

---

# Oxford Medicine

THE NEWSLETTER OF THE OXFORD MEDICAL ALUMNI

OXFORD MEDICINE • NOVEMBER 2017



UNIVERSITY OF  
OXFORD

**Primary care research in Oxford  
– a world-leading centre**

**Defining excellence: Department  
of Physiology, Anatomy &  
Genetics ranked #1**

**Professor Gavin Screaton, our  
new Head of Medical Sciences**



## President's Piece



John Morris, OMA  
President

**Welcome to the current edition of Oxford Medicine. It is likely to be the last in precisely this format and OMA would like your help in determining how future editions will look.**

Please see the short article on p15 and let us know your views – What do you like? What changes would you welcome?

The big change for OMA in 2017 has been the retirement of Jayne Todd as our Alumni Relations Manager. Jayne has been with OMA since it was formed in 2000 by John Ledingham, Eric Sidebottom and Terence Ryan as a replacement for what was then the Postgraduate Medical Club. Throughout these 17 years Jayne has designed and organised the production of Oxford Medicine and overseen its transition from a paper version sent only to subscribers to an electronic version sent to all alumni for whom we have records. Jayne has also been the administrative genius behind the ongoing programme of very successful reunions for alumni devised by Dr Theo Schofield, which welcomes our alumni back to Oxford at least every 10 years after qualification. We thank Jayne for all that she has done to develop medical alumni relations. Jayne is succeeded by Ellysia Graymore who has worked with Jayne previously and so brings to the post considerable experience of what it entails.

Alumni will be aware that there have been and continue to be very substantial changes and growth in the Oxford Medical School and hospitals. In this edition, we have included for the first time an update on two of the Departments of the current school. Here, the two Departments are the current Department of Physiology, Anatomy & Genetics which was formed from two of the oldest departments (Human Anatomy and Physiology) in the school, and the Nuffield Department of Primary Health Care Sciences, established only in 1998, which now occupies what many alumni will remember as the former Radcliffe Infirmary Outpatients (cover illustration). I thank Professor David Paterson and Professor Richard Hobbs for providing these updates.

The last change I would like to highlight for alumni is the move of Professor Alastair Buchan, for many years the Head of the Medical Division, to head up Oxford's BREXIT strategy. Alastair has always taken a keen interest in alumni matters and in particular the relations between alumni and our current clinical students. We thank him for all that he has done for OMA. Alastair was succeeded on October 1st by Professor Gavin Screaton, himself an Oxford alumnus who recently attended his 30th anniversary reunion, and we look forward to working with him as OMA continues to develop.



Jayne Todd

## Professor Gavin Screaton appointed Head of Oxford's Medical Sciences Division



**Professor Gavin Screaton** began his new role at Oxford on October 1. He said: 'It is a great privilege to be appointed to lead the Division of Medical Sciences at Oxford. I spent nearly two decades at the University, first as a medical and

then DPhil student, and during the formative years of my career in research.

'This experience gave me a strong sense of just how special the place is. Medical Sciences at Oxford is world leading. I will be proud to play a part in its future development for the benefit of our students and staff, and – of course – in the delivery and translation of excellent research which can transform the lives of our patients and the public at large.'

He was previously Chair of Medicine and Dean of the Faculty of Medicine at Imperial College London. He is a Fellow of the Academy of Medical Sciences, a Fellow of the Royal College of Physicians, a member of the Association of Physicians, and was made a Founder

Senior Investigator in the National Institute for Health Research. He sits on the MRC Strategy Board.

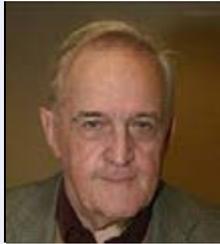
Prior to his move to Imperial in 2004 Gavin held a range of clinical academic appointments and fellowships in Oxford and at the John Radcliffe Hospital. He undertook his junior clinical training in Oxford and London. He was awarded a DPhil from Oxford in 1997 and his BA from Cambridge in 1984.

His research has ranged from control of RNA processing and apoptosis to immunology. The current focus of his laboratory revolves around the immunology of infectious diseases, especially dengue haemorrhage fever and Zika. This work is funded by the MRC and the Wellcome Trust and involves active research collaborations in South East Asia.

The Vice-Chancellor of the University of Oxford, Professor Louise Richardson, said: 'I am delighted that Gavin will be bringing back to Oxford his powerful mix of intellectual horsepower, extensive administrative experience and personal commitment. I very much look forward to working with him.'

## News

### Queen's birthday honours 2017



**Professor Sir David Weatherall**, FRCP, FRS, Regius Professor Emeritus of Clinical Medicine, Emeritus Fellow of Magdalen College and Honorary Fellow of Green Templeton College, is appointed Knight Grand Cross of the Order of the British Empire for services to medicine. Sir David

is a world-leading researcher in molecular genetics, haematology, pathology and clinical medicine.



**Professor Simon Lovestone**, MRCPsych, Professor of Translational Neuroscience, was knighted for services to neuroscience research. Sir Simon's research includes a focus on the search for genetic and other biomarkers of Alzheimer's

disease and, building on these, on drug discovery and experimental medicine.

### Oxford named world's best for Medicine for seventh consecutive year

Oxford University has been ranked as the world's best institution for medical and health teaching and research for the seventh consecutive year in the Times Higher Education World University Rankings.

