



**THE HARVEIAN SOCIETY OF LONDON
REVIEW OF THE YEAR 2024**

President:

MR ROBERT MAURICE-WILLIAMS MA MB Bchir FRCS FRCP

President Elect:

PROFESSOR PHILIP IND MA MA Bchir FRCP

Introduction By The President

We've had I think a successful year in 2024. Our meetings have been varied and well attended the society has occurred several new members and the finances appear to be stable. The only hitch in the programme was when Ms Heather Mellors' excellent talk had to be postponed for several months because of the rail strike – it was worth waiting for! Additionally, we agreed a reciprocal arrangement with the Hunterian Society to allow attendance at each other's meetings.

The annual visit to Folkestone the hometown of William Harvey was, as always, enjoyable. The usual ceremony was carried out in front of the statue of Harvey on the front and afterwards the Lady Lord Mayor of Folkestone entertained us to tea.

The annual Buxton Browne Gray Hill Dinner was held at the Atheneum club. It was well attended and the guest the speaker of honour was Dame Carol Black, formally President of the Royal College of physicians. The Christmas party was also a success though not as well attended this might have been the case. We were entertained by an excellent violinist from the Royal College of Music

Lastly, before I hand on the presidency to Professor Phillip Ind, I would like to express our thanks to the staff at Lettsom House who make our continued existence possible. As ever Mike Flynn makes an excellent Executive Secretary and I would have found it impossible to be President without his considerable help. Sadly, Betty Smallwood retired after many years' service but we have been fortunate in appointing an excellent replacement in the form of Leah Parvin. As always, Leon is most welcoming at the door and Celia, our caterer, has retained the very high standard of our fayre.

MR ROBERT MAURICE-WILLIAMS MA MB Bchir FRCS FRCP

Minutes of the Meeting of the Harveian Society
Held on Wednesday 10 January 2024

The President, Mr Robert Maurice Williams, welcomed guests and reminded them that this was a private meeting.

Mr Robert Maurice Williams then introduced Dr Heather Mellows. Heather was a consultant at Bassetlaw Hospital (1988-2011) and undertook various roles including Clinical Director, College Tutor and Clinical Tutor. She was elected both as Members and later Fellows representative on Council of the RCOG and over a 24 year span was a member of various committees and project groups and latterly was elected Vice President (2001-2004). In 1999-2000 she was appointed by the Secretary of State to the Ledward Enquiry, chaired by Jean Ritchie QC. After Co-Charing the Maternity Module of the Children's National Service Framework in 2001-2004, she was seconded to the Department of Health as Special Advisor in Maternity to work on implementation of the policy, standards and quality indicators. She also was a Special Advisor to the CQC., and invited her to present her lecture entitled

Lessons From Ledward: Food for Thought

Dr Heather Mellows gave an entertaining talk detailing the fascinating saga, or all too familiar cautionary tale, regarding a rogue doctor and the scandal relating to his malpractice.

Rodney Ledward (1938-2000) had a promising early career qualifying initially as a Pharmacist at Manchester, then medically at Liverpool, before obtaining a doctorate at Nottingham University. He was seen as 'a breath of fresh air' when appointed a Consultant in Obstetrics & Gynaecology at the William Harvey Hospital in 1980, aged 41. He was initially caring, a good teacher, with a high academic profile, heavily involved in postgraduate education, and popular with patients and junior staff. He received very positive patient letters and testimonials. However, by the mid-1980s concerns were raised about his surgical practice and complication rates. Some local GPs noted a lack of communications (eg about postop problems) and reduced their NHS referrals. They even considered referral to the GMC (it is worth noting that they were probably inhibited in this by the advice, at that time, that depreciation of a colleague was regarded as professional misconduct).

