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GKT



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Established 1872



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Editors - Arnav Umranikar & Morgan Bailey
MBBS2

Passim: A New Era

Out of the ashes the phoenix rises. The *GKT Gazette*, following a 4-year hiatus, has returned in time to celebrate a momentous occasion: its 150th anniversary.

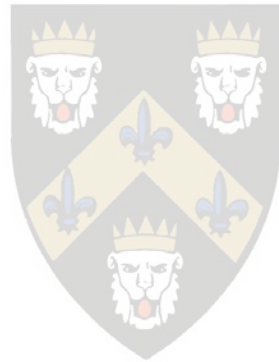
First let us introduce ourselves. We are Arnav & Morgan, 2nd year GKT medical students, and your co-editors for this iteration of the *Gazette*.

Considering the wilderness years in Gazette history, many of our student readership may be unfamiliar with the concept of a journal on campus. Let us provide you with an explanation. The *GKT Gazette* is an independent, student-led journal, focussing on life at GKT in its many rich and varied forms. The *Gazette* is a forum for students, staff and alumni, promoting an essential aspect to campus life: dialogue. We welcome letters, articles and extracts from those affiliated with GKT.

Thus brings us to discuss the theme of this issue: the past, present and future of Guy's, King's and St Thomas's Hospitals and their affiliated schools. Whether it be the Heroes of Belsen, the future of medical education or to the wonderful array of cultural activities taking place today – we hope this issue brings to light some of the strides taken by our predecessors and a reminder of in whose footsteps we follow to shape the future. This bastion of GKT culture has been a voice for students for over 150 years and it is our great privilege to continue this invaluable tradition – may it live forevermore.

Yours,

The Editors



Professor Challacombe, chairman of the GKT Gazette, gives a brief overview of its history



Professor S. Challacombe

Martin Rushton Professor of Oral Medicine

Firstly many congratulations to Morgan Bailey and Arnav Umranikar for their tremendous efforts, commitment and energy in resurrecting the GKT Gazette after a period of dormancy induced before lockdown and exacerbated by the nearly three years of COVID induced disruption of normal activities. The last Gazettes were published in 2019, and since that time, all of the previous editorial team either qualified or disappeared, so Morgan and Arnav have had to start from scratch. The Gazette office, rather like the sleeping beauty was reawakened, reopened and the contents explored.

The editors 150 years ago gave their reasons for a Guys Hospital Gazette: 'We have made arrangements to obtain for publication all the clinical lectures both Medical and Surgical, also accounts of all operations performed on Tuesdays in the operating theatres; notes of operations performed on other days, and those performed in the wards will be obtained as far as possible. "We shall also endeavour to insert, under the head of General News, short paragraphs of interesting cases so that attention may be drawn to them.....". In other words the original objectives were to give an account of all activities occurring in the Hospital, for the benefit of students. There

A Trustee Welcome: The GKT Gazette Returns

was no separation in those days of University and Hospital activities.

The current constitution gives the objectives as:

The Gazette is an independent journal. Its object is to further the charitable work of, and to act as a chronicle and critique of all events concerning the life of the constituent Schools of the Guy's Kings and St Thomas' Medical and Dental School (GKT) of King's College London and their associated Hospitals, and serve as the recognised organ to associated Clubs and Societies of the GKT students, and other societies connected with the Hospitals.

Volume 2 of the Gazette in 1873 lists the Guys Hospital staff. The list contains some famous names including William Gull, Pavy (who later funded the Pavy Gymnasium, Braxton-Hicks, Salter and Moon (of Moon's molars in syphilis). No less than six of the staff were Fellows of the Royal Society (FRS) (rather more than now!)

MEDICAL OFFICERS.

Consulting Physician—Sir W. W. Gull, Bart., M.D., D.C.L., F.R.S.

Physicians—S.O. Habershon, M.D.: S. Wilks, M.D., F.R.S.: F.W. Pavy, M.D., F.R.S.; V.V. Moxon, M.D. **Assistant Physicians**—C. Hilton Fagge, M.D.; P. H. Pye-Smith, M.D. . F. Taylor, M.D.

Consulting Surgeon—John Hilton, Esq., F.R.S.; Edward Cock, Esq.

Surgeons—John Birkett, Esq.; Cooper Forster, Esq.; Thomas Bryan Esq.; Arthur E. Durham, Esq. **Assistant Surgeons**—H. G. Howse, M.S.; N. Davies Colley, M.C.

Consulting Obstetric Physician—Henry Oldham, M.D.

Obstetric Physician—J. Braxton Hicks, M.D., F.R.S. **Assistant Obstetric Physician**—J. J. Phillips, M.D.



Ophthalmic Surgeon—"Charles Bader, Esq.

Surgeon Dentist—J. Salter, M.B., F.R.S.
Assistant Surgeon Dentist—H. Moon, Esq.

Aural Surgeon—J. Hinton, Esq.

Medical Registrar—F. Taylor, M.D. Surgical
Registrar—J. F. Goodhart, M.B.

A note under the list of medical officers noted 'The Hospital now contains 715 beds. Of these 221 are for Medical Cases ; 250 for Surgical; 26 for Gynaecological; 48 for Syphilitic, and 50 for Ophthalmic cases. There are also 30 Children's Cots and 84 reserve beds (8 in private rooms). In connection with the Lying-in-Charity, about 2,500 cases are annually attended by the Students. Number of Patients relieved during the last year, about 81,000.

Gazettes have fulfilled an important role, not only in recording events, perceptions and activities, but providing a historical record which will be of interest to all Alumni and of value to scholars for posterity. It is a veritable Aladdin's cave of historical medical information. The Gazette has seen and recorded medical, dental and nursing participation in two Boer wars, two world wars (including students at Belsen), other international conflicts and in high national office. The rich history of Hospital sport has been faithful recorded, including rowing, football, boxing, hockey, swimming, water polo and rugby. All have led to international representation. Match reports of all sports are an invaluable source of sporting history. The Gazette includes rugby match reports of 35 Hospital cup winning games including attendance by the King and other Royals, and of over 40 internationals including 9 British and Irish Lions.

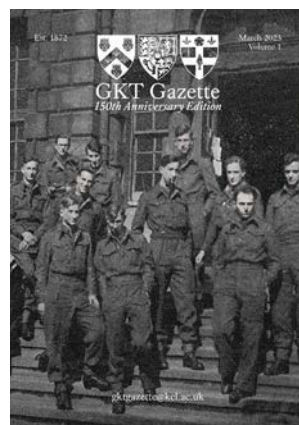
The baton of responsibility for building on this rich foundation of 150 years of Gazettes has been seized by Morgan Bailey and Arnav Umranikar. We wish them every success in doing so. Would those students interested in being part of this rewarding venture please contact them, and would staff on any of the clinical campuses who wish to support and be part of the management team please contact myself.

Our tremendous thanks to Professor Challacombe for his kind words and addition to this historic Gazette.

For staff at GKT, Professor Challacombe is contactable at stephen.challacombe@kcl.ac.uk



Previous issues of the Gazette



Your new Gazette

Letters to the Gazette

Average is not a dirty word

Dear the Editors,

As medical students, we are often used to being high-flyers, top of class, and 'gifted'. For some, studying medicine seems the result of academic inertia, the inevitable career choice after finishing school with top grades. Indeed, the medical school admissions process rewards and selects for being 'above average' and not just in academics, but in sports, music, art... the list goes on. The result? Medical schools are buzzing hives of high-achievers, accustomed to academic prowess, with an array of impressive extra-curriculars in tow. At GKT, like other medical schools, students are ranked according to academic performance and provided 'detailed feedback' outlining exactly how their score compares to the average, piling on pressure to be above average. Half of us will be below average and

this isn't synonymous with being incompetent or unsafe, though it can feel this way, particularly when medical students are used to being top. The expectation we place upon ourselves or sense from those around us may carry the most weight.

While some argue pressure incentivizes academic excellence, we must ask 'at what cost'? The pressure upon medical students and doctors exerts well-evidenced harm on mental health and burn-out is increasingly recognized among medical students and doctors. There is a culture in medicine: to be the best in everything you do. Medical students and doctors must be expert jugglers, wearing many hats. Here at GKT, we have the Doctor as Teacher module, but we are also expected to be physicians, scientists, leaders...

In the second year, students must submit a compulsory 'going above and beyond' essay to discuss their professional development beyond the scope of the taught curriculum. An expectation

to go above and beyond is a trend that persists throughout our careers; research projects, audits and leadership roles are important for career progression, often undertaken in doctors limited free time.

I'm not arguing that these extra roles and projects have no value, nor that they are beyond the scope of being a medical student or doctor. But I think it's worth playing Devil's advocate to scrutinize the effect that the constant demand to strive for above average has upon individuals and systems. We must question, does all this make us better doctors? After all, average is not a dirty word.

Jade Bruce MBBS3

What are your thoughts on this matter? Do you disagree with Jade? Send us a letter to gktgazette@kcl.ac.uk



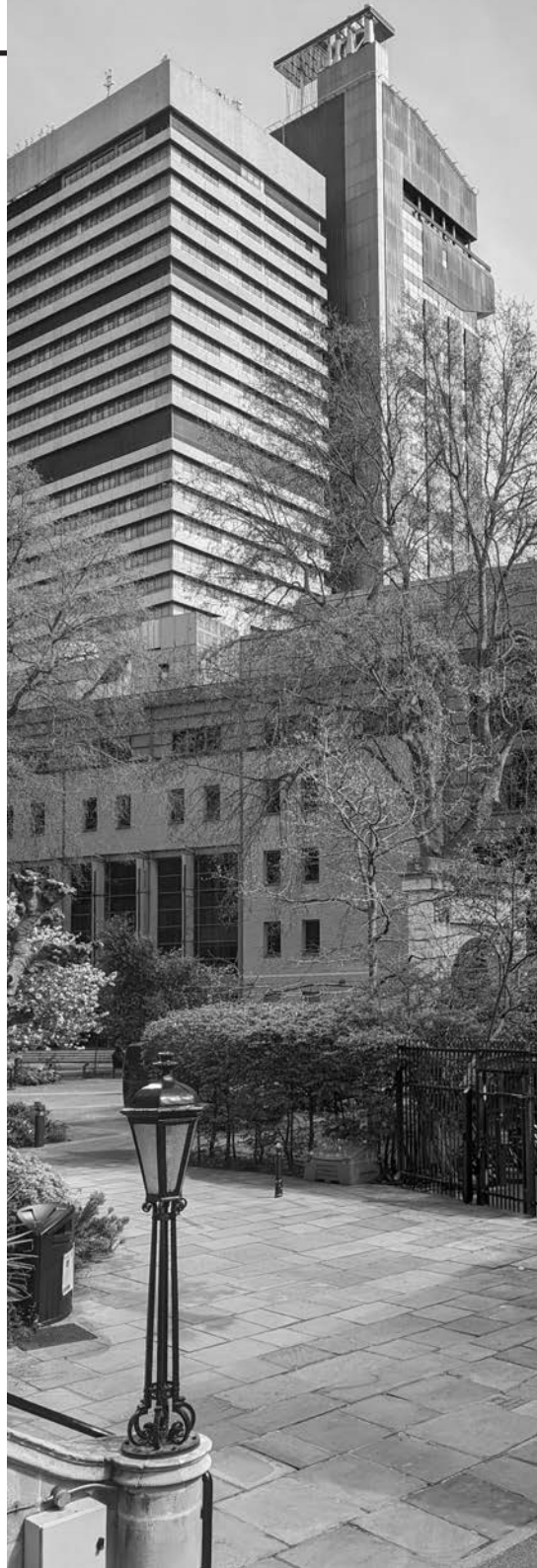
Letter from a past Editor

Dear the Editors,

Leading the team at the Gazette was an opportunity for a great deal of personal and professional development for me as a medical student. As well as helping me to hone my skills in writing and editing a variety of different styles of article, through the Gazette I learnt about liaising with university faculty and alumni, financial management and event planning, as well as (more or less disastrously) graphic design. These are skills I continue to use in my career as a junior clinical academic, and I continue to work editorially at Clinical Medicine and the Journal of Sexual and Reproductive Health. My experience at the Gazette opened many doors for me: between my penultimate and final years of medical school I was selected to spend a year at The BMJ as Student Editor.

As well as providing personal opportunities for development, I was proud to continue the long work of the Gazette in documenting the life of GKT medical students. I am reminded of the time I visited the King's College London archives, as part of my study of History of Medicine during my intercalated degree. Having expressed interest in an entirely unrelated set of archival material, I was delighted to stumble upon copy after copy of historic Guy's Gazettes, including articles of great significance, like dispatches from Guy's students who were present at the liberation of concentration camps at the end of the Second World War. Contributors to the Gazette participate in the ongoing sociocultural documentation of what it means to learn how to be a doctor. The Gazette is part of the fossil record of the profession of medicine: but, unlike fossils, it will adapt to serve new generations of medical students through its content. I would encourage all current healthcare students at King's to read, enjoy and consider contributing.

Dr Anna Harvey Bluemel
GKT Gazette Editor in Chief, 2016-2019



Features

The Heroes of Belsen

Arnav Umranikar **MBBS2**

In memory of the heroes of Belsen

I have often wondered why I chose to pursue a career in medicine. While in my interviews, as I am sure many readers can empathise, I blurted out: 'I am fascinated by the wonders of science, and I love helping and talking to people.' No doubt these reasons, two years on, still hold true. But, I have developed a more subtle and refined understanding of what I meant at that time.

As future healthcare professionals, we have the ultimate privilege of seeing humanity in many forms across a broad spectrum of life experience. The more one speaks to patients, the more one learns about how others see and experience the world, a powerful impetus if there ever was for thinking about one's own life.

In many ways, the discipline of history is not so different. We learn about wildly different people, from places distant and near and eras long gone. Inevitably this causes us to reflect upon both our similarities and differences in values, mores and attitudes, on both the societal and individual levels. Perhaps most importantly, however, not only can we learn about what we have in common with these people, but we can learn from what they did right, and indeed what they did wrong.