The discipline-specific tables for clinical, pre-clinical and health studies, released today, follow on from the announcement that Oxford has been ranked the top university in the world by the same publication for the second year running.

The ranking is based on criteria measuring teaching, research, industry income, international outlook and citations, which are combined to provide a comparison of universities worldwide.

**Professor Gavin Screaton** Head of the Medical Sciences Division, said: 'Oxford is a special place because of the close relationship between research, teaching and clinical treatments. Medical Sciences at Oxford is world leading, and we will continue to focus on its future development for the benefit of our students and staff, as well as the patients who will continue to benefit from the excellent research which is constantly transforming lives.'

### New collaboration to tackle superbugs

A new collaboration between Oxford's Big Data Institute and the Centre for Tropical Medicine and Global Health will support understanding and action around one of the world's biggest health threats – drug-resistant infections. The Global Burden of Disease AMR (GBD AMR) project will gather and publish data on the impact of superbugs globally. This will allow scientists to map disease and death caused by drug-resistant infections for the first time – critical for targeting global efforts. Over the next four years, the research will enable the collection and synthesis of one of the largest datasets published on the impact of superbugs worldwide.

### Single cell focus reveals hidden cancer cells

Researchers have found a way to identify rogue cancer cells which survive treatment after the rest of a tumour is destroyed. It will help clinicians learn how to eradicate them. 'It is increasingly recognised that tumours contain a variety of different cell types, including so-called cancer stem cells, that drive the growth and relapse of a patient's cancer,' says **Professor Adam Mead** of the Radcliffe Department of Medicine. 'We used a new genetic technique to identify and analyse single cancer stem cells in leukaemia patients before and after treatment. A small number of these cells are highly resistant to the treatment and are likely to be responsible for disease recurrence when treatment is stopped.'

### Dolphin brains show signs of Alzheimer's Disease

Study suggests Alzheimer's Disease and Type 2 diabetes might both be the price of a longer lifespan, with altered insulin function the common cause.

'It is very rare to find signs of full-blown Alzheimer's Disease in non-human brains,' said **Professor Simon Lovestone**, who is also researcher within the Oxford University Department of Psychiatry and the dementia theme lead for the National Institute for Health Research (NIHR) Oxford Health Biomedical Research Centre (BRC). 'This is the first time anyone has found such clear evidence of the protein plaques and tangles associated with Alzheimer's Disease in the brain of a wild animal.'



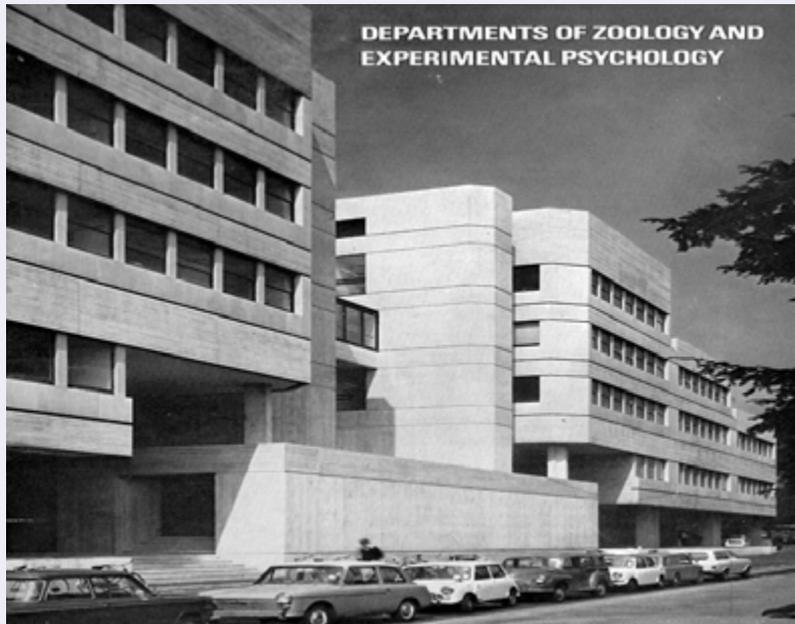
## News

### New Home for Experimental Psychology and Zoology

In early 2017, the University was faced with an unexpected challenge – a planned renovation to the 45-year old Tinbergen Building revealed asbestos-containing material that could not be removed safely while the building was occupied. In order to safeguard the health of researchers and students, the decision was made to vacate the building. Researchers, the University Estates Service and the Departmental Building and Facilities teams worked extremely hard to pack up labs, offices and teaching spaces and relocate them to new temporary sites around the university.

Designed by Sir Leslie Martin and built in the early 1970s, the Tinbergen Building was the largest teaching and research building in the University, accommodating almost 800 people and providing a base for undergraduate studies in Biological Sciences and Biochemistry as well as Experimental Psychology and Zoology.

Air quality readings show that the material found did not pose an immediate health risk to ordinary users of the building. However, it quickly became clear that it would be impossible to remove the material safely while the building remained occupied. This logistical problem led



first to the decision to close the site, and then in October 2017 to replace it altogether with a new building.

The Head of Experimental Psychology, **Professor Kia Nobre**, comments that this provides the University with an opportunity to create “a fantastic modern facility that will live up to... the great science that we do in these two departments”, and to showcase the importance of the study of neurological, behavioural and biological systems in the 21st century.

