

Oxford Medicine

THE NEWSLETTER OF THE OXFORD MEDICAL ALUMNI

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UNIVERSITY OF
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President's Piece



Welcome to the June edition of Oxford Medicine which I hope you will enjoy. In April, once again, we celebrated Sir David Weatherall's enormous contribution to the Oxford Medical School and to world-wide medicine with the annual OMA Weatherall Lecture. This year this was delivered by Professor Tom Solomon who was Sir David's last houseman at the time when the author Roald

Dahl was an in-patient. Professor Solomon delivered a splendid lecture entitled "Roald Dahl, David Weatherall and the Global Threat of Emerging Brain Infections." Professor Solomon has also written a fascinating monograph entitled "Roald Dahl's Marvellous Medicine", published by Liverpool University Press, which traces Dahl's life and in particular his medical interests from his plane crash in the first world war to his terminal illness. If you haven't read it yet, do buy a copy; not only will you have hours of enjoyable reading but, as you will see from the back, all the profits go to a number of relevant charities. Before the main Weatherall lecture, Prof Derrick Crook and Prof Christophe Fraser both gave shorter lectures on other aspects of the spread of infectious disease, considering the roles of genome sequencing, informatics technology, mathematical modelling and epidemiological studies to complete a memorable day.

I'm sorry to have to announce that, in July, Jayne Todd is retiring as the administrative Head of Medical Alumni Relations. We wish her a long and happy retirement. Over the years, Jayne has worked tirelessly for all members of OMA in administering the very successful programme of reunions pioneered by Theo Schofield; her knowledge of alumni of all ages and their interests is truly encyclopaedic and will be sadly missed. Jayne has also been a driving force in increasing interactions with the current clinical students and Osler House. For the first time, we have arranged that members of the OMA coming to a reunion will be offering their experience to current clinical students eager to hear about the pros (and cons) of particular clinical specialities, so you should expect a request for similar help as your own reunion approaches! The OMA Advisory Board is also considering whether/how OMA can also help mentoring stressed younger alumni in hospital training posts.

Uncertainties about what Brexit will mean for the medical school is a source of considerable concern in view of the research programmes that involve European collaborations and the number of European staff in both research and clinical services. Professor Alastair Buchan, who has for many years been head of the Medical Division, has been appointed to mastermind the university's response. We thank Alastair for all that he has done for OMA and we have already started a positive working relationship with Professor Chris Kennard who has taken over as Head of Division.

May I also draw your attention to the notice about GDPR consent on page 10; changes in the law mean that, if we are to continue to offer the reunion programme to all alumni, we MUST have your written consent.

John Morris

Emerging Brain Infections — Oxford Weatherall Lecture 2017

Professor Tom Solomon who is Director of the University of Liverpool's Institute of Infection and Global Health gave the 5th Oxford Weatherall Lecture in April.

This annual lecture is organised by OMA in honour of Professor Sir David Weatherall, FRS, Emeritus Regius Professor of Medicine in Oxford. Tom Solomon, who was one of Weatherall's last house officers in 1990, spoke about the global threat of emerging brain infections. He described the work he started on Japanese encephalitis in Southeast Asia twenty-five years ago, and showed how the approaches he learnt then are now being applied to newer emerging infections such as Zika. Solomon is Director of the National Institute for Health Research Health Protection Research Unit in Emerging and Zoonotic Infections which has been at the forefront of the UK research response to Zika, Ebola and other recent threats. Solomon also reflected on how Weatherall had influenced him and a whole generation of clinical researchers, and recalled some of the patients he had cared for under Weatherall. This included world-famous author Roald Dahl, about whom Solomon has recently written a book.

Earlier Dr Christophe Fraser, Senior Group Leader in Pathogen Dynamics at the Oxford Big Data Institute, and Professor in the Nuffield Department of Medicine talked about "Preventing infectious disease spread: mathematics, genomics and shoe-leather epidemiology". He was followed by Professor Derrick Crook who gave a fascinating lecture on "Genome sequencing of pathogens and informatics technologies: prospects for revolutionising infectious diseases." Derrick is Professor of Microbiology and Clinical lead for all Oxford Hospitals Infection Control.

Dr Stephen Goss, who chaired the afternoon (Professor John Morris being unwell), introduced the lecture. Stephen Goss was Solomon's Tutor in medicine at Wadham College he recalled Solomon's admissions interview and their subsequent weekly tutorials, and he expressed his particular delight – and complete lack of surprise – that Solomon should now be invited back as a distinguished guest lecturer.

Afterwards Professor Weatherall, who is now in his 80s, commended Solomon for the progress made, but also highlighted the challenges ahead in working on emerging infections, and other imported diseases in tropical settings, such as the thalassaemia blood disorders.



Tom Solomon (centre) with his former tutor, Stephen Goss (left), and his former consultant, David Weatherall (right) (Photo: Jenny Morris)

People

Fellows of the Royal Society

Professor Hugh Watkins, Head of the Radcliffe Department of Medicine and Honorary Consultant in Cardiology and General Medicine, has been elected as a Fellow of the Royal Society for his outstanding contributions to science. Professor Watkins is known in particular for work that is making a major impact in medicine using molecular genetic analysis of cardiovascular disease as a tool to define disease mechanisms and therapeutic targets.



Professor Yvonne Jones is Deputy Director of the Wellcome Trust Centre for Human Genetics in the Nuffield Department of Medicine. She leads the Cancer Research UK Receptor Structure Research Group, which focuses on the structural biology of extracellular recognition and signalling complexes.

Anthony Harnden appointed to GMC Council. The GMC has appointed Professor Anthony Harnden as one of two new registrant members to its governing body from 1 January 2017. Professor Harnden is Professor of Primary Care in the Nuffield Department of Primary Care Health Sciences and a Governing Body Fellow of St Hugh's College. Professor Terence Stephenson, GMC Chair, welcomed new members to the GMC, Council and said: "Their wealth of experience will make sure that the decisions that we take as an independent body will continue to be rooted in the everyday experiences of doctors." Professor Harnden qualified through the University of Birmingham, and alongside his clinical research in primary care paediatrics, was a Principal in General Practice in Oxfordshire for 26 years.



He is currently a Deputy Chairman of the Joint Committee on Vaccination and Immunisation (JCVI) and Chairman of the Adolescent sub-committee. He is a specialist member of NICE Quality Standards Advisory Committee for Immunisation uptake in the under 19s, and developed and is adviser for the BMJ diagnostic series 'Easily Missed?'. He was formerly the National Clinical Champion for Child Health at the RCGP. He was the primary care lead for the Confidential Enquiry in Child Deaths and a Board Trustee at the Centre for Maternal and Child Enquiries. During the last pandemic he was a member of the DoH Pandemic Influenza Operational Advisory Group.