He was dismissed from 2 private hospitals in 1993 after patient complaints and a general surgeon and 2 Gynaecologists raised questions about his professional competence with a Unit General Manager. An audit was decided upon but never conducted. In 1995 he attended a private patient, while signed off sick, triggering Disciplinary action. In 1996 he was eventually suspended after a private patient suffered iatrogenic post-hysterectomy urological problems, and he could not be contacted. A Disciplinary Inquiry was held by the Trust; he was dismissed and referred to the GMC. He was struck off in 1998 for serious professional misconduct relating to 13 botched operations between 1989 and 1996. There had been increasing numbers of patient complaints, and 3 cases of potential negligence, with multiple,

often delayed, referrals for urological complications, particularly vesico-vaginal fistulae. He showed no contrition or evidence of insight, attributing everything to 'bad luck'. In addition to concerns over his surgical complication rates, inappropriate delegation to junior staff, failing to act over complications and dishonesty, questions were raised regarding him pressurising patients into 'going private', and asking for cash payments. Furthermore, his personal conduct, his attitude and behaviour were problematic; he was often unavailable for meetings with colleagues. He was unprofessional; with minor financial irregularities, use of hospital post and phone for personal use, overclaiming expenses etc.

In March 1999 the Secretary of State set up an 'Inquiry into Quality and Practice Within the NHS Arising from the Actions of Rodney Ledward' which was chaired by Jean Ritchie QC. This was not a statutory Inquiry; it could not compel attendance or written evidence, but it aimed to establish what lessons could be learned. This factual report involved Expert witnesses and interested parties, taking evidence from hospital nursing and medical and management staff, GPs, and 160 patients, to establish the chronology, and context.

Ledward was found to have been a poor note keeper with poor documentation of operation notes, particularly omitting complications (including even re-operations). He put improper pressure on some NHS patients to become private patients. He was arrogant; belittled patients and showed them a lack of compassion. He was responsible for repeated, and sometimes unnecessary, surgery on private patients. He showed increasing evidence of surgical incompetence between 1985 and 1990. He once claimed to be the 'fastest gynaecologist in the Southeast', once performing 7 hysterectomies in a morning. He failed to attend clinics and even some operating lists. He failed to provide proper explanations to patients before surgery and after complications occurred. He dishonestly misled colleagues, and made inappropriate comments, dressed inappropriately (on one occasion attending a patient in riding gear), failed to acknowledge or apologise for rudeness and on at least one occasion treated a patient while the worse for alcohol -though drinking was not thought to be a major problem.

Although some senior hospital managers were aware of problems with complications and his cavalier manner by 1986, these were not flagged up generally and the Regional Health Authority was not informed. There was little oversight of his private work and no cross-over with his NHS performance. The possibility of a conspiracy of silence (of senior nurses eg Ward sisters, Theatre staff and trainees being aware of problems but not feeling they could complain or 'tell tales') was examined. However, some junior doctors, senior colleagues, his two secretaries, and even later, various patients, remained loyally supportive. It is worth noting that the culture and the principle of protecting whistleblowers was not established until 2003.

Almost 25 years later, this story raises familiar questions regarding doctors self-reporting, Managerial oversight and how far the roles of Audit and Revalidation and Whistleblowers can prevent similar tragedies.

28 Members and Guests attended

Minutes of the Meeting of the Harveian Society
Held on Wednesday 14th February 2024

The President, Dr David Treacher, welcomed members and guests and reminded them that this was a private meeting. He expressed regret that the January meeting had to be cancelled due to the train strikes.

The retiring President, Dr David Treacher, then inducted Mr Robert Maurice Williams as President for the 2024 Session. The new President presented the retiring President with a miniature badge of office. The retiring President thanked the Secretary for carrying out his duties for the year and the Councillors for their support.

The incoming President then thanked Dr Treacher for his most successful year as President.

The Minutes of the meeting on 8 November 2023 were read and approved.

The President then Nominated the following for Membership:

Dr Zhe Wu – nominated by Professor Robina Coker

Dr Nicholas Barrett – nominated by Professor Luigi Camporata

Dr Jennifer Treleavan – Nominated by Dr Tony Roques

Dr Andrew Retter – Nominated by Dr Tony Roques

The President announced that as there had been no objections received Mr Chris Meadows was duly elected to the Membership.

