



# Barts Guild News

ISSUE 18

NOVEMBER 2021

## The journey continues



### ***Ian McDowell says farewell to Chairmanship with his reflections on Founders' Day***

*Photograph: Bob Cooper*

Pictures, like landmarks, are enigmas waiting to be decoded. Here, we have the southern end of Harley Street, where the Guild held its first ever committee meeting on 2nd June 1911, led by the eccentric, inspirational Milicent Moore (1868-1947). Milicent's journey from her house in Gloucester Place to Harley Street would change forever the way hospitals are organised, bringing to birth a model of Friends' Association that would go on to capture the imagination not only of London and the Home Counties, but of the world, spawning countless imitations.

What else can we see in this picture? Shop volunteers, former shop volunteers, scions of

the City, scions of the Medical Profession, scions of the Law, Management Committee stalwarts, plus rank and file town and country members of the Guild, all mesmerised by the story of five women (soon to be six, when they were joined by the Guild's first Chair, Lady Sandhurst) subjecting a traditional male institution to a friendly assault from the Shires: a barrage of bed socks and other bargain basics handmade by "working parties" of women from all social backgrounds, each item a talisman of a communitarian spirit going back to the Middle Ages.

*Continued on page two.*

## The journey continues cont.

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A “Guild” was something one of the giants of the nineteenth century, William Morris, head-over-heels as he was with a romantic notion of the caring, sharing Middle Ages, had championed all his life in the face of what he saw as the creeping soullessness of the factory and the machine. The items that the Guild would present to the hard-pressed patients of Barts would not be bought with money. They would be made with love by the hands of women who cared what happened to their fellow creatures, wracked as many were by circumstance, and stranded in some of the most filthy and overcrowded slums London had ever seen, or ever would see.

These six women’s doctor husbands had seen the unspeakable conditions many Barts patients were living in at first hand. Once the women found out what was happening on the streets and in the courts and rookeries around Barts they would be corralled in their drawing rooms no longer. They burst forth, their long dresses sweeping the City, the West End, and the Home Counties, rallying female troops of all social backgrounds in exactly the way William Morris had envisaged. And when the balloon went up in 1914, there were many ready-made pockets of social solidarity already on hand, all thanks to the women of Barts.

The Guild’s newly-inaugurated Founders’ Day Walk, which will happen on 2nd June every year, is intended to dust off and set upright each year the indomitable spirits of these long-skirted women. It is an opportunity for us to march alongside them once again, visiting two of the Guild’s iconic founding locations: 94 Gloucester Place, where Milicent and her doctor husband Sir Norman Moore made their home, and the site of the house owned by Dr and Mrs Tooth at 34 Harley Street, where the Guild held its first Committee Meeting.

Then, in true Guild tradition, we proceed to a place of refreshment for a bit of a knees-up. So, please put the date in your diaries now: 2nd June 2022. Be there or miss out!

Speaking for myself, it has been a huge privilege to follow in the footsteps of so many inspirational people, including (a bit like a footman without either the youth or the livery) the Guild’s very first Chair, Lady Sandhurst. As Lady Sandhurst no doubt discovered, it’s quite a thing being Chair of the Guild of one of the world’s most ancient and hallowed hospitals. You learn a lot: to say the right things (most of the time); to read even the most abstruse emails (most of the time); and, above all, to remember that we are all volunteers, with the inalienable right to give what we give in our inimitable way.

I hand over the reins with a certain amount of sadness, a certain amount of relief, and a great deal of pride in what all of you have given over the past two years. You’ve put your hearts and souls into the Guild, and what better place could there be for hearts and souls than the greatest hospital association of them all?

Thank you. You’ve done me proud.

*IAN McDOWELL  
former Chairman*

## Did you know?

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That Jamaica’s first great Olympian was not Usain Bolt but a Barts-trained doctor, Arthur Wint?

A former flight lieutenant and Spitfire pilot with the RAF, he was captain of the first Jamaican team to take part in the Olympics, at Wembley in 1948, and won Jamaica’s first Olympic Gold Medal for the 400 metres.

After qualifying in 1953, and receiving an MBE from HM The Queen, he returned to Jamaica where he worked as a doctor and surgeon, returning to the UK in 1974 to work for four years as his country’s High Commissioner in London.

Arthur Wint died in 1992.

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## New Guild Chairman and Hon. Secretary



Chris Hayward CC

At last month's AGM, the first in-person Guild public event for 22 months, Chris Hayward was confirmed as the new Chairman and Judith Pleasance as the new Hon. Secretary. We'll get to meet them both in BGN Issue 19.

Formal thanks were placed on record to outgoing Chairman Ian McDowell and outgoing Hon. Secretary Lesley Evans for their outstanding contribution to the Guild.

Photographs: Bob Cooper



Judith Pleasance CC

## A Celebration of Christmas

With great regret the Management Committee have decided not to hold our traditional Celebration of Christmas this year.