Medical School Prizes 2017

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:

- **GEORGE PICKERING PRIZE 2017**
Claire Peet, Magdalen College
- **MARGARET HARRIS MEMORIAL PRIZE 2017**
Emily McFiggans, Green Templeton College
- **LEDINGHAM PRIZE IN MEDICINE 2017**
Harsh Samarendra, Green Templeton College
- **MORTENSEN PRIZE IN SURGERY 2017**
Jonathan Raby, New College

Prof Constantin Coussios, Director of the Oxford Institute of Biomedical Engineering (IBME), has been nominated for the MPLS Impact Award for his research which has led to the development of the world's first normothermic perfusion device for improved organ preservation prior to transplantation. Working closely with Prof Peter Friend, he co-founded OrganOx in 2009. The first patient was successfully transplanted in 2013, and following clinical trials, the OrganOx Metra is now routinely being used in two continents and six countries, including Spain, Belgium, Canada and the USA. Oxford University has been creating unicorns. (Not the traditional horned horse but a technical startup that has been valued by investors at more than one billion dollars.) Oxford Nanopore, which is developing a handheld DNA sequencer, achieved unicorn status in 2015. Meanwhile, immunotherapy company Adaptimmune, based on Oxford IP, achieved unicorn status when it held its IPO. Immunocore, the sister company of Adaptimmune, held the largest ever biotech fundraising last year, and isn't far off being named a unicorn too.



Zoe de Toledo, capped her fourth season as coxswain of the Great Britain senior women's eight by guiding them to a first-ever Olympic silver medal at the Rio 2016 Games. Zoe is a current graduate-entry medical student. She has coxed the GB Rowing Team at junior, U23 and senior level. Zoe also coxed Oxford University in the Boat Race and commented on the historic 2015 women's race for the BBC.



Zoi Alexopoulou

Winner of Thomas Willis Early Career Researcher Prize 2017, from the Nuffield Department of Clinical Neurosciences. Zoi graduated from Oxford Medical School, and DPhil in 2017. She is now a clinical fellow and DPhil candidate working on ubiquitination pathways and their relevance to the pathogenesis of Parkinson's disease. She uses fly genetics, cell-based assays, genomics and neuropathological specimens.

Ben Goldacre, Director of the EBM DataLab in the Nuffield Department of Primary Care Health Sciences received the award for Outstanding Contribution to Health in the BMJ Awards 2017. Ben has a visible public presence as a newspaper columnist who relishes 'taking on quacks and charlatans'. He says the experience has proved valuable in his new role as a defender of evidence-based medicine. His popular books *Bad Science* and *Bad Pharma* provided the impetus for the formation of AllTrials — a campaign to ensure that all trials are registered and their results published.



Goldacre qualified at Oxford and worked in psychiatry at the Maudsley Hospital in London, before three years at the London School of Hygiene and Tropical Medicine as a research fellow in epidemiology. He now leads a team in Oxford's EBM DataLab to develop innovative, live tools to help make science and healthcare data more impactful in the real world. The BMJ Awards are the UK's top medical awards programme, recognising and

celebrating amazing healthcare teams making a very real difference to patients, every single day, in all sorts of ways.

Professor David Paterson has been awarded the 2018 Carl Ludwig Distinguished Lectureship from the American Physiological Society. The Carl Ludwig (1816–1895) Award honours a world-renowned, distinguished investigator who has made major contributions toward a better understanding of some aspect of autonomic regulation in normal and/or disease states. It is the most prestigious award offered by the Neural Control and Autonomic Regulation (NCAR) section of the American Physiological Society (APS).



NEWS

Study offers hope of new treatment for rheumatoid arthritis

Patients who do not respond to current rheumatoid arthritis (RA) treatments may benefit from a new form of treatment that has been shown in a study to be effective against symptoms of the disease.



The RA-BEAM study is the first to demonstrate that the drug Baricitinib is more effective in improving the symptoms of rheumatoid arthritis than the current standard treatment of injectable biologic anti-TNF medications. Baricitinib has been specifically developed as a treatment for rheumatoid arthritis.

There have been significant treatment advances in recent decades in the form of biologic drugs, which are large molecular weight proteins that block the activity of key molecules involved in causing inflammation.

However, biologic drugs need to be administered by injection or intravenously, which can be difficult and painful for many patients. By contrast, Baricitinib is a low molecular weight drug that can be taken as an oral medication once a day.

Professor Peter C. Taylor from the Nuffield Department of Orthopaedics, Rheumatology and Musculoskeletal Sciences (NDORMS), University of Oxford, lead investigator for the RA-BEAM clinical trial, said: 'Current biological injectable treatments ease the symptoms of rheumatoid arthritis and slow disease progression to protect joints from long-term damage, but can be painful to administer and do not work for all patients.'

'Developing an oral treatment is a huge step forward to simplifying therapy. Early intervention is particularly important in slowing the progress of the disease and maintaining a normal lifestyle.'

Baricitinib is a drug developed by Eli Lilly and Company and Incyte Corporation that inhibits two enzymes that are known to play a key role in the inflammation of rheumatoid arthritis (Jak1 and Jak 2).

The full paper, 'Baricitinib versus Placebo or Adalimumab in Rheumatoid Arthritis', can be read in *The New England Journal of Medicine*.

Oxford University expands evidence-based methods courses for health care professionals

Oxford University is today launching two new Masters' degrees in Evidence-Based Health Care as part of its continuing professional development programme to enable health care professionals worldwide to base their clinical decisions on valid, reliable and relevant evidence.

The two new courses focus specifically on medical statistics and systematic reviews within the wider context of evidence based health care, and aim to provide health care professionals with tools to analyse data from clinical research, summarise it, and apply the evidence to their own clinical settings, as well as take the first steps in conducting their own research projects.

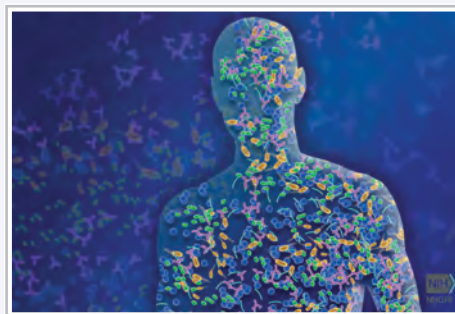
Offered as a series of part-time courses by the University's Department of Continuing Education, the programme works in collaboration with Oxford University's globally renowned Centre for Evidence-Based Medicine in the Nuffield Department of Primary Care Health Sciences.

The courses are aimed at health care professionals who are challenged with sourcing and applying the right evidence to their clinical and health care management decision making.

The part-time Masters' programme in Evidence Based Health Care now comprises three separate courses — MSc Evidence Based Health Care (EBHC), MSc EBHC Medical Statistics and MSc EBHC Systematic Reviews.

