

Council Election

Congratulations to the following Fellows who were elected to serve as new members of Council with effect from 21 November 2002.

Professor Carol Black

President, The Royal College of Physicians and Professor of Rheumatology, Royal Free and University College Medical School

Professor Nancy Rothwell

MRC Research Professor, University of Manchester

Professor Julia Goodfellow

Chief Executive, the Biotechnology and Biological Sciences Research Council

Professor Colin Bird

Formerly Dean of Medicine and Provost of Faculty Group of Medical and Veterinary Medicine, University of Edinburgh Medical School

Professor Jonathan Cohen

Dean, Brighton & Sussex Medical School

Professor Thomas Kirkwood

Professor of Medicine, University of Newcastle Upon Tyne

Council is pleased to announce the appointment of Sir John Skehel, FRS FMedSci, as Shadow Vice-President with responsibility for non-clinical affairs. This appointment will be ratified at the EGM on 10 July 2003.

Thanks to the following retiring members of Council for their commitment and hard work over the past four years: Sir George Alberti, Professor Martin Bobrow, Professor Ann Louise Kinmonth, Sir Roderick McSween and Sir Peter Morris.

Nobel Prize

Dr Sydney Brenner FRS HonFMedSci was awarded The Nobel Prize in Physiology or Medicine for 2002 for his research into genetic regulation of organ development and programmed cell death. Though now based in California, Sydney Brenner's discoveries whilst working in Cambridge, UK, laid the foundation for this year's prize which was awarded jointly to H Robert Horvitz and John E Sulston.

Sir Douglas Black

Sir Douglas Black: died September 13, 2002. It is with much sadness that we record the passing of a distinguished Honorary Fellow. The Black report was widely regarded as the most authoritative publication on the link between poor health and social deprivation. That it became so influential was at least in part due to the then Government's efforts to suppress its publication.

Sir Douglas was a widely respected and much loved Professor of Medicine at Manchester and later President of the Royal College of Physicians. He was renowned for his keen wit and sense of humour which belied his rather dour exterior and shy manner. His many attributes have been exulted in the numerous obituaries published recently and he will be sorely missed by Fellows of this Academy.

Staff changes



Emma Bennett joined the Academy as Administrative Officer in April and has recently been appointed Academic Careers Officer. Her new key duties include the administration of the research fellowship programme, the mentoring scheme for clinician scientists and the Academic Careers Committee. Emma is also a practising artist who maintains a studio in South London; she

exhibits regularly in the UK and Europe.

We also welcome **Trudi Field** to the staff who was appointed Administrative Officer/PA to the Executive Director and the President in October. Trudi's interests include social science, and she is currently studying environmental management at Birkbeck College.



Tony Leaney, Director of Development and External Relations, left the Academy in early October to take up a post at CAB International Publishing. We wish Tony well for the future and thank him for his hard work on the newsletter and in supporting many other areas of Academy business.

The Academy of Medical Sciences was established in 1998 to act as an authoritative body to promote medical science across traditional boundaries. The Academy campaigns for better structures in support of the medical sciences, promotes excellence in research, provides scientific advice, encourages better communication of medical science and provides quality services to its Fellowship. The Academy draws its authority from its elected Fellowship of 700 leading medical scientists in the UK who may use the suffix FMedSci. The Academy Officers are Sir Keith Peters FRS (President), Lord Turnberg (Vice-President), Sir Colin Dollery (Treasurer) and Professor Mark Walport (Registrar).

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Investing in the future

This is an exciting time for the medical sciences but it is also stressful for its practitioners. In addition to their research and teaching, academic clinical scientists also make vital contributions to the provision of clinical service and to postgraduate training. Two new medical schools have opened and two more open their doors for medical students next year. The health service needs more doctors in almost every specialty. This expansion in the supply of doctors, coupled with the demands of society for more sophisticated health care, must be underpinned by the highest quality researchers and teachers.

