Oxford Medicine

THE NEWSLETTER OF THE OXFORD MEDICAL ALUMNI

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UNIVERSITY OF OXFORD

The Department of Psychiatry approaches 50

The Dunn School: a world-class department for biomedical research

News from Osler House

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President's Piece

John Morris, OMA President

Welcome to this spring edition of Oxford Medicine. As usual, we bring you news about what is currently going on in today's Oxford Medical School and have articles that look forward and look back; very appropriate as 2018 marks the 70th anniversary of the NHS. These highlight the enormous changes that have occurred in this period – one that mirrors the medical lives of the chest physician Bheeshma Rajagopalan, whose obituary is on page 16 and who will be fondly remembered by all who studied clinical medicine in Oxford, and of Sir Roger Bannister whose obituary will be a feature in the next issue.

The articles about our two featured Departments, the Dunn School of Pathology and the Department of Psychiatry, contain elements of their history but both look forward resolutely to an exciting future. The article by Godfrey Fowler and Martin Vessey gives us more back history of the development of the Department of Primary Health Care Sciences featured in the last issue. John Hampton's "I was Pickering's houseman" takes us back to the 1960s. Now, of course, more F1 trainees are female than male; and "dragon sisters" brings to mind the "Doctor in the House" series of comic films rather than today's reality. Wendy Tyler's article takes us a generation on from her admission in 1986 to her present role in the Executive Council of the British Association of Perinatal Medicine.

Osler House has always had a very special place in the hearts of Oxford Clinical Students, from its origins near the Radcliffe Infirmary in what is now known as Observer's House and part of Green-Templeton College, to its present location in purpose-built accommodation on the John Radcliffe site. A recent very generous donation has enabled construction of a glass walkway to link two wings of the building and provided a purpose-built gym where our students can develop their *'mens sana in corpore sano'*.

Professor Gavin Screaton has now been Head of Division for nearly 6 months, and we have had productive discussion on how to optimise interactions between the alumni and the current medical school including our current students. Like Alastair Buchan before him, Gavin is very keen that alumni – most of whom trained when there was much greater support in many ways – can help support our current students who face very different challenges. One way in which alumni can help is by sharing their experience of training. We now have an annual session linked to the 10- or 20-year reunion where alumni share their experience of training in a variety of different clinical disciplines with our current students.

Welcome from Professor Gavin Screaton

I'm delighted to return to Oxford as Head of the Medical Sciences Division and look forward to the many opportunities this role presents. There have been a lot of changes since I studied Medicine here from 1984 to 1987, with a much greater focus now on research and continued development of the Division's infrastructure. Back then, medical students had minimal research time, and I fondly remember the labs we were relegated to on Level 5 of the John Radcliffe. Now the campus, and in turn the medical courses' focus on learning through the findings of academic research, has expanded considerably, giving students much more opportunity to develop themselves as scientists, as well as clinicians.

The Weatherall Institute for Molecular Medicine, where I was a post-graduate student before David Weatherall lent his name to the Institute, is now joined by numerous research facilities in academic departments in the John Radcliffe Hospital and the Old Road Campus has also seen a huge amount of development. The Big Data Institute opened last year, and the Oxford BioEscalator will be opening nearby later this year. It's certainly an exciting time to be part of this growing community.

Alongside my new role, I will also continue to lead my research group which will soon transfer from Imperial College and be based in the Nuffield Department of Clinical Medicine. My area of research focuses on the immunology of infectious diseases, especially dengue fever and Zika.

I feel privileged to have been asked to lead the Medical Sciences Division over the coming years and to help strengthen its position as a leading centre for the medical sciences. I am excited to be learning more about the Division's broad activities, to be able to contribute to its impressive research and teaching portfolio, and to become an active member of the community that makes Oxford the world-leading institution that it is.

News

New Year's Honours list 2018

Professor Chas Bountra, Professor of Translational Medicine at the Nuffield Department of Medicine, and Chief Scientist at the Structural Genomics Consortium, was awarded an OBE for services to Translational Medical Research. Following the completion of the Human Genome Project Chas recognised the urgent need to ensure that structures of novel human proteins were generated quickly and cheaply, but most importantly were made freely available in order to catalyse 'structure-based drug design'. The Structural Genomics Consortium (SGC), led by Chas, was therefore established in 2003, adopting a wholly novel open-access model to restructure the existing drug discovery ecosystem. The SGC currently has over 140 scientists and collaborates with several hundred academic labs around the world.

Dr Jake Dunning, Honorary Visiting Research Fellow in Tropical Medicine (Epidemic Diseases Research Group Oxford) and Deputy Programme Director for High Consequence Infectious Diseases, NHS England, is appointed MBE for services to Clinical Research. The award recognises his services to clinical research, particularly his contributions to Ebola research efforts. Jake joined the Epidemic diseases Research Group Oxford (ERGO) in October 2014, as part of the RAPIDE trial team studying potential treatments for Ebola virus disease in West Africa. The trials, led by Prof Peter Horby, evaluated two candidate drugs at Ebola treatment centres in Liberia and Sierra Leone. Jake was the Field Lead for the trials, based in West Africa, and worked with over 40 researchers from 10 countries, including doctors and nurses from the affected countries.

Dr Ben Goldacre, (matric. 1992, Magdalen), Senior Clinical Research Fellow at the Centre for Evidence-Based Medicine, Nuffield Department of Primary Care Health Sciences, is appointed MBE for services to Evidence in Policy. Dr Goldacre runs the EBM DataLab in Oxford, combining the skills of academics, clinicians and software engineers to create useful tools from academic and health data. Its first output is OpenPrescribing, a live explorer for individual practice prescribing data, and a series of analytic papers arising from this. He is also PI on OpenTrials, an open threaded database of all publicly accessible data and documents on all clinical trials, and on the COMPare Trials project.

Dr Sarah Caroline Jarvis, (matric. 1983, Jesus) is a general practitioner working in London and also works in the mass media to promote health. She is the health and medical reporter for The One Show, a regular guest on The Jeremy Vine Show and Clinical Consultant for health website Patient_UK. Dr Jarvis was awarded an MBE for services to general practice and public understanding of health.

Professor Terence Stephenson, (matric.1980, New College), Chair of the General Medical Council, is knighted for services to Healthcare and Children's Health Services. Terence is Nuffield Professor of Child Health at the Institute of Child Health at University College London, and Honorary Consultant Paediatrician at UCL Hospitals NHS Foundation Trust & Great Ormond Street Hospital for Children NHS Foundation Trust.

2018 Medical School Prizes

The Examiners in the Second Examination for the Degrees of Bachelor of Medicine and Bachelor of Surgery in Year 3 have awarded the following prizes in Hilary term 2018.

George Pickering Prize 2018

Joint Recipients: **Jonathan Durbin** (New College) & **Sam Kleeman** (New College)

The George Pickering Prize is awarded annually for performance in General Clinical Studies Examination in Medicine and Surgery (Year 6).

Ledingham Prize in Medicine 2018

Recipient: **Dhruv Sarma** (St Hugh's College)

The Ledingham Prize is awarded for outstanding performance in Medicine in the General Clinical Studies Examination in Medicine and Surgery.

Mortensen Prize in Surgery 2018

Recipient: **Alethea Peters** (Worcester College)

The Mortensen Prize is awarded for outstanding performance in Surgery in the General Clinical Studies Examination in Medicine and Surgery.

Margaret Harris Memorial Prize 2018

Recipient: **Raphael Rifkin-Zybutz** (New College)

The Margaret Harris Memorial Prize is awarded annually for performance in General Clinical Studies Examination in Medicine and Surgery (Year 6).

Happy Birthday NHS!

July 5 2018 marks the 70th anniversary of our National Health Service – and there will be many events both locally in Oxford and nationally to celebrate this milestone.

Our colleagues at Oxford University Hospitals want to hear your stories and memories of the NHS past and present – especially if you are the latest in a long line of doctors or other NHS staff in your family, dating back to 1948, because a key focus of the NHS 70th anniversary is to thank and celebrate staff.

If you would like to share your stories and memories, please contact **matt.akid@ouh.nhs.uk**.

Details of local events will be available in the coming months at **www.ouh.nhs.uk**.

