

Correspondence. Surnames, 'Oliver' to 'Young'

Contributors

The Wellcome Trust Centre for the History of Medicine at UCL

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Tel: +44 (0) 20 7679 8125
Fax: +44 (0) 20 7679 8193

19th March 2004

Dear Dr Oliver

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



The Wellcome Trust Centre for the History of Medicine at University College London

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21 April 2004

Dear Dr Oliver

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 30th March 2004 2.00 pm – 6pm

We wrote to you on 19th March, inviting you to attend the above meeting. As we have not had a reply, but have been experiencing difficulties with our post, our original letter, or your reply, may therefore have gone astray. We enclose a copy of that letter and look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



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27 April 2004

Dear Dr Oliver

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004 2.00 pm – 6pm

We wrote to you on 21st April, enclosing our original invitation letter to the above meeting, but the date of the meeting on the reminder letter was incorrect. Please note that the date of the meeting is Tuesday 15th June 2004.

Yours sincerely

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey

Wendy Kutner

To: Sandy Oliver
Subject: RE: witness seminar 15 June

✓No

Dear Dr Oliver

Thank you for your e-mail. We are sorry to hear about your injury and understand the difficulty in your attending the meeting. We will keep you informed about the subsequent publication.

We wish you a speedy recovery.

With best wishes

Daphne Christie

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
for the History of Medicine at UCL
Euston House
24 Eversholt Street
LONDON NW1 1AD

Tel: 020 7679 8106
Fax: 020 7679 8193
w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

-----Original Message-----

From: Sandy Oliver [mailto:S.Oliver@ioe.ac.uk]
Sent: 19 May 2004 14:26
To: w.kutner
Subject: witness seminar 15 June

Dear Ms Kutner

Thank you very much for the invitation to the Witness seminar on 15 June. I am very sorry that I shall have to decline. I injured my knee before Easter and am finding getting around very difficult. Indeed, I may well have surgery early in June and do not expect to be able to negotiate London transport in time for the seminar.

Best wishes,

Sandy Olliver

Reader in Public Policy
Social Science Research Unit
Institute of Education
University of London



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Dr David Paintin FRCOG FFP (Hon)
Whitecroft, Broom Barn Lane
Prestwood
Great Missenden HP16 9JD

Dr Daphne Christie
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25 March 2004

Dear Dr Paintin

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

Wendy Kutner

From: Dr Daphne Christie [d.christie@ucl.ac.uk]
Sent: 31 March 2004 10:31
To: Wendy
Subject: FW: Witness seminar 15 June

i've acknowledged. please add names to grid to receive flyers. thanks, daphne

-----Original Message-----

From: DAVID PAINTIN [mailto:david.paintin1@btopenworld.com]
Sent: 31 March 2004 10:17
To: d.christie
Subject: Witness seminar 15 June

Dear Dr Christie,

Thank you for inviting me to take part in this Witness Seminar. I am pleased to accept - but as an interested observer rather than as someone who can make a significant contribution. I was an obstetrician during the relevant period but had no academic involvement in fetal-maternal medicine - apart from as part of the editorial team of the British Journal of O & G. (My particular academic interest was the provision of induced abortion - I took part in the Witness Seminar on the history of the Abortion Act).

Obstetricians who it would be worth inviting are:

Professor Richard Beard, 64 Elgin Crescent, London W11 2JJ
Professor Phillip Steer, 48 Langley Ave, Surbiton, Surrey, KT6 4QR

and the paediatrician:

Professor Rodney Rivers, 53 Loftus Rd, London, W12 7EH.

Yours sincerely, David Paintin (Emeritus Reader in Obstetrics & Gynaecology, Imperial College School of Medicine at St Marys, London.

added to grid
31/3/04
to be
sent
Jyeo



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Dr David Paintin FRCOG FFP (Hon)
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Great Missenden HP16 9JD

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26 April 2004

Dear Dr Paintin

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004, 2pm–6pm

We are delighted that you are able to attend the above meeting and are happy to tell you that plans are proceeding well. A copy of our publicity material is enclosed and I will be sending you a draft programme in due course. A full attendance list will be available at the meeting.

We will be asking some participants to "start the ball rolling" by saying a few words on specific subjects, as we like to prime a few people to lead off the discussions, although there will be ample opportunity to contribute throughout the meeting. We do not show slides or overheads at the meetings, as we wish to encourage informal interchange and conversation. If however, you would like any material to be available to the audience, we could photocopy a diagram or article for you, and leave a copy on every chair.

Please do not hesitate to contact either myself or Mrs Wendy Kutner 020 7679 8106 if you have any queries prior to the meeting.

We very much look forward to seeing you at the meeting.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

enc.

Professor Sir Stanley Peart FRCP FMedSci FRS
17 Highgate Close
Highgate
LONDON N6 4SD

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1 April 2004

Dear Stan

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

We're organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004.

Much of the early scientific work was done by (Sir) Graham (Mont) Liggins from the mid 1960s to the mid 1970s, and was, I believe, supported by the Trust. Colleagues there are currently trying to locate the relevant archival material, although because of the Data Protection Act, they may not be able to give me much information. I was wondering, because you were a Trustee at the time, whether you have any memories of the grant applications and the development of the work? Would you like to attend the meeting? I know it's a little off your usual territory, but we'd be delighted to have you with us.

With best wishes

Yours sincerely

**Dr Tilli Tansey
Historian of Modern Medical Science
Convenor of the History of Twentieth Century Medicine Group**

Professor Osmund Reynolds CBE FRS
72 Barrowgate Road
Chiswick
LONDON W4 4QU

Dr Daphne Christie

d.christie@ucl.ac.uk

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Tel: +44 (0) 20 7679 8125

Fax: +44 (0) 20 7679 8193

19th March 2004

Dear Professor Reynolds

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

As you know, these seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

Wendy Kutner

From: Dr Daphne Christie [d.christie@ucl.ac.uk]
Sent: 23 March 2004 09:24
To: Prof Os Reynolds
Cc: Wendy
Subject: RE: Witness Seminar

Dear Professor Reynolds

We are delighted that you are able to attend the Witness Seminar on 15 June and will be sending further details in due course.

We look forward to seeing you on the 15th.

Best wishes

Daphne Christie

-----Original Message-----

From: Prof Os Reynolds [mailto:reynolds@dircon.co.uk]
Sent: 23 March 2004 00:24
To: d.christie
Subject: Witness Seminar

Dear Dr Christie,

Thank you for your invitation to the Seminar on prenatal corticosteroids on June 15.

I shall be delighted to attend.

Best wishes,

Os Reynolds.



The Wellcome Trust Centre for the History of Medicine at University College London

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Professor Osmund Reynolds CBE FRS
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26 April 2004

Dear Professor Reynolds

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004, 2pm–6pm**

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Please do not hesitate to contact either myself or Mrs Wendy Kutner 020 7679 8106 if you have any queries prior to the meeting.

We very much look forward to seeing you at the meeting.

Yours sincerely

pe Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

enc.

Wendy Kutner

From: Dr Daphne Christie [d.christie@ucl.ac.uk]
Sent: 08 June 2004 08:42
To: Prof Os Reynolds
Cc: Wendy
Subject: RE: Witness Seminar 15 June

Dear Professor Reynolds

We are sorry that you will not longer be able to attend the Seminar. We will keep you informed about the subsequent publication.

With best wishes

Daphne Christie

-----Original Message-----

From: Prof Os Reynolds [mailto:reynolds@dircon.co.uk]
Sent: 05 June 2004 02:24
To: d.christie
Subject: Witness Seminar 15 June

Dear Dr Christie,

I am afraid that I shall not after all be able to get to the Seminar. Several major family events are coinciding in different parts of the country which will make it impossible for me to come to London.