### Partnership with Mayo Clinic agreed

The University of Oxford, Oxford University Hospitals NHS Foundation Trust and United States healthcare leader Mayo Clinic have signed an agreement to work together, to drive advances in medical research and patient care. This agreement will underpin collaboration in all areas of innovation.



“Mayo Clinic and Oxford University medicine are truly global brands in healthcare,” says **Sir John Bell**, GBE, Regius Professor of Medicine, University of Oxford. “This unique collaboration will allow these world-class institutions to work together in research, teaching and clinical care to make advances in medicine. It will also reinforce the role of the UK as a major healthcare centre. I very much look forward to working with our distinguished colleagues from the Mayo Clinic to deliver innovation to patients.”

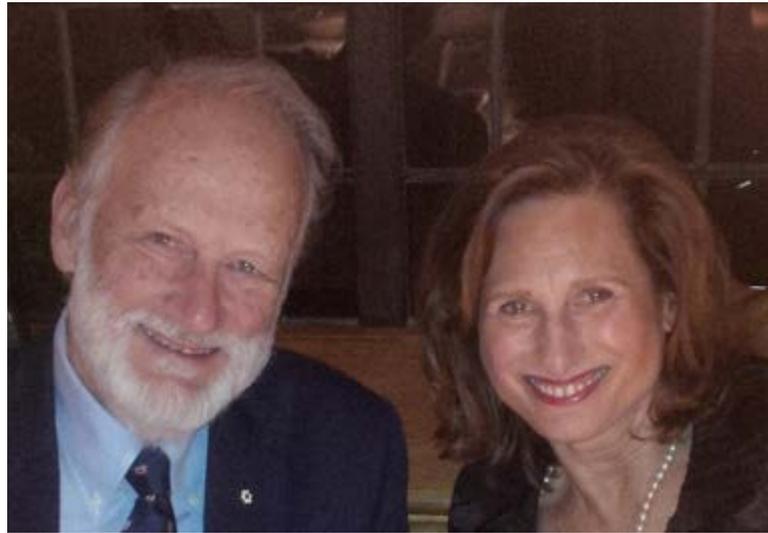
### British Heart Foundation awards £7.6 million to Burdon Sanderson Cardiac Science Centre

The British Heart Foundation has awarded a total of £7.6 million to research programmes at the world-leading Burdon Sanderson Cardiac Science Centre in the Department of Physiology, Anatomy and Genetics. For more details, [www.medsci.ox.ac.uk/news](http://www.medsci.ox.ac.uk/news)

For more news articles from the Medical Sciences Division: [www.medsci.ox.ac.uk/news](http://www.medsci.ox.ac.uk/news)

## 10-year reunion of the Meakins-McClaran Gold Medal recipients.

On September 15th, Professor Jonathan Meakins (Nuffield Professor of Surgery in the Nuffield Department of Surgery 2002–2008) and Dr Jacqueline McClaran (previous Assistant Medical Director at the John Radcliffe Hospital Trust) returned to Oxford from Canada and generously hosted in Balliol College a reunion of the recipients of the Gold Medal that they established in 2008. Also present were Dr Tim Lancaster, Director of Clinical Studies, and Professor John Morris, current president of Oxford Medical Alumni. Sadly, because of clinical duties, Jonathan Wordsworth, Kathryn Wright, Daniel Stubbs and Ned Naylor were unable to be present, but Ned was able to meet with Prof Meakins and Dr McClaran in London.



*Prof Meakins and Dr McClaran*

Over an excellent dinner we were delighted to hear about all that the Medalists have been doing since qualifying, and there were suggestions not only for

the establishment of a group email to keep everyone in touch, but also for an annual meeting at which they could present ongoing work.

### The Meakins-McClaran Medalists are:

- |  |                          |
|--|--------------------------|
| Cherry Alviani (2008)                        | Mary-Ellen Lynall (2013) |
| Ned Naylor (2009)                            | Emily Brown (2014)       |
| Jonathan Wordsworth and Daniel Stubbs (2010) | Michael Shea (2015)      |
| Kathryn Wright Macalister (2011)             | Nicholas Black (2016)    |
| Catherine Taylor (2012)                      | Harriet Brown (2017)     |



*Gold Medal recipients*

## Primary care research in Oxford – a world-leading centre for academic primary care



*Professor Richard Hobbs, Head of Department, Statutory Professor in Primary Care Health Sciences and Director of the NIHR SCPR and NIHR CLAHRC Oxford.*

Oxford University's Nuffield Department of Primary Care Health Sciences was established in 1998 from a small GP research group based in the Department of Public Health. Since becoming a free-standing department in 2011, over the past six years we have tripled in size to become one of the largest centres for academic primary care in Europe, with an annual research income of more than £10 million. This rapid expansion is mainly built on research funding successes, recruitment of leading researchers and teachers, and improved departmental infrastructure to develop, support and retain staff into the future. Our staff policies were recognised with a national Athena SWAN Silver Award in 2012 – the first department in

the University's Medical Sciences Division to achieve this.

In March 2016, the Department moved into the newly-refurbished former Radcliffe Infirmary Outpatients Building on the Radcliffe Observatory Quarter (ROQ) site, now known as the Radcliffe Primary Care (RPC) Building. The building has transformed what was very poor quality NHS space, narrowly avoiding demolition before being listed for the building exterior and its association with the original Infirmary. RPC provides 1400sqm of floor space, 220 desks, three meeting rooms, an atrium and common room and quiet study space in the Briscoe Library. Since continued growth has prevented accommodating all staff and students in RPC, the department also occupies a floor of the nearby Gibson Building while further long-term expansion plans are developed.

