Summer outing to Wallington Hall

On a beautiful sunny day 43 members and guests met in the Clock Tower Restaurant for coffee. Our President Dr Dorothy Tacchi welcomed everyone, in particular our guests Professor Lawrence Trevelyan Weaver and his wife Camilla. Prof Sir Alan Craft introduced Lawrence who is Emeritus Professor of Paediatrics at Glasgow University.

Lawrence is a grandson of Sir Charles Trevelyan who gave Wallington Hall and Estate, all 13,000 acres of it, to the National Trust in 1941. The family continued to live in the Hall until 1966 when Sir Charles died and Lawrence’s aunt Patricia (Tricia) lived in an apartment in the house until her death in 2013. Lawrence came north to train with Alan in Paediatrics before going on to Glasgow. As his family kept the use of the Joiners cottage at Wallington, Lawrence kept in touch with the north and Alan.

Lawrence began his talk with the family background. The Trevelyans were a Cornish family moving north via Nettlecomb in Somerset. Wallington was originally the site of a castle owned by Alan Struther and passed by marriage to the Fenwicks who built a Tudor house onto the castle.

In 1688 the house was sold to Sir William Blackett, a shipping and mining industrialist who built the present house on the lines of a French chateau. His son, Sir Walter Blackett added the Clock Tower and buildings surrounding the courtyard. Sir George Trevelyan married William Blackett’s sister and their son Sir John Trevelyan inherited Wallington in 1777 when Sir Walter Blackett died without an heir and the Trevelyans have occupied the house until 2013 when Lady Tricia died.

In 1855 the central hall of the house was created by roofing in the interior courtyard in a collaboration between John Ruskin and John Dobson.

The Walled Garden is reached through a magnificent wood planted in 1750 by Sir William Blackett before the arrival of the Trevelyans.Capability Brown, a world renowned landscape architect, who was also a local boy who attended Cambo School just up the road from Wallington, contributed to the design of the garden.

Cambo was built as a model village for estate workers by Sir William Blackett in 1750 and the church tower added as a gift from Sir Charles Trevelyan in the mid 1800’s. The Trevelyan family has made significant contributions to science, literature, art and politics over the last 240 years.

Walter Cleverley Trevelyan (1846) contributed to Botany and geology, publishing 15 scientific papers and his collection of minerals and fossils was presented to Newcastle University.
Sir Charles Edward Trevelyan, born 1807, was a notable statesman serving in the East India Company’s Bengal civil service and improving the lot of the host population. Subsequently at the Treasury he improved conditions in Ireland and reformed the civil service. He returned to India in 1862 as Finance Minister and was responsible for development schemes. In 1865 he returned to England to tackle our own social problems.

Sir Charles’s son Sir George Otto Trevelyan was a distinguished historian and inherited the same concern for the welfare of the poor. He served as Liberal MP for Tynemouth, First Secretary of State for Ireland and later Scotland.

Sir George’s sons have all made great contributions to society. Sir Charles who inherited the estate, and was Lawrence’s grandfather, was active in politics being a member of the Fabian Society, and a member of the first Labour Government and was involved in the introduction of family allowances. He was however expelled from the Labour Party for flying the “Red Flag” alongside the Union Jack at Wallington. It is not clear which flag the Labour Party objected to.

In 1930 Sir Charles decided to give the house and its contents and the 13,000 acres of land to the National Trust of which his brother was a founder member. The transfer occurred in 1941 but the family were allowed to continue to occupy the house. Sir Charles died in 1966 and his wife in 1988 and their daughter, Tricia, in 2013. The family were given the opportunity to occupy an apartment in the house after that but there were no takers.

Lawrence, his parents, and wider family and friends spent Easter and summer holidays at Wallington in the 1950’s. They filled the house and were allowed to run wild in the house and the grounds and thoroughly enjoyed it. The house was run down and the staff consisted of only a cook and chamber maid. The children did the washing up after meals. He remembers a walk - in safe for the family silver - it was always open. Even then his Aunt Tricia ran the Clocktower as a cafe for visitors to the grounds.

Our Chairman Peter Moran thanked Professor Weaver for a very interesting account of the history of the hall and the Trevelyan family which was thoroughly enjoyed by all of us.

