He started by explaining his interest in the subject. As a student he had studied the history of art for two years and for the whole of his professional career he had looked after people with eye problems. He questioned “is what we think we see what we really see?”.

He refreshed and expanded our knowledge of the anatomy and physiology of vision stressing that the more we knew about it, the more complex and wondrous it is. The macula is the most important part of the eye for vision but did we know that birds have two maculae, one to see ahead and one to look down. It is now known that visual signals are processed in the frontal as well as the occipital cortex.

There are many common eye problems, which we suffer from and artists are not immune from visual defects. He went on to give examples of such issues illustrated with their particular idiosyncrasies. Art has also evolved from ancient times when paintings were very “flat” with no depth and it was not until the 16th century that we saw the use of stereopsis (3D). We normally read and scan from right to left.

The commonest form of colour blindness is red green and he used the example of Wyndham Lewis whose paintings were dominated by red. When he died he was found to have a large pituitary tumour which was thought to have caused aberrations of his colour perception. Goya had many problems with depression and throughout his career his paintings became darker and darker.

The use of colours and complimentary colours developed and reached its height with the impressionists. They tried to break pictures up into their constituent colours and then re-establish as a collage.

Van Gogh is a good example of how artist’s medical conditions affect their paintings. At times he was deranged and there is some suggestion that he suffered lead poisoning from his paints. Dr Gachet, his personal physician treated most things with digitalis. As every aspiring physician sitting the MRCP will know virtually the only cause of having yellow/green vision is digitalis poisoning. Van Gogh went through a phase of painting everything yellow including his famous sunflowers.

As we get older many of us develop cataracts and 500000 are extracted each year in the UK. Both Turner and Monet had cataracts. Cataracts not only blur vision but they also cause diffraction of colours. Monet had cataracts and had one removed. The operation went badly wrong and he was never able to paint again. Munch, of The Scream fame, had a vitreous floater which he was fixated on.

Pissaro had cloudy cornea which gave him photophobia and in later life he could not paint outside because of this. Degas had choroiditis and Cezanne had a retinopathy associated with type 2 diabetes and these affected their ability to paint. Dalí was described as a brilliant painter but mentally and artistically deranged. He concluded his excellent illustrated talk with a reiteration that vision is both important and fascinating. He urged us to look at paintings differently to understand what might be wrong with the artist.

This could well have been a landmark historical lecture as it was illustrated by wonderful 2x2 slides displayed through a carousel projector. Alex does not belong to the powerpoint generation!
In September 2019 a Reunion Weekend was held for graduates of Newcastle University Medical School from 1979. The Great North Museum provided an iconic venue, and we started with “Drinks with Dippy” as the Natural History Museum’s diplodocus skeleton happened to be in residence; a reminder, if one was needed, to consider our place in history.

Dinner was in the Living Planet Gallery, under the gaze of stuffed animals of lesser antiquity, including an elephant and a giraffe. There were 70 of us, many with partners, and it was great to catch up from where we had left off last time (2009). Graduates came from near and far (New Zealand, the USA and Canada), and it was a joyful and stimulating occasion, the conversation spurred on by the last two yearbooks which were handed out on the night, together with photos of our callow selves from the start of our degrees in 1974.

Next day there was an outing to Earl Grey’s former home Howick Hall, near Craster, and an opportunity to take guided walks round the Arboretum or a longer hike along the coast and back before a splendid afternoon tea in the handsome Cafeteria; of course Earl Grey tea was preferred.

All in all a most enjoyable weekend, and a chance to reflect on our place in the history of the University of Newcastle upon Tyne Medical School.

Class of ’79: 40 year Reunion attendees
Denise Adams (Weaver), Graham Blockey, Andy Bolton, Janet Brierley, Richard Bury, Helen Cameron (Webb), Peter Carey, Dave Carlyle, Elaine Carlyle (Randall), Chris Carr, Guy Clarkson, Tricia Cresswell, Kate Dewhirt (Young), Jo Downton, Hugh Ferriman, Chris Fisher, Helen Flynn (Benn), Cai Goddard, Les Gordon, Karen Heaton (Westmore), Kevin Hill, Barbara Holding, Margie Jackson (Wagstaff), Pam Jaques (Carr), Meena Jeffreys (Savla), Ian Jenkins, Steve Jones, Ian Lawson, Ken Megson, John Moroney, Colin Owen, John Oyston, Anton Pollard, Malcolm Price, George Safe, Elspeth Scott (Adams), Jan Scott, Ed Selby, Dow Smith, Barbara Spruce, Caroline Teschke (Upton), Jene Vivian, Mike Weatherall, Sue West (Armstrong), Penella Woll,

Here is an update for those who have been away:
In 1974 there were 108 in our year; current intake is 350. Our Dean of Medicine was Prof John Walton, the current Pro-Vice-Chancellor is Prof David Burn (a neurologist of course).

