



Red Lion Square – innovators, protestors and heroes

Red Lion Square in 1700 was a spacious, fashionable location, convenient for the City but only a block away from open country, “pasture grounds” on a contemporary map. Many remarkable men and women have made their homes there since then. I can only give examples.

In 1714, the government offered a handsome prize of £20,000 for anyone who could make a portable clock, which would allow reliable calculation of longitude, and hence determine position at sea. The Board of Longitude, an early QUANGO, would judge possible winners.

John Harrison, a joiner by training, started work on the longitude problem in 1730, at his home in Red Lion Square. He made a series of remarkably accurate clocks but the Board of Longitude was very reluctant to give him the prize. They were still not satisfied in August 1765, despite a visit by the whole Board to the Square to examine Harrison’s clocks.

When Harrison was 80, a petition to the King finally got him recognition. He lived to know that one of his clocks had served Captain James Cook well on his second voyage of discovery to Australia.

There were other, less well-known innovators in the Square. In about 1750, one James Hanway, also had a hand in setting up the Foundling Hospital on

Coram’s Fields, lived in or near the Square. He hated paying tips. When it was raining he used an umbrella to avoid taking a cab and is said to have been the first Londoner to carry one. It made him conspicuous, a target for abuse from coachmen, as they splashed past him.

Doctors have lived and worked around the Square from its earliest years. Dr John Fothergill is particularly distinguished. He studied in Edinburgh and Leiden before coming to London (Oxford and Cambridge being closed to religious dissenters). He was a friend of Benjamin Franklin and tried to avert the War of Independence by mediation. Religious scruples prevented him accepting appointment as Royal Physician. He lived and worked just off the Square.

Fothergill was a noted botanist, as well as a thoughtful doctor. Trigeminal neuralgia is sometimes called Fothergill’s Disease after his description in an essay called “On a painful affection of the face” published in 1773. He died in 1780, his surgeon, Percival Pott, making regular house calls to Red Lion Square to care for his distinguished patient.

We know that medical connections with Red Lion Square continue to the present day, but the 19th century also saw the beginning of a lasting association with the arts. William Morris, leading light of the Arts and Crafts Movement, shared 17 Red Lion Square with several other artists of the Pre-Raphaelite school. His daughter, May, taught at the Central School of Arts and

Crafts from its foundation in 1896. The Central St Martins School of Art and Design is only a block away from the Square, still buzzing with creative ideas.

William Morris was born in 1834, in a London which was growing enormously, with many social and political tensions. As well as an influential artist and designer, he was active on the left wing of politics. The strand of radical politics still continues in the Square.

Near the entrance to the gardens is the lively statue of an orator. The subject is Fenner Brockway, a journalist and politician who campaigned against war and injustice over a career stretching from women’s suffrage to the Cold War. In 1916 he was locked up, initially in the Tower, for distributing anti-conscription leaflets. Brockway spoke many times at Conway Hall, in Red Lion Square, which was built in 1929 to provide an impartial venue for debate. It is still a busy place.

Churchill House, now the home of the College of Emergency Medicine, is one of the newest, but few of the buildings around Red Lion Square are more than 50 years old. There was extensive damage in bombing raids in 1940 and 1941. Alfred Wilson, who lived in Red Lion Passage, was a member of a London Heavy Rescue unit. With four colleagues he was killed on 16 October 1940. They were searching wreckage round an unexploded bomb. There is a bench in the gardens dedicated to his memory.

JONATHAN MARROW

Expedition Medicine – a novice relates

Most doctors sometimes feel they are loosing the fire that burns for patient care and the difference we try to make everyday. So it was with slight discontent that I browsed the world wide web for alternatives to the daily grind in the salt mine we call an emergency department. A multitude of opportunities exist in the world out there to restore one's faith in our chosen profession and make one feel that we really do make a difference. Unfortunately, a 6 month break in Sudan or The Congo, selfless as it is, doesn't pay the mortgage and the student loan. I did notice advertisements for expedition medicine but all the links just take one to sites for training courses and the possibility of paying up for a working holiday on a Caribbean island. Imagine the cautious elation and excitement therefore when a friend of a friend called a few days later with exactly what I was looking for—a company needing a doctor to act as expedition medical officer in the rain-forest of Belize, Central America. The only catch, I had to be there within the next 7 days.