The courses can be taken for up to four years and the flexible nature of face-to-face learning and discussion with Oxford University tutors blended with online learning means health care professionals internationally can undertake professional development while maintaining their clinical roles. The programme is open for applications, with a start date of October 2017. Find out more at www.conted.ox.ac.uk/ebhc

Do you really want to know what's lurking in your genome?



Michael Mackley, PhD Candidate, University of Oxford
Would you want to know if you were at a higher risk of getting dementia later in life? Would you want to know

that you could die under general anaesthesia, or might die suddenly of heart failure? Would you want to know if you had a higher-than-normal chance of getting cancer? You could learn these things by looking at your genome. But would you want to be faced with the answers?

Your genome is the complete set of genetic information in the cells of your body. It is like a recipe book that provides the instructions for who you are, and the recipes are your genes. Each gene provides a set of instructions for the protein molecules that make up your body. Much like how your cake recipe might differ from your neighbour's, these genetic recipes can differ slightly from person to person. However, if there is a significant error in the recipe – for example, if baking powder were left out – this can have a damaging effect on the final product. So, if there is a harmful variant in a gene, this can affect the protein produced, which can cause genetic disease. When a doctor suspects that you have a genetic disease, they can now

read your genome from cover to cover. After nearly 13 years of international collaboration, the first complete sequence of the human genome was unveiled in 2003. Since then, the cost of genome sequencing has dropped from £1 billion to less than £1,000 allowing genome sequencing to enter routine clinical care, and transforming the way we diagnose and treat disease.

NHS England is currently sequencing 100,000 genomes, and the US has plans to sequence 1m genomes. A 2015 study predicted that up to two billion people worldwide could have their genomes sequenced within the next decade – comparable to the reach of the internet. With so many genomes getting sequenced, and increasing opportunities to get genetic information outside of the healthcare system, you could be next.

What can I learn from my genome?

Genetic variants help shape who we are and can tell us a lot about ourselves. This ranges from rather harmless characteristics – such as eye colour – to potentially serious conditions. These include findings for which there is no treatment, such as genetic changes associated with an increased risk of Alzheimer’s, as well as medically actionable findings, such as genetic predispositions to breast cancer where screening and treatment is available. One to two per cent of people who undergo genome sequencing could have genetic changes that point to these serious but medically actionable conditions.

Sometimes, in genetic testing for one condition, we can find variants that point to other serious diseases. For example, genome sequencing of a patient with a heart condition could flag up an additional genetic variant associated with cancer. However, much of our understanding of these genetic variants comes from patients who have the associated disease, so we can safely assume that the genetic variant is at fault. But with more and more data, we are learning that more people have disease-causing variants than we expect to have the disease – which means that simply carrying a variant doesn’t necessarily mean disease will follow. So for this patient with a heart condition, interpreting variants that point to any other disease, such as cancer, is challenging.

There are other issues to consider. How would you feel if you were told you had a 90% increased risk of breast cancer or that you might die suddenly from a problem with your heart like some young athletes in the news? Even if our ability to understand these variants were stronger, would the benefit of knowing this information outweigh the potential anxiety it could cause?

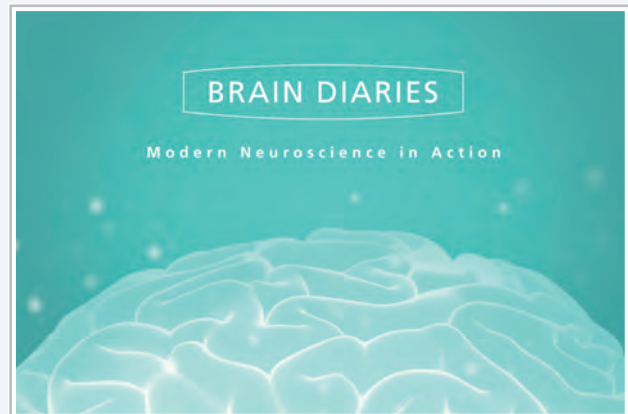
Genetic variants aren’t the full picture – the environment plays a role, too. There are also concerns around storage, security, privacy and discrimination. Further complicating all of this is the shared nature of genetic information. We share half of our genome with our parents, children and siblings, one quarter with our grandparents, aunts, uncles, nieces and nephews. Unlike a typical medical test, genetic results not only affect us, but our family members.

Your genome, your choice

In the coming years, as these large genome sequencing projects are completed, our understanding of these variants will improve and policy will catch up with the technology. In the meantime, genome sequencing programmes – including our own – are offering these results to participants, generating the data needed to inform our understanding of these variants. These results, however, are optional: it is your choice whether or not you want them. So, before you provide a saliva sample to have your own genetic recipe book read, it’s important to know which results are worth knowing about.

Brain Diaries – Modern Neuroscience in Action

The secret life of your brain is revealed in a new exhibition at the Museum of Natural History in Oxford



The brain is a marvel of evolution – and a new exhibition at the Oxford University Museum of Natural History, Brain Diaries, unlocks the mysteries of the brain’s development at each stage of life, from before birth until old age. Developed in partnership with Oxford Neuroscience, Brain Diaries charts the fascinating changes that take place in the brain with each new chapter of life. It shows how your brain’s billions of neurons and trillions of connections make you the person you are.

Featuring specimens from the museum’s collections, digital interactives, and video contributions from neuroscientists, Brain Diaries will give visitors an insight into some current understandings from the rapidly developing field of neuroscience. “Involving over 50 neuroscientists from the University, and in collaboration with Oxford University Museum of Natural History, the Brain Diaries exhibition will be a fascinating experience, with something for everyone,” said Professor Christopher Kennard, interim head of the Medical Sciences Division at the University of Oxford. “As neuroscientists we are thrilled to have this opportunity to share with the public our investigations into the workings of the brain, and our latest steps in turning this understanding into clinical treatments and therapies for neurological and mental health disorders.”

Alongside insights from current neuroscience the exhibition also places the human brain in an evolutionary context. A ‘brain wall’ display will allow visitors to compare the human brain with the brain of a cat, kangaroo, porpoise and other mammals.

There is a tactile element too: a participating neuroscientist has contributed scans of her brain, and the brains of her family, which will be presented as touchable 3D-printed models. These hands-on brains will help visitors get a feel for the size and structure of the human brain at different stages of life.

At the close of the exhibition visitors will be invited to enter a competition to devise their own investigation of the brain using state-of-the-art magnetic resonance imaging (MRI) scanners at the Nuffield Department of Clinical Neurosciences at the John Radcliffe Hospital in Oxford. The successful idea will be carried out by scientists at the hospital in participation with the competition winner.

Opening to coincide with international Brain Awareness Week, the exhibition is accompanied by a varied programme of public events, including in-gallery demos, talks, and a brain-inspired family science fair.

New trial for blindness rewrites the genetic code

Researchers have started a new gene therapy clinical trial to treat X-linked retinitis pigmentosa (XLRP), the most common cause of blindness in young people, and currently untreatable and leading to a slow and irreversible loss of vision.