Standards are still high: medicine at Newcastle is consistently one of the most highly regarded medical degrees in the UK, coming in the top 10 (The Times/Sunday Times Good University Guide 2020) with 91% overall student satisfaction score (National Student Survey 2019). But watch out: Sunderland University Medical School opened its doors to its first students in September 2019!

In 2011 Newcastle University opened NUMed Malaysia, an overseas campus in Johor, Malaysia. Five cohorts have now graduated.

Remember MedSoc? It’s still going - motto “keeping medical students sane since 1879”.

Medical School alumni include Prof Sir Alan Craft, Prof Sir John Burn, Prof Sir Doug Turnbull, Dr Miriam Stoppard OBE and Gladiator Dr Zoe Williams. And from our Class of ’79: Prof Dame Pamela Shaw, and of course Robert Snell from the Archers, our very own Graham Blockey.

Elspeth Adams
That Place Up The Road

Over the last few years articles in this Newsletter have been monopolised by reminiscences of life in the Royal Victoria Infirmary. In order to redress the balance I thought it opportune to mention experiences in the other hospital in Newcastle, the General Hospital. Although in the 60s it did not have the status of a “Teaching Hospital”, it was integral in providing both medical care and education in the city. Indeed some of the predominant disciplines were housed there eg Radiotherapy, Neurology and Neurosurgery, and many supplicant services carried as much weight as those “down the road” eg Urology and Cardiology.

For our year in 1965, at the completion of student preclinical years, the first real exposure to medicine and surgery was the summer holiday secondment to the General. I was assigned to the Casualty Department (not called A&E then) and it was there that I became acquainted with a wealth of acute medicine and surgery and learned the rudiments of cleaning and stitching wounds which included the important skill of knot tying.

Upstairs Mr Alf Petty had established an excellent acute surgical unit dealing with chest injuries and other major trauma not the domain of orthopaedic and Neuro surgeons.

My next experience was on the medical wards 3 & 4, under the supervision of Christo Strang specialising in pulmonary disease (the ‘pink puffers’ and ‘blue bloaters’) and I established a basic knowledge of clinical diagnosis and management to be developed later in our subsequent years of lectures and clinical attachments.

The wards had a long lasting effect on me as I chose that Unit for my Final Year medical attachment and my House Job on qualification.

The hospital provided a friendly atmosphere away from the academic milieu we found in the RVI and this probably determined my choice of institution for my early postgraduate career.

I was appointed House Officer to the Strang Unit dividing my 6 months into 3 equal positions on Male, Female and Geriatric Wards with the other 2 House Officers (the latter ward was under the guidance of Mike Hall who later became one of the first Professors of Geriatric Medicine).

We had one Registrar (Mike Lye, later the Prof of Geriatric Medicine in Liverpool), two SHOs and two Ward Sisters who very often had more clinical knowledge than all the doctors combined.

All junior doctors were housed in the ‘Mess’ at the top of the hospital and there was a sense of belonging to the organisation one rarely sees today.
One of the sayings then was that the worst times for patients to have a heart attack or other medical emergency were Thursday and Sunday evenings at 7 pm as they coincided with everyone downing tools and congregating in the Mess to see “Top of the Pops” and “Rowan & Martin’s Laugh In”.

Across the road from the hospital was The Bowling Alley and the ’69 Club’ and we discovered early on that our bleeps worked very well from there.

There was an abundance of characters at the hospital and not just the consultants.

Our Orderly, Eric, had been a Head Waiter at the Ritz in London and this had considerable advantages when we were called out at 2am for a cardiac arrest. When it became obvious that the patient was either going to make it or not, Mike Lye would gesture to Eric who then disappeared. Half an hour later after clearing up, we were met in the office with a wealth of open sandwiches (often cucumber) and cakes and we never asked as to where they had been sourced.

Ward 21 was the Private Wing and we were often asked to perform routine testing for Christo.

My most notable attendance was to Lord Lambton (later scandalised for his forays with the ’second profession’) although I never asked as to the medical condition for which he was in!

My second six months was spent on the Surgical Side and I was Houseman to Mr Raoul Piachaud, a very private and upright man who was the perfect foil to his colleague, Mr Dudfield Rose.