The President then announced that the next meeting would be held on Wednesday 13th March when Dr Geoffrey Lloyd would speak on

**NEURASTHESIA, ME, CHRONIC FATIGUE:
CONTROVERSY CONTINUES**

The President then introduced Mr Harvey White who delivered his lecture:

Sir Thomas Browne – A Personal Pilgrimage

Framed as a personal pilgrimage, Harvey White gave a most informative lecture regarding this fascinating, if now little known, polymath of the 17th century. Of ‘a most enquiring mind’, he was a contemporary of William Shakespeare, Christopher Wren, John Locke, Robert Boyle and Ben Johnson.

The son of a silk merchant from Teeside, he was educated at Richmond College and then Margate Hall, soon to become Pembroke College, Oxford. He then travelled widely on the continent and was exposed to new ideas particularly in Montpellier, Leiden, and like Harvey,

in Padua. He lived to the age of 77, dying on his birthday, and fathered 11 children of which his eldest son Edward is best known as a Royal physician to Charles II, Fellow of the Royal Society and President of the Royal College of Physicians.

In Norwich, where he lived, he practised medicine, wrote bestselling books, and made natural observations documented in correspondence all over Europe. His well-regarded, influential works included *Religio Medici* (The Religion of a Physician 1642), first published without his consent, which made him famous with its controversial approach, wit and style. His encyclopaedic *Pseudodoxia Epidemica* (Enquiries into Very many Received Tenents, and commonly Presumed Truths, commonly known as *Vulgar Errors* 1646), established his reputation for learning. His philosophical discourses; *Hydriotaphia, Urn Burial, or a Brief Discourse of the Sepulchral Urns lately found in Norfolk* (1658), inspired by the discovery of 40 to 50 Anglo-Saxon burial urns, while *The Garden of Cyrus, or The Quincuncial Lozenge, or Network Plantations of the Ancients, Artificially, Naturally, and Mystically Considered* (1658) discussed evidence of patterns in art and nature.

Although at the forefront of new ‘scientific’ ideas, juxtaposed with Biblical, Classical and esoteric learning, he shared contemporary beliefs in the existence of angels and witchcraft and gave evidence at the 1662 Bury St Edmunds witch trial. He was knighted in 1671, when the King visited Norwich, for services to literature rather than medicine. He was recognised as a prolific coiner of neologisms (784 in total; many published by Johnson). Widely regarded as one of the most original writers in the English language, various authors including Virginia Woolf, Samuel Taylor Coleridge, Thomas De Quincey, Charles Lamb, Jorge Luis Borges and Clive James etc have found his writing inspiring. Although now largely forgotten, he deserves wider recognition.

A vote of thanks was given to Mr White by Dr Helen Graham

41 Members and Guests attended.

Minutes of the Meeting of the Harveian Society
Held on Wednesday 13th March 2024

The President, Mr Robert Maurice-Williams, welcomed members and guests and reminded them that this was a private meeting.

The Minutes of the meeting on 14th February 2024 were read and approved.

The President then announced the election of the following members:

Dr Zhe Wu – nominated by Professor Robina Coker

Dr Nicholas Barrett – nominated by Professor Luigi Camporata

Dr Jennifer Treleavan – Nominated by Dr Tony Roques

Dr Andrew Retter – Nominated by Dr Tony Roques

The President then announced the Nomination of Clare Meadows – proposed by Dr David Treacher

The President then announced that the next meeting would be held on Wednesday 10th April when Professor Heather Angus-Leppan would speak on

THE MANY FACES OF MIGRAINE

The President then introduced Dr Geoffrey Lloyd who delivered his lecture:

NEURASTHENIA, ME, CHRONIC FATIGUE: CONTROVERSY CONTINUES

Geoffrey Lloyd discussed the syndrome of Neurasthenia, and Chronic fatigue which he labelled one of the most enigmatic medical diagnoses. This serious medical condition is defined by disabling fatigue, reduced exercise tolerance, muscle pains and hypersomnia. In the absence of any diagnostic tests, it remains a diagnosis of exclusion. It causes considerable physical, social and emotional distress and is usually characterised by a definite time of onset (often some time before presentation to secondary care). It has an estimated prevalence of 0.2-0.4%; with approximately 240,000 cases in the UK population.