Between arranging flights, gear (picture someone walking through inner London with a foot long machete knife after 7/7), medical practice insurance and annual leave, there was luckily very little time to worry about my lack of experience, inadequate fitness and the fact that generally I hadn't a clue of what would be expected of me.

Five days later, I found myself on a plane to Belize via Amsterdam, Mexico

City, San Salvador and Guatemala, a marathon 72 hour journey, armed with a risk assessment, a textbook on expedition medicine (with eight pages covering tropical expeditions) and my machete. My incarceration in a Mexican prison for lack of a valid visa provided only a temporary hitch, but gave me time to contemplate my mounting fears and nervousness over the unknown world I was about to enter, both literally and figuratively.

Once in Belize, the heat of the tropics hit me in the face along with a warm welcome by a very supportive team and an ice cold Belican lager: my worries settled and we got on with things.

Digging vehicles out of mud, setting up camps in mud, sleeping in trees to escape mud, dodging mosquito and botfly and avoiding encounters with puma and jaguar, we all soon settled into a routine. We got accustomed to the haunting sounds of a jungle at night, blue skies and a general feeling of freedom. I liaised with the local military in setting up an evacuation procedure, learned about and handled local snakes to identify them in case of snakebite and got valuable advice from Indians about medicinal uses of indigenous plants. These were problems so far removed from my normal London life that I wouldn't ever have imagined myself in such a situation. New skills included making fire using two sticks and setting up traps to catch the evening meal.

Medically little went wrong except a few abscesses, insect bites, lots of blistered feet, sprained ankles, diarrhoea and heatstroke, but it was nevertheless a great learning experience, having to display leadership, professionalism, communication skills and just

practicing medicine in such a surreal setting. The irony of an intravenous infusion set hanging from a poisonous tree did not escape me.

I learned that the best tool in a situation with extremely limited resources is the prevention of injury and illness through caution and safety, even though this doesn't always correspond with the priorities of the rest of the team. A strong stance in this regard proved worthwhile in ensuring a good medical outcome for the expedition. I made simple rules like not using sharp objects after nightfall, a buddy system, and avoidance of plants and animals we weren't familiar with. My stubborn refusal to allow activities without the proper protective gear were sometimes a thorn in the side of the average practically minded camper, but we never had to use our only suture kit or any of the four ampoules of adrenaline we had available in case of anaphylactic shock. The suture kit was put to good use at the end of the expedition when I also provided some entertainment for the locals by excising a sebaceous cyst from the back of one of our guides. This procedure was performed in front an audience of about 20 and a camcorder, without local anaesthetic because the patient was afraid of injections, but was nevertheless adamant that the cyst needed removal.

After a month in the jungle and a few days rest and respite on a tropical island, I returned to the salt mines refreshed and with the fire rekindled. Many new friends and a wealth of fantastic memories later, I realised that medicine can be both fulfilling and fun if one dares to venture outside the familiar. The trip to Base Camp is booked.

Consultant appointments September to October 2006. The information for the consultant appointments is provided by the Faculty and any errors should be notified to them and not the journal

| Name | Hospital | Previous post |
|----------------------|-------------------------------------|---------------|
| Dr Andrew J E ASHTON | Whiston Hospital | SpR |
| Remila B AHL | University College Hospital, London | SpR |
| Alastair McLLWEE | Ulster Hospital | SpR |
| Dr John O'HARE | Craigavon Area Hospital | SpR |
| Mr Asim SHAFQAT | Princess Alexandra Hospital, Harlow | Consultant |
| Anil VERMA | University College Hospital, London | SpR |

Update from EMTA

It has been an exciting year for the Emergency Medicine Trainees' Association (EMTA). We have had a superb conference in Poole (more of that later) and been an active part of the formation of the College of Emergency Medicine. Writing this in October, I wonder what else will have happened before this article is read – the inaugural conference of the College of Emergency Medicine for one.

