12 02 07

Dr Michael E Glanvill

q Barts, 1948
d 18 03 07

Dr Ronald G Godfrey

q The London, 1949
d 12 06

Dr Ronald Grant

q MBChir Barts, 1943
d 10 7 07

Dr Stephen John Hadfield

q Barts, 1933
d 05 02 07

Dr Michael HK Haggie

q The London, 1940
d 04 07

Dr Charles DE Hearn

q Barts, 1948
d 07 02 07

Mr B Helal

q The London, 1951
d 12 07 07

Mr I M Hill

q Barts, 1942
d 22 09 07

Mr BB Hickey

q The London, 1935
d 03 08 06

Mr Martin Ireland

q BDS, 1971
d 03 06

Dr Dewi Brenig James

A GP in Marlow for 40 years and glider
pilot of international repute
q The London, 1949
d 18 07 07

Dr Herbert Hugh John CBE CSJ

q MBChir The London, 1956

Professor FR Johnson

Chair of Anatomy
q The London
d 05 07 07

Dr WR Jukes

q MBChir Barts
d 4 12 06

Dr Frank I Lee

q The London, 1957
d 13 05 07

Mr Ebenezer (Jock) McCreath

q BDS, 1952
d 04 06 07

Dr John Derrick Morris

q Barts, 1943
d 08 06 07

Dr Andrew W Morrison

q The London, 1948

The following obituaries can be found in the BMJ

Dr Patrick D Mulcahy
q Barts, 1956

Dr Rachel Elisabeth Need
q Barts, 1954
d 21 12 06

Dr Virginia Ng
q Barts, 1987
d 03 09 07

Dr Keith R Oliver
q Barts, 1954
d 04 12 06

Dr Michael G Price
q Barts, 1952
d 06 01 07

Dr EP Quibell
q Barts, 1937
d 2006

Dr David George Stuart Randall
q The London, 1954
d 3 04 07

Dr P K Robinson
Consultant neurologist to the Wessex region
q Barts, 1944
d 25 05 07

Dr Edmund M Rosser
q Barts, 1952
d 15 04 07

Dr Ian Tye
q The London, 1960
d 16 06 07

Dr Michael A Varnam
q The London, 1967
d 04 06 07

Dr Thomas K Whitmore
q Barts, 1944

Dr Peter Frederick Willis
Anaesthetist
q Barts, 1950
d 16 05 07

Henry Proctor
q Barts, 1938
Former consultant orthopaedic surgeon Birmingham Accident Hospital, senior clinical lecturer University of Birmingham, Honorary Consultant (retired) Birmingham Area Health Authority
b 1910, d 01 04 07
BMJ 12 05 07

Michael Edward Glanvill
q Barts, 1947
Former general practitioner Chard, Somerset
b 1923, d 18 03 07
BMJ 19 05 07

Stephen John Hadfield
q Cambridge/Barts, 1933
Former Scottish secretary BMA
b 1908, d 05 02 07
BMJ 19 05 07

David Bartlett Bower
q Cambridge/ Barts, 1953
Former consultant in obstetrics and gynaecology St Stephen's (later Chelsea and Westminster) Hospital
b 1 7 29, d 18 03 07
BMJ 9 06 07

Charles Edward Daniel Hearn
q Barts, 1948
Former Chief Medical Adviser Gillette
d 7 02 07
BMJ 9 06 07

David Mendel
q Barts, 1948
Former consultant cardiologist, St Thomas' Hospital, London
b 4 03 1922, d 10 03 07
BMJ 9 06 07

Robert John Jameson
q The London, 1943
Former general practitioner, Bath
b 1917, d 18 04 07
BMJ 16 06 07

Geoffrey Laurence Scott
q Cambridge/ Barts, 1961
Former consultant haematologist, Bristol and Weston-super-Mare
b 1936, d 3 02 07
BMJ 16 06 07

Ian Thomas Twistington Higgins
q The London, 1942
Professor Emeritus of Epidemiology and Environmental and Industrial Health, University of Michigan
b 12 03 19, d 26 03 06
BMJ 23 06 07

Frank Ian Lee
q The London, 1957
Former consultant physician, Blackpool, Wyre, and Fylde district
b 1930, d 13 05 07
BMJ 23 06 07