The decision was taken because rising Covid-19 infections and predictions of an especially severe 'flu season make a concert a risky enterprise in every way.

A concert setting in the Great Hall does not lend itself to social distancing without greatly reducing the number of audience members and performers and consequently destroying the cheerful Christmas atmosphere and, not unimportantly, the box office takings.



It is hoped that "normal service will be resumed" next year and, meanwhile, we are hoping that the Barts and The London Music Society will be able to give us a summer concert. Details in the spring edition of BGN.

However, we're delighted that last year's online Celebration of Christmas is still available to watch and enjoy on YouTube:

<https://youtu.be/9WZUanmLRq8>



## One stop for your Christmas shopping

Searching for some really special Christmas gifts? Look no further than the Guild Shop. Whether you shop in person or choose the convenience of buying online you are sure to find something to please.

Set an elegant table with place mats in a choice of two designs – the Henry VIII Gate or the Square at £4 each.

Our china mugs are a perennial favourite – they feature the Henry VIII Gate in black on a white background and are available at just £6.50 each.

And how about a book? The shop stocks a selection of titles that cover all things Barts, starting from £9.99.



### SHOP OPENING HOURS

Monday - Friday  
8.30am - 4pm

[bartsguild.org.uk/souvenir-store/](http://bartsguild.org.uk/souvenir-store/)

**Guild Christmas Cards** are already selling fast – hardly surprising as there are many delightful designs to choose from at the bargain price of £3.50 for a pack of 10 cards and envelopes.



### Barts Guild Calendar 2022

*Surrounded by London's heritage*

Friends of St Bartholomew's Hospital since 1911  
NATHAN 1888 THE DOGS OF GLOUCESTER RD GUYO

This year's showstopper is the **Barts Guild Calendar 2022**, priced at just £7.50.

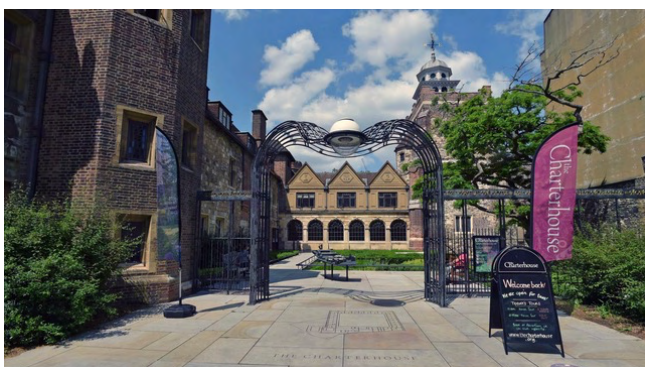
Devised by Trustee Neil Ritson, the Calendar's theme is "Surrounded by London's heritage" and is illustrated by Neil's beautiful photographs of heritage sites within easy walking distance of Barts.

Neil has also included a selection of guided walks around the area that can be accessed by clicking on the QR code printed in the Calendar.

Seven of Neil's excellent images from the Calendar are shown on page five.



# “Surrounded by London’s heritage” - Neil Ritson



## Archibald McIndoe 1900-1960

### “A prince of surgeons”

From Dunedin far down New Zealand’s South Island, some might say from the world’s edge, two remarkable men came to work at St Bartholomew’s Hospital. They were to enhance vastly plastic surgery’s power to heal. Harold Gillies was, for many, the founding father of modern plastic surgery; his younger cousin Archibald McIndoe became a household name in its practice. Both were knighted for their medical accomplishment.

After the Battle of the Somme in 1916 the increasing incidence of facial wounds was wreaking further physical distress and psychological havoc among British soldiers. Gillies already was a noted ear, nose and throat surgeon when he accepted the challenge of new surgery and of fulfilling, as he put it, the War Office’s and Army’s “orders to ‘mind and mend’ these ghastly disfigurements”. He made great progress and eventually established, though not without difficulty, a plastic surgery unit at Barts: the first London teaching hospital to appoint a plastic surgeon and one who treated patients from all over the country.

Then in 1930, Gillies said, the orders to ‘mind and mend’ were passed to his pupil McIndoe “whose imaginative enthusiasm saw at once the great need for mental as well as physical reconstruction. So, when the burns of Dunkirk and the Battle of Britain came pouring in, Archie was there, always improving his skin-grafting technique or devising methods of making better”. McIndoe had already shown himself to be an exceptional abdominal surgeon at the Mayo Clinic in the US but reconstructive surgery now embraced him – both its techniques and the element of artistry that a plastic surgeon should have, particularly when treating faces and hands: “Gillies, this is the only surgery for me”, he memorably said. The two of them became a “true partnership”.