“There was an abundance of characters at the hospital and not just the consultants”
Mr Piachaud was a “General Surgeon” in all aspects of the word and it was not unusual to have a thyroidectomy, a thoracotomy and a bowel resection all on the same list. When confronted with an abdomen full of adhesions and fibrous tissue he constantly uttered “Oh dear, we should never have started!” However within 45 minutes he had performed an immaculate total gastrectomy.

Dudfield Rose (pictured on page 3) was the antithesis of this. His speciality of gall bladder surgery was legendary and, using a "RioBranco" incision he could perform a cholecystectomy in 15 - 20 minutes skin to skin!, The only downside was that further work was required to repair the incisional hernia created by this ‘mega flap incision’!

The Unit consisted of two Consultants, one Registrar, one SHO and me. As the Unit was always on call for their patients, it meant at times that I could be on for 16 continuous days and nights while the SHO was on holiday. It was a time when we experienced a quantity as well as a quality of experience and I don’t think I suffered as a result.

Additional to other duties I was assigned a Minor Surgical Outpatient clinic taking off sebaceous cysts, skin tags and lassoing piles. All these experiences helped in my development to a surgically orientated career in O&G.

I remember with fondness the House Year at the NGH. The clinical medical and surgical experiences obtained were exceptional, the camaraderie of the”Mess” unforgettable and the characters memorable. Somehow we expected to be worked hard and didn’t complain about hours worked.

The princely salary of £1100 per annum was a damn sight better than the student grant we had lived on for the previous 5 years and we probably didn’t get a lot of opportunity to spend it anyway. It kept us in beer, cigarettes and 10 pin Bowling.

It was no surprise that, having chosen O&G as a career, I applied for an SHO post at the General at the conclusion of my House Year but maybe more of that next time.

by Stuart Walton (68)
Fifty years older and definitely wiser, 34 of our year of ‘69, joined by 21 of our “other halves”, enjoyed a brilliant four day extravaganza to celebrate our golden anniversary since graduation. Organised by four of our faithful Newcastle “Remainers”, who since graduation have made sure that we meet up at least every five years, we have become like a family unit.

The celebrations this time started in Harrogate for two days and migrated up to Newcastle for two days. Some came to Harrogate, some joined us in Newcastle and many “did the lot”!

It was a lot of fun, but we of course missed those who couldn’t come or who are no longer around to come, which included spouses/partners whose company we have enjoyed at the reunions over the years.

The initial “meet up” was in the bar of The Old Swan in Harrogate, followed by a buffet meal. Large pre printed sticky name labels were provided to save embarrassment when memory or lack of immediate recognition failed us.

On day two my husband John & I were delighted that 24 people wanted to, and felt fit and able to join us on a four mile preplanned walk around the perimeter of Studley Royal Gardens & Fountains Abbey.

After a cafe stop in sunshine at the end of the walk most went on to enjoy the gardens & the spectacular setting of the ruins of Fountains Abbey, while others returned to Harrogate prior to a dinner for 40 at The Hotel du Vin.

The next day Howard & Liz Leigh organised a walk and exploration of Rievaulx Terraces & Abbey. Again, wonderful settings, sunshine and an excellent English Heritage cafe with irresistible cakes! And so the party relocated to Newcastle. 30 went “Indian” on the 3rd night, eating at Valley Junction 397 in Jesmond.

On the morning of day 4, Lawrence Bryson from the class of ‘68, took 32 on a walk in Newcastle. It was deemed a fascinating & very entertaining walk visiting the first five sites of the medical schools in Newcastle.

The culmination of the Reunion was an excellent dinner in the splendid Trinity House building on Broad Chare near the Quayside, preceded by a Reception with delicious canapes and a guided tour of Trinity House.

The dinner brought virtually everyone together.

After a welcome by Alan Craft (who as well as all his medical hats, as Chairman of the National
Scouts Association had been presenting certificates that day!), he introduced the Speaker for the dinner - Professor David Burn, the Pro Vice - Chancellor of the Faculty of Medical Science.

Professor Burn reminded us that Neil Armstrong was the first man to walk on the moon in 1969, Monty Python was inaugurated & the internet was founded.

In our time there were about 90 medics per year, now there are 350. The medical curriculum is still evolving and is second to none. He described it as a world leader in adapting the training to modern technology.

Following some very appropriate quotes from Samuel Johnson about friendship, Dave Mckinley proposed a toast to Friendship, Absent Friends & to the Organisers of our Reunion.