Historically, neurasthenia and asthenic conditions were distinguished by John Brown in Elements of Medicine in 1800. Neurasthenia was coined as a diagnosis in the US in 1869 by George Beard and EH van Deusen. Interestingly, the diagnosis of neurasthenia, at Queens Square National Hospital, peaked in 1908 and had almost disappeared by 1930 being replaced by more specific diagnoses such as depression, hysteria and anxiety. An ‘epidemic’ of myalgic encephalomyelitis (ME) at the Royal Free Hospital (RFH) in 1955, was described in the Lancet in 1956. Later it was suggested that the RFH outbreak might have been related to hysteria. Chronic Fatigue syndrome (CFS) was described by Holmes in 1988, and systemic exercise intolerance in 2015. Post-viral fatigue syndrome has been recognised after influenza, glandular fever, HIV, infectious hepatitis, etc and most recently after CoVID-19 in 2022.

ME/CFS is of unknown cause and in particular no convincing evidence of a viral aetiology has been established. There is no cure but published studies, later much criticised, suggested some benefit of a behavioural approach with graded exercise treatment (GET) and cognitive behavioral therapy (CBT). These were recommended in the NICE Guidelines 2007 for mild to moderate CFS. However, this resulted in a furious backlash from patients and activists, with death threats and abuse, often directed at researchers. Animosity was likely due to the perceived stigma of mental illness, the feeling of patients (and families) that they were not being taken seriously, accusations of shirking or burnout or ‘yuppie flu’. Frequent reports of symptom worsening with GET led to its removal from the NICE 2021 Guidelines with the recommendation that CBT could be offered as supportive or adjunctive care (without it being

based on abnormal beliefs). However, controversies have persisted with claims and counter claims and severe criticism of the evidence selection and of NICE itself.

After intervention by the then Minister of Health, Sajid Javid, an Interim Delivery Plan for ME/CFS was published by the Department of Health and Social Care in September 2023 with an emphasis on listening to those with ‘lived experience’ and environmental adjustments to accommodate patients. The James Lind Alliance Top 10 priorities for ME/CFS research have been spelled out but are compounded by the lack of a gold standard for diagnosis.

A spirited Q and A session followed, and a vote of thanks was proposed by Professor David Treacher.

41 Members and Guests attended.

Minutes of the Meeting of the Harveian Society
Held on Wednesday 10th April 2024

The President, Mr Robert Maurice-Williams, welcomed members and guests and reminded them that this was a private meeting.

The President announced the death of Professor David Thomas a former President of the Society and members stood for a moment of silence in his memory.

The Minutes of the meeting on 13th March 2024 were read and approved.

There having been no objections received Ms Clare Meadows and Dr Andrew Retter were elected to the Membership.

Ms Clare Meadows and Dr Retter signed the members book and briefly introduced themselves.

The President announced that there will be an additional meeting in this session on 19 June 24 when Heather Mellows will present her previously cancelled lecture

LESSONS FROM LEDWARD

The President announced that the next meeting would be held on Wednesday 8th May 2024 when Professor Marian Dawkins CBE FRS will speak on

**WHO IS CONSCIOUS? WHAT WE KNOW AND WHAT WE DON'T KNOW
ABOUT THE MINDS OF ANIMALS**

The President then introduced Professor Heather Angus-Leppan MD FRCP FRACP to deliver her lecture on

THE CHANGING FACE OF MIGRAINE

Professor Heather Angus-Leppan, a Consultant Neurologist and herself a migraine sufferer gave a wide-ranging clinical summary of the many presentations of migraine and how it may evolve over a lifetime. There is no generally agreed definition, pathogenesis or pathophysiology.