'Those who cannot remember the past are condemned to repeat it'

George Santayana, *Life of Reason* 1905

It is within the above context that I write this feature about the conditions of the Bergen-Belsen concentration camp, following its liberation by the 11th Armoured Division of the British Army on 15th April 1945, and the heroic actions of 34 medical students from Guy's, King's, and St Thomas' Medical Schools in assisting this endeavour.

This is the story of humanity at its finest. It consists of the timeless and timely lessons we must all learn to oppose tyranny and its senseless cruelty. It is about courageous young men, not much older than or different to ourselves, who sacrificed so much to help the victims of a savage and futile war. And perhaps, most importantly, it is a story about victimhood, one in which we can all learn about what it means to be humane to those in need.

The World of a Nightmare – Bergen-Belsen Concentration Camp

"I've been here eight days, and never in my life have I seen such damnable ghastliness. This morning we buried over five thousand bodies, we don't know who they are. Behind me, you can see a pit which will contain another five thousand. There are two others like it in preparation. All these deaths have been caused by systematic starvation and typhus and disease, which have been spread because of the treatment meted out to these poor people by their SS guards and SS chief."

Reverend T. J. Stretch, *speaking upon what he saw*



Photograph of the London medical students taken by Sergeant C.H. Hewitt of the Army Film and Photographic Unit, taken on 14th May 1945 (Imperial War Museum)

following the liberation of Bergen-Belsen in April 1945, sourced from the United States Holocaust Memorial Museum

The horrors of the Holocaust were plain to see at the Bergen-Belsen Concentration Camp, Lower Saxony. Originally designed as a prisoner of war (POW) camp under the authority of the Wehrmacht (the German army), its control was overtaken by the Schutzstaffel (SS) in 1943, which oversaw the wider concentration camp system.

It grew to become a complex amalgam of numerous camps interning 'Jews, POWs

(prisoner of war), political prisoners, Roma, criminals, 'asocials' (those who did not conform to the Nazi social norms), Jehovah's Witnesses, and homosexuals', collectively termed 'sub-humans (Untermensch).'

Across its operational years as a concentration camp, between 1943 and 1945, an estimated collective of 120,000 prisoners were interned, with an estimated 36,400 and 37,600 of these prisoners dying between May 1943 and April 15th, 1945 (Liberation Day). A further 13,000 would go on to die after liberation, because of their horrific treatment. We will never know the true number of victims, for many of the

documents relating to the control of the camp were destroyed by the SS as they ceded control of Belsen in April 1945.

“Far away in a corner of Belsen camp there is a pit the size of a tennis court. It’s 15 feet deep and at one end it’s piled to the very top with naked bodies that have been tumbled in one on top of the other. Like this must have been the Plague pits in England 300 years ago, only nowadays we can help by digging them quicker with bulldozers, and already there’s a bulldozer at work in Belsen.”

Richard Dimpleby, BBC Reporter, April 1945, sourced from BBC Archives

As the German war machine started to splutter and falter in 1944-1945, and with the Allied forces from the West and Soviet forces from the East edging ever closer to Berlin, Belsen increasingly became a collection camp for thousands of ‘Untermensch’ who were evacuated from other concentration camps that were soon to be liberated by Allied forces.

In July 1944, the prisoner population of the camp was 7,300 prisoners. This number drastically increased to approximately 60,000 by April 15th, 1945. The upshot of this enormous swelling of the interned population was an overwhelming strain on resources, which precipitated a subsequent increase in the death rate. Prisoners were already treated inhumanely, but from late 1944, food and fresh water supplies dwindled, and sanitary conditions were awful.

“As we went deeper into the camp and further from the main gate we saw more and more of the horrors of the place, and I realised that what is so ghastly is not so much the individual acts of barbarism that

take place in SS camps but the gradual breakdown of civilisation that happens when human beings are herded like animals behind barbed wire. Here in Belsen, we were seeing people, many of them lawyers and doctors and chemists, musicians, authors, who’d long since ceased to care about the conventions and the customs of normal life.”

Richard Dimpleby

These conditions, alongside overcrowding, caused starvation to be widespread, and infectious diseases such as typhus, TB, typhoid fever, and dysentery, to be rampant. Conditions were so unsafe that the camp was burnt down by the British following evacuation to prevent the spread of typhus. These conditions were engineered by the SS.

“But beyond the barrier was a whirling cloud of dust, the dust of thousands of slowly moving people, laden in itself with the deadly typhus germ. And with the dust was a smell, sickly and thick, the smell of death and decay of corruption and filth. I passed through the barrier and found myself in the world of a nightmare. Dead bodies, some of them in decay lay strewn about the road.”

Richard Dimpleby

The Story of the Student

The nightmarish world of Belsen puts into context the extraordinary psychological assault the medical students were to face.

Following the liberation of the Netherlands in the latter part of 1944, the British Red Cross and War Office requested for one hundred volunteer medical students to assist in the

nutrition of malnourished Dutch children.

Many students felt a duty to serve, and competition to go to the Netherlands was fierce. Those who were selected had an enormous sense of enthusiasm for the task ahead.

‘The result is no one thinks about helping the Dutch, but whether they can outwit their rivals in getting a place.’

Alex Paton, St Thomas’ Medical Student, written on 4th April 1945, sourced from British Medical Journal, Vol. 283, No. 6307 December 1981

Eventually, 96 medical students from London were chosen, with 34 representing Guy’s, King’s, and St Thomas’.

The Guy’s contingent standing outside the Hodgkin building before setting off, taken from the Guy’s Gazette August 1945.

However, as the medical students were preparing to set off to the Netherlands, a special request from Brigadier Hugh Glyn-Hughes, a Chief Medical Officer attached to the 11th Armoured Division, was made urgently requesting for additional help in the medical care of the concentration camp survivors.

The students were therefore ordered to go to Belsen. Yet, as they had eagerly volunteered to help in the Netherlands and had waited a month to do so, it seemed some of the students were not so much bothered about the last-minute change of destination. Rather, they were excited to be involved at all.

‘... this was the first news we had been given about going to Belsen, but we were all so excited about

going, after a month of waiting, that we did not think much about the change of destination.’

Michael Hargrave, Westminster Hospital Medical Student, written on April 28th, 1945, sourced from Bergen-Belsen 1945: A Medical Student’s Journal

That sense of enthusiasm would no doubt be violated, but not extinguished, when confronted by the crimes of the SS, with over 10,000 corpses lying throughout the camp.

Due to the colossal number of corpses to be removed, a bulldozer was used to transfer these corpses to a mass grave. The numbing, depressing and desensitising effect this had on some of the medical students is clear evidence of the destruction of the perhaps naïve sense of adventure felt initially.

‘It wasn’t as totally horrifying as you might reasonably expect it to be because it was on such an enormous scale... if it had been several hundred bodies, one might have been desperately upset and affected by it mentally and psychologically, at any rate. But no it was on such a huge scale it was rather like trying to count the stars. There were thousands and thousands of dead bodies and you couldn’t really consider them to be your aunt or your mother or your brother or your father because there [were] just too many and they were being bulldozed into graves’

John Dixey, St Bartholomew’s Hospital Medical Student, sourced from Belsen: The Liberation of a Concentration Camp by Joanne Reilly, December 1997

Following the burial of the deceased, the



medical students were able to get to work to treat the 43,000 survivors, with the operation being commandeered by Brigadier Hugh Glyn-Hughes and Colonel James Johnson of the Royal Army Medical Corps, as well as the nutrition expert Dr Arnold Meiklejohn from the UN.

They were each assigned a 'hut' with between 300 to 500 patients, but sometimes even more, many of whom were close to death. They scrubbed and fumigated the huts to clean them as best they could. In effect, they were promoted to 'lead consultant' of their 'ward,' despite only being penultimate year medical students. They were thrown in the deep end, and had to swim with all their might, for many a life depended on it.

They survived and thrived remarkably. with the death rate diminishing from 500 a day on April 15th to approximately 50 a day by mid-May. Each morning, they had to identify those

who had passed away overnight and separate them from the living. Those who survived and needed medical help were transferred to a 'hospital', which the students had constructed and resembled an inpatient ward.

The first and foremost task was to clean these patients. Many of the patients had been unable to perform basic hygiene, for they were very weak (like 'scarecrows') and had no water supply, which the SS had deliberately cut off. Scabies, lice, ulcerative colitis, and diarrhoea afflicted many of the patients, who could not be properly treated before their being washed and clothed properly.

The medical students were able to do this by organising a 'Human Laundry', allowing for the patients to be cleaned, sprayed with DDT (a pesticide), and given new clothes. This entailed of four German nurses scrubbing the patients clean and dry in an almost industrial-

like manner, the scene of which is shown above ('Human Laundry, Belsen: April 1945' by Doris Claire Zinkeisen, image courtesy of the Imperial War Museum).

Once the patients were cleaned, they needed to be nourished, for many of them had experienced horrendous starvation. In fact, the medical students spent a significant amount of their time and energy simply feeding the patients, something that often proved to be challenging; both with regards to what to feed the patients, and how to administer the food.

Many patients were simply too weak to swallow solid food, and with a marked lack of nasogastric feeding tubes, it was impossible to feed them with Army rations.

Intravenous delivery of protein or glucose solutions was a non-starter for many patients; they were traumatised by the very sight of needles, which they understandably associated

with lethal injections administered by the SS.

The Bengal famine mixture (powdered milk, boiling water, white sugar and flour) was a more suitable consistency of food, and could be administered orally, but was far too sweet and rich for the palates of the patients.

The solution eventually found was to give very dilute nutrient solutions, such as soup and glucose solutions, in small quantities very frequently, through the oral route. This was the perfect compromise as it was palatable, and did not put undue strain on the digestive system.

Having found solutions to clean and feed the patients, the medical students now needed to treat those that needed medical help.

To do this, one needed to take a history, administer drugs, and apply bandages and swabs. But to allow this to occur in the way we understand it, there needs to be a common

tongue, and Belsen was a melting pot of people of different countries and languages, not necessarily common ones. Communication, the keystone of clinical medicine, was therefore rudimentary at best, and an additional hurdle the students had to vault over.

‘to explain to a Pole who speaks little French, or to give a course of sulphonamide to a Russian with erysipelas who only speaks Russian is no easy matter, and we had no means by ensuring the course was correctly given.’

Thomas Gibson, *The London Hospital Medical Student, date unclear, sourced from the Barts and The London Chronicle, Spring 2005 Volume 7, Issue 1*

One gets the impression that although the language barrier was profound, the patients were in such a dire and desperate situation, that they were grateful for any help they could get.

The enormous improvements in the quality of life, dignity, and happiness of the patients at the time of evacuation of the camp was a diametric contrast to their state when they were rescued, and a testament to the skill and resolve of the students and medical officers involved in their rehabilitation.

‘Our hospital huts – about 700 patients – are the last to be moved from the camp. The inmates look incredibly happy, cheered by a stove which makes the hut stuffy, and a wireless.’

Alex Paton

The Impact on the Students

Undoubtedly, the horrors of Belsen would have impacted the students for the rest of their lives, both physically and psychologically.

Being surrounded by infectious diseases for a month inevitably carries a risk, and there were a significant number of cases of typhus, dysentery, and gastroenteritis, among other illnesses, some persisting for years.

I had the great pleasure of speaking to Professor Anne Stephenson, whom many of you will know, concerning the story of her father, Dr John Reynolds. As a St Thomas’ Medical Student in 1945, he volunteered to treat the patients of Belsen. Belsen would affect Dr Reynolds

for the rest of his life, in more ways than one.

Psychologically, Dr Reynolds would not be the same again. Professor Stephenson described to me his lack of willingness to speak about what he saw. He would sometimes wake up in the middle of the night screaming or refer to a woman who had been shot in the leg. It is likely that he had PTSD, which certainly wasn’t very well understood at the time. In fact, Dr Reynolds never received any aftercare, nor did any of the other students, and was very much expected to get on with his course as if nothing had ever happened.

Years later, Dr Reynolds would emigrate to New Zealand, partly to escape Europe and the remnants of a terrible war which shook his faith in humanity. New Zealand would provide a fresh start, where he could channel his energy into his family, being a GP and helping underprivileged Māori children, and in the process try and heal from what he saw.

In later life, Dr Reynolds suffered from bladder cancer, which Professor Stephenson believes may have been exacerbated by the DDT that was used for disinfection in the camp.

It is both sad yet intriguing to note that Dr Reynolds would no longer keep in contact with any of the fellow students.

Indeed, one of the hardest truths to swallow is that none the medical students that witnessed the atrocities of Belsen would ever meet as a group again.

Conclusion

There are countless lessons to be learnt from the story of Belsen and the medical students who helped its victims.

Terrifyingly, history often repeats itself, and the lessons of 1945 are pertinent to this day. Repeatedly, morally corrupt individuals take pleasure in massacring others for the most incomprehensible, inhumane of reasons. That much was true of the Nazis, and it is true of the psychopathic regimes of China’s Xi Jinping, the Ayatollahs of Iran, or Russia’s Vladimir Putin in today’s day and age.

In the great game of chess that is geopolitics and war, one can often feel like a pawn being swept

by the currents of history. Nonetheless, we must do all we can to oppose these malign forces in any little or large way, for what we see in Xinjiang, Tehran and Bucha are not so different from what was seen in Belsen.

Perhaps, on a more tangible level, we can be inspired by the courage of our predecessors. Those medical students, who threw themselves into an unimaginably depressing situation with many challenges to overcome, at a great personal sacrifice, were nothing short of heroic.

‘One and all they threw themselves into the task with unbounded enthusiasm; they worked long hours in the worst possible conditions and never spared themselves. The results speak for themselves, and the fall in the death rate was, I am sure, largely due to their magnificent work.’

Brigadier Hugh Glyn Hughes, *sourced from the British Medical Journal June 1945*

Many of them went on to become successful consultants, continuing their public service in peacetime, and I have no doubt that the adversity faced contributed to moulding, challenging and strengthening them. Not only as clinicians, but most importantly of all, as humans.