Since the publication of the Academy's influential report 'The tenure-track clinician scientist' in 2000, the Academy has been leading the way in promoting imaginative and flexible schemes to support the brightest young researchers. The Department of Health, the Medical Research Council and many medical research charities have responded to the challenge and in the past two years new fellowship schemes to support mid-career clinical scientists have been established including the Academy's own funding programme.

Thanks to the generosity of The PPP Foundation, the Academy has been able to fund two prestigious fellowships in academic surgery and these were awarded to Peter Hutchinson in Cambridge and Edwin Jesudason in Liverpool. Elsewhere in this



newsletter they describe their research programmes and career aims.

The Academy continues to be much involved in issues of training and education, most recently with the Department of Health consultation on the Senior House Officer post. A copy of the Academy's detailed response can be found on the web site at www.acmedsci.ac.uk



Sir Alexander Macara
FMedSci, Editor

Editorial

The dominant theme of this issue is investment. Not 'investment' as mis-defined by lesser politicians seeking to represent increases in current expenditure as prudent and far-sighted, but in its true meaning as defined by Churchill when he declared during World War II that "there is no finer investment for any community than putting milk into babies".

The Academy's commitment to the quality and direction of research, teaching and practice in the medical sciences is its *raison d'être*, and the challenge is to strike the right balance between supporting established, current activities and investing in the future. The beauty of research is that, like Churchill's babies, it is here and now, to be nurtured and

- hopefully - guided for the future good of all.

No one could have personified this vision better than our Founding President whose shrewd interventions - of which I spoke at the Academy Dinner - secured the Academy's birth four years ago, and whose generous personal contributions of time, energy and substance of every kind have secured its place as the authentic and authoritative voice of the medical sciences in the UK and abroad. The mantle of Peter Lachmann has now passed to Keith Peters whose shoulders could not have been fashioned more fitly to assume it.

*Vale, Peter, with our grateful thanks
Ave, Keith, with our best wishes*

Research Fellowship Programme

The Academy's research fellowship programme continues to develop; we profile two successful applicants, awarded their fellowships in 2002, and seek their views on the opportunities afforded by the scheme.



Mr Edwin Jesudason

Mr Edwin Jesudason was appointed amongst the first wave of National Clinician Scientists. With his Academy of Medical Sciences/PPP Foundation award, he investigates lung development and congenital diaphragmatic hernia (CDH) at The University of Liverpool whilst training in paediatric surgery at Alder Hey Children's Hospital (site of the world's first neonatal surgical unit).

After The King's School, Macclesfield, Mr Jesudason studied medicine and philosophy at Cambridge. Following clinical studies at King's College Hospital, London, his basic training included posts at St. George's, Charing Cross, The Middlesex, The London Chest and The Royal London Hospitals. Attracted to paediatric surgery by its diverse pathology, intricate operations and vulnerable patients, Mr Jesudason commenced higher surgical training at Sheffield Children's Hospital. He completed a research fellowship and doctorate at The

University of Liverpool under the supervision of Mr Paul Losty, Reader in Paediatric Surgery and Professor David Lloyd. Cited in The New England Journal of Medicine, this research resulted in Mr Jesudason being awarded a Hunterian Professorship by The Royal College of Surgeons of England, The President's Prize at The American Academy of Pediatrics and being invited as keynote speaker to The Indian Association of Paediatric Surgeons.

With potential application to lethal lung hypoplasia, the research supported by the PPP Foundation and the Academy aims to augment antenatal lung growth by manipulating two features of pulmonary development: peristaltic airway contractions and lung liquid secretion. Mr Jesudason and Mr Losty secured funding for research fellows from The Royal College of Surgeons of England and The Birth Defects Foundation to assist with this and related projects. Studies of lung phenotypes in mice with targeted basement membrane defects are also ongoing in collaboration with The Wellcome Trust Centre for Matrix Biology.

Using the flexibility of The Clinician Scientist Scheme, Mr Jesudason plans to broaden his training in North America before securing a senior academic surgical post in the UK.