The views, concerns and aspirations of emergency medicine trainees are a vital part of the development and progress of the speciality. A trainee is invited to sit on all the main College committees and further a field EMTA provides representation to the BMA, Academy of Royal Colleges and Royal Society of Medicine. As the number of trainees has grown so has the need for more structure, transparency and accountability. We need to improve communication to ensure our trainee's association is truly representative and inclusive. To help with that the EMTA committee plan to use the EMJ supplement to update trainees with what is happening on the committees they sit on, advertise vacant posts and invite views and opinions.

I'm starting the process off with this article in which I'll outline who is currently who on the EMTA committee and EMTA council, what they do, how to contact them and how to join EMTA and get involved. I'll also include a brief bit on the EMTA AGM in Poole, the future structure of EMTA (we need more regional representation) and what posts are soon to be vacant.

Before I begin I'd like to start off by recognising the excellent conference we had in September in Poole. There had been some debate about the viability and value of a separate trainee conference given the amount of emergency medicine conferences around and previous financial losses. The Wessex trainees certainly demonstrated what it is possible to achieve and re-iterated the benefit of a conference organised by trainees for trainees. The three days were instructive and stimulating and provided some interesting opportunities for career development (I've somehow ended up as a doctor on a cycling trip to Peru a result of the careers fair). A big thankyou to Farhad 'Izzy' Islam, Claire Vincent, Sarah Assheton, Lisa Clarke, Ian Beardsell, Lousia Chan, Jaydeep Chitni and Peter Swallow. A thankyou also to those who took the time to attend the EMTA AGM. It is the one time in a year when we can really get together to discuss and plan the future.

The stunning location and provisional plans for EMTA 2007 in Newcastle look very exciting. Watch this space or contact James McFetrich at jamesmcf@doctors.org.uk for further details.

EMTA – HOW TO JOIN AND GET INVOLVED

Any trainee member of the College of Emergency Medicine or the British Association for Emergency Medicine (BAEM) is automatically a member of EMTA. That includes clinical fellows, foundation years and SHOs if they are members of BAEM. Holding a post on the EMTA Committee or Council is restricted to trainees on a specialist training programme. At the AGM this year it was agreed that a £10 separate charge for being a member of EMTA should be introduced to allow the financial scope for developing the work of EMTA such as workshops and to ensure the continuation of a separate trainees conference. This fee is currently being considered by the College of Emergency Medicine.

Farhat Rasheed, the EMTA Secretary and Treasurer, works tirelessly to keep a list of email contacts for all members of EMTA. If you do not think you are on her list (you will know if you are as she sends out lots of emails and updates) please get in contact with her at drfrasheed@hotmail.com. To reduce the burden on Farhat we are trying to ensure the College also has an updated list of email contacts. Please ensure that your member details entered via the www.emergencymed.org.uk website are up-to-date. If you don't have a log-in but are a member of the College or BAEM please register on the website to get a log-in.

The email list is currently only for communication. EMTA has had a couple of requests for use of the email list for research purposes by SpRs either for stand alone research projects or as part of their CTR. The view of the Committee and AGM was that use of the list by EMTA members only for research purposes was reasonable (though as a note the College are getting wise to surveys of SpRs as the research bit of a CTR). If you do not wish to be included in email surveys conducted by other EMTA members please let Farhat know and we will do our best to ensure that you are not included. The decision is up for review if EMTA members find the amount of surveys and questionnaires is becoming a pain.