The trial is being run by Nightstarx Ltd (Nightstar), a biopharmaceutical spinout company of Oxford developing gene therapies for inherited retinal diseases, and researchers from the University of Oxford. On 16 March 2017, a 29-year-old British man became the first patient with X-linked retinitis pigmentosa to undergo gene therapy. The operation took place at the Oxford Eye Hospital, part of the Oxford University Hospitals NHS Foundation Trust.

Gene therapy uses a virus to insert the correct copy of a defective gene into cells, and has shown promise for treating genetic causes of blindness. Unfortunately, the gene involved with retinitis pigmentosa, RPGR, is highly unstable, making gene therapy particularly challenging. The RPGR gene's unusual genetic code has made it very difficult to work with in the laboratory.

However, a research team led by Professor Robert MacLaren from the University of Oxford has reprogrammed the genetic code of RPGR to make it more stable, but in a way that does not affect its function. This has allowed the gene to be delivered reliably by a viral vector into retinal cells.

The current trial is the first in the world to test a treatment for retinitis pigmentosa caused by RPGR.



Robert MacLaren, Professor of Ophthalmology at the University of Oxford, who is leading the trial said: 'The effect of RPGR-related disease on families with retinitis pigmentosa is devastating and we have spent many years working out how to develop this gene therapy. Changing the genetic code is always undertaken with great caution, but the new sequence we are using has proven to be highly effective in our laboratory studies.'

'The genetic code for all life on Earth is made up of four letters – G, T, A and C. In RPGR, however, half of the gene comprises only two letters – A and G. This makes the gene very unstable and prone to mutations, making it a lead cause of blindness in patients with retinitis pigmentosa. RPGR is vital for the light-sensitive cells at the back of the eye.'

The trial has started at the Oxford University Hospitals NHS Foundation Trust and is sponsored by Nightstar, a University of Oxford spin-out company. It is supported by the NIHR Biomedical Research Centre at the Oxford University Hospitals NHS Foundation Trust. Up to 30 patients will be enrolled.

Touch in infancy is important for healthy brain development

Harriet Dempsey-Jones

Postdoctoral Researcher in Clinical Neurosciences, University of Oxford



Touch underpins our social world and, evidence suggests, it may even help to reduce anxiety and provide pain relief. But can touch shape the actual organisation of our brains? Research is now revealing that experiences with touch – especially in infancy – do indeed shape brain development.

This was recently demonstrated by a team of researchers, led by Nathalie Maitre, at the Nationwide Children's Hospital in Columbus, Ohio. The researchers fitted 125 babies' heads with electrodes and recorded their brain activity while their skin was lightly touched.

First, they recorded the typical brain response to touch in full-term babies (babies born on or after 37 weeks of pregnancy). They then recorded the brain activity of babies born prematurely (before 37 weeks). Premature and full-term babies were matched by age.

Compared with full-term babies, premature babies showed starkly reduced brain activity when they were touched. The researchers also noted a difference in the distribution of electrical activity across the scalp – that is,

different parts of the brain became active at different times when they were touched.

The researchers also showed, for the first time, that for premature babies the quality of touch while in hospital after birth (typically around one month) affected the functioning of the babies' brains. When they tested the premature babies, just before they were discharged from hospital, they found that the more they experienced pleasant, nurturing touch (such as breastfeeding or skin contact) the greater the brain response to touch. Conversely, unpleasant touch, such as skin punctures and tube insertions, were associated with reduced brain activity.

This demonstrates that our sensory experiences in early life have important effects on brain function. Maitre's findings add to the growing understanding that the functioning of the brain cannot be considered separately to that of the body.

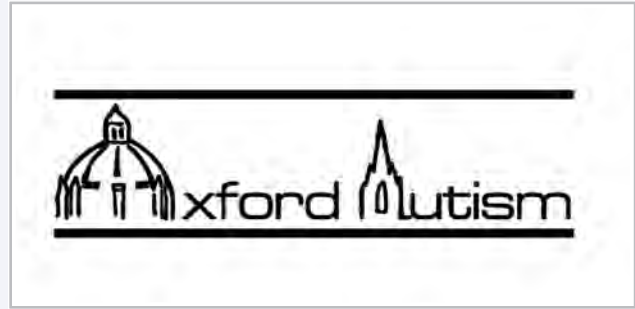
The sensory system supporting touch and bodily sensations is the earliest to develop in humans and may form a basis for many processes that come later, such as the development of other senses, and social and cognitive development. This may be why abnormal sensory processing is a strong predictor of health problems and learning difficulties in later life.

The link with autism

Another study that highlights how early experiences with touch can shape the brain and behaviour in later life was published in *Cell* last year. This work, by researchers at Harvard University, found an association between hypersensitive touch in mice pups and psychological problems that resemble aspects of autism.

The researchers caused mutations of genes associated with autism in the skin of mice, causing hypersensitivity and a change in texture perception. (Hypersensitivity to touch and certain textures is being increasingly recognised as a symptom of autism – alongside traditional social and communication problems.) Even though only the skin, and not the brains, of the mice had been altered, they became less sociable and were more anxious. These psychological effects were only seen when touch was altered in young – but not adult – mice.

Overwhelming tactile sensations during a child's exploration of the world might cause them to withdraw, leading to delays in language development and social skills. Similarly, being blind or deaf may affect a

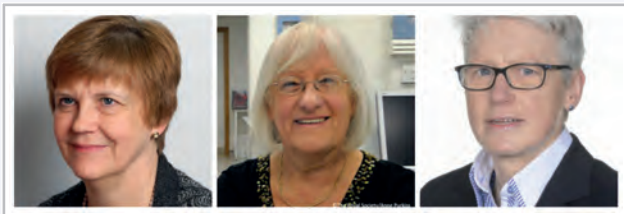


child's behaviour and brain development through a form of sensory-imposed social deprivation.

Maitre provides insights into how experience shapes our mind, but her study also has clear relevance for the care of newborn babies. Body contact may be useful in promoting health, particularly in premature babies, giving the world the extra excuse – as if it needed one – for cuddling cute babies.

Oxford University is revealing the identities of more than 20 people whose portraits will be put on display to try to "promote greater diversity"

It wants to redress the balance from the university's walls being lined with pictures of "dead white males" by adding more women and ethnic minorities. The portraits include broadcasters Dame Esther Rantzen and Reeta Chakrabarti. Oxford's head of equality Trudy Coe said it was "sending a signal".



Professor Dame Valerie Beral, Professor Dorothy Bishop, Professor Trisha Greenhalgh

This commissioning of portraits is one of the biggest projects by the university to create a more diverse range of people portrayed in its public places — including more women, people from ethnic minorities, gays and lesbians and people with disabilities.

The new pictures on the ancient walls will include scientist Dame Jocelyn Bell Burnell and author Jeanette Winterson. There will also be some men, including film maker Ken Loach.