Mr Edwin Jesudason, Academy of Medical Sciences/PPP Foundation Clinician Scientist Fellow



Mr Peter Hutchinson

My career in academic neurosurgery stems from the interest that I developed in pre-clinical neuroscience and clinical neurology during the course of my medical training at St Bartholomew's Hospital coupled with my progression into operative general surgery and ultimately into neurosurgery. Subsequent House Officer and SHO posts at Barts, Homerton Hospital, John Radcliffe Hospital, The National Hospital and Whipps Cross Hospital culminated in my appointment as a Neurosurgical Registrar at Addenbrooke's Hospital, Cambridge.

From the outset of my neurosurgical career, I had the desire to enter academic neurosurgery, with a particular interest in cerebral pathophysiology related to haemorrhage and trauma. I obtained research fellowships from the Royal College of Surgeons of England and from the Brain and Spine Foundation, which enabled me to achieve a PhD supervised by Professor John Pickard FMedSci and Mr Peter Kirkpatrick - 'The application of microdialysis to the human brain'. This research, by measuring derangements in various chemicals such as lactate and

glutamate in patients with head injury and subarachnoid haemorrhage, has contributed to a better understanding of the pathophysiology of these conditions. During my PhD, a successful grant application to the Stroke Association provided the opportunity to undertake further studies into the derangements in brain oxygen and chemistry during cerebral aneurysm surgery.

Following my thesis, whilst completing my Specialist Registrar training, I successfully applied for an Academy of Medical Sciences Surgical Fellowship. The basis of this application was to continue research into head injury, in particular studies on brain chemistry and functional imaging, and also to commence an international multi-centre randomised trial looking at the efficacy and complications of an operation (decompressive craniectomy) designed to improve outcome.

My appointment as an Academy of Medical Sciences Senior Surgical Fellow from January 2003 has provided me with a unique opportunity to combine my research interest in cerebral metabolism and neurotrauma with the clinical management of patients with head injury. This fellowship is fundamental to my career in academic neurosurgery, providing me with protected time and the resources to conduct research coupled to clinical practice. In addition, I will be able to pursue my other activities as Director of Clinical Studies at Robinson College and as an instructor for Advanced Trauma Life Support Courses.

Mr Peter Hutchinson BSc MBBS PhD FRCS (SN)

Academy of Medical Sciences/PPP Foundation Senior Surgical Fellow

The Forum

Two Fellows closely involved with a new Academy initiative introduce the Forum

In the last year the Council of the Academy has considered ways of ensuring close interactions with industry-based scientists, not least because of their essential roles in the Academy's objectives of promoting the translation of scientific knowledge into benefits for patients. From these discussions a proposal has been developed to establish an Academy of Medical Sciences Forum where scientists and other groups committed to improvements in health care through research can interact. Early in September a steering group was invited by Council to examine this proposal to provide views on objectives for the Forum, on its membership and its organisation, and to help in selecting topics that might be considered in its programme for 2003.

What was decided? The Forum will be formed by academic and industrial biomedical scientists and engineers, representatives of charities and Research Councils that support research, members of departments of Government and of regulatory authorities, and representatives of patient groups and the general public. Initially fewer than fifty in total, Forum members will decide on the Forum's activities in which they will participate together with Fellows of the Academy. The events themselves will address developments in science and their potential consequences and applications. They will consist of invited lectures and symposia, expert group meetings that draw primarily on the knowledge base of the Academy, and debates and discussions on current policies and practices. Their overall objectives will be to inform Forum members, and through their reports and publications to influence

those involved in all aspects of healthcare and research, and the public generally. All of the published outcomes will require the support of the Council of the Academy to ensure the Forum's independence, and the Chairman of the Forum, elected by its members, will be a member of Council. It is expected that the companies and organisations that Forum members represent will, through subscriptions, provide the financial support required for its organisation and operation.

Currently the Forum Steering Group is collecting topics from which the 2003 programme will be selected at the first meeting of the Forum. Are there areas that you would like to have considered, perhaps related to particularly promising but as yet insufficiently supported applications of science, or to current or foreseen issues relevant to the regulatory authorities, or to parts of medicine that scientists or industry or regulators seem to neglect? The Forum is an exciting opportunity for the Academy to combine the expertise and experience of all sections of biomedicine concerned with research, to ensure their interaction and stimulate their collaboration and their joint action. For its success, it needs the support and imagination of the Fellowship.