I am extremely sorry about this. I had been much looking forward to meeting old friends.

Good luck with the Seminar!

Kind regards, Os Reynolds.



The Wellcome Trust Centre for the History of Medicine at University College London

24 Eversholt Street • London • NW1 1AD
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Dr Sam Richmond
Congenital Abnormality Survey
Maternity Service Office
Newcastle upon Tyne NE2 4AA

Dr Daphne Christie
d.christie@ucl.ac.uk
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25 March 2004

Dear Dr Richmond

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

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Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

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Continued/... Page 2

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

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ack (e) 16/4/04

City Hospitals Sunderland



NHS Trust

Consultant Neonatologists:

Sam Richmond MB BS FRCP FRCPC
Email: sam.richmond@ncl.ac.uk

Majd Abu-Harb MD MRCP DCH FRCPC
Email: majd.abuharb@ncl.ac.uk

Neonatal Unit
City Hospitals Sunderland
Sunderland Royal Hospital
Kayll Road
Sunderland
SR4 7TP

Switchboard: +44 (0) 191 565 6256
Direct line: +44 (0) 191 569 9632
Fax: +44 (0) 191 569 9233

DEPARTMENT OF PAEDIATRICS & NEONATOLOGY

Our Ref:
16 April 2004

Dr Daphne Christie
Wellcome Trust Centre for the History of Medicine
University College
24 Eversholt Street
London
NW1 1AD

Dear Dr Christie

Witness seminar – Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth
Tuesday 15th June 2004 – 14.00 – 18.00

Many thanks for your letter of 25th March inviting me to take part in this seminar. I would be delighted to come and can only apologise for my late response to your invitation.

Yours sincerely,

Sam Richmond
Consultant Neonatologist



Neurophysiology Department
Sunderland Eye Infirmary
Day Case Unit



Chairman: David P Graham JP DL

In association with the Universities of Newcastle, Sunderland and Northumbria

Wendy Kutner

From: Dr Daphne Christie [d.christie@ucl.ac.uk]
Sent: 16 April 2004 15:34
To: Richmond Sam (RLN) City Hospitals Sunderland - Consultant Neonatal
Cc: Wendy
Subject: RE: Witness seminar - prenatal steroids

Thank you for your e-mail. We are very pleased that you are able to attend, and will be providing more information before the meeting.
With best wishes
Daphne Christie

-----Original Message-----

From: Richmond Sam (RLN) City Hospitals Sunderland - Consultant Neonatal
[mailto:Sam.Richmond@chs.northy.nhs.uk]
Sent: 16 April 2004 13:15
To: 'd.christie@ucl.ac.uk'
Subject: Witness seminar - prenatal steroids

Dear Dr Christie

Many thanks for your kind invitation to attend this witness seminar on 15th June in London. I will be delighted to attend. Please accept my apologies for this late response.

Sam Richmond
Consultant Neonatologist
Sunderland Royal Hospital

(also - Northern Region Congenital Abnormality Survey, Newcastle upon Tyne)



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Dr Sam Richmond
Congenital Abnormality Survey
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26 April 2004

Dear Dr Richmond

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004, 2pm–6pm**

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We will be asking some participants to "start the ball rolling" by saying a few words on specific subjects, as we like to prime a few people to lead off the discussions, although there will be ample opportunity to contribute throughout the meeting. We do not show slides or overheads at the meetings, as we wish to encourage informal interchange and conversation. If however, you would like any material to be available to the audience, we could photocopy a diagram or article for you, and leave a copy on every chair.

Please do not hesitate to contact either myself or Mrs Wendy Kutner 020 7679 8106 if you have any queries prior to the meeting.

We very much look forward to seeing you at the meeting.

Yours sincerely

pp

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

enc.



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Dr Sam Richmond
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16 June 2004

Dear Dr Richmond

**The Wellcome Trust History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity
and mortality associated with preterm birth**

May I say on behalf of The History of Twentieth Century Medicine Group and the co-organiser, how grateful we are to you for your contributions to yesterday's meeting? It really was a splendid occasion, and we hope that you enjoyed it as much as those of us who were observers.

As mentioned in previous correspondence and at the meeting, the taped proceedings of the meeting will now be sent for transcription, and we hope to have a draft manuscript to send you in about six months time for your comments. Ultimately we intend to publish an edited version of the proceedings, and you will be sent a copyright assignment form and final proof before publication.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

Mrs Lois Reynolds
Wellcome Trust Centre for the History of Medicine
University College London
210 Euston Road
London
NW1 2BE

26 June 2005

Dear Mrs Reynolds

Witness Seminar: Prenatal Corticosteroids, 15th June 2004

Many thanks for your letter of 14th June and its enclosures. I am sorry for this slightly delayed response but your letter had to be posted on to me from the Congenital Abnormality Survey Office and only reached me on 24th June. I will send this back both by email and post.

Your enclosure consisted of pages 46-48 of your draft document together with a copyright assignment form.

Your first question asks what was the name of the trial referred to by Dr Hey – your footnote number 32 – the answer is the Osiris study published in the Lancet in December 1992 (*The OSIRIS collaborative group – Early versus delayed neonatal administration of synthetic surfactant – the judgement of OSIRIS. Lancet 1992; 340: 1363-9*). The proportion of the mothers entered into the study who had received steroids before delivery is shown in table 1 on page 1364.

Your second question asks about a study I referred to which looked at steroid usage within the Northern Region of the UK – the study was published as a letter in the Lancet (*Khanna R, Richmond S. Osiris trial. Northern Neonatal Nursing Initiative. Lancet 1993; 341: 174*) – I would point out that the price difference between steroids and surfactant mentioned in the last paragraph of this letter contains a basic arithmetical error – the price of surfactant being nearly 100 times that of steroids rather than 10 times.

On page 47 of the transcript my questions are not really clear. The second sentence of the paragraph that starts on this page does not make sense. The message I was trying to get across was that I was particularly interested in the sub-analyses of the collaborative study (*Collaborative Group on Antenatal Steroid Therapy. Effect of antenatal dexamethasone administration on the prevention of respiratory distress syndrome. Am J Obstet Gynecol 1981; 141: 276-87*) because of the general felt concern over possible long-term adverse effects in babies exposed to antenatal steroids and the possibility of being able to be more discriminating in which mothers were offered steroids based on these sub-analyses.

What concerned me and significantly undermined the trust one might place in these sub-analyses were two things: Firstly the vast proportion of eligible mothers (7197 / 7893 = 91%) who were excluded from the study, which must raise some questions, and secondly the illogical interpretation of some of the sub-analyses. Whilst I can understand that one might expect that a medication will have a greater effect amongst a subgroup at greater risk – e.g. amongst Caucasians rather than American blacks of equivalent gestation, or amongst male babies rather than females of equivalent gestation – however, that does not translate to the conclusion that steroids don't work in the low risk group – it merely means that one requires a larger sample of the low risk group to show an effect (this is the point I make in the third paragraph on page 48 in answer to Avery).

Further down in the main paragraph on page 47 you highlight the sentence : "Why would we expect betamethasone to work differently according to the sex of the fetus?" and ask me for a reference for this. My question was to the group as to whether they knew of any such data. I

copy by post rec'd 28/6/05

know of no reason why one might expect any such difference (other than the well known fact that girls of an equivalent gestation are at less risk of death than boys) and thus I could not understand why the sub-analyses by sex were made in the first place – nor why this aspect was so vigorously pursued. If one undertakes a large number of sub-analyses of any dataset one will find some statistically significant differences purely by chance – it therefore behoves one to limit sub-analyses to those with some biological plausibility.