One does not even have to look back so far in the great history of our medical schools to be inspired. The tremendous work of those medical students battling the COVID-19 pandemic, not necessarily in an analogous situation, but nonetheless stepping up to the mark to unburden an exhausted system when it needed them. The parallels are certainly there, and these heroic efforts should be remembered and applauded.

The medical students of Belsen walked the same steps as we do now, literally and figuratively; they are not so very different to us.

Let us continue to follow in their footsteps.

Sources

Specific quotations have been cited in text.

General information was acquired from the following sources, all of which I would highly recommend to readers interested in discovering more about this story;

United States Holocaust Memorial Museum Website (<https://encyclopedia.ushmm.org/content/en/article/bergen-belsen>)

King's College, London InTouch Online (<https://intouch.kcl.ac.uk/spring-summer-2021/service-to-society/>)

Belsen Online Archive (www.belsen.co.uk)

Imperial War Museum Website (<https://www.iwm.org.uk/history/the-liberation-of-bergen-belsen>)

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Guy's Gazette, Volume 59 New Series No 1484 - 9th June 1945

King's College Hospital Gazette, specifically;

The King's College Hospital Gazette, Volume 24 No 1 – April – June 1945

The Medical Students of Guy's, King's, and St Thomas

Guy's Hospital

John Towers

Daniel Oliver Davies, also known as Dan Davies

Ian Clifford Leonard White

Michael Gwynne Douglas Davys

Gwyn Williams

Dennis Henry Forsdick

Sidney Clifford Brookfield York

John Kilby

John Langford Hayward

St Thomas' Hospital

David Sells Hurwood

Edmond Arthur Douglas Boyd (Eddie Boyd)

John Spencer Jones

Alan David Rowan MacAuslan

John Eric Mandel

Michael Harold Farnham Coigley

James Andrew Turner

Keith Maxwell Fergusson

David Maurice Rahilly

Peter J. Horsey

David McPherson Strange

Alex Paton

David George Arthur Westbury

John Anthony Reynolds

John Stephenson

King's College Hospital

Peter Barr Taylor

Michael James Forth

Arthur Thompson Cook

James Learmonth Gowans

Claude Dempster

Alan John Kenny (A.J Kenny)

Ian Whimster

Norman Lees

Bernard William Meade

Thomas Pimblett



In Conversation with Professor Trembath: Past, Present and Future at GKT

Morgan Bailey **MBBS2**

Professor Richard Trembath is Senior Vice-Principal of Health at King's College and is Executive Dean of King's Health Partners. He trained at Guy's Hospital Medical School in Medicine before its merger with UMDS in 1985 and then again in 1997 to become GKT. Following on, he became a clinical geneticist. He was Executive Dean of Medicine in 2015, before becoming SVP of Health at King's in 2020 following appointment.

Along a well-trod 1st floor corridor in the Hodgkin Building stands a solitary door. Behind it, a boardroom, housing one of the most eminent figures currently in King's College. As we knock, a booming voice beckons us in. Thus our conversation with Professor Trembath begins.

Professor Richard Trembath is Senior Vice President of Health & Life Sciences at King's and a medical geneticist by trade; quite an achievement for someone, who in his own words, studied neither Chemistry or Physics at A-level before embarking on training at Guy's Hospital Medical School in the mid 1970s. His office, in which our conversation was to be held, was poetically the same office in which his entrance interview took place. Following his acceptance to Guy's, our SVP began his medical training, spending countless hours at his favoured desk in the Will's library.

Whilst reminiscing, a tangible apprehension grew around Prof. Trembath's words: his one early disappointment was not being able to rub shoulders with grey-haired philosophers at University.

Medical education some 50 years ago was different in many ways to how it is structured today. Medical Schools in London, whilst affiliated to the University of London, operated in sole conjunction with teaching hospitals. The present spiral run-through course, was back then, markedly distinguished between the two years of pre-clinical (biomedical sciences) termed 2nd MB and the three years of clinical teaching leading to finals, with much of the latter essentially delivered as an apprenticeship on the hospital wards. A few Schools retained a pre-medical year leading to the 1st MB, through which the medically relevant components of the typical Science A-levels were taught; this

being the route of entry for Professor Trembath. Not until the mid 1980's was the viability of traditional medical schools functioning solely within a teaching hospital environment brought into question. The result (known as the Griffiths Review) once implemented, led initially to the formation to the United Medical and Dental Schools (UMDS) and then the integration of the UMDS with KCL and the medical school of King's College Hospital.

This could not have come any sooner according to Prof. Trembath. To his delight, we students today can engage in and with disciplines not traditionally taught at GKT: languages, humanities, social sciences and politics and music just to name a few. And yet a concern was noted, as in his view, too many students often do not take up the diverse educational opportunities that have been given to us.

Timely then I offer a hindsight-ed rebuttal to his observation. I note that the 'Student Selected Component', designed to allow escapism from our structured curriculum, is not really selected. It was handed to me, in a similar vein to a lottery

draw. And I did not win the jackpot of my first choice.

Peering down and out of the window, we silently observed the ever-so familiar bustle of students. Upwards, the Shard projecting into the sky, and next to it the Guy's Tower. At a cost of £17 million, the Tower was built in during the late 1960s and was projected to be the tallest hospital building in Europe. Whilst dethroned from this title as of today, Guy's Hospital remains one of the leading centres of research, education and training in the world. In Prof. Trembath's words, Guy's and St Thomas's Foundation Trust is a global leader in many of the '-ologies' of medicine. A shame it is then that many students are unaware of the many advancements to health care that have emanated from these historic hospitals; do they remain, as do our silhouettes in the sash-glass windows of the Medical School building, behind closed doors. A vision of Prof. Trembath holds is that the Gazette returns as the proprietary publication to support GKT students to venture beyond the typical remit of classroom study.





Continuing our conversation, Prof. Trembath made some predictions in medical education: what we are taught now will not hold true in 10 years' time. This seems to be the consensus, as our medical knowledge is ever-growing. Through his own practicing history he offered a number of examples; the highly selective vagotomy procedure was the 'gold-standard' in treating severe and intractable peptic ulcers. From the early 1980's, and to the dismay of general surgeons (but to the joy of patients), we came to understand peptic ulcers where primarily an adverse consequence at least in part by *H. pylori*; a bacteria. Thus allowing us to treat this condition by a combination of antibiotics and the new discovered proton pump inhibitors, providing a non-invasive and typically curative therapy.

The usage of mobile phones to drive data-driven medicine and moving care from secondary and tertiary centres closer to the community are some of the hopes Prof. Trembath holds to further improve accessibility and improvement in patient outcomes. Perhaps this is redeeming aspect in the GKT Curriculum: its breadth in

allowing us to explore research, leadership and education, all of which are linked directly to the degree award we receive when we graduate as a future proofed GKT doctors.

Prof. Trembath acknowledges that not every medical student training today will have a traditional MBBS. Some may pursue the arts. Others the humanities. Perhaps I will become inspired by my SSC and become a medical philosopher... strikes pending.

In his final few words, Professor Trembath comments on his clinical practice. As a geneticist and a vice-principal at King's, he states that he has little time for medicine, although he very much misses it. A testament to the idea that medicine truly is a blend between the humanities and the sciences.

We thank Professor Trembath for taking his time in talking to us.



News from the MSA

Nikki Kerdegari **iBSc in Anatomy**
MSA President

The GKT Medical Students' Association (MSA) has been working hard to improve the lives of GKT's medical students by ensuring their social, academic, and welfare needs are met during their time at medical school. The 22/23 committee is made up of 27 students across second year to final year. We are proud to represent every student at the medical school and celebrate our diverse student body. This year we have been to bring back an inclusive full freshers' fortnight, continuing our traditional 'Lock and Key' and 'Scrubs Party' events as well as numerous free and alcohol-free events.

As an academic association, the MSA helps empower the student voice and create a channel of communication between students and staff. We have worked with Faculty to advocate for change across several areas. One of our proudest achievements of the association this year has been securing payment for all medical students working as student MMI interviewers in the admissions process. Listening to student concerns, actively involving them as and keeping regular open communication of progress to instilling changes is crucial to student experience and the students' faith in the association to fulfil its purpose. Ensuring our beloved Guy's campus is maintained and equipped with the facilities to support students

in their studies is fundamental. We would like to thank senior Faculty for meeting with us to discuss this issue earlier this year. We highlighted issues regarding the upkeep and capacity of Guy's campus which were well-received and will continue to champion for equity across KCL sites and for our spaces to evolve with the changing needs of students and create environments that foster a sense of belonging in GKT students.

The cost-of-living crisis has hugely impacted many of our students with the establishment of the Liveable NHS Bursary campaign and work by Doctors Association UK. The MSA has been working on a local level to advocate for increased financial support here are GKT. We have used platforms such as this year's GKT Annual Teaching and Learning Conference to advocate for increased support. There is no easy solution to this problem but ongoing dialogue of current support in place with updated guides on how to apply for these are initial steps we have been taking whilst we work with Faculty to explore larger-scale changes.

We are always keen to hear from and work with current students and GKT alumni. Our inbox msa@kcl.ac.uk is always open.



Professor Nicki Cohen, Dean of Medical Education at GKT



can hope to mould practical change.

But how to do this?

'The number one thing

I want to do is listen to

students. This doesn't come with the promise that every problem will be solved. I want to be a Dean that promotes students, rather than swans above. I have to do that by listening more'. This attitude underlies Prof. Cohen's vision for GKT; honest critique, swallowed pride, and realistic expectations. Practical measures must be the result of this, however.

The Dean's Group, a student-faculty forum comprising 35 paid medical students from all years, has been recently implemented to capture this vision. This is laudable for two reasons. It is a long-term project, with students staying as part of the group until they graduate, and it is infused with a sense of trust in the voice of the student, for what these students say will (within reason) be taken as fact. I initially had qualms about the remunerative aspect of this policy, wondering if it wouldn't attract the most altruistic of people. But given the time commitment and cost-of-living crisis, perhaps paying students is only fair. And, most importantly, how can diversity of perspective, and therefore thought, be encapsulated into the debate? I am told that the group comprises a mix of ethnicities and genders roughly proportionate to the whole medical school cohort; one

can only hope that representation on the demographic level will achieve this crucial goal. With the long-term plan established, how will these broader changes manifest for our doctors? Prof Cohen highlights three things that make our graduates unique; 'The breadth of the experience, patient centred care with mental and physical health as a priority, and high-impact science'. These individual factors are not unique per se, and rather it is the combination of the factors that weaves the silk of GKT. The close partnerships of 3 world-class, historic tertiary centres situated in ethnically diverse areas affords much opportunity for exposure of physical illnesses, and the Maudsley is second bar none for mental health. This clinical firepower is critical to producing competent graduates, but Prof. Cohen is emphatic in her assertion of her priority; 'common values, but not one type of doctor. The diversity that comes with that is critical. I want to see doctors who will take the time to look after patients. It sounds very coy, but when you're on the other side it's key. So be as brilliant as you like, be as much a team player as you like, but you must put the patient first. Everything else can go on top of that.'

What to do with the size of the medical school?

The size of the medical school affects students profoundly, more than anything else, and on multiple levels. Many students would agree that a not-so-small chunk of their year group are unrecognisable, and this is not for a lack of trying. And many can empathise at the feeling of being swept by a tsunami of new faces in Fresher's week, and the timeless struggle of correctly pairing names with faces that follows this. I wondered what Prof. Cohen had to say on this matter. She holds the view that those who choose to apply to GKT do so 'because you don't want small' and that 'this school has always been big, and that comes with its challenges, but also tremendous opportunities as well' particularly when considering the 'way you can prepare yourself and interact with a multi-faculty university.' Challenge is not a bad thing whatsoever; in fact, it is fundamental in one's life. The wealth of opportunities is undenia-

The Bigger Picture

Arnav Umranikar MBBS2

An interview with the Dean of the GKT School of Medical Education

Speech marks indicate direct quotations. I have otherwise paraphrased Prof. Cohen's words and added my own commentary.

This interview was conducted in December 2022, early into Prof. Cohen's tenure, with further updated information provided as necessary in February 2023.

If you have any opinions on the matters discussed in this article, then send us a letter to gktgazette@kcl.ac.uk

GKT Medical School can feel rather like a medium-sized component of a babushka doll; with many larger components (FOLSM, KCL) encasing us in. Yet one surely presumes the situation isn't such an oversimplification, there being many components working in concert to allow the engine of a university to roar. So, it can be rather difficult to tell how we, as one of many of these parts, fit into all this. Not to mention, we are a rather large babushka doll ourselves and it's easy to feel lost in the sheer scale of things. Most importantly, how do these factors percolate down into the joys of student life, and how will it affect what type of doctors we will be? What is the bigger picture?

Professor Nicki Cohen, Dean of GKT and Honorary Consultant Neuropathologist at GSTT, sat down with the editors to untangle these knots.

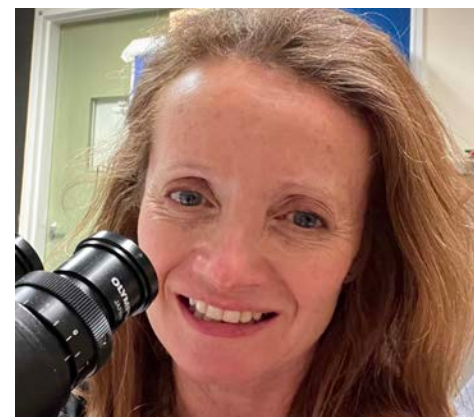


The Front View of Guy's Hospital, 1924. It is rather more difficult to park at Guy's in 1991.

ble, both academically and socially, even more so as a multi-disciplinary university. Many a student will thrive in this environment, to their credit. But what about the students that feel lost, or need more support in becoming independent? Feeling like a faceless data point is not an inspiring feeling. Reducing intake is not viable, for 'we need more doctors, and medical schools are not going to get smaller anytime soon.' This may be true enough, but this seems akin to churning greater numbers of students out of the university, at the expense of their skills. The crux lies in making the large community we are a part of feel a lot smaller, a feeling which has been stunted by the myriad effects of the pandemic. Prof. Cohen likens this spirit to feeling like one is part of a family, as she does, and that it is a question of forging collective identities in the early years of medical school and forming a bedrock to fall back upon then and throughout life. Prof. Cohen asked our suggestions on solutions, which are three-fold. Academ-

ically speaking, in-person teaching is important for meeting one's peers, as are social events which could be run by the medical school itself, in conjunction with the MSA. Even more importantly than this, promoting sports, of which GKT has a tremendous history of, is fundamental to the culture. There are few more gratifying, unifying things than sharing the trials and tribulations of playing sport with one's pals, something that as a rowing cox, Prof. Cohen will know about. On a wider level, promoting the history of the medical schools, and their importance in society, will give a sense of pride and purpose. To mention an excellent example of this that must be continued; the blue plaques and war memorials of our eminent alumni and national heroes which honour knowledge and bravery in our predecessors. What can inspire community spirit more?