More information about NHS70 nationally is available at **https://www.england.nhs.uk/nhs70/**.

Sir Roger Bannister

Sir Roger Bannister, 1929 – 2018. Matriculated 1947, Exeter College. Honorary member of Oxford Medical Alumni. Lord Patten of Barnes, Chancellor of Oxford University, said: "We offer our condolences to his family. He was not just one of the great athletes of the last century but a superb doctor and servant of Oxford University. He was a man of great distinction and honour in every sense. At the age of 88 he was still an active supporter of the University and we will miss him enormously."

A full obituary to Sir Roger will be in the next issue of Oxford Medicine.

Computer simulations move step closer to reducing animal use in drug testing

The march towards replacing animals in drug testing with computer simulations has made another significant step forward, with the development of new software which can predict the possible cardiac side effects of taking a new drug.

The "Virtual Assay" software developed by researchers at the University of Oxford uses computer (in silico) models, based on human data - a fast, cheap and potentially more effective alternative to experimental testing.

Rather than a one-model-fits-all design, this software uses a population-based approach, which is an important step towards personalised medicine. Indeed, some drugs can have harmful side effects only for certain parts of the population, for example, causing arrhythmias or sudden cardiac death in people with a specific genetic mutation or disease.

Dr Elisa Passini, from Oxford's Department of Computer Science, says: 'Using the Virtual Assay software and human-based computer models removes the need to translate results from animals, thus increasing prediction accuracy in humans. This will reduce costs and time, as well as decrease the need for using animals.'

The Virtual Assay programme is now available for download in the Oxford University Innovation Store.

For more news articles from the Medical Sciences Division: **www.medsci.ox.ac.uk/news**

Research

New typhoid vaccine offers hope of protection for children

A new, next-generation conjugate vaccine against typhoid has been proven at Oxford University to be safe and efficacious in preventing the disease, and can be used to protect both adults and children.

A study published in The Lancet is the first clinical trial to show that immunisation with a new vaccine called Vi-TT is safe, well tolerated and will have significant impact on disease incidence in typhoid endemic areas that introduce the vaccine.

The vaccine by Bharat Biotech of India Ltd. was approved ("pre-qualified") by the World Health Organisation (WHO) in January 2018 following recommendations for its use by the WHO Strategic Group of Experts (SAGE) in October 2017. The prequalification determines that the vaccine is safe and effective and can be procured by UNICEF for use in low-resource settings, and is also supported by an $85M funding commitment for roll about by Gavi, the Vaccine Alliance.

Typhoid is caused by the bacterium *Salmonella typhi*, and is responsible for around 20 million new infections and 200,000 deaths each year, mainly in South and South East Asia and Africa.

Children are especially susceptible, but the currently licensed vaccines do not confer lasting immunity in children, and/or come in inappropriate formats.

The trial was led by Professor of Paediatric Infection and Immunity at the University of Oxford, and Director of the Oxford Vaccine Group, Professor Andrew Pollard and funded by a grant from the Bill & Melinda Gates Foundation.

"This new vaccine could be a real game changer in tackling a disease that disproportionately affects some of the most vulnerable populations in the world, and especially children in resource-poor countries. For the first time, we will be able to offer protection to children under two years of age, which will enable us to stem the tide of the disease in the countries where it claims the most lives." Professor Andy Pollard

The researchers tested the vaccine at Oxford University using a controlled human infection model, which involved asking around 100 participants, many of whom were university students, to consume a drink containing the bacteria. Human infection models have been used for hundreds of years to test vaccines, and are particularly useful in studying diseases for which no suitable animal model exists.

Researcher profile

Name: Malick Gibani

Clinical Research Fellow/DPhil candidate.

Qualified: BMBCh 2010, Magdalen College

How were you involved in the project? The study is one of a series of controlled human infection studies for typhoid fever run by the Oxford Vaccine Group. I have been involved with this and other challenge studies for several years, helping with study set-up, delivery of the studies, laboratory work and data analysis. During the study itself, I dedicate a lot of my time to screening of volunteers and ongoing care of the patients after challenge. This is probably the most important aspect of these studies, as we're asking healthy volunteers to be deliberately infected with typhoid. Some of our participants can get quite sick - to make sure the studies are safe, we have several safety measures in place such as having a team of doctors on-call 24/7 and ensuring that all study volunteers can contact us directly at any time to discuss any issues or questions they may have.

Future plans? I plan to hand in my thesis in the summer of 2018, before continuing clinical training in Infectious Diseases and Microbiology. I'm planning to continue my research in the field of vaccinology, with a particular interest in enteric pathogens – there's still plenty to be done...

Has being a doctor met with your expectation when you left med school? Yes and No...The clinical work is as demanding as you might expect, particularly with the challenges faced by the NHS at present. The medical course in Oxford was great in many respects, particularly in providing a solid scientific grounding for a future career in research. Having said that, it's important that the course continues to evolve to equip students with the tools to understand and address major national and global health challenges.

Finding the tipping point for sleep

Sleep is essential for many aspects of normal life, but how we actually fall asleep remains a mystery. Researchers have now shown how specialist nerve cells in the brains of fruit flies trigger several key steps of falling asleep.

The team at Oxford University's Centre for Neural Circuits and Behaviour worked with a small cluster of neurons that had previously been shown to put flies to sleep when activated. When the flies are awake the sleep-control neurons are turned off. The longer the flies are awake, the more tired they become, which eventually reaches a tipping point and activates the neurons.

But the fact that the sleep-inducing neurons are only a tiny minority of all nerve cells posed a puzzle. Sleep entails some of the most profound and widespread changes our brains experience on a daily basis. How could so few cells control so much?

The team have found that the sleep-inducing cells 'gate' – or regulate the flow of electrical signals through – a node in the brain that is critical for all aspects of sleep: the fly's motor system – controlling movement – was disconnected, preventing the animal from sleep-walking; the insect's sensory thresholds were increased, making it less aware of its surroundings; and the 'sleep debt' or tiredness that had accumulated during waking was cleared.

The full paper, 'Recurrent Circuitry for Balancing Sleep Need and Sleep', can be read in the journal Neuron.

Gene therapy shows promise for reversing blindness

In a laboratory study in Oxford, researchers have shown how it might be possible to reverse blindness using gene therapy to reprogram cells at the back of the eye to become light sensitive. Most causes of untreatable blindness occur due to loss of the millions of light sensitive photoreceptor cells that line the retina. The remaining retinal nerve cells which are not light sensitive however remain in the eye. Samantha de Silva and colleagues used a viral vector to express a light sensitive protein, melanopsin, in the residual retinal cells in mice which were blind from retinitis pigmentosa, the most common cause of blindness in young people. The mice were monitored for over a year and they maintained vision during this time, being able to recognise objects in their environment which indicated a high level of visual perception. The cells expressing melanopsin were able to respond to light and send visual signals to the brain. The research was led by the Nuffield Laboratory of Ophthalmology in Oxford.

Should home-based blood pressure monitoring be commonplace in NHS?

General Practitioners should encourage patients with hypertension to monitor their blood pressure at home and use those readings in their day-to-day care, recommend a team of experts writing in The Lancet.

From the Universities of Oxford, Cambridge and Birmingham, the researchers report on a trial showing that when GPs base their medication adjustments on regular blood pressure readings taken by patients at home, blood pressure is significantly lower after 12 months when compared with those who are managed exclusively in the clinic.

The NIHR-funded trial involved more than 1000 patients with poorly-controlled blood pressure, recruited through 142 general practices in England.

Antidepressants are more effective than placebo at treating acute depression in adults, concludes study

Meta-analysis led by the Department of Psychiatry of 522 trials includes the largest amount of unpublished data to date, and finds that antidepressants are more effective than placebo for short-term treatment of acute depression in adults.

The international study, published in The Lancet, is a network meta-analysis of 522 double-blind, randomised controlled trials comprising a total of 116477 participants. The study includes the largest amount of unpublished data to date, and all the data from the study have been made freely available online.