McIndoe was appointed Barts’ Assistant Plastic Surgeon in 1935 and in 1938, succeeding Gillies,



*Sir Archibald McIndoe on the ‘old Joanna’*

*Photograph reproduced with kind permission  
© East Grinstead Museum/Queen Victoria Hospital*

Consultant in Plastic Surgery to the Royal Air Force, setting up the surgical unit at the RAF’s Queen Victoria Hospital in East Grinstead which became the home of the renowned Guinea Pig Club. The guinea pigs were McIndoe’s airmen patients who had been burned, maimed, disfigured and whom he treated with innovative methods. It was an exclusive club of more than six hundred that no-one would willingly join but which remained united for decades after World War II and in their regard for their surgeon whom they called ‘the Boss’ or ‘Maestro’.

The late journalist AA Gill in 2007 wrote one of his best articles on McIndoe and the Guinea Pigs. “McIndoe invented the modern scale of plastic surgery... He gave young men back their eyelids and their noses, carefully grafted and replaced their faces, mended their fractured jigsaw skulls and covered the stumps of their hands over sometimes dozens of operations, all the time working from the experience of one operation to the next. He performed, if not miracles, then things that had never been done before. But he also saw that surgery was only half of it. He had to pull the young men back from depression, self-pity and the despair of nihilism... He was relentless in character-building... a sense of esprit de corps”.

*Continued on page seven.*



## Archibald McIndoe 1900-1960 cont.

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Beer was available for the wards, there were 'sing songs around the old Joanna' sometimes to render irreverently *The Guinea Pig Anthem*, nurses (many of whom were beautiful, it was knowingly observed) were encouraged to flirt and banter with patients – not a few nurses and their patients went on to marry - and McIndoe enjoined successfully the town of East Grinstead to open its doors to his patients, socialise with them and carry on as if nothing were untoward. He also wrote masses of letters, then and later, fighting for his patients. He badgered the War Office, the RAF and, later, employers and even lent some patients money to help their journey back into civilian life.

The journalist noted, too, of the still living Guinea Pigs and their surgery "...astonishingly they all look decades younger than their real age, as if... God has finally given them back that portion of their youth that was stolen from them by the flames". Adrian Gill told me that of all the pieces he wrote during that time the Guinea Pigs was the most absorbing and the one he valued most.

Richard Hillary, a young badly burned Spitfire pilot, published *The Last Enemy* in 1942. He was a leading Guinea Pig and his book helped the Sussex hospital's fame (there were seven reprints within a year of publication). He noticed McIndoe's fingers "blunt, capable, incisive". Hillary in pain and depression had some outbursts in the ward. "It was a surgical masterpiece, but I was not in the mood to appreciate it. I fear I was not very gracious... That night McIndoe came in to see me. He was still wearing his operating robes... He talked to me of the difficulties of running a unit..., of the inevitable trials and setbacks which must somehow be met. He knew, he said, that I had had a tough break, but I must try not to let it get me down. I noticed that he looked tired, dead tired, and remembered that he had been operating all day". Hillary bravely flew again but died in a training flight crash in 1943.

In 1964 I appreciated the enduring power of McIndoe's name. The evening before my first

operation the surgeon, who had been a houseman for McIndoe, explained to me what he intended to do. Later on, I must have continued to look pensive. The ward Sister said "You mustn't worry about tomorrow. Mr Schofield trained under Sir Archie McIndoe". It was the bell of confidence, the assurance that by tomorrow's midnight, as Shakespeare's Falstaff wished, all would be well. That is what the image of a hero can do.

There is much testimony to McIndoe's capacity for friendship and memory for colleagues, not least in the service of the Royal College of Surgeons and his later surgical practice, and above all he always possessed a deep well of compassion. But he was not saintly and the demands and stresses were immense. Twelve hour days, usually longer, of intricate surgery, training of others and administration were the standard at East Grinstead. Not all relations could be harmonious, toes were trodden on, colleagues shouted at, single-minded drive and ambition could hurt or ignore others, even family and friends. Some thought him unwilling to share the limelight and another nickname for him 'God' was by no means always complimentary. His all-embracing mission to heal his patients, his 'boys', caused sacrifice in his personal life: after the War he and his first wife divorced after nearly thirty years of marriage. He spared neither himself in his duty nor those around him in theirs.

Yet he was capable of many kindnesses, thoughtful and often unexpected, and he could be generous in appreciation too describing his cousin Gillies in 1958 as "the greatest plastic surgeon of all times". This conflicting mosaic of characteristics is not too unusual especially among some very high achievers, and those with a maverick touch. It is hard to see how a less determined and driven man could have shouldered so ably such a burden and overcome the challenges of surgery, aftercare, logistics – and bureaucracy – that McIndoe did.

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## Archibald McIndoe 1900-1960 cont.

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In a 2004 episode of the TV drama *Foyle's War*, based in an RAF wartime burns hospital overseen by a surgeon modelled on McIndoe, the actor Bill Paterson captured both McIndoe's fine-hearted spirit and sometimes peppery forthright behaviour.