Our year group has produced some very distinguished and eminent doctors to include Alan Craft, Knighted for services to medicine & paediatric oncology, Dean of Leicester medical school - Professor Ian Lauder, and the first female surgical consultant at the RVI - Carolyn Reid.

The huge range of medical work of our year group has included General Practice, General Surgery, Thoracic Surgery, Paediatrics, Renal Medicine, Haematology, Pathology, Psychiatry, Occupational Health, Family Planning & Psychosexual counselling.

All a considerable contribution to people’s health for which we can be proud., The hope is that we will all meet up again in our vintage years ahead!

A big “Thank you” to the organisers of a memorable Reunion : Alan Craft, Tim Carney, Carolyn Reid, Mike Ward.

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

Rosemary Bradbury

Editors note: This is the second time we have had a 4 day reunion and it works well. One unexpected consequence is that those who cannot come on a Friday for religious reasons are able to join us on Wednesday and Thursday. We had two classmates who joined us from Israel.
I was born in 1948 in the very centre of the Durham Coalfield, Ferryhill, an ancient Anglo-Saxon village which had been surrounded by huge coalmines which dictated all patterns of life in the town.

When I was accepted into Newcastle University Medical School in 1966 my two elder brothers gave me a small etching by Bishop Auckland mining artist Tom McGuinness - Putter Number Two. They knew of my passion to draw and paint and of my love for art and imagery. This gift retrospectively had a huge influence on the direction of my later life.

But it was conversations with my great uncle, Reverend Joe McManners, a Canon of Durham Cathedral, about one of my earliest memories that would be equally significant. Uncle Joe and Aunt Nellie looked after me when my mother returned to teaching whilst my brothers attended father’s school, East Howle Elementary. Wherever Uncle Joe went I had to go too. Many of his visits were to meet with the bishop at Auckland Castle.

Unknowingly this is when I first encountered the Zubaran paintings, thirteen huge sombre full-length portraits of very stern looking men, staring frighteningly at me as I sat on a chair in Auckland Castle’s Long Dining Room whilst awaiting Uncle Joe’s return from conversation with the Bishop.

I had been instructed not to touch anything - I was too small to touch the floor never mind the paintings! I told Uncle Joe of the fearsome pictures. Over time he explained their story to me. Thus I now knew why they were there!

I was not to see the Zurbarans again until I returned to Bishop Auckland as a GP in 1975 boasting of the Bishop and his wife as my only ‘social class 1’ patients. I hadn’t realised where the Zurbaran pictures were located until a house visit, or should that be ‘castle visit’, led me through the Long Dining Room and there, like gate guardians to the Bishop’s apartment, were my old adversaries, still capable of frightening small children through their silent vigil.

In 1997, following an inventory of church assets, the Zurbarans were identified as the Castle’s most valuable artefacts and a potential source of income to the Church Commissioners.

The sale of the pictures became a constant threat. On the 13th July 2005, with the permission of the then bishop, Tom Wright, I invited all of the Church Commissioners to a symposium in Auckland Castle to understand the story of the Zurbaran paintings. Until that point none of the Commissioners had even seen the pictures, never mind in situ!

A stay of execution resulted and Bishop Wright wrote to me of the day ‘...I look back with great gratitude to the way 13th July went. Your excellent presentation, with exactly the right blend of historical fact and interpretation on the one hand and personal passion on the other, formed the perfect centrepiece to the day, and did a great deal to create the right Atmosphere for subsequent discussions and we hope and pray for the right decisions down the line.’

The day was won - for now! However, in late 2010, during an interregnum following the resignation of Bishop Tom Wright, the threat became a reality. I discovered, quite by chance, that the paintings were to appear in Sotheby’s December sale catalogue. There was literally ‘no-one at home to defend the fort’.

ART TO TREASURE: Bob McManners (1971)

My fight to save the Zurbaran paintings leads to The Auckland Project - a £150million investment
This sale would sever the 250 year link between the Zurbarans and the specially reconstructed Long Dining Room at Auckland Castle. Bishop Richard Trevor had purchased them in 1756 with his own money. This severance would have betrayed their true significance. Something had to be done urgently.

But why are the paintings in their current location so important?