The Department of Psychiatry approaches 50

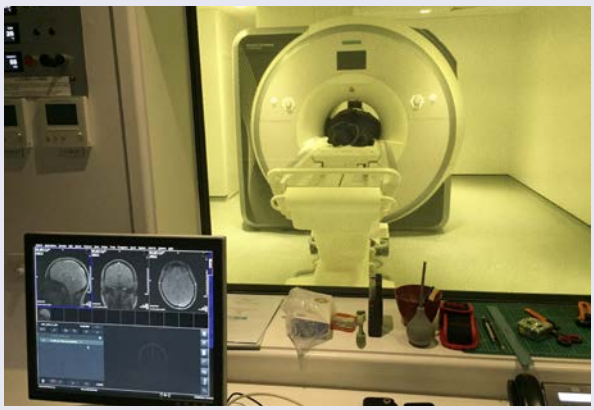
Professor John Geddes, MD FRCPsych. Head of the Department of Psychiatry, Professor of Epidemiological Psychiatry and Director of NIHR Oxford Health Biomedical Research Centre and NIHR Oxford Cognitive Health Clinical Research Facility.

The Department of Psychiatry at University of Oxford was founded in January 1969. A donation from the WA Handley Trust endowed the first Chair of Psychiatry, to which Michael Gelder was appointed and the University funded a senior lecturer, initially John Bancroft. Michael Gelder retired in 1995, replaced in 1996 as WA Handley Professor and Head of Department by Guy Goodwin. Two years later, writing in 1997 on the first 28 years of the Department, Michael Gelder and Richard Mayou could reflect on a Department with approaching 100 staff with annual research funding of approximately £2 million (Gelder and Mayou 1997). As we approach the 50th anniversary of the Department in January 2019 (we are planning a major party!), the Department has almost 200 staff, with over £60 million external grant funding from 37 funding bodies, 21 Professors, 9 Associate Professors, 52 postgraduate students and generating 360 publications in 2016-17. This places us as one of the medium sized clinical departments in Oxford – but perhaps the largest department of psychiatry outside the Institute of Psychiatry, Psychology and Neurology in London.

However, in several ways the University of Oxford's contribution to psychiatry and mental healthcare began much earlier. Robert Burton, Student of Christchurch, published The Anatomy of Melancholy in 1621. Unlike many University Departments of Psychiatry in the UK, the Oxford Dept has always been blessed with collocated clinical service at the Warneford Hospital – much closer to the University than a typical county asylum. The Warneford Hospital was founded as the Radcliffe Lunatic Asylum in August 1821 - it was always conceived as s a sister institution to the Radcliffe Infirmary. Initially funded by the University, the Colleges and the City of Oxford, it was renamed the Warneford Lunatic Aslyum in 1843 in recognition of the major donations from Revd. Samuel W. Warneford. It was renamed the current Warneford Hospital in 1920. In 2021, we will therefore have the 400th anniversary of the publication of Burton's Anatomy coinciding with the 200th anniversary of the founding of the Warneford Hospital.

Recent developments:

Since 2010, we have capitalised on the strong academic base developed since the founding of the Department, to renew our infrastructure and build relationships across the University. From the founding of the Department in 1969, we have built an international reputation in the investigation of treatment mechanisms and the development of new treatments (psychological, pharmacological, physical and – increasingly – digital). We have a strong track record of innovative early (and later) phase clinical trials, having led over 100 clinical trials of psychological and pharmacological treatments. We have developed a dedicated trials infrastructure including the Oxford Cognitive Health and Neuroscience Clinical Trials Unit, the first fully UKCRC-registered CTU specialising in CNS trials in the UK, the NIHR Oxford cognitive health Clinical Research Facility, and internationally leading imaging facilities (Oxford Centre for Human Brain Activity which now houses both magnetoencephalography and 3T magnetic resonance imaging).



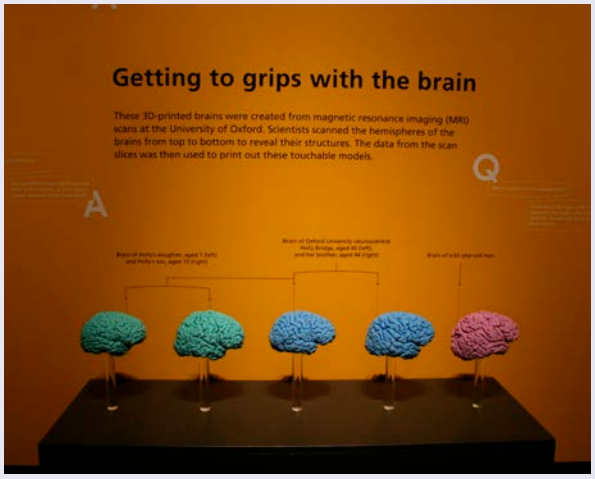
With our colleagues in the Nuffield Department of Clinical Neuroscience and Experimental Psychology, we were rated 1st overall and top for research quality in Psychology, Psychiatry and Neuroscience in the Research Excellence Framework 2014 (THE analysis of REF 2014). The close partnership with Oxford Health NHS FT and, more recently, Oxford university hospitals is especially productive, enabling Oxford Health NHS FT to produce more highly cited publications than any other mental health Trust (RAND 2015).

This strong relationship with the NHS, and track record of translational research, led to a successful application for a mental health and dementia-specific NIHR Biomedical Research Centre in 2016. The NIHR Oxford Health BRC is only the second mental health-focused BRC in the UK – the other being the well established BRC at the Kings College/South London and Maudsley NHS FT.

Scientifically, the Department is blessed by a wonderfully diverse range of scientists – both clinical and non-clinical. We have had substantial recent success by working as teams, across research groups and more broadly across the University and beyond, while at the same time continuing to build on our long proven strengths – innovations in all modalities of treatment for mental disorders, clarifying the evidence-base for existing

therapies and developing new ways of implementing. We have substantially increased our activity in dementia research with the recruitment of Prof Sir Simon Lovestone, Prof John Gallacher and their teams.

Oxford can be very proud of its contribution to medical student teaching. The course is currently the highest rated in the clinical school and this translates into the highest proportion of graduates entering psychiatry from any medical school in the UK (joint top with Keele University). Historically, although Oxford has not (yet) had a psychiatrist Regius, several Regius Professors have been incredibly important in ensuring that psychiatry is at the heart of the curriculum. The renowned Regius Professor Sir William Osler latterly became very interested in Psychiatry – writing papers on Burton, the Anatomy and Burton's library (now housed in Christchurch and the Bodleian). Prof Sir George Pickering, the first clinically active Regius Professor since Osler, was a major proponent of creating the Department in the 1960s. The current Regius, Professor Sir John Bell, has been enormously supportive of our expansion plans - including the successful application for a second Oxford Biomedical Research Centre.



Even more than other areas of academic medicine, Psychiatry has found it difficult to attract bright young clinical scientists although we have done much better in developing non-clinical, "translational" academics. For the future, attracting and developing the next generation of clinical academics is a key priority for the Department and there are signs that we are now beginning to improve the situation. There can be little doubt that the Athena Swan process has been a major contributor to the recent improvement in the Departmental age and gender balance.

Public engagement and outreach is crucial in Psychiatry – mental disorders and their management are still poorly understood by the general population and prone to stigma. Members of the Department are very active both locally and across the international published and broadcast media to ensure that the scientific evidence is well represented.

The Future:

Apart from teaching, the fundamental goal of a research active clinical department of psychiatry must be to deliver advances in the prevention and care of mental disorders. To do this effectively requires the brightest and most energetic clinical and nonclinical scientists, the best, up-to-date scientific facilities and platforms and strong partnerships and collaborations across the University, with other academic, funding, commercial organisations and with patients groups. This collaborative infrastructure is now in place and is growing all the time. Of fundamental importance, however, for a Department focusing on translational research is a strong partnership with the clinical service. We are fortunate to have strong relationships with both Oxford NHS Trusts. The partnership with Oxford Health NHS Foundation Trust, formalised via the Biomedical Research Centre, is particularly important. The University and Trust have agreed to develop the Warneford site as a centre for translational neuroscience, housing the Department of Psychiatry, expanded research facilities and new clinical facilities with integrated research capability. As we approach the 200th anniversary of the founding of the Warneford Hospital (and the 400th anniversary of the publication of Burton's Anatomy) in 2021, the shared plan is to create a unique campus on the Warneford site, integrated with the rest of the Headington clinical academic campus and with strong links to the local community.