Our main academic activities are undergraduate teaching, graduate training, and research. Most of our undergraduate core teaching takes place on the Churchill site, with clinical attachments in some 150 general practices scattered across the UK, but mainly clustered around the Oxford region. Oxford maintains one of the lowest exposures to primary care teaching of any UK medical school,



but we are the only clinical discipline with some contact throughout much of the six-year course with our medicine in the community, communication skills, and EBM teaching modules in the pre-clinical years – plus we deliver medical statistics teaching.

The main five-week GP attachment is in Year 5, where we also run the main OSCE assessment for all ‘community’ disciplines. Whilst modest in quantum compared to other medical schools, where often 25–40% of the course is based in primary care, student assessed feedback is consistently very high.

Unique in medicine, postgraduate training for general practice is not organised by the UK academic departments but by the HEE deaneries. However, we do deliver important graduate teaching with a range of taught Masters programmes in Evidence Based Medicine (EBM), which a globally competitive course, and from 2017 also in Medical Statistics and in Systematic Reviews. Such graduate teaching is an important development area for the department and we hope to advertise two new programmes from 2019 in Global Healthcare

Leadership (we need more skilled and evidence-based healthcare policy leaders) and Clinical Epidemiology. All these programmes also offer, or will offer, short courses for many of the Masters modules as ‘executive education.’ For example the qualitative research short courses have a very high reputation and are over-subscribed despite increased provision.

We also have an expanding number of DPhil students, supported by our research programmes, with many from overseas. Our formal DPhil Programmes are funded by the NIHR School for Primary Care Research (SPCR) and Wellcome’s first PhD programme for primary care clinicians.

Research is our main academic focus, this has been repeatedly assessed as world class and focuses mainly upon the prevention, early diagnosis and management of common illness in primary care. Having been assessed as the top centre for primary care research in the UK in the 2008, 2001 and 1996 national Research Assessment Exercises, the Department was again ranked first in the 2014 REF.

Central to our success is collaboration,





sometimes with specialist academic colleagues across the University and internationally, but crucially with practice GPs and nurses across the community who we work with to recruit patients into our clinical studies. Most of the department's clinical academics also remain part-time GPs in regular practices around Oxford and beyond.

Our research portfolio is organised around five major themes (Health Behaviours; Infection & Acute Care; Cardio-Metabolic; Patient Experience; and Research Methods & Evidence-based Medicine), with five cross-cutting topics (Clinical Trials; Big Data; Digital Health; Health Policy & Systems; and Global Perspective). With a strong focus on the applied and translational, research topics are wide-ranging, tackled by multidisciplinary teams and focus on addressing issues with high impact for the NHS, other health systems, and for patients. Some of our more recent clinical studies include improving the diagnostic pathway for suspected cancer, investigating behavior change interventions for weight-loss, developing interventions for patient self-management of hypertension, improving the treatment of atrial fibrillation, scaling up virtual consultations, and utilising medical records to better understand heart failure survival rates.

The Department also hosts and leads important national research infrastructure including the NIHR SPCR, now in its third five-year phase, and the NIHR Collaboration for Leadership in Applied Health Research and Care (CLAHRC) Oxford. We lead the newly funded NIHR Community Healthcare MedTech and In Vitro Cooperative along with three of the 18 themes in the £112 million NIHR Oxford Biomedical Research Centre.

With research findings that can translate rapidly into clinical practice, much of our work has a substantial impact, including changes to NICE and other international clinical guidelines across many areas. Shaping new tests and treatments are

just one aspect of academic primary care in Oxford. Gaining new insights into how those systems work in practice, and how people experience healthcare and respond to new innovations, also forms a significant part of our research.

Many of our clinical studies include a qualitative element with in-depth interviews to understand the experiences of those living with a particular health condition. Published on our award-winning HealthTalk.org website, videos of these patient narratives help and support many who are living with similar illnesses, as well as informing change in health service delivery and supporting medical education.

We have also established a major new research theme in digital health and routine big data, which has recently provided NHS England with the first comprehensive and objective data on GP workload. By utilising electronic health records from over 100 million consultations with GPs and practices nurses in England, we showed that people in England are visiting their GP more often and are having longer consultations than they were ten years ago. In fact, direct clinical workload has increased by 16% in the last decade and GPs in England are now working the equivalent of one extra working day per week. Bringing evidence like this to the foreground highlights the vital role of research to develop new and smarter ways of delivering health and care in our community which achieves the dual objective of benefiting patients and reducing pressure on the GP workforce.

Our research strategy reflects the evolving nature of primary care, with senior appointments and promotions focusing on building capacity for research across our key themes so we can continue to respond rapidly to emerging issues. As the needs of our population continue to change, we remain hopeful that this essential discipline for the NHS will not disintegrate.

Learn more about our work and news at [www.phc.ox.ac.uk](http://www.phc.ox.ac.uk) and find us on Twitter, LinkedIn and Facebook.



