



GEORGE'S

Blossoming Future

In keeping with tradition

Rewarding sporting talent

Godfrey Hounsfield and the CT scanner

Breaking the glass ceiling



Welcome



HELLO DEAR READERS, IT'S BEEN A BUSY YEAR FOR ALUMNI ACTIVITY AT ST GEORGE'S WITH OUR 1980S REUNION THE HIGHLIGHT OF 2010.

IT WAS SO FANTASTIC TO MEET EVERYONE AND TO WITNESS OLD FRIENDS GETTING TOGETHER AFTER SO LONG. JUST SEEING THE CROWDS BOPPING AWAY TO THEIR FAVOURITE 80S TUNES IN THE SCHOOL CLUB BAR MADE ALL THE HARD WORK WORTHWHILE!

As a medical and healthcare university the majority of our alumni naturally follow a vocational path. But some alumni choose not to be defined solely by their day job and pursue passions that are rather different. One such example would be Dr Samuel Hutt, better known to country music fans as Hank Wangford. Sam/Hank has led a fascinating life and could possibly lay claim to being St George's first 'rock n roll doc'. Still touring at the age of seventy but unlike the Rolling Stones, he also works one a day a week at a sexual health clinic.

SOMEONE WHO HAS MOST DEFINITELY NOT STRAYED FROM THE MEDICAL PATH AND HAS A HIGHLY SUCCESSFUL CAREER AS A CARDIOLOGIST AT STANFORD MEDICAL SCHOOL IS ALUMNA HANNAH VALANTINE.

Hannah tells us about her pioneering work at Stanford to encourage leadership and diversity among the medical faculty, in particular her research into why women do not seem to progress as far as men in academic medicine.

Returning to today's students, Luke Turner, current Students' Union President offers a round up of recent student successes and we meet Yoven Soobramaney, recipient of the gold award in our inaugural sports bursary programme. Yoven hopes to represent his home nation of Mauritius in Taekwondo at next year's Olympics. Gifts from alumni are helping him and his peers achieve their sporting goals this year.

FINALLY, ENCLOSED IS THIS YEAR'S ROLL OF DONORS WHICH LISTS EVERYONE WHO'S MADE A GIFT TO ST GEORGE'S IN THE PREVIOUS ACADEMIC YEAR.

On behalf of all the students and staff, may I say how grateful we are for all the gifts we've received this past year. Knowing the challenges that face all universities both now and in the future, it is reassuring to have your support.

Best wishes

Chris Conneely
Development Manager

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MESSAGE FROM THE PRINCIPAL



2010 HAS BEEN AN EVENTFUL YEAR FOR ST GEORGE'S. IT WITNESSED THE 30TH ANNIVERSARY OF THE OPENING OF THE NEW BUILDINGS FOR THE HOSPITAL AND MEDICAL SCHOOL AT TOOTING, AND THE ADVENT OF A COALITION-GOVERNMENT – THE FIRST SUCH GOVERNMENT IN THE LIVING MEMORY OF MANY.

Within months the government has introduced paradigm changes to the policy of public funding for universities and the NHS which have major implications for higher education.

2010 began with a visit of the previous Prime Minister, Gordon Brown, to launch his government's response to Alan Milburn's report on social mobility. It was appropriate recognition given SGUL's track record and success in fair access to university. Widening participation remains critically important to us and we will continue to pursue this in the face of the major reforms to tuition fees and student loans.

IT HAS BEEN A VERY ACTIVE YEAR FOR SGUL WITH MANY NOTABLE ACHIEVEMENTS. WE PUBLISHED OUR STRATEGIC PLAN FOR 2010–15.

This underlines our vision for a thriving medical and health sciences university integrated with a London hospital, and our aspirations to be recognised for excellence and innovation in education and research.

It is encouraging that much has been achieved in 2010 to support this. We implemented the plans outlined in Future St George's; establishing three academic divisions (Clinical Sciences, Biomedical Sciences and Population Health Sciences) and creating six research centres to exemplify a more focussed approach to research. We introduced a revised appraisal scheme, brought in a new financial information system and commenced the modernisation of research laboratories in one of the Jenner blocks. Importantly, all of this was achieved to budget.

Our application for Primary Medical Qualification (PMQ) was approved by the General Medical Council; we will now exercise our degree awarding powers to award not only our MBBS degree but also, at the wish of our students, all of our other degrees. The degree certificate will need to accommodate the new degree title of St George's Hospital Medical School, a constituent College of the University of London. PMQ and the award of our own degrees reinforce our vision of a smaller specialist independent university.

There have been exciting developments internationally for SGUL. We have launched a joint venture with the University of Nicosia to establish the first medical school in Cyprus. The medical programme will involve SGUL's graduate entry curriculum. The launch was heralded by the Minister of Health in Cyprus and has attracted considerable interest. There are a number of additional international developments that may be of considerable significance during the coming year.

2010 SAW A NUMBER OF NOTABLE GRANTS AWARDED TO OUR RESEARCHERS BY RESEARCH COUNCILS, WELCOME TRUST AND THE EUROPEAN UNION; AMONG THESE ARE PARTICULAR SUCCESSES FOR PROFESSORS JULIAN MA, CLIVE ROBINSON AND JOHN CAMM AND DR TARIQ SADIQ.

Additionally we celebrated the first birthday of the South West London Academic Health and Social Care Network (AHSN) which has brought into partnership the three universities in the region (Kingston, Roehampton and SGUL), NHS Trusts and Borough based social services. The success is timely and gives strength to South West London given the radical structural reforms that are changing the local patterns of patient care.

THE AHSN HAS BEEN A DRIVING FORCE IN THE SUCCESS OF THE SOUTH LONDON HEALTH INNOVATION EDUCATION CLUSTER (HIEC) IN PARTNERSHIP WITH SOUTH EAST LONDON.

2010 PROVIDED THE OPPORTUNITY TO WELCOME MANY ALUMNI BACK TO ST GEORGE'S. IN NOVEMBER DR DAVID MURFIN ARRANGED FOR HIS CLASSMATES (MBBS 1970) TO TOUR THE TOOTING CAMPUS PRIOR TO A REUNION DINNER AT THE APOTHECARIES' HALL.

In the same month we hosted over 200 graduates from the 1980s decade to a grand reunion at Tooting. Both occasions were extremely successful and enjoyable; it was wonderful to witness friendships being so noisily renewed after so many years. We will be holding more events in the coming year.

It has been a challenging 12 months and I anticipate that the challenges facing all universities will continue in 2011. I am very grateful to everyone – staff, students and alumni – for their continuing commitment and enthusiastic loyalty to St George's.

Peter Kopelman
Principal
St George's, University of London

GEORGE'S NEWS

Further information:
www.nicosia.sgul.ac.cy

St George's provides course model for Cyprus's first medical degree

ST GEORGE'S, UNIVERSITY OF LONDON HAS JOINED FORCES WITH THE UNIVERSITY OF NICOSIA, CYPRUS'S BIGGEST PRIVATE UNIVERSITY, TO LAUNCH THE FIRST CYPRIOT MEDICAL TRAINING PROGRAMME.

The University of Nicosia will offer a four-year graduate entry medicine degree that has been designed by St George's and is based on its own successful course. Students who complete the MBBS4 (Bachelor in Medicine and Bachelor in Surgery) programme in Nicosia will earn a degree from St George's, the first UK medical school to introduce a medical degree for graduates of all disciplines.

Students accepted into the English-language MBBS4 programme in Cyprus will follow the innovative curriculum developed by St George's, and will have access to the e-learning medical education resources available to students in London. They will also have the full privileges and use of the state-of-the-art facilities and resources provided by the University of Nicosia. As well as delivering the curriculum, St George's is responsible for academic standards and quality assurance of the programme, and will be involved in the recruitment of both students and teaching staff.

THE NUMBER OF DOCTORS TRAINED THROUGH ST GEORGE'S GRADUATE ENTRY PROGRAMME IS NOW ALMOST

400

St George's principal Professor Peter Kopelman said that the alliance combines the strengths of both universities, and added: "This partnership is testament to the success of our pioneering graduate entry programme, which has now trained almost 400 doctors from a range of backgrounds. The University of Nicosia partnership will expand on this success, and we are confident that its future doctors will benefit from the same excellent training as our previous graduates."

The third partner in this initiative is the Sheba Medical Center at Tel Hashomer, which is the largest hospital in Israel and will provide clinical placements for students. Sheba is the first of a small number of partners that will be selected to deliver the clinical years of the programme in a high-quality training environment.

This medical programme – which begins in September 2011 – is expected to attract students from Cyprus and the UK, as well as Greece, Russia, Israel, other EU countries, the United States and Canada, among others.

GEORGE'S NEWS

Researchers find more evidence that malaria drug could help combat cancer

SCIENTISTS INVESTIGATING THE CANCER-FIGHTING PROPERTIES OF ARTESUNATE – A DRUG COMMONLY USED TO TREAT MALARIA – HAVE FOUND EARLY EVIDENCE THAT COMBINING IT WITH AN EXISTING CANCER DRUG HAS THE POTENTIAL TO MAKE EACH DRUG MORE EFFECTIVE THAN WHEN USED ALONE.

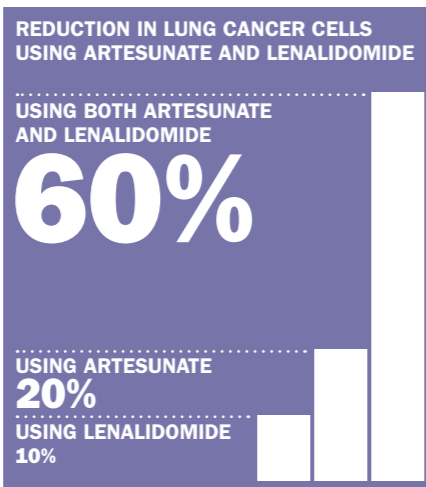
They also found that regular treatment breaks could improve success levels. The findings, recently published in the International Journal of Cancer, are the result of tests on human cancer cells studied outside the body (in vitro studies) by Dr Wai Liu and Professor Angus Dalgleish at St George's, University of London.

Artesunate is well-known for combating malaria by reducing the amount of malaria-infected cells in the body – and a number of scientific studies have already found that it may have the same effect on cancerous cells, consequently reducing the size of the cancer. This latest study adds further evidence to this theory. It also suggests that, in addition to actively killing infected cells to reduce the size of the cancer, artesunate may have the ability to prevent the disease from developing further by stunting the growth of the individual cancerous cells that cause the disease.

The researchers analysed how four different types of human cancer cells – two of which represented cancer of the colon, and the others breast and lung – reacted to artesunate when it was used both alone and in combination with other anti-cancer drugs.

They found that artesunate prevented the cancer from growing in all four types of cell lines tested, in addition to reducing the size of the cancer in those cell lines derived from breast and lung cancer.

The researchers then combined artesunate with other common anti-cancer drugs in an attempt to boost activity, and this showed favourable responses with a drug called lenalidomide. When used together, these two drugs increased the effectiveness of the treatment in all four types of cancer cells tested, and had the largest effect on the lung cancer cells.



When used separately, artesunate reduced the amount of lung cancer cells by 20 per cent, whilst lenalidomide reduced its size by 10 per cent. However, by using the two together, at the same concentrations, the cancer was reduced by around 60 per cent.

Dr Liu says: "We combined our lead drug called lenalidomide with the widely available drug artesunate, and showed that the overall activity of the drugs was boosted to a point that was greater than the sum of the two individual drugs, indicating that the two drugs have a cooperative relationship."

The research also indicates that artesunate could be made more effective at reducing the size of the cancer if used in shorter bursts, separated by drug-free periods. The researchers showed that with this treatment pattern, the cancer's size was reduced where artesunate had previously only been preventing the cancer from growing. The introduction of drug-free periods was also shown to further reduce the size of the cancerous mass where it was already being reduced without the drug-free periods. For example, in the breast cancer cell lines, a continuous exposure to artesunate achieved just a 10 per cent reduction in the size of the cancer, but the reduction with drug-free period was increased to over 50 per cent.