References

Gelder MGG, Mayou R The Oxford University Department of Psychiatry 1969–1996 Psychiatric Bulletin 1997, 21:328-330.

The Osler Lecture this year will be delivered by Professor Paul Harrison (Professor of Psychiatry and Associate Head of Department) on Saturday 15th September 2018 at 11am. Professor Harrison will be speaking about Bipolar Disorder. If you would like to attend this lecture, please email **oma@medsci.ox.ac.uk**

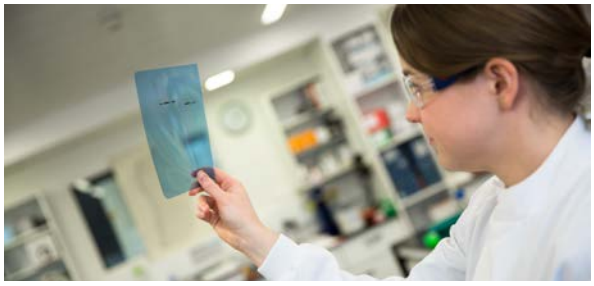
The Osler Lecture is part of the university's Meeting Minds: Alumni Weekend in Oxford. Over 100 fascinating lectures, tours and activities will be on offer to alumni. Please see **www.alumni.ox.ac.uk** for further information and to sign up for updates

The Dunn School: a world-class department for biomedical research

Professor Matthew Freeman FRS FMedSci, Head of the Dunn School of Pathology

The Sir William Dunn School of Pathology (more simply, the Dunn School) is a world-class biomedical research and teaching department labouring under a rather complex and misleading name. We do no clinical pathology, and never have. Since the department's foundation in 1927, the 'pathology' in our title has described a broad range of medical research, with an emphasis on fundamental mechanisms. Our current focus is the molecular and cell biology underlying human disease.

The 'Sir William Dunn' aspect of the name is also a bit obscure. Dunn was not a scientist but a businessman and member of parliament who bequeathed a considerable fortune to 'relieving human suffering'. About 10 years after his death, the trustees of his estate decided that the best way of achieving that goal was to endow a department of biochemistry in Cambridge and a department of pathology in Oxford (the Cambridge Biochemistry Department no longer commonly uses the Dunn name). Given the amount of pioneering science that has come from these two departments, this was a powerful example of the significance of far-sighted philanthropy.



Despite its emphasis on basic mechanisms rather than clinical research, the Dunn School nevertheless has an extraordinary record in transforming human healthcare. Most famously, Howard Florey, Ernst Chain, Norman Heatley and their colleagues, including Ethel Florey, Margaret Jennings and the team of 'Penicillin Girls', isolated, purified and proved the therapeutic value of penicillin. This epoch-changing breakthrough, made during the first years of the second world war, was the pioneering achievement that led to the age of antibiotics, and has saved hundreds of millions of lives. Unsurprisingly, it is regularly selected as the most important medical breakthrough of the 20th century, and perhaps the greatest drug discovery story of all time. Florey and Chain shared the 1945 Nobel Prize with Alexander Fleming, who had first reported the antibacterial properties of penicillium mould.

But the Dunn School's translational history does not stop at penicillin. Other highlights include the development of the first cephalosporin antibiotics in the late 1950s – still the most prescribed antibiotic class in the world – by

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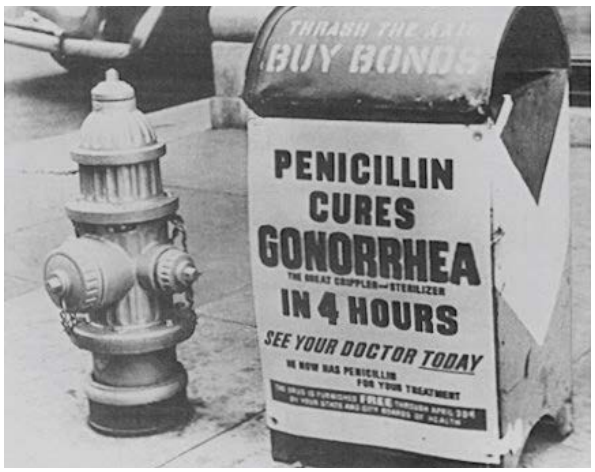
Edward Abraham, Guy Newton and their team. Henry Harris's discovery of cell fusion methods led directly to the development of monoclonal antibodies, the basis of the majority of newly licensed drugs in the last decade. George Brownlee's expression of recombinant Factor IX has been used to treat some forms of haemophilia; and his expression, with Ervin Fodor, of flu virus antigens is currently the basis for annual vaccine production. Herman Waldmann has developed a monoclonal antibody, Alemtuzumab, that recognises T lymphocytes that is being used to treat leukaemia, transplantation rejection and multiple sclerosis.

As current head of the Dunn School, I contend that it is not a coincidence that a department whose primary goal is to understand the underlying biology of disease is also so translationally successful. History is clear: the revolutions that transform human health grow from basic science.

So what next? By definition, we can't predict future breakthroughs, so our strategy is simply to recruit the very best biomedical scientists in a broad spectrum of relevant research fields, and then support their efforts. Prominent among a very large number of exciting areas, led by almost 40 group leaders from around the world, are current strengths in cancer, immunology, cell biology and microbiology. To be a little more specific about just a few exciting topics, there is much effort on DNA damage and repair, the use of stem cells in regenerative medicine, signalling pathways that control physiological and pathological processes, parasitic diseases, and mechanisms of bacterial pathogenesis and antibiotic resistance. There is of course a rather dark irony about the department that gave the world antibiotics, now having to try to solve the problems that stem from the developing resistance to antibiotics.



The Dunn School also has a major role in teaching preclinical medical students. Many readers of this newsletter will remember lectures in the department. As a personal aside, my wife Rose trained in Oxford and remembers being lectured by the then Professor of Pathology and head of department, Henry Harris. From the perspective of a nineteen year old, she remembers that he was not only intimidating but also as old as the hills. She finds it disconcerting to be now married to the Professor of Pathology and head of the Dunn School.

Beyond the preclinical medics (and undergraduates studying for the biomedical science degree), the Dunn School of course also trains both clinical and non-clinical graduate students. Whether they will become doctors with an understanding of the importance of research, or the next cohort of top biomedical scientists, our graduate students are central players in our successful research output. Equally, the postdoctoral fellows, on the next rung of the research ladder, must also be credited with doing so much of the work on which the Dunn School's progress depends. We put a great deal of effort into ensuring that the careers of our extraordinarily diverse and multinational population of young scientists are supported.

Biomedical science is moving into a golden age. The long anticipated era when disease is treated with approaches based on a real understanding of its mechanisms has just begun. There is far to go, but the Dunn School is well placed to be as influential in the 21st century as it was in the 20th. Thanks to the generosity of far-sighted philanthropy from Dunn onwards, we are fortunate to have first class scientific facilities and modern buildings; this enhances a reputation that allows us to attract the very best students, postdocs and group leaders in the world, and an innovative and outstanding research and teaching portfolio. With our history, there is always a temptation to dwell on the past; in fact, there is a very strong case that the best of the Dunn School is yet to come.

News from Osler House

Nicholas Turner, Osler House President 2017-18

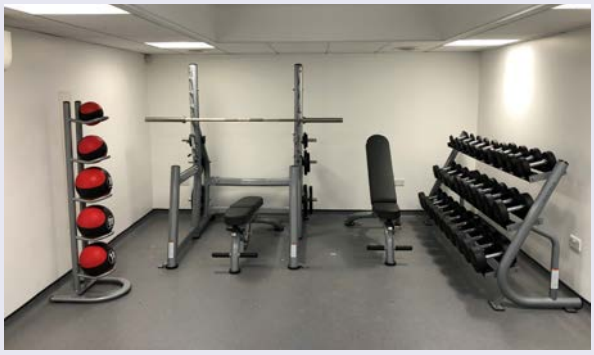
Once again, it's been an incredibly busy year for Osler House. We started our committee's year in September with a busy fortnight of introductions and events for the new fourth years. The sixth years spend two weeks teaching the basic clinical skills and examinations that will see the fourth years through the start of their clinical training. In the evenings, all years met in Osler House for some well-deserved rest and celebration. The fortnight culminated in a formal dinner for the fourth years and committee at St Edmund Hall.