In the sentence at the top of page 48 I said "...unless you were expecting a black female baby, it was a waste of time,..." – however, what was suggested by the Robertson editorial (BMJ 1982; 284: 917-8) was that steroids were only effective in white male babies (even though the Collaborative Group study [Am J Obstet Gynecol 1981] showed an effect only in females).

I hope this clarifies things a bit.

As to a biographical note there is not much to say – I am pretty much a bog-standard UK neonatologist. What you might say is:

Dr Sam Richmond

FCRP, FRCPCH (b. 1949) graduated MB BS at Newcastle upon Tyne in 1972. Worked for various NGOs in maternal child health in North Africa and Arabia from 1974 before returning to Newcastle in 1979 to train in paediatrics and neonatology. Consultant neonatologist at Sunderland Royal Hospital since 1988. Research interests include epidemiology of fetal abnormalities, neonatal screening and resuscitation at birth.

I enclose a signed copy of your copyright assignment form.

Yours sincerely,



Sam Richmond
3 Victoria Terrace
East Boldon
Tyne & Wear
NE36 0RS

THE WELLCOME TRUST
WITNESS SEMINARS
COPYRIGHT ASSIGNMENT

Witness seminars are intended to address issues of medical-historical interest in the latter half of the twentieth century. The entire proceedings are recorded and transcribed by the Wellcome Trust with a view to publication to generate interest in, and provide material sources for, the study of significant events in recent medical history. As copyright in anything you said during the proceedings belongs to you (copyright in the recording of the proceedings belonging to the Wellcome Trust), we would be grateful if you would complete this form to enable the Wellcome Trust to use your contribution in the manner and for the purposes outlined above.

1. NAME Dr Sam Richmond

2. ADDRESS

Congenital Abnormality Survey, Maternity Service Office, Newcastle upon Tyne NE24AA

3. WITNESS SEMINAR: Prenatal Corticosteroids for Reducing Morbidity and Mortality
15 June 2004

4. ASSIGNMENT

I confirm that I am the author and legal owner of my contribution to the proceedings of the Witness Seminar and of any comments I may have made on any draft transcript ("my Contribution"), and I assign to the Trustee of the Wellcome Trust ("the Trust") the copyright in my Contribution.

5. SOUND RECORDING

I confirm that the entire copyright and all other rights in the sound recording made of my Contribution by the Trust at the Witness Seminar ("the Sound Recording") and the transcript made of the Sound Recording belong to the Trust for the full period of copyright including all renewals and extensions.

6. PUBLICATION

I acknowledge the right of the Trust as assignee of the copyright in my Contribution to publish my Contribution in whole or in part.

I acknowledge the right of the editor of any publication of my Contribution to edit my Contribution provided that my approval of any changes made by the editor will be obtained (such approval not to be unreasonably withheld).

7. USE OF MY CONTRIBUTION

I reserve the right to make use of my Contribution, having first obtained the permission of the Trust for me to do so (such permission not to be unreasonably withheld) and I confirm that in any such use I will acknowledge the Trust.

Signed..... Date.....

Please return by 27 June 2005 recd 28/6/05

2nd: 14/6/05

Lois Reynolds

✓ 29/9/05

From: Sam Richmond [sam.richmond@talk21.com]
Sent: 18 August 2005 07:52
To: l.reynolds@ucl.ac.uk
Subject: Witness Seminar - Prenatal steroids - June 2004

Dear Lois,

Many thanks for your letter of 11th August containing a draft of this Witness Seminar. I have looked at pages 44-46 and I think that foot-notes 71 and 72 adequately clarify the text. As to the biographical note on page 117 this is accurate - the hospital in question is the Sunderland Royal Hospital,

(There used to be two hospitals in Sunderland; Sunderland Royal Infirmary and Sunderland District General Hospital. When the Sunderland Royal Infirmary closed in ?1993 the Sunderland District General Hospital became the Sunderland Royal Hospital).

Yours sincerely,

Sam Richmond

29/09/2005

FN 83
1 Nov 05

Lois Reynolds

From: Sam Richmond [sam.richmond@talk21.com]
Sent: 01 November 2005 08:03
To: ucgarey@ucl.ac.uk
Subject: Re: Witness Seminar: prenatal corticosteroids: URGENT last query

Dear Lois

I have checked my photocopy of the BMJ editorial by Robertson dated 27th March 1982 and in the fourth paragraph he states as follows:

"....Despite considerable support for the use of synthetic steroids administered to the mother for this purpose [5], some recent studies have been less enthusiastic.[6] The evidence suggests that antenatal steroids are of value only in white males, and even for them the benefit is mainly in those of 30-32 weeks' gestation, when in our experience serious morbidity and mortality from respiratory distress syndrome is rare.[2] In black males and in girls treatment has not been proved to be of benefit.[7,8]..."

Ref 2 is Lucas A and Robertson NRC Recent advances in neonatal care. In Bonnar J, ed Recent advances in obstetrics No 14 Edinburgh Churchill Livingstone (in press at the time)

Ref 5 is Liggins & Howie Pediatrics 1972

Ref 6 is Depp R et al Am J Obstet Gynecol 1980; 137: 338-50

Ref 7 is Ballard PL et al J Pediatr 1980; 97: 451-4

Ref 8 is Collaborative Group on Antenatal Steroid Therapy Am J Obstet Gynecol 1981; 141: 276-87

Liggins
Ordered for
page # 5.

Hope this clarifies things.

Sam

----- Original Message -----

From: "Lois Reynolds" <ucgarey@ucl.ac.uk>

To: <sam.richmond@talk21.com>

Sent: Monday, October 31, 2005 4:12 PM

Subject: Witness Seminar: prenatal corticosteroids: URGENT last query

- > Dear Dr Richmond,
- > May I ask if the following (i) [highlighted in red, or the last
- > sentence, if you can't see red] is what you meant? (ii) Iain Chalmers
- > queried the statement in Footnote 83 below about the Robertson editorial.
- > May I have your reponses soonest, as the text goes to the designer
- > tomorrow, 1 November 2005.
- > Best wishes from Lois
- >
- > 0-0-0-0
- >
- > (i) Dr Sam Richmond: That's absolutely true. We did a sub-analysis of the
- > regional data. The whole of the northern region entered this study and we
- > published results looking back at steroid usage and found very similar
- > results. Some hospitals approached 25 to 30 per cent usage, and others,
- > by
- > far the majority, scarcely reaching 10 per cent.

> I wanted to ask two other things. From my perspective at that stage as a
 > paediatric registrar interested in neonates and the business of steroids,
 > I
 > think that there were number of the sub-analyses in the US Collaborative
 > Group study which were useful, such as the long-term outcome worries which
 > were one of the major concerns.
 >
 > (ii) Dr Sam Richmond (same page): But the other issue is whether
 > there
 > ever was any biological plausibility to the reasons for the sub-group
 > analyses? Why would we expect betamethasone to work differently according
 > to
 > sex of the fetus? (FN82) I wondered if anyone had any clues as to that. I
 > am
 > not a laboratory person, but I cannot see any particular reason why one
 > should divide on the basis of the sex of the fetus in relation to likely
 > outcome. I could be completely wrong. But that seemed to be one of the
 > major
 > issues that it was a waste of time, unless you were expecting a black
 > female
 > baby, and that's clearly incorrect.(FN83) But why did anyone think to
 > look
 > in the first place?
 >
 > FN82Dr Ross Howie wrote: 'Outcome according to sex of baby: this is
 > something I had not analysed in the Auckland study, and when I heard of
 > the
 > NIH findings I went back to check. This showed that in our hands, in
 > contrast to the NIH study, betamethasone appeared to be more effective in
 > boys than in girls. I concluded that the difference may have been due to
 > the
 > fact that we are in the southern hemisphere.' E-mail to Mrs Lois Reynolds,
 > 26 August 2005.
 >
 > FN83: Dr Sam Richmond wrote: 'I know of no reason why one might expect any
 > such difference (other than the well-known fact that girls of an
 > equivalent
 > gestation are at less risk of death than boys) and thus I could not
 > understand why the sub-analyses by sex were made in the first place - nor
 > why this aspect was so vigorously pursued. If one undertakes a large
 > number
 > of sub-analyses of any dataset one will find some statistically
 > significant
 > differences purely by chance - it therefore behoves one to limit
 > sub-analyses to those with some biological plausibility. However, what was
 > suggested by the Robertson editorial [Robertson (1982)] was that steroids
 > were
 > only effective in white male babies [IC queries? black female?] (even
 > though
 > the Collaborative Group study [Collaborative Group on Antenatal Steroid
 > Therapy (1981)] showed an effect only in females).' Note on draft
 > transcript, 25 June 2005.
 >
 >
 >
 >
 >