After an excellent lunch, Bob Wilkinson, thanked the catering staff for looking after us so well and members then scattered to visit the Hall and enjoy the grounds on a sunny warm day.
Pybus and Lucozade

Many of you will know that Lucozade was “invented” in Newcastle at the behest of Frederick Pybus who was a senior surgeon at the RVI. He qualified from Durham in 1906. He is most well known for his enormous collection of historic medical books which was given to the University Library as the Pybus Collection. He also wrote one of the first textbooks of paediatric surgery. But he has another claim to fame... Lawrence Bryson recently came across this note by Pybus on the history of Lucozade. The note is signed by him and dated March 4th 1974.

**LUCOZADE (notes) RVI 1908**

A beautiful male child under a year was admitted with an intussusception. He was operated on the same evening and the anaesthetic used was chloroform. The operation was satisfactory, but I was called in the early hours of the morning and found this child cyanosed with dilated pupils and its breath smelly heavily of acetone. There was nothing that I could do about it and the child died in the later hours of the same night.

Later it became known that this state of affairs was due to starvation and the presence of the acetone etc and that feeding would prevent this happening. We made a solution of glucose, pleasant as a drink and coloured and flavoured and this was supplied up to the time of operation. Shortly after this when I became surgeon to the Children’s Hospital, this was used throughout my wards up to the time of going to theatre and as a drink at any time during febrile states and just for ordinary thirst. This practice was adopted throughout the hospital. When I started practising and ordered this stuff for my patients in various nursing homes the prescription was sent to the chemist in Barras Bridge.

The demand was such as to cause the assistant to start making this drink which he termed Lucozade. It was widely advertised and he did very well with it. Patients would have jugs of it at their bedsides and people brought this stuff into hospital. He charged 2/6d per pint for it which after all was about as much sugar as a lump of cane sugar. But our hospital glucose drink was never perfect because it had a taste of sulphur dioxide which most glucose had in order to prevent fermentation. In discussing this matter with me one day he said the main cost was in extracting the SO2. He eventually sold out to one of the big drug firms and indeed I think for about £10000. Of course I did not share in this at all but I sometimes wish that I had.

I was house surgeon at the RVI at this time and I made a post mortem before breakfast the following morning and found the child had a very fatty liver and we described this condition as a delayed chloroform poisoning. The use of this glucose prevented this happening so far as I know ever afterwards.

FC Pybus  4/3/74

The man who patented Lucozade was William Wallace Hunter who resided with his family in Jesmond. He was the proprietor of W Owen and sons, Chemists, of Barras Bridge. He sold the patent to Beecham Pharmaceuticals in 1938. Beecham was taken over by Glaxo Smith Kline and in 2013 they sold Lucozade, and Ribena, to the Japanese conglomerate Suntory for £1.35 billion!
Mike Smith graduated from Durham in 1957 and spent most of his career as a physician at the Royal Surrey County Hospital in Guildford. Here he recalls an interesting patient.

An Odyssey of an Iraqi female student

A story of chance, coincidence and luck. The story starts in April 1978 when I was awarded the Fellowship of the Royal College of Physicians in London.

Chance
The President opened the proceedings by indicating the responsibilities of Fellows to teach. On the table were envelopes with addresses of cities and countries, one of which was marked Baghdad. It sounded like an interesting place to visit.

The invitation, on an embossed card, invited the holder to teach medical postgraduates and do four evening clinics in Medical City, a large sprawling military hospital next to the army HQ.

The Iraq Embassy issued first class tickets and confirmed I would be staying at the Babylon Rotana Hotel on the banks of the river Tigris.

At breakfast on the first morning I sat with a cardiac team from St Thomas’s who were treating Ahmed Hassan al Bakir, the President of Iraq. He had spurned the west and turned to Russia. Iraqi medical students were sent to Russia to train with less than good outcomes.

The main problem was language and it was decided that medical education should be in English, hence the need for visiting consultants from the UK or US.

I was allocated a class of postgraduates to teach in the mornings but was warned that there could be a spy in the group so no criticism of the regime allowed. In the afternoons there was some free time but mainly clinics.

Coincidence
Before I left Guildford I was asked to do a domiciliary visit to a University hall of residence. The student was a young Iraqi girl who was very ill with renal failure. I admitted her and we set up dialysis. An IVP showed bilateral reflux pyelonephritis.