The end of 2017 saw the creation of this year's Tingewick performance titled 'The Dark Sh*te: A Dry Stool Musical'. The Tingewick committee worked incredibly hard to create a fantastic play brought to life by the fourth years. Final adjustments are still being made, but an estimated £33,000 was raised for the Tingewick charities: Against Malaria Foundation, and International Rescue Committee. Throughout the year, Tingewick continued to put on several well received bops, and evening events enjoyed by all of Osler House.

January saw the Sixth-Year students sit their finals. The dedication of finalist Oxford Medics never ceases to amaze, and support was offered from colleges and from Osler House. The finalists were received from their final OSCE with a reception in Osler House to kick start their celebrations. The sixth years are now entering their final stretch of study and are currently throughout the world on their electives.

In March, the fifth years celebrated being halfway through their clinical degree, and three quarters of the way through their time in Oxford, with a formal dinner at St Hilda's College – a welcome break from the intensities of the fifth-year course.

This year has seen some large changes to the Osler House building. After a very generous donation from an anonymous donor, we have been able to build a brand new bar storage area, glass walkway, and gym. The building works were completed, although slightly delayed, in February. A bar storage area has been long overdue and has freed up the upstairs office for the Oxford Gazette to operate from. The glass walkway connects the main bar area to several of the meeting rooms which will allow much more efficient use of the space in Osler as a whole. The glass corridor looks fantastic, and will be a highly utilised space in the summer leading directly onto the garden. The gym has been completed, and we are currently waiting on the final delivery of equipment before we start inductions for students. We hope the gym will be highly valuable to those students pushed for time, who will be able to use the gym and showers to make the most of their days.



We're excited to make the most of the new facilities over the coming months, and continue to make improvements for Osler House members. I would like to emphasise the hard work of all the Osler Committee, but in particular our vice president Daniel Murphy, and treasurer Darryl Braier-Lorimer, who have contributed hugely to the smooth running of Osler House.

The Origins of Academic General Practice at Oxford University

Professor Godfrey Fowler OBE and Professor Martin Vessey CBE

Early days at the Department of Social and Community Medicine at 8 Keble Road, circa 1978. Centre, left-hand side: Professor Martin Vessey (white jacket) and Professor Godfrey Fowler on the right-hand side

We read with interest Professor Richard Hobbs's article in the last issue of the Newsletter about his world-leading Department of Primary Care Health Sciences and his reference to the preceding "small GP research group" based in the Department of Public Health. Inspired by the article, we thought, as the oldies who were involved, that we should offer a brief account of the fragile birth of academic general practice in Oxford in 1976 and its subsequent development.

Sir Richard Doll was appointed Regius Professor of Medicine in Oxford University in 1969 and his input over the years greatly influenced the development of the Medical School. Clearly his interests extended beyond hospital and laboratory-based medicine so when the University invited applications in 1973 for the newly established Professorship of Social and Community Medicine, it came as no surprise that part of the remit for the new Professor was to seek to establish an academic presence for general practice within the Medical School. However, no financial or other provision was set aside for this development.

One of us (MV) was appointed to the new chair and took up his position in 1974. A decision was made to seek help with the general practice aspects of the post from Dr John Hasler, Director of Postgraduate General Practice Education and Training in the Oxford Region. Dr Hasler worked closely with MV to try to advance academic general practice in collaboration with other interested local general practitioners, with the Royal College of General Practitioner's (RCGP) - from which a helpful, if modest, grant from the Dorothy Mackenzie Trust was obtained - and with Dr Rosemary Rue, who was then Regional Medical Officer in the Oxford Regional Health Authority (ORHA).

In due course, enough progress was made for The University to agree to advertise for a half-time Clinical Reader in General Practice within the Department of Social and Community Medicine, funded by the ORHA. Money was also found for a part-time secretary. The Clinical Readership was to be combined with the holder being a half-time principal in a local general practice.

This was a modest start, but cautious interest in the post was shown by a number of general practitioners. The University decided that the Readership should be offered to one of us (GF), who was an established Oxford general practitioner. It should be stressed that from the outset, GF and MV resolved to work closely together to the benefit of both social and community medicine (now generally known as public health) and general practice. The fact that GF had a major interest in the preventive aspects of medicine simplified this resolve.

At the time, the Department of Social and Community Medicine was based in rather limited accommodation at 8 Keble Road, but space for the general practice set-up was found on the top floor. It may be noted that, in 1981, the Department moved to better and more extensive space in the former Gibson Laboratory Building on the Radcliffe Infirmary site

Establishing student teaching in general practice was a difficult task. The most important help came from general practice colleagues in and around Oxford. As a first and important step it proved possible to recruit about 70 practices in the Oxford Region willing to take a student for a residential two-week attachment at the beginning of the clinical course. More difficult was the selection of eight practices in or close to Oxford with a University appointed tutor in each. These practices were required to take eight final year students a year, each for two weeks. Tutors were also required to take part in teaching and meetings in the Department.

The remuneration initially offered to these tutors was paltry and the struggle with the University which ensued

caused both of us a lot of grief! Eventually, however, we won the battle and the tutors were granted a proper sessional fee (funded by ORHA) and the University took over payment for the part-time readership. The fact that medical students indicated how much they valued general practice teaching helped a lot with these developments. The granting by the RCGP of a Jephcott Visiting Professorship to be held at Oxford by Dr John Fry was also of great assistance.

Needless to say, while these developments were taking place, a research programme had also been evolving. This was focussed on prevention of disease and health promotion and was greatly aided by the many common research interests of general practice and public health. Special attention was paid to improving success in the smoking cessation field with funding from the Health Education Council and the British Heart Foundation. Both research and teaching benefitted substantially from the appointment of two part-time lecturers in general practice within the Department (Dr Theo Schofield and Dr Martin Lawrence), funded from outside sources.

A major boost to general practice research resulted from Sir Walter Bodmer's interest in the work being done and the establishment in 1983, within the Department, of the General Practice Research Group funded by the Imperial Cancer Research Fund (now Cancer Research UK). Two other externally funded research groups with special interest in general practice were also established within the Department, namely the Cancer Research Campaign (now Cancer Research UK) Primary Care Education Research Group (directed by Dr Joan Austoker), mainly concerned with cancer screening matters, and the British Heart Foundation Education Research Group (directed by Dr Mike Rayner) focussing on dietary and nutritional factors in the aetiology of disease. Much of the work briefly mentioned led to important publications.

While the Department was originally named the Department of Social and Community Medicine, the importance of academic general practice was recognised by the University by the renaming of the Department of Social and Community Medicine as the Department of Community Medicine and General Practice and later, to keep in step with changes elsewhere, the Department of Public Health and Primary Care. Further recognition occurred when GF was appointed as a Professor.

GF retired in 1997 and MV in 2000. Both were keen that the Department should remain a joint one as they had worked closely and successfully together. However, the decision was made by the University that the Department should be divided and David Mant was appointed as Professor and Head of a separate Department of General Practice, taking up his appointment in 1999. He led an important and successful Department with a distinguished research output over the next decade until he in turn retired and Professor Richard Hobbs was appointed.

Admission to Oxford medicine at St Hugh's in 1986 and what followed

By Dr Wendy Tyler

Recently, as parents do, my husband and I paid visits to Oxford and a number of other universities to help my son and daughter in their deliberations of where to make applications. Visiting the universities with them both has brought back many memories of my years as a medical student in Oxford, but the most powerful was an overnight stay in Oxford. I cannot now fully understand why I haven't returned to Oxford before. I dragged my husband and daughter around and tried to see as much as possible in the few hours we had there before driving to Cambridge for an open day. My daughter chose to apply to Cambridge and unfortunately was unsuccessful, but she will succeed wherever she studies as she is both vibrant and inquisitive and has much more to offer than just her academic ability.