Fittingly McIndoe, a maestro to so many, still inspires from others appreciation of high quality – fine writing by Gill, fine acting by Paterson. In 2004 too the Duke of Edinburgh as the Guinea Pigs' President, evoking the terror of what it must have been like to be caught in a blazing aircraft and when honouring them and McIndoe, wrote: "...the catalyst for the immense progress in the treatment of burns and in the rehabilitation of patients was Archibald McIndoe". The paintings of the surgeon in 1944 by Anna Zinkeisen, once a celebrated artist, are not well-known now but remain striking.

McIndoe died in his sleep, exhausted by overwork and the strains of his life, a month short of sixty years of age. Gillies outlived his

cousin by only six months and wrote of him "The last enemy has gone by and a prince of surgeons is dead". In a unique honour, McIndoe's are the only civilian's ashes buried in the RAF's Church of St Clement Danes in London's Strand.

Sir Norman Moore, a great Barts figure and husband of a Guild Founder, conceived the inscription that stands today at the Hospital's Giltspur Street entrance: "...through the increase of knowledge [within the Hospital and the Medical College] in the medical art, here attained, to the alleviation of human suffering, throughout the world".

Via Barts Hospital and East Grinstead, by the people he taught and inspired, the practices he pioneered, the psychology and performance he promoted, the "unsurpassed skill" of Archibald Hector McIndoe spread throughout the hospital operating theatres of the world.

ANDREW PHILLIPS

## Great idea, great result

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The Guild's Assistant Treasurer and keen walker Hilary Tarr turned a holiday in Scotland into a fundraising opportunity to benefit the Guild's work.

In June Hilary walked the 96 mile long West Highland Way which stretches from Milngavie outside Glasgow to Fort William. The walk is not by any means a gentle stroll in the country as accommodation centres are as much as 15 miles apart and some walkers even walk 20 miles in one stretch.

Through sponsorship Hilary has raised just over £1,400.

Hilary's Virgin Giving page is now closed but if you would like to donate please do so through the Guild website and email [contact@bartsguild.org.uk](mailto:contact@bartsguild.org.uk) to let us know that your donation is to be added to Hilary's sponsorship total. Thank you Hilary for your splendid achievement!



*Hilary at Loch Tulla*





HM Government



# BOOST YOUR IMMUNITY THIS WINTER

## WITH THE FLU VACCINE + COVID-19 BOOSTER

Flu and COVID-19 can both be life-threatening and spread more easily in winter. If you're over 50 or in an at risk group, you are eligible for a free flu vaccine and a COVID-19 booster.

**Get vaccinated. Get boosted. Get protected.**

[nhs.uk/wintervaccinations](https://nhs.uk/wintervaccinations)



## Volunteer Voice: Court summons for Guild volunteers

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*Guild volunteers in the Old Bailey's Great Hall*

*All photographs: Bob Cooper*

Built on the site of the notorious Newgate prison the Old Bailey has gained a notoriety of its own as a venue for famous trials. Conveniently close to Fleet Street a full press gallery could always be guaranteed so that their readers' appetite for details of a "juicy" murder trial could be satisfied.

In 2020 Sheriff Chris Hayward (now Guild Chairman) offered to arrange a visit to the Old Bailey for Guild volunteers. Covid-19 restrictions put the plan firmly on the back burner until August of this year. Postponement was possible as Chris and his fellow Sheriff were, due to the pandemic, serving a second Shrieval year – the first time that this has occurred since 1228.

Guests enjoyed drinks, canapes and a good gossip in the Judges' Dining Room followed by a fascinating tour of the Old Bailey led by Chris who warned guests that, should a visit to the cells be allowed, not to shut the cell door from the inside as it could only be opened by the jailer who had probably gone home. The jury of volunteers unanimously found Chris 'Guilty' of being an excellent host and added a rider to their verdict that he should receive their warmest thanks for truly enjoyable evening.



*Jackie, Adrian and Ros with Chris*



*Sheriff Chris Hayward*



*Andy Haddon*



## Volunteer Voice: Court summons for Guild volunteers



*Danny and Stephanie*



*Jackie, Jan and Ann*



*Pat, Patrick and Rita*



*Jilly, Ian and Jackie*



*Sylvia, Ros and Pat*



*Andrew and Lesley*





## Elective Grants 2021

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In 2020 planned electives were cancelled due to Covid-19. Many final year students volunteered to support the front-line work of the NHS at this extraordinary time. The Guild provided help towards the cost of their accommodation and transport to support them as they undertook this vital work. This year two elective grants have been awarded and here are the reports from Shikila Edwards and Megha Chandrashekara on their placements.