"We're not taking anyone down — but the portraits have been almost exclusively men and we're just beginning to redress the balance," says Ms Coe, head of the university's equality and diversity unit.

"It will allow students to look up and see people who look like them. It's sending a signal to a wider range of students that they belong here," she says.

Ms Coe says the new pictures will reflect the modern reality of university life — and the people who have been painted or photographed have been nominated by current staff and students.

The people depicted have links with the university — such as being former students or academic staff — with the criteria that they were examples of excellence and widened the range of pictures from the "narrow and traditional" and "challenged stereotypes":

- Diran Adebayo (novelist)
- Dr Norma Aubertin-Potter (librarian at All Souls College, Oxford)
- Dame Susan Jocelyn Bell Burnell (astrophysicist)
- Professor Dame Valerie Beral (Professor of Epidemiology at Oxford University)
- Professor Dorothy Bishop (Professor of Developmental Neuropsychology at Oxford University)
- Reeta Chakrabarti (BBC journalist)
- Dr Penelope Curtis (arts administrator and former director of Tate Britain)
- Professor Patricia Daley (Professor of the Human Geography of Africa at Oxford University)
- Professor Trisha Greenhalgh (primary health care academic)
- Anne-Marie Imafidon (women in science campaigner)
- Professor Dame Carole Jordan (astrophysicist)
- Professor Aditi Lahiri (Professor of Linguistics at Oxford University)
- Kelsey Leonard (first Native American woman to earn a degree from Oxford University)
- Hilary Lister (first disabled woman to sail solo around Britain)
- Ken Loach (television and film director)
- Professor Diarmaid MacCulloch (Professor of the History of the Church at Oxford University)
- Jan Morris (historian, author and travel writer)
- Kumi Naidoo (South African human rights activist)
- Dr Henry Odili Nwume (Winter Olympics British bobsledder)
- Dame Esther Rantzen (broadcaster)
- Professor Lyndal Roper (Regius Professor of History at Oxford University)
- Professor Kathy Sylva (Professor of Educational Psychology at Oxford University)
- Marie Tidball (member of Oxford University's Law Faculty and disability rights campaigner)
- Jeanette Winterson (novelist)

The medical literature is no such thing

Neville W Goodman



Between preclinical and clinical, 1969–1972, I did research, and my supervisor, Bob Torrance, awakened an interest. That interest helped spawn a style guide to medical English. The first edition appeared in 1991. The third edition appeared in 2006, the year before I retired. The earlier editions were based on

examples of poor prose culled from my reading, which I and my co-author dissected and re-assembled to direct errant medical writers to brevity and clarity. I very much wanted to produce a fourth edition but there were two problems.

First, my co-author died. Quite apart from his good humour and his ability to prevent the bees in my bonnet from buzzing too loudly, his technical knowledge of English and other languages was far greater than mine. A work colleague put me in touch with a professional medical editor who he thought could help: she was an English-Norwegian living in Austria. But we still needed lots of fresh material and, although she had plenty, her material was somewhat limited in medical subject matter and very much sourced from medical writers whose first language was not English. Although I wanted the fourth edition to have advice precisely for these writers, I wanted other examples as well.

Researchers today don't realise what a treat it is to have the internet. During the course of my research, I would need every now and again to see what others were up to. I couldn't go to my laptop and type 'chemoreceptors' into the search box. Nor could I use 'chemoreceptors' as a first guess of what key words were important, to see what other words the search engine might suggest. Neither laptops nor search engines existed. I took a notepad and a pile of 6-by-4 file cards to the Radcliffe Science Library, and sought out *Index Medicus*. I note from *Wikipedia* that "*Index Medicus* was a comprehensive bibliographic index of scientific journal articles focusing on medical science fields, published from 1879 to 2004". What *Wikipedia* doesn't say explicitly is how much shelf space *Index Medicus* took up. Even the most appropriate unit of comparison, the telephone directory, has more or less disappeared. *Index Medicus*, even in the early 70s, was massive. Each year was eventually assimilated, so that in 1970 one could search the whole of, say, 1965 from one volume (although that volume would, physically, have many parts, but just one prime index); but to search 1970 in 1970 meant searching through the separate parts, and I do not remember whether they were monthly, or fortnightly, or what. It was tedious. It was easy simply to ignore what had gone before and what was going on.

Now we have PubMed®. I used it in the standard way before I retired, looking for clinical problems, clinical trials, methods of practice. And, because of my interest in words, I had already used it to research the prevalence of certain words in the titles of articles. PubMed enabled the fourth edition of our book, which appeared in 2014. [1] One needed simply to search on what we believed to be misused words to reveal festering heaps of unintelligible, polysyllabic, contorted prose. I am not talking of grammatical pedantry, of infinitives and of prepositions at the ends of sentences. I am talking of poor style, of ambiguity and lack of clarity, although poor style almost inevitably includes grammatical error.

It is always best if the facts speak for themselves, or if the prose speaks for itself. So here are some horrors, unearthed with little effort, merely by typing a word or two into PubMed's search box (and limiting the output to article with abstracts and written in English). Try it yourself; it is great fun, but depressing. To save the writers' blushes, origins are not given, but as

far as I can tell these all come from writers whose first language is English. You might like to have a go at interpretation before reading my efforts. Of course, I did have the advantage when rewriting them of having read the whole abstract.

We aim to demonstrate the value of the alternative concept of social practices for quantitatively operationalizing drinking culture.

We aim to find another way by describing a usable scale of drinking habits.

A thorough preoperative work up is essential to provide correct patient counseling and incorporation of the preferred surgical team to decrease complications and optimize surgical outcomes.

Patients cannot be properly informed unless the preoperative assessment is thorough, and an experienced surgical team is needed to improve outcomes and make complications less likely.

Internal and external changes may invalidate the prior directive by altering the situation as represented by the couple at the initiation of treatment to such an extent that it no longer corresponds with the actual situation at the time of the execution of the disposition.

When the disposition is carried out, things may have changed so much that the directive set up by the couple when treatment started is no longer valid.

Local fascial flaps independently are a versatile option, reliable when properly designed, and technically simple to execute especially when compared to microsurgical tissue transfers.

Local fascial flaps alone are versatile, reliable when properly designed, and easier than microsurgical tissue transfer.

Reducing program interruptions and short-stay transfers during inpatient rehabilitative care represents a potential target for care-improvement efforts.

Care could be improved by reducing program interruptions and short-stay transfers while patients are being rehabilitated in hospital.

This pragmatic approach would not detract from the need to develop and implement expert guidelines as it is essential to have benchmarks to assess temporal trends of quality of healthcare delivered to patients with type 2 diabetes at the national level.

This less strict approach does not mean that guidelines are not useful, because they provide a way of assessing how care for patients with type 2 diabetes changes over time in the country.