I have received 'Oxford Medicine' for years, but this morning I had time to sit and open the pages, and there was John Morris, the tutor who interviewed me, offered me a place to study medicine at St Hugh's and Oxford, and tutored me through my preclinical years. I'd been planning to write to him for many years to thank him for giving me a place to study Medicine at

Wendy Tyler then and now

Oxford and for guiding me through my undergraduate years, but somehow never got round to it till recently. The experience transformed my life from that of a comprehensive school girl in greater London with little opportunity to a person who had real choices ahead of her. Plucked from reading Jane Austen in the local library to the Bodleian!

My fondest memories of Oxford are as an undergraduate, and I am proud of the degree I achieved thanks to our tutors' teaching and guidance. The teaching at the clinical school in 1988-91 I enjoyed on the whole, but I was intimidated by some as I've never been very good

at role play, so being made to stand up and act out an examination in front of a crowd always filled me with dread and my mind would become a blank page. However, I learned to adapt! I relished assisting with practical tasks like blood taking, and would stay until the early hours to clerk patients in A&E. Our group flourished by being able to participate in what was to be our future employment, to see it all and understand how the nuts and bolts of daily patient care worked. Blood-taking rounds allowed us to form caring relationships with the patients on our firm because we communicated with the patients, away from the bright lights of the Consultant ward round and the bedside clinical teaching.

Ready to move on after Oxford, I chose Paediatrics and, having tested the waters at Northampton General, a link hospital with the Oxford paediatric clinical course, moved on to Birmingham and training in the West Midlands. My Oxford elective had been in New Zealand studying obstetrics and during that time I followed the team on the Neonatal Unit and fell for the combination of academia and practicality. I found Neonatology easy as a trainee and, despite the challenges of uncertainty and mortality, this area of clinical medicine has never frightened me.

A PhD opportunity did finally arise and I was on the verge of starting when life events dictated otherwise. My son, a divorce and then a daughter, a new partner and a move to sunny Shropshire made the PhD impossible. To keep my son with me I worked part-time and though this meant no PhD I have absolutely no regrets as there was never any choice in my mind. The move to Shropshire and my new marriage was to be, as predicted by my Consultant, my biggest limitation to academic achievement. Apparently, he even wrote that in my reference! Shropshire is a beautiful county and a safe and nourishing environment in which to raise two children, and I have learned from my patients who often have unusual diseases, and from my colleagues who are extremely talented.

In recent years, the neonatal intensive care unit in Shropshire has been down-graded to a local neonatal unit and we are left bereft of our intensive care which we were extremely good at. Supporting the wider team so that they still feel valued has been a challenge. Placing newly born babies, so tiny and fragile, into a transport incubator to travel to another hospital when we know postnatal transfer has a higher mortality, just to fulfil a care pathway, has led me to the brink of resignation a number of times. What stops me? The relationship I have built up with the wider team at the hospital and mostly with the babies and their families that come through our service from Shropshire and mid-Wales. So, while I miss the academic and practical challenges of caring for the tiniest, sickest babies, I am still able to improve the lives of all the others, who form the vast majority of patients that require neonatal care, and I do understand that the NHS has to move on.

Through all the changes I have identified opportunities and have developed an innovative course with a wider team to support our community midwives who have to identify, stabilise and transfer unexpectedly sick newborns from Midwifery-led Units remote from the Consultant Unit. We aim to expand the course and will seek wider recognition, having last year won our neonatal network innovation award for our efforts thus far. Engaging with e-learning in addition to the study day itself seems to be the way forward for 2017.

Another opportunity that arose from the restructuring of services in the UK was an inaugural post on the British Association of Perinatal Medicine Executive Council as a Local Neonatal & Special Care Baby Unit representative. I applied and succeeded. During the first year (2016) of the post we surveyed all 138 such units in the UK as there was little knowledge of their activity and staffing, although together they make up the majority of neonatal units and deliver care to the greatest number of patients nationally. The President has been extremely supportive. I feel I have refound a glimmer of my old Oxonian self in this role by having my thoughts challenged and listening to dedicated high-achieving colleagues. Perhaps for the first time since I moved to Shropshire I feel I have personal choices once again, away from the dictat of NHS employment. I've even taken up my clarinet again thanks to the colleagues at BAPM.

Working within maternity one cannot avoid risk and governance and now that I am Clinical Director of Neonatal Governance at my Trust I find that I really enjoy this area of work. I really enjoy the combination of family communication, team working, investigation and supportive educational feedback with the development of innovative, safer systems, although the time given is tiny compared to what is required and one's real life flies by without adequate attention and interaction if one is not careful.

I am eternally grateful for the outstanding education and support I received as an undergraduate and for the choices it opened up. Whilst I haven't been able to return to research and a university post I have always benefitted from my Oxford education and the tendency to ask questions (which likely irritates a few!). Oxford never leaves you – the education, the buildings, the magic. There is a huge world outside of the embrace of Oxford however, and when others hear that you have studied at Oxford there is a respect given that isn't asked for; the arms of the Oxford embrace reach far and wide.

I remain amazed that St Hugh's and Oxford chose me. How I could have obtained a place to study medicine at Oxford but my daughter, who I regard as much more gifted, was rejected without interview at Cambridge is beyond my comprehension. Perhaps now because I have choices and my daughter is not from a working-class, council estate background, she lost out and fell amongst the high number of applicants the universities receive these days from middle-class comprehensive school pupils. It is now her turn to choose her own path, and thanks to Oxford admitting me, she and her brother now have more choices.

I very much hope to attend a reunion in Oxford in the near future.

I was Pickering's Houseman

J.R.Hampton, BMBCh 1962, Emeritus Professor of Cardiology, Nottingham University

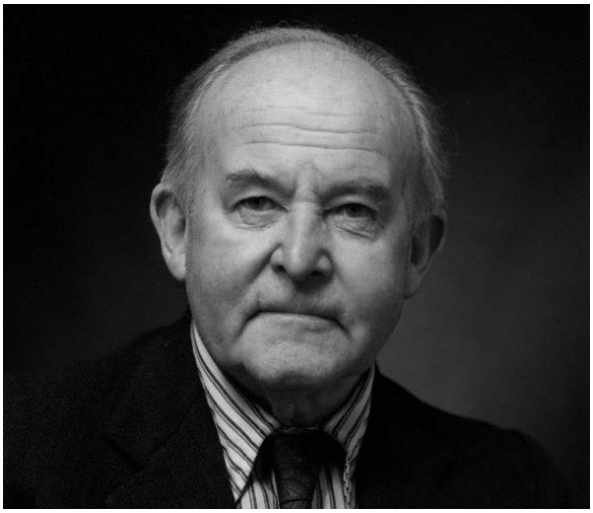
On February 1st 1963 I began my first job as houseman to Professor Sir George Pickering FRS, Regius Professor of Medicine. "What is a houseman?" I hear an FY1 ask. The houseman, or house physician, was the most junior member of a firm. "A firm?". A firm was a team, typically of two consultants, a senior registrar and a junior registrar, and two house physicians. An academic firm always had a series of lecturers, research fellows and other hangers-on at registrar level who took turns at being "on the beds".

The houseman's job was to make the system work. He (it was rarely she in those days) clerked (took histories and examined) patients, organised investigations, made sure the results were available for the twice-weekly consultant ward rounds, and supervised treatments. True, investigations were pretty limited and treatments were few in those days, but in classic Parkinson's law fashion the houseman was very busy doing things like taking the bloods (unless he was lucky enough to have a few keen students around), setting up ESRs, microscoping urine, and keeping everyone happy. My ward was the one where penicillin had first been used only twenty two years previously. These were the days of the dragon ward sister, who could be the houseman's best friend or worst enemy (often both at the same time) and keeping her happy was very important indeed. But being Pickering's houseman involved some duties not seen on other firms.

Pickering liked to teach students when he did his ward rounds. He had trouble with his hips and liked to have a chair available at the bedside of a patient who the houseman thought would make good teaching material; without a chair he spent little time with a patient, which was sometimes just as well if things had not been going quite right. One day a selected patient's main complaint was "Indigestion". Pickering said to the patient " I don't know what indigestion is, so tell me all about it". A loud voice came from behind the curtain round the next bed, "He's a funny old b*****, calls himself a professor and doesn't know what indigestion is." Pickering did not falter. He took a clear history of angina, and made his point.