Sir John Skehel *FMedSci*
Chairman, Forum Steering Group



Advances in biomedical research are usually made by a partnership between academic and industrial scientists. It is, therefore, entirely appropriate that the Academy should develop a Forum to discuss topics of joint interest. Mutual benefit can be obtained in a number of ways. Firstly, the Forum will allow improved networking between companies and leading biomedical

scientists in academia: seeking and obtaining advice on projects will be of enormous value. Although the primary beneficiaries will be smaller companies, even large companies will be able to increase their range of contacts and centres for advice.

The Forum will also enable issues of mutual interest to be reviewed and recommendations to be made to Council. For example, the EU directive on clinical trials will have a profound effect both on industry and academic-sponsored trials. If implemented as it stands, there will be a major increase in bureaucracy and costs, which universities are ill-prepared to meet. Other important issues whose discussion is of mutual benefit are the impact of modern technologies on disease diagnosis and stratification, and assessment of the parameters of disease response to therapy. How these developments will affect drug registration and hence availability should also be discussed. Ethical issues and xenobiotics in the environment are likely to be enduring topics which the Academy will need to debate and upon which it will have to determine a continuing policy as attitudes in society change.

The Forum should also help to set a policy on biomedical education since both Industry and academics want to see a strong science base in the UK. Moreover, Industry certainly requires an abundant supply of well-trained scientists to progress scientific advances in diagnostics and therapy.

It is imperative that the Academy develops an evidence-based strategy, tactics and a policy for disease therapy. The Forum offers a facility where this can be effectively determined.

Although Industry has channels of communication with Government policy makers, there is a danger that it can be seen as biased and self-serving when it recommends changes in health service provision and drug therapy approaches. The Academy can provide a strong and authoritative voice without self-interest, to effect such necessary changes in the way healthcare is provided.

In summary, the Forum should be seen as a consultative, advisory group that will raise the profile of biomedical research and its impact on society: it will also help to support policy development. It is essential, however, that the Academy is seen to retain its independence if its authority is not to be undermined. Thus, the industrial members of the Forum recognise that its main purpose is to raise issues and make recommendations. Council and the Fellowship must continue to make all policy decisions for the Academy.

Dr Barry Furr *FMedSci*
Forum Steering Group Member

Retiring President's valediction and incoming

Of my twelve years in Carlton House Terrace, these last four years as President of the Academy have been both the most enjoyable and most challenging; the least constrained in what could be attempted, but the most constrained financially. Much has been started, rather less has been finished, but overall I am pleasantly surprised how much has been achieved. It has also been a lot of fun and a great pleasure to work with such nice colleagues in such elegant quarters.

A robust process has been devised to elect Fellows from an increasingly broad spectrum of the medical sciences - clinical, natural, moral and social. At the last election we reached the target of having more elected than founder Fellows and feel more legitimate as a result. We have also elected a galaxy of fifteen stratospherically distinguished honorary Fellows, although sadly three of them - Douglas Black, César Milstein and Max Perutz - have died during the past year.

Dr Johnson defines an Academy as 'an assembly or society of men uniting for the promotion of some art', and illustrates this with a quotation from Shakespeare: 'Our court shall be a little academy, still and contemplative in living arts'. Allowing that men includes women and art includes science, the definition serves well enough but still and contemplative is not how I would describe the last four years - frenetic would be a better description.

We have written reports, responded to consultations, given evidence to select committees and held scientific meetings (on our own and in conjunction with several other bodies) on a catholic variety of subjects. We have not shied away from controversy, be it on TSEs, genetically-modified crops, stem cell research or complementary medicine. I have even been vilified on the front page of *The Guardian*! We have our first named lecture endowed in memory of the late Dr Jean Shanks, and we have set in motion a research support programme concentrating initially on clinician scientist posts. We publish this newsletter and maintain a web site. On the latter you will find a full account of the Academy's activities so far.