Richard Trevor became Bishop of Durham in 1752. The following year, concerned by the plight of Jews returning to this country, he persuaded all his fellow bishops - to support his Bill to allow the integration of the disenfranchised immigrant Jews, whom he described as ‘The most desperate souls in Europe’, enjoying only the same rights as a ‘vagabond’. Although passed by Parliament Trevor’s ‘Jew Act’ proved unpopular and caused open rioting, physical attacks on the episcopacy, with the Bishop of Norwich being stoned in his own cathedral and petitioning for repeal from the Lord Mayor of London. As a consequence the Act was repealed in 1755 and Trevor appeared to have lost.

On hearing of the impending sale of the Zurbaran paintings by auction in London Trevor travelled to the capital with his huge retinue and with obvious intent - to purchase the thirteen Zurbaran paintings - Jacob and his Twelve Sons - a collectively powerful symbol of Judaism representing a moment in history that Jewish people recognise as the very naissance of their religion. The series represents the scriptures as told in Genesis 49 where we find Jacob (also known as Israel) on his deathbed giving each of his sons a blessing in the form of a prophecy - each would be the progenitor of a tribe bearing their name - the Twelve Tribes of Israel.

Trevor succeeded in buying the first twelve but failed to secure the thirteenth - Benjamin. Such was Trevor’s determination to have the whole collection he immediately commissioned fashionable portrait artist Arthur Pond to paint an exact copy. On returning to Auckland Castle he reconfigured the Long Dining Room to display them to greatest effect, creating Europe’s first purpose-built gallery for a single set of paintings and to produce one of the world’s great experiences of religious art.

From early Norman times the Bishop of Durham, one of the most powerful figures in the Anglican Church, was the de facto king in his Palatine, sharing the same secular powers as the monarch. Hence, with this determined act, Trevor realised full well that the great and good, military, religious and political figures from Europe would visit his Long Dining Room and would immediately understand the Judaic significance of the pictures but wouldn’t need to ask why such huge canvasses hung on the walls of a Christian palace. The pictures would tell that story as they reflect Trevor’s plea for political, ethnic and religious tolerance for the desperate immigrant Jews.

That plea for tolerance is equally important today. To have removed these paintings from this setting would have not only been artistic vandalism but a totally unchristian act.

Rapid action was necessary.

Because of the interregnum, in the absence of a bishop, I took it upon myself to call a meeting of ‘doers and shakers’, interested parties and officials in my house the next day. I invited
twenty four. Twenty seven came! The Dean of the Cathedral sat on a small stool whilst the Vice-Chancellor of Durham University sat cross-legged on the floor - such was the crush.

I outlined the threat I had discovered and was given a mandate to write to the Church Commissioners strongly putting our unanimous opposition in a formal letter and to publish the book about the history and significance of the Zurbarans which I had been preparing for such an eventuality. I contacted Tom Wright - he simply replied, ‘Go for it Bob’. I immediately set to and quickly wrote and published the book ‘The Zurbarans at Auckland Castle’

The fully illustrated book gives the whole story and argument for the retention of the paintings - a story which the commissioners were, sadly, trying to conceal. I sent out over two hundred copies of the book to gallery directors, art critics, political figures, senior members of the Jewish religion, academics, and prominent local, national and international figures - anyone I thought may be helpful.

The response was amazing with several prominent supportive articles in the national press and offers of help from many sources including from a prominent QC. He offered to help legally and if this argument should go to court he would represent me pro bono.

This was very reassuring as I received many demands and thinly veiled threats from the Commissioners and an unsolicited visit from their secretary with the obvious plan of assessing the ‘enemy’.

At the very end of March 2011 we held an especially composed oratorio in Durham Cathedral. With soloists brought across from Spain, a cast of over 100 and an audience over one thousand ‘The Painter and the Patriarchs’ was staged to raise awareness of the Church Commissioners’ plans amidst rumours of a potential buyer for the paintings.

The next morning the phone rang at 7.45am, “Its Ruffer here, Jonathan Ruffer and I’d like to give the £15 million for the paintings.”

My hesitation must have been apparent. Was this very cultured voice for real or was this an April Fool from one of my friends who had been at the previous night’s concert?

“Ruffer from Ugley Hall, Ugley” - surely not but the persuasive voice continued, “I’d like to come and see you.” “When will you be in Bishop Auckland?” I found myself asking. “I’m in Bishop Auckland today,” came the reply. “What time would you like to come round?” “I’m standing outside your door now!’ led me to a personal best in jumping out of bed, dressing and rushing downstairs.

The door was opened to Jonathan and Jane Ruffer. I had not met Jonathan before - he turned out to be the owner of Ruffer Financial, a London investment bank and a staunch Christian who is committed to philanthropy. His passion is 17th century, baroque, Spanish religious art.