George Frank Newbold
Former senior medical officer, South Glamorgan Community Health Services
q The London, 1945
b 28 10 15, d 10 07 07
BMJ 07 07 07

Peter Kenneth Robinson
Former consultant neurologist, Wessex Regional Hospital Board, Hampshire, MA, MD, FRCP
q Cambridge / Barts 1945
b 1920, d 25 05 07
BMJ 14 07 07

Michael Gregory Price
Former general practitioner Harpenden, Hertfordshire, MRCP, DRCOG
q Barts, 1952
b 1926, d 6 01 07
BMJ 21 07 07

John William ('Jack') Strain
Former general practitioner Egremont, Cumbria, and medical officer, Sellafield
q The London, 1953 DFM
b 1921, d 29 04 07
BMJ 21 07 07

Ernest William ('Bill') Deane
Former general practitioner Christchurch, Dorset
q Cambridge / The London, 1941 MA
b 27 09 18, d 18 02 07
BMJ 28 05 07

Rachel Elisabeth Need
Former ophthalmologist, Berkshire
q Barts, 1954
DO, MRCOpht
b 1927, d 21 12 06
BMJ 25 08 07

Edward Arthur Boyse
FRS, member Sloan-Kettering Institute for Cancer Research, New York, 1967-89; Professor of Biology, Cornell University, 1969-89; distinguished Professor, Arizona University, 1989-94, then Emeritus Professor
q Barts, 1952
b 11 08 1923, d 14 07 07
BMJ 08 09 07

Alan Murray Baker
Former adviser in tropical medicine and public health East Africa, Medical Research Council, and Overseas Development Administration
q Cambridge / Barts, 1950; MA, DPH
b 1926, d 10 05 07
BMJ 15 09 07

David Tidmarsh
Former consultant psychiatrist, Broadmoor Special Hospital, Crowthorne, Berkshire, and pioneer of the modern specialty of forensic psychiatry
q Cambridge / Barts, 1958
b 1932, d 9 07 07
BMJ 29 09 07

Francis John Caldwell Roe
Former independent consultant in toxicology, experimental pathology, and cancer research, q Oxford / The London, 1948
b 1924, d 8 08 07
BMJ 13 10 07

Events

Below is a selection of College events taking place over the coming months. More up to date information can be found on our website at www.batlaa.org

Open Days

Undergraduate 9 April

Postgraduate 23 April

For more details and to book your place please visit

www.qmul.ac.uk/visitus/opendays

View Day

Wednesday 18 May

The service starts at 5.15pm in St. Bartholomew the Great.

William Harvey Day

Tuesday 14 October

BATLAA AGM

Tuesday 14 October

BATLAA Dinner and Dance

Friday 21 November, Draper's Hall

If you wish to organise a reunion or host a table please contact Jo Stiles in the Alumni Relations and Events Office on +44(0)20 7882 5392 or email j.stiles@qmul.ac.uk



Inaugural lectures

Professor Harry Navsaria

17 April, 5.30pm

Perrin Lecture Theatre
Harry Navsaria, Professor in Cell and Tissue Engineering, presents his inaugural lecture.

Professor Ania Korzun

23 April, 5.30pm

Morris Lecture Theatre
Ania Korzun, Professor of Psychiatry presents this inaugural lecture.

Professor Inderjeet Dokal and

Professor Jonathan Grigg

7 May, 5pm

Perrin Lecture Theatre
Inderjeet Dokal, Professor in Child Health and Jonathan Grigg, Professor in Paediatric Respiratory & Environmental Studies, present their inaugural lectures.

Professor Susan Dilly and Professor

Chris Griffiths

21 May, 5pm

Perrin Lecture Theatre
Susan Dilly, Professor of Pathological Science and Chris Griffiths, Professor of Primary Care present their inaugural lectures.

Professor Nick Lemoine

3 June, 5.30pm

Willoughby Lecture Theatre
Nick Lemoine, Professor of Molecular Pathology presents his inaugural lecture.

Professor Andrew Silver and Professor

Ian Tomlinson

10 June, 5pm

Perrin Lecture Theatre
Andrew Silver, Professor of Cancer Genetics and Ian Tomlinson, Professor of Clinical Genetics present their inaugural lectures.



To book for any of these lectures email events@qmul.ac.uk