DR LIU SAYS: "WHILST STUNTING CELL GROWTH IS A USEFUL EFFECT, DESTROYING THE CELLS TO REDUCE THEIR NUMBERS IS THE PREFERRED EFFECT."

These two processes are actually linked together, to the extent that if a drug inhibits cell growth it will inadvertently inhibit the ability of the cells to be destroyed. We have shown that by using short bursts of artesunate, the cancer cells regain the ability to be destroyed."

He concludes that: "Whilst these studies are conducted on cells outside the body and reactions can vary in the human body, this research provides new insight into how artesunate interacts with cancer drugs and different treatment patterns to combat cancer, and provides a starting point from which studies can be based."

Mobile phones could be the key to better STI diagnosis



MOBILE PHONES COULD REVOLUTIONISE THE DIAGNOSIS OF SEXUALLY TRANSMITTED INFECTIONS (STIS) BY USING NEW TECHNOLOGY TO GIVE INSTANT RESULTS AND RECOMMEND TREATMENT OPTIONS.

A new £5.7 million project being led by St George's, University of London is developing self-test devices that can plug directly into mobile phones and computers, immediately identifying infections.

The Medical Research Council – and the UK Clinical Research Collaboration – has given a £4 million grant to a consortium of academic and industrial researchers to improve sexual health through the use of new technology.

The consortium, which includes St George's, University College London, Brunel University, Warwick University, Queen Mary, University of London, the Health Protection Agency, and industrial partners, made up the remaining £1.7 million. The project – called eSTI² (electronic self-testing instruments for STIs) – is being led by Dr Tariq Sadiq, senior lecturer and consultant physician in sexual health and HIV at St George's, who said: "By making diagnosis easier to access in the community, with immediate results, we aim to reduce infection rates and improve sexual health."

The consortium will use nanotechnology – advanced technology on a sub-microscopic scale – to create devices for testing multiple STIs, such as chlamydia and gonorrhoea, similar to pregnancy test kits.

THESE WOULD BE AVAILABLE IN DIFFERENT SETTINGS, SUCH AS PHARMACIES AND EVEN VENDING MACHINES, FOR USERS TO ADD THEIR SAMPLES AND THEN PLUG INTO A COMPUTER OR MOBILE PHONE.

Software on the phone or computer will analyse the sample, make a diagnosis and recommend a course of action. Dr Sadiq said that, potentially, eSTI² systems could automatically make an appointment with the appropriate GP surgery or sexual health clinic, or send a message to the nearest pharmacy then use GPS to direct the user there, where their prescription will already have been prepared. It could also give options for informing a partner.

Dr Sadiq said: "Mobile phones have changed the way we live and communicate, and our team of experts firmly believe that they open up a unique avenue for new ways to diagnose and control STIs. Currently, if you want to know if you have an infection, your sample is usually sent to a laboratory and the results come back in a few days. Imagine how much more likely you would be to get tested if you could test yourself away from a clinic and have an on-the-spot, accurate result, but still let a doctor or pharmacist know within minutes that you may need treatment. This kind of system could also speed up the process of communicating infection trends in the population to public health doctors, allowing for quicker responses to outbreaks of an STI."

The proposal was put together as a direct response to the epidemic of STIs in the UK – which saw a rise of 36 per cent from 2000 to 2009 – and the reluctance for people to go to their doctor to find out if they are infected. The project will bring together researchers with backgrounds in fields as diverse as telecommunications, microengineering, microbiology, and public health, as well as NHS technology adoption teams.

"The required technology is very close to becoming a reality," said Dr Sadiq. "But there are other issues we need to address before we can use devices in the community – confidentiality and data protection, for example, are supremely important. It will also be vital to have tests that can be easily adapted to detect newly identified STIs, as all the causes of sexually transmitted diseases have still not been discovered."

GEORGE'S NEWS

Students' Union News



ST GEORGE'S STUDENT DEMONSTRATIONS

THIS HAS BEEN A BRILLIANT FIRST HALF TO THE ACADEMIC YEAR FOR ST GEORGE'S STUDENTS' UNION.

We had a wildly successful 'Freshers Fortnight' maintaining many of our traditional events including Wandsworth 8 and Back to School disco, whilst also including some new events such as our historical trail of London, including our former home at Hyde Park Corner.

FOLLOWING FRESHERS, WE TOOK PART IN THE NUS MARCHES AGAINST TUITION FEES. WE WITNESSED MEDICAL STUDENTS BECOME ENGAGED IN PUBLIC DEMONSTRATIONS, DISPROVING THE 'POLITICAL APATHY' THAT STUDENT GROUPS HAVE APPARENTLY COME TO EXPECT OF US.

Whilst all of this was going on, it was still business as usual at George's. We saw our medics Revue "3 star sell out" Edinburgh show. Soon after this we saw the Diwali show and Fashion show, raising £1,230 and £5,760 respectively. St George's Islamic Society brought us an incredibly successful Charity week raising an impressive £10,369 for orphans. By Christmas, the Revue were back again with their incredible seasonal show The GleeMC.

ST GEORGE'S ISLAMIC SOCIETY'S CHARITY WEEK RAISED

£10,369
FOR ORPHANS.

On the sports front we have been holding our own with an undefeated title for our women's rugby team and a great start to the year for our women's boat club Freshers VIII who took the Alom Cup.



BOAT CLUB FRESHERS VII TOOK THE ALOM CUP

So what's next? Well a huge RAG fortnight is around the corner packed with events, both old and new... and as if that wasn't enough we also have the play, 'A View from the Bridge', the Tooting Show, George's Got Talent and this year's musical, 'Footloose', all still to come.

Luke Turner, SU President

New School for Rehabilitation Sciences leads the way in education and research

THE SCHOOL FOR REHABILITATION SCIENCES, FORMERLY THE SCHOOL OF PHYSIOTHERAPY, WILL TAKE ON UP TO 118 STUDENTS THIS YEAR, AND IS CONDUCTING PIONEERING RESEARCH THAT WILL LEAD TO IMPROVED PATIENT TREATMENT.

With innovative new courses and increased student numbers, the school is equipping undergraduates and existing healthcare workers with the skills to meet changing workforce needs.

School head Dr Iain Beith said: "The new school reflects the need for wider provision for more healthcare professionals. Our broad range of courses means we are in a great position to respond to workforce needs whatever direction the new government decides to go."

When the physiotherapy school was set up at the Faculty in 1998, it only taught a BSc in physiotherapy. A Foundation Degree in Long-Term Conditions and an MSc in Rehabilitation have been added since. And the first students have just completed the new MSc in Exercise for Health course. Following the first cohort's success, course capacity has been doubled to 30.

Dr Beith added: "Another important aspect of the school is that we develop our courses and conduct our research in close collaboration with health and social care service users. That's crucial to our success, as everything we do should be geared towards their needs and informed by their experiences."

Researchers put physician assistants under the spotlight

PHYSICIAN ASSISTANTS ARE A NEW ADDITION TO MEDICAL TEAMS IN BRITAIN, ALTHOUGH WELL ESTABLISHED IN OTHER COUNTRIES INCLUDING THE UNITED STATES, NETHERLANDS AND AUSTRALIA.

Now a team led by the Faculty of Health and Social Care Sciences is aiming to find out more about their contribution to healthcare in England with the first full-scale evaluation of their role in general practice.

Physician assistants can diagnose and treat patients under the supervision of a doctor, although they cannot prescribe medication. The two-year study will assess their contribution, how effective they are and their cost, as well as looking at the views of patients, doctors, nurses and other healthcare staff.

THE TWO-YEAR STUDY, LED BY LEAD INVESTIGATOR VARI DRENNAN, PROFESSOR OF HEALTH POLICY AND SERVICE DELIVERY, SAID THERE WERE ONLY AROUND 40-50 PHYSICIAN ASSISTANTS IN ENGLAND.



"They're a very new form of health professional so we want to take a closer look at what they can contribute to the delivery of patient care," she said. "We'll be looking at general practices that have chosen to employ physician assistants and comparing them with practices that don't have them to see whether there are differences."

PROFESSOR DRENNAN AND HER TEAM HAVE BEEN AWARDED

£350,000

BY THE NHS'S NATIONAL INSTITUTE OF HEALTH RESEARCH'S SERVICE DELIVERY AND ORGANISATION PROGRAMME TO COMPLETE THEIR RESEARCH.

The study will include interviews with patients on the treatment they received from doctors and physician assistants. Anonymised patients records will be analysed to look at the care provided by physician assistants and doctors, and to see whether patients later returned to the surgery with the same problem. In addition around 40 key experts from groups including the Department of Health, British Medical Association, Royal College of Nursing and patients' organisations will be asked for their views.

ST GEORGE'S IS ONE OF JUST FOUR UNIVERSITIES IN ENGLAND TO OFFER A POSTGRADUATE QUALIFICATION IN PHYSICIAN ASSISTANT STUDIES.

The two-year postgraduate course was launched in 2008 and the first students have recently graduated after completing an intensive programme of academic study and clinical placements.

GEORGE'S NEWS

Blossoming Future

FOR OVER 200 YEARS THE HIDE OF BLOSSOM – THE COW WHO AIDED THE DEVELOPMENT OF THE SMALLPOX VACCINE – HAS RESIDED AT ST GEORGE'S.

That is until last year when this important, yet deteriorating, part of medical history was taken away to undergo professional restoration. Before the hide left, scientists extracted DNA samples in a process to test its authenticity.

Medical history tells of the crucial role Blossom played in the development of the first vaccine and the eradication of smallpox. According to records from the time, physician Edward Jenner – himself an alumnus of St George's – had always been intrigued by the country lore that said people who caught cowpox from their cows could not catch smallpox.

In 1796 he began investigations into his theory that cowpox offered protection from smallpox – when a dairymaid, Sarah Nelmes, consulted Jenner about a rash on her hand which he diagnosed as cowpox. She had caught this from milking her cow, Blossom, who had recently had cowpox.

Jenner extracted materials from the cowpox blisters on Nelmes' hand and 'injected' some into a young boy called James. This process he repeated over a number of days, gradually increasing the amount of 'vaccine' he put into the boy. He then deliberately injected James with smallpox. James became ill but after a few days made a full recovery with no side effects.

Blossom will be back at St George's later this year "At the minute, we're not entirely sure where we are going to display Blossom once she's back from the conservator, but her continued preservation will be the key consideration" concludes Professor Andrews.



DR IAN BARNES TAKES A SAMPLE

SO SUCCESSFUL WAS JENNER'S DISCOVERY, THAT IN 1840 THE GOVERNMENT OF THE DAY BANNED ANY OTHER TREATMENT FOR SMALLPOX OTHER THAN JENNER'S.

Blossom became somewhat of a local celebrity and lived out her retirement in Gloucestershire. After her death, Jenner hung her hide in his coach house and his family later donated it to St George's. Her hide has been displayed on the campus ever since. That is, until last year, when it was temporarily entrusted into the hands of conservator Mark Winston Smith.

But before the hide left the St George's site, Dr Ian Barnes, reader in molecular palaeobiology from Royal Holloway, University of London, extracted DNA from the hide's skin, hoofs and hair.

THIS INFORMATION WILL BE ANALYSED TO CONFIRM THAT THE HIDE IS ACTUALLY THE HIDE OF BLOSSOM – A LATE 17TH CENTURY GLOUCESTERSHIRE COW.

"If the findings are conducive with the documented information on Blossom, it will be fair to presume that the hide is that of Blossom," explains SGUL's Professor Paul Andrews, who is coordinating the project.



200 YEARS AGO WHEN BLOSSOM WAS ROAMING THE FIELDS....

Humphry Davy

DISCOVERS THE ANAESTHETIC PROPERTIES OF NITROUS OXIDE

Rene Laennec

INVENTS THE STETHOSCOPE

James Blundell

PERFORMS THE FIRST SUCCESSFUL HUMAN BLOOD TRANSFUSION

AND ALSO...