Nick Kane

## Defining excellence: Department of Physiology, Anatomy & Genetics ranked #1



*Professor David Paterson, Head of Department, Professor of Cardiovascular Physiology and Hon. Director Burdon Sanderson Cardiac Science Centre.*

Medicine has been taught and researched in Oxford for over 800 years, and involved many famous names and discoveries. In 2017 the present Department of Physiology, Anatomy & Genetics (DPAG) was ranked number one in the world for Anatomy and Physiology in the Top Universities QS rankings.

DPAG was formed when, in 2006, the Medical Sciences Division merged the University Laboratory of Physiology with the Department of Human Anatomy and Genetics (itself created from the Department of Human Anatomy when Professor Dame Kay Davies FRS became Dr Lee's Professor of Anatomy). The first Head of the merged Department was Professor Sir George Radda FRS. DPAG now comprises ca 500 FTE staff, has an operating budget of £20M pa and services £135M of research grants.

### Teaching

Most alumni will remember anatomy being taught in the LeGros Clark building and physiology in the Sherrington building. Nowadays, most teaching including all gross anatomy is conducted in the Medical Sciences Teaching Centre (behind the Dunn School of Pathology) built to house the expanded intake of medical students in 2002. DPAG currently does ca 55% of all preclinical and FHS teaching. Oxford has retained the tripartite preclinical science, honours year and clinical years which have been a source of real strength. Both physiology and anatomy still use the well-tried combination of lectures and practicals, but clinical applications are increasingly stressed. In anatomy students no longer dissect for long periods but study professionally prepared prosections, surface and imaging anatomy guided by demonstrators. Since 2004 students also undertake a unique 3-week 'total immersion' clinical anatomy course between preclinical finals and the start of clinical studies.

### Research

Research in DPAG involves six broad areas of study: Cardiac Science; Cell Physiology; Development and Cell Biology; Functional Genomics; Metabolism and Endocrinology; and Neuroscience. The work is necessarily multidisciplinary, so most researchers work across more than one theme and collaborate with colleagues in physical sciences, life sciences and clinical departments, in Oxford and internationally. The research strength has attracted many graduate students (currently 145) and postdoctoral workers. Concentration of animal studies in a new Biomedical Services Unit is allowing units in LeGros Clark progressively to move into space freed in Sherrington. Sherrington itself houses a Centre for Integrative Neuroscience, the new Burdon Sanderson Cardiac Sciences Centre, and a centre for Cellular and Molecular Neurobiology in the Henry Wellcome Building for Gene Function. A Centre for Neural Circuits and Behaviour headed by Professor Gero Miesenbock FRS,





OUIimages.com/John Cairns

has been established on Mansfield Road, and DPAG also shares a new joint Centre for Cellular and Molecular Imaging with the Sir William Dunn School of Pathology which houses a new state-of-the-art Titan Cryo EM for molecular and cellular structural imaging.

Cardiac Sciences researchers aim to develop innovative avenues of basic research using experimental and computational techniques ranging from molecule to myocardium. The vast array of experimental data derived from enhanced visualisation systems and molecular techniques, with massively enhanced computing power, is used to exploit the predictive power of integrative biology to tackle issues in cardiac medicine such as arrhythmias, cardiac hypertrophy and heart repair. Our 90 basic scientists have extensive links with disease-led programmes in the clinical departments. The Burdon-Sanderson Cardiac Science Centre is part of the British Heart Foundation Centre of Research Excellence in Oxford and has just been awarded a £7.6 million BHF grant to further these studies. This Centre is led by Professors Paterson and Zaccolo.

Cell Physiology researchers study ion channels, transporters and signalling. These very basic processes underpin our understanding of cellular activity, organ function and dysfunction, and can inspire the development of new treatments. Particular growth areas are how potassium channels affect insulin secretion, the role of nutrient transporters in cancer growth, the involvement of calcium channels in gene expression, and mechanisms of metabolic signalling in the heart. The

research on potassium channels has recently led to the adoption of sulphonylureas to treat neonatal diabetes, while that on calcium channels has led to a potential treatment for allergic asthma. Work in these areas is led by Professor Dame Frances Ashcroft FRS and Professor Anant Parekh.

Developmental and Cell Biology research aims to understand molecular and cellular mechanisms which underlie development and reproduction. This involves experiments *in vivo* using model organisms which, though complex, facilitate understanding of clinical relevance. The varied approaches include genetic dissection of sexual behaviour, patterning and morphogenesis in the early embryo, studies on neural development ranging from neural stem cells through optical probing of neural networks to cerebral cortical development and evolution, and exploration of exosome and extracellular vesicle signalling in reproductive physiology and tumour growth. The Cardiac Centre hosts a major programme on heart regeneration led by BHF Professor Paul Riley.

The Functional Genomics group aims to understand human disease through genetic analysis of patients and relevant animal models. Prof Kay Davies' group study single gene defects responsible for Duchenne muscular dystrophy; this has led to treatments for the disease in mice which are being translated for humans. Computational genomics analysis is particularly important. A training programme is equipping researchers from diverse backgrounds to interpret their results more efficiently and this approach is shedding light on

neurodevelopmental disorders to understand cerebellar disease, autism and ADHD.

Metabolism and endocrinology influence every aspect of our lives. Defects in endocrine and metabolic function underlie many common human diseases – especially the twin pandemics of obesity and type-2 diabetes – and understanding is critical to improve the performance of endurance athletes. Pioneering studies by Haldane and Douglas on human respiration and by Geoffrey Harris, the ‘founding father’ of neuroendocrinology laid the foundation for this joint theme. Studies in respiration concentrate on oxygen sensing and the effects of hypoxia and exercise and the pulmonary circulation; studies on obesity and diabetes explore details of insulin packaging and release and abnormalities of metabolism in type 2 diabetes.