The stars, he felt, had aligned. He had resolved to give £15million of his own wealth to a suitable charity each year - exactly the sum the Church Commissioners were demanding for the 17th century, baroque, Spanish religious works by Zurbaran! He explained that too much money is as great a burden as too little. Jonathan knew about the pictures having been given a copy of my book.

The purchase of the pictures was discussed. After several months of negotiating we both signed the cheque for £15million in Church House in London - me with the instruction to “make sure you’ve counted the number of noughts” - however, with the paintings Jonathan had also, rather inadvertently, bought Auckland Castle and a 167 acre deer park!
With still much to be done the £155million Auckland Project had started. Jonathan has added a further £15million to the Auckland Project in each subsequent year.

What of the Tom McGuinness’s ‘Putter Number Two’?
In 1990 Tom was to become one of my patients. I got to know him very well because of our mutual interest in mining art. A chance conversation in 1995 with an old friend, Gillian Wales, the town’s librarian and collector of Tom’s work, led to us jointly writing his biography - the first of our series of books on mining art, which includes the authorised biography of Norman Cornish and what is considered the definitive work on mining art, our Arts Council prize winning Shafts of Light.

We realised that we should be collecting, not just writing about the mining art, as it was disappearing from living memory. Gillian and I amassed a huge, historically important collection, the Gemini Collection of over 400 works. We knew this needed to be displayed and accessible to the public.

In 2017 we donated the Gemini Collection of 423 pictures to the Auckland Project where they are held in trust and created the Mining Art Gallery in Old Bank Chambers in Bishop Auckland as part of the Auckland Project giving a satisfying symmetry to those chance happenings many years ago. But creating the Mining Art Gallery is another story for the next newsletter.

This was an informal gathering of students and their families.

DNMGA each year gives a prize of £300 to the student with the highest marks in the year 4 examination and also the Walton silver salver.

Samuel Dempsey and Victoria Lockwood shared the prize which was presented by our President Dorothy Tacchi.

Dorothy commented on how nice it was to see keen, bright and enthusiastic young medical students and to hear of their achievements.

She was also amazed at how tall they were!
Today there are around 200 Intensive Care Units across the UK, 3000 Consultant Intensivists and over 200000 patients are admitted each year with increasingly successful outcomes.

The initial stimulus for this development came from patients who had respiratory failure and grew out of the major polio epidemic in Denmark in 1952 where iron lungs were developed to breath for patients whilst they recovered.

Successful immunisation against polio eradicated this cause of lung failure but the experience gained with polio led on to the development of much more effective mechanisms of ventilator support. Iron lungs used an external negative pressure to inflate the lungs but they were not very effective. Positive pressure ventilation by inserting a tube into the windpipe and inflating the lungs, initially by hand, but later by machine revolutionised the outlook for those whose lungs had failed. Stoddart was at the forefront of the development of new techniques and equipment.

In the 60s patients with respiratory failure were usually looked after in a side room off a ward and cared for either by an anaesthetist, physician or sometimes a surgeon. The very bad influenza epidemic of the winter of 1969 was the stimulus to rationalise the care of patients who could be treated with improving mechanical ventilation.

A complete surgical ward was commandeered for the duration of the flu epidemic. Joe Stoddart seized the opportunity in Newcastle to design and build a fit for purpose Intensive Care Unit which was one of the first in the country and was open within a year.

Around the country a small group of like minded doctors were taking similar initiatives and in 1970 formed themselves into The Intensive Care Society of which he was the second Chairman. He is fondly remembered as being the gentleman of the group, always courteous and understanding. As well as treating patients he was involved in a great deal of research and equipment development and in 1975 produced a 200 page book on Intensive Care which became a must read for all entering this field.

The Intensive Care Society under his leadership developed training programmes and examinations for this emergent specialty. In the early 70s kidney transplantation was becoming a very important new therapeutic procedure which relied on procurement of organs from patients who were brain dead. It was vitally important therefore that robust criteria were developed for determination of brain stem death.

Stoddart worked closely with Professor David Bates to determine what the criteria for brain death should be and later chaired a national committee of the Medical Royal Colleges which clarified the code of practice for brain stem death which remains in use.

Joseph Charles Stoddart was born in Eston on the edge of the Cleveland Hills, the fourth child of a retail pharmacist. The family lived above the...
shop and it is likely that this is where the idea of medicine as a career came from. As a young man growing up he and his friends spent much time in the surrounding hills and forests.