As a confessed ‘lumper’ rather than ‘splitter’ she takes a broader diagnostic view than for example The International Headache Society. She illustrated this with some case histories. She stressed how common migraine is; affecting approximately 10-20% of the general population but 39-80% of neurologists and 8-24% of children. It is commoner in women than men and is a leading cause of sickness leave. A family history is common and specific genes have been implicated in some rare migraine syndromes.

In children, it causes infantile colic, benign paroxysmal torticollis, benign paroxysmal vertigo, cyclical vomiting and abdominal migraine, as well as headache. In adults, manifestations commonly include fortification spectra, headache, tinnitus, photophobia, dizziness, tingling, even hemiparesis but also limb pain.

Migraine is characterised by triggers; including medication overuse, alcohol, sleep deprivation, stress (or relaxation from stress), a prodrome in 30-90% of migraineurs including heightened sensitivity (which may occur between attacks and be brought on by transcranial magnetic stimulation) and often an aura which may be a sole manifestation - ‘motor-negative’ without headache. Visual auras are reported in 5-30% of patients, typically of gradual onset and offset, usually in black and white rather than in colour. In addition to photophobia there may sometimes be complex visual hallucinations. Allodynia, (on the face in 40%, which may be inter-aura) is one sensory aura (with no signs) which is often misdiagnosed as a functional disorder. Typical autonomic symptoms include vomiting, pallor, sweating. Spinal cord and brain stem involvement can occur.

The diagnosis of migraine is clinical, and needs to be distinguished from conditions such as epilepsy, hypnagogic hallucinations, effects of toxins or adverse drug effects, neurodegenerative conditions, brain tumours and rarer disorders such as Alice in Wonderland and Charles Bonnet syndromes. Management involves a careful history and clinical examination (with sparing use of investigations; often to alleviate anxiety regarding alternative diagnoses). Listening to the patient is crucial, with careful explanation, attention to lifestyle regulation, and avoidance of possible triggers. Acute attacks are managed with aspirin or other non-steroidal analgesics. Frequent episodes eg >4 per month may require chronic preventive therapy. Non-pharmacological techniques, including acupuncture and transcutaneous electrical nerve stimulation, have been shown to be effective therapy. In addition to nutraceuticals, a wide range of potential pharmacological agents from propranolol, to pizotifen, valproate, triptans, CGRP-antagonists etc, have been shown to be effective, in controlled clinical trials.

There is no obvious unifying pathophysiology: with effects on blood vessels or neurotransmitters or both, likely. The concept that migraine might represent an ‘evolutionary backfiring’ of increased sensory awareness was proposed.

There was a spirited question and answer session, and a vote of thanks was proposed by Professor Philip Ind.

43 Members and Guests attended.

Minutes of the Meeting of the Harveian Society
Held on Wednesday 8th May 2024

The President, Mr Robert Maurice-Williams, welcomed members and guests and reminded them that this was a private meeting.

The Minutes of the meeting on 10th April 2024 were read and approved.

Mr William Forse was nominated for membership

There were no elections.

The President announced that this is Mrs Betty Smallwood’s last meeting as she was retiring. On behalf of the Society the President thanked her for her many years of service and wished her a long and happy retirement.

The President announced that the next events on the Society’s calendar were to be the William Harvey Commemoration at Folkestone on 2nd June and the Buckston Browne Gray Hill Dinner at the Athenaeum on 12th June. He encouraged as many Members as possible to attend these functions.