> Mrs Lois Reynolds
> Research Assistant to Dr Tilli Tansey
> History of Twentieth Century Medicine Group
> Wellcome Trust Centre for the History of Medicine
> at UCL
> 210 Euston Road,
> LONDON
> NW1 BE
>
> Tel: 020 7679 8123
> email: l.reynolds@ucl.ac.uk
> Fax: 020 7679 8192
> www.ucl.ac.uk/histmed
>
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>



The Wellcome Trust Centre for the History of Medicine at University College London

24 Eversholt Street • London • NW1 1AD
www.ucl.ac.uk/histmed • +44 (0) 20 7679 8100



Dr Cliff Robertson FRCP
Sea Cottage
Lower Harrapool
Broadford
Isle of Skye IV49 9AQ

Dr Daphne Christie
d.christie@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: +44 (0) 20 7679 8125
Fax: +44 (0) 20 7679 8193

25 March 2004

Dear Dr Robertson

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

Dr. N.R.C. Robertson

M.A., M.B., F.R.C.P., F.R.C.P.C.H.(Hon.), M.E.W.I.

Sea Cottage, Lower Harrapool, Broadford, Isle of Skye IV49 9AQ

Tel: 01471 822467

Fax: 01471 822095

Dr Daphne Christie,
Senior Research Assistant,
The Wellcome Trust Centre for the History of Medicine,
University College London,
24, Eversholt Street,
London NW1 1AD

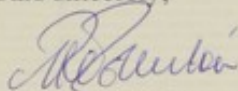
30th March, 2004

Dear Dr Christie,

Thank you for your letter of the 25th March, and the kind invitation to attend the Seminar.

Unfortunately, I shall be on an even more remote Hebridean Island than Skye that week, having some holiday, so I regret that I will be unable to attend. Please give both Iain Chalmers and Edmund Hey my best wishes and thank them for inviting me, and say how sorry I am that I am unable to be there.

Yours sincerely,



N.R.C. Robertson MA., MB., FRCP

Wendy Kutner

From: Sexton ,Mr Martin [m.sexton@wellcome.ac.uk]
Sent: 28 May 2004 12:19
To: w.kutner
Subject: Witness seminar 15 June

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Wendy,

I'd like to attend the Witness Seminar on 15 June if there are still places available.

Thanks

Martin

Martin Sexton
Policy Officer, Biomedical Ethics Unit
Wellcome Trust
210 Euston Road
London NW1 2BE
tel. +44 (0)20 7611 8791
fax. +44 (0)20 7611 8269

Find out more about the Trust's Biomedical Ethics programme at:
<http://www.wellcome.ac.uk/en/1/mismiseth.html>

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Wendy Kutner

To: Sexton, Mr Martin
Cc: ucgachr@ucl.ac.uk
Subject: RE: Witness seminar 15 June

Dear Martin, thank you for your e-mail and apologies for the delay in my reply, but I have been away on leave. I have added your name to the attendance list for the meeting and look forward to seeing you then. Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
for the History of Medicine at UCL
Euston House
24 Eversholt Street
LONDON NW1 1AD

Tel: 020 7679 8106
Fax: 020 7679 8193
w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

-----Original Message-----

From: Sexton, Mr Martin [mailto:m.sexton@wellcome.ac.uk]
Sent: 28 May 2004 12:19
To: w.kutner
Subject: Witness seminar 15 June

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Thanks

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Wendy Kutner

From: Sexton ,Mr Martin [m.sexton@wellcome.ac.uk]
Sent: 08 June 2004 17:15
To: w.kutner
Subject: RE: Witness seminar 15 June

Wendy -

Sorry, I can't make it now. I hope you can give my place to someone else.

Regards

Martin

-----Original Message-----

From: Wendy Kutner [mailto:w.kutner@ucl.ac.uk]
Sent: 03 June 2004 10:08
To: Sexton ,Mr Martin
Cc: Christie ,Dr Daphne
Subject: RE: Witness seminar 15 June

Dear Martin, thank you for your e-mail and apologies for the delay in my reply, but I have been away on leave. I have added your name to the attendance list for the meeting and look forward to seeing you then. Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
for the History of Medicine at UCL
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Chief Executive
Oxfam
274 Banbury Road
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Dr Daphne Christie
d.christie@ucl.ac.uk
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Fax: +44 (0) 20 7679 8193

19th March 2004

Dear Ms Stocking

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

25 March 2004

Dr Daphne Christie
The Wellcome Trust Centre
University College London
24 Eversholt Street
London
NW1 1AD

274 Banbury Road
Oxford OX2 7DZ
Tel 0870 333 2444
Fax 0870 010 8554

www.oxfam.org.uk

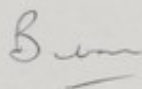
Dear Dr Christie

The Wellcome Trust's History of Twentieth Century Medicine Group Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth.

Thank you so much for your letter dated 19th March 2004 and the invitation to the above witness seminar being held on 15th June 2004.

I am afraid that I cannot make this date as I already have other commitments that cannot be moved. However, I do really appreciate your kind invitation.

Yours sincerely



Barbara Stocking
Director, Oxfam GB

Lois Reynolds

From: Iain Chalmers [IChalmers@jameslindlibrary.org]
Sent: 04 August 2005 11:21
To: ucgarey@ucl.ac.uk
Subject: RE: Witness Seminar: Prenatal Corticosteroids : reader and introduction

Dear Lois

I suggest that you ask Barbara Stocking, Chief Executive of Oxfam, to write the introduction. She has a very personal interest in this topic.

I suggest that you ask Sandy Oliver (address below, who was previously chair of the National Childbirth Trust's Research and Information Group) to act as an external reader. I think that she would be more appropriate than Alison Macfarlane. Denis Hawkins died several years ago.

I hope this helps.

Iain

Dr Sandy Oliver
Editor, Cochrane Consumers
and Communication Review Group
Social Science Research Unit
Institute of Education
University of London
18 Woburn Square
London
WC1H 0NS
020 7612 6391
s.oliver@ioe.ac.uk

-----Original Message-----

From: Lois Reynolds [mailto:ucgarey@ucl.ac.uk]
Sent: 04 August 2005 09:49
To: Iain Chalmers
Subject: Witness Seminar: Prenatal Corticosteroids : reader and introduction

Dear Iain,

At this stage we look for two people who would be willing to help: one to write the introduction and another to act as external reader.

The text needs to be read by an expert with an eye for the requirements of the non-expert, particularly general sense and understandability. The intended audience will be historians of science and medicine as well as those in the field. A glossary will be added with that in mind, but it would be helpful to know if there are any other terms that should be more fully explained.

Tilli wondered whether Professor Alison Macfarlane or Professor

D H

Hawkins, who commissioned Patricia Crowley's first meta-analysis in 1981,

might be suitable for either of these tasks, or if you might wish to suggest

someone else for either of these tasks.