One advantage of being Pickering's houseman was that he did not remember the details of a patient from one round to the next – unlike his first assistant (senior lecturer) JRA "Tony" Mitchell, who could remember every minor point much better than the houseman. Pickering could on occasion cause chaos by getting hold of the wrong end of the stick, and on at least one occasion I had to hide a patient in sister's office to keep him out of sight.

Pickering made frequent trips to America, and this was a time when America was a long way away and not so frequently visited as it is now. "I always enjoy America", he said. After these travels his hips were always painful and he would retire to bed, and would summon all his team, one at a time, to his home in 13 Norham Gardens to give an account of what they had done while he was away,



Professor Sir George Pickering FRS, Regius Professor of Medicine

and I think to allow him to get to know each individual. This was a great advantage to juniors, for patronage was a crucial part of getting good jobs, and backing from Pickering virtually assured a successful career. After one trip I answered the call and gave a stuttering account of myself. Pickering was lying back in bad and shut his eyes, and his breathing seemed to become deep and regular. I considered tiptoeing out of the room, but when I stopped talking he opened one eye, asked a penetrating question that I could not possibly answer, and went back to "sleep".

One day towards the end of my six month job Pickering said "John, the boys are not doing enough work". Loosely translated this meant that the academic team were not doing enough research, and some at least were spending too much time with patients. "So you and I", said Pickering "will run the beds". Even in the days when tests and treatment were primitive this was quite a challenge to a newly-qualified houseman, and Pickering meant what he said. He was the most charming and friendly of bosses, but his medical skills were not exactly up to date, and most days I had to slink up to the department in Sir George's Lane (now demolished) to ask the proper registrar, an ex-all black, to read the ECGs and chest x rays, and generally tell me what to do. Fortunately another trip across the pond came up before too long, and peace of a sort returned.

A houseman lived in the hospital and eating and social life in general centred on the doctors' mess. No mixing with others in the hospital canteen, where the food was much worse. Wives were not allowed to live in, and "partners" in the modern sense did not exist. The houseman was on call every night, unless he could arrange informal swaps with his fellow house physicians who also provided technical and moral support. I had two weeks holiday, and two weekends off in six months. My salary was about £700 a year. The work was hard, challenging, fascinating and deeply satisfying. Being Pickering's houseman was a privilege and was the best six months of my career.

Obituaries

Bheeshma Rajagopalan

Bheeshma Rajagopalan MA. DPhil. FRCP

Our Chancellor, Lord Patten, in his Memoir (First Confession) quotes Prime Minister Herbert Asquith as describing Balliol men as possessing 'the tranquil consciousness of effortless superiority'. They were both Balliol Alumni as was Bheeshma Rajagopalan who certainly had that quality in a gentle, unassuming and personable measure. These qualities were the outward sign of a great spirituality which had been endowed by his upbringing in the Hindu tradition and stayed with him throughout his career and guided him through many decisions. He was born into a medical family, his Mother being a gynaecologist and his Father a general practitioner. Bheeshma excelled at school winning several Prizes, a Gold Medal and then was awarded a State Scholarship to Balliol College in 1961 to read medicine. He continued to gain academic rewards throughout his career: he was a Radcliffe Clinical Scholar 1964 – 69, he spent a year teaching physiology in Makerere University funded by a Wellcome Scholarship, he was the Prophit Scholar of the Royal College of Physicians 1971 – 73 and then in 1980 he had an MRC/NIH Travelling Fellowship to spend a year at the Massachusettes General Hospital in Boston. Meanwhile he became a lecturer in medicine in Oxford, he was Medical Tutor 1977 – 82 and finally a Reader in clinical medicine until retirement.

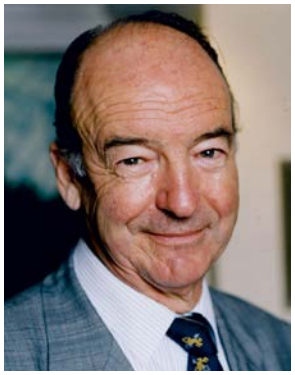
His research career began under the supervision of Dr Grant Lee. His DPhil was awarded for his thesis on the pulmonary circulation, mostly on the characteristics of the pulmonary venous circulation. This involved animal as well as human studies and were highly novel at the time and led to major publications. He continued to publish on cardiac physiology and hypertension with Dr Grant Lee and Professor John Ledingham but in the 1980s saw the opportunities for extending his cardiovascular interests into nuclear magnetic spectroscopy. There followed a very productive collaboration with Professor George Radda and extensive studies on the metabolism of a wide range of tissues in health and disease.

He was an enthusiastic teacher of clinical students and postgraduates and that clearly earmarked him for the appointment of Medical Tutor which he held for 5 years. Even after his official retirement in 2009 he continued to be involved in on-take general medicine with ongoing teaching responsibilities. His enthusiasm and commitment to general medical take never flagged.

My first recollection of Bheeshma was in Osler House when he joined the clinical school just one year after me. I remember this elegant and engaging young Indian who was a great sportsman, highly sociable and clearly very able intellectually. We became very good friends, spent many eventful but enjoyable camping holidays around Europe, and his patience in teaching me how to play squash on the new court (now part of Green Templeton College) was remarkable. He must have despaired about my total lack of ball sense! He continued to play tennis and it is perhaps fitting that, in August 2016, he collapsed on the tennis court from which he could not be resuscitated. He is survived by his wife Giri, also a doctor, and a son. He is sorely missed by all of us.

Written by Professor Derek Jewell

Joseph Colin Smith (1931-2016)



Joseph Colin Smith MS FRCS OBE

Joe Smith was one of the most influential urological surgeons in Britain, a past president of the British Association of Urological Surgeons, founder of the Department of Urological Surgery in Oxford and mentor and trainer to a whole generation of urological surgeons.

He was born in Lancaster and always remembered his roots; as a true Lancastrian he always added 'The Duke of Lancaster' to the Royal toast.

At Bootham school in York, the influence of an excellent biology teacher, Clifford Smith, decided Joe on medicine as a career, and he was accepted by University College Hospital (UCH) in London.

Joe had contacted tuberculosis in 1947 and before the advent of anti tuberculosis drugs he was treated ineffectively with penicillin. After qualifying from UCH his tuberculosis was still causing a problem but the senior chest physician did not believe in the new antibiotics for tuberculosis, which were now available, and so he was sent home to rest for six months. On

returning to clinical medicine he worked as a house physician at The Miller General Hospital. The clinical experience was excellent but, more importantly, it was there he met his future wife.

Mafalda was a stunningly attractive Italian nurse who had come to England. A honeymoon followed in Italy in a two-seater HRG sports car that had won the one and a half litre class at Le Mans in 1939. Joe had bought it for £250. Later in life he said how much she must have loved him to exchange the names Anna Maria Grazia Domenica Cavalieri for Smith.

As a house surgeon at UCH a senior colleague allowed him to do many operations including repair of a perforated duodenal ulcer on Christmas day. One of his consultants was a chest surgeon and, because Joe was responsible for looking after many patients with tuberculosis, he was asked to get a chest X-ray on himself. He remembers examining it and seeing a large shadow representing an extension of his previous disease. The consultant gave him the new standard triple therapy and, following a few months in a TB annex, he settled back to hospital life as a surgical registrar. The operating lists usually comprised 15 or more patients and would carry on until finished, often after midnight!

Back at UCH he was appointed as the John Marshall Fellow, an unusual appointment between the Surgical Unit and the Pathology Dept. The post allowed him to begin his thesis on 'The Hydrodynamics of Micturition' measuring bladder pressures in children who had ureteric reflux where the lower end of the ureter did not act as a valve. In those days infection and reflux was thought to be a major cause of kidney failure requiring surgery to prevent the reflux. He demonstrated that these children were not obstructed and regarded this as his most important contribution to research because at that time many children, especially in the USA, were being operated on unnecessarily, sometimes causing permanent incontinence.

After posts at St Peter's Hospital and St Bartholomew's Hospital, during which he assisted with Harold MacMillan's prostatectomy, Joe spent a year in UCLA California where Willard Goodwin was in charge of the department and his deputy was Joe Kaufman. After a further period in London he applied for, and obtained a consultant post in Oxford as a general surgeon with an interest in urology.