The President to introduce Professor Marian Dawkins CBE FRS and call upon her to speak on

WHO IS CONSCIOUS? WHAT WE KNOW AND WHAT WE DON’T KNOW ABOUT THE MINDS OF ANIMALS

Professor Marian Stamp Dawkins gave an interesting talk summarising opposing views regarding evidence animal consciousness. This is scientifically important in regard to animal behaviour, communication and animal welfare. This so called ‘hard problem’ (D. Chalmers 1991) is compounded by the difficulty of definition, ranging from a state of awareness of oneself and ones surroundings to thoughts about thought. Sentience represents a basic form of consciousness requiring the ability to experience sensations of pleasure, pain, suffering and fear

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She described a complete change in attitude to animal consciousness over the last century; from its dismissal as unscientific, resembling spiritualism, to a formal recognition in the Cambridge definition of Consciousness in 2012 with proposed, though disputed, neuroanatomical and chemical bases. Consciousness was previously considered as limited to humans; but subsequently proposed in humanoid apes, all mammals, all vertebrates, birds,

fish, octopuses, lobsters and crabs); even perhaps in plants or all living things. The question of machine consciousness is unavoidable.

Evidence for animal consciousness comes from motivational tales (of peoples' pets), their apparent understanding of others' minds, monitoring of their own thoughts, and even possibly thoughts about thoughts. Jays are more likely to hide food if being observed by another bird, however a recent computer simulation may mimic this. Hermit crabs demonstrate motivational trade-offs (cost vs benefit) in shell choice; recognising and avoiding shells associated with previous mild electric shocks. However, a robot lawn mower behaves similarly. Animal tool use has been widely observed eg monkeys using sticks, birds cracking nuts but in addition, Rhesus monkeys know how reliable their memories are.

A final, considerable problem in this area is that humans are able to achieve so much even without being conscious; eg autonomic control of blood pressure, heart rate, breathing, walking, even playing the piano etc. Blindsight 'unconscious seeing' (even in the cortically blind), the dissociation of cognitive and defensive brain circuits and the theory of higher order thoughts are further controversial areas.

Professor Stamp Dawkins advised to avoid saying that animals are not conscious; avoid relying on intuition while continuing to question the evidence.

She answered wide-ranging questions from the floor and a vote of thanks was proposed by Professor Philip Ind.

43 Members and Guests attended.

Minutes of the Meeting of the Harveian Society **Held on Wednesday 9 October 2024**

The President, Mr Robert Maurice-Williams, welcomed members and guests and reminded them that this was a private meeting.

The Minutes of the Meeting held on 19th June 2024 were read by the Secretary, approved by the membership and signed by the President.

Professor Margaret Johnson was nominated for membership by Professor Robina Coker and the President invited Dr Jennifer Treleaven to sign the Members Book

The President announced that the next meeting at Lettsom House would be on Wednesday 13th November 2024. It would comprise the Annual General Meeting and be followed by the Presidential Address to be delivered by the Mr Robert Maurice Williams on

SOME ASPECTS OF LITIGATION

The President announced that the Annual Report and Accounts for the Society were available to view on the website and that they would be presented for approval at the AGM.

The President introduced Professor Stephen Challacombe DSc FMedSci FKC and call upon him to speak on

THE MEDICAL STUDENTS WHO WENT TO HELP AT BELSEN

Professor Stephen Challacombe gave a detailed, comprehensive, well documented, talk relating this relatively little known episode, drawing on the resources of the Wellcome Collection and the Imperial War Museum.

In April 1945 the Deans of the London Medical Schools asked for volunteers to help feed Dutch children liberated from German occupation. 96 medical students, from 9 hospitals, volunteered. After immunisation against typhus, typhoid and diphtheria and a briefing by Dr Richard Doll they were redirected to the recently liberated Bergen-Belsen concentration camp. This was the first major concentration camp liberated by the allies 13 days earlier. The students travelled by train and plane on 28-29th April, arriving at Belsen on 1st -2nd May coming under the direct supervision of the Rockefeller nutritionist Dr Arnold Meiklejohn. They found over 43,000 inmates housed in 80 huts (originally planned to hold 50 inhabitants each). There were 15,287 men, 28,185 women and 300 children. These emaciated, filthy, often diseased individuals, naked or in rags, were apathetic and expressionless, with severe loss of self-esteem, many lacking all shame. There was no sanitation, no running water or electricity.