She responded well after ten days and was ready to return to Baghdad. She came from a distinguished Iraqi family and her father was an engineer in charge of the irrigation of the vast lands between the Tigris and Euphrates rivers.

To the surprise of the student I said that I would see her for a follow up in Medical City. I was not sure what renal facilities, if any, they had in Baghdad.

During my stay I was invited to give a talk to the “top brass” at the Military Hospital which was followed by my seeing a patient who turned out to have Hodgkins Disease.

“(he) was so grateful that he ordered his bodyguard to peel off £50 notes from a large wad.”
I asked whether there were any facilities for my student from Guildford to have dialysis and managed to persuade them to put her on a transvenal dialysis programme. No transplants were available.

**Luck**

On one of my visits to Bagdhad there was a team from Kings who were teaching tissue typing with a view to helping set up a transplant programme. After I had returned to the UK I heard that my student’s aunt was a perfect match and that she went on to have a successful transplant in the new unit at the Al Karata Hospital.

This was but one of the interesting things which happened to me.

One afternoon I was just starting a clinic and my translator, who was the theatre sister for the eye unit, looked exhausted. She said they had been doing corneal transplants all night.

When asked where they got their corneas from she seemed reluctant to talk. She confessed at the end of the clinic that they had been delivered sixty pairs of eyes but as they had no preserving fluid they had to be used immediately.

They all came from a meeting of officials summoned by Saddam Hussein. One by one he denounced them as traitors and they were taken out and shot. Hence the availability of eyes!

A more pleasant episode was when I was summoned to see the President’s personal physician who had been seriously injured having been hit by a car whilst walking.

This was probably a hit ordered by the President so he did not get the best of care. I did what I could to help and he survived.

Some while later he arrived at my home in Guildford having been expelled from Iraq. He clearly had made a remarkable recovery.

He wanted me to write a report about the attempted political assassination as he wanted to claim asylum in the UK. He did get this and was so grateful that he ordered his bodyguard to peel off £50 notes from a large wad. I found it all rather embarrassing.

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**Professor Douglas Turnbull elected to FRS**

On April 16th 2019 fifty one eminent scientists from around the globe were elected to Fellowship of the Royal Society. This is the oldest scientific society in the world with origins going back to 1660. There are around 1600 Fellows including eighty Nobel laureates.

Professor Sir Douglas Turnbull who graduated from Newcastle in 1976 was the first local medical graduate to receive this most prestigious honour. He is Professor of Neurology and has spent a lifetime elucidating the secrets of mitochondrial disease.

He gave our annual lecture in 2017 - The Small Circle of Life; The Story of Mitochondrial Disease reported in vol 47. He said “This is a real honour and reflects the quality of the mitochondrial work in Newcastle.
Obituary: Sir Donald Hamilton Irvine

The only GP to become President of the GMC

Born in 1935 in Ashington, Northumberland, in a coal mining community where his father was a family doctor, the studious young Irvine was educated at King Edward VI Grammar School in Morpeth.

His father’s surgery was part of the house, and medicine was discussed every day. He recalled in his memoir, Medical Professionalism and the Public Interest, that, “In those days there was a common assumption in medical families that son would follow father.” From childhood he helped unpack drugs that were delivered to the house in large glass containers. He and his sister, who also became a doctor, would often visit patients with their father.

He remembered travelling to and from primary school in the early 1940s with miners on the bus still covered in coal dust. There were no supermarkets, no laundries, few telephones, no television, nor many of the trimmings of modern life. Aged 10, Irvine developed rheumatic fever and spent nearly a year in Edinburgh, away from home.

He always remembered the excellent care he received from the doctor who was looking after him. His lifelong interest in ornithology also developed during this time; he would listen to birds and learn to identify them, “because other than reading, there was not a lot else to do.”

He read medicine at Durham University and qualified in 1958. Ignoring pressure to specialise, he joined his father’s practice and was an exemplary family general practitioner in Ashington for 35 years, just as general practice was changing from a cottage industry to today’s modern specialty. Later he became a partner in one of the first multidisciplinary teaching family practices in the UK.