How does GKT fit into KCL?



The medical school as an entity has changed from being a hospital-based, streamlined unit to a composite of schools into a larger university ecosystem. Prof. Cohen herself can no doubt relate to this change, having found herself sandwiched between these two paradigms at United Medical and Dental Schools; which formed following the merger of Guy's and St Thomas' in 1982. Undoubtedly, this shift revolutionised the student experience of the medical student in the last 50-odd years. Now, how have these distant organisational changes bled down onto the student experience? On being a part of a multi-faculty university, and what this allows; 'The breath of experiences mean that no medical student should be in an ivory tower, because that's not where you learn medicine, and that's not life.' The humanities and arts are tremendously important for us as medical students, for medicine is an art as much as a science. The integration with specialist faculties in different disciplines, such as philosophy and law, is invaluable, and it's clear Prof Cohen agrees. But take a saunter to these departments on the Strand and you will see pristine, modern buildings. Such a contrast to Guy's campus, whose buildings need a wash and interiors a refurbishment. Clearly, the money flows North of the river. Aesthetics aside, the functionality is also not on a par, particularly with a lack of study space, charging points or microwaves. My impression is that, when suggestions are made, they take a long time to be implemented, if at all. The

clarity of the process is hazy, and the fixing of issues invariably seems the responsibility of others, no matter who one speaks to. Though I am told that I may soon have reason to change this cynical view, with the MSA and Prof. Cohen, in conversation with senior members of FOLSM, endeavouring to make progress regarding the estate. I will believe the fruits of these conversations when I see them.

Listening, communicating broadly and openly, and administering efficiently is essential, and is what has been missing at GKT in recent years. Not to mention the bold, confident familial spirit of our fine medical school. Time will affirm or deny whether the Dean's vision can be made a reality, but from our conversation, there are reasons for optimism.

The Gazette would like to thank Prof. Cohen for speaking to us and fitting us into her no doubt busy schedule.

To improve communication with the student body, Prof. Cohen will be publishing her own article on the faculty's progress in the next edition of the Gazette.



Dare Quam Accipere

The COVID-19 impact at GKT

Morgan Bailey **MBBS2**

Illustrations by Chihiro Nagano **MBBS2**

September 2021. Taking my first step onto Guy's Campus, with a tent-obstructed view of the august Hodgkin Building, was a reminder that my medical school experience was going to differ hugely from those in my shoes embarking on the same journey 300 years ago. The campus, though sparsely populated, was to be my home for the next 5 to 6 years and I knew I had to make the most of it. Despite my enthusiasm, I sensed the daunting task that was to lie ahead: to not only succeed in my first year as a GKT medic but to make friends along the way, held behind the physical and psychological barrier of the dreaded blue mask.

Before I continue though, dear reader, we must first embark on a reminder of the Covid pandemic.

December 2019. A single notification from a province in China tells of the first detection of an infection unknown breaking news in laboratories across the globe. Before long, the disease began to spread country-to-country, sparking panic globally. By January 2020, SARS-CoV-2 was detectable and shown to be spreading throughout the United Kingdom. Just 2 months later, the UK initiated its first lockdown. 2 years and 3 national lockdowns later, Covid-19 had become an all-too-distant memory for most. Meanwhile, millions were facing the long-term impact of the lurgy, perhaps none more than

the healthcare sector themselves.

Thus I shall continue where I left off. In September of 2021, it would be time for that eager and ashamedly naïve student to leave home. After many months of isolation under my belt and the scars left by the loss of loved ones on my shoulders, I could graduate to the status of 'student doctor'. Leaving home legally, and not under the guise of visiting Barnard Castle, felt like a vivid dream. Stepping into the Greenwood theatre was the first moment where fantasy met reality. The air was filled with a tangible apprehension, brought on by the fact that my face and those of my peers were mandatorily muzzled by our masks. An odd feeling of guilt came to shore, its tide coming in and out, as a perpetual reminder of the sacrifices I and others had made to keep each other safe by not stepping out of our houses. Ironical isn't it, reader, that a student doctor could feel guilty with about embarking on a lifelong journey to helping others. Strangely, this feeling would not wash away.

It came as no surprise to myself or my peers that lectures were to be online. Studying from home behind a screen was a subtle but constant reminder that things were to be different for us, as it must have been for those



pandemic doctors thrust onto the battlefields in Trusts up and down the country. Whilst trawling through content online had become easier and perhaps more convenient, it had become noticeably harder to refrain from procrastinating with lectures. By the end of term, I was soon left with a mountain to climb when it came to the backlog of lectures I had accumulated. Henceforth my gullibility was shown. Whilst rushing through lectures to ensure I had covered said content before the exam the following year, I could not help but question if that was the right approach. Whilst I passed the exams, trying to recall the

muscles of the lower limb or the physiology of the kidney following the first summer of freedom proved difficult. One simple question came to mind: what



about the patient? Would my patient want their doctor treating their sciatica or acute kidney injury having hurried through the lecture at double the speed? This is without mentioning the lack of clinical placements for those studying in 2020. Perhaps I should be counting my lucky stars.

Whilst lockdown potentially saved thousands of lives, it came at a price; the massacre of community spirit within GKT. Sports: halted. The comedy revue, GKT's Got Talent, Strictly Come Dance Soc all faced the axe. And worst of all, Sports Night became a lonesome TV night in. Thus the dread once again set in: spending the next half-decade of my life in isolation was rather really unappealing. Though, we didn't have it all too bad. Scanning a track and trace card, wearing a mask in a queue, and avoiding others

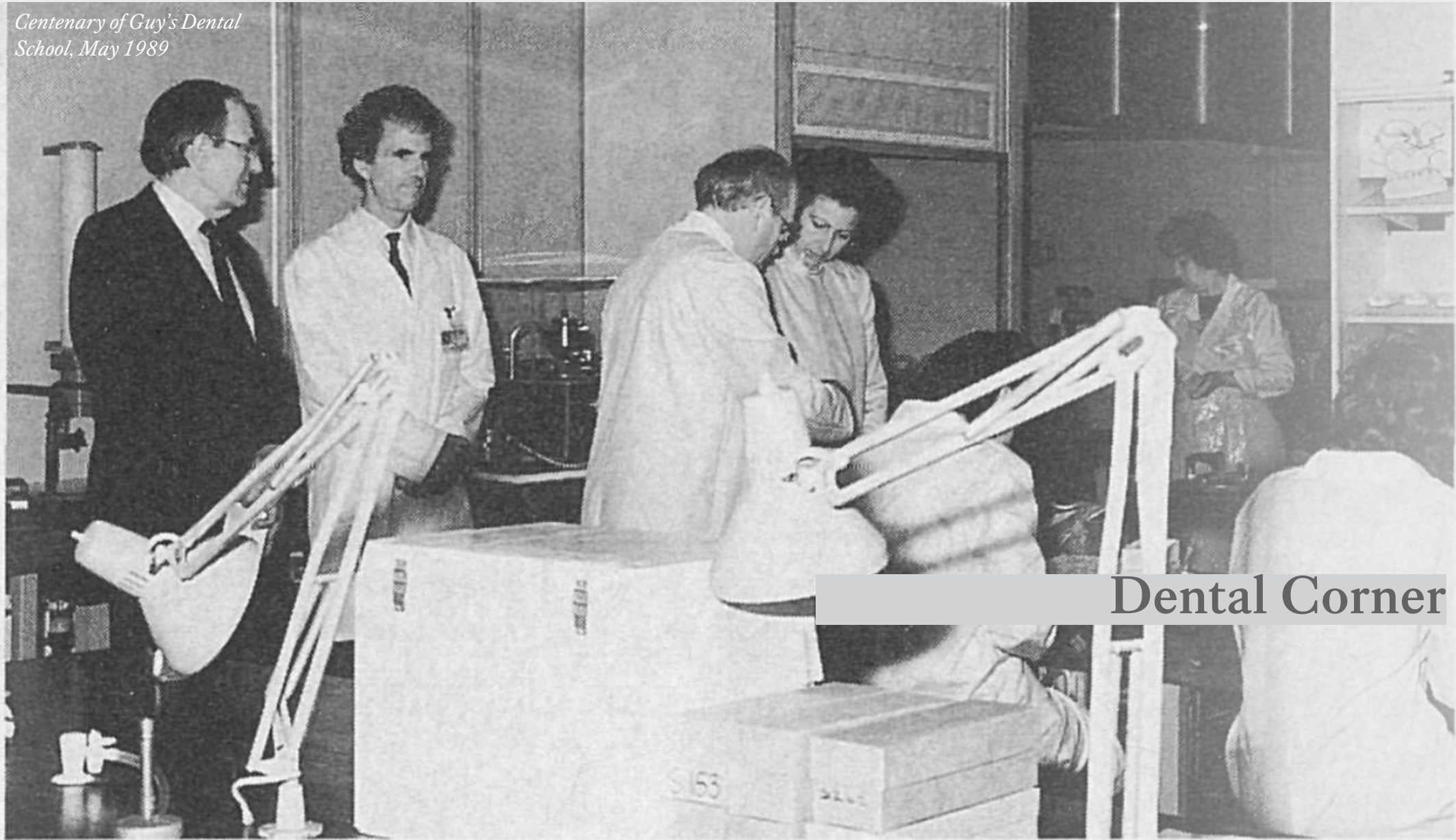
with a 10-foot barge pole seemed like a decent price to pay in order to destroy my hopes of making my 9am lecture on a Thursday. Though only as we emerge from the trenches of the battle, do we realise the impact the war has had.

The guillotine had cleanly cut the heads clean off from many communities at GKT, one of which was the Gazette itself. Because of Covid, the metaphorical baton could never be passed on to us from our predecessors, with the consequence being that most medical students now do not know what the GKT Gazette is – along with a slew of other traditions passed from generation to generation.

I suppose it would be sensible to end on a relatively positive note. Contrasting my first look at Hodgkin in 2021 to now, with the rush of maskless students conversing and smiling despite the frost-ridden grass in the Quad, provides hope for the future for the community within GKT. With the Gazette returning on its 150th anniversary, let us pay respects to our predecessors and look forward to a bright and prosperous future for the medical school and the Finest Hospitals in the World.



*Centenary of Guy's Dental
School, May 1989*



Dental Corner

In the orthodontics laboratory (L to R: Lord Flowers, Prof W J B Houston, Mr P Chittenden, The Princess Royal)



Our thanks to the King's Crown editorial team on allowing republication of this issue.

Sourced from the King's Crown, issue 7, December 2022.



About the speaker

Mr Sadler qualified in dentistry in 1974 and medicine in 1986, before going on to obtain a diploma in restorative dentistry. Originally working in general dental practice, he eventually became a consultant in oral and maxillofacial surgery in Lincolnshire for 16 years, and a clinical lecturer and honorary consultant in oral surgery at Queen Mary University, Royal London.

He is currently the secretary of the RSM History of Medicine society, a member of the committee of the Lindsay Society for the History of Dentistry, and an Honorary Research Fellow for the unit of the history of Dentistry King's College London.

Mr Sadler is the author of *The Making of British Oral and Maxillofacial Surgery: Voices of Pioneers and Witnesses to Its Evolution from Hospital Dentistry*.

Reflections on the CE Wallis lecture: The making of British oral and maxillofacial surgery

Jing Yuan Chan **BDS2**

Last month, we were kindly invited by Dr Rupert Austin, staff president of the KCL Dental Society, to attend a talk delivered at the Royal Society of Medicine, in which he is President of the Odontology Section. The lecture was opened by Dr Deborah Bomfim, Immediate Past President of the Odontology Section at RSM, who introduced the main speaker Mr Andrew Sadler. A retired oral maxillofacial surgeon himself, his talk explored the place of maxillofacial surgery in society before and after the NHS, as well as some of the young dentists who, despite being faced with sustained opposition, overcame adversity and pioneered current practices today. The foundations of British oral and maxillofacial surgery were laid in 1935, during World War II. Kelsey Fry, Harold Gillies, and William James were among the notable dental surgeons during this

time who served the Royal Army Medical Corps (RAMC) to treat servicemen suffering from facial injuries as a result of the war. It was quickly realised that special hospitals were needed to perform these operations; as such, these were set up and continued operating even after the war had ended. 1962 saw the formation of the British Association of Oral and Maxillofacial Surgeons, but it was not until 32 years later, in 1994, that maxillofacial surgery was recognised as a surgical speciality. During this time, a medical degree was not required for this specialty, and so pioneers in the field of oral and maxillofacial surgery were all dentists who then decided to obtain a medical degree afterwards, on their own accord. As a second year dental student who is relatively new to the dental industry, I was very surprised to learn that oral and maxillofacial surgery has fairly recent origins. However, what I found most fascinating is the fact that just a few decades ago, maxillofacial surgery was seen as a part of den-

tistry exclusively, and not a multidisciplinary practice fusing together equal parts of dentistry and medicine. The fact that the oral and maxillofacial surgeons of today are required to be dual qualified in medicine and dentistry is, I believe, an indication of a paradigm shift in which we are starting to recognise oral and maxillofacial surgery as the comprehensive management of the entire head and neck area—an extremely complex task which necessitates the involvement of several surgical specialities. Upon zooming out to reflect on dentistry as a whole, I realised that this change in mindset regarding the importance of teamwork across disciplines has certainly been reflected in the Dentistry in Society module taught here at King's. Of course, we have not learned specifically about the multidisciplinary team in oral and maxillofacial surgery just yet, but the concept of “treating the patient as a person” has been constantly reinforced since first year. In the person-centred care model, the role of the dentist- or any healthcare professional- is to manage the patient as a whole, taking into

account their individual values, preferences, and needs. In adopting this mindset, it quickly becomes evident that communication and treatment planning between professions is necessary to support patients this way.