Currently two new initiatives are in progress; the Academy Forum, which will promote our involvement with industrial science, and a research integrity initiative whereby the Academy will play a national - but limited - role in the promotion of high standards in research behaviour and in monitoring lapses therefrom.

The Academy has also established its international presence. We are members of the steering group of the International Academy Medical Panel - a body of even more recent foundation than our own - which represents the world's Academies of Medicine and Medical Science and is devoting its efforts to global health problems. We belong to the Federation of the National Academies of Medicine in the EU, a body that has the more parochial interest of influencing the European Commission and Parliament on health-related issues. I have been elected President of this Federation for 2003/5. We also enjoy particularly cordial relations with the Académie des Sciences and the Académie de Médecine in Paris and have joined them in three scientific meetings in Paris with a fourth due next spring. It is a particular pleasure to have elected two immensely distinguished French colleagues - François Gros and Nicole Le Douarin - to our Honorary Fellowship this year.

The work involved in all this activity is not trivial and without the devotion, well beyond the call of duty, of the staff, of my fellow Officers and of many Fellows who give so generously of their time, it would not have been possible. Only the limits allotted to the length of this piece prevent me from thanking them individually but I do have to make an exception for Mary Manning, our indefatigable Executive Director, for her invaluable and essential contribution to all that the Academy does.

Throughout, the Academy has had to cope with great financial stringency. Without the generous start-up grant from the Wellcome Trust the Academy could not have been launched at all. We have also had generous donations from a number of other bodies and from some of the Fellowship. Nevertheless we are facing a substantial financial deficit.

This problem will pass to my successor, Keith Peters, whose track record as a fundraiser gives me every confidence that we will weather even the current harsh financial climate. Keith and I have spent much of our working careers together and it gives me great pleasure that the Council have elected him to be the next President. He will enjoy the pleasures and can well endure the pains that go with the job. And he will do it superbly well. It is, of course, a bit of a wrench to leave the Academy but reassuring to leave it in such good hands.

Professor Sir Peter Lachmann *FRS FMedSci*

Mentoring Development workshops

A series of three Mentoring Development Workshops were held at the Academy on October 9, 21, and 22. Originally the workshops targeted those Academy Fellows who had agreed to act as mentors to newly appointed clinician scientists. However, participation was considered a unique training opportunity and an invitation was extended to the whole Fellowship. The workshops, which were led by Dr Jolyon Oxley, the Academy's Mentoring Project Manager and Professor Colin Coles, Educational Advisor to the Wessex Postgraduate Deanery, provided participants with an opportunity to explore their understanding of mentoring in order to help them to effectively fill their role as Academy mentors.

Each of the workshops included a presentation by a clinician scientist currently taking part in the scheme. On 9 October, Dr Calum Semple of Alder Hey Children's Hospital, Liverpool and his mentor, Professor Peter Openshaw FMedSci of the National Heart and Lung Institute, London, gave the workshop a valuable personal perspective on mentoring. With Dr Calum's Supervisor, Professor Rosalind Smyth, they defined roles as outlined in the tables opposite.

'We are still developing our understanding of how the mentee, mentor and supervisor should interact with each other, and offer

President's address



*Professor Sir Peter Lachmann FRS FMedSci
with Sir Keith Peters FRS PMedSci*

It is a privilege to succeed Peter Lachmann with whom I have worked for the best and longest(!) part of my professional life. I know first hand what an extraordinary contribution Peter has made to the conception and establishment of the Academy. The idea of an Academy was much talked about in the late 1970s and early 1980s but it was Peter during his tenure as President of the Royal College of Pathologists who provided real momentum to the idea and then as Biological Secretary of the Royal Society engaged Sir Michael Atiyah's help which was, as we know, decisive.