Irvine chaired the Royal College of General Practitioners (of which his father was a founder member) between 1983 and 1985. He became secretary to the college at 33 and inherited his father’s passion for improving general practice with a more patient centred approach. GP and media doctor Sarah Jarvis, who knew Irvine through the RCGP council, recalls: “He always radiated calm authority. I was the trainee representative and completely in awe of him, but he was always very gracious and approachable.” He was highly regarded within the GP community, where at times it was felt that general practice was a poor relation to hospital practice.

Irvine chaired the disciplinary panel that found against three doctors; two were struck off. Irvine felt that Bristol exposed a “club” culture in the medical profession - characterised by intolerance and bullying - which he was determined to overhaul.

Paul Buckley, director of strategy and policy at the GMC, who knew Irvine between 1996 and 2003, recalled, “Irvine came in during a difficult time for the medical profession and had to navigate the Bristol case, the subsequent public inquiry, and also several other medical scandals - including the Alder Hey organs scandal and the arrest and conviction of Harold Shipman. These cases highlighted the urgent need for...”
reform of UK medical regulation.” Irvine was instrumental in setting medical regulation on a new course - focused firmly on protecting patients - by setting out what good practice should look like and ensuring those standards were met. Until then, it had largely been left to doctors to ensure they were practising safely and appropriately. The Bristol case raised the matter of how patients and employers could know whether a doctor was fit to practise. Irvine pushed hard for “revalidation” - a five yearly test of doctors’ fitness to practise, which was eventually introduced in 2012. This consequent reform of the GMC was controversial at the time but is now generally accepted.

Denis Pereira Gray, who worked alongside Irvine at the RCGP and GMC for 32 years, recalled, “A strong and charming personality, Irvine didn’t give in to opposition and was one of the great medical leaders of his generation. It was a remarkable achievement to get the GMC to vote for revalidation.’

In 1999 he survived a leadership challenge at the GMC from obstetrician Wendy Savage, the first time anyone had opposed an incumbent president. He stepped down 10 months early, however, in 2002, as the GMC agreed to ask the government for legislation to introduce revalidation. The day afterwards, he told a press conference that he felt he had taken his reforms as far as he could. The enduring legacy of his presidency was the refocusing of the GMC’s purpose on protecting patients and the public.

Irvine’s work with the Picker Institute in the US earned him acclaim abroad, and in 2017 he was awarded the ABMS healthcare quality and safety award by the American Board of Medical Specialties. He received an OBE in 1979, CBE in 1987, and was knighted in 1994 in recognition of his service to medicine and ethics and also awarded honorary doctorates by 7 universities.

Irvine married Margaret McGuckin in 1960, and they had a daughter and two sons but divorced in 1983. He then married Sally Fountain in 1986, but they divorced in 2004. In 2007 he married Cynthia Rickett, and is survived by Cynthia and his three children.

Donald Irvine (b 1935; q Durham 1958; CBE, MD, FRCGP, FMedSci), died peacefully at his home on 19 November 2018

From The Editor

Welcome to volume 51 of the DNMGA newsletter.

Once again we have a mix of articles to entertain you. We have news of the first ever Durham or Newcastle medical Graduate to be elected as a Fellow of the Royal Society following in the footsteps of Darwin and many other famous scientists of the last 300 years.

Well done Doug, we are proud of you. We are still on the lookout for interesting stories from our graduates and encourage you to tell us about your life and encourage others to do so.

Please contact me on a.w.craft@ncl.ac.uk with suggestions about what you would like to see in the next and subsequent editions and your attention is drawn to the details of the AGM below.

Alan Craft (69) a.w.craft@ncl.ac.uk

Dates For Diaries

Friday 25th October 2019
AGM and Lecture
Professor David Bates
“A Neurological Detective Story”
in the Lecture Theatre, Freeman Hospital

Reunion of the 1960 Graduation Year

It is being proposed that a reunion be held of the 1960 Graduation Year in mid July, 2020, in Durham City where we graduated.

Please contact Dr. Derek Cullen - derekcullen@btinternet.com for further info

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Since the mid-19th century central Europe had been the cradle of conceptual thinking in clinical psychiatry.

Following the turbulence and persecution in the 1920’s and 1930’s some of a later generation of mid-European psychiatrists emigrated to Britain, bringing with them the traditions of meticulous and detailed observation, a broad clinical perspective and fresh ways of looking at problems.