Mary Shelley

WROTE FRANKENSTEIN

Contribute to the Blossom Fund:
+44 (0)20 8725 2286

Give Blossom a good home!

St George's has paid for the restoration of Blossom's hide and now needs to secure funding for the second stage of the project; her return to Tooting. We would like to display the hide on a specially moulded frame in a climate controlled cabinet that will ensure that Blossom is preserved for future generations. The hide is a proud symbol of our heritage and the part we've played in medical innovation. If you would like to play a part in giving Blossom the home she deserves then we would love to hear from you.

To make a contribution to the Blossom Fund please contact the Alumni & Development Office:
Tel: **+44 (0)20 8725 2286**
Email: alumni@sgul.ac.uk

GEORGE'S NEWS

Buy your copy of Nurse's Voices:
+44 (0)20 8725 4522



New book tells the history of nursing at St George's

Modern nurses are, of course, a dedicated, resourceful, caring and tireless bunch, stoic in the face of hardship and nonplussed at the often-bizarre circus of human behaviour. However, sit a 21st century nurse down with some colleagues from previous decades and even they might be gobsmacked. From bombs crashing into the medical school and ear-bashings from militant matrons to wards roamed by yapping Pekinese dogs and the use of brandy to dose patients, much about nursing in the past is alien. And now the latter-day nurses who tackled such situations in a resolutely no-nonsense fashion while training and working at St George's Hospital, have told their stories in a new book.

NURSES' VOICES IS AN ORAL HISTORY OF NURSING AT ST GEORGE'S OVER THE LAST 80 YEARS. THE BOOK IS BASED ON 1,000 HOURS OF RECORDED INTERVIEWS WITH AROUND 130 NURSES WHO TRAINED AND WORKED AT THE HOSPITAL AND UNIVERSITY.

It tells the recent history of nursing by allowing those who lived through enormous changes to tell their own stories. It covers changes in the health service, the Second World War, and disasters such as the Clapham rail crash. It also provides an insight into the development of nursing practices, as well as some of the memorable, inspiring characters who have populated St George's through the decades.

Nurses' Voices project manager Carol McCubbin of St George's, University of London and Kingston University's joint Faculty of Health and Social Care Sciences, says the book is a valuable record of several generations of nursing at St George's, and works as a microcosm view of the profession across the UK.

"This was a really fascinating project, and it's brought out so many wonderful stories. St George's has always been at the forefront of nursing, and it's been very interesting to discover how changes to national policy were implemented at the hospital and adopted into the working culture.

"For example, the Salmon report on nursing structure in the 1960s and the 1972 Briggs report on training brought about major changes. The interviews showed how these affected the nurses, so they were very insightful."

Funded by the St George's Hospital Charity, Carol and lead researcher Kath Start organised more than 20 volunteers to conduct interviews with the nurses. They began the oral history project more than four years ago and, as well as the interviews with St George's nurses, the team has now accumulated material from Guy's and St Thomas' Hospital, as well as Barts and the London Hospital.

AMONG THE FIGURES REMEMBERED IN THE BOOK ARE MURIEL POWELL, WHOSE APPOINTMENT AS ST GEORGE'S MATRON IN 1947 WAS SNIFFED AT BY MANY AMONG THE MEDICAL ESTABLISHMENT, AS SHE WAS JUST 32.

Made a dame in 1968 for services to nursing, she is remembered fondly by many nurses in the book as an inspiring, wise, kind and humble figure.

There are also reminiscences of "very plump" Matron Hanks from the 1940s, who held court at her desk at the hospital accompanied by two Pekinese dogs. Her advice to one nurse was that she "must do everything for love, it must come from the heart", and she conducted job interviews by asking applicants whether they liked rice pudding, what they thought of the British Empire, and whether they believed in the "life force". When a German bomb fell into the medical school during the war, but did not explode, Matron Hanks announced that St George's had been saved by a blue light shining above the building.

Rewarding sporting talent

ST GEORGE'S HAS ALWAYS PUNCHED ABOVE ITS WEIGHT IN THE SPORTING ARENA GIVEN OUR RELATIVE SIZE AND WE HAVE HAD OUR FAIR SHARE OF ATHLETIC HIGH ACHIEVERS OVER THE YEARS.

Alastair Hunter, former dean of the medical school, encouraged his students to play sports alongside their studies and now St George's is giving its brightest stars the support they need to shine, thanks to the support of generous alumni donors to the Alastair Hunter Fund.

Our new sports bursary programme, launched last December, is designed to recognise those students who are making great strides in their chosen sport, offering them vital grants to assist with expenses such as kit, travel and competition entry fees. The first round of applications unearthed a wealth of talent as our table amply demonstrates:

GOLD
Yoven Soobramaney Taekwondo
George Turner Rowing

SILVER
Darren Chin Athletics
Laura Flaxman Trampoline
Helen Van Kempen Rowing
Tessa White Eventing (Horse Trials)

BRONZE
Zubair Haleem Football
Joanne Hayter Hockey
Anthony Mah Athletics
Hannah Ward Trampoline

Profile: Gold Award winner Yoven Soobramaney

Taekwondo is one of only two Asian martial arts included in the Olympic Games and we may well have our very own St George's fighter competing in London 2012. Yoven Soobramaney, a second year physiotherapy student, has been competing since the tender age of nine and represents Mauritius at international level. He has won medals at competitions all over the world and is now working towards qualifying for the 2012 games.

Yoven had to take some time out last year due to injury but is back in training and knows exactly what he needs to do to get to the Olympics. To qualify he needs to compete in Azerbaijan in July of this year and will be using his sports bursary to help fund the trip.

It is often thought to be an arduous and lonely path to sporting glory, characterised by early starts and late finishes, hours of training and the inevitable setbacks through injury. Add to this the rigorous demands of a full time physiotherapy degree that includes lectures, self-guided study and placements, and one has to ask where Yoven finds the time?



GEARING UP FOR OLYMPIC GLORY

His passion for the sport is clear, and from an early age he has learnt to balance his education and his taekwondo yet still achieve great things. His coach has encouraged Yoven to keep up with his studies and has always been very understanding when it comes to exam clashes.

Like in boxing, taekwondo has various weight classes and Yoven cites this as the most stressful aspect of the sport: "When you've got a competition coming up and you have to try and lose kilos of weight each day through intensive training and diet it can be really tough, but when you get to compete it's all worth it in the end".

Yoven loves all sports and particularly enjoys football, but has to be careful not to get injured.

HE BELIEVES IT'S IMPORTANT THAT STUDENTS STAY ACTIVE WHILST STUDYING, NOT ONLY FOR HEALTH REASONS BUT TO HAVE A MORE BALANCED LIFE AND LEARN BETTER TIME MANAGEMENT.

Although he doesn't indulge in many of the usual student excesses Yoven doesn't feel he's missing out. Unlike many of his friends outside taekwondo, he has had the opportunity to see the world and has lifelong memories of all the things he's achieved at such a young age. As well as competing at the highest level, Yoven also helps others to achieve their sporting goals. He is a qualified taekwondo instructor and has a Junior Sports Leader Award which enables him to coach Juniors in all sports activities.

FEATURE

Country music

is the best medicine

FANS OF COUNTRY MUSIC MAY BE FAMILIAR WITH THE LIVING LEGEND THAT IS HANK WANGFORD BUT HIS CLASSMATES MAY KNOW HIM BETTER AS DR SAM HUTT (MBBS 1966). HANK/SAM TELLS US ABOUT HOW HE FELL IN LOVE WITH COUNTRY AND WHAT IT'S LIKE TO BALANCE A FULL TIME MUSICAL CAREER WITH BEING A PART TIME MEDIC.

How and when did Hank come into being?

I have always been into music and Hank first appeared in 1976 when I broke up with my girlfriend. I returned from a trip to America one day to find she'd married my flatmate. Of course I felt very sorry for myself and was sat in a pub in the village of Wangford, Suffolk, when it suddenly struck me 'Hank Wangford... what a great name for the ultimate w***er who thinks the world is against him!' And I thought, Hank can go on feeling sorry for himself whilst I just carry on with things.

From there, I formed a band and we played our first gig at the May horse fair at a place called Bungy. We played a lot round East Anglia in the early days but then gradually started coming to London to do shows around the time of punk in 1978. Unfortunately we split up after two years so I started a new group with legendary slide guitarist BJ Cole who produced our first album in 1980. We've played together on and off over the years and I'm delighted to say he's back in the band for the latest tour.

Where does your love of country music spring from?

I learnt to play the guitar so that I could pick up girls. I was very skinny; I never had any muscles, so the way to win girls was to play guitar. My love of country music began in late 1969 when I met the country star Gram Parsons. At the time I was into psychedelic music and I was kind of a rock n roll doctor; musicians would come and see me because I had long hair and looked much like them. Gram came with his wife when she was poorly, after Keith Richards recommended me. Whilst I was examining his wife, Gram picked up my guitar and started playing an old honky tonk song – that moment was like an epiphany for me, and my love of country began. I realised that this music that I'd previously hated and disrespected was wonderful; it had soul, humour, pain and emotion.

You are constantly touring, and you often play more low key venues as part of your 'No hall too small' series of gigs. What venue do you most enjoy playing in?

Live music's really booming once again and artists are always looking for places to play. A few years ago I discovered this thing called the Rural Arts Touring Scheme, which is subsidised by the Arts Council. You play somewhere like a village hall, you get a good fee and the locals hopefully get a great night out. I've been all over the country, to places I'd never even heard of before and it's a great way to learn about England. It starts out not being very altruistic but then the more you play the more you realise that these sorts of events are the centre of village life and help to bind communities together. I've now played 253 village halls over the past five years!

I don't know if I have a favourite venue, but I can tell you what the smallest venue is... and that's the village hall in Luccombe in Somerset, which was a little old Victorian school that was so small they converted it into the public toilets! The capacity was 48 but we only managed 40 people, and unfortunately it wasn't a very good gig. The crowd were pretty quiet and morose and I wondered if they had just come to use the toilets rather than see me play!

Aside from touring the country as Hank, you're still a practising medic.

Yes I still practise one day a week. I work in sexual health, specifically around contraception, and I'm based at the Margaret Pyke Centre in central London. I've worked there for years and I love it. We do a lot of teaching; we train nurse practitioners and carry out research too.

It's a challenge balancing music and medicine; I somehow manage to fit it all in but there are times when it's just not possible to do it all.

You seem to keep up a pretty intense work rate and you're now 70 years old... any plans to slow down? Which do you think you will drop first, music or medicine?

Well, I suppose it will have to be medicine; I hesitate to say that because I really enjoy the patient contact but I suppose there comes a time when you have to stop whether you want to or not.

On your website you're listed as President of the Nude Mountaineering Society. Are there any 'risks' associated with this particular activity?