### Elective Grants 2021: Shikila Edwards

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Although I wasn't sure I'd actually make it to Barbados due to Covid-19 restrictions, my elective experience was extremely useful and a great opportunity to gain insight into a foreign but known culture. A big thank you to the Barts Guild for supporting me financially in having an elective abroad, especially during the pandemic. Due to them, I was able to have a rare but valuable experience in 2021 of travelling to a new country to understand and reflect on the various ways in which Medicine can be carried out.

With a father who grew up in Barbados, I have had regular trips to the island from a young age, but was able to really experience the healthcare system this time around as the choice spot for my elective. I spent four weeks in a local polyclinic (similar to the GP clinics we have in the UK) and shadowed a public health GP. The GP practice itself was a large practice with around five or six doctors, several nurses and healthcare assistants. Not only did the practice provide GP services, there were also antenatal, psychiatry and podiatry clinics. I found it useful that these services were available in the local clinic which prevented patients from having to travel to the hospital unnecessarily. This also reduced the stigma around appointments for those with mental health diseases as they were able to visit their local clinic rather than attending the mental health hospital.

The first thing I noticed when seeing patients was the more laidback approach. Some consultations could take up to an hour and there was no major concern about meeting targets for the number of patients seen each day. I feel this allowed patients to not feel rushed in the



consultation and to address any concerns they had come with.

The GP I shadowed allowed me to lead on the consultations with patients, providing me with guidance as we went along and this really strengthened my confidence in patient management and communication. It was interesting to see how the relationship between doctor and patient differed in Barbados in comparison to the UK. Patients came to seek advice and guidance from the GP and looked to their doctor to make decisions on their health, rather than allow them to make an informed decision for themselves.

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## Elective Grants 2021: Shikila Edwards cont.

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Many patients came with a particular complaint for which they didn't necessarily know or voice what their expectation of the doctor was but would allow the doctor to decide the best treatment or management for them. In comparison to my medical school experience in the UK where there is a heavy focus on providing patient-centred care and allowing patients to make decisions about their health, I found this extremely interesting and wondered if outcomes in Barbados would change if more autonomy was to be given to patients.

Another difference from my experiences in England was the more prominent use of herbal remedies by patients. Many patients would attend the clinic having already tried a herbal medicine at home such as herbal teas or commonly used natural medicines. As a medical student in the UK, I have rarely learnt about herbal or alternative medicines and it highlighted the importance for me to educate myself on these treatments. Living in London – a diverse and multicultural city, a knowledge of natural remedies may allow me to provide better treatment to patients and understand their cultural practices more. It also sparked an interest in natural remedies and their use and is now something I would like to do more research in to see how reliable and safe these medicines can be.

The aims of this elective were to experience the management of diabetes in Barbados in comparison to that of the UK and many things stood out to me. With little research, I was able to find that the incidence of diabetes in Barbados is around 10% more than that of the UK, despite the much smaller population. Particularly in Barbados, I noticed the younger age of incidence with some patients as young as 30 presenting with type two diabetes mellitus. This young presentation could lead to increased risk of diabetes complications with age and increased mortality and morbidity in Barbados which would be reflected in global health.

The management of diabetes medically is similar

in Barbados to that of the UK. The same medications are readily available with many patients using Metformin. However, there seems to be an increased incidence of poly-pharmacy for diabetes with several patients having difficulty managing their blood sugar with just one drug. There is also a resistance to the use of insulin with many patients wanting to avoid injections and therefore being given sometimes three to four blood sugar lowering medications. This did bring the thought of adherence to my mind as from previous placement experiences, I have recognised that patients are less likely to take medication if they have multiple tablets to take.

Another issue I found extremely challenging was the rudimentary public healthcare system with some medical treatments and tests solely provided on a private basis. This meant that many patients who did not have the means to pay for particular tests or treatments would have poorer outcomes than those who did. In particular, a patient who seemed to have a rare genetic clotting disorder was unable to receive a test to investigate his blood flow as this would cost him around 350 Bajan dollars – the equivalent of around £125. This highlighted to me the impact of private healthcare systems on those from a lower socio-economic background.

Overall, my elective was an excellent experience – I was able to experience patient management and consultations in a different country and see the differences as well as similarities with the management of diabetes and other common chronic conditions. The trip highlighted how important the provision of public healthcare is, particularly for those from a lower socio-economic background and made me proud of the NHS and the services it provides.

My trip allowed me to think about working abroad and demonstrated how similar the practice of Medicine can be and how small differences can make a big impact of morbidity and mortality.

SHIKILA EDWARDS

## Elective Grants 2021: Megha Chandrashekara

Forensic psychiatry services provide care to offenders who have been diagnosed with mental illness and rehabilitate these patients for potential re-entry into the community. They also aim to decrease risk of recidivism through individualised management plans. Not all offenders with mental illness will be treated in these units, and a vast proportion of this population are treated within prisons. There are different levels of security for in-patient facilities, and in medium secure units, the patients have been detained under the Mental Health Act and are deemed to hold a considerable risk of danger to the public.