Among those individuals making a significant contribution was Martin Roth who was born in Budapest in 1917 and died in Cambridge in 2006 at the age of 88.

**Early Career**

Martin Roth’s decision to study medicine arose out of “the necessity to qualify at something I could make a living at”. He had considered becoming a musician but felt he couldn’t afford to take the risk though when a medical student he played the organ at weddings and the piano for ballet classes to provide much-needed financial assistance.

Entry to St Mary’s Hospital in 1936 was delayed by the need for surgery and in 1942 a more serious operation was carried out for regional ileitis. “I expected to have a relatively short life and this (experience) influenced me very much”, At St Mary’s he had little interest in the prevailing rugby culture, but did row for the hospital.

While a house physician, Roth was struck by the story of Mary Walker, an unassuming physician at a London County Council hospital who had gone to a lecture on myasthenia gravis where she heard that the symptoms bore a close resemblance to curare poisoning.

She later asked what the antidote for curare poisoning was and being told it was physostigmine gave the drug to some patients with the condition; after an injection, their symptoms vanished. She presented these cases at the Royal Society of Medicine, “but never really gained full recognition for her amazing discovery. But that inspired me. I viewed this as a basis for going into the study of the biological foundations of mental activity.

He decided to take a post in neurology at Maida Vale Hospital, where he worked for the outstanding neurologist Russell (later Lord) Brain. “He had a great interest in psychiatry and psychoanalysis which he kept quiet. He was a man of mighty intellect and remarkable gifts as a personality.”

Roth’s decision to work in neurology was made in the hope “that those activities of the highest level of nervous activity would be presenting disturbances or diseases at the cortical level.

The interest of British neurology at the time, with some exceptions, stopped at the neck. Anybody who dabbled above that level was virtually a charlatan.”

After two and a half years Roth became disenchanted with neurology although he felt he had learnt a great deal and commented “I had done my own neuropathology in a case of anosognosia.”

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Dr Alan Kerr was for many years a consultant psychiatrist in Newcastle and worked closely with Professor Sir Martin Roth. Alan graduated in Leeds in 1991. He was on the editorial board of the British Journal of Psychiatry for almost 30 years.

**Psychiatry in Newcastle during the Martin Roth years (1956 - 1977)**
He started his career at the Maudsley Hospital, the major academic psychiatry hospital in London but “When I arrived there I found (Professor Sir Aubrey) Lewis remarkable for his ability to pick out gaps in knowledge and read the relevant literature. At first I was impressed but later I found he poured jars of cold water on people, some of whom gave splendid presentations. I was also finding difficulty with the regime, and I clashed with Lewis. I felt unhappy and it was clear I had no future there. I left after two years and three months.”

Roth moved to the Crichton Royal Hospital in Dumfries, a mental hospital with a fine reputation in psychiatric research. There, he met Willy Mayer-Gross who ignited his interest in old age psychiatry by giving him the task of reviewing developments in the field for a chapter in an American book. So began his interest in the clinical area in which his greatest achievements were to be made.

While at the Crichton, and when only 36, he was invited by Mayer-Gross to become co-author, with Eliot Slater (later an influential Editor of the British Journal of Psychiatry), of what became a highly influential textbook in British psychiatry. The book played a considerable part in repositioning biological psychiatry at the forefront of clinical psychiatry in the UK and in the dramatic paradigm shift in America in the late 1960’s and early 1970’s away from the predominance of psychoanalysis and social psychiatry, to give centre stage to psychopathology, diagnosis and classification, culminating in the publication of DSM-III. (Diagnostic and Statistical Manual- 3rd Edition)

Old Age Research
After leaving the Crichton Royal, Roth became Director of Clinical Research at Graylingwell Hospital, a large mental hospital in Sussex, where he carried out (with David Kay, see below) ground-breaking work on the clinical syndromes and outcomes of mental disorders of old age.

In 1956, at the age of 39, he moved to take up the Chair of Psychological Medicine in Newcastle. This period, which lasted 21 years, proved enormously fruitful. On arrival, he reorganised the teaching programme and had to answer ward consultations (done in a white coat) because: “in an English teaching hospital the professor who does not respond to his consultant colleagues is invisible. He gets no support and I think this is right, so I was often on the wards”. He also established units for child psychiatry, neurosis and psychogeriatrics.