The 2nd British Army had initially buried 10,000 bodies but requested help to supervise the feeding of the survivors and to improve their living conditions and care. The students worked in pairs. The immediate priorities were burial of the dead, separation of the living, bathing, and delousing the inmates. By the end of the first day 27, watercarts had been provided together with food for the evening meal. The students and nurses established a 'human laundry' production line of washing, covering the inmates in DDT, and then moving them wrapped in warm towels. Challenges included inmates' language difficulties, insatiable hunger, misery, continuous dissatisfaction, universal hoarding, lack of all self-respect and frequent fights. Of the 13,000 subsequent deaths in the camp, 10,000 occurred in the first few days. The students had a major impact on the death rate which halved in 2 days and further halved in 3 days to less than 100 a day.

It was noted that feeding of starved individuals led to an increased death rate. Army rations were too rich and led to vomiting, intravenous feeding, with its previous traumatic Nazi associations, was inappropriate, the 'Bengal famine mixture' was tried but was very unpopular, an MRC-sponsored trial of a peptide-protein hydrolysate was impractical and failed; small volumes of dilute soup or glucose or ordinary food worked best.

The students' living quarters (in previous officers accommodation) were described as 'magnificent' and they received gifts of chocolate, cigarettes and a rum ration. They enjoyed an students' 'night out' on 24/5/45 and flew home to Croydon on 28-29/5/45.

They never met together again. Some became unwell; 9 had typhus, 22 dysentery, 17 gastrointestinal problems, 4 tuberculosis, 2 hepatitis, with 19 having long-term effects. Nearly 3000 British army troops were involved in clearing and burning huts of Camp 1. 21 bearers caught typhus as did 32 unvaccinated nurses and 1 died.

The students received recognition of their hard work with pride in their accomplishments expressed by their medical schools, the press and the public. Plaques acknowledging them were subsequently installed at Guys, St Thomas' and Kings hospitals. Only later in life, were reflections published acknowledging the profound effects of the horrors witnessed and the understandable, probably life-long, toll on their mental health.

41 Members and Guests Attended

Minutes of the Meeting of the Harveian Society
Held on Wednesday 13 November 2024

The President, Mr Robert Maurice-Williams, welcomed members and guests and reminded them that this was a private meeting. The Minutes of the Meeting held on 9th October 2024 were read by the Secretary, approved by the membership and signed by the President.

Dr Isabel Lentell was nominated for membership.

There being no objections received, Professor Margaret Johnson and Mr Bill Forse elected and President invited Dr Jennifer Treleaven to sign the Members Book

The President announced that the next meeting at Lettsom House would be the Christmas Lunch on 11 Dec 24 and that the next meeting of the Society would be on 15 January 2025 when Professor Jan Apperley would deliver her lecture entitled:

CML AND ME – MY CAREER AND THE BEST CANCER STORY TO DATE

The President then gave his Presidential Address entitled:

SOME ASPECTS OF LITIGATION

Mr Robert Maurice-Williams, with a long-standing large medicolegal practice, gave an interesting personal reflection on various aspects of medical litigation.

He paid tribute to his mentors; Mr JA Andrews, a general Neurosurgeon at Barts, Dr David Kendall, Consultant Neurologist at St Georges, and Professor Keith Simpson, the leading forensic pathologist of his day.

He distinguished criminal, from personal injury and medical negligence cases. He had concentrated on personal injury, particularly relating to brain and spinal cord injuries.

He drew attention to the importance of litigation relating to alcohol addiction and its multiple effects on medical presentation, social behaviour and treatment, and the difficulties relating to patients' denial of addiction, problems of recall and of actively misleading their doctors.

He discussed Accident Neurosis, or exaggeration of symptoms, or overlay, often occurring in the context of minor injury. It ranged from modest overlay to the relatively rare complete fabrication; which could be conscious or unconscious. He mentioned indicative features and exaggerated emotional responses, usually at odds with the relative minor findings on examination. He noted that it may contribute to the failure of spinal surgery. Symptoms and

signs may be simulated or exaggerated, there might be (irregular) weakness or sensory symptoms, at odds with mobility. Other physical signs such as muscle tone, reflexes, clonus and muscle bulk (lack of wasting) could not be manipulated. Nowadays, video and surveillance, and particularly social media, evidence of inconsistencies in reported and recorded activities were important.