Hope you are well.

Best wishes from Lois

Mrs Lois Reynolds

Research Assistant to Dr Tilli Tansey

History of Twentieth Century Medicine Group

Wellcome Trust Centre for the History of Medicine

at UCL

210 Euston Road,

LONDON

NW1 BE

Tel: 020 7679 8123

email: l.reynolds@ucl.ac.uk

Fax: 020 7679 8192

www.ucl.ac.uk/histmed/witnesses.html

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Virus scanned by Lumison.

Wit 25

Intro

to send with
transcript ?

Ms Barbara Stocking CBE,
Chief Executive,
Oxfam,
274 Banbury Road,
OXFORD,
OX2 7DZ

Lois Reynolds
l.reynolds@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: 020 7679 8123
Fax: 020 7679 8192

10 August, 2005

Dear Ms Stocking

Witness Seminar: Witness Seminar: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth, 15 June 2004

^{were was} We ^{are} sorry that you were unable to attend the Witness Seminar on 15 June last year.

The tapes of this meeting have ^{been} transcribed and the manuscript ~~has been~~ sent to all participants for their final factual corrections, prior to its publication by the Wellcome Trust Centre for the History of Medicine at UCL in November 2005.

^{to do this} We are now looking for ^{more} specialist authors ^{for the introduction} and I am writing to ask if you might be willing ^{to} write the Introduction to this Witness Transcript. ^{be the volume} Sir Iain Chalmers is very keen ~~that you might do this~~, especially ^{since} you ~~were~~ ^{had} able to attend the meeting. It would be splendid if you felt able to do so.

The Introduction can be as short, or as long, as you wish. Usually 1000–1500 words ~~would be an~~ appropriate ^{length}. We would require your piece, if you are able to contribute, by 15 September 2005. If you would like to see examples of other introductions in our series, *Wellcome Witnesses to Twentieth Century Medicine*, they are freely available online, following the link to Publications, at www.ucl.ac.uk/histmed, ^{or we would}

The transcript enclosed does not include the appendices, which will include Mont Liggins and Ross Howie, a review of the Wellcome Trust support of as a Glossary.

I look forward to hearing from you.

Yours sincerely

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey

Introduction 10/8/05

Wit 25

Intro

to send with
transcript ?

Ms Barbara Stocking CBE,
Chief Executive,
Oxfam,
274 Banbury Road,
OXFORD,
OX2 7DZ

Lois Reynolds
l.reynolds@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: 020 7679 8123
Fax: 020 7679 8192

10 August, 2005

Dear Ms Stocking

Witness Seminar: Witness Seminar: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth, 15 June 2004

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The transcript enclosed does not include the appendices, which will include two memoirs from Mont Liggins and Ross Howie, a review of the Wellcome Trust support of this research, as well as a Glossary.

I look forward to hearing from you.

Yours sincerely

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey

41, 117 - 19, 121, 124, 127.

Mr Alfred Thayer, 111
Owen Wade 124
Roy Goulding, 127.

Ms Barbara Stocking CBE,
Chief Executive,
Oxfam,
274 Banbury Road,
OXFORD,
OX2 7DZ

Lois Reynolds
l.reynolds@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: 020 7679 8123
Fax: 020 7679 8192

10 August, 2005

Dear Ms Stocking

Witness Seminar: Witness Seminar: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth, 15 June 2004

We were very sorry that you were unable to attend the Witness Seminar on 15 June last year.

The tapes of this meeting have now been transcribed and the manuscript sent to all participants for their final factual corrections, prior to its publication by the Wellcome Trust Centre for the History of Medicine at UCL in November 2005.

We are now looking for a more specialist author to write the Introduction to this Witness Seminar transcript and I am writing to ask if you might be willing to do this? Sir Iain Chalmers is very keen, especially as you were unable to attend the meeting. It would be splendid if you felt able to do so.

The Introduction can be as short, or as long, as you wish. Usually 1000–1500 words is an appropriate length. We would require your piece, if wish to contribute, by **15 September 2005**.

For examples of other introductions in our series, *Wellcome Witnesses to Twentieth Century Medicine*, the volumes are freely available online, following the link to Publications, at www.ucl.ac.uk/histmed or we would be happy to send you a copy of one of our meetings.

The enclosed transcript of *Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth* does not include the appendices, which will include two memoirs from Mont Liggins and Ross Howie, a review of the Wellcome Trust support of this research, as well as a Glossary. I would be happy to send these on to you when permission to reproduce has been granted.

I look forward to hearing from you.

Yours sincerely

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey
enc. Wit25-2nd consultation

Lois Reynolds

From: KSmith-Wilson@Oxfam.org.uk on behalf of BarbaraStocking@oxfam.org.uk
Sent: 04 November 2005 15:51
To: l.reynolds@ucl.ac.uk
Subject: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth



Prenatal
corticosteroids for

Dear Lois

Barbara has done the corrections on the script attached but says "please note again Iain's comments on my story aren't quite right and my introduction is the correct one - I know and had corticosteroids with my first pregnancy".

✓ 7/11/05

The changes on the scrip attached related to her title and Oxfam's name, which is Director, Oxfam GB and Oxfam GB respectively.

Please let me know if you have any more queries.

Regards
Kate Smith-Wilson
Director's Assistant
01865 472436

(See attached file: Prenatal Corticosteroids for reducing morbidity.pdf)

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Registered charity No. 202918.

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need 4/11/05 correction 7/11/05

Stocking

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY AFTER PRETERM BIRTH

The transcript of a Witness Seminar held by the Wellcome Trust Centre
for the History of Medicine at UCL, London, on 15 June 2004

Edited by L A Reynolds and E M Tansey

NB for cover:
Introduction by Barbara Stocking

Volume 25 2005

query - Oxfam as on page xiii or on page 91?

CR 2 Nov 05.

Please email comments and corrections to l.reynolds@ucl.ac.uk as soon as possible.

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The reader may wonder why someone who is currently Director of Oxfam is writing this introduction. There are two reasons. For many years I was engaged in health care and believed passionately that we needed to be clear what is good evidence about clinical care and then to make sure the knowledge is used in practice. Early on, it also became clear to me that information alone was rarely sufficient for people to change their practice, the whole wonderful complexity of wider culture and beliefs, individuals and their place in social systems comes into play. Despite many studies showing consistently that disseminating evidence is not enough, there were and still are, many people who ignore this evidence itself and are then surprised that change does not happen.

The use of corticosteroids for women at risk of giving birth prematurely in order to reduce respiratory distress in their newborn babies is a fascinating case study of change.

I will come onto some of the issues in change in a moment but my second reason for writing this introduction is my own experience. In the mid-eighties I went into premature labour, eventually giving birth at twenty-nine weeks gestation. For the time I was lucky. Because I was a member of the National Perinatal Epidemiology Unit advisory committee, I was aware of evidence on corticosteroids, lucky too in having an obstetrician who knew the evidence. Both of us took it as a matter of course that I should receive corticosteroids. Despite the prematurity, I delivered a baby who never needed artificial ventilation and who is, as I write, a healthy nineteen years old. This itself illustrates another point, just how important it is that patients should, if they want it, have access to good information and should feel able to be involved in decisions about their own care. My experience was an excellent example of patient-doctor partnership. Fortunately, in recent years, patient involvement has stopped being frowned upon and clinicians from all professions are learning how valuable it can be to have the patient as a partner.