In reality, we still have a long way to go. Just like Fry, Gillies, and James, who overcame adversity to pioneer modern oral and maxillofacial surgery, we must fight to overcome financial pressures, government policies, and shortages of healthcare professionals so that we may change the culture of healthcare to one that normalises the multidisciplinary team and person-centred care.

Thamara Kumar **BDS3**

Despite having only recently started learning about oral surgery in BDS3 and understanding the mechanisms and instruments used for routine tooth extractions, I found it a fascinating talk nonetheless as it provided more meaning to the content being delivered to us at university. I think it is fair to assume that the majority of us dental students endeavour to learn all the



material the faculty provides us with so we can safely treat patients and apply our knowledge to any given clinical scenario. Given that we focus such a great deal on learning the fundamental knowledge required to deliver patient-centred care, it can be easy for us to not acknowledge, or even be aware of the history or origins of oral maxillofacial surgery. The fact that Mr Sadler opened his presentation by noting that up until recently he also was unaware of the people who invented the instruments we use today, goes to show how easy it can be to excel through dentistry and medicine without even acknowledging the history or origin of oral maxillofacial surgery.

It was remarkable to learn that the pioneers within the field of oral and maxillofacial surgery were only dentally-qualified, and that it was only mandatory to be dual-qualified in both dentistry and medicine in the late 1980's. Nonetheless, many dentists within this field had already chosen to also pursue a medical degree as they needed a medical qualification to get a job at a teaching hospital. In doing so, they greatly improved their chances of obtaining the right contacts and referrals needed for private dental work. Others simply pursued a medical degree for status reasons and to be accepted by the main body of the surgical community. Unfortunately, the majority of dentists' reasons behind pursuing a medical degree before the late 1980's had little to do with obtaining the necessary skills imperative to looking after sick patients or to perform complex surgery. It is evident that this mindset has changed a great deal since, with healthcare professionals within dentistry and medicine now focused on delivering patient-centred care and pursuing further qualifications to improve their skills and knowledge in order to treat patients via up-to-date, evidence-based practice.

Whilst many of these pioneers within the field of oral maxillofacial surgery did not possess a dual-qualification, they continued to undertake countless work they had not been trained to do so, and they learnt how to perform surgical procedures by taking the initiative to observe other qualified healthcare professionals. Mr Sadler quite rightly concluded that this speciality de-

veloped and excelled as a result of those within the field who were inspired to achieve beyond the scope of this speciality and were not held back by the absence of official surgical teaching or training. All the pioneers within this speciality are a true inspiration to every dental student out there, including myself. They provide a valuable lesson to everyone that with hard work, inspiration, and tenacity, we can accomplish great things and contribute significantly to this extensive speciality through countless ways.

Ramneek Chana BDS5

It was interesting that a range of students from BDS2 to BDS5 were all able to attend this talk and represent their individual perspectives from each stage in learning. As a BDS5 student, I found Mr Sadler's discussion of the origins of dental instrumentation particularly fascinating. When in oral surgery, I don't often think of the origin of instruments I'm using such as Warwick James or Howard's Periosteal Elevators; however, learning about their origin has now opened a new world for me. Much like Mr Sadler had remarked in his lecture, dentists are trained to perform a variety of surgeries, and given how much this profession has changed in the last 100 years, it is humbling to appreciate the pioneers whose techniques and instruments we still use to this day. Although named after William Warwick James, it is humorous to note that he in fact disliked the elevator instrument and preferred forceps, and it was in fact William Kelsey Fry who popularised the use of them!

Yet, Warwick James represents an exceptional dentist in his generation who upon collaboration with maxillofacial and plastic surgeons in World War I developed revolutionary skills to manage facial injuries before a time when endotracheal tubes and antibiotics were used. Although it was not mandatory in James' time to be dual qualified, he is an inspiration to a generation of young dentists and students like myself as he represents the scope and contribution that a dentist can make to this vast field of oral, maxillofacial and plastic surgery.



News from Dent Soc

Will Bonab BDS4

KCL Dental Society President

The Dental Society is not your typical student group. It's a vibrant and dynamic community of dental students who are united by a single purpose: to create unforgettable experiences for their peers that enhance their university journey. But what motivates our team of 38 enthusiastic dental students to plan and execute a diverse range of events every month, from dazzling balls and epic parties to inspiring lectures, hands-on masterclasses, and charitable initiatives? It's their deep conviction that dental school is not just another degree. It presents unique challenges and rewards that are worth celebrating and sharing with others. That's why we go above and beyond to deliver exceptional experiences to our members, like sailing down the Thames, learning from world-class speakers, and marking significant milestones in style. We believe that these experiences ignite a spark in our members, fueling their passion for dentistry and fostering connections that will last a lifetime. So, join us on this exciting journey and discover a community that will inspire, empower, and uplift you like no other!

We started the year off introducing the incoming GPEP/DPMG and BDS1/DTH1 students with the traditional awe-inspiring DentSoc lecture followed by the donut round quiz, testing the new cadets from on everything from their anthropological knowledge to Beyonce songs.

The annual boat party was a tremendous success, with tickets selling out in less than 24 hours! The event kicked off with live music and refreshments expertly prepared by our talented bartenders, who also happen to be our Events Reps! Three hundred students set sail down the Thames, and we are proud to report that not a single man fell overboard.

In addition to our exciting social events, we hosted the first two-day international conference of the year. The conference featured Dr. Lincoln Harris as the keynote speaker, who delivered a lecture to over 350 delegates including dental students from across the country, as well as early graduates and experienced clinicians.

To kick off the Master Clinician Lecture Series for 2022/23, we invited a lineup of world-renowned experts to share their knowledge with students almost every Thursday evening. From Harley Street practitioners to international lecturers, and even denture enthusiasts, we showcased a wide range of topics that provided a glimpse into the exciting world of dentistry and the opportunities available to the next generation of master clinicians.

As October flew by, our dental students donned their best costumes and hit the bars of Shoreditch for the annual Pulp Crawl. From superheroes to princesses and even wild animals, everyone dressed to impress. It was the perfect opportunity to blow off steam after a semester filled with Summatives, Formatives, and CAFS, and the night was a roaring success.

Make sure to check out the next issue of The King's Crown where you can read all about our evening Masterclasses, The Halfway Ball, even more conferences, and the Alumni weekend!

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Sweet, Sour or Explosive Dreams?

Sammer Atta MBBS2

Whether you have come back from a night of raunchy raving at a lively nightclub in New York or perhaps a long day of herding sheep in a sandy settlement deep in the Arabian peninsula, there is one unifying activity that every living human since the dawn of time has looked forward to at the end of their day. Whilst we, as people, have very different lifestyles during our daylight endeavours; in reality we share around a third of our lifetimes partaking in the exact same activity. Some may enjoy it better than others; but nonetheless it remains a crucial part of our physiology - sleep.

For a certain percentage of the population, dreams are not so sweet, and in this series of articles, I will be compiling a variety of different intriguing sleep disorders, as well as my personal experiences regarding the topic.

This first phenomenon is something I, myself, have experienced. After a long day's work of training, fighting and pillaging villages - in a video game of course; my friends and I decided to wrap things up; and whilst the day had come to an end in the virtual world. Unfortunately within the real world the sun had just begun to rise. As I tried to force myself into a solemn slumber, the birds chirping outside reprimanded me for making the unorthodox decision of staying up till such a late (or perhaps I should say, early) hour.

Whilst my body was about to slip into a sleep; I heard a loud crashing sound which completely disorientated me, bringing me to a state of confusion and fright - it was too loud to have come from the outside world; it must have all been in my head, I thought. The very next day, I decided to do the most sensible, responsible and infallible thing a paranoid medical student could do - Google the symptoms!

Whilst the name coined for this phenomenon did not help relieve my distress - so called "Exploding Head Syndrome" (EHS), I became quite intrigued by the condition, and to my relief it turned out to be a relatively safe, and likely non-recurring occurrence.

Let us delve deeper into this very peculiar condition. Despite being first described in medical literature in 1876, by Silas Weir Mitchell, an American neurologist, EHS never received recognition as a sleep disorder until 2005, where it was included in the 2nd edition of International Classification of Sleep Disorders.¹ To an unsuspecting patient, the experience of EHS can provoke worry and anxiety - perhaps a stroke, brain tumour or haemorrhage are responsible. Nonetheless, it remains very much underreported and underdiagnosed - maybe due to patient's being embarrassed to express the episode to a clinician, or healthcare providers not being familiar with the diagnosis.²

There is no known definite underlying cause of the condition, but a number of researchers have hypothesised that the cause may be due to ear pathologies³, genetic mutations, or perhaps, even more interestingly, the cause could be due to the "reticular formation"; a region in the pons responsible for filtering out irrelevant background stimuli prior to sleep⁴. One surprising fact is that sometimes the frequency of attacks decreases following reassurance.

The condition is relatively benign, with no known complications, so if you find yourself experiencing such a phenomenon - then do not be alarmed!^{5,6} If you are a budding clinician, then it is particularly important to note that many patients seeking medical advice reported that healthcare providers were very unfamiliar with EHS⁷, and a lack of awareness about this phenomenon leads to delayed diagnosis, misdiagnosis or unnecessary testing.

In the next issue of the GKT Gazette, I hope to bring you, the reader, an insight into more interesting, odd, and frankly fascinating disorders. But for now... sweet dreams!

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For the Surgeons of the Future

Arnav Umranikar MBBS2

Professor Mark Davenport is Professor of Paediatric Surgery at King's College, Hospital, an expert on hepatobiliary disease and Past President of the British Association of Paediatric Surgeons. He kindly agreed to an interview in November 2022, discussing subjects regarding his journey as a doctor, how the job of a surgeon has changed since he qualified, and advice for the surgeons of the future.

Unless otherwise stated all text in speech marks is a direct quotation from Prof. Davenport. I have otherwise paraphrased his words and added my commentary.

From an early age, he had had a passion, and aptitude, for all things anatomy and biology. A practical person from youth and enthralled by the structure and function of the body, it was always surgery that beckoned him. That ancient art of using a sculptor's dexterity and a draughtsman's detail to manipulate the architecture of the body and weave into reality the mind's vision.

Staying ahead of the curve in his grammar school in Stockport, Prof. Davenport went up to Leeds to embark upon medical training, eventually allowing him to practice his passion professionally. It is clear in our conversation that he was driven on becoming a surgeon, even prior to joining medical school, a sentiment that from my perspective is not uncommon amongst junior and prospective medical students. To his own ambitions, Prof agrees, but stresses the importance of open-mindedness, and contingency planning. 'You may be stopped, and it may not be for you. Intrinsically, if you don't think you can do it, it's not for you.'

Reflecting upon his time in medical school in the 1970s, Prof had a thoroughly enjoyable time deepening his understanding of medicine, and anatomy, the predominant subject of the time and curriculum. Compare the focus of medical education to the 2020s; communication, patient-centred care and prevention are the vogue, annexing time for anatomy and physiology. Whether this is good or not, my view is the evidence will show in the future, for these things can only be evaluated in the long term. But Prof is clear about one thing; surgeons need to know their anatomy; every sweep, contour, and demarcation.

Of course, university is not just about one's course. The opinion of this writer is that it is paramount that all university students pursue interests outside their course, for an endless number of reasons. A squash and rugby player, with interests ranging from British Invasion music to

the Ancient Greeks, Prof is unequivocal in his belief that students must broaden their mind with extra-curriculars. He posits why these are important for being a better doctor and surgeon. 'The one big thing you've got to realise when you're talking to patients is they are not you. They are other people; they are the outside world. The more you know about the outside world, the better you can interact with it, and the better you can empathise. You want to make yourself as well rounded an individual as possible.'

Following medical school, Prof became a house officer in Leeds General Infirmary, one of the premier hospitals of the city. For him, it was critical for his career ambitions and development to be in and around the action of a major hospital, cutting his teeth in his pre-registration surgical placement. The technicalities in the pathway to becoming a surgeon may have changed with the times but the principle holds today; if you want to be a surgeon, go to where things are happening, where you can be involved, and where you can be known.

The 'firm' he became a part of at LGI was a small, tightly knit group of surgeons and a rota demanding him to be on-call over the weekend every other week. Both features of the job are relics of a bygone era (surgical trainees work in far larger teams and have an on-call weekend every two months) but afforded Prof. two things. The rota offered frequent exposure and opportunities to operate, and the structure of the firm allowed for the senior members of the team to carefully teach the pre-regs and progressively delegate them more responsibility and independence.

My impression is that this was critical in Prof's development as a surgeon, but it must have been brutally exhausting at times. With any professional commitment and success comes sacrifice. 'Being a surgeon is supposed to be your world when you're training. But it's a hard job, and sacrifices must be made. You've got to do the jobs, pass the exams, make yourself presentable to the



next set of people who interview you. There are always things to do.'

On the matter of firms and one-in-two rotas, things have changed. The consequence of larger teams, due to there being more doctors, means that work can and must be spread more evenly. As such, the rota is certainly less demanding, but provides far less opportunity to improve. 'This may not be such a bad thing outside the 'craft specialties', but in surgery; the more you do, the better you get'. The solution was that surgeons would be experts in very specific, niche operations, repeating them ad infinitum, at the expense of them not being able to do very many other operations. Some reading may bemoan at this change from a job satisfaction perspective, but it has improved patient outcomes and solved the problem of distributing workload and providing a rigorous, broad training.

This specialisation on the individual level has also been reflected in centralisation at the level of hospitals. For example, King's College Hospital is a national hub for paediatric liver surgery due to the groupings of very specialist doctors of the same department.