Much has already been achieved. It gives great pleasure to those who have supported Peter and his fellow Officers to see the designation FMedSci increasingly cited as evidence of distinction. It is heartening also to observe the breadth of distinction recognised by the Academy. The Academy is set to be the natural forum for the best thinkers in the scientific and academic disciplines that underpin medicine and healthcare. We need breadth since our world, the world of medical science and healthcare, is increasingly complex, and where the interplay of scientific advance, and social, legal, religious and ethical issues as well as economic and political forces is increasingly evident. In the United States the Institute of Medicine provides an excellent example of what can be achieved: although there are major differences between the US and the UK I am confident that we can have a comparable role. We have much to do. We need to raise substantial resources but we have a strong team, and a strong commitment from the Fellowship and I am looking forward greatly to the next four years.

Sir Keith Peters FRS PMedSci

these thoughts as a personal view, for debate and as a set of guidelines under development, rather than being established or fixed.'

The Academy's scheme aims to provide the best opportunities for clinician scientists in order to assist them realise their full potential. It is hoped that Academy Mentors will provide support and guidance to the clinician scientist throughout their careers and that as a result of the mentoring scheme we will see professors in post who were once clinician scientists. It is encouraging that Dr Semple and Professor Openshaw feel that 'It is probable that successful mentor/mentee relationships will continue beyond the period of initial training, and could potentially be lifelong.'

Further information about the mentoring scheme may be obtained from Emma Bennett, Academic Careers Officer.

| Table 1 <i>Supervisor's role</i> | <i>Mentor's role</i> |
|--|---|
| <ol style="list-style-type: none"> 1. Frequent (daily/weekly) input 2. Focus on current funding/programme 3. Direct help with contract, lab space etc 4. Advocacy and problem resolution 5. Achieving best compromise for local needs | <ol style="list-style-type: none"> 1. Wide discussions spanning career path 2. General setting of priorities and aims 3. Protected time for discussion every few months 4. Indirect advocacy/informal introductions |

| Table 2 <i>Appropriate guidance</i> | <i>Inappropriate guidance</i> |
|--|--|
| <ol style="list-style-type: none"> 1. Helping the mentee arrive at the right choice 2. Supporting the mentee in difficult decisions 3. Recounting difficult choices made in the past by other clinician/scientists 4. Suggesting other appropriate people with whom issues could be debated 5. Helping the mentee get the right balance between home life and work, travel and remaining at the bench, writing reviews and primary research papers etc 6. Maintaining confidentiality and discretion | <ol style="list-style-type: none"> 1. Directing the research 2. Interfering with the supervisor's role 3. Telling the mentee what to do 4. Telling the supervisor what to do 5. Passing on inappropriate information to the supervisor 6. Co-authoring grants or papers 7. Undermining the mentees' or supervisors confidence |

Annual Meeting and Fellows' Dinner



Lord Woolf accepting his Honorary Fellowship from Lord Turnberg

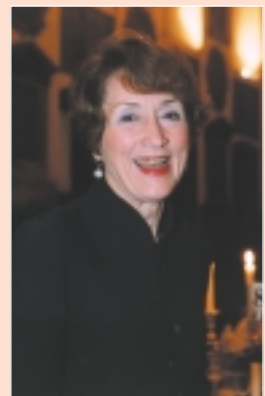
The Academy held its Annual Meeting at St Bartholomew's Hospital on 21 November. Fellows and their guests attended to witness the admission of Honorary Fellows including Sir Christopher Booth and Lord Woolf and to enjoy a presentation by Professor Charles Weissmann FMedSci on *Prions: what is new?* Professors Philip James, Stephen O'Rahilly and Steve Bloom led a spirited debate on *Obesity in the 21st century: what is to be done?* A dinner in the Great Hall rounded off the day in style.



Professor Charles Weissmann



Sir Christopher Booth



Professor Carol Black



Professor Philip James



Professor Stephen O'Rahilly



Professor Steve Bloom



Sir Keith Peters, Mrs Beverly Sackler, Lady Pamela Peters and Dr. Raymond Sackler

Leicester Regional Meeting

On Friday 4 October 2002 a regional meeting of Fellows of the Academy of Medical Sciences was held in the Glenfield Hospital Clinical Education Centre at Leicester.