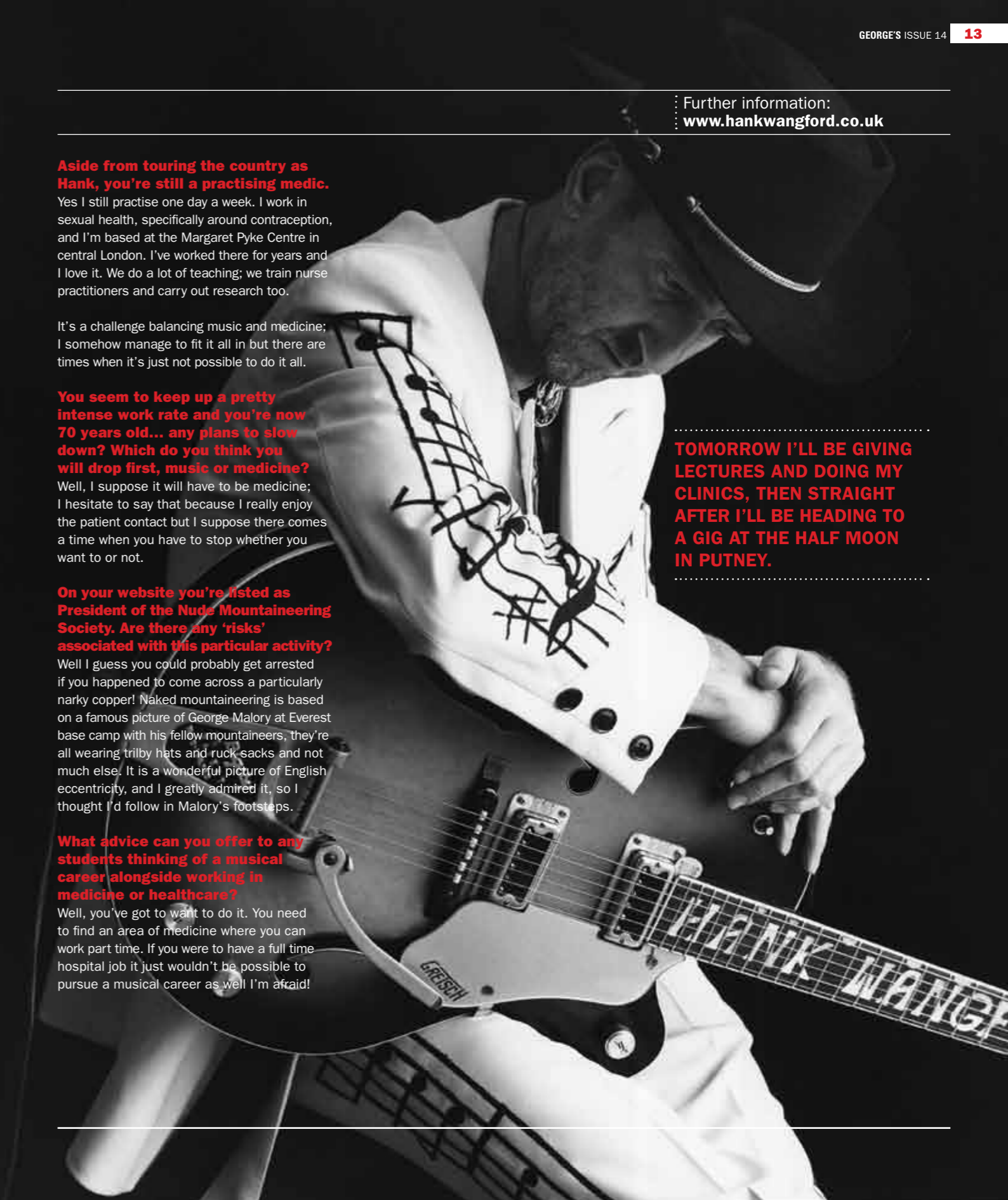
Well I guess you could probably get arrested if you happened to come across a particularly narky copper! Naked mountaineering is based on a famous picture of George Malory at Everest base camp with his fellow mountaineers, they're all wearing trilby hats and ruck sacks and not much else. It is a wonderful picture of English eccentricity, and I greatly admired it, so I thought I'd follow in Malory's footsteps.

What advice can you offer to any students thinking of a musical career alongside working in medicine or healthcare?

Well, you've got to want to do it. You need to find an area of medicine where you can work part time. If you were to have a full time hospital job it just wouldn't be possible to pursue a musical career as well I'm afraid!

Further information:
www.hankwangford.co.uk

TOMORROW I'LL BE GIVING LECTURES AND DOING MY CLINICS, THEN STRAIGHT AFTER I'LL BE HEADING TO A GIG AT THE HALF MOON IN PUTNEY.



FEATURE

Breaking the glass ceiling

PROFESSOR HANNAH VALANTINE (MBBS 1978) IS A CARDIOLOGIST SPECIALISING IN CARDIAC TRANSPLANT MEDICINE AT STANFORD UNIVERSITY SCHOOL OF MEDICINE. SHE IS ALSO THE MEDICAL FACULTY'S SENIOR ASSOCIATE DEAN FOR THE OFFICE OF DIVERSITY & LEADERSHIP. HERE SHE TELLS US ABOUT HER CAREER TO DATE AND THE WORK SHE IS DOING TO ENSURE THAT MINORITY GROUPS ARE BETTER REPRESENTED AMONG THE FACULTY AND STUDENT BODY AT STANFORD.

Diversity and Leadership at Stanford

There began to be quite a lot of discussion around the fact that academic staff in medical schools should have definitive programmes for professional development. And as a direct consequence of that, there were discussions around diversity and leadership in our faculty. How do we recruit and retain a diverse faculty? Not simply because it's the right thing to do but also to ensure a diverse perspective when we address and solve the complex problems of academic medicine and healthcare delivery.

BY ENSURING GREATER DIVERSITY OF GENDER, ETHNICITY AND RACE, YOU ACTUALLY SEE RICHER AND BETTER SOLUTIONS TO COMPLEX PROBLEMS.

At Stanford I worked on the development of non-invasive markers of acute rejection because at that time the standard procedure was endomyocardial biopsy which is unpleasant for the patient, carries adverse effects and was expensive. So my MD project was the application of Doppler echocardiography for the diagnosis of new onset restrictive physiology of the transplanted heart as a marker of acute rejection.

When I submitted my thesis I was invited to come back to Stanford as an assistant professor. I continued my research into mechanisms of cardiac allograft failure and through that I rose through the ranks so that I was appointed professor in 2000. I did a combination of clinical work, translational research and teaching.

“ The road to Stanford

My interest in cardiology began at the Brompton as senior house officer, after which I worked in transplantation at Guys, followed by two years of clinical cardiology training at Hammersmith. I wanted to work with cardiac transplant patients and cardiac transplant research and that's what brought me to Stanford because at that time it was one of the few surviving heart transplant units in the world.



PROFESSOR HANNAH VALANTINE

THE MOST DRAMATIC IMPROVEMENT HAS BEEN IN THE PERCENTAGE OF WOMEN PROFESSORS, CURRENTLY 22%, WHICH MAY NOT SOUND THAT IMPRESSIVE UNTIL YOU LEARN THAT THE NATIONAL AVERAGE IS CLOSER TO 10%.

It is important to have a sense of belonging where you work but if you look at the senior leadership and you don't identify with anyone there, they don't resemble you, you begin to feel like you don't belong. This means that when you encounter what would otherwise be quite normal challenges in your career, you interpret them as something to do with negative stereotypes related to your identity group so you lack the persistence to stick with it. Of course this plays a part in the attrition among faculty.

An example of this is the psychological phenomena of 'stereotype threat', or the fear of succumbing to a negative stereotype associated with one's particular identity group.

THE CLASSIC EXAMPLE IS THE STEREOTYPE THAT WOMEN ARE NOT GOOD AT MATHEMATICS. SO THAT WHEN YOU GIVE A WOMAN A MATHS TEST AND JUST BEFORE YOU HAND HER THE PAPER YOU REMIND HER OF THIS STEREOTYPE, SHE WILL UNDERPERFORM. HOWEVER, IF YOU DO NOT REMIND HER, SHE WILL PERFORM AT THE SAME LEVEL AS A MAN.

So we've taken this concept and used it to form interventions that will help to retain women in academic medicine. This is the basis of the three year \$2 million Pathfinder award that I've received from the National Institutes of Health.

So that was the premise on which the Office of Diversity and Leadership was launched at Stanford in 2004. The Dean of the medical school asked me to establish the office, to produce a strategic plan, identify what the needs were and the pathways to meeting those needs. Obviously there were many things that needed to be done but we decided to first focus on issues around gender.

We started by introducing leadership and skills building programmes that we believed would help female faculty to advance and be retained in academic medicine. First we worked on what I would call structural issues to help faculty to progress; such as how to write good grant applications, write manuscripts, run your lab, be an effective leader. We also looked at work-life balance, flexible working and equity across appointments & promotions.

IT SOON BECAME EVIDENT THAT THERE WERE MORE PSYCHOLOGICAL ISSUES THAT SHAPE THE CULTURE OF ACADEMIC MEDICINE.

It is early days, but in the six years that I've held this post I would say that we've seen significant increases in the numbers of women recruited and retained to work in faculty. In 2005 women represented 25% of our faculty and now we're up to 36%. The most dramatic improvement has been in the percentage of women professors, currently 22%, which may not sound that impressive until you learn that the national average is closer to 10%. This is particularly important as this is the direct pipeline to academic leadership, where women are grossly underrepresented.

ONLY 10% OF DEANS ARE WOMEN AND ONLY 10-12% ARE DEPARTMENT HEADS.

So we are making progress but this is not an isolated issue at Stanford, it is a national problem and one that has international significance in terms of our competitiveness on the world stage. If we do not make full use of the intellectual capital that is available to us, by recruiting and retaining more women and underrepresented minorities, then we risk losing our competitive edge.

There is some resistance among faculty to our work, it's not explicit, but the view persists that by focusing on diversity you detract from academic excellence. Of course I disagree; I believe that diversity enhances academic output. No one expresses the view openly but it is implied through their choices. For example, at recruitment and selection, where so much emphasis is placed on the achievements on someone's CV rather than the answers they give at interview.

I've had to address these issues through a series of subtle interventions couched in academic research.



FEATURE

IN MY WORK ON UNCONSCIOUS BIAS I EXPLAIN TO ACADEMICS THAT IT'S NOT ABOUT FINGER POINTING IT'S ABOUT RECOGNISING THE BIAS THAT'S IMPLICIT IN THE DECISIONS WE MAKE.

Stanford places great value on research and to approach this issue on those terms makes it more readily acceptable to our academics.

As well as my work with faculty I have a broader responsibility for diversity among the student population. Our admissions team go to great lengths to improve access to medicine among underrepresented minorities and I'm pleased to say that they now make up around 25% of the student body. Unfortunately that drops off significantly at the residency level (house officer level) and that is one of the areas that we'll be looking at in future.

The George's influence

I have been fortunate in my career, particularly in England, to have had the support of some extraordinary mentors who helped me to develop professionally and helped me to get over the potential disadvantage of being a woman and a minority.

AT THAT TIME THERE WERE ONLY TWO WOMEN IN ENGLAND WORKING IN ACADEMIC CARDIOLOGY! BUT WITH THE SUPPORT OF THESE MENTORS I GREW TO FEEL THAT I BELONGED IN THIS WORLD AND I HAD NO DOUBT THAT I WAS ABLE TO EXCEL ACADEMICALLY.

HANNAH VALANTINE'S KEY CAREER ACHIEVEMENTS

1978

MBBS, ST GEORGE'S HOSPITAL MEDICAL SCHOOL

1984

REGISTRAR, HAMMERSMITH HOSPITAL

2000

APPOINTED PROFESSOR OF CARDIOLOGY AT STANFORD UNIVERSITY SCHOOL OF MEDICINE

2004

OFFICE OF DIVERSITY & LEADERSHIP IS LAUNCHED

2005

WOMEN REPRESENT 25% OF FACULTY AT STANFORD UNIVERSITY SCHOOL OF MEDICINE

2011

WOMEN NOW MAKE UP 36% OF FACULTY AT STANFORD UNIVERSITY SCHOOL OF MEDICINE

Not only did I have that personal guidance I also had people who would advocate for me at the next level. I think my time at St George's helped me to adapt to change. I was a student during the transition from Hyde Park Corner to Tooting and I was the Students' Union President at that precise time of moving.

I vividly remember welcoming the first cohort of students to Tooting who were so excited about coming to this new place, except many of the buildings were not ready and they were greeted by portakabins... despite that, I was on hand to serve them soup and coffee and do my best to make them feel welcome. So yes, although I didn't realise it at the time, my experiences at St George's made me very comfortable dealing with change!

Beyond that, I think the clinical training at St George's was just superb. It's far superior to what I see our students getting in the US.