In a building named after our Nobel laureate Sir Charles Sherrington, it is natural that Neuroscience is a major theme. Studies range from molecular, through cellular, to higher level neural processing. The increasing longevity of populations means that understanding the cellular basis of neurodegenerative diseases such as Parkinson’s, Alzheimer’s and motor neuron disease are major foci of research. At the start of life developmentalists study how cells of the nervous system are generated, how they migrate into position, and assemble in neural circuits and what can go wrong with these processes. At the cellular level optogenetic manipulations are probing neural circuits and effects on behaviour, and at the systems level research is focussed on perception, using multidisciplinary approaches to understand hearing, vision and decision making.

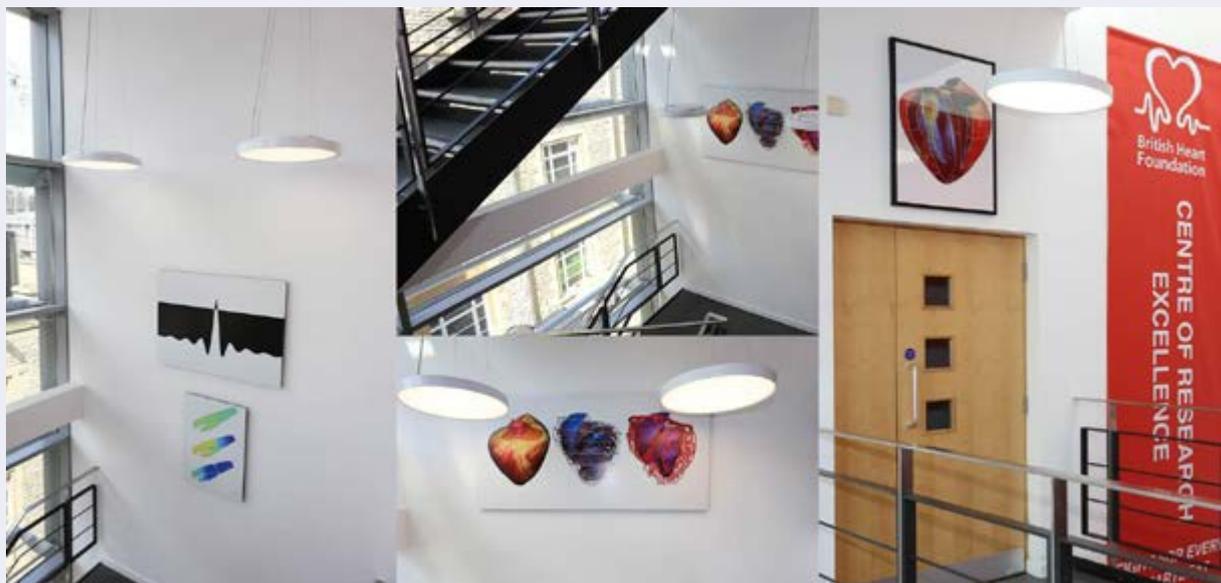
Many of these studies fit into a number of the overarching themes, and there is tremendous overlap in terms of techniques used and conceptual approaches. This overlap is a major strength in the overall effort of DPAG. Bringing the physiology, anatomy and genetics together into a coherent and interactive grouping augurs

well for the flourishing of research in the Department for many years to come.

Many of our academics have performed at the highest level on the world stage winning prizes and named lectures such as the Massry Prize, Heinrich Wieland Prize, Brain Prize to Professor Miesenbock; L’Oreal-UNESCO Women in Science Award to Professor Ashcroft; William Allan Award, American Society of Human Genetic to Professor Davies. For a full list see [www.dpag.ox.ac.uk/about-us/honours-fellowships-and-prizes](http://www.dpag.ox.ac.uk/about-us/honours-fellowships-and-prizes).



*The Department has been ranked number one in the world for Anatomy & Physiology. This ranking is based on Academic Reputation, Citations per Paper, Employer Reputation and H Index of Faculty*



## Book Review

### *Oxford's Medical Heritage: The People behind the names; Dr Rosemary Fitzherbert Jones*

**Book review by Dr Derek Hockaday**

The author has lit on the ingenious notion of taking 63 names of Wards, Units or Institutions of the Oxford Hospitals as a peg on which to hang interesting, important and intriguing facts and facets about the people so honoured. It makes a delightful 'dipping into' book, ranging all the way from the 14th century royal physician Nicholas Tingewick, after whom the entertaining Tyngewyke (spelt differently every year) Society is named, to the 20th century philanthropists Terence and Mathilda Kennedy. They founded an eponymous Institute of Rheumatology in 1965 at the Hammersmith Hospital, later to be the basis of the new Rheumatology Research Institute on the Old Road campus at the Churchill site.

The foundation hospital, the NHS and the University's influence intermingle, shown especially through May Davidson, originator of the Dept. of Clinical Psychology at the Warneford, which institute was rumoured in some years to serve up more 'firsts' per person than any college, and so a contender to have headed the Norrington table (if it had existed then).

