

Trinity Medical News



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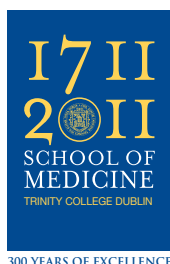
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Editorial

Prof. Joe Keane (1988)

Greetings Trinity Medical Alumni and welcome to Dublin for our annual meeting this August 27th. My sincere hope is that this Newsletter gets to every member of the Trinity College Medical Association - in hard copy or by e-mail. We have an array of articles on offer, from a 20-year alumna, some bioengineering, neurophysiology for better thinking and also articles about more important topics like fishing (and wine). Next year is our tercentenary, so there is probably no better time for you to re-engage with your old medical school. Let me encourage you to get involved with some of our tercentenary celebrations and even put pen to paper to contribute to next year's Newsletter. The other day, I drove past the new Biosciences Building on Pearse Street. The new location for our medical school looks good, optimistic and even exciting - like the calendar of events for next year; when we celebrate 300 years of Trinity Medicine. I sincerely hope that you can be part of our new endeavors.

A message from the President of TCMA

Dear Colleague,
As you already know we are approaching the 300th anniversary of the founding of the School of Medicine in Trinity College. Many changes have taken place over the last 300 years and especially in the last 5 years. Following the publication of the Fottrell Report on Medical Education in Ireland all the Medical Schools underwent substantial change.



In the School of Medicine in TCD a new division of Education was formed. Following this two appointments were made on the recommendation of Fottrell, a Senior Lecturer/Consultant in Education and a Professor of Population Health Medicine. The former appointment was Dr Martina Hennessey and the latter Professor Joe Barry. A further appointment as Professor of Haematology was made and Professor Paul Browne will take up that post shortly. A professor of Nephrology will be appointed in September and a joint Chair of Palliative care between TCD and UCD will hopefully be filled this year.

The School has reduced the number of years from 6 to 5 and the number of Irish/EU students has increased to 111 in 2010. This represents a doubling of the number of Irish/EU students in the last 5 years. The curriculum has been completely reformed. This change was initiated by Professor Reynolds and is now almost complete. Student Selected Modules have been introduced in first year. Although they are mandatory a student may chose which Module he/she wishes to attend. The Modules cover areas such as literature, ethics, and perception among others. They have

been very popular with students and staff and we hope to expand these into other years.

Changes also include the introduction of Clinical Skills in all years and Intern Shadowing in final year. Global Health has been a very popular and important area and the research module in second year got off to a very successful start. Obstetrics/Gynaecology and Paediatrics have been brought into 4th year and final year can now concentrate on Surgery and Medicine.

The opportunity to take a year in 3rd Med and obtain an MSc in Molecular Medicine is proving popular and hopefully will provide us with a new cadre of Academic Clinicians.

As we know the economic climate is difficult and probably will not improve for many years. However the new Biomedical Science Building is on schedule and should be ready for occupation in 2011. This will provide TCD with excellent modern facilities for students, staff and administration. We will incorporate the building into the Tercentenary celebrations. We appeal to you for financial help towards furnishing the building and are extremely to have already received a gift of € 1 million from Dr Stanley Quek, an Alumnus from Singapore for which we are very grateful.

I hope you can attend our symposium in August and join us for the celebrations in 2011. I look forward to meeting you for this very important birthday of the School of Medicine.

With best wishes.

Professor Shaun McCann.
Professor of Academic Medicine.
School of Medicine.
TCD.

Trinity Centre for BioEngineering

The Trinity Centre for Bioengineering plays a key role in both the School of Engineering and the School of Medicine, advancing the mission to promote excellence in research, education, and translating this research into patient care. Trinity Centre for BioEngineering currently has 18 Principal Investigators from the School of Medicine, School of Engineering and the Dublin Dental School at Trinity College, but also from the Royal College of Surgeons in Ireland, University College Dublin and Dublin City University. These PIs drive the biomedical research and both clinical and industry collaborations to achieve solutions to key healthcare challenges. The Centre has recently established a new International Scientific Advisory Board. The Board members bring their highly valued range of skills, experiences and sector knowledge to assist and shape the development and strategy of the Centre and includes Prof J Planell, IBEC, Barcelona; Professor Christopher L. 'Kit' Vaughan, Emeritus Professor, University of Cape Town; Prof. Dr. C. James Kirkpatrick, Johannes Gutenberg University, Mainz, and Prof. Bernard Conway, University of Strathclyde.

The Centre has five research themes: Biomaterials, Regenerative Medicine, Musculoskeletal Research, Cardiovascular Systems and Neural Engineering. These themes based on the intersection of biomedical science and engineering, form the research foundation for enabling technologies for advances in key areas of active and passive implantable devices, surgical and medical device design, as well as informing clinical studies and interventions in ageing, neurodegeneration and rehabilitation. The Trinity Centre for BioEngineering provides a structure



Hadia Paryani, a 2nd year medical student in the School of Medicine after being awarded with her certificate and prize by the Vice-Provost Professor Prendergast and President of the European Society for Engineering and Medicine, Professor Bart Verkerke

to bring bioengineers, basic scientists and clinicians together to focus on important clinical needs.

Education at graduate level is major focus with the Centre fundamental to a Erasmus Mundus MSc in Biomedical Engineering with five leading European universities in biomedical engineering and the Centre also successful in the recent PRTLI-Cycle5 funding for a PhD training program in biomedical device innovation.

Education at undergraduate level is also important. Thirty engineering, medical and biomedical engineering undergraduate students from across Europe recently designed next generation medical devices at the Trinity Centre for BioEngineering at Trinity College Dublin as part of the European Society for Engineering and Medicine (ESEM) Summer School (July 11th -23rd). This was the second year for this unique European summer

school, organised in collaboration between eight leading universities in biomedical engineering and medicine, apart from Trinity College Dublin these are the University of Groningen, Ghent University, Brno University of Technology, Czech Technical University in Prague, RWTH University Aachen, University of Applied Sciences Regensburg and the Royal College of Surgeons in Ireland.

The focus of the summer school is to establish a platform of cooperation between medicine and engineering across Europe starting at an undergraduate level. With different working cultures and educational backgrounds, the aim of the European Society for Engineering and Medicine Summer School at Trinity College has been to teach students how to work together efficiently by getting small groups to design new, novel medical devices targeting specific medical and clinical problems. These include the

Trinity Centre for BioEngineering

design of a cardiovascular monitoring system and a system to prevent bone loss, as well as technologies to monitor the healthcare of the elderly and the design of artificial ventilation systems. The students present their work at the end of the second week and are judged by a panel of experts. This year Hadia Paryani, a 2nd year medical student in the Trinity School of Medicine was a member of the winning team, which carried out a study on the prevention of osteoporosis.

To have the educational basis to undertake this challenge, the students are taking courses delivered by 15 leading Professors of Biomedical Engineering and Medicine, who also join the students at Trinity College. The medical students are instructed in bioengineering methods (materials science, mathematics, biomechanics, signals and systems) necessary to successfully work in biomedical engineering while engineering students are instructed in anatomy and physiology at the Royal College of Surgeons in Ireland. Both groups of students are taught design methodologies for furthering their understanding and capability to understand, analyse and successfully conceptualise innovative medical device concepts using a multidisciplinary team approach. The students are also exposed to some of the ongoing multidisciplinary research in Trinity College, including demonstrations on Sports Physiology in the School of Medicine and also The Longitudinal Study on Ageing

(TILDA), which is studying 8,000 people, aged 50 and over, charting their health, social and economic circumstances over a 10-year period.

“We want future biomedical engineers and clinicians to understand each other’s discipline,” said Professor Bart Verkerke, President of the European Society for Engineering and Medicine, the professional society supporting the Summer School.

With currently over 11,000 medical technology companies in Europe, exporting €65 billion worth of

meet the scientific challenges in healthcare, but also continue the growth of medical device sector and the delivery of the best medical care possible”. The 2011 ESEM Summer School is also scheduled to take place at Trinity College, and applications from interested medical and engineering students are now being accepted.

The website of the Trinity Centre for Bioengineering gives an overview of the Centre’s activities, from Education, Research to Device Innovation, highlighting our research on key



The photo show medical and engineering students working on tibial osteosyntheses in the Biomaterials laboratory under the supervision of Prof. Dr. Nerlich, Head of the Department of Trauma at the University of Regensburg Academic Medical Center Surgery and President of the International Society for Telemedicine and eHealth.

products annually and employing 500,000 people. Professor Richard Reilly, Director of the Trinity Centre for Bioengineering, explains that the Centre had put considerable emphasis on education programs to couple with the Centre’s research activities. “It is critical that we can demonstrate to these students that engineering innovation and creative design can

health issues in our rapidly changing society. If you would like to find out more about any of the information on website www.tcd.ie/bioengineering or by email to tcbe@tcd.ie

Keeping Your Brain Young(ish)

Ian Robertson

I write as a 59 year old facing into a forthcoming decade when I can expect to see a drop off in my cognitive faculties. It's a depressing thought, backed up by numerous studies showing a drop in average scores on most tests of memory, thinking, mental speed and several others. Vocabulary is one of the few that is spared – it gently increases with age, so I will keep reading into my sixties, learning new words with which to bedazzle my younger and smarter colleagues.

A depressing thought, you might think, and one based on many good scientific studies. But hold on – am I falling into a trap that is a common one in medicine and social policy? – Yes, the average performance on all these cognitive tasks goes down, but here is the good news for us oldies – the variance goes up dramatically. Most of these depressing 'look how stupid the oldies are' graphs only plot the means and do not plot the standard deviations. Is this important?

It most certainly is. The graph of cognitive function with the standard deviations plotted fans out like a mackerel's tail – in other words, while some older people show dramatic drops in mental function, others keep levels of function that are roughly at levels comparable those of much younger people. Invigorated by this insight, I square my shoulders to face up to these razor sharp young ones, to ask the question – why?

There are a number of purely medical reasons – older people suffer more diseases, of which many affect the brain – diabetes, mild cognitive impairment, many cardiac conditions to name just a few – and hence depress cognitive function on average in older people. High blood pressure and cardiovascular instability also play havoc with cognitive. Take these diseases out the picture and the old young average difference decreases significantly.

But there are also a number of other factors – seven to be precise – which play a part also. Here they are:

Aerobic Exercise

Aerobic exercise has hugely positive effects on the brain, and particularly in older people. The longer you have kept physically fit, the more marked the effects. Even after just a 4 months, however a modest aerobic training programme with a group of over 60's found improvements in a number of key mental abilities while a control group who went through a strength and flexibility programme



did not show the same improvements. More strikingly, there were striking structural changes in the brain, particularly in the connective tissue in the frontal lobes of the brain, a region that tends to shrink with age. Exercise makes your brain generate, among many others, a chemical called BDNF- Brain-derived neurotrophic factor. This acts like a fertilizer for new brain connections and new brain cells. Exercise also causes new capillaries – tiny blood vessels – to sprout in the brain, increasing the nourishment – and hence survival – of brain cells and connections that might otherwise wither under the pressure of ageing.

Diet

What is good for your heart is good for your brain. Saturated fats decrease memory in rats and a diet rich in fruits, vegetables and fish is associated with better cognition as you get older.

Mental Stimulation

People who have had mentally

stimulating jobs tend to show less cognitive decline later in life and there are associations between mental activity and better cognitive performance. Older people who play certain types of computer games (ones that demand strategy and planning rather than the typical speeded tasks used in 'brain training' games) show improvement in key cognitive functions.

New Learning

New learning may help generate new brain cells in key brain areas such as the dentate gyrus of the hippocampus. Older people who take up a musical instrument such as a piano later in life show improvements in cognitive function. Learning should be lifelong as it is good for the brain.

Stress and the Brain

Moderate levels of stress can be energising and stimulating. But very high and serious levels of prolonged stress – severe deprivation and poverty in an inner-city area for instance – can have quite negative effects on the brain. In particular, the memory centre of the brain – the hippocampus – is very sensitive to particular brain chemicals called glutamates, that are pumped into the brain under stress. When that stress is severe and prolonged, these glutamates can corrode some of the connections in the hippocampus and can even lead to the hippocampus shrinking. Learning to control stress and keeping stress in proportion can be a powerful way of reducing the cognitive wear and tear of ageing.

Social Connection

As with many illnesses, a person's social network can have a profound effect on their biology, and this is true for the brain. Whereas in people without rich social networks show increasing loss of cognitive function with greater pathology in the brain, that relationship alters in people with rich social networks, such that they seem to be able to maintain higher levels of cognitive function than you

would expect from the pathology in their brains.

Thinking Young

The eminent social psychologist John Bargh asked volunteers came to his office to take part in a study. Half of the volunteers had to unscramble mixed-up sentences in which words related to conventional stereotypes about the elderly were included – words such as wrinkle, grey, wise. The other volunteers sorted sentences with no such words. The volunteers then left the room: as far as they were concerned, the study was finished. But in fact it had only begun. Professor Bargh's video camera was trained on them as they walked from his office to the elevator. It was trained on them to measure how fast they walked. The results were startling.

The volunteers who had sorted the sentences including words linked to ageing walked slower than those who had read the other material. But they had absolutely no awareness that they were doing so. The mere fact that their brains had been exposed to ideas and thoughts about old age affected how fast they walked.

Unconscious and conscious negative attitudes to ageing can act as self-fulfilling prophecies. Older people who lack confidence in their memory are less likely to use strategies that help them remember better, and so a vicious cycle is set up.

These seven factors do not guarantee that you will not succumb to the effects of ageing or disease, but they do change the odds and give support to the view that mental sharpness is not a simple feature of chronological age: the great range of abilities in older people is not sufficiently recognised, but if it were so, it could reduce some of the ageism that saps the potential of older people with undiminished cognitive abilities to harness their skills of wisdom and accumulated knowledge, in which they perform better than younger people.

Ian Robertson
Professor of Psychology
Trinity College Dublin

Dr. Stanley Quek (M.B., M.A., 1970)

In 2010, Dr Stanley Quek, a TCD medical alumnus, announced a €1-million challenge grant to support the School of Medicine's new home in Biosciences Building

Dr. Stanley Quek is a physician, former diplomat, developer and designer. He is Executive Chairman of Region Development Pte Ltd, CEO and Group MD of Frasers Property Australasia, UK and Europe.

Stanley excelled in all activities in which he became involved, representing England as national schoolboy bridge champion, recognised as an eminent family medic and more recently as one of Singapore's leading entrepreneurs and international developers.

Whilst juggling with his medical practice and running a small property development company, he rapidly extended into the international market, partnering some of Singapore's largest leading property companies in the acquisition of residential property sites in Sydney and London. Stanley is actively involved with each project's detail from conceptual design to completion and is motivated by the challenge and excitement of creating innovative homes rather than financial gain. His biggest project at present is Lord Norman Foster's first high rise residential tower, in Sydney. The creation of a vertical village in an urban setting is now being used as a model for other major cities in Australia. Being a citizen of the world, he transcends nationality having created thriving businesses on three continents: Asia, Australia and Europe.

Whilst not practising medicine, Stanley continues to be involved in promoting medical education. He has



maintained close ties with Ireland and the Irish Universities and Medical Schools Consortium, helping to recruit qualified Asian applicants for all the Irish medical schools. Stanley was the Republic of Ireland's Honorary Consul General in Singapore, serving the Irish Communities in Singapore, Brunei and Indonesia, before the Embassy of Ireland was established in May 2000 as a result of significant increases in Irish consular and trade activities.

Dr Quek is Chairman of the Singapore Ireland Fund. He sits on the boards of Trinity Foundation and of the Tercentenary Board of the School of Medicine.

A Trip to Dr. Higgins

The Editor asked me for something sharp, serious or funny in relation to health service reform which I am currently engaged in. So - imagine what might happen if our health service one day plucked up courage and made a visit to a doctor's surgery...



“Good morning Mr Service. Please relax and feel at home. May I address you by your first name? ‘Irish’ is it, how nice.

So am I. Have you a middle name too? Ah, ‘Health’. Splendid! Just up my street. Now, what can I do for you?”

“Well doctor, it’s a long story but for some time now I haven’t been feeling the best and it’s beginning to affect my work. Basically the people I work for don’t seem to believe what I say any more. Yet when I make an effort, and people get to know me, they say some really nice things about me. So I am confused.”

“I know it sounds silly, but I feel harried in my place of work by people who just don’t know what they are talking about – all these so called experts and media pundits.”

“Then people say I am overfed. I constantly feel hungry, yet every mealtime the portions seem to get smaller.”

“I keep getting eruptions in different parts of my body, usually without warning. Some of these can be really painful.”

“Actually doc, in spite of this, deep

down I feel there is nothing to worry about.”

“Is this the first time you have sought medical help?”

“Yes it is. Well, I have done a bit of self medication you know, (I am in fact a bit of an expert in health matters) – health supplements, that sort of thing.”

.... Some weeks later, after various tests have been done, the diagnosis is given.

“Well Mr Service, I have looked at the results of the chest X-ray and the blood and urine samples and the psychological profiling. There seems to be an interesting interplay of nutritional, pathological, structural and psychological factors at work. Let me deal with them one by one.”

“Your general level of nutrition looks OK but I would dump those supplements. What you need is a better basic level of nutrition and less supplements targeted at specific deficiencies. Your body knows best how to deploy nutrition where it is most needed.”

“These eruptions seem to be the result of local inflammation caused by pathological factors and malfunctions when local defences are overwhelmed. You seem to have been focusing too much on local wound management and not enough on looking for underlying causes. In fact, if I may say so Mr Service, you would appear to have a genetic disposition to seeing most things in local terms.”

“Over the years, I am afraid bad habits and neglect have led to some degradation of important bodily functions and some radical surgery

may be necessary to put these right.”

“Having thought about what you said about your psychological stress, there is definite evidence that your current predisposition to denial stems from an early life when you suffered from an uncritical family upbringing with undue deference to your early promise. This inability to see the bigger picture combined with a contradictory self image may well be exacerbating your anxiety complex.”

“I am happy to say that it is not all bad news. When you function properly, you function well, in fact excellently. The disconnect from those you work for is remediable. You should be less defensive about your problems. Media criticism is often over the top but occasionally it is on the button. You must, how shall I put it, stay rational.”

“Above all, you have to regain a sense of hope that change is possible. In the past, your essential posture was paternalistic. You need to find a new way of relating to the people you work for. There are some rather old fashioned values that you may find useful to ponder – trust, honesty, respect. These values are about creating right relationships, robust, healthy, open and above all, honest. Better basic levels of nutrition, greater confidence in allowing your own body to do what it knows best, some fairly radical surgery and a more open approach to relationship building would provide a platform for real change. Have faith, you know you can do it!”

J Higgins

M.B., B.A.O., B.Ch. (1988)

Professor of Obstetrics and Gynaecology, University College Cork
Director of Reconfiguration for Cork and Kerry

Tallaght Hospital/Trinity College Dublin Colorectal Cancer Screening Programme

Colm Ó'Moráin

Colorectal Cancer (CRC) is the second most frequent cause of death from cancer in Ireland. There are over 2,100 cases diagnosed annually with over 1,000 deaths and over one third of these deaths could be prevented with CRC screening. Screening for colorectal cancers is the most cost effective prevention programme of all cancers. The European Union's Advisory Committee on Cancer Prevention has recommended that every citizen of Europe between the ages of 50 and 70 years of age should be offered colorectal screening in a quality assessed programme. Many countries have a screening programme in place.

Experience gained during the inaugural round of Ireland's first faecal immunological test population-based bowel cancer screening trial, The Adelaide and Meath Hospital Tallaght/Trinity College Colorectal Cancer Screening Programme has been substantial.

To date 9,993 individuals aged 50 to 74 years have been invited to participate in the TTC-CRC-SP with over 5,000 FIT's analysed. Overall uptake was 51% and FIT positivity was 10%. The programme has undertaken over of 400 screening colonoscopies and detected 154 precancerous adenomas and 38 cancerous lesions (Table 1).

An important finding of the programme is the overall participation rate of 51% in response to written invitation. This is encouraging as the programme was not supported by a public awareness campaign. In general, participation rates were lower among men and socially deprived groups and they increased with age. Findings which are consistent with published results of the Scottish bowel screening programme. Of note however is the significant increase in participation rates in year two of the scheme. Of 3,967 invited to participate in the second year 2,523 (63%) returned FIT kits for analysis. This compared favourably with year 1 participation rates of 42%. Gender differences remained significant. In all 58% (2,937) and 42% (2,126) of participants were women and men respectively. The results strengthen the need to work with key stakeholders, medical and auxiliary staff and patients to maximise acceptance of any future screening programme. It is likely that our year two figures reflect a growing awareness among our local community of the TTC-CRC-SP. The overwhelming positive pickup rate of colonic polyps and colorectal carcinoma, 49% and 9% respectively, in the TTC-CRC-SP demands we improve awareness among the general population regarding the potential benefits of participation.

Our health economics analysis of the Tallaght-Trinity College Colorectal Cancer Screening Programme suggests that the cost-effectiveness of a national programme of FIT screening would likely compare well with other forms of cancer screening. As it stands I-FOBT based screening requires 100 individuals to detect significant pathology as compared with G-FOBT requiring screening of 500 individuals to detect similar number of abnormalities.

Successful implementation of the TTC-CRC-SP was dependent on good team work, excellent communication between screening and service staff and between primary and secondary care and the adaptation of current work practices, including the use of weekend colonoscopy lists to meet the increased demand in capacity.

Colm Ó'Moráin
Dean of Health Science



TABLE 1. RESULTS OF ROUND ONE OF THE TCC-CRC-SP BY KEY PERFORMANCE INDICATOR.

Key Performance Indicator	Year 1	Year 2	Total	Target
Participation Rate	42%	63%	51%	60%
FIT Positivity	11%	9%	10%	N/A
Colonoscopy Uptake	97%	76%	87%	85%
Colonoscopy Completion Rate	97%	98	98	90%
Polyp Detection Rate	46%	54%	49%	25%
Complications	0.8%	0.5%	0.7%	0.03%

Twenty Years a Growing Valerie Reid ('90)

So, 20 years have passed since leaving Trinity Medical School (or is that Dublin university medical school? Does anyone else find this confusing?) Since then I have returned to Dublin, after enforced travels, to a consultant job in the Mater Hospital (I know, I know UCD!) I call the travels enforced as I am of the generation that did not have the option of continuing my hospital medicine education in Ireland beyond MRCPI qualification.



I must say it has been a wonderful experience. I would change very little. . Hard work, yes! Exhausting at times, yes! Comparatively poorly paid, YES. All of this, however, balanced by a fabulous education and experiences which I would not swap with anyone (especially not a banker, despite our differing property portfolios!) So here I am again, full circle, back in Dublin where I started medicine. The journey has been great. The destination still under consideration.

I left Ireland to train in Boston as a Neurologist. I had completed the federated hospitals SHO rotation in medicine (thanks Pat Plunkett, Ray Murphy, Sean McCann, Peter Daly and Paddy McKiernan.) and a registrar year in the Meath hospital under John Barragry, (a wonderful experience in a singular and unique establishment), to begin a three year resident (SHO) training programme in Boston as a neurologist. It was difficult to re-enter at the bottom rung of the medical ladder, after the esteemed heights of medical registrar, but all pride was swallowed and once again I was first on call to the emergency room for neurology. This was 1 in 3, Argh! American Emergency rooms certainly have no George Clooney look-alikes that I could find, and are inhabited by people who are not made for television!! I was sorely disappointed that my long nights were not peppered

with moments of admiration of the symmetrical face. However the high prevalence of Irish medical and surgical residents (housemen) did help the transition to the American system and my understanding is that this remains a worldwide phenomenon not just a privilege of the American medical schools. Thank God for the Diaspora!

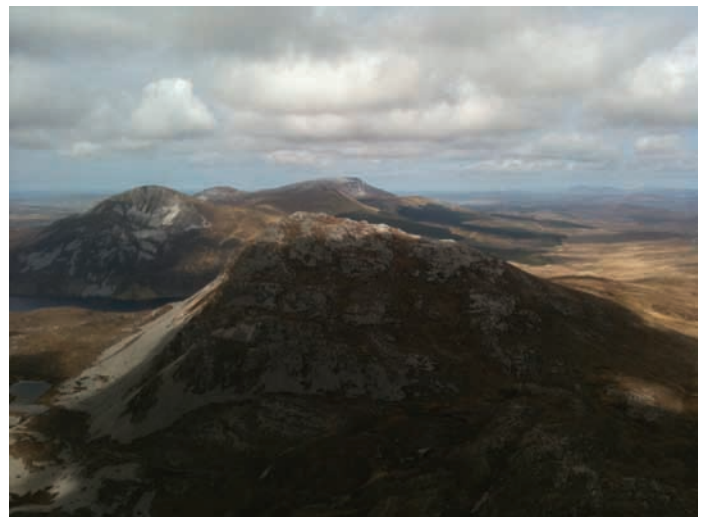
American training was wonderfully organised and just as busy, if not busier, clinically as that in Ireland - with grand rounds every SATURDAY and I will be forever grateful for the Morrison visa. I continued my training to consultant level before coming back to Ireland. Re-entry to Ireland was a real adjustment! After 8 years with an abundant number of colleagues, both during training and at consultant level, I returned to an island with only two full time positions in my sub speciality of clinical neurophysiology and not many more clinical neurologists. Bring the Diaspora back home to Ireland, Now please!

The return to Ireland after time away was both difficult and welcome. At this stage we had added children into the mix and logistically life became extremely complicated. The Maternity leave in the states, by the way is 6 weeks, so be warned potential mothers! Waving goodbye to a neonate, incapable of binocular vision, every morning is no joke! So thank God for european maternity laws which I enjoyed for the second half of my family. Also with up to two children life remained somewhat under control. Once they outnumbered us however, we were sunk. Every day is a race from behind instead of in front. (Maybe it is just me and everyone else manages beautifully!)

Working in Dublin after time away is great and I love the Mater hospital. The air of being run by the nuns remains and we all abide by a strict dress code just as matron

decreed in the Adelaide, making me feel right at home. In my opinion and comparing my experiences in the states, the commitment to healthcare here in Ireland by our front line medical staff remains outstanding. The continued struggle to staff departments appropriately is ugly but this is not the forum to begin discussions or to air my experiences with the many non implemented reports produced by the HSE (or is that still the Health boards?) Also my opinions of the use of public sites for private healthcare, or the tiered system we are planning for healthcare of the future warrant private debate.

Trinity gave me a wonderful background and springboard from which to further my training. It is an Irish university, which is recognised worldwide as producing excellent graduates and has the all important name recognition, which counts in the international workplace. I am very proud to be a graduate of this medical school. Let's hope I can use the next 20 years to further the cause of public healthcare in Ireland and help ensure that the downgrading of public hospitals is avoided. We had the privilege of being taught social medicine in Trinity and exposure to James McCormack and the federated hospital system emphasised the public duties of our job. As to any recent medical graduate or medical student reading this who has not decided what to do, get out of this country, learn from others and bring back your good experiences to enrich healthcare here. Enjoy the journey because the destination is still in question ...



A Fisherman Foiled Aengus O'Marcaigh ('88)

As I consider myself to be half fisherman half physician (fishician?, physicerman?) it should come as no surprise that my fishing career has paralleled my medical career over the past 30 years. Well, when I say paralleled, the truth is that it is inversely proportional to the demands of specialist training. It has been a frustrating alliance but none so much as this year.

The pinnacle of my fishing career occurred during the early medical school years, when, as yet unburdened by academic pursuits, I maintained a constant stock of summer trout for the O'Marcaigh household in West Donegal. I can still remember (and feel the thud of) every one of several hundred submerged rocks in the little lakes of the Rosses. I was then, and indeed remain to this day, a 'world expert / eminent authority etc.' on the deadly underwater hazards of a rarely-fished lake just outside Dungloe. The accumulation of such detailed information on a topic which is completely useless to most, but very important to me, might well have been a harbinger of my subsequent sub-specialisation in paediatric leukaemia.

Although eight postgraduate years at the Mayo Clinic and UCSF did wonders for my professional development, it was all downhill from an angling point of view. The Minnesota winters made the choice between ice-fishing and writing papers an easy one. My bibliography expanded. The arrival of our children didn't help either, and I was still paying dearly for the fact that my lovely wife, Lynda, and I spent our 3 day honeymoon on the banks of the Clady river, she reading, I fishing. Happily, she remains my only catch of 1990.

Despite these barren years in the US, I remained inspired by my uncle, a surgeon, who travelled regularly to Alaska regularly to pluck giant salmon from its magnificent rivers. I contented myself with the dream that one day, if I studied very hard, wrote many papers, and achieved academic and clinical excellence, I too could pluck such giants from a cold Alaskan river... as a consultant! With such motivation my academic career flourished. Board certifications rolled in as the papers rolled out and I was soon appointed to OLHCH as a paediatric haematologist. My dream of a flourishing (consultant-

delivered) fishing career, however, was soon on the rocks. My hard-won subspecialist expertise earned me a 1:1 rota and several more fishless years. My fishing salvation came in the form of the reorganisation of Paed Haem services which finally allowed me some off-call weekends courtesy of my new colleagues. With such free time, and a holiday home on the banks of the river Moy, surely I would finally achieve my well deserved fishing greatness. The Gods were smiling and all was looking good.



One must remember, however, that the atlantic salmon is one of the most elusive and intelligent fish on the planet. Only the fittest and most cunning 0.1% of salmon make it back to our rivers after a 2000 mile life-cycle journey in the North Atlantic dodging predators much more suited to the task than me. I, like every other salmon fisherman, have discovered this to my cost. Too much sunshine, too hot, too cold, East wind, water too high, water too low, water too wet... The elements constantly conspire to frustrate the unfortunate salmon fisher.

The few salmon I catch each year are indeed hard-earned, each requiring hours or days of effort on the banks of a flowing river. Although I voluntarily return many of the salmon I catch these days (and a few I have been forced to return a few by my animal rights activist daughter!) I have managed to provide the occasional dinner party main course for a few of Dublin 6's best.

Just as I had achieved peace with my level fishing expertise, an unexpected brush with Hodgkins Disease at Christmas last year threw a spanner in the works. Treated by my marvellous colleagues in SJH (who thankfully are not at all as distracted by rural

pursuits as I), I started to recover. Supported by family and friends, not to mention my wonderful OLCHC colleagues who most graciously and expertly provided cover, I began to see the silver lining of weeks and weeks of uninterrupted fishing (convalescent) time. Just need to wait for the spring rains to flood the rivers and bring the spring salmon to my doorstep. Alas, the spring rains of 2010 never came. The drought reduced the river Moy to an unprecedented skeletal trickle for weeks on end, and the salmon stayed at sea growing bigger and bigger. April, May, even June without a drop. Long days spent on the river (convalescing...) without a bite.

Finally, in late June, fishless and exasperated but thankfully back to full health, it was time to resume the day job. I was welcomed back with open arms, followed by the immediate departure of my exhausted colleagues on well deserved and overdue holidays. Delighted to be back at work, on call, and doing what I enjoy most, I hardly noticed the darkening storm clouds gathering in the west. The mid-July deluge that ruined my colleague's family holiday also brought tears to my eyes. Vast shoals of large salmon surged into the swollen rivers of the West. This unprecedented run resulted in three months worth of salmon ascending the river over three days. On my stretch of river alone, over 400 salmon were caught over 4 days where there would normally be less than 10. I immersed myself in work, trying desperately tried not to notice. I avoided the news and weather forecasts, and ignored any phone calls from west of the Shannon. Somehow I resisted the temptation of a mad dash to the west, and hoped that in some way I must be a better person for it.

I have spent many days of blissful contemplative solitude on the banks of the river since the great July flood of 2010 without a salmon to show for it. In such peaceful surroundings, my failure to catch fish no longer frustrates me as I use this time wisely, devising wonderful solutions to all of the world's problems, including global poverty and third world debt. With these problems out of the way, I now plan to lead a national campaign to relocate the new National Paediatric Hospital to Foxford, Co. Mayo, on the banks of the river Moy, because I'm f*#@!d if I'm going to miss the next big flood!

Class of '68

A Forty-Years-On Reunion and the Personal Recollections it Engendered Reg Parton (1968)

It was quite an eerie experience to meet up, for the first time in forty years, with no less than a baker's dozen of one's fellow medical students with whom one had spent six glorious years in Trinity's School of Physic, so long ago. On Friday 29-Aug-2008, at the Reunion Banquet for our class of '68 in Trinity's grand Dining Hall, the eeriness of the reconnection was swept away in a moment, as I sat down, dined and excitedly reminisced with old friends as if our graduation had occurred only yesterday. Apart from me with my unruly grey beard, we were carrying our years remarkably well and the youthful ease with which we colloqued added to that sense of being transported back to 1968 once again; and like Proust I began to mull over my mostly fortunate life as we chatted on through the evening's celebrations...

What of those intervening forty years? All bar two of us had fully retired after busy and diverse careers in medical practice, and from the various accounts, it seemed that a great diaspora had taken place post-1969, with many of our year emigrating to many points around the globe – Canada, the United States, Africa, the Middle East, Hong Kong, Malaysia, and Australia. After my internship at Baggot Street Hospital, I had remained in Dublin to undertake post-graduate specialist training in psychiatry under the tutelage of Prof Peter Beckett, but then I also emigrated to the antipodes in 1974, with my wife Rosalie who was also from our medical year; and slowly the connections with Dublin attenuated. Severed by distance, the accounts from my colleagues scattered around the globe became more intermittent, especially for me living in Tasmania, where it was rather like being on the outer rim of the galaxy when it came to maintaining contact with the homeland, my college and old friends. There was one great consolation, however: when Rosalie and I first arrived in Tasmania, we quickly discovered that there were no less than another sixteen Trinity graduates – lawyers, university lecturers, business executives, and a number of medicos, including one other psychiatrist – living here, on this paradise of an island about the same size as the republic of Ireland, with its population of less than half a million people! Needless to say, we've had some superb Trinity Dinners over the years, even though our numbers



have dwindled in recent times.

Much water continued to flow under the bridge... I divorced and remarried, fathering four beautiful daughters in toto, two of whom have now produced four delightful grandchildren thus far. As the psychiatrist superintendent of Tasmania's only mental hospital, I set about the task of shrinking it [no pun intended] from a 900-bedded behemoth to the small, specialized 28-bedded facility it is today; and at the same time, over the past 25 years, building up the community mental health service by gradually transferring the staff from the hospital to the community – de-institutionalization of both patients and staff, in a manner of speaking. I took early retirement in 2000, but after six months I was bored witless and so returned to part-time community practice, which has provided a good life-style balance of professional stimulation but with time to spend on writing that book, playing with grandchildren, bush-walking, photography, travel, and so on.

Over the years, I maintained a tenuous contact with two or three Trinity friends from both the medical and arts faculties [thanks to the Arts course that medical students had to undertake in those days, I had quite a number of friends from other faculties], and some limited reunion occurred in 1992 at Trinity's Quatercentenary Celebrations, but I was involved with the medical faculty programme on that occasion, particularly with matters psychiatric, and unable to socialize as much as I wanted. Nevertheless, I did manage to meet up with the three other members of our medical year who had gone on to specialize in psychiatry, and we took the opportunity to catch up on our respective careers [one each in Canada, England, Ireland and Australia] since graduating.

Then, in early 1999, I read a detailed account in the Trinity Medical News of my class's 30th reunion held in August 1998. With its accompanying smattering of photographs of my old student chums, I became quite moist-eyed and emotional, and vowed to attend the

40th reunion celebrations, come what may. I had been too busy as Clinical Director developing the community mental health services of southern Tasmania to find time to attend the 1998 reunion, and one of my daughters was getting married about the same time; but nothing was going to stop me coming 'up over' for 'the craic' in

2008!

As it happened, my youngest daughter, Iona, expressed a wish to spend her 21st birthday on the Isle of Iona in the Scottish Hebrides – in March of 2007! Of course, I agreed to such a romantic whim as any good father would, but I was very much aware that a trip to Dublin the following year might be financially out of the question. Fortunately, a locum was available, and the superannuation bucket was a bit deeper than it is today; so the air tickets were purchased and we were on our way to Dublin. So, after a relaxing four weeks holiday spent partly in Cornwall, then on to Galway and Connemara, here I was back in Dublin and Trinity, soaking up the shared nostalgia of forty-plus years ago, over a black tie silver-service banquet. For me, that evening had a dreamlike, almost surrealistic quality about it, and thoughts of scenes from Resnais's *Last Year at Marienbad* floated in and out of my consciousness.

The rest of the reunion weekend saw my wife Gillian and I, along with others in our reunion group, frantically shopping and sight-seeing around as much of Dublin as we could between our lunch and dinner engagements. Sadly, the décor of many of the Dublin pubs we used to frequent in the 1960s had changed dramatically [with some loss of character, I'm afraid] but the friendliness of the service, the quality of the food served, and the smoothness of the Guinness were all just as good as ever they were. My old classmates and I firmly agreed that we would have to meet again before our 50th reunion in 2018. The celebrations for the 300th anniversary of the founding of Trinity's medical school, scheduled for 2011, seemed to provide the ideal opportunity for the next gathering of the Class of '68, so we all agreed to rendezvous in Dublin in three years time, and to keep in touch meanwhile [thank goodness for e-mails]. Gillian and I are already planning a leisurely six-month world tour for that year, with August in Dublin as a high-point. Roll on 2011!

‘A Little Wine’

‘Consuming wine in moderation daily will help people to die young as late as possible’.

Dr Philip Norrie.

Dr Philip Norrie is a family practitioner from Sydney, Australia and also the owner of a vineyard, Pendarves Estate in the lower Hunter Valley. As I mentioned in previous articles, the anti-oxidant Resveratrol, 3,5,4'-trihydroxy-trans-stilbene, produced by plants when attacked by fungi, is found in grape skins and is purported to be an important contributor to longevity. Resveratrol has anti-platelet properties and lowers blood sugar but the evidence that it can prolong life in humans is still not available. Dr Norrie has found a way to increase the content of Resveratrol in wine but consumption of his wine has not been shown to prolong life so far. There are many advertisements for Resveratrol on the Internet claiming to do everything from preventing wrinkles to reducing the risk of heart attacks and cancer, all highly unlikely.

There are many studies which claim to demonstrate a beneficial effect of wine on various conditions, most of them probably highly contentious. From Barrett's oesophagus to Diabetes and from Peripheral Vascular Disease to Alzheimer's, all have been shown to benefit. However, even if Resveratrol is useless, and none of the other studies stand up to scrutiny, the consumption of wine in moderation is probably beneficial to your health and certainly very pleasant. Professor Roger Corder believes that Procyanidins are important in red wines protective effect on the heart. David Sinclair, from New South Wales believes that a cocktail of molecules in red wine, among which is Resveratrol, is important and many anti-oxidants



may be synergistic in their health benefits.

Recently I travelled to Ravenna, not known for its wines but most definitely known for its beautiful mosaics, which date back to the 5th century. The city, made famous in English Literature by an Oscar Wilde's early poem, written in 1878, Ravenna, is justly famous for The Mausoleum of Galla Placidia, the Battistero Neoniano and the Basilicas of San Vitale and Sant'Appollinare. Of course prior to this Julius Caesar gathered his forces in Ravenna before crossing the Rubicon and Augustus made the port of Classe an important strategic naval base.

If you go to Ravenna take a detour to the south, to the area of the Marche (pronounced Markay). This is the land of the grape Verdicchio, probably well known to many of you. Most Verdicchio I have consumed in Ireland has been unmemorable but what a surprise I got in the town of Jesi (pronounced Jayzee). I sampled the most beautiful Verdicchio dei Castelli di Jesi from Brunori for, believe it or not, € 5.50 per bottle. I discovered a new grape called Offida Pecorino which also makes a delicious white

wine and even had some excellent, fresh and dry sparkling Verdicchio, again for less than € 6.00 per bottle. A number of vineyards use cement tanks for fermentation and Brunori produces secondary fermentation in the bottle thereby keeping the price of the sparkling wines low. The reds were also a discovery. Rosso Cònero Riserva, Grosso Agontano 2006 from the famous Garofoli vineyard was spectacular and really expensive at € 9.50 per bottle! Garofoli also make excellent Verdicchio dei Castelli di Jesi so keep an eye out for them. Their sparkling Verdicchio is made by the Champagne Method and thus more expensive.

I keep telling the Italians how lucky they are with a beautiful climate, excellent food and very reasonable wines but for some totally unknown reason they seem to like Ireland!

Happy drinking.
Giovanni Morelli.



In Memoriam

Aisling Butler MB, Jane Deasy MB, Eithne Walls MB

The passing of a colleague is always a tragedy but when that death represents the passing of a young person who has been educated among us and has commenced training to become a specialist in a medical discipline then this is even more tragic and difficult to come to terms with. When there are three such deaths this makes it almost impossible to place a meaning on a process which seems so random and unaccountable. Just over a year ago three of our colleagues, our trainees and our former students passed away in a tragic air accident off the coast of Brazil. Aisling Butler, Jane Deasy and Eithne Walls, graduates of the TCD medical class of 2007, were returning from a holiday in Brazil when Air France Flight 447 tragically disappeared from the radar. They had planned this trip meticulously and had been joined by a group of colleagues in Brazil for part of their holiday. These three friends epitomised all that is best about our medical education system; three young individuals who were multi-faceted and multi-talented and yet who had come through a rigorous course of education and assessment to become medical practitioners; three young women who epitomised the broad dimensions of our medical students and graduates; - great students, great communicators, great personalities and very much loved by their colleagues, former classmates and patients. "Happy", "fun-loving", "hard-working" "ambitious" are phrases which have been used to describe each of them at various times.

Aisling Butler from Roscrea in Tipperary, a star student at the

Ursuline Convent in Thurles was planning a career in radiology and is remembered by her family as someone who took everything in her stride. Her colleagues remember her as a scintillating wit who kept everyone amused with her quick sense of humour. Eithne Walls from Ballygowan, Co. Down had studied in Bruce College in Belfast and danced her way around the world with Riverdance both before and during her medical studies. She had commenced training to be an Ophthalmologist like her good friend Jane Deasy from Dublin. Jane, proud to follow her father into surgery was known for her kindness and compassion, her sense of humour and joie de vivre, and her impeccable taste in shoes – even down to her surgical clogs. All had passed through medical school with a series of Honours and with a clear understanding of the important qualities of empathy and compassion in the practice of medicine. All were delighted with their choices of specialties and looked forward to successful careers. These young women were supported by three devoted families who illustrate so vividly the importance of family support and love in the creation of a medical career and our deepest sympathies go to all those they have left behind.

Trinity College Dublin Medical School is extremely proud of these three graduates and greatly saddened by their loss. As students they represented the highest ideal of this school not only as doctors but as bright vivacious young women who epitomised all of the positive changes in Irish society and in Irish medicine

and who represented a brave new world of opportunity and equality.

The French writer, Antoine de Saint Exupéry has written that "even our misfortunes are a part of our belongings". These young women belong to the fabric of our medical school and their loss has had a profound impact not only on the class of 2007 but on all at Trinity College Dublin School of Medicine and on the broad community of medicine. St Exupery also wrote that "What makes a desert beautiful is that somewhere it hides a well". As we celebrate our 300th anniversary we will also celebrate and commemorate the lives of these three women and use their memory as a well of inspiration for our medical students and future graduates.

Dermot Kelleher
Head of School

Postbox

Many thanks to John Hagan, in Newtownards, who wrote to us last year. He reported on the death of his father, Dr Tom Hagan (1940), aged 94 years, who is an Old Adelaide Student, who met and married his mother (Olive) at that hospital; when she was a nursing a sister there. Dr. Hagan went on to serve as senior medical officer with the Ministry of Health and Social Services, and later had a role as medical officer to the Royal Ulster Constabulary.