Reference

1 Goodman NW, Edwards MB, Langdon-Neuner E. *Medical writing: a prescription for clarity*. 4th ed. Cambridge: CUP; 2014.

Neville W Goodman (1972) MA DPhil BM BCh FRCA
Retired consultant anaesthetist
Bristol UK

Oxford medical students take ambulance to Mongolia

Three Oxford medical students – Alex Blakes (St Edmund Hall) and Emily McFiggans and Jennifer Southern (both at Green Templeton College) – will start the adventure of a lifetime this Sunday, driving an ambulance from Oxford to Mongolia for charity.



The 5000-mile journey, which is scheduled to take three weeks, is part of the Mongolia Charity Rally, an annual event organised by the charity Go Help. The students will take the northern route to Mongolia, through Poland, Lithuania, Latvia, and Russia. At the finish line the

ambulance will be donated to the Mongolian Health Services, who face a serious shortfall of emergency vehicles.

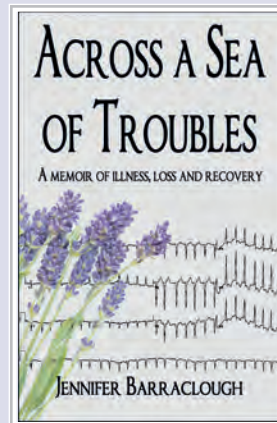
Emily, Jennifer and Alex will then remain in Mongolia for two months, working in a local hospital and giving English lessons to Mongolian doctors in collaboration with a student-run organisation, Medics2Mongolia. The trio have raised £2000 in donations for Go Help, and a further £8000 for the costs of the trip through travel grants and adventure bursaries – all this while working towards their final exams, which they passed in January. “We’ve been planning the project for more than a year” said Jennifer, who came up with the idea. “It’s a huge relief to have put the exams behind us, and to have qualified. Between revision and this project, we’ve had little time for anything else – but it’s been worth it. Now we can focus on getting ourselves and the ambulance to Mongolia in one piece!” The ambulance was



donated to the project by Oxfordshire’s local ambulance trust, South Central Ambulance Service (SCAS).

BOOK: Across a Sea of Troubles

by Jennifer Barraclough



Dr Jennifer Barraclough has published a short memoir about the recent series of medical events affecting her family – her husband’s heart attack and cardiac surgery, her mother’s stroke and her own post-traumatic symptoms. It doesn’t make particularly cheerful reading but may be helpful to other people who are coping with illness or have an interest in mind-body medicine.

APP: FORWARD – better communication for the NHS

Dr Barney Gilbert (matric. 2009) & Dr Lydia Yarlott (matric. 2008)



[from the left]: Nadia, Barney, Lydia, Philip, copyright of Barney Gilbert.

The NHS desperately needs better communication. Both I and fellow OMA Lydia Yarlott have had enough of archaic pagers, illegal WhatsApp use in the hospital, and chaotic paper handover lists. Our survey across 60 NHS Trusts has shown that 92% of doctors would find an in-hospital communication app useful.

We’ve designed and built that app: **Forward**. Forward empowers clinical staff to communicate instantly and securely within connected hospital networks, freeing up doctors and clinical staff to do the clinical work we’ve been trained for.

We’re doing extremely well, currently in ‘open beta’ phase across several hospitals in the South East and receiving a lot of meaningful feedback. Our vision is bold: to connect every hospital in the NHS.

You can find more information here: <http://forwardapp.co.uk/>

If you’re interested in trialing the project within your team, in funding the next stage, in joining our team, or if you have any advice that we might find useful, we’d love to hear from you. Please contact us on barney@forwardapp.co.uk

Data Protection Law changes affect you

From May 2018 Oxford Medical Alumni (together with any other organisation which keeps information about you) will only be able to invite you to your **reunions**, inform you about **lectures and talks**, or send you the **OMA newsletter**, if you have expressly indicated that you consent to being contacted.

The General Data Protection Regulation (GDPR) is a wide-ranging law, which governs how organisations use the personal data of individuals. Further information about the GDPR can be found on the Information Commissioner's Office website, www.ico.org


It is some time before the GDPR comes into effect, but we would like to gather permission from our alumni and friends as soon as possible, to ensure that there is no interruption in our correspondence with them when the law changes.

So if you wish to continue receiving communications from us, **please give us permission** to do so by completing the very simple and quick questionnaire included in Oxford Medicine.



Remember you need to give your *explicit* permission to stay in touch with you. If you do not give us your permission then you will not hear from us again after May 2018.

If you have any questions do let us know 01865 272538 or email us oma@medsci.ox.ac.uk

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Surgical Outreach to Phnom Penh, Cambodia August 2016

**Dr Nicholas Haydon,
Plastic & Reconstructive Surgery Registrar, Sydney, Australia**

In August I was fortunate enough to participate in a surgical outreach trip, Touching Hands Project in Phnom Penh, Cambodia. The lead surgeon, Professor Graham Gumley, was a Consultant at the Sydney hospital where I was working in a surgical training position.



*Nicholas Haydon
& David
Graham,
Kossamak
Hospital
operating
theatres, Phnom
Penh*

After 12 years working at the Massachusetts General, Boston, 'Prof' directed Shianouk Hospital Centre of HOPE, in Phnom Penh for six years. Since then he has taken a surgical team back every year.

I heard fascinating stories from him about his experience living and working there in the 1990s during troubling times and was eager to see it for myself.

Having never travelled to Cambodia previously, it was a shock to arrive: seeing the conditions many lived in was a reminder of Australia's good fortune.

The 'tuk-tuks' canvassing every street were ubiquitous and a great way to get about the capital, albeit with my heart in my mouth sometimes. We settled in and commenced patient evaluation, surgical care and teaching. The team aimed to build on strong foundations laid by previous outreach teams, with a focus this year on surgical teaching.

The first morning we were thrown straight into a busy morning outpatients' clinic at the National Paediatric Hospital. Working with a Plastic and Reconstructive Surgeon we were inundated with children with all manner of conditions, from uncorrected congenital abnormalities to untreated traumatic injuries such as post-burn contractures.

We were soon to learn that open cooking fires account for the majority of burns, followed by electrical burns. Simple burns in

children left untreated often went on to cause significant functional impairment, not to mention adverse cosmetic impact.

Notably we reviewed a 12-year-old girl who sustained a mutilating hand injury in a sugar cane-crushing machine. She underwent a debridement and was planned for definitive soft tissue coverage 2 days later.



Standard street scene, Phnom Penh. Note the electrical cables — electrical burns have the highest prevalence of burns seen in Phnom Penh

Working with our Cambodian counterparts we worked our way through the long list of children, often with 3–4 families in the clinic room at one time. Despite the heat, the hustle and bustle, and the cramped facility, every family met us with a smile, usually a very wary one from the child, and so began the consultation through a Khmer surgical registrar.