IN TERMS OF MENTORING TOM PILKINGTON AT ST GEORGE'S WAS FANTASTIC; THE KIND OF PERSON WHO REALLY MADE YOU FEEL A SENSE OF BELONGING AND FOSTERED YOUR SUCCESS.

And finally, the seeds of clinical research were sown there by observing house officers, senior house officers and registrars carrying out their research. I'm pleased to say I haven't lost that passion to this day.



I THINK MY TIME AT ST GEORGE'S HELPED ME TO ADAPT TO CHANGE. NOT ONLY DID I HAVE PERSONAL GUIDANCE I ALSO HAD PEOPLE WHO WOULD ADVOCATE FOR ME AT THE NEXT LEVEL.

FEATURE



In keeping with tradition

ST GEORGE'S HAS A LONG AND ILLUSTRIOUS HISTORY, SOMETHING OUR STUDENTS ARE INCREASINGLY AWARE OF THANKS TO THE WORK OF THE STUDENTS' UNION HERITAGE OFFICER ROLE, A VOLUNTARY ELECTED POST THAT HAS BEEN TAKEN UP WITH RENEWED VIGOUR BY THIRD YEAR MEDICS HARRIET DEWHURST AND ANDREW DEANS. MYSTERIOUSLY, MANY OF OUR TRADITIONS SEEM TO INVOLVE PUB CRAWLS...

FEATURE

Get in touch:
heritage@su.sgul.ac.uk

1

So, what is a heritage officer? What do you do?

HD: I think the best way to describe it is to maintain and promote the traditions and history of St George's. We've got a really long and proud history but sometimes I think it gets a bit forgotten about so we just like to remind people about the achievements our alumni have made through the years.

AD: I think it's our responsibility to find out about past traditions and revive them if possible.

2

Why do we need this role at St George's?

HD: Most people these days just come to study but I think what sets us apart is that we are the last remaining independent medical school and the atmosphere is unique. We are small and friendly and one way of ensuring we maintain that atmosphere is by preserving our traditions and educating our students about the past.

AD: Some of the things that bring us together the most are things that are part of our history like singing the George's Song or going on traditional pub crawls, or just simply knowing little facts about our past, knowing about Hyde Park Corner. I suppose it's what you might call the George's spirit, or the George's way of doing things.

3

What do you hope to have achieved by the end of your term?

HD: One of our main aims was to organise more history of medicine lectures, and that's something that we're getting on with. Another aim was to build stronger links with alumni and that's what we're doing right now, by appearing in this magazine and telling readers about what students are up to nowadays. I'm sure alumni would be pleased to hear that activities like RAG and the Wandsworth 8 are still going strong and that they can come back and get involved.

AD: Yes I think because we're such a small university it's great to let alumni know what's going on and that they can still take part in things that were going on when they were students.

HD: Just little things like running a photography competition in the Students' Union corridor where students can display pictures of sports, discos, shows, society activities... basically anything that lets students know what's going on and what they can get involved in.

4

You're both full time students and this is a voluntary role – what is it about the role that interests you so much that you would give your time freely when you must have so many other conflicting priorities?

HD: Well we're both really interested in the history of St George's and the history of medicine and I think this is one of those posts that you can really make your own. The only mandatory responsibility is organising Wandsworth 8, everything else is up to us.

AD: We have lots of ideas and the freedom to try them out, sometimes they work and other times not, but the SU executive have been really supportive and have encouraged us to try new things so we really appreciate that. One great thing is that we've managed to resurrect the George's to George's walk, a pub crawl from Hyde Park Corner to Tooting.

5

How do students benefit from learning about our history and traditions?

AD: I think it just makes you feel really proud and it's something that brings people together.

HD: I think just knowing about the achievements of Hunter and Jenner is really inspiring. It makes me think that maybe one day I'll make some famous medical discovery... could I be the next Edward Jenner?

6

Who is your favourite personality from St George's past?

HD: Mine's got to be Edward Jenner, he's the reason why I got into medicine. We were studying history of medicine at GCSE and I learnt about Jenner and Blossom, so when I came to the open day at St George's it was great to 'meet' Blossom.

AD: Hmm, well I could say Hunter, and Harriet's already taken Jenner... I do quite like Jenner though. I suppose we could share Jenner. In all seriousness, although he's very definitely *not* of the past, I think I'd like to say how much we admire our Principal, Professor Kopelman. He is George's through and through. He was born at St George's, studied here, worked here as a medic and now he's back as Principal. Also, his father studied here so he has a life long connection.

HD: Yeah, it's nice to have a Principal who knows and understands St George's so well, not just as a doctor but as a student too.

7

How can alumni get involved in preserving our heritage?

AD: Just keep coming back!

HD: If there are any traditions that they really enjoyed as a student let us know about them and we'll see if we can bring them back to life. Also, if people want to come in and talk to students about their experiences of life at St George's or elsewhere we'd love to hear them.

AD: ...Or if they just want to come to the bar with us! Alumni are always welcome back. If they were involved in performing societies they can come see a show or if they were in a sports team they can play in one of the alumni v students matches that are organised each year.

HD: If anyone was responsible for setting up any of the clubs or societies, or establishing traditions like the families system or the Wandsworth 8, we'd love to hear from you because it's really interesting to learn how they came about.

In the family... Harriet explains the 'benefits' of the Wandsworth 8 family pub crawl

The St George's family system is great for welcoming freshers in the first weeks and the Wandsworth 8 is a big part of that, where your 'mum' and/or 'dad' take you along on a pub crawl around Wandsworth and all the rest of the 'family' come along too, sometimes several generations! You turn up at the first pub in fancy dress, whatever theme your family has decided on, then you all tie your legs together, sometimes eight or ten people wide... however many will actually fit on the pavement as you go from pub to pub, getting your map signed off and having a drink in each venue. And yes, you can have soft drinks if you prefer!

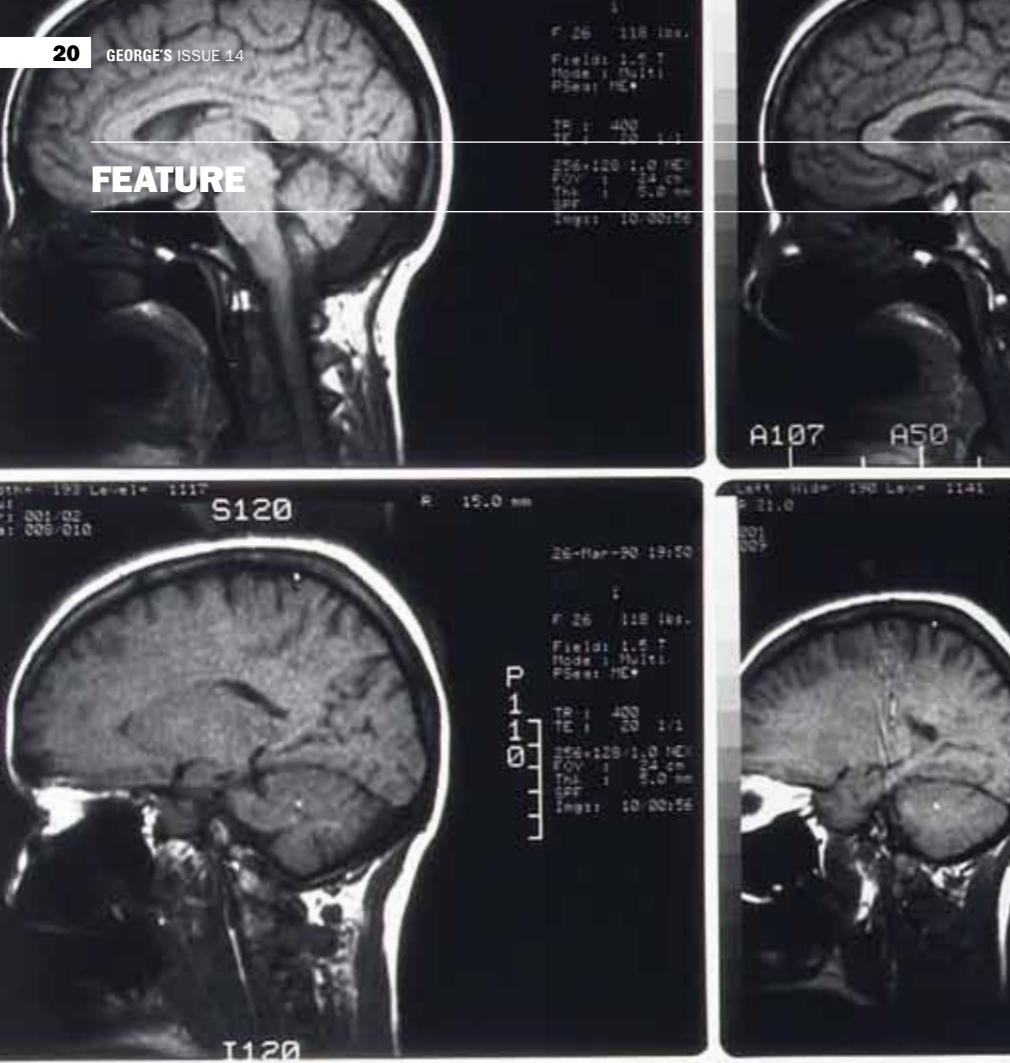
7 questions

with Heritage Officers Harriet Dewhurst and Andrew Deans



KNOWING ABOUT THE ACHIEVEMENTS OF HUNTER AND JENNER IS REALLY INSPIRING. IT MAKES ME THINK THAT MAYBE ONE DAY I'LL MAKE SOME FAMOUS MEDICAL DISCOVERY...
COULD I BE THE NEXT JENNER?

FEATURE



Pat. Name: 26-Mar-90
 Pat. ID.: 1 Study No:
 Age: 26 Sex: F Field Strength: 1.5 T
 Referred by : DR SMITH
 Diagnostician: DR SMITH
 Operator : DS
 Study Description: FAST HEAD
 History: ??????????????

EMI WENT INTO COMMERCIAL PRODUCTION OF THE HEAD SCANNER, SELLING THE FIRST MODELS FOR

£250,000

Godfrey Hounsfield and the CT scanner – 40 years on



THIS YEAR MARKS THE FORTIETH ANNIVERSARY OF THE INVENTION OF THE CT SCANNER. JOHN HENDERSON TELLS US ABOUT ITS SURPRISING ORIGINS; INVENTED BY AN ENGINEER WITH NO MEDICAL BACKGROUND WHOSE 'OUTLANDISH' IDEAS RECEIVED A WARM WELCOME IN SOUTH LONDON.



On 1 October 1971, in the radiology department of Atkinson Morley Hospital (AMH) in Wimbledon, history was made. A patient was shown to have a brain cyst by the use of a totally new kind of X-ray. It marked the beginning of computed tomography, and the remarkable man responsible was Godfrey Hounsfield.

Hounsfield, born in 1919, possessed exceptional mathematical and electronic skills, derived from being an RAF radar mechanic and teacher in World War Two. He subsequently joined the research department at EMI, whose finances at that time were greatly helped by the Beatles' record sales.

AT EMI HOUNSFIELD MADE IMPORTANT CONTRIBUTIONS TO EARLY COMPUTER DESIGN.

While on a weekend ramble in 1967, he was thinking about using computers for image reconstruction, and he wondered whether by firing randomly directional X-rays through a box, he could reconstruct in 3D anything that was inside the box.

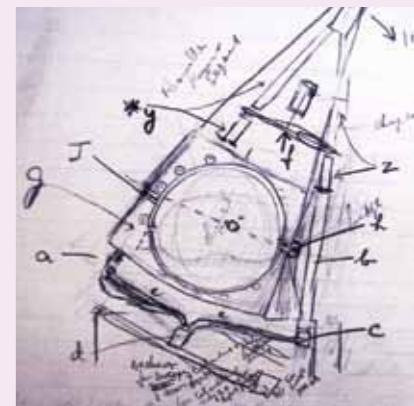
The object in the box could most easily be reconstructed by making a series of slices, or tomography. Hounsfield worked out a sophisticated computer program for achieving this, and took his idea – on one piece of paper – to the Department of Health (then known as the DHSS). Surprisingly, the Department provided support for the idea, which Hounsfield worked on at EMI.