Having obtained the support of the Medical Research Council he set up a research group that carried out clinical and outcome studies in affective disorders and epidemiological work in old age psychiatry. Roth also instigated important clinico-pathological studies with Garry Blessed and Sir Bernard Tomlinson, then pathologist at Newcastle General Hospital, which established the pathological distinctness of the clinical syndromes in old age disorders.

In 1977, at the age of 58, Martin Roth moved to take up the Foundation Chair in Psychiatry at Cambridge.

Roth and the College
Another enduring contribution to his specialty was his key role in the establishment of the Royal College of Psychiatrists. Although a late candidate to stand, he was elected as first President of the College in 1971, by a comfortable margin.

Under his leadership psychiatrists in training were given formal membership on key College bodies and the model Approval exercise and MRCPsych examination were established, with substantial benefits to education and training and therefore to clinical standards in psychiatry.

continues on page 11
Dr Alistair Brewis was a pioneering chest physician who was also an artist and maker of automatons

Dr Alistair Brewis, who has died aged 76, in 2011 was an outstanding respiratory physician, an accomplished artist and a passionate creator of automatons.

Asthma is one of the most common medical conditions, causing huge disability and sometimes death, but it can usually be safely managed. No single treatment can be applied to all, and Brewis - who was among the first to recognise this - pioneered the use of personal action plans for those with the condition.

He took the time to write, and sketch out on paper, an individual plan in the patient’s presence, this being a more effective way of educating each one about his or her particular condition. The evidence that this was highly effective came later. There are now national guidelines from NICE and the British Thoracic Society on how to manage asthma, and the fundamental starting point is that a proper diagnosis should be made and a personal plan produced between the patient and a professional. This has vastly improved the care of asthma patients.

Robert Alistair Livingstone Brewis was born on October 16 1937, the son of George Brewis, a physician and paediatrician who had been the first in the family to enter medicine. Alistair was educated at the Royal Grammar School in Newcastle, where his talents as a scholar and artist were recognised and encouraged, and in 1960 he qualified with honours at King’s College, then part of the University of Durham. Brewis’s artistic talent helped in his study of anatomy, and his drawings of dissections were considered of extremely high quality. It was no surprise when he won virtually all the student prizes; his future wife, Mary Burdus (next to him in the alphabetical list of students), won the remaining ones.

A period of training in London at the Hammersmith Hospital, and then the Brompton Hospital under Guy Scadding, the doyen of respiratory medicine, ignited Brewis’s passion for the subject, and he undertook three years’ training in Manchester, returning to Newcastle’s Royal Victoria Infirmary in 1970. He rapidly developed a reputation as a superb and caring physician, and acquired the unofficial accolade of being the “doctor’s doctor” - the one to whom staff would turn for their own and their families’ health matters. He conveyed a sense of calm organisation regardless of the challenge and would converse gently with a sick patient, all the while piecing together the jigsaw of symptoms.

Brewis wrote Lecture Notes on Respiratory Medicine (1975), now a standard textbook. The book, now in its eighth edition, is beautifully illustrated with his drawings. He was also for many years the editor of Thorax. Meanwhile, his organisational and diplomatic skills were put to the test when, as medical director, he steered through the amalgamation of two of the major hospitals in Newcastle.

Brewis retired to Bassenthwaite in the Lake District, where both he and his wife had
It was very much his personal achievement during his time in office (1971-1975) to find a permanent home for the College.

From Lord Goodman he learnt that 17 Belgrave Square was available, the then huge sum of £750,000 was then borrowed and substantial amounts of interest paid. “We didn’t choose to go to a fashionable place but we couldn’t get any other.”

Roth was a dominant personality who possessed charm and wit, an exceptional intellect and depth of knowledge of the literature within psychiatry and medicine. He possessed an unusual capacity to address conceptual and clinical conundrums in a novel and imaginative way. His command of the English language was supreme, combining readability, a powerful narrative style and organisation, and a fondness for the elegant phrase. To some he was a private, almost Olympian figure, complex and unworldly in small matters, whose awareness of constraints of time and place could not always be relied upon.

Nevertheless, when the occasion arose he displayed warmth, sensitivity and consideration and maintained regular contact with former pupils and colleagues until his final illness.