In Oxford he began to build up an excellent NHS practice. He was still on call for general surgery one day a week and urology seven days a week. In his small but growing private practice he only practiced urology. Six years later in 1974 the appointment of his colleague Griff Fellows marked the beginning of the Department of Urology in Oxford. He set up an outstanding research programme with Alison Brading, an Oxford physiologist and with her and a succession of young doctors who came to write their thesis, made significant contributions to the understanding of bladder function.

Joe's reputation as a urological surgeon increased both nationally and internationally and he went as far as Oman and Brazil in advisory roles as well as carrying out surgery. He was President of the Urology Section of the Royal Society of Medicine and Principal Examiner in Surgery in Oxford. He also acted as the civilian consultant in Urology to the Royal Navy and was awarded the OBE for services to Medicine in 1996.

His son Christopher and his daughter Gabriella and grandchildren survive him. His wife Mafalda and daughter Alex predeceased him.

Written by Professor David Cranston

We apologise for the omission of Dr Derek Hockaday's name as the author of the obituary for Dr Chris Burke in the last issue.

The Impact of Philanthropy

The Oxford Thinking Campaign is the biggest and most ambitious fundraising campaign for higher education in Europe. With a target of £3 billion, money raised through the campaign supports vital work across the University and colleges. Publicly launched in 2008, the campaign has now raised over £2.7 billion. This is making a huge difference in the area of Medical Sciences at Oxford.

Within the Medical Sciences Division, the campaign raises funds for initiatives and priorities across all sixteen departments, from providing scholarship support to the very best students, to funding outstanding research into today's most pressing medical concerns. It has also raised significant funds for some of Oxford's most exciting capital projects, including the Li Ka Shing Centre for Health Information and Discovery, which was formally opened in 2017 following the completion of the Big Data Institute. The new £115 million biomedical research centre will pave the way for treatments for some of the biggest population health issues, including cancer, Alzheimer's and a number of infectious diseases. It is hoped that these discoveries will improve the everyday lives of millions around the globe.


© CURE Clubfoot

Another recent success, resulting from close collaboration with St Hilda's College, was the creation of a Chair of Clinical Therapeutics. Through the establishment of this post, Oxford will address the key question of how to translate novel therapies quickly and sustainably from laboratory to clinic. The Chair will work to develop close partnerships within Oxford, and more widely with the pharmaceutical, biotechnology and diagnostics industries, in order to drive new drug treatments through early phase clinical trials. A new fellowship programme in Clinical Therapeutics will also open the doors of opportunity to many early and mid-career clinical scientists, enabling them to develop their expertise and practical experience in early phase clinical trials at Oxford. Both the Chair and Fellowships will be associated with St Hilda's College.

The campaign has also supported crowdfunding projects, including the Africa Clubfoot Training Project (ACT Project) and the Life-saving Instruction for Emergencies (LIFE) Project, which aims to develop mobile and VR simulation training apps for healthcare workers around the world. Through both of these projects, Oxford has been able to share expertise and resource to equip healthcare providers in resource-limited settings. Oxford supporters have been invaluable in helping to kick-start and expand this exceptional work.

If you would like to find out more about Oxford Thinking or discover ways to support the campaign, please go to the website: **www.campaign.ox.ac.uk**

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What changes would you like to see for Oxford Medicine?

We'd love to hear your suggestions for how we can improve Oxford Medicine and what you enjoy the most about the newsletter. Here are some potential ideas...

- Increase the email frequency to every 3 months
- More articles about research happening at the Medical Sciences Division
- More in-depth people interviews
- More information about the medical school
- More information about events connected with the Medical Sciences Division

Please do email us at **oma@medsci.ox.ac.uk**

Oxford Medical Lecture Club

Oxford Medical Lecture Club (OMLC) meets monthly at Osler House (on the site of the John Radcliffe Hospital) for a lecture on current clinical work and research developments at Oxford. Previous subjects have included Understanding Pain through Advanced Neuroimaging; Oxygen Sensing; Junior Doctor Retention and Medical Care in Prisons. The lecture lasts up to 45 minutes followed by a Q&A session. New members are very welcome. If you would like to find out more about the Lecture Club, please contact OMA.

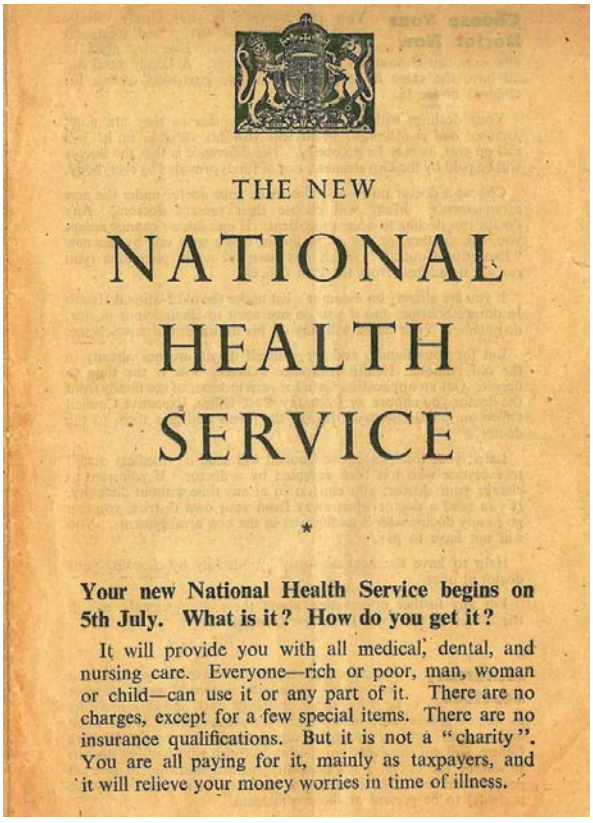
Upcoming speakers:

April
Monday 30th April – Speaker to be confirmed

May
Monday 21st May – Professor Peter Rothwell, Head of the Centre for the Prevention of Stroke and Dementia and Professor of Clinical Neurology

June
Monday 25th June - Professor Baroness Susan Greenfield, CBE FRCP, Senior Research Fellow, Lincoln College

From the archives: NHS Manifest 1948



THE NEW

NATIONAL HEALTH SERVICE

*

Your new National Health Service begins on 5th July. What is it? How do you get it?

It will provide you with all medical, dental, and nursing care. Everyone—rich or poor, man, woman or child—can use it or any part of it. There are no charges, except for a few special items. There are no insurance qualifications. But it is not a "charity". You are all paying for it, mainly as taxpayers, and it will relieve your money worries in time of illness.

UNIVERSITY OF OXFORD

Contacting OMA

Oxford Medical Alumni
University of Oxford
Sherrington Building
Parks Road
Oxford OX1 3PT

oma@medsci.ox.ac.uk

+44 (0) 1865 282 541

www.medsci.ox.ac.uk/oma

Events and Reunions in 2018

April

Saturday 21 April 2018 **20th Anniversary Reunion** (1998 qualification)

June

Saturday 9 June 2018 **10th Anniversary Reunion** (2008 qualification)

July

Saturday 14 July 2018 **BM BCh Graduation Reception**

September

Friday 14 September 2018 **Oxford Medical Alumni AGM**

Saturday 15 September 2018 **40th Anniversary Reunion** (1978 qualification)

Saturday 15 September 2018 **Osler Lecture** "The ups and downs of Bipolar Disorder" given by Professor Paul Harrison (Professor of Psychiatry and Associate Head of Department).

Professor Paul Harrison

October

Saturday 13 October 2018 **30th Anniversary Reunion** (1988 qualification)

Tickets for the reunions can be purchased through our website: **www.medsci.ox.ac.uk/oma**

2019

Spring

50th Anniversary Reunion (for those who qualified in 1969,1970, 1971)

Reunions will take place for those who qualified in 1979, 1989, 1999 and 2009. Dates to be announced soon.

If you qualified in one of these years and would like to offer any advice for the organisation of these events, please do contact us. Thank you.

The Osler Lecture is part of the university's Meeting Minds: Alumni Weekend in Oxford. Over 100 fascinating lectures, tours and activities will be on offer to alumni. Please see **www.alumni.ox.ac.uk** for further information and to sign up for updates

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