WHO'S WHO AND HOW TO GET INVOLVED

Please contact any of the committee with your views and concerns regarding

the areas they represent. Any comments in general can be directed to the President or CEM/BAEM representatives:

President (acting) and Training Standards Committee Rep Anna Forrest Hay a.forresthay@btinternet.com

BAEM and Merger Board Rep Romila Bahl romila@ukcs.fsnet.co.uk

CEM Rep Malcolm Tunnicliff malcolmt@doctors.org.uk

Secretary and Treasurer Farhat Rasheed drfrasheed@hotmail.com

Research and Publications Committee Rep Kerstin Hogg kerstinhogg@hotmail.com

Clinical Effectiveness Committee Rep Abel Wakai wakai@indigo.ie

Education and Examination Committee Rep James McFetrich jamesmcf@doctor.org.uk

Website Co-ordinator Dan Strong danstrong@mac.com

We also have Council members that provide emergency trainee input to the BMA Central Consultants and Specialists' Committee – Giles Cattermole cattermole@doctors.org.uk and Royal Society of Medicine, Emergency Medicine division (was Izzy Islam but will be a vacant post – need to be a member of the RSM).

FUTURE DEVELOPMENTS – A REGIONAL STRUCTURE

As the College of Emergency Medicine is planning a regional structure with one representative from each deanery area sitting on the College Council, EMTA wishes to do the same – for each deanery we would like a trainee representative to be responsible for ensuring the views, concerns and ideas of trainees in that region are heard and made available to the EMTA Committee representatives. The regional representatives can be the STC Rep or can be another regionally elected trainee. We would be grateful if the current STC reps in each area could contact Farhat and let her know who the regional representative for their area will be. We are leaving it up to local areas to arrange their own elections as they see fit.

FUTURE DEVELOPMENTS – VACANT ROLES AND THE ELECTION PROCESS

In order to make elections more accessible to all, speed up the process and

save paper and costs it was agreed at the last AGM to try an election by email. My post of representative to BAEM will be vacant in January. If anyone is interested (you have to be a member of BAEM) please email Farhat a short statement of why you would be good for the post and the names and emails of two other EMTA members who propose and second you. Your statement will be circulated around EMTA members who will be asked to send in their vote via email to Farhat. Please email me at romila@ukcs.fsnet.co.uk for details about the post. This is the first

time we have tried a ballot via email. The only person who will know the identity of individual voters is the secretary so hopefully the process will work

The role of President is also vacant. It was unanimously decided at the AGM that the role of President should be undertaken by someone who is also a Committee representative – it made little sense for the EMTA president not to have a direct voice into College of Emergency Medicine. Anna is very kindly acting President and hopefully in the next EMJ supplement statements

from all those interested in standing for President will appear for EMTA members to vote.

All that remains is for me to wish everyone an enjoyable festive season and encourage all emergency medicine trainees to get involved in EMTA—it takes up a little bit of time but the rewards are certainly worth it.

ROMILA BAHL

Trainee representative to the Merger Board of the College of Emergency Medicine and British Association for Emergency Medicine

Forthcoming meetings at the Royal Society of Medicine

JANUARY 26th 2007 EXTREME EMERGENCIES

Have you ever been flying, skiing, climbing or diving?
Would you know what to do in the event of an extreme emergency?
Has a patient ever arrived at your department after a diving incident?
Are you thinking of being the expedition medic in some far-flung exotic country – are you prepared?



COME TO THE RSM A&E SECTION MEETING ON JANUARY 2 2007 AND LEARN EVERYTHING YOU NEED

Speakers to include:

Dr Charles, Consultant neurologist and mountaineer – Altitude medicine

Surgeon Commander J Smith – Heat illness

Dr Ian Grant, Director of the British Antarctic Survey and emergency department Consultant – Cold illness

Professor Mike Bagshaw, Professor in Aviation Medicine Kings College – Emergencies in the Air

Dr K Robinson – Diving Emergencies

FUTURE MEETINGS

JUNE 29th 2007 WOMEN AND CHILDREN FIRST

IN SEPTEMBER 2007 WE CELEBRATE 20 YEARS OF THE A&E SECTION