Returning to the corticosteroids witness seminar, this is an intriguing account first of how the discovery was made, particularly the crossover links from animal to human studies. Yes, there was a discussion in a tearoom which led to the discovery. It may seem serendipitous but one does feel that, with the number of people interested in the various facets, it was an idea whose time had come and sooner or later the connections would be made. Then there are the accounts of those early trials and the difficulties in getting people to change practice. This part of the story illustrates the importance of good randomised controlled trials, with patient numbers and protocols that are robust enough to withstand challenge. For the challenge certainly did come, for those who knew some evidence from very poorly researched trials and from those who, through their own personal experience, had a powerful inclination not to believe the proper trials. The witness evidence illustrates dramatically how one powerful experience (a death or near miss perhaps unrelated to the issue at stake) can influence a leading figure and, because of the personal authority of such individuals, stop change happening for a long time.

Prenatal corticosteroids are now accepted practice and are included in all the guidelines but it is worrying that so many babies would have died and so many parents and babies suffered because the evidence was not put into practice for so long. The good news is that there has been a paradigm shift, I believe, in the acceptance of

evidence based health care. There has also been a dramatic change in understanding about what is good evidence not least through the work of the Cochrane Collaboration. Beware though any complacency; remember change is so much a matter of culture, beliefs and individual experience.

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Barbara Stocking
Oxfam CB

utilization, is that our work has been concentrated on showing that benefits have been achieved even when the uptake level has been less than optimum.

Hey: It was nice to hear from somebody totally outside the field, an outsider looking in on us. We hear many of the same themes coming up, so perhaps it might be true. Perhaps we ought to say that there are more benefits than just preventing death and respiratory distress. Shall we remind the rest of the audience of the other outcomes that you get from giving steroids that you don't from giving surfactants?

Crowley: Probably a very important one is the reduction in the risk of intraventricular haemorrhage (IVH) and that's a particular benefit for the most premature babies. Also a reduced number of days on mechanical ventilation for babies who do get RDS.

Harding: The new systematic review will also suggest benefits in terms of childhood developmental outcome.

Chalmers: We keep on talking about benefits in terms of the baby, but what about the parents? The reduced exposure to the terrible courses that babies would go through before death, and indeed before surviving – and the accompanying anxiety – those things haven't been made explicit. We had hoped that there would be a woman here who had received prenatal corticosteroids. I was impressed by Barbara Stocking, now ~~chief executive~~ of OXFAM, saying that in her first pregnancy she had delivered prematurely and her son went through a really rough time.¹⁸¹ After she read Patricia's

Denton

Onfam GB

¹⁸¹ Barbara Stocking wrote: 'Iain nicely cites my story in the seminar but it isn't quite right. I still consider it a real blessing (a) that I knew the evidence at the time of my first pregnancy and (b) I had an obstetrician who knew it too and was committed to being at the forefront of best practice. The neonatal intensive care/special care period was hard, but infinitely better than Andrew, my son, never had to be artificially ventilated, plus, I guess, had fewer IVHs [intraventricular haemorrhages], hence [his] ending up healthy and bright

systematic review before her second pregnancy, she insisted that she should have steroids if she went into preterm labour again. She became a big advocate of prenatal steroids when she was a senior manager in the NHS. I have come across more than one mother – maybe Gill Gyte can enlighten us here – who has lobbied to have this. Obviously, as parents, they think this is important, because they are worried about their children. But possibly also so that they have less to worry about themselves.

Gyte: I don't have any personal experience of antenatal classes, but I do know that the National Childbirth Trust (NCT) does lobby to implement evidence-based care.

Oakley: This is slightly beside the point, or perhaps not, because I think this issue of the role of the users of health services and the extent to which they are demanding evidence is a very important one and it's something that we need to know more about. But, of course, one of the problems with that, or one of the issues in that area, is that first of all the user needs to be dissuaded from the belief that experts know what they are doing. I remember one of the early projects that I worked on in 1974 involved an observational study of an antenatal clinic at a hospital in London that, of course, has got to be nameless, and I hung around this clinic for about a year observing what the doctors were doing. I was absolutely astonished. In my second week, there was a changeover in junior doctors, and two of them came to me and they asked me what Consultant X would recommend in a particular case, because they didn't know what they were supposed to be doing because they hadn't met their consultant yet. I didn't realize that the eight different consultants who ran this clinic all had different policies. I was learning what those policies were and then I was passing on this information to the junior members of their team, so that they could also

(now at Cambridge doing economics). It's true I'd have asked for it second time around too. Fortunately, I didn't have to due to three months enforced lying down. Very good for me (in retrospect!).' E-mail to Mrs Lois Reynolds, 7 September 2005.

INTRODUCTION

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ORIGINAL COPY

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Barbara Stocking
Oxfam
7 September 2005

Lois Reynolds

From: CCostello@oxfam.org.uk on behalf of BarbaraStocking@oxfam.org.uk
Sent: 08 November 2005 12:17
To: ucgarey@ucl.ac.uk
Subject: RE: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth

Hi Lois,

Regarding this,

Please use paragraph as follows.....

Iain nicely cites my story in the seminar but it isn't quite right. I still consider it a real blessing (a) that I knew the evidence at the time of my first pregnancy and (b) I had an obstetrician who knew it too and was committed to being at the forefront of best practice. The neonatal intensive care/special care period was hard, but infinitely better than Andrew, my son, never had to be artificially ventilated, plus, I guess, had fewer IVHs [intraventricular haemorrhages], hence [his] ending up healthy and bright (now at Cambridge doing economics). It's true I'd have asked for it second time around too. Fortunately, I didn't have to due to three months enforced lying down. Very good for me (in retrospect!).'

To clarify, I've taken out Barbara's added bracket referring to the Introduction but have left in the amendments made in square brackets are fine.

I hope this helps.

Regards,

Conor

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Barbara Stocking
Introduction
original.



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31 March 2004

Dr Stutchfield

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers and Dr Edmund Hey have recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

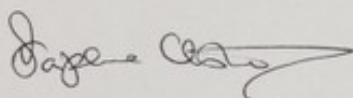
Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion. We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

A handwritten signature in dark ink, appearing to read 'Daphne Christie', with a long, sweeping horizontal stroke extending to the right.

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



**Ymddiriedolaeth GIG Siroedd Conwy a Dinbych
Conwy & Denbighshire NHS Trust**

Dr Daphne Christie
The Welcome Trust Centre for the History of Medicine at
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24 Eversholt Street
London NW1 1AD

Ein cyf/Our ref: PRS/JO

Eich cyf/Your ref:

Dyddiad/Date: 14 April 2004

Wrth ffonio gofynnwch am/if telephoning ask for
Dr Stutchfield's Secretary

Llinell Uniongyrchol/Direct Line:
01745 - 534599

E-Mail Address:

Dear Dr Christie

**The Welcome Trust History of Twentieth Century Medicine Group Witness Seminar -
15 June 2004**

Thank you for your letter and invitation to the above meeting. I would very much liked to have attended but unfortunately I am on leave over this two week period and will be away. I would be very interested in receiving any minutes of copies of papers that are presented at the meeting. I look forward to hearing from you.

Yours sincerely

Pete Stutchfield

P R STUTCHFIELD

Clinical Director, Child and Adolescent Directorate

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Yours sincerely

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21 April 2004

Dear Mr Tacchi

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associated with preterm birth
Tuesday 30th March 2004 2.00 pm – 6pm

We wrote to you on 25th March, inviting you to attend the above meeting. As we have not had a reply, but have been experiencing difficulties with our post, our original letter, or your reply, may therefore have gone astray. We enclose a copy of that letter and look forward to hearing from you.

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27 April 2004

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Secretary to Dr Tilli Tansey



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16 June 2004

Dear Dr Verrier Jones

**The Wellcome Trust History of Twentieth Century Medicine Group
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and mortality associated with preterm birth**

May I say on behalf of The History of Twentieth Century Medicine Group and the co-organiser, how grateful we are to you for your contributions to yesterday's meeting? It really was a splendid occasion, and we hope that you enjoyed it as much as those of us who were observers.