Hounsfield knew little about the work of others in the field and continued with his efforts alone. He arranged a lathe bed to rotate a gamma-ray source: each time the source traversed an object, it was rotated by about one degree; the rotation meant that the other planes were blurred by the rotation. It took nine days to construct the image of a bottle, and two and a half hours to reconstruct the image on a mainframe computer.

HIS NEXT STEP WAS TO USE AN X-RAY TUBE AS SOURCE, WHICH REDUCED THE SCANNING TIME TO A MERE 9 HOURS!

He tried a formalin-fixed human brain: grey and white matter could be distinguished. This was real progress. But he knew that if his machine were to work on patients, he would need clinical co-operation. He explained his idea to the radiology department at Queen Square, who dismissed it (radiologists, if the joke is not too awful, could not think outside the box).

He next approached Atkinson Morley's department where the chief neuroradiologist, James Ambrose, was very impressed. Then, using Department of Health money, Ambrose and Hounsfield spent two years in the radiology department of AMH, developing the first workable machine. As we have seen, they demonstrated a brain cyst in a woman patient in October 1971, followed by ten miscellaneous neurological patients, all of which were successful. They presented their findings to British radiologists in April 1972, effectively ushering in a new era of medicine, and received a standing ovation for their work.



EMI went into commercial production of the head scanner, selling the first models for £250,000, which was three times the cost price. Hounsfield, meanwhile was designing a whole-body machine, and in 1975 he announced this at an international scanning conference – once again to a standing ovation. But EMI, for various reasons, failed to make a commercial success out of whole-body scanners; they were overtaken by large competitors such as General Electric and Siemens.

HONOURS CAME THICK AND FAST TO HOUNSFIELD: IN 1975 HE WAS MADE FELLOW OF THE ROYAL SOCIETY AND IN 1979 HE SHARED THE NOBEL PRIZE FOR MEDICINE AND PHYSIOLOGY.

His fellow recipient was Alan Cormack, a South African mathematician who had worked out the basis of tomography several years before. Hounsfield was also knighted in 1981. Throughout his life he was a shy retiring bachelor, and in the 1970s he bought his first home where he built a laboratory using part of his Nobel Prize money. He died in 2004, in Kingston, of pulmonary fibrosis.

EVENTS

80s Revival

80S MANIA GRIPPED ST GEORGE'S LAST NOVEMBER WHEN OVER 200 ALUMNI AND GUESTS CAME BACK TO TOOTING FOR THEIR DECADE REUNION.

Hosted by Professor Peter Kopelman, Principal, the event featured a dinner in the SU bar and the obligatory 80s disco to revive hazy memories of School Club parties.

One of the highlights was a hilarious speech from people's favourite, Professor Joe Collier, who worked the crowd like he was playing Wembley. Anyone brave enough to heckle was firmly put in their place!



The Alumni Association would particularly like to thank all the alumni who signed the invite letters and Alastair Mulcahy for his excellent photos. Special mention must also go to the Class of 89 and 90 for dominating proceedings on the night!



ALUMNI TOUR OF ST GEORGE'S TOOTING SITE

Class of 1970 reunion

The Great Hall of the Worshipful Society of the Apothecaries was the location for a delightful evening of fine dining and reminiscences as the graduating class of 1970 got together for a reunion dinner last November.

IT WAS A GREAT OPPORTUNITY FOR FRIENDS TO CATCH UP AND RENEW OLD ACQUAINTANCES.

It was a great opportunity for friends to catch up and renew old acquaintances and David Murfin, who along with Hamish Miller and Michael Kelly, put so much hard work into organising the event, said: "We were delighted with the feedback from guests, which was all very positive. Health permitting, we hope to organise a similar gathering in a few years from now."

Earlier in the day, a group of alumni came to St George's and were treated to a tour of the Tooting site by Professor Peter Kopelman, Principal, and Harriet Dewhurst, third year medical student and Heritage Officer with the Students' Union.

For more events see our Facebook page: [St George's, University of London Alumni](#)

Upcoming events

Graduate Entry Programme 10th Anniversary celebrations

THIS ACADEMIC YEAR MARKS TEN YEARS SINCE OUR GRADUATE ENTRY TO MEDICINE PROGRAMME (MBBS4) BEGAN.

Nearly 400 students have graduated from this pioneering course and we would love for you to help us celebrate our anniversary.

If you are a graduate of the course we will shortly be sending you further details of this event, scheduled for June 2011. Please spread the word among your classmates; and if you would like to help with planning and publicity please get in touch.



Inaugural Lecture Series

This year has been a bumper year for professorial appointments at St George's and alumni are very welcome to attend inaugural lectures given by our newest professors.

Each professor will speak about an aspect of their specialist field, with an opportunity to ask questions after each speaker. Lectures are then followed by a reception.

THURSDAY 19 MAY – 5.30PM

Professor Barry Powell, Professor of Plastic & Reconstructive Surgery, and **Professor Terry Poulton**, Professor of E-Learning.

THURSDAY 26 MAY – 5.30PM

Professor Emma Baker, Professor of Clinical Pharmacology, and **Professor Mike Sharland**, Professor of Paediatric Infectious Diseases.

MONDAY 6 JUNE – 5.30PM

Professor Kausik Ray, Professor of Preventative Cardiology, and **Professor Sanjay Sharma**, Professor in Cardiology.

RSVP by email to events@sgul.ac.uk including your name and the lecture(s) you wish to attend. We will then send you more detailed information about each event.

Calling all 1990s Alumni!

WE ARE HOPING TO ORGANISE AN EVENT... OR EVENTS... FOR 1990S ALUMNI LATER THIS YEAR, ALONG THE LINES OF THE 80S REUNION FEATURED IN THIS ISSUE.

We will shortly be sending out a questionnaire by email to find out what kind of event you'd most like to attend, so please make sure we have your address for your chance to tell us what you want.

ROLL OF DONORS

Roll of Donors

WITH THANKS TO ALUMNI AND FRIENDS OF ST GEORGE'S.

Principal's Foreword

It is my great pleasure to thank the alumni and friends of St George's who have supported us so generously in the past year.

As Principal I have the privilege of witnessing first hand the wonderful opportunities your gifts have created for our students. It is particularly gratifying to know that we have your support at this time; given the financial challenges we are all facing.

The Annual Fund, the main method by which many of our alumni demonstrate their commitment to St George's, supports two main areas: Student Hardship and Student Experience.

THE STUDENT EXPERIENCE FUND IS YOUR OPPORTUNITY TO ENCOURAGE AND CELEBRATE ALL THAT IS GREAT ABOUT ST GEORGE'S AND ITS STUDENTS.

The fund supports projects that fall outside core funding but nonetheless play an important part in student life. One of the highlights among this year's applicants is Teddy Bear Hospital, a student-led project that works with sick children to alleviate their anxiety about receiving hospital treatment. Annual Fund money paid for NSPCC training which helps student volunteers learn about how best to deal with sick children.

The Students' Union also received significant funding for a number of small scale projects that have made great improvements to extra curricular life, such as improved stage and lighting facilities for performances and a Public Video Screening license to enable students to screen and view films at St George's.

As many alumni will know, although we are a small institution, our students are high achievers in university sports.

THANKS TO THE GENEROSITY OF OUR GRADUATES, THIS YEAR WE HAVE ESTABLISHED A PROGRAMME OF BURSARIES TO HELP OUR BUDDING SPORTS STARS ACHIEVE THEIR AMBITIONS.

The Alastair Hunter Fund, launched in 2008, was set up in honour of the former dean of the medical school, who was a keen sportsman and encouraged students to play sports alongside their studies. The first year of the scheme has identified a great array of talent, and, with ongoing support from alumni, we hope to enable more sports stars of the future to fulfil their potential.

This year marks the closing stage of the government's matched funding scheme for philanthropic giving to higher education. We are immensely grateful to our alumni and friends who have helped us make the most of this opportunity and we sincerely hope that others will follow in your fine example.

With all best wishes



Professor Peter Kopelman
Principal

THE ROLL OF DONORS LISTS DONORS WHO MADE GIFTS BETWEEN 1 AUGUST 2009 AND 31 JULY 2010. ALUMNI DONORS ARE LISTED ALPHABETICALLY BY YEAR OF GRADUATION, EXCEPT IN CASES WHERE INDIVIDUALS WISH TO REMAIN ANONYMOUS.

HOW YOUR GIFTS BENEFIT OUR STUDENTS

THE STUDENT HARDSHIP FUND ENABLES ST GEORGE'S TO OFFER FINANCIAL SUPPORT TO STUDENTS IN NEED WHO MAY BE AT RISK OF CURTAILING THEIR STUDIES WITHOUT OUR HELP.

Gifts from alumni are vital in ensuring that we have the flexibility to offer such assistance as this student explains:

"I'm a physiotherapy student; I am also a single mother of an eight year old boy. Even with a student loan and bursary it has still been difficult to survive financially as a student. At times I have found it too difficult to juggle taking care of my son, studying and working part time; I had even considered interrupting my studies because of this.

THE STUDENT HARDSHIP FUND HAS BEEN VERY HELPFUL IN TRYING TIMES AND HAS ALLOWED ME TO CONTINUE WITH MY STUDIES.

I have just a few months to go now before I graduate as a physiotherapist, achieving my dream and giving me and my son a successful future."

Third year Physiotherapy student



THE STUDENT EXPERIENCE FUND HAS BEEN INSTRUMENTAL IN LAUNCHING SUCCESSFUL STUDENT-LED INITIATIVES SUCH AS HEALTH PARTNERSHIP NEPAL (HPN).

Founded in 2007, the project enables students to volunteer at clinics in outlying areas of Nepal, supervised by UK and Nepali doctors. It provides much needed medical aid to villagers with limited access to healthcare whilst our students gain invaluable experience that can only enhance their skills as medics and allied healthcare professionals.

"Every year HPN learns new methods to make the service more efficient and effective for the local population, and expands on the educational and training opportunities for both the Nepali healthcare providers and the students and qualified volunteers who participate. HPN continues to grow, attracting more students and volunteers to support, and get involved in, this student-led charitable project."