Common conditions associated with litigation, in his experience, included Whiplash, and its Victorian precedent, 'Railway spine', (post-traumatic symptoms in passengers involved in railway accidents), Polymyalgia, Post traumatic stress disorder (PTSD), and Chronic Fatigue Syndrome (or Myalgic Encephalitis). Whiplash, with its dramatic name, is typically related to a motor vehicle rear-end shunt (for which the driver behind is always held responsible). It is usually related to a soft tissue injury (sprain) of the cervical spine, typically with no other evidence of physical injury. The initial neck pain, which may be widespread, then sometimes develops into 'chronic' or 'secondary' whiplash. This first appeared in the early 1960s and has proliferated markedly, with a major effect on motor insurance premiums. Interestingly it has recently been reported that it does not occur in some countries. Criminal cases were now well documented. Non-surgical treatment usually provides only temporary benefit but surgical intervention is contraindicated, except under overwhelming circumstances eg Cauda Equina Syndrome. It usually requires insurance settlement. He noted that follow up is difficult but felt that recovery is likely the norm.

He drew attention to the negative effects of litigation on Claimants; including the disruption to normal life for as long as 4-5 years, due to legal proceedings, the lack of control felt by the Claimant, and the often minimal, eventual, financial gain.

Clinical negligence has shown an exponential growth over time (it was unknown in the 18th century). This has led to an enormous increase in Medical Defence subscriptions and a huge financial burden on the NHS. The effect on the defendants can be devastating. Ways of attempting to reduce medical negligence claims include formal instruction of Consultants and GPs on particular situations. For example, in Neurosurgery, inadequate counselling and the failure of senior doctors to obtain fully informed patient consent, is a persistent problem. In spinal surgery, treatment is often inappropriate; a failure to check X-rays may lead to operation at the wrong level. There are particular problems with the diagnosis of Sub Arachnoid haemorrhage and often delays in the diagnosis and treatment of Cauda Equina syndrome, which can progress rapidly, with devastating results.

He commented on the common mistakes of Expert Witnesses; in failing to be impartial, in being too dogmatic (which could be counter-productive), in offering an opinion outside their particular areas of expertise, and in being insufficiently experienced in Medicolegal work, particularly in criminal cases.

He encouraged, and answered questions and a vote of thanks was proposed by Dr Robin Knill-Jones.

39 Members and Guests Attended

President-Elect Designate: DR JOANNE BROWN

Vice Presidents: MR ROBERT MAURICE-WILLIAMS MA MB Bchir FRCS FRCP
DR DAVID TREACHER MS FRCP

Honorary Treasurer: DR HELEN GRAHAM, MB ChB DCH FRCGP FHEA

Honorary Secretaries: DR DAVID MUMMERY MB ChB MRCGP
DR JOANNA BROWN (POST NOMS)

Honorary Archivist: DR JENNIFER DOVE MB BS FRCPath

Councillors: DR PETER BENNETT MD FRCP DHMSA
DR JAMES BINGHAM MB MCh BAO FRCP FRCOG
MRS CATRIONA HEAD SRN
PROFESSOR TIM OLIVER MD FRCP BChir
MS MARILYN DAVEY BA PGCE
DR MALCOLM STODELL FRCP
DR CHRISTOPHER TREVES-BROWN MB BS LLB
PROFESSOR PHILIP STEER BSc (HONS) MD FRCOG
DR JENNIFER DOVE
DR CHRISTOPHER MEADOWS

Trustees: PROFESSOR ROBERT DOUGLAS BSc PhD
DR ALISON TWIGLEY LRCP MRCS MB BS FRCA

Executive Secretary: COMMANDER MIKE FLYNN FCMI Chartered MCIPD
MS LEAH PARVIN

The 2024 Annual Dinner was held at The Athenaeum Club