As mentioned in previous correspondence and at the meeting, the taped proceedings of the meeting will now be sent for transcription, and we hope to have a draft manuscript to send you in about six months time for your comments. Ultimately we intend to publish an edited version of the proceedings, and you will be sent a copyright assignment form and final proof before publication.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

Jones

Lois Reynolds

From: Iain Chalmers [IChalmers@jameslindlibrary.org]
Sent: 25 September 2005 19:12
To: ucgarey@ucl.ac.uk
Subject: RE: Witness Seminar: Prenatal Corticosteroids : Verrier Jones

*Written
29/9/05
King Ben*

Just back from Brazil. I've left a message on his answerphone (he's probably sailing this weekend). Should you want to chase him by phone, the number is: 0 29 2036 1941

The postal address is correct. Iain

-----Original Message-----

From: Lois Reynolds [mailto:ucgarey@ucl.ac.uk]
Sent: 20 September 2005 11:54
To: Iain Chalmers
Subject: Witness Seminar: Prenatal Corticosteroids : Verrier Jones

Dear Iain,

We have received no correspondence from Dr Verrier Jones since the meeting in June 2004. I hope that you might have a more recent contact for him than the address following.

Best wishes from Lois

Dr Roger Verrier Jones FRCPEd FRCP Hon FRCPCH,
Greenfields,
Newport Road,
St Mellons,
CARDIFF,
CB3 5TW

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey
History of Twentieth Century Medicine Group
Wellcome Trust Centre for the History of Medicine
at UCL
210 Euston Road,
LONDON
NW1 BE

Tel: 020 7679 8123
email: l.reynolds@ucl.ac.uk
Fax: 020 7679 8192
www.ucl.ac.uk/histmed

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--

Virus scanned by Lumison.

2.

Dr Roger Verrier Jones FRCPEd FRCP,
Greenfields,
Newport Road,
St Mellons,
CARDIFF,
CB3 5TW.

Lois Reynolds
L.reynolds@ucl.ac.uk
www.ucl.ac.uk/histmed

Tel: 020 7679 8123

Fax: 020 7679 8192

29 September 2005

Dear Dr Verrier Jones,

Enclosed are the pages with your contribution to the transcript of *Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth*, along with two copies of the copyright assignment form.

We have yet to receive any comments, corrections or the copyright assignment form from you for this transcript. Without the signed copyright assignment form, your contribution as delivered would have to be replaced with a brief description. Naturally we would prefer not to lose your valuable comments.

As you will have noticed, our volumes are posted immediately on publication on the Wellcome Trust Centre's website and are freely available to download (see www.ucl.ac.uk/histmed following the links to Publications/Wellcome Witnesses). This would include your figures in Table 1. We would be happy to remove the table, if that would be more appropriate, but the exchange of correspondence that you provided for the meeting will be deposited along with all the records of the meeting in Archives and Manuscripts, Wellcome Library, in GC/253.

I would be happy to make any typographical changes you think necessary to the text, on receipt of the copyright assignment form before 5 October 2005. We hope to publish the transcript in November. If you think I could answer any queries over the telephone, I am available between Monday and Thursday on 020 7679 8123, by email to l.reynolds@ucl.ac.uk or by fax on 020 7679 8192..

Best wishes

Yours sincerely,

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey

enc. 2 x copyright assignment form, pages from volume 25..

recd 4/10/05
→ Lois

Lois-
recd 4-10-05
Ack " JC

Dr. Roger Verrier Jones

Greenfields
Newport Road
St. Mellons
Cardiff CF3 5TW
Tel. 02920 361941
Mob. 07867 802546
E-mail rverrierjo@aol.com

Dr Daphne Christie
The Wellcome Trust Centre for the History of Medicine

20/9/05

Dear Dr Christie,

Sorry for the delay But I had left a message for you before, I have amended and shortened my comments at the meeting so hope that this alright

Yours sincerely

Roger Verrier Jones

Roger Verrier Jones

of Obstetricians and Gynaecologists, 1972-75] in 1975 at the American Congress of Obstetrics and Oncologists, where he said that in his experience as the editor of the grey journal, *Commonwealth Journal* as it was then, how much rubbish was submitted for publication.²⁸ He wished that registrars didn't have to do research to get jobs, and it was time it was all stopped. That was the first thing that hit me. And I was then at a meeting in Cardiff where Cliff Robertson spoke, and he seemed to be of the opinion that obstetricians shouldn't be treading on the toes of paediatricians, and that they were very good at looking after babies and we didn't need to interfere. He went on to pour scorn on quite a lot of the uncontrolled and poor publications, and again this struck me. I said, 'Well, why were these published if they were such bad studies?', and he said, 'Well you know people having a glass of whisky and refereeing a paper, if it's somebody they know they will put it in, if it's not they won't put it in'. He was fairly scornful of the poor quality publications, and it gave the impression certainly in Cardiff that we shouldn't be using steroids. And that set me back a little way.

The poor publications continued to come out and were very confusing. In fact I wrote to Iain [Chalmers] asking what was going on: 'I want to carry out best practice.' Paediatricians where I was then working in Chester were very keen that we should be using steroids based on the original work, and I said that everyone else says it's rubbish. And it wasn't until the systematic reviews and the guidelines came out that we actually introduced it as an overall practice, we gave it to certain selected patients, but not overall. I think that was a common view among obstetricians in this country in the non-academic world.

Dr Roger Verrier Jones: There are two hospitals in Cardiff, two maternity hospitals, and John worked in the other one. The reason I am here is that Iain kindly asked me because he reminded me of a

²⁸ Was this published?

letter that I wrote to him in 1980, ^{FN} saying that we had done a retrospective study using steroids in St David's Hospital in Cardiff, and that the results seemed to be quite startling. Now we had started using steroids in I think the late 1970s, I am not 100 per cent certain, based on the work that Liggins and Avery and others had done, and we were using steroids, although our obstetricians, in particular ~~Joan Andrews~~, were relatively conservative, **but we were using**. I did a retrospective study, ^{FN} which I sent up to Iain and by then he had moved from Cardiff to the National Perinatal Epidemiology Unit (NPEU) in Oxford and the third figure seemed to be quite striking, in that we looked at 47 babies of which 11 had steroids and 36 didn't. The mortality rate was zero in the steroid group and 28 per cent in the control group. When you looked at the incidence of RDS, the incidence in the steroid group was 18 per cent and in the control group 59 per cent? So on the basis of that certainly in St David's Hospital, John you worked in the UHW, the University Hospital, we were using steroids, and continued to use them, but my memory is that as time went on and ventilation techniques and so on got better, that the controversy about steroids seemed to be reduced and then surfactants came along and so on, so that there wasn't a controversy about whether one should use steroids or not.

Would this be a suitable illustration?

FN. Letter distributed at meeting and will be included in 44 the records of the meeting deposited in the Wellcome Library.

FN See attached PubMed record attached to pg 85.

stroke after you have given streptokinase,⁶⁷ it makes it far more difficult to say that this is a policy that we should adopt, because you actually don't know which of your patients would have died if you hadn't have given it to them.

Just to clarify the experience in St David's Hospital in Cardiff, because John Gabbay misunderstood what had happened. They had adopted steroids on the basis of the trials. The study that Roger Verrier Jones did was a retrospective assessment.⁶⁸ The staff at St David's had taken up steroids to a greater extent than the University Hospital of Wales based the Liggins and Howie trial.