Prof's career over time is very much a mirror of these changes. After completing general training as a registrar in the North of England, he transitioned to paediatric surgery, relishing the novelty and variation it provided compared to adults. But as the paradigm has shifted towards specialisation and centralisation, he has become an authority on paediatric hepatobiliary surgery, and now spearheads the KCH department. Initially joining paediatrics for the novelty it provided, he has, like all other surgeons, become grooved into a niche. But it is not something he laments. If anything, he enjoys it, and it has done good for his name and his patients.

Our discussion concluded with my prompting Prof for one piece of standout advice he could give to the prospective surgeons reading these pages. On the matter of whether one should pursue surgery, Prof. recommends those interested to ask themselves; 'is it for me? Are you uncomfortable with the focus being on you, with being a team leader, with co-ordinating all the elements of the operating theatre to focus in on you. You've got to be comfortable in that environment; you can't be a wallflower.'

I thank Professor Davenport very much for taking the time to speak with me, and imparting his wisdom onto these pages.



Arts & Culture

Mind Over Matter: Wellbeing with the KCL Anatomy Society

Alisha Karim **BDS2**

Dentistry Representative for the KCL Anatomy Society

Wellbeing, in all its facets, must be a priority when embarking on the journey of high-stakes healthcare courses. Medical schools across the country are accountable for maintaining student wellbeing organisationally, yet students are not held to the same standards for review. Most pertinently, poor student wellbeing is attributed to high levels of burnout, with concepts of mental health awareness being spotlighted in the past few difficult years. Yet it extends beyond psychological, emotional, and mental capacities. The ability of students to maintain their physical health, through exercise and a nutritious diet, as well as students' contentment with their identity and self-image, are stark aspects which are good predictors, as well as outcomes, of good wellbeing practice.

As the Dentistry representative for the Anatomy Society, I was lucky enough to help coordinate our annual Art in Anatomy event, in collaboration with KCL PRASS. This began where all society events do - utilising our budget to buy snacks to entice sign-ups. We then moved to ordering art supplies, and finally recruited Dr. Terouz Pasha, a Junior doctor with a talent for anatomical illustration. By Thursday in Wellbeing Week, we had gathered 40 students from multiple healthcare disciplines (and the

society committee!) in the Anatomy Lecture Theatre eager to begin the guided art session.

The session began with an anecdotal talk from Dr. Pasha, who took us through her medical school journey, and how she unlocked her passion for medical illustration. Drawing both complemented the creative skills of her profession and allowed her an environment to feel comfortable to revert to a beginner level in a practice. And so, she opened the session with an activity to illustrate both of these values: drawing our hands without looking, and with our non-dominant hand. This was a great icebreaker, as it let a group of high-achieving, high-standards students let their guard down and focus on a more intuitive, responsive practice.

Then the masterclass began. Dr. Pasha described the session in relation to something we were familiar with: stages of education. We began in nursery with the icebreaker, and before long we had progressed to primary school; this was where Dr. Pasha shared her expertly clever techniques with us. By breaking the form of a hand into segments, and then relative 2D, then 3D shapes, we were able to understand the relation of different elements to one

another to make a hand in any position appear anatomically proportional - by applying the exact same shapes.

Our final university project was a culmination of everything we'd learned across wellbeing and art, with each student using their own hand as a reference to create a unique anatomical perspective. It was overwhelming to see the response of the students, across different disciplines and stages of their study, to the session and Dr. Pasha's message. In the words of our Events Officer, Deekshant: 'The Art in Anatomy event was a breath of fresh air. It was enjoyable to be in a hall of people who had all come for the same purpose...to unwind, relax and draw. Dr Pasha was the perfect demonstrator for the event, her skills in art and method of teaching created the whole event's atmosphere.'

The event resonated strongly with me, as a dental student having completed my very first clinical exam of many I felt it positioned my career goals within the wider perspective of my life and wellbeing. The message reminded me of a common phrase of advice passed between healthcare professionals: our journey is a marathon, not a race. Wellbeing is a process, and to truly maximise it, it's important to be gentle with ourselves and appreciate the time it will take to build such habits. Acknowledging that it's not necessarily what we are good at that will allow us to recharge is something we have to be resilient with. After all, it's the careful consideration of our wellbeing that will allow us to flourish in our ultimate goal of becoming successful clinicians.

You can check out Dr. Pasha's anatomical illustrations on her Instagram - @TerouzPaints.





LEFT: Bronze statue of John Keats by Stuart Williamson on the Guy's campus in a niche from the old London Bridge. Commissioned to commemorate Dr Robert Knight (1932 – 2005), Guy's physician and admirer of John Keats. Unveiled by poet laureate Andrew Motion in 2007. Photograph courtesy of Dr MD O'Brien.

John Keats at Guy's

Professor Richard Hughes **Emeritus Professor of Neurology**

We proudly recognise John Keats as an alumnus of Guy's Hospital and thus by adoption of King's College. Keats left school in Enfield in 1810 at the age of 14 and was apprenticed as an apothecary to Dr Hammond, a Guy's surgeon, in nearby Edmonton. Keats fell out with Dr Hammond and left his apprenticeship early but with the testimonial necessary for his eventual certification. According to the excellent 2012 biography by Nicholas Roe, John Keats. A New Life, to which the writer is indebted, he moved into 28 St Thomas' St in July 1814 and may have then started attending medical lectures informally. He was already writing poetry, including his first surviving poem, Imitation of

Spenser. He had many friends, enjoyed women, wine and snuff, went to a bearbaiting and visited Vauxhall Pleasure Gardens where a lady's glance inspired Fill for me a brimming bowl.

Keats entered Guy's Hospital on Sunday October 1st, 1815, just before his 20th birthday. He had to complete six months hospital experience to qualify as an apothecary, according to strict new regulations. He paid £1 2s to the hospital and £25 to Guy's surgeon Mr William Lucas, to become his pupil for six months. Students took advantage of both Guy's and St Thomas' hospitals which were then the "United Hospitals of the Borough"

on either side of St Thomas' Street. Keats attended lectures six days a week in the large new lecture theatre on the St Thomas' campus, on Chemistry, Practice of Medicine, Theory of Medicine and Materia Medica. He attended ward rounds, dissected stinking cadavers and watched gruesome operations performed without anaesthetic. In the evening, he attended lectures on physiology and anatomy by Astley Cooper. His notebook from these lectures survives and is much less complete than those of a contemporary student. However, it would be unfair to judge his accomplishments from notes never intended for scrutiny. He certainly passed his apothecary's exam on July 25th, 1816, licensing him to practise medicine, to the envious surprise of two friends who failed. Throughout his apprenticeship he was composing poetry. His first published poem *To Solitude* appeared in the prestigious magazine, *The Examiner*, on May 5th, 1816.

In March 1816 he had paid £50 to become a dresser to Mr William Lucas for a year. He must have been highly regarded since only a few of the students became dressers. He accompanied Mr Lucas on ward rounds carrying a plaister box containing instruments and was responsible for dressings and minor operations. His dressership guaranteed a front row seat in the operating theatre. His duty rota required four weeks during the year resident in the hospital to deal with admissions. His duties as a dresser overlapped with his lectures and after passing his exam he was more than ready to take the coach

via Canterbury to Margate for a long holiday with his brothers George and Tom.

In September, with more poems written, he returned to London to complete his dressership. He shared lodgings with his brothers and their dog Wagtail in Dean Street, which has now disappeared under London Bridge station. He was introduced by his old schoolmaster, Charles Cowden Clarke, to Leigh Hunt, the influential poet-editor of *The Examiner*, and adopted into his literary circle. Poetry competed more and more with his duties as a dresser. Shortly before his 21st birthday in October 1816, he spent the evening reading Chapman's translation of the *Iliad* and the *Odyssey* with Charles Cowden Clarke. At 10 am the following morning, Clarke received by post the beautiful poem *On first looking into Chapman's Homer*. Keats may have announced to his friends at the festival of Saturnalia on December 17th, 1816, that his future lay in poetry not medicine. He probably continued his duties as a dresser until their completion in March 1817 but did not take the Royal College of Surgeons examination to become a surgeon. Instead, he published his first book *Poems by John Keats* and became, in his own words from *The Fall of Hyperion. A Dream*, a poet...a sage, a humanist, a physician to all men.

To One Who Has Been Long in City Pent

John Keats

To one who has been long in city pent,
 'Tis very sweet to look into the fair
 And open face of heaven,—to breathe a prayer
 Full in the smile of the blue firmament.
 Who is more happy, when, with heart's content,
 Fatigued he sinks into some pleasant lair
 Of wavy grass, and reads a debonair
 And gentle tale of love and languishment?
 Returning home at evening, with an ear
 Catching the notes of Philomel,—an eye
 Watching the sailing cloudlet's bright career,
 He mourns that day so soon has glided by:
 E'en like the passage of an angel's tear
 That falls through the clear ether silently.



Keats' Corner

Macular Degeneration

Macular degeneration,
Can leave the elders in desperation.
To want to see everything and everyone
Without having to worry about not being able to see a loved one.
People think it's not important
But that's simply not true,
Especially when it's affecting you.
Your vision turns into a black hole
And it destroys your soul
Thinking it's the last time you will see a loved one's face,
And that's something nothing can replace.
Especially if you're feeling lonely
And the only thing you can think about,
Is how you're losing your sight slowly.
There's nothing you can do
And you feel like no one knows what you're going through.
You feel so old and frail
When all you want to see are the minor details
Of a book,
Or of someone's looks.
But that's taken away
By a spot that starts as grey

Then, slowly darkens and becomes bigger
And this is what starts to trigger
A whole new world for yourself
As you start to worry more about your health.

One of the most common symptoms is seeing straight lines distorted
And you think it's just because you're exhausted.
Little do you know that you have an illness
That will even scare the fearless
Because there's so much uncertainty
And you worry 'Would they even be able to treat me?'

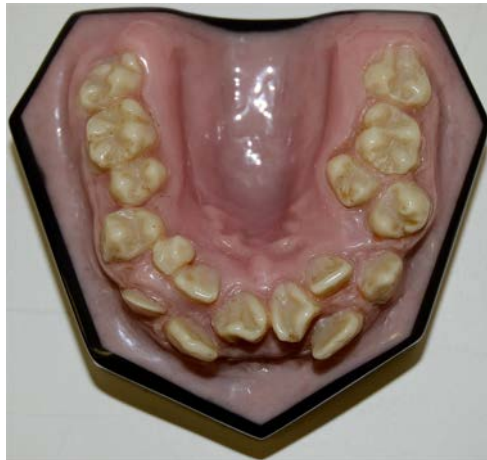
It is the largest cause of sight loss in the U.K.
But no one seems to say
Anything about it
Or how it makes you want to quit.
They just think it happens to the elderly
So it won't affect me;
But that's so wrong
Because no one should ever feel less strong
Because of a disability;
It can make you stronger mentally.
You may feel like you are losing touch with how the world was before
And your life is starting to feel like a chore.
But remember you are not alone
And there is always someone on the other side of the phone.

Aneesa Hameed **iBSc in Global Health**

The Hunt at the Gordon Museum of Pathology

In this series of challenges, readers will be presented with objects found in the Gordon Museum, one of the largest pathology museums in the world and home to the original specimens that render Bright, Addison and Hodgkin immortal.

What may these objects be showing? Why not visit the Gordon Museum and let Mr Bill Edwards the curator know what you think!



Object 1

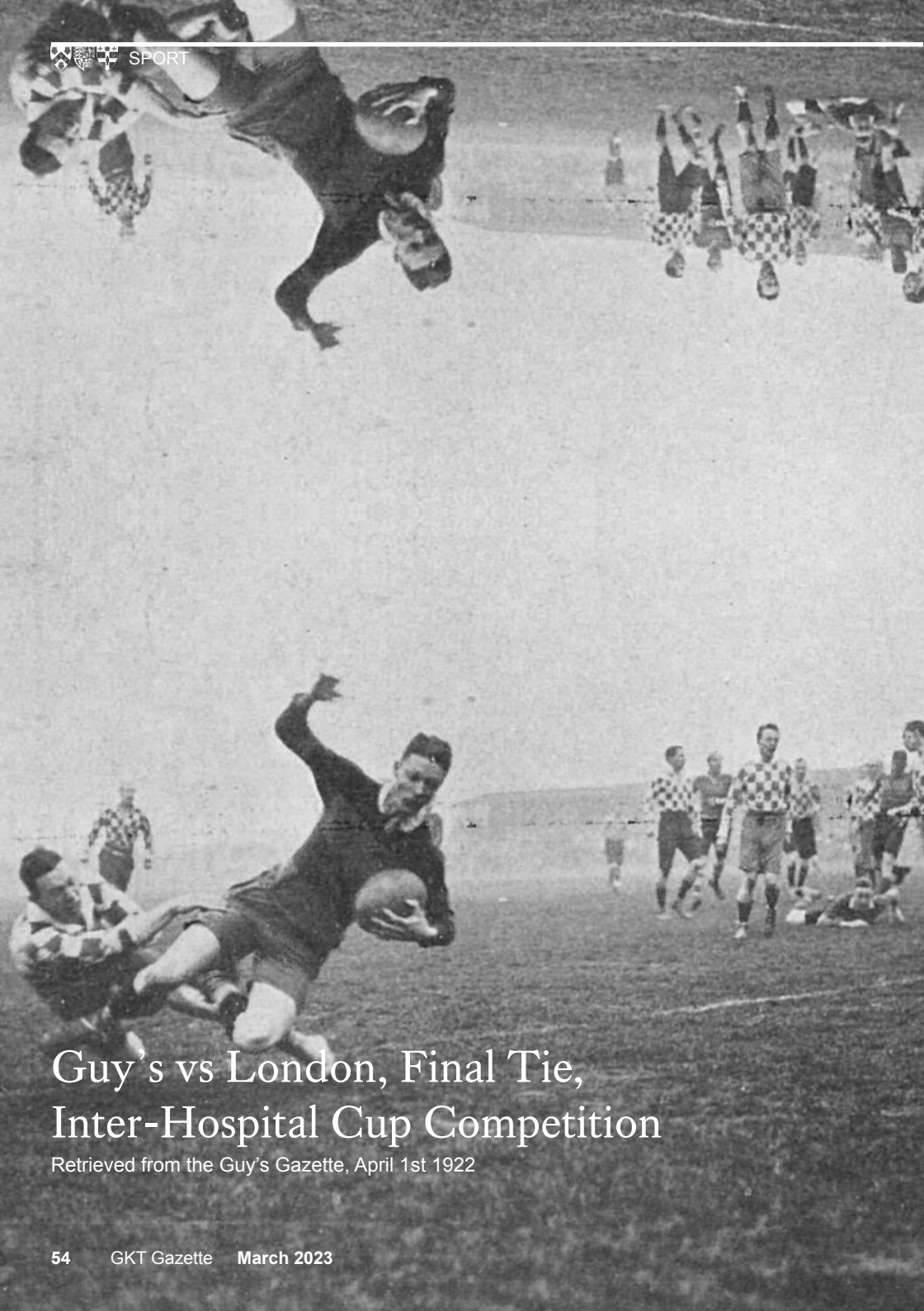


Object 2

Many thanks to Mr Bill Edwards for supplying the photos, and for his unwavering support.