Jess Ng, MBBS graduate, 2010



ROLL OF DONORS

GIFTS FROM ALUMNI

1940s

Eric Sklar 1949

1950s

Kenneth Biss 1951
Derek Walker 1951
Brian J Wright 1951
John Jepps 1952
Howel Jones 1952
Ronald Oliver 1952
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William Clifford-Jones 1953
Thomas F Stoye 1953
Rex Barber 1955
Ann Harris 1955
Geoffrey Hart 1955
Russel Rintoul 1955
Roger Bennett 1956
Brian N Prichard 1956
Antony Segal 1956
Henry Teed 1957

1960s

Moran S Hughes 1960
Frederick Arthur 1962
Anthony Smith 1962
Timothy Black 1963
Janet Keenan 1963
Elizabeth Ann Millis 1964
Percy M Coats 1965
Roger Cole 1965
John Falkner 1965
David Gibbons 1965
Anthony Gibson 1965
George Grayling 1965
Robert Grundy 1965
David Hannay 1965
Stephen Herman 1965
Howell Lloyd 1965
Peter Lutter 1965
Kenneth Munson 1965
Ann Phillips 1965
Ulrich Schirrmacher 1965
Michael Sharr 1965
Neville Sutton 1965
David Thrush 1965
Michael Townsend 1965
Michael Whittle 1965
James Buchanan 1967
Richard Collins 1967
Stephen Kane 1967
Grevile Newson-Smith 1967
Pamela Obey 1967

John N Brown 1968
Ian A Campbell 1968
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Jeremy Scott 1968
Adrian Temple 1968
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Paul Bates 1969
Rolfe Birch 1969
John Bowthorpe 1969
Richard Buxton 1969
Michael Furness 1969
Bruce Mackay 1969
Christopher Perry 1969

1970s

Joanna Butcher 1970
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David Murfin 1970
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Judith Austen 1971
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James Edge 1971
Colin Hardisty 1971
Moira Henderson 1971
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Keith Curtis 1972
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Hamish Ross 1972
Graham Taylor 1972
Alyson Elliman 1973
George Khoury 1973
Peter Lee 1973
Wykeham Lochee-Bayne 1973
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Lawrence J Watson 1973
Gavin E Kelly 1974
Patricia Bassett 1975
John Boulton 1975
Catherine Davidson 1975
Steven Gillam 1975
Nicholas P Meyer 1975
Simon Sherry 1975
Dalton Boot 1976
John D Buckmaster 1977
Philip Gilbert 1977

Keith I Mundy 1977
Helen Tebbutt 1977
Elfy Chevretton 1978
Simon Flemingier 1978
Elizabeth Mouny 1979

1980s

Mark C Free 1981
Timothy R Garrett-Moore 1981
Susan Jenkins 1981
Timothy M Southwood 1981
Andrew P Brown 1982
Simon C Fleming 1982
David MacIver 1982
William Lynn 1983
Stuart Nelson 1983
Caroline M Pascall 1983
Keith P McCarthy 1984
Christopher Andrews 1985
Mark Garton 1985
Elizabeth Haxby 1985
Sarah Walters 1985
Jason Cooper 1986
John Heather 1986
Martyn Newey 1986
Sanjay Sharma 1986
Alan S Adams 1987
Russell Griffiths 1987
Robert McGregor 1987
David Farnworth 1988
Hemant Patel 1988
Andrew D Pay 1988
Kathryn Bailey 1989

1990s

Rosemarie Cornish 1990
John Hook 1990
Nicholas Kennedy 1990
David A Male 1990
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Rosalind Glasspool 1994
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2000s

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Karen Alderson 2005
Christopher Bird 2005
Michael Kipling 2005

GIFTS FROM STAFF/ FORMER STAFF

Chris Conneely
Peter Kopelman
Thomas Pilkington

GIFTS FROM FRIENDS

Kolawole Ajao
Joseph Hotung

HERE & NOW

Here & Now

WELCOME TO HERE & NOW, WHERE YOU CAN FIND OUT WHAT YOUR FELLOW ALUMNI HAVE BEEN UP TO SINCE LAST YEAR.

Please do keep sending in your updates and we'd really like to see some pictures as well, either of your time at St George's or more recently. You can use the update form enclosed with the magazine or contact us via the website: www.sgul.ac.uk/alumni

E-NEWSLETTER

We now send out a quarterly electronic newsletter in addition to our annual *George's* alumni magazine. If you are not currently receiving it, visit the 'keep in touch' page of our website and complete the E-Newsletter sign-up form. That way, you'll be in the know about recent news and future events at SGUL!

SOCIAL MEDIA

You can now get real-time updates from St George's and the SGUL alumni association via social media. Look us up on Facebook (St George's, University of London Alumni) and on Twitter (@mysgul) for all the latest news.

BENEFITS AND SERVICES

We now offer you a plethora of benefits and services, exclusive to St George's alumni. From magazine subscriptions to airport parking discounts and holiday homes, we have something for everybody, and for every occasion. Visit www.sgul.ac.uk/alumni/benefits-and-services for a full list of offers.

ONLINE MERCHANDISE

We have partnered with Campus Clothing to offer you a much easier way of buying SGUL branded products. Soon, you will be able to make your purchases online, directly from Campus Clothing, who will deliver the goods directly to you. We're finalising our product range at the moment and will let you know as soon as it's available.

HERE & NOW

1960s

DR STEPHEN KANE (1967)

Married to Judy (née Gowing) (MBBS 1968). Two children, and two grandchildren. I'm winding down to full retirement, after a long and happy career as a consultant gastroenterologist and general physician, with a particular interest in inflammatory bowel diseases, sparked by the late Professor Bryan Brooke.

DR RICHARD YEO (1968)

30 years in East Yorkshire, and looking at retirement in a year. I am an active senior examiner for Royal College of Obstetricians & Gynaecologists. I have four children, and not a lot of spare time. I would like to hear from any fellow 1968 graduates. Email: richard.yeo@hey.nhs.uk

1970s

MR HUGH EVANS (1972)

I recently completed a circumnavigation on our yacht. It took two years to sail around the world. It is essential to do something on retirement. I am glad to be out of the NHS!

MR RICHARD WOLVERSON (1975)

I retired from full-time clinical work as a consultant colorectal surgeon in March 2010. I have three children, four grandchildren and one more on the way! I am looking forward to more time with my wife Susan; also time to train my own guard dogs – three Labradors.

1980s

DR. N. RAVINDRANATHAN (1982)

I am head of the department of maxillofacial, facial plastic and reconstructive surgery at Ripas Hospital which is the only tertiary medical care centre in Brunei. I richly remember the very memorable times at George's. My special interest is craniofacial trauma and orbital surgery. I would love to hear from old friends in my year and any other George's graduates. My e-mail: ravi.facialsurgery@gmail.com

DR SARAH WALTERS (1985)

Having retired in 2006 due to ill health, I qualified as a fitness instructor and ski instructor. I run regular Nordic walking classes in our local area. My husband and I bought 1.1 acres of woodland near our house, which we are managing as a wildlife habitat for community groups. We also run a small business from home, designing and selling security products. We have three cats and three chickens, and grow a lot of our own food. If any alumni would like to know more about our woodland project or visit us on our open days. www.alvecotewood.co.uk

DR ROBERT COOK (1987)

I am happily married with four children, and live just outside York, where I am a cardiologist. I am trying to get fit, with ambitions to do a mini triathlon.

1990s

DR SANDRA TRELEVEN (1996)

I now live in Cornwall with my husband, Colin, and our two boys, Samuel and James. I work as a salaried GP in Penzance.

2000s

DR AMY SMALL (2004)

I have now moved to Edinburgh and have started work as a partner in a GP practice in East Lothian.

DR ANNEKA ROSE (2009)

I am loving working as a doctor and am now coming to the end of my FP1 year. I have my first choice of job in Wales next year, doing neurology, anaesthetics and COTE, all at University Hospital of Wales. I am working on MRCP and intend to do part one in September with the aim of pursuing a career in neurology.

MISS SARAH ELISON (2009)

After having completed my MPhil research degree at SGUL in 2009, I have gone onto begin my PhD. I am currently designing a behavioural intervention to help parents to establish health routines with infants. A full randomised controlled trial of this intervention starts in April 2010.

MISS ESTHER DENT (2010)

I am currently doing the level six top-up of the Biomedical Science degree at Chester University, by distance learning.

DR JONATHAN DOVE (2010)

In September, my wife and I were delighted with the birth of our beautiful baby son, Zac.

MS ROSIE GNAP (2010)

After graduation, I travelled up to Edinburgh with the Revue and performed in my last show, entitled 'Humerus', which received several stars in reviews, and a good audience response.

MR DANIEL GREENWOOD (2010)

I am currently employed on a twelve month research contract at SGUL, provided by the Biotechnology and Biological Sciences Research Council. I am working in Basic Medical Sciences.

DR SARAH TANG (2010)

I got my first choice job in the foundation programme, and things have been going very well.

DR OLAYINKA WILLIAMS (2010)

I graduated in July 2010 after completing the 5 year MBBS course. I am currently working at Royal Derriford Hospital in Plymouth (two year programme).

Reunion of 1965 United Hospitals Cup Winning Football Team



THE WINNING TEAM: (TOP) PAUL BATES, MICHAEL DOBER, RICHARD MOHR, BRIAN BULLAS, RICHARD WILLIAMS, BRIAN ELVIDGE, PETER TUDOR-MILES, CHRIS LAMPEL (BOTTOM) PETER GOTLIEB, DAVID THRUSH, KENNETH ROBSON (VICE-PRESIDENT, SGHMS), ALASTAIR HUNTER (DEAN, SGHMS), RICHARD COLLINS

ON 19 NOVEMBER 2010 EIGHT MEMBERS OF THE 1965 ST GEORGE'S FOOTBALL TEAM WHO WON THE UNITED HOSPITALS (UH) CUP, GATHERED AT THE ROYAL COLLEGE OF SURGEONS FOR A CONVIVIAL LUNCH AND A TRIP DOWN MEMORY LANE.

Unfortunately three members were absent: Peter Gotlieb, Chris Lampel, and Brian Bullas, who suffered facial injuries a week before the reunion when his dog was savaged by 2 Alsations.

The combined memories of the assembled heroes ascertained that we reached the final by beating Barts 3-2, Charing Cross 4-1 and overcoming St. Mary's 3-1 in the final. To the best of our knowledge this was the first time St George's had won the UH Cup in 90 years and has not been achieved since. If that is not the case then we apologise!

MANY MEMORIES WERE EVOKED OF LIFE AT GEORGE'S IN THE 1960S, PARTICULARLY OF HYDE PARK CORNER.

It was agreed that we should make the reunion an annual event and hopefully have all members of the team present.

Paul Bates

LOST ALUMNI

Lost Alumni

WE NEED YOUR HELP TO FIND ALUMNI WITH WHOM WE'VE LOST CONTACT.

If you spot a friend and are able to provide a current address for them, please let us know or ask them to contact us.

1990

Dr Rajiv Atul Amersey
 Dr Susan Elizabeth Bradbury
 Dr Mary Trevor Bruce
 Mr Michael Edward Cheetham
 Dr Michael James Corbett
 Dr Elizabeth Ann Deeble
 Dr David Andrew Dickens
 Dr Judith Anne Edwards
 Dr Hessameddine Haeri-Zadeh
 Dr Helen Mary Catherine Ireson
 Dr Chintha Deepani Karunarathne
 Dr Venkatesh Lakshman
 Dr Chu-Pak Lau
 Dr Martin David Lowe
 Dr Mark Andrew Malden
 Dr Sarah Ann Marshall
 Mr David Molineux
 Dr Judith Sally Myles
 Ms Tracy Jane Norris
 Mrs Janet Lesley Peacock
 Mr Gregory John Pratt
 Dr Janice Robertson
 Dr Anne Rourke
 Mr David Anthony Stephen Smith
 Mr Simon Knowles Stannard
 Dr Keith Robert Tolman
 Dr Juan Antonio Wadey
 Dr Chintha Deepani Wijeratne
 Dr Sarah Frances Woolley

1991

Dr William Hong Choi
 Ms Geraldine Cecilia Eaton
 Mr Isam Mohamed Elkhidir
 Dr Claire Teresa Gaskin
 Dr Robin Harris
 Ms Mei Mei Ho
 Dr Lynnette Ruth Hykin
 Dr Nicola Jones
 Dr Richard James Kavanagh
 Dr Helen Louise Marsden
 Mr Anatole Sebastian Menon-Johansson
 Dr Philip Michael Monnery
 Dr Anita Izabela Pawlik-Dobrowolska
 Dr Malcolm John William Prior
 Dr Lisa Maxine Roberts
 Ms Michelle Yvonne Robinson
 Dr Duncan Charles James Roche
 Dr Roshanthi Sathananthan
 Mr Raghunandan Shrinivas Savalgi
 Dr Sophia Janine Thomson
 Ms Patricia Anne Tuohy
 Dr Adrian Peter Turner
 Ms Jennifer Willdridge
 Dr Anthony John Woods
 Dr Geoffrey Alan Yates
 Mr Oscar Yusufzai Zakaria