Not surprisingly, financial benefactors loom large, especially in Orthopaedics, with first Hannah Wingfield, wife of an early nineteenth century physician at the RI (Radcliffe Infirmary) who was the chief benefactor of the Wingfield Convalescent Home which evolved in 1921 into the Wingfield Orthopaedic Hospital, later the Wingfield-Morris and then the Nuffield Orthopaedic Hospital. But even the greatest of these, William Morris, later Viscount Nuffield, whose influence has been so pervasive in Oxford medicine, can lose out as time passes, for the two wards named after him at the RI have been submerged by later developments. Loss of the RI and some of its ward names shows the contrast between royalties such as Queen Victoria and Princess Alexandria

at the RI and the Sister Howells Ward (5E) at the JR (John Radcliffe Hospital). But many of the old RI names have 'gone up the hill' intact, thus Cornishman Richard Lower to 7A at the JR, and squash-playing physiologist Geoffrey Harris, typically for Oxford a Professor of Anatomy, to the OCDEM building at the Churchill Hospital (CH).

Almost certainly wisely, no more than a page is devoted to Sir Winston (otherwise warranting at least 50) but

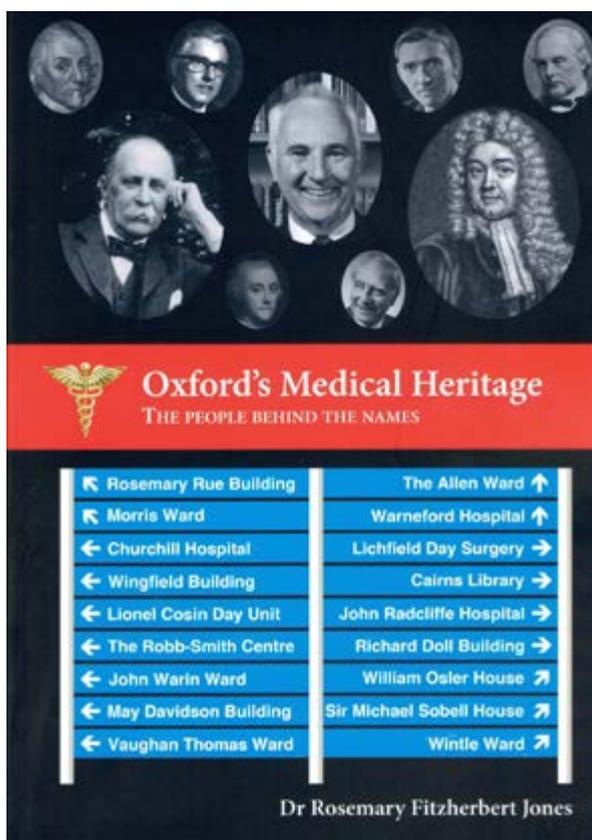
his family is represented by the 4th and 7th Dukes of Marlborough (and the Marquis of Blandford who died of small-pox in 1703). George Spencer (4th Duke) gave the land for the Radcliffe Observatory, and John Winston Spencer-Churchill 9th (7th) was a Radcliffe Trustee. That the CH was a United States Army Hospital is described but no account is given of the deliberations that have led to the continued display there of the 'Stars and Stripes'.

I hope these notes give something of the book's wide-ranging fascination, and I haven't even started on its descriptions of great medical scientists and trail-blazers, from Edward Jenner to Richard Doll, from Thomas Willis to David Weatherall, and from Lionel Cosin to Rosemary

Rue. Also scattered are excellently reproduced small illustrations, from laughing John Ledingham to Gathorne Robert Girdleston with his dog, and from determined George Pickering to glowing Derek Jewell; also pictured are distinguished benefactors Sir Henry Wellcome, Sir Michael Sobell, Sir Michael Kadoorie, Octav Botnar and Lord and Lady Tebbit.

The concentrated information, though clearly written, could make a 'straight read through' taxing, but it's a work invaluable as either a compendium or a delightful bedside or 'occasional' book.

Available to buy at Blackwell's and Amazon.



## Obituaries

### Dame Margaret Turner Warwick



Margaret Elizabeth Harvey  
Turner-Warwick DBE

**Dame Margaret Turner-Warwick** was an eminent doctor and scientist who played a fundamental role in the development of modern respiratory medicine and who became the first woman to be elected president of the Royal College of Physicians. Born in London in 1924, the

third daughter of Maud and William Harvey Moore QC, she studied medicine at Lady Margaret Hall, Oxford, matriculating in 1943 at a time when very few women were admitted to the course. In her final year she was diagnosed with tuberculosis and spent nine months in a sanatorium in Switzerland, returning to sit her final exams. One of the most distinguished alumnae of Lady Margaret Hall, she became an Honorary Fellow of the College in 1989 and continued to play an active role there.

After Oxford, her clinical training, doctoral research and early clinical practice was based in University College Hospital and Brompton Hospital, London. Here she continued a stellar career, specialising in respiratory medicine. She became a Professor in 1972 and, from 1984, Dean at the Cardio-thoracic Institute of London University. Rather than focussing on diseased lungs her research, which produced over 200 papers, originally emphasized healthy lung function. Former colleague Professor Stephen Holgate commented "It was this renaissance of mechanistic enquiry engaging many different investigational approaches that inspired so many of us trainees to enter the specialty". With colleagues Jack Pepys and Deborah Doniach she became expert in the immunology of the lung – particularly fibrosing lung disease – and showed the presence of relevant auto-antibodies in the blood. Asthma was another major interest and she was responsible for several early clinical trials, most notably with inhaled corticosteroids, that have since formed the mainstay of treatment. In 1998 she published 'Immunology of the Lung'. Physicians from around the world visited Brompton hospital to learn from her and she lectured widely in the UK and abroad. After leaving the RCP she served as chairman of the Royal Devon and Exeter Hospital Trust.