Research Achievements

His work on the mental disorders of later life will be best remembered. The pioneering studies of the 50’s and 60’s anticipated the surge of dementia research that continues today. His early achievement was to show that many elderly patients whose illness was attributed to senility, in fact had treatable conditions such as depression or acute confusion (delirium) and could recover. These findings placed his separation of dementia proper from functional disorders on a secure basis and led to the birth of the specialty of psychogeriatrics, and transformed the care of the elderly.

For his scientific achievements in psychiatry, Roth became one of only three psychiatrists (of whom the earliest was Sigmund Freud) to be elected Fellow of the Royal Society. He was probably the first doctor from Newcastle to be so honoured but recently Professor Doug Turnbull became the first Newcastle graduate to become an FRS.
For many years I have been writing obituaries for the Telegraph and Times. My first effort was for Mike Parkin, the paediatrician, who died tragically young on the day that Nelson Mandela was released from prison in 1989.

I have also, like many of you, been asked to speak at funerals and memorial services and it has always struck me as strange how little many families, especially grandchildren, know about their departed relative. Who were you talking about? I did not know he did that. Alastair Brewis, who died in 2014 is a good example of that. The grandchildren thought he was a builder and engineer because of his amazing ability to produce automatons when he was as we all know a superb physician and artist. Many of you will not have read his obituary so we republish it here for interest.

I well remember when I was President of the International Paediatric Oncology Society going to the funeral of Odile Schweisguth who founded the society in 1968 and was the first President. The funeral was in a lovely rustic church at Cotapre in the countryside about two hours drive from Paris. Odile was one of 12 children and had never been married. However all of her siblings had vast numbers of children and the church was full of nieces and nephews. I was collected at the airport and told how pleased the family were that I was coming. You will say a few words? What, in French? Yes if you could as many are old and don’t speak English. Two hours of rehearsal in the car of my distant schoolboy French did allow me to say, very slowly a few words of French then even more slowly a few more in English. Odile had been a hugely important figure in France and been awarded the Legion d’Honneur. Many of the family came up to me afterwards to say they had no idea what tante Odile had done in her life.

I also well remember talking to a recently widowed wife of a London Professor. They had been married for 57 years. After making sure I had the facts of his life correct I asked, with some trepidation, “What was he really like?”. There was at least a minute of silence and she then replied, “That is a very interesting question. I really did not know him very well!”

One of the things which is always helpful when writing obituaries is when the subject has written some biographical notes. Many of us never do this for a variety of reasons. Most of us will think who on earth would want to know about my life? A potential biographer would love you to have done this and indeed so would your grandchildren.

Over the last few years I have been on a mission to encourage friends and others to write Letters to the Grandchildren. I got the idea from Roger Bannister, of 4 minute mile fame. His book Twin Tracks started life as letters to the grandchildren. It is surprisingly easy to do if you think of it as telling your grandchildren, and later generations, what life was like for you. Where did you go to school, why did you choose medicine and what fun and satisfaction did you have doing it. For the last 15 years my wife and I have been writing down short “vignettes” of things which might be of interest to grandchildren. It is amazing how they build up. One other thing if you are into obituary writing is to anticipate that you may need to do this and get the facts ready before the departure date. It is also helpful to get another perspective on what people think they have achieved achieved. Try and get the names of people who might give you an opinion on the life. If you can, ask the pre departed person whom they would not like to comment on their life and work. If you then have the courage ask the blacklisted people. It can be very illuminating.

Finally be careful if you are asked to write a stock obituary. Most of the major papers have such pre written obituaries ready. If you are famous and /or over 80 you might have earned this priviledge. The first time I was asked to do this for the Telegraph I picked up an email when on holiday in Majorca. Before going down to dinner I fired off a couple of emails to people that I thought might be able to help. Unfortunately I had misunderstood “stock” and assumed the person was dead. I then had a bit of rapid backtracking to do. Remember the words of the great Benvenuto Cellini, Italian goldsmith, sculptor, draftsman, soldier, musician and artist who wrote poetry and a famous autobiography “All men, whatever be their condition, who have done anything of merit, or which verily has a semblance of merit, if so they be men of truth and good repute, should write the tale of their life with their own hand”

You are all medical graduates and you have a tale to tell. Do it for the grandchildren before it is too late. Start tomorrow!!

Alan Craft