It provided ample opportunity for discussion, learning and teaching between the team. Local medical students also attended and were keen to make use of the teaching opportunity and ways to improve the treatment provided to the patients. The complexity of cultural issues and communication started to become apparent as the day wore on.

I was impressed with the family support network for each patient. It was a fabric of Khmer life that shone through, with almost every patient having multiple family members to support them whilst unwell. Often they would sleep under the patient's bed, and look after their every need. This included cooking and sometimes changing dressings. This was in marked contrast to what I see in Australian hospitals, and demonstrated the importance of family to me. Despite life's many hardships these lovely people were always smiling, and always courteous.

Each afternoon, we were pleased to perform interactive teaching to surgical trainees and surgeons at the University of Health Sciences.

With a mix of Orthopaedic and Plastic Surgery registrars, the atmosphere and relationships developed every day, with some really enjoyable rapport struck up by the final afternoon. For me it was very satisfying to get to know many of the registrars and understand the impact of the trip through the combined surgical cases and teaching sessions.

At times we were confronted with conditions which were very foreign, such as one operating theatre with four operating tables and patients. Surgically we learnt some lessons as well. The Khmer surgeons would improvise when required due to the lack of appropriate equipment, especially bone fixation, using a pair of bolt-cutters to fabricate a plate and the length of screws.

Later in the week we attended the morning education meeting and audit at Kossamak Hospital. A busy trauma centre we were extremely impressed with the ability and resourcefulness of the local surgeons – operating on difficult cases without access to intra-operative fluoroscopy which we take for granted. An extremely efficient ward round was undertaken of all patients and was performed with the mixed plastic and orthopaedic surgical teams.

Between cases the opportunity to develop friendship and professional rapport with the local surgeons over a coffee highlighted the shared understanding of our professional demands, and has opened a dialogue for future collaboration.

In addition to the clinical experiences of the week, the trip also immersed us in Khmer culture and cuisine. A highlight was local delicacies including fried tarantulas, crickets, silk worms and fish amok. The fresh coconut smoothies tasted even better after a hard day of work in 99 degrees Fahrenheit temperatures.

The morning before our flight home we visited Choeung Ek, “The Killing Fields” of the Pol Pot regime 1975—1979. This sombre and disturbing memorial highlighted the previous atrocities and allowed us some insight to the struggles of the Cambodian people. This reinforced the desire to continue these important surgical outreach efforts. Building relationships with our Khmer counterparts will hopefully lead to further collaboration in the future, with many undertaking Fellowships overseas, as well as mandatory training in France.

Overall this proved to be a fantastic opportunity to learn, teach, help and give back to the beautiful Cambodian people. We were treated with a warmth and friendship that I hope we repaid. It certainly had a profound effect on me and will inform my future surgical career for many years to come.



Nicholas Haydon and Roongsak Limthongthang operating with a Khmer registrar



Paediatric burns account for significant morbidity, and are challenging surgically



Sightseeing in Phnom Penh



Experiencing Central Market, Phnom Penh



Lecture series, University of Health Sciences, Phnom Penh



Cambodian surgical trainees and the outreach team at the University of Health Sciences



Cane juicer machine, a common cause of hand injuries



A novel use of a syringe as a suction drain



Utilising resources— one operating room, 3 operations



Choeung Ek, "The Killing Fields"

Postscript:

I would sincerely like to thank the ASSH, Orthopaedic Outreach, Professor Graham Gumley and everyone else who has made this trip possible.



Memorial at Choeung Ek, "The Killing Fields"

With sadness...

Hywel Davies b. August 1924; matric. Jesus 1942, q. BM BCH 1952; DPhil Oxon 1965), d. December 2016. Consultant cardiologist.

Born in Swansea, Wales gained a Meyricke Exhibition in chemistry at Jesus College, Oxford. He interrupted his studies in 1943 to join the Royal Engineers, in which regiment he was commissioned and served in Italy, India and Malaya. Upon returning to Oxford in 1946, he changed his degree and started reading medicine, gained the Sturges Prize in clinical medicine, and a BMA prize for his essay on Clinical Teaching in Relation to the Practice of Medicine, qualifying BM BCH in 1952.

After various appointments in paediatrics and general medicine, Davies specialised in cardiology and took up a residency at the University of Colorado Medical Center in Denver. Dr Davies gave the first comprehensive description in 1959 of the chest deformities which accompany congenital heart disease and their relationship to disturbed lung function. He graduated D.Phil. from Jesus in 1965 with a thesis entitled Respiratory disturbances in congenital heart disease. In 1967 he was invited to join the faculty of the University of Colorado, Denver, and was Chief of Cardiology at the VA Hospital in Denver. In the 1970s and 80s Dr Davies became increasingly interested in coronary artery disease and its causes, and that subsequently constituted the majority of his practice. He was asked by Sir Terence English to join him at Papworth Hospital, where he worked from 1986 to 1988 as consultant cardiologist to the heart transplant programme.

Davies married his wife Lucette in 1955, they had one daughter. Dr Davies lived in Sion, Switzerland devoting most of his time to writing.

Rainer Guillery FRS (Ray) b. August 1929), d. 8 April 2017 aged 87. former Dr Lee's Professor of Human Anatomy. Neurophysiologist and neuroanatomist

Ray studied medicine at UCL and taught there for a number of years before moving to Madison, Wisconsin, then to the University of Chicago. He returned to the UK in 1984 to take the prestigious Dr Lee's Chair in Human Anatomy at this University. As a pioneering electron microscopist he described the synaptic organization of the lateral geniculate nucleus that underpinned his discovery of developmental abnormalities in the visual system of albino animals. A world leader in thalamo-cortical communication, and founding Editor-in-Chief of the European Journal of Neuroscience, he was also a passionate advocate for graduate education in neuroscience.



Frederic Salkeld Plumpton (Eric) b 1933; Matric. Christ Church 1951, q BM BCH 1958; MA, FRCA, d 13 December 2016 after a long period of deteriorating mental and physical health. Former consultant anaesthetist at Conquest Hospital, Hastings.

Eric was educated at Sedbergh School and won an exhibition to Christchurch. He completed his training at the London Hospital, where he met his future wife, Janet. At Oxford he was involved in expeditions to the Himalayas, the Rockies, and the Arctic and later drove from Australia through Asia to the UK. His training in anaesthesia was at St Bartholomew's Hospital, where he did research on the steroid requirements for patients on steroids who needed surgery. Eric was appointed consultant in Hastings in 1971. He made significant contributions to the hospital's department of anaesthesia and ran the intensive care unit several years. He worked as a college tutor and as an examiner for the fellowship of the Royal College of Anaesthetists, and was a member of the project team that designed the new Conquest Hospital in Hastings.