Outside of medicine she had numerous interests including music (she played the violin), gardening, and watercolour painting and, of course, her family. She retired to Devon with husband, urologist Richard Turner-Warwick. Her daughter Lynne and granddaughter Tabitha have both followed her into medicine.

### Christopher William Burke



Christopher  
William Burke

**Chris Burke** began and ended his medical career in Oxford, and was a highly intelligent team-player never far from revolt for, while understanding the advantages of conformity, he often had a view as to how things might be done better. He began by switching to medicine after reading Chemistry for two years at Oriel

which he entered via an Open Scholarship and went on to stroke the College VIII. He compressed 11 terms of the medical course into 9, and then went to Bart's for clinical training. After two House jobs there, he went via the Brompton to be one of two Casualty Physicians at the Middlesex.

Endocrinology with its many chemical aspects really took hold once he joined Cuthbert Cope as his Registrar at the Hammersmith for two years, followed by another two years mainly researching the problems of assaying bound and free cortisol in plasma, which brought him both an Oxford DM degree and the Kiely prize for Registrars at the Hammersmith. He then switched for four years to the Wellcome Endocrinology Unit under Russell Fraser and Graham Joplin before being appointed Consultant Physician with special interest in endocrine and metabolic disease to the Oxford Hospitals in 1973. This meant working both as one of three consultants on one of the four medical teams with an evening round and another the next morning when 'on-take', as well as providing a greatly strengthened in- and out-patient service for those with non-diabetic endocrine diseases. Its acme was the collaboration with neuro-surgeon, Mr Christopher Adams to yield a series of pituitary tumours patients whose results, local and hormonal, matched the other best international centres.

Christopher was highly regarded both for clear and practical teaching of his younger colleagues, helped by the manual he wrote, and by his peers for his diagnostic acumen. He published some 90 papers as well as 12 chapters in books, and when non-endocrinological they ranged in topic from career choices via nose bleeds to merit awards.

He was disappointed that although the four Oxford medical firms clinically audited individual cases there seemed little systematic effect on the already reasonably high standard of clinical outcome. So in 1990 he went on Don Berwick's course in Boston on 'Quality Improvement: Designing Care' by which he was strongly influenced. On return he set up an Oxford District Quality and Audit Group, helped by the contacts he had already made as the Royal College of Physicians' Regional Adviser. He also established a Clinical Audit Services Group which interacted with nearly all the County's 70-odd Clinical Directorates. *(continues overleaf)*

### Christopher William Burke obituary continued

He'd shown his love of the land by working as the cricket groundsman in Noke and, after retirement in 1994, he established a pedigree herd of Devon Ruby cattle and laid 29 Devon hedges incorporating 40,000 hedge plants after which he looked notably fitter than his contemporaries. In all this he was much supported by his second wife, Jilly. Neighbouring farmers much

appreciated his knowledge of disease when their cattle were beset by bovine tuberculosis and foot-and-mouth disease.

After a 6-month illness from an aggressive oesophageal cancer he died just before Christmas 2016. He is survived by his wife, the two children of his first marriage and five grand-children.

## 2017 BM BCh Graduation Reception

Most alumni will remember that, when they graduated from the clinical school, there was first the formal graduation ceremony (in Latin) in the Sheldonian Theatre with just a couple of close family, and after that a reception in individual colleges. Three years ago we felt that, because clinical students have lived and trained together for three years, it was desirable to hold a congratulatory reception for the whole year, with those of their family and friends who had travelled to Oxford for the occasion. This

has proved enormously popular.

The first year the event was held in the Medical Sciences Teaching Centre on South Parks Road, but this was filled to bursting with the numbers. For the past two years the reception has been held in the new Maths institute in the Radcliffe Quarter and this year over 500 guests and students attended to celebrate the students' achievements, to wish them well in their clinical careers, and to welcome them as new alumni.



Dr Tim Lancaster and Professor John Stein



Professor John Morris, Dr Catherine Swales and Liam Loftus (previous Osler House President)





**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/  
get-involved/alumni](http://www.medsci.ox.ac.uk/get-involved/alumni)

## Events and Reunions in 2018



### March

Saturday 17 March 2018 **Oxford Medical Reunion**, Bowral, New South Wales, Australia

### 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

Saturday 15 September 2018 **Osler Lecture** (part of the University Alumni Weekend)

Saturday 15 September 2018 **Oxford Medical Alumni AGM**

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

### October

Saturday 27 October 2018 **30th Anniversary Reunion** (1988 qualification)

**50th Anniversary Reunion, date to be confirmed**



Claire Williams

*Please note that information and opinions expressed in this publication are those of the contributors, and do not necessarily represent those of the editorial team, OMA, the Medical Sciences Division or the University of Oxford, or of any of its constituent Colleges. Reference to specific commercial products or services should not be taken to imply endorsement or recommendation of such products or services by the University of Oxford or of any of its constituent Colleges. The University of Oxford and its constituent Colleges assumes no legal liability or responsibility for the accuracy, completeness, or usefulness of any information presented.*