1992

Dr A S M Towhidul Alam
 Mr Pavlos Anastasiades
 Dr Miriam Burke
 Dr Alida Linda Patrizia Caforio
 Dr Sarah Elizabeth Carroll
 Dr Jade Wei Mun Chow
 Dr Caroline Sarah Court
 Dr Sallie Lorraine Davies
 Dr Paul Gill
 Mr Kishore Srinivas Ramaswami Gopal
 Dr Timothy John Ryan Harrison
 Dr Tracy Hatton
 Dr Catherine Coila Mary Hughes
 Dr Alexander Bromley De Vere Humphries
 Dr Atique Imam
 Ms Nicola Louise Lampon
 Dr Amanda Jane Leigh
 Dr Sian Annette Llewellyn-Jones
 Dr William Laurence George Oldfield
 Dr Mark Oram
 Dr Bharat Chunibhai Patel
 Dr Damian David Lister Patterson
 Dr Simon Paul Robinson
 Dr James Quinn Scobie
 Dr Nora Letitia Shannon
 Dr Bryony Jane Simcock
 Dr Mark Brice Wakerley
 Dr Qiang Wang
 Dr Jane Elizabeth Webber

1993

Dr Ashok Vaman Bhat
 Dr Katherine Mary Bowyer
 Mr Thomas Henry Brearley
 Dr Heidi Jennifer Cox
 Dr Colin Duckett
 Mr David Noel Durrheim
 Dr Sellapperumage Shyamkumar Deshapriya Fernando
 Dr Emma Josephine Hall
 Dr Zarina Hanafi
 Dr Sarah Louise Jarvis
 Mr Victor Adekunle Makinde
 Dr Cathryn Paula Mantovani
 Dr Catherine Bridget Martin
 Dr Angelique Mastihi
 Dr Alison Elizabeth Page
 Dr Girish Khandubhai Patel
 Dr Mark Edward Pitchers
 Dr David Mark Ricketts
 Dr Philip David Summers
 Dr Dawn Marsha Wilkinson
 Dr Patrick Wong
 Dr Richard James Wykes
 Dr Hasan Abbas Zaheer
 Dr Luis Camilo Zapata

1994

Dr Kirsty Jane Adams
 Dr Jimi Oluseyi Adu
 Dr Suhail Baluch
 Dr Timothy Michael Bishop
 Ms Kimberley Victoria Bromelow
 Dr Elizabeth Juliet Teresa Bromley
 Dr Simon David Burt
 Dr Tracy Jane Bury
 Dr Alexia Clementina Shaheen Cairn
 Dr Sheelagh Calkin
 Dr Evelyn Corpuz
 Dr Paul Anthony Cosford
 Dr Natasha Sarah Crowcroft
 Ms Krystyna Dylewska
 Dr Kathryn Mary Emmitt
 Dr Hywel Wyndham Evans
 Ms Geraldine Ann Hoban
 Mr Ronald Cameron Hogg
 Ms Susan Helen Jackson
 Mrs Christian Angela Large
 Ms Judith Anne Leibowitz
 Ms Jayne Mary Mauger

Mr Brian William Millar
 Dr Lisa Monnery
 Dr Dhondup Namgyal
 Dr Himanshu Jairamdas Patel
 Mr Patrick Christopher Ring
 Dr Daisy Saffer
 Dr Malathy Sivaloganathan
 Dr Isabel Frances Smith
 Ms Sylvia Mary Smith
 Dr Jane Eleanor Snell
 Dr Sarah Elizabeth Spencer
 Dr Vijay Kumari Stopps
 Dr Rajesh Thaman
 Dr Nicholas Peter Torpey
 Dr Simon Michael Ward

1995

Ms Catherine Anu Adegbite
 Mr Nicholas John Ashton
 Mr Loukas Athanasiadis
 Dr Robin Baillie
 Dr Clare Stephanie Barlow
 Dr Louise Michelle Beacock
 Dr Catherine Margaret Blackmore
 Dr Amelia Charlotte Bolgar
 Dr Marjan Chegouchi
 Dr Lesley Ann Croft-Baker
 Ms Heather Dawkins
 Mr Gibson D'Cruz
 Dr Rashmi Surendra Dighe
 Dr Thomas Michael Ember
 Dr Emma Evans
 Dr Kelly Forbes
 Dr Arya Alexander Freeman
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 Mr David Alan Johnson
 Dr Damian Peter Kelleher
 Dr Natasha Elisabeth Khan
 Dr Sarah Jane Marshall
 Dr Sean Molloy
 Dr Elizabeth Anne Montague
 Dr Harriet Lucy Morley
 Mrs Christine Morton
 Ms Guat Ngoo Ng
 Mr Kehinde Oluyomibo Ogunsola
 Dr Parindkumar Bipinchandra Patel
 Dr Rajnikant Patel
 Ms Janina Marie Paton

Spot someone you know?
www.sgul.ac.uk/alumni/keepintouch

Ms Sharon Leonie Platt
 Dr Clare Elizabeth Price
 Dr Milan Radia
 Dr Seema Ashok Raleraskar
 Dr Simon Philip Robinson
 Dr Daniel George Roiz De Sa
 Dr Annette Claudine Snell
 Mr Sanganlall Sookdeb
 Mr Reginald Len Tarivonda
 Mr Vinod Tek
 Mrs Edith Uzoho
 Dr Stephen Benedict Walsh
 Dr Yu ILng Wang
 Dr Tina Tzee Ling Wong
 Dr Thomas David John Wrigley
 Dr Baiyan Xie

OBITUARY

Professor Thomas Roger Edward Pilkington MD FRCP

30 November 1921 – 8 February 2011



TOM PILKINGTON WAS A PHYSICIAN AT ST GEORGE'S HOSPITAL, INITIALLY AT HYDE PARK CORNER, AND LATER IN TOOTING, FOR OVER 35 YEARS.

He was born in Kaiserslautern in the Rhineland, and his early years were shaped by the troubled history of the 1930s. His mother Stephanie Pilkington was a singer who went to Germany after the First World War. There she met his father, the Jewish professional musician and composer Friedrich Berend (who was later to become conductor of the Welsh National Opera).

The Nazis came to power in 1933 when Tom was 11 years old and Jewish citizens faced increasing difficulties. Eventually the family started to be blackmailed by the SS for money (Tom remembers it being hidden in the kitchen oven). So in 1936 his mother decided they had to leave Germany and return to England. Tom, who could speak very little English when he arrived, completed his education at a boarding school, Buxton College, in Derbyshire. The school magazine described him in his final year as "the maestro leader of the school orchestra". He returned to Germany on a cycling holiday in 1939, only months before war with Germany was declared, but in view of the worsening situation had to cut short his visit.

Having decided on a career in medicine he was admitted to the Middlesex Hospital Medical School and qualified in 1945. On completing his training he did his National Service in the RAF and was posted to Hamburg. By this time his English was immaculate and no one was aware of his German origins. He then undertook junior medical posts at his teaching hospital, before being recruited to St George's Hyde Park Corner in 1956 where he was Lecturer to Dr Hugh Gainsborough.

He was awarded a Fulbright Scholarship to Chicago and Los Angeles in 1955/56 before becoming senior lecturer and honorary consultant at St George's Hospital Medical School in 1958. Tom's scientific interest in obesity was stimulated by Hugh Gainsborough and together they disproved the notion that the rate of weight loss in obesity depended on whether a given energy intake was provided as fat or carbohydrate. Tom took over running of the metabolic ward at Hyde Park Corner following the retirement of Hugh Gainsborough in 1959.

HIS CAREER WAS SPENT WITHIN THE ST GEORGE'S GROUP OF HOSPITALS AT HYDE PARK CORNER, ST JAMES IN BALHAM AND AT TOOTING, COMBINING FULL TIME CLINICAL PRACTICE WITH TEACHING AND RESEARCH.

Tom specialised in metabolic medicine, with an interest in lipids, diabetes and obesity. His scientific and clinical research extended through cholesterol and triglyceride synthesis, the influence of dietary manipulation on energy balance, to the management of extreme obesity. He helped to pioneer the use of bariatric surgery for severe obesity in this country, collaborating with his surgical colleague Jean-Claude Gazet in developing jejuno-ileal bypass surgery as a treatment for morbidly obese patients. Tom published widely and was highly cited; his academic contributions were recognised by appointment to a University of London personal chair in 1971.



TOM ALSO TOOK GREAT PLEASURE FROM CLINICAL TEACHING. HE ENJOYED EDUCATING AND ENTERTAINING MEDICAL STUDENTS AND JUNIOR DOCTORS, IN HIS OWN DISTINCTIVE STYLE.

He was a committed physician, working hard for the benefit of his patients and was a staunch defender of the principles of the NHS. Tom also took great pleasure from clinical teaching. He enjoyed educating and entertaining medical students and junior doctors, in his own distinctive style. Challenging, controversial and entertaining, he took a real interest in his juniors, forming lasting relationships so that many remained friends to this day. Dr Charmian Newton, later a colleague, recalls how she first became aware of him. When she was a medical student at Westminster Medical School her St George's medical student flatmate gave vivid descriptions of Professor Pilkington's idiosyncratic teaching rounds. "We didn't have anyone quite like that at St Westminster, which is perhaps why it predeceased him by many years".

Tom's career at St George's coincided with great changes both nationally in medicine with the introduction of the NHS in 1948, and in the development of St George's. He, together with other senior figures, was a key player in the transition of St George's Hospital and Medical School from a small and cosy backwater at Hyde Park Corner with only a handful of clinical students, to one of Europe's largest modern teaching hospitals adjoining the multi-disciplinary university campus it is today. St George's Hospital at Hyde Park Corner finally closed in 1980 but had the move to south west London not been made earlier, in all probability the Medical School would have been closed in the reforms to London medical education of the 1980s.

IN ADDITION TO HIS CLINICAL AND ACADEMIC DUTIES HE PLAYED AN IMPORTANT ROLE IN MANAGEMENT OF THE HOSPITAL AS MEDICAL DIRECTOR, AND WAS AN INFLUENTIAL FIGURE IN THE EARLY, TURBULENT, YEARS OF THE ENLARGING MEDICAL SCHOOL IN TOOTING.

Those who knew him will remember him as stubborn and strong-willed. He loved gossip and medico-political intrigue, was occasionally outrageous, but his irreverent and subversive personality endeared him to many. "Pilk" inspired the loyalty and affection of his colleagues, and he was particularly supportive and generous to those who worked with and for him.

He met his future wife Pamela in 1952 while both were working at St George's Hyde Park Corner. Pamela had recently qualified in medicine at St George's, (one of only a handful of students graduating each year at that time) where she was working as a resident clinical pathologist, and they married in 1953. Family legend has it that after a weekend in Brighton, Tom, a Wagner opera enthusiast, spent the remainder of the honeymoon with friends at Bayreuth, while Pam remained at home. Whatever the truth of this story he had a passion for chamber music and opera, which must have been in his genes.

He played violin in a variety of chamber groups, quartets and trios right up to the end, despite increasing deafness. Only a week before his final illness he enjoyed a performance of 'The Barber of Seville' at Covent Garden with his family.

TOM WAS PRESIDENT OF INTEGRATED NEUROLOGICAL SERVICES (INS), A CHARITY DEDICATED TO PROVIDING LONG TERM THERAPEUTIC AND SOCIAL SUPPORT TO PEOPLE IN THE LOCAL COMMUNITY WITH NEUROLOGICAL CONDITIONS.

He would have described himself as a secular person, with no religious faith, and was progressive and liberal in his outlook. His commitment to the NHS he cherished and to teaching extended to the fact that he bequeathed his body to the London Anatomy Office and at the age of 89 donated his corneas for transplant. As a result there was no funeral which was in keeping with his wishes to have as little fuss as possible. He is survived by his wife, two daughters, two sons and 12 grand children.

Douglas Maxwell

WHAT DO YOU WANT TO ACHIEVE?

A young man in a dark suit, light blue shirt, and striped tie is smiling and looking towards the right. Next to him, a young woman in a black graduation cap and gown is also smiling and looking towards the right. The background is dark and out of focus.

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