My four-week elective took place at the John Howard Centre, a medium security forensic psychiatric unit based in Homerton, housing just over 200 patients. This unit has a variety of wards, each accommodating for patients at different stages of their care, and separate specialised acute wards such as the dedicated personality disorder ward and the learning disability ward. I was based on Limehouse ward, which is one of the wards focusing on rehabilitation and is a gateway to either transfer to a low secure unit or discharge. The most common mental illness seen in the centre include schizophrenia and schizoaffective disorders, as well as personality disorders which can, and often, co-exist. Dissocial personality disorder is the most common in the male population, as opposed to borderline personality disorder in the female population. Conditions co-morbid to personality disorders, such as ADHD, are also prevalent.

My role during this placement was mainly observatory as I was not permitted to undertake any clinical tasks and was always escorted around the hospital. I gained a thorough insight into the complexities of the rehabilitation process and interacted with many of the patients and staff members. I learnt that successful rehabilitation is often an act of balancing patient freedom and a satisfactory quality of life, with the potential risks to society that this may bring.

At the John Howard Centre, patients are provided care from multiple specialised staff



members. Nursing care involves tasks such as regular observations and providing one-to-one support whilst providing other staff with an invaluable insight into the subtleties surrounding each patient's behaviour and care. They are often the first to recognise signs of destabilisation of a patient. Social workers liaise with the patient's family, oversee victim issues, patient finances and housing. Occupational therapy provides a variety of individual and group activities, allowing patients to adhere to a structured timetable to relieve boredom and allow a sense of purpose. Patients can build on social skills and independence which are important in facilitating re-entry into the community and decreasing risk of recidivism. Doctors oversee the physical health of patients, including medication initiation and review, and they manage leave applications for patients. The structure of the leave process involves a step-by-step relaxation of containment starting with escorted leave and moving onto unescorted and overnight leave. Once the patient has satisfied the requirements of the leaves, they are able to work towards getting discharged, however this is dependent on a variety of factors. Finally, psychological therapists are responsible for assessing patients that are acutely unwell and offer therapy to meet the patient's specific needs. They are also able to facilitate referral to the substance misuse service.

During ward rounds, I witnessed a unique set-up in comparison to medical ward rounds where multiple members of the multi-disciplinary team

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## Elective Grants 2021: Megha Chandrashekara cont.

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were present and the patient undertook a more central role. Common themes that were brought up included offering different forms of therapy, medication changes, ward behaviour and deterioration in functioning, physical health, and discussion of the leave application. In my experience, patient concerns mostly revolved around leave applications and the timeliness of these, perhaps because these are part of the bridge to discharge and offer them an opportunity for freedom.

A key issue that staff members had to deal with on the ward is substance abuse and controlling accessibility to drugs, which is a problem often aggravated by interactions between patients and group mentality. Substance abuse can not only lead to symptom relapse, but also result in loss of leave. It was suspected that this was one of the factors behind the rapid destabilisation of one of the patients on the ward, who was moved to seclusion for a period of time. The environment of low stimuli, bare walls and lack of social contact were things that I had in mind when imagining what seclusion would be like, however it was a very different experience to being there. I could truly sense the feeling of being trapped and had to remind myself that this was a necessary and last resort to protect the safety of staff and other patients. Aside from substance abuse, other factors that commonly impact on rehabilitation include non-engagement in therapy and maladaptive coping mechanisms resulting from childhood trauma.

I attended many meetings including a risk meeting where staff members discuss past and current risks and provide feedback on how to diminish these. In the discharge meeting for one patient, I saw how there can be problems with maintaining contact with the discharged patient, therefore having a clear plan of how to ensure this is important. In the community meeting where patients attend and express any concerns that they may have, I saw the patients take on a more active role in their own management which provides many benefits for a successful therapeutic relationship. By shadowing the doctors, I saw how decisions on clinical care

were made and the importance of ensuring that the patient is on the right medication at the right dose and formulation.

Throughout this placement, I most enjoyed interacting with the patients and staff and getting to know them on a personal level. This area of medicine was a lot less scientific and based more on communication and emphasised how each patient has a unique life story, neurology, personality, and behaviour so the same psychiatric illness can manifest in different ways. I also enjoyed that there was often more scope for critical analytical thinking within this field, such as when considering personality disorders. Personality disorders are highly linked to troublesome childhoods, and I had an interesting discussion with one of the doctors as to whether if the patients had had a more stable and loving childhood, they would have still developed a personality disorder or if there was some element of biological hardwiring of the brain leading to a greater predisposition to develop such a disorder.

Things that I found challenging were speaking to certain patients who were less forthcoming with giving details about their life, as it was difficult to then take an accurate history from them. It was also uncomfortable at times when being around a patient who was displaying aggressive behaviour, as this is something that I do not typically experience in a ward environment.

Overall, I am grateful to have gained valuable exposure to an area of medicine that medical students rarely get to spend time in. I have learnt even more so about the importance of teamwork and ensuring that the patient has an active role in their care, as much as possible. I have built upon my idea of what might be important when considering the capacity of a psychiatric patient, and that it cannot be automatically presumed that a patient with a mental state divergent from their baseline lacks capacity. I am grateful to the staff and patients for their time and look forward to applying the lessons I have learnt to my future career.

MEGHA CHANDRASHEKARA

## Lady Eleanor Sandhurst and the Guild

Lady Eleanor Sandhurst was invited to become Chairman of the Guild in 1911, a position which she served until her death in 1935. She carried out her duties to the Guild with meticulous attention to detail, and with kindness and compassion and endeared herself to all whom she met whether patients, staff or the medical and nursing staff as well as members of the Guild.

Lady Eleanor had also known great sorrow, following the death of her first husband, Armine Woodhouse in 1901, and her second husband, Viscount Sandhurst in 1921, both marriages each lasted for only 12 years.

One of her first tasks on becoming Chairman was to organise the Inaugural Meeting of the Guild on 23rd October 1911. Over 1,000 invitations were sent out to “the Governors, all St Bartholomew’s then living in London, the staff of the Hospital, the present sisters and nurses and their friends”.

One nurse however was not very happy to receive the invitation:

### A WOMAN'S GUILD FOR ST. BARTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—As a member of the League of St. Bartholomew's Hospital Nurses, may I express my astonishment at receiving an invitation from Lord and Lady Sandhurst to attend a meeting at the Hospital on the 23rd inst. to help to inaugurate a “Woman's Guild” for the Hospital. After the breach of faith by the Governors last year with the Nursing School and the contempt with which our skilled woman's work for the Hospital was treated by both Governors and Medical Staff, I have felt it my duty in refusing this astonishing invitation, to inform Lord Sandhurst of my reason for doing so. It is to be hoped that others will do likewise.

I am, dear Madam,

Yours very truly,

CLARA LEE.

Thistledown, Letchworth.

The inaugural meeting was a great success. Mrs Lauriston-Shaw from the “Ladies Association” of Guy's Hospital spoke of how this Association, which had started in 1895 was organised.



Lady Eleanor Sandhurst by Bassano

Lord Sandhurst, who chaired the meeting, stated “how heartily I would support such a Guild at St Bartholomew’s Hospital”. Dr Norman Moore also spoke, supporting the resolutions to establish the Guild and elect the inaugural committee with Lady Sandhurst as Chairman.

Branches were established in the Home Counties to supply the needlework, making pyjamas, nightgowns, dressing gowns and children’s clothes and dressings.

Committee meetings were held at 60 Eaton Square (Lady Sandhurst’s home) from October 1911, about three or four times a year, apart from October 1917 – February 1919 because “the house had been badly “injured” in a Zeppelin raid”.

During Lady Sandhurst’s chairmanship the following extracts from the minutes show the achievements of the committee:

*Continued on page seventeen.*

## Lady Eleanor Sandhurst and the Guild cont.

### 1911-1920

The Guild needlework groups were kept busy from the beginning but particularly during World War I when they supplied the wounded soldiers at the Base Camp at Camberwell, which was staffed by Bart's Hospital, with clothing, blankets, dressings and warm drinks, and started a needlework scheme, the soldiers embroidering their regimental badges which they could sell.

### 1920-1929

In 1920 the Guild raised £3,000 (£90,000 today) with a fund-raising bazaar. For Barts 800th anniversary in 1923 they endowed a bed and cot.

### 1927

The Busy Bees, a junior branch of the Guild, was inaugurated.

### 1929

The Guild donated a substantial sum towards the cost of the new George V block.

### 1930-1935

Fund raising towards the purchase of the new Charterhouse Square site for the new medical college buildings.

### 1934

Lady Sandhurst's last committee meeting (in April).

### 1935

Lady Eleanor Sandhurst died on 6th January 1935. She left everything to her son, the Revd. Roger Woodhouse.

In May, a bed was dedicated in her memory in Sandhurst Ward in a ceremony led by Bishop Luke Paget and her son the Revd. Roger Woodhouse.

### **In Memoriam**

Lady Eleanor Sandhurst and the five Barts consultants' wives, Mrs Norman Moore, Mrs Bowlby, Mrs Tooth, Mrs Bruce Clarke and Mrs Griffith have left us a legacy which has shone through Barts Hospital for over one hundred years and continues to shine today.

One of Barts great treasures is Hogarth's great painting of the "Good Samaritan". I believe each member of Barts Guild, past, present and those who join in the future, will always be inspired by that act of mercy, kindness and love for a fellow human being.

ANN WICKHAM



Henry VIII Gate at Barts c.1911



## Lady Eleanor's distinguished friends - part one

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Lady Eleanor Sandhurst had a wide circle of friends and acquaintances many of whom regularly corresponded with each other. Her social life and her involvement with many charities brought her into contacts from many walks of life.

Part one introduces us to **Kathleen Scott**, with part two to follow in BGN Issue 19.

Kathleen Scott (1878-1947), the wife of Captain Robert Falcon Scott (1868-1912), the Antarctic explorer. They were married in 1908 and had a son Peter in 1909 who died in 1989. Peter Scott was the famous naturalist, conservationist and ornithologist. In a letter to Kathleen, Robert Scott had written "try and make the boy interested in natural history if you can, as it is much better than games".

Kathleen Scott (nee Bruce) was an artist and sculptor who studied at the Slade School of Fine Art and at the Académie Colarossi in Paris.

There she was befriended by Auguste Rodin and met George Bernard Shaw, Max Beerbohm, J.M. Barrie and Isadora Duncan among many luminaries of the art and literature milieu.

She sculptured several statues of her husband including the bronze statue in Waterloo Place.

In 1913 Kathleen Scott wrote this poignant letter to Lady Eleanor, which was delivered by hand to 60 Eaton Square:

*174 Buckingham Palace Road, SW1*

*My dear Lady,*

*I am sending a little pin, it was in a tiny box with studs, etc, returned to me from the Antarctic. I think also you would like to know my dear man thought of you at the very end, for as his pencil stops writing he says "give fondest messages of farewell to Lady Baxter and Lady Sandhurst, keep friends with them, for both are dear women." Six more words and the writing finishes. I don't write to you at great length for I am overwhelmed with work, but because you know my good man, you will know that I have been a very privileged person for these five years and have never failed to exult in my possession, but I fail now. A very wonderful and complete thing has happened to me and I thank all the gods and their goodness's. Robert's journal (which is going to be published) is I think the most beautiful writing I have ever read and his writing to me, excelled only by Socrates, a very great inspiration!*

*Ever Kathleen Scott*

Kathleen Scott later married in 1922 Edward Hilton Young, who was created Baron Kennet in 1935, so she became Baroness Kennet. They had one son, Wayland Young, 2nd Baron Kennet.

*ANN WICKHAM*



*The Right Honourable The Lady Kennet FRBS  
Kathleen Scott (1910)*

## Lady Eleanor's distinguished friends - part one cont.



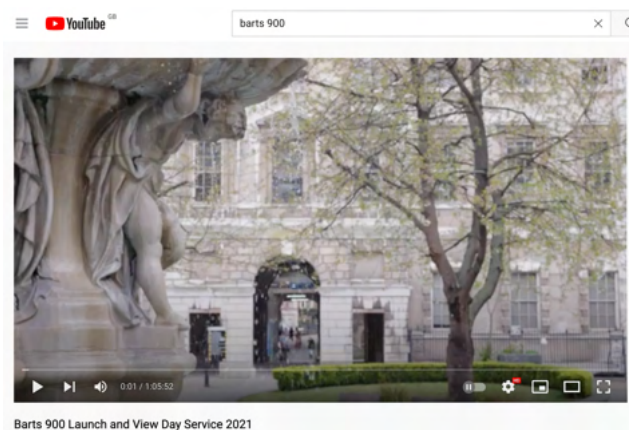
*Capt. Robert F. Scott writing his diary in his quarters in 1910 or 1911, during the 1910-13 British Antarctic Expedition to the South Pole*

## Barts 900 - the countdown has begun

Barts has survived war, fire, global pandemics and plans to close the Hospital down for almost 900 years. Despite these challenges the Hospital continues in its mission to provide patients with the best of medical care delivered with kindness and respect for the individual.

To raise awareness of the 2023 Anniversary Barts 900 was launched on View Day with a splendid film introduced by Barts CEO Professor Charles Knight OBE. Barts Archivist Kate Jarman offers intriguing insight into Mediaeval patient

Records and there are contributions from staff from many disciplines explaining why Barts is special to them. The film is available to watch on YouTube: <https://youtu.be/hvQJizLBlqg>





Evidence shows that people who have been vaccinated against **COVID-19** are less likely to pass the virus on to others.



*Everyone at the Guild wishes you a safe and joyful Christmas and hopes that 2022 will bring health, happiness and joy.*



## Barts Guild

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Facebook: [facebook.com/BartsHospitalGuild](https://facebook.com/BartsHospitalGuild)

## DATE FOR YOUR DIARY

**Saturday 13 November 2021**

THE LORD MAYOR'S SHOW

We'd be delighted if you chose to walk with us as we participate once again to welcome the new Lord Mayor of London.

Please email Wendy Mead to register your interest in taking part.

[wendy.mead@cityoflondon.gov.uk](mailto:wendy.mead@cityoflondon.gov.uk)

### 2022

We hope to be back to our full series of in-person events, so please keep an eye on our website and social media for details.

## BARTS GUILD NEWS

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