One of his favourite spots was Eston Nab which was the site of a lookout which had been built as part of the threat of Napoleonic invasion. He developed a fascination with Napoleon which lasted throughout his life and long into retirement he made the very difficult journey, on his own, the many thousands of miles to St Helena to visit the site of Napoleon’s death.

He was educated at Coatham Grammar School and Durham University Medical School. He took an interest in anaesthesia but his training was interrupted by national service in the RAF. This included two years at the Institute for Aviation Medicine at Farnborough where he came under the influence of Edgar Pask who was famous for his development of survival suits for airmen and later for those going into space.

When Squadron Leader Stoddart ended his national service Pask had become Professor of Anaesthesia in Newcastle and he invited him to join him as “first assistant” in his new academic department.

The Intensive Care Unit is a central part of any modern hospital and staff from many specialties came to rely on him for his wisdom and care of their patients. He set high standards and was always in his unit. He was a good listener and very supportive of the development of nursing in Intensive Care, trusting the nurses hunches and treating everyone with respect.

He always taught that good outcomes are a result of excellent team work and he inspired huge loyalty in his staff- they would walk over hot coals for him. He recognised that Intensive Care Units were frightening places for patients visitors and staff. For many years the Unit had a prominent sign saying Noise Annoys

He was an avid reader and collector of books especially if they had a Napoleonic connection and loved buying at auction. In retirement took up book binding

He married Sally in 1956 and they had four children one of whom became Chief Constable of Durham Police

Many of you will remember this medical student publication.

John Davison (66) found several copies squirrelled away and they make fascinating reading. They are a newsletter editor’s “salvation”.

When there is not enough copy or a space to fill there is a stock of suitable material. But I only have a few copies. If anyone has any old copies that they would like to donate or loan please drop me an email

Alan Craft
How delighted we were when we found out that you wanted to study medicine and the fact that you chose to go to Newcastle where we were in the same year at the Medical School.

Make the most of your undergraduate years. Your grandma, until the work schedules intervened, was an active member of the Gilbert and Sullivan Society and your Grandad played regular Football for Medics.

We know that you are a brilliant trumpeter. Keep your non-medical activities going as long as possible.

We qualified in 1967, the first graduates from a new integrated curriculum. As a year we became close after all the questionnaires we had to complete and have all remained close ever since. Our reunions are well attended.

Where might life take you after qualifying? We’ve had an interesting life... We married a week after graduation and were fortunate to both get house jobs at the RVI, they even gave us a double bed and an adjacent sitting room.

Grandad had joined the Army as a cadet for which he was paid and as soon as House jobs were over (only one year then) he had to report for training.

This meant that I too had to move to London and was lucky enough to get an SHO post in Obstetrics at East Dulwich Hospital.

This was a busy unit and when the consultant was absent, we SHOs frequently ended up doing an ante-natal clinic of 90 all on our own!

Most of the SHOs in all specialities got on well and we used to have musical evenings with violin and piano in the sitting room followed by a Chinese Takeaway.

Our first army posting was to the 2nd Battalion of the Royal Regiment of Fusiliers in Watchet in Somerset and we moved into a delightful thatched cottage in Stogumber complete with a perfect croquet lawn. Princess Margaret used this cottage as a secluded hideaway. I worked as a medical SHO in Minehead until pregnancy intervened. Even after that I was able to do GP locums including a surgery at the local pub when you banged on the floor with a stick to tell the next patient to come up the stairs.

Your father was born in September 1969 (back at the Princess Mary Maternity Hospital) and within three weeks we were off with 2RRF to a posting in Berlin. This was an interesting time politically. After the war Germany had been divided up by the victors into zones. The French had the north, the British the middle and the Americans the South. The Russians had what was East Germany. Berlin was within that zone and had a secure border round it. The city was divided into sectors too with the Berlin Wall having been erected in 1961.

We managed to live a relatively normal life most of the time and only went to look at the wall with its 160 foot death strip with watchtowers and tank traps when we had visitors from England. There was also “Exercise Rocking Horse” when all the soldiers were called from their beds by a loudspeaker van to practise what might happen if the Russians invaded our part of the city.

Your Uncle was born in Berlin and three months later we moved to the military hospital in Rinteln, near Hamlyn (of Pied Piper fame). The officers’ quarters were together and represented our social life. Your dad used to play regularly with Trevor Rees-Jones, (later Princess Diana’s bodyguard who was injured in the crash in which she was killed).