Eric was talented and versatile. He had a great love of music and played the clarinet, piano, and accordion. He obtained his pilot's licence in Australia and was an accomplished cinematographer. He also ran a successful motor home rental business for some years. He was devoted to his family, taking them on various adventures in Europe, America, and Australia. Sadly, his wife's health failed soon after he retired, and he spent several years caring for her until her death in 2002.

His subsequent mental and physical decline over the past few years was a cause of great sadness to his friends and family.

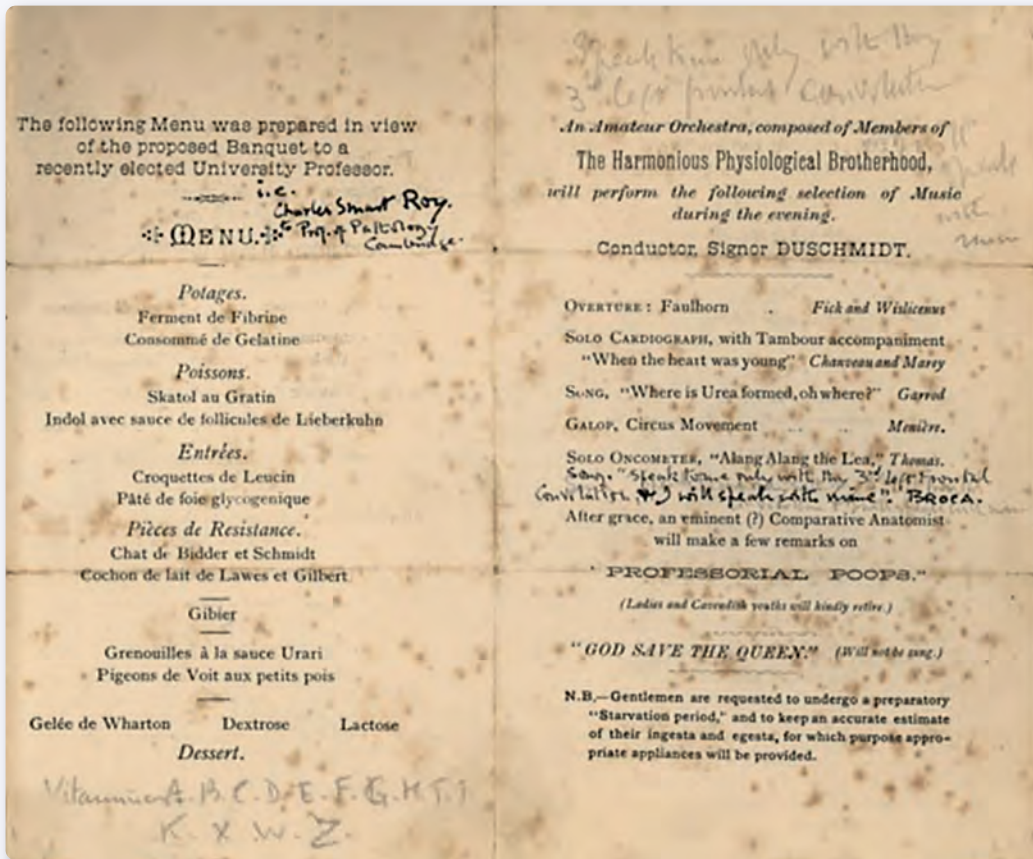
Raymond Seidelin b. January 1924, matric. Trinity 1941, q BM BCH 1947, d. 13 January 2017

BM BCH, DM, MRCP DPM FRCP Consultant physician and cardiologist practising first at the Middlesex, then in the RAF and later in the NHS at Otley Hospital, Yorkshire, living in Ilkley for over thirty years.

Ann Taylor, b. June 1928, matric. Somerville 1946, q. BM BCH 1952, d. 23 February 2017. Former University Lecturer in the University Laboratory of Physiology (1980–1993) and Emeritus Fellow of St Edmund Hall.

Ann Taylor was the first and only female Tutorial Fellow when she started. She taught, mentored, and supported the careers of many scientists and medics and had a remarkable career as a renal physiologist and teacher. Ann read medicine at Somerville, gaining a First in Physiology and Biochemistry in 1949. After graduating B.M., B.Ch. (1956), she was appointed Lecturer in Physiology at St Anne's in 1957; she was elected to a Tutorial Fellowship in Physiology and became a member of the Governing Body in 1959. She moved to the U.S. in 1963 to join her husband at Stanford University School of Medicine, where she commenced the research studies for which she gained international recognition. She held faculty positions in the Department of Physiology at Cornell University Medical College from 1975 – 1980. She returned to Oxford and was elected to a Tutorial Fellowship in Physiological Sciences at St Edmund Hall (SEH), in 1980. She was elected to an Emeritus Fellowship at SEH on her retirement in 1995.

From the Archives



Experimental Menu Proposed by Sherrington et al for Charles Stuart Roy, Elected Professor to University of Cambridge in 1884



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This Programme is run by the Sleep and Circadian Neuroscience Institute which is based in the Nuffield Department of Clinical Neurosciences in the Medical Sciences Division.



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EVENTS & REUNIONS IN 2017 and 2018

2017

JULY

Saturday 15 July 2017 **BM BCh Graduation reception**, at Mathematical Institute, ROQ

SEPTEMBER



Saturday 16 September 2017 Osler Lecture, at Mathematical Institute, ROQ. Professor Stephen Kennedy Professor of Reproductive Medicine, Nuffield Department of Obstetrics and Gynaecology will lecture on: "Monitoring human growth and development from womb to classroom". As part of the 2017 Alumni Weekend programme we are delighted that Professor Stephen Kennedy will give the 2017 Osler lecture. Professor Kennedy will discuss the INTERGROWTH-21st Project, exploring the argument that it is the education levels, health, environment and medical treatment of women that determines how a baby develops, and not ethnicity or race.

Saturday 16 September 2017 Oxford Medical Alumni AGM, 10am, venue TBC

Saturday 30 September 2017 25th Anniversary Reunion (1992 qualification), at Balliol College

OCTOBER

Saturday 14 October 2017 30th Anniversary Reunion (1987 qualification), at St Hugh's

Saturday 14 October 2017 50th Anniversary Reunion (1967 qualification), at Green Templeton

Saturday 28 October 2017 40th anniversary reunion (1977 qualification)

2018

APRIL

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

JUNE

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

JULY

Saturday 14 July **2018 BM BCh Graduation reception**, at Mathematical Institute, ROQ

SEPTEMBER

Saturday 15 September **2018 Osler Lecture** *time and venue TBC*

Saturday 15 September **2018 Oxford Medical Alumni AGM**, 10am, at St Anne's

Saturday 15 September **2018 30th Anniversary Reunion** (1988 qualification), at Lady Margaret Hall

OCTOBER

Saturday 27 October **2018 40th anniversary reunion** (1978 qualification), at Balliol

October 2018 **2018 50th Anniversary Reunion** (1968 qualification), *date and venue TBC*



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