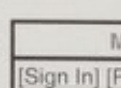
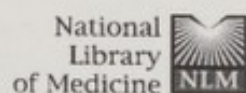
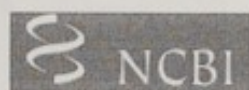
Hayward: I wonder whether it might be useful to briefly describe intervention that I led over a two-year period, which was partly triggered by Richard's list of suggested effective interventions that should be used for prospective audit by obstetricians under the banner of the RCOG.⁶⁹ I am Director of Public Health in Newham, but I am here because I was then [in 19xx] a public health specialist in training for the Camden and Islington Health Authority, and I have known Iain for years, because I married his sister.

It took me ten years to get a grip on what Iain had been going on about evidence[?]-based treatment[?]. But there's nothing like a convert late in life to become a passionate advocate, [?and this?] made me very interested to know why other people were having equivalent problems. A number of things happened to coincide, as is usually the way when you start an initiative, and someone who had seen the draft of those clinical audit suggestions was on the Maternity Services Liaison Committee (MSLC) for Camden and Islington that covered three maternity units – the Whittington, the Royal Free and University College Hospital (UCH), just round the corner here. We hatched an idea over a beer in one of the local pubs that it would be interesting to look

⁶⁷ For a discussion of the streptokinase trials, see Reynolds and Tansey (2005), Appendix 3.

⁶⁸ Jones R V. (xxxx) XXXX which? attached?

⁶⁹ Suggested reference??

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All: 2 Review: 0

Items 1 - 2 of 2

One page.

- ☐ 1: Mathew V, Alfaham M, Evans MR, Adams H, Verrier Jones R, Campbell I, Jenkins T. [Related Articles, Links](#)

**Management of tuberculosis in Wales: 1986-92.**

Arch Dis Child. 1998 Apr;78(4):349-53.

PMID: 9623399 [PubMed - indexed for MEDLINE]

- ☐ 2: Verrier Jones K, Asscher W, Verrier Jones R, Mattholie K, Leach K, Thompson M. [Related Articles, Links](#)

**Renal functional changes in schoolgirls with covert asymptomatic bacteriuria.**

Contrib Nephrol. 1984;39:152-63. No abstract available.

PMID: 6744869 [PubMed - indexed for MEDLINE]

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Jun 6 2005 07:23:23

Prenatal Corticosteroids for Reducing Morbidity and Mortality

graduated in medicine at University of Otago in 1949. He was appointed to a personal chair at the Postgraduate School of Obstetrics and Gynaecology, University of Auckland, in 19xx, specializing in Endocrinology and Fetal Physiology. His most important discovery was that the time of birth was controlled by the fetus, not the mother.

Professor Miranda Mugford

[Hons?] (b. 19xx), an economist and health services researcher, joined the National Perinatal Epidemiology Unit at the University of Oxford in 19xx. She has been Professor of Health Economics in the School of Medicine and Health Policy and Practice at the University of East Anglia (UEA), since 19xx and Chair of convenors of the Campbell and Cochrane Collaboration Economics Methods Group. Her special interest lies in methods used in economic evaluations, especially how methods for systematic review of literature can be incorporated into economic evaluation techniques. See Macfarlane and Mugford (1984).

Mrs Brenda Mullinger

BSc (b. 1949), an xxx, joined international clinical research, based in the UK (Glaxo from 19xx to 19xx) and subsequently Canada (Squibb from 19xx to 19xx). She co-ordinated the UK RDS trial in the 1970s [??details?]. On her return to the UK, she moved into medical writing and editing, working as an independent freelance before joining a healthcare communications agency. See, for example, Mullinger (xxxx).

Professor Colin Normand

FRCP HonFRCPCH (b. 1928) trained in paediatrics at the Hospital for Sick Children, Great Ormond Street, London; Johns Hopkins Hospital, Baltimore; and University College Hospital, London, between 1959 and 1971. He was Professor of Child Health at the University of Southampton from 1971 to 1993 and Dean of Medicine (1990-1993). His many publications in the neonatal field have mainly related to the absorption of lung liquid in the neonatal lung and to the biochemistry of pulmonary surfactant.

Professor Ann Oakley

PhD (b. 1944) joined the National Perinatal Epidemiology Unit, University of Oxford, as Consultant in 1979, becoming a Wellcome Research Fellow the following year, and was appointed Senior Research Officer in 1983. She moved to the Thomas Coram Research Unit, University of London, in 1985 as Deputy Director. She has been Director of the Social Science Research Unit at the University of London Institute of Education since 1990 and Professor of Sociology and Social Policy there since 1991. She has been involved in health services research for many years, and has a particular interest in the evaluation of social interventions, methodology, and the experiences of health service users.

Dr Sam Richmond

Dr Roger Verrier Jones

xx (b. 19xx) xxx

2-3 line biographical
note needed here.

Dr Roger Verrier Jones: There were two maternity hospitals in Cardiff, I worked in St. David's and John at the University Hospital of Wales Maternity Unit. The reason I am here is that Iain kindly asked me when he reminded of a Letter I had written to him in 1980, saying that we had done a retrospective study using steroids at St. David's and that the results seemed to be quite startling. Now we had started using steroids in I think the late 1970s, based on the works of Liggins and Avery. Our obstetricians were fairly conservative so not all premature pregnancies were given them. However we were able to look, retrospectively, 47 babies of which 11 had steroids and 36 did not. The mortality rate was zero in the steroid group and 28 percent in the non steroid group. The incidence of RDS was 18 percent in the steroid group and 59 percent in the non steroid group. On that basis we continued to use steroids in premature births. Later on the increasing use of surfactants meant that steroids were not used so often.

Dr Roger Verrier Jones

Greenfields
Newport Rd
St. Mellons
Cardiff CF3 5TW
02920 361941
rverrierjo@aol.com

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansley
The Wellcome Trust Centre for the History of Medicine
210 Euston Road
London NW1 2BE

3/10/05

Dear Mrs Reynolds,

Thank you for your letter with the proofs of my contribution to the symposium.

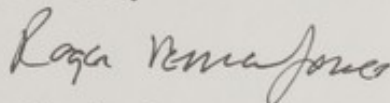
I have actually sent a reply to Dr Christie with an amended and shortened

Version, but I am sending this latest proof back to you with alterations that

Make more sense. I am quite happy for to use the version I sent a few days ago

Or the version I am sending back today.

Yours sincerely



Roger Verrier Jones

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY IN PRETERM BIRTH

The transcript of a Witness Seminar held by the Wellcome Trust
Centre for the History of Medicine at UCL, London,
on 15 June 2004

Edited by L A Reynolds and E M Tansey

Dr Roger Verrier Jones: There are two hospitals in Cardiff, two maternity hospitals, and John worked in the other one. The reason I am here is that Iain Chalmers kindly asked me, because he reminded me of a letter that I wrote to him in 1980, saying that we had done a retrospective study using steroids in St David's Hospital in Cardiff, and that the results seemed to be quite startling. [See Table 1.]

Now we had started using steroids in the late 1970s, I think – I am not 100 per cent certain – based on the work that Liggins and Avery and others had done. We were using steroids, although our obstetricians, ~~in particular Joan Andrews~~, were relatively conservative, but we were using them. I did a retrospective study, which I sent up to Iain, who by then had moved from Cardiff to the National Perinatal Epidemiology Unit (NPEU) in Oxford, and the ~~third~~ figures seemed to be quite striking, in that we looked at 47 babies of which 11 had steroids and 36 didn't. The mortality rate was zero in the steroid group and 28 per cent in the control group. When you looked at the incidence of RDS, the incidence in the steroid group was 18 per cent and in the control group 59 per cent. So on the basis of that, certainly in St David's Hospital ~~(John [Williams] you worked in the UHW, the University Hospital of Wales), we were using steroids~~, and continued to use them, but my memory is that as time went on and ventilation techniques got better, that the controversy about steroids seemed to be reduced, and then surfactants came along, so that there wasn't a controversy about whether one should use