The CO was keen on orienteering and each
week we would take part (all four of us) Grandad would do the full course while I held your dad’s hand and carried your uncle on my back on the short course.

I was not in the army but was employed whenever there was a shortage of doctors both there and also in Berlin. After six months we returned to London and Grandad started his surgical training. This, however, didn’t last long because every time he got started on a special module the army decided he had to go somewhere else.

After much thought we decided to leave the army and began to look for a General Practice. There was nothing suitable in either of our home towns, Bury and Newcastle but an advert caught our eye in the BMJ. “Halifax is a pleasant place in which to live and work!” Indeed it was and thus started a long period looking after the people of Halifax when it was truly family medicine. Patients still come up to us in Tesco or Sainsburys and say, it’s not like it was when you were there.

Our medical activities were not restricted to General Practice. For some years your grandad was Medical Officer to Halifax Town Football Club and he and your dad sometimes go to matches at the Shay. Your dad was a member of Shaymen down South until he moved to Pudsey. Granddad also acted as medical officer for Halifax Rugby Union Club where your Uncle Chris played for a time.

The female partner that I replaced had done some occasional work for the police as a Police Surgeon and I took this over. This role expanded and eventually covered the whole of West Yorkshire.

It was after your Grandad helped me at the scene of the Bradford City Football Stadium Fire disaster in 1985 that he too became a Police Surgeon.

This was where our excellent anatomy teaching at Newcastle came into its own. When eight bodies were piled on top of each other at the back of the stand and then covered with molten asphalt from the roof we could only decide which body was which by the bones of their arms and hands and we could work out where watches and rings should be which helped to identify some of the 54 victims.

The World Police Medical Officers Conferences took us to such exotic places as Wichita, Paris, Australia, Vancouver and Harrogate!

The work was interesting and challenging. I specialised in sexual offences but still had to interview prisoners for fitness to interview. I remember interviewing and examining a man who had murdered prostitutes and introduced himself to me as “The Crossbow Cannibal”.

My forensic training came into use latterly with the examination of Asylum Seekers for evidence of Torture with some harrowing tales but grateful victims when they got their permission to stay in the UK.

Grandad, after his retirement from General Practice went to work in Palliative Medicine at the local hospice and even managed to get his Diploma in Palliative Medicine. Its never too late to extend your education.

We are now fully retired but still as active as ever. We are heavily involved in church life. We both sing in three choirs and we are both members of the Senior Citizen’s Orchestra. I play the violin and Grandad the trombone.

KEEP PLAYING THAT TRUMPET!!
I am writing to you to say a massive thank you for the bursary I received this year.

My name is Rebecca Walsh and I am a medical student at Newcastle university. I completed the Masters as an intercalation year between my fourth and final year of medicine. I have loved living in Newcastle for the last 5 years and wouldn’t have wanted to do my Masters anywhere else. The opportunities and the people you meet here are like no other city. I can’t see myself leaving.

One of the best opportunities, in my opinion, is the opportunity of completing a Master of Research in Global Health and spending three months in Tanzania conducting novel research.

By having this opportunity, I was able to combine my two main interests; Global health, and therefore gaining an understanding of the health inequalities around the world, as well as paediatrics. I really enjoy working with children and throughout university I have been involved in many paediatric based societies, such as paediatric in the north global health society, paediatrics society and teddy bear hospital.

My project was identifying the prevalence of musculoskeletal disease in children aged 5-18 in the community. We achieved this by carrying out a 10-week door to door survey around a rural village by foot.

It was an amazing experience, we were warmly welcomed into everyone’s house with people often giving us gifts of freshly picked fruit.

A smaller part of my project was looking at what type of diseases were being admitted to hospital, so for this I spent time at a large referral hospital based in Moshi, North Tanzania.

It was an amazing learning experience to see how resource limited hospitals coped with the different demands and pressures than those we see in the UK. Not only did I gain many skills that will aid me with research in the future, but by spending so much time in Tanzania I learnt a great deal about the culture and the fantastic people who live there.

I have too many pictures of the hospital and the rural community where I was based in during my research to share here, but hopefull you get a flavour.

This was a wonderful opportunity and confirmed to me that global health research is an aspect of Medicine that I feel very passionate about and I hope it is going to be a major part of my future career.

Without the Year of 1957 Bursary I would not have been able to throw myself into the experience as much as I was able to. It provided me with the means to get so much out of this year.

Once again thank you so much, I would not have been able to have such an amazing year without your kind support through the Year of 1957 Bursary.

Yours Faithfully,
Rebecca Walsh