Sports



Guy's vs London, Final Tie, Inter-Hospital Cup Competition

Retrieved from the Guy's Gazette, April 1st 1922



THE ASSOCIATION XI.

(Press Photographic Agency.)



THE MILK-CAN.

(Press Photographic Agency.)



A LINE-OUT.

(Press Photographic Agency.)



THE KING TALKING TO DOHERTY.

(Sport and General Press Agency, Ltd.)



THE KING AMONG THE "RAGGERS."

(Press Photographic Agency.)

Guy's Team. —A. K. Van Nickerk, A. Danoel, P. K. Albertijn, J. G. Van Schalkwijk, C. L. Steyn, F. Bekker, E. L. Sproug, W. D.- Doherty, W. H. Taylor, E. H. Fouiakker, E. E.- Neser,, L.K. Watson, G. "Zoudagh," P. G. Harvey, F. J. Biddle.

Though the day was dull at Richmond on March 15th for this Hospital Derby, nothing else was. His Majesty the King arrived five minutes before the time, and immediately walked on to the ground into the midst of the most hilarious rag one can remember. Immediately the revelers surrounded His Majesty, hats and caps were doffed, cheers and shouts of welcome rent the air, till suddenly someone started the National Anthem. Taken up by all, never did the grand old tune sound better than when thousands of strong-lunged Britain put into the swelling music all they knew. The scene and sound filled one with pride and bewilderment: pride in his obvious keenness on Hospital Rugger; bewilderment at the strange setting—His Majesty of England in the centre of all the gaily dressed students of Guy's and London. The teams were introduced to the King by the respective captains; the ball was placed and T. H. Vile, the referee, set the game going. It was good to see London, our old opponents, in the Final again. One's mind went back to their teams of former days, great indeed, and almost of international strength. We do not forget H. C. Monteith of Scotland, Scott, that great English forward, nor the halves, Heale and Lindsay, T. P. Lloyd, the Welsh International, Alan Adams, of England and New Zealand. The team of this year is not so good, but its mettle is of the soundest. They were led by L. G. Brown. I needn't tell you of Brown; it is said that this was his last game, if so, he goes out of Rugger worthily fighting against frightful odds, with the greatest pluck, skill, and cheerfulness, and in the service of his Hospital.

We won by 6 goals 4 tries (42 points) to 1 penalty and 1 try (6 points). The scoring commenced five minutes from the start, Steyn going from midfield, cutting inside the London back and grounding by the post. Van Schalkwijk goaled. Five minutes later A. Daniel crossed wide on the left, E. E. Neser goaling with a splendid kick. Then came a try by E. H. Fouraker, after much good forward play. Handling accurately, the pack went downfield till Fouraker got over. Again one must commend Neser's play. In the tight Zondagh was heeling well. Biddle was helping much with his weight; he had come in for Duncan, who could not play

owing to the proximity of the international on the 18th.

K. L. Ward appeared to be London's scorer. There was some dash about the London try which savoured of much promise, but their efforts were spasmodic. In the tackling and saving they were good as whole, but the loose work was no more concerted than was the scrumming. E. D. Wheeler, C. Thomas, and others in the side, however, will see to it that London does not now look back, and from now on London will go forward to the proud position they once held in "Rugger." Albertijn cleverly scored a try fry a pass from Sprong. Steyn got another, smartly following up a punt ahead, and Sprong also scored. Twice conversions were made. One kick by P. G. Harvey was a very fine goal.

Changing ends, L. G. Brown varied his position from forward to threequarter. But success still came our way. The ball was always out our side. Bekker was not much worried and Sprong was in good form. The threequarters had plenty of chances. Daniel got a couple of tries this second half; he has never run better. Albertijn helped him no end, and was, as always, in tip-top form. Van Schalkwijk was not so good; he dropped his passes and was oft times caught hesitating. Steyn got but one decent pass and that he scored from. He got another try this latter half; again from a forward kick. Steyn was in good form and with more chances he would have gained more tries. Bekker, also got a try. London's only reply was a penalty kick, a good goal from long range. The total score is given above.

Their remains nothing to do but congratulate W. D. Doherty on his unique record of leading a Guy's team to victory in this competition three years in succession. His forwards followed him to a man. His halves, on this day, had an easy journey. Van Niekerk had little indeed to do. The threequarters showed speed and cleverness. His Majesty presented the Cup to the Guy's Skipper. The milk can and its stalwart escort moved off. Everyone was pleased and the praise for our opponents was unstinted. Outplayed on the field, outnumbered in the rag, they proved themselves great sportsmen through it all.



The King's College London Boat Club Its Evolution Over The Early 19th Century & Notable Achievements

Professor Michael Gleeson **President of KCLBC**

For whatever reason, only 7 crews from KCLBC and the Boat Clubs of Guy's (GHBC) and St Thomas' (STBC) Hospitals competed at Henley in its first one hundred years. Rowing was certainly well established on the Tideway and lower reaches of the Thames at that time and good prizes were offered as enticement. Perhaps there seemed no need to travel upstream for competition. It certainly could not have been because of a dislike for racing against the stream. The experience of tidal rips on the ebb at Putney and Chiswick would have been a distinct advantage for London based crews. Maybe it was the cost or difficulty of transporting a boat to Henley. Conceivably it was not easy to borrow one from a local club. Those medical students who could row in those days came from privileged backgrounds and so financial restrictions seem unlikely.

KCLBC first competed at Henley in 1840, the 2nd Henley Regatta. They were beaten by Eton in the first round of the Grand Challenge Cup. The same fate befell them when they returned 2 years later and were beaten by Cambridge University. GHBC took their best coxed IV to Henley in 1846 and reached the final of the Town Cup, the forerunner of the Stewards Challenge Cup. Their semi-final had been a little controversial and has gone down in the annals of the regatta. Their race with the Dreadnought Club was declared a dead heat, a

result appealed by the Dreadnought crew. Both crews were ordered to row back to the start and race again. Dreadnought complained, possibly too much, refused and were disqualified, while GHBC did as they were told and progressed to the final where they met Oxford University. The dark blues prevailed.

The captain of the GHBC crew was John Cooper Forster who was later to become appointed to the surgical staff at Guy's and was a great surgeon. He undertook the first successful gastrotomy in Britain (Fig. 1). As an enthusiastic oarsman it was not long before he became President of Guy's Hospital Boat Club, a position he treasured immensely. Cooper Forster was often seen riding on horseback along the tow path coaching crews or throwing a bottle of champagne into their boat for the crew to celebrate a win. Later still, he became the President of the Royal College of Surgeons and instigated the MRCS examination that many of us have taken.

Their coxswain was Alfred Poland, an ophthalmic surgeon, superb dissector, and approachable tutor at Guy's Hospital (Fig. 2). His name has been immortalised by the syndrome he described (Fig. 3)1. Poland was also awarded the Fothergillian Lecture for a monograph titled "Wounds of the Abdomen" and the Jacksonian Prize of the RCS for a "Memoir on Gun Shot Wounds."

In 1920, KCLBC entered the Visitors Challenge

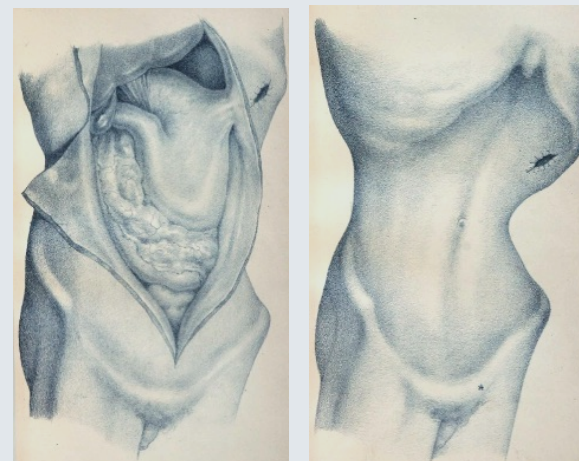


Figure 1 : Illustrations of Cooper Forster's gastrotomy undertaken on 30th March 1857.

Cup with some distinction reaching the final where they were beaten by Merton College Oxford. STBC entered the Wyfold Challenge Cup in 1934 and were beaten by Exeter College Oxford in the first round; while GHBC in 1936 were beaten by Thames RC also in the first round. Finally, in 1938 KCLBC got past the first round in the Thames Challenge Cup only to fall to Kingston Rowing Club a round later.

HENLEY in 1945

Rowing had not come to a standstill during the war years even though no Henley Regatta was held. Many oarsmen had joined the armed forces, and some were yet to return home from the Far East where war was still being waged. The Oxbridge Colleges were certainly active between 1939 and 1945 but some degree courses were shortened to just 5 terms and that impacted on the development of good crews. There was much pressure to hold a regatta at Henley once hostilities in Europe had ceased, if only to give the impression that life was getting back to normal. As had happened in 1919 after World War 1, it was decided to hold a shortened regatta lasting 2 days with crews racing three abreast from the Remenham barrier to the finishing post. Different trophies to the usual regatta prizes were on offer. GHBC entered the Danesfield Cup for VIII's coming second, beaten by Thames RC with Pembroke College Cambridge in third place.

HENLEY ROYAL REGATTA 1946

The regatta returned to normal the following year and KCLBC entered both the Wyfold Challenge Cup for coxless IV's and the Thames Challenge Cup for VIII's. The crew of the IV doubled up to compete in the VIII as well. Two races every day is a significant test of fitness and stamina and hopefully the regatta timetable was generous to them.

The Thames Cup

The KCLBC VIII beat London RC in the first round and Jesus College Cambridge in the second round. However, they lost to Imperial College London in the semi-final and Imperial

went on to win the event. The members of the VIII were :
Bow : P S Pusey, 2, J P Simpson, 3. A K Stuart, 4. A Driver, 5. K Martin, 6. T H Christie, 7. J R Johnson, Stroke F L A de Marneffe, Cox K Bryant.

The Wyfold Cup

The KCLBC IV beat Quintin BC in the first round, Westminster Bank BC in the second and the Sabrina Club in the semi-final. Thames were their opponents in the final. But this tells nothing of the drama that surrounded these races. In a personal communication with Francis de Marneffe he recalled those races in more detail :

"In the heat we met Quintin BC. Pusey, our bow steersman, had terrible trouble with the steering mechanism off the start along the island. I dropped the stroke rate to a paddle while he was fixing it. Once in order, we were able to start racing properly. But Quintin had taken advantage of our problem. In the words of the Official HRR Records, they led by a 1 length at the ¼ mile and by 1½ lengths at the half mile. We had beaten Quintin many times before and so were fairly confident that we could catch them before the enclosures. We started to close up and, despite erratic steering, led by ¾ length at the ¾ mile and continued to move ahead to the finish. The verdict was a win by 1½ lengths in a time of 8.16.

In the quarter final we met Westminster Bank BC. We moved away from them quickly off the start and had a lead of ¾ length by the ¼ mile. Clear water was established at Fawley and we had 2 lengths on them at the mile post. I then dropped the rating to 28 and cruised to the finish winning in a time of 8.52 and by 3 lengths. The semi-final was against the Sabrina Club who we led from the start, beating them by 2 lengths in a time of 8.34.

Our opponent in the final was Thames RC.

Thames started at 34 to our 36. We had established a ¾ length lead by the ¼ mile and held that all the way to the mile. Thames then increased their rating to 36, but despite that we pulled away to win by 1¼ lengths in a time of 7.57." (Fig 4)



Bow : Alice Meakes 2. Steffi Stone 3. Simon Deacon 4. Cameron Bullock 5. Francis de Marneffe 6. Michael Gleeson 7. Robert Pinckney Stroke : Paul Stuart Bennett . Cox : Simon Jefferies

Bow : P S Pusey, 2. T H Christie, 3, J R Johnson. Stroke F L A de Marneffe. Anyone reading the above will realise that these four oarsmen were remarkable men. They had come through 6 years of war and austerity. Francis had escaped the Nazi invasion on a bicycle at the age of 16 years, left his home and family to the mercy of the advancing army, learned a second language, served as a pilot in the war and gained admission to a London Medical School. Every one of them would have lost friends or relatives in the war and seen carnage on the streets of London. Not for them a new boat or the advantages that today's oarsmen enjoy in terms of diet, training and modern materials. Theirs would have been a wooden shell probably 10 years old and pencil blades. With the exception of Tom Christie, they were all light and had to overcome slow conditions at Henley that year. Francis said that they didn't socialize together unlike the King's crews today. Perhaps that was why they disbanded so soon

after their win, or simply the effect of wartime experiences. What they had was discipline and an insatiable desire to win. All Henley winning crews share that discipline and desire. It stays with them all their lives.

Henley was different in those days, a smaller and less commercial regatta. The entrance criteria for the events were different with some restricted to colleges only. But these oarsmen competed in the elite events and year after year. They suffered the disappointment of defeats just like every other oarsman and came back year after year for more. They also achieved hugely with wins in the Grand, Stewards, Thames, Wyfold Challenge Cup and Goblets, not to mention selection for Great Britain. How often do oarsmen of this ability and focus come together at an institution like KCLBC? Sadly, the answer is very rarely indeed, perhaps every 10-20 years. In the modern era with the pressures of academic success, financial burdens of university fees and an examination timetable



Bow : Dani Wilcock 2. Molly Hackett 3. Amy Kilby Stroke : Steffi Stone
 Cox : Manuela De Mendonca
 Heat : University College London 4½ lengths (Time : 5.47) Quarter Final : Oxford
 Brookes 2½ lengths (Time : 5.47)
 Semi Final : Durham University ¾ length (Time : 5.29) Final : Lost
 to University of London 2½ lengths (Time : 5.24)



that makes the final run up to Henley extremely difficult, it is unlikely ever to happen again. Tom Christie hadn't rowed before he came to King's. He was a natural oarsman and studied Medicine with de Marneffe and Johnson. He was the outstanding oarsman of his era which is evidenced by his success at Henley and International Regattas.

1947 Thames Challenge Cup (Thames RC) lost to Emmanuel College Cambridge in 1st round

1948 Grand Challenge Cup (Thames RC.) Winner

Stewards Challenge Cup (Thames RC) Winner Olympic Games (Great Britain) Coxed IV

1949 Silver Goblets & Nickall's Challenge Cup (Thames RC) Winner with ASF Butcher.

1950 Silver Goblets & Nickall's Challenge Cup (Thames RC) Winner with Bywater.

1954 British Empire & Commonwealth Games Pairs with Nick Clack, Silver Medal.

After a period of study in the USA, Tom was appointed as a consultant anaesthetist with a special interest in Intensive Care Medicine to the Royal Sussex Hospital in Brighton. He was the consultant on-call and actually in the unit on the evening of October 12th 1984 when the IRA blew up the Grand Hotel in an attempt to kill Margaret Thatcher. Five people lost their lives and 31 were seriously injured. Tom looked after those most seriously injured. He took up ocean sailing in later life but always kept a keen interest in rowing. Tom died in November 2017 aged 90 years.



Tom Christie

HENLEY THE YEARS THAT FOLLOWED – 1947 - 2016

The success of the 1946 crew rejuvenated rowing at King's. More students realised the benefits of rowing, believed that they could reach the necessary standard and looked beyond the United Hospitals events at Chiswick. In the 10 years that followed, King's put in no less than 12 crews for either the Thames or Wyfold Challenge Cup. Most lost in the early stages of the competition, some as a result of the often cruel Henley Draw. Meanwhile, the admissions policy at St Thomas' Medical School and their close links with the Oxbridge Colleges encouraged their Boat Club to become more ambitious. Twenty nine STBC crews entered Henley between 1953 and 1983. Most entered the coxed IV events, the Visitor's, Wyfold Challenge Cup and even the Stewards, not without success. In 1958 and 59 they lost in the semi-finals of the Wyfold Challenge Cup but returned again in 1960 to win the event. Again in 1970 they were unfortunate to lose in the final of the Visitors Cup.

Guys qualified for the Visitors Challenge Cup in 1963 and 1974. The crew in 1963 were Bow : P Venning, 2. N A Watson. 3. DKC Cooper. Stroke C D Hawes. In 1974 the crew were Bow : D Wright. R G Pinckney. 3. M J Gleeson. Stroke C P Stuart Bennett. They qualified by beating Lady Margaret Boat Club and then drew the University of London Crew who 2 years later were to represent Great Britain at the Montreal Olympics! Three of the crew had already raced for UH earlier that day in the Ladies Plate and the stroke, CP Stuart Bennett, had raced for UL in the Ladies Plate and Silver Goblets. The Stewards suggested they had a defibrillator standing by at the finish. We rather hoped they had one already!

This crew had already distinguished itself by setting a new record for the non-stop row from Oxford to London, a record they held in the Guinness Book of records for 12 years. It was narrowly beaten then by the under 23 GB VIII on a rip ebb in flood conditions. The crew were :

Bow : DDI Wright, 2. J Wallace. 3. M J Glee-

son. 4. J Miller. R G Pinckney. 6. J Burgess. 7. C P Stuart Bennett. Stroke C A Chivers. Cox F J Moorhouse, Reserve Cox S M Jefferies. Later Paul Stuart Bennett and Simon Jefferies both won International honours representing GB at the FISA world championships winning gold medals and setting course records. Simon also represented GB at the Soeul Olympics.

As stated above, by the 1970's Henley began to burgeon and there were now more crews entering the Regatta than time would allow. The Stewards began to seed crews and a process of side by side qualifiers for the rest, held the weekend before the Regatta, proved a difficult hurdle for some. And then there was the Henley Draw that often placed fast crews against the eventual winners in the first round. Even now, with a time trial for those crews thought to be making up the numbers, life can seem tough albeit a little fairer.

In the early 1980's the merger of Colleges and Medical Schools in London forced Boat Clubs to unite. The admission policies changed the face of undergraduates as a more multi-cultural and diverse student body began to emerge. Thus KCLBC is now the amalgamation of the former King's College London Club with that of Guy's and St Thomas' boating from the Tideway Scullers School Boat House at Chiswick that Guy's had bought into in 1985. Nowadays, only a very few students have come from rowing schools. Students have to be taught to row and achieve a high standard within the timespan of their degree course. This restriction gives Medical and Dental students with their 5-year undergraduate courses an advantage, consequently they tend to form the backbone of all the London College crews. Students who enter King's already with a rowing pedigree often join the University of London Club in Hartington Road and, sadly, little is seen of them. Since the turn of this century, seven crews from King's College London have qualified for Henley in either the Temple Cup for VIII's or the Prince Albert Cup for coxed IV's. Many more have tried but missed out by fractions of

a second in the time trial. The prize for those who qualified has been first round draws with crews from Yale, Princeton, US Naval Academy, University of London and Oxford Brookes etc. On one occasion, the crew all had final Obstetrics and Gynaecology examinations to write in the morning of their first-round race. The College allowed them to write early and leave the examination hall as the rest of their year started the paper. They then rushed down to Henley for their weigh-in and rowed down to the start where the US national lightweight crew awaited them. To make matters worse, the heavens opened!

In 2016 KCLBC were awarded a commemorative row past during the luncheon interval at Henley to celebrate the 70th anniversary of the 1946 crew win the Wyfolds Challenge Cup. Selection for the crew to accompany Francis de Marneffe on his historic commemorative row past was extremely difficult. Sir Stephen Redgrave stipulated that "the crew be relevant to the Club." We took that to mean a crew that represented KCLBC past and present. Rowing for women was started in 1970 at Guy's when Michael Gleeson was Captain of the Club. They have become a very important part of KCLBC and met with considerable success not just at UH events but also at the British University Student Annual Regatta and the major events on the Tideway. In 2017 they finalised at Henley Women's Regatta in the Academic coxed IV's having scalped UCLBC, Oxford Brookes, Durham University BC before falling to UL BC in the final.

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Sports Club Showcase

Guy's Hospital RFC



Guy's Hospital RFC were one of the 21 founding members of the Rugby Football Union, meeting on Pall Mall in 1870. At this point, the club had already seen 27 years of action - this is confirmed by the existence of a 40-year anniversary fixture card, from 1883. This refers to the original Guy's Rugby club, however the modern underwent mergers with St. Thomas' RFC (est. 1864) and King's College Hospital RFC (est. 1869), following the mergers with the medical schools. In 1990, Guy's and St. Thomas' merged to form the United Medical and Dental Schools team, and King's joined in 1999, to form the current GKT, but the club retains its original name in honour of their heritage and our claim as the oldest club.

The club today competes in three leagues: the 1XV plays in BUCS2B, along with King's and fellow UH member St George's, led by Jamie Dunbar (GEM2); the 2XV competes in BUCS5, with Bilal Rayes (MBBS4) at the helm; and a combined current/old boy side is fielded in the Kent Metropolitan League, led by

Sami Lewis (MBBS3). We also compete in the United Hospitals Cup, the oldest Rugby cup in the world, winning in 2019 and coming in as runners-up last year - the 2XV plays in the UH shield, also last year's runners-up. As well as this, Guy's are the four-years running Macadam Cup champions, and will, for the first time, play RUMS as a part of the London Varsity series this year.

Apart from its strong traditions and long history, Guy's Hospital RFC is very unique, in the way of it being one of the only sports clubs to have its own attached charity. In 2013, a group of Guy's old boys formed Penguins Against Cancer (PAC), a UK registered charity that provides funding to cancer research and care across the country. The club play a range of matches and partake in events to raise money for PAC, including the annual freshers vs alumni game in November, the Fergus Cup and the PAC Challenge Cup which precedes the annual ball.

Sami Lewis (Saturday XV Captain)

GKT Men's Hockey Club

GKTMHC is comprised of three teams of all abilities, ranging from the South-eastern Tier 5 all the way up to the South Premier League in BUCS. The club competes regularly in Wednesday BUCS fixtures and LUSL games on Sundays and have reached the LUSL Cup Final. We are very proud to hold the title of highest ranked medics team in the country, which is something we strive to maintain. A 7-year history of London Varsity Series and Macadam wins cements us as the best team in London - something we are very proud of! Last year, the club experienced an exodus of very talented players. So, it has been a priority to rebuild and recruit new members to the club to maintain the high standards we set ourselves; a feat we have achieved well. This season



has seen every team challenge well in all competitions and we are very optimistic to get some silverware as the season draws to a close. As well as fun on the pitch, we have a very active social life and you'll often find us at Guy's Bar Legendary Sports Nights sporting some questionable costumes or our formal social attire. Throughout the year we go on three tours with the ladies' club and have an annual Alumni Ball which fosters great relationships to form throughout the club.

Luke Hodson (Club Captain)

GKT Ladies' Hockey Club

At GKT Ladies Hockey Club we have 5 teams, encompassing a range of abilities, from those who have never picked up a stick before, to club or county players looking to play at the highest university level. Each week on Wednesdays and Sundays we have BUCS and LUSL matches, playing against other university teams across the Southeast and London. Whilst hockey is important to us, there is lots of fun activities outside of the sport, including but not limited to Wednesday evenings and the notorious Guy's Bar Sports Night. With exciting weekly themes including ABBA, Grannies and Babies, Funky Hats and more!

We are also closely linked with the Men's Hockey Club with one of the most established mixed teams at King's. We join forces for 3 tours over the year, including our fresher tour to a mystery location! Every January we also host our Alumni Ball, where we welcome back graduated

members for more sophisticated fun. Overall highlighting the strong sense of community at the club.

GKTLHC has had many successes over the years, becoming the double champions of Varsity London Series and Macadam Cup last year, and winning KCLSU Club of the Year in 2021. This season we have grown from strength to strength with our 1st XI set for league promotion, as well as record numbers attending club socials. We have also been working closely with our chosen charity, The Rainbow Trust, to raise lots of money for a great cause.

Imogen Cayley (Club Captain)

GKT Men's Football Club

Guy's, King's and St Thomas' Football Club is a club with a proud and successful history - most recently earning the crown of LUSL league and LUSL cup champions. Being a London Hospital Team, we have the honour of playing not just LUSL and BUCS but also United Hospitals Cup (the oldest football trophy, bar the FA cup!). This year, as with every year, we have had several members play for the United Hospitals Football Club, earning victories against the likes of the Royal Navy and the British Army.

Not only are we successful on the pitch, but off it, we form life-long friendships, connecting players of present and past. Our recent inter-

national tour was a huge success and weekly Wednesday socials at Guy's bar are the perfect mid-week break from studies. As we come to end the of the season, we are excited to see which members will step up to carry the club into the 23/24 season.



As always,

In The Eyes

Anthony Vijayanathan (President)

GKT Cricket Club

A massive hello from all of us here at GKT Cricket Club.. We are the highest ranked cricket club in London and the highest ranked medics cricket team in the UK. Here are some of the key facts about our amazing club:

We've won 20 trophies in the past 4 years, achieving 3 straight promotions in BUCS (currently playing in BUCS 1A)
We currently have over 60 members
We field 2 indoor teams + 3 outdoor teams
We host weekly socials – at the holy site that is Guy's Bar
We host an Annual INTERNATIONAL Social Tour
This year we were ranked in the Top 15 Uni-



versities in Indoor Cricket .

We're slightly different from other clubs in the sense that our season doesn't kick off until late March but don't fear we're still active over the winter with weekly socials, bi-weekly indoor fixtures and

bi-weekly training at Lord's. We also host charity events such as our annual 5-a-Side football tournament, as well as our annual football match against GKT Hockey. If you have any questions about joining or the club in general, feel free to get in touch with us via our Instagram!

Siddarth Menon (Secretary)

GKT Women's Football Club

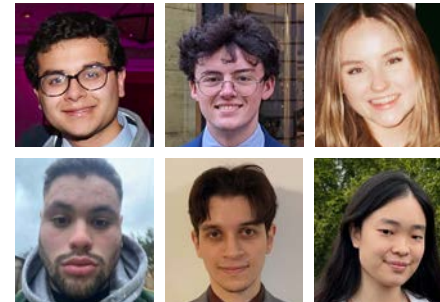
At GKT Women's Football Club we have three teams of mixed abilities and have more and more members going to Recreational sessions. More than football we strive to make to club a community. We have weekly socials on Wednesdays, where we grace GB with our creative costumes, wellbeing socials where we chill, watch a film, play board games, or do yoga, and a yearly tour to a mystery location! We also take part in lots of charity initiatives such as the 3 peaks challenge, and food bank donation drives.

The 1s is our most experienced team, consistently performing at a high level. Having previously won the LUSL league in the 19/20 season and



current winners of Varsity and UH cup! The 2s have won the LUSL league three years in a row and are improving more each season, with players moving up to the 1s. The 3s were created in 2019, mainly composed of beginners but they have affirmed themselves as a highly competitive team. Although a 'medical' team we accept people from all degrees but it means we are entered extra competitions such as the Regional and National competitions, as well as the United Hospitals Cup!

GKT WFC Committee



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MEDICAL
SCHOOL



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