Prior to the meeting, Fellows and senior administrative staff from the Academy had the opportunity to visit the National Space Centre. During the conducted tour, the President, Professor Sir Peter Lachmann, experienced a simulated 'blast-off'. Fellows may like to consider whether or not a simulated landing would have been more appropriate at that stage of his Presidency.

The Fellows' business session was chaired jointly by the local host, Professor Ian Lauder FMedSci (Dean of the Leicester Warwick Medical School) and the President. The main items of concern raised by the regional Fellows were in relation to how excessive bureaucracy is hindering UK medical sciences and putting the nation at a disadvantage, when compared with other competing nations.

The scientific session was attended by sixty Fellows and guests. The session was chaired by Professor Nilesh Samani FMedSci and the first presentation was given by Professor Richard Trembath FMedSci (Professor of Clinical Genetics) at the University of Leicester. His talk was entitled *Pulmonary vascular disease: another hit for genetics* and it illustrated beautifully how clinical genetic study of families with primary pulmonary hypertension had led to the identification of specific mutations, particularly in the BMPR11 Gene.

In the second presentation, Professor Sir Alec Jeffreys FRS FMedSci (Professor of Genetics at the University of Leicester) gave a talk entitled *Blowing hot and cold: meiotic recombination and human DNA diversity*. Sir Alec demonstrated how analysis of sperm samples had enabled his research group to identify a number of recombination hot spots. This work was already giving invaluable information about how human DNA diversity could be generated in males.

The final presentation on *Protein flexibility and function* was given by Professor Gordon Roberts FMedSci (Professor of Biochemistry and Director of the Biological NMR Centre at the University of Leicester). Professor Roberts described how studies of the cytochrome P450 reductase molecule had led to a better understanding of how protein folding occurs and how structure ultimately determines function.

In the final part of the meeting, Professor Lauder chaired a debate on *The future of clinical academic medicine is safe in our hands*. Speaking in favour of the motion was Professor William Doe FMedSci (Dean of the Medical School at the University of Birmingham) and opposing the motion was Professor Tony Weetman FMedSci (Dean of the Medical School at the University of Sheffield). Following their excellent presentations the House voted almost unanimously that the future of clinical academic medicine is *not* safe in our hands.

Professor Ian Lauder FMedSci



Ian Lauder, Frank Harris,
Peter Lachmann and Anne Tattersfield

Forthcoming Events

ARE ENDOCRINE ACTIVE CHEMICALS BAD FOR YOUR HEALTH?

24 January 2003, Moller Centre, Churchill College, Cambridge

There is evidence for a decrease in sperm count in humans, an increase in testicular cancer and possibly an increase in congenital malformation of the male urogenital tract such as hypospadias. It has been argued that these disorders form a syndrome with a common origin in fetal life. In wildlife, disorders of sexual differentiation arising from the impact of environmental chemicals have been established, raising the possibility of a similar explanation for the human disorders. How strong or weak is the evidence to support this possibility? In this meeting organised by Professor Ieuan Hughes FMedSci and Dr Richard Sharpe, international experts will critically examine the topic from different perspectives including epidemiology, toxicology, molecular mechanisms and health effects. **For more information see www.acmedsci.ac.uk**

MEETING FOR CLINICIAN SCIENTISTS IN TRAINING

5 February 2003, Royal College of Physicians, London

The second joint Academy of Medical Sciences, Medical Research Society and Royal College of Physicians meeting for clinical training fellows and those committed to a career in academic medicine takes place in February. In partnership with the major funding bodies for clinical research, including the MRC, Wellcome Trust, ICRF, BHF, CRC and ARC, the timetable has been organised to include keynote speakers, career advice in academic medicine, interactive poster sessions for junior training fellows and the finals of the highly prestigious annual Young Investigator Award. Prizes will also be given for the best abstracts in various categories and for the best work in each of the major clinical specialties. **For more information please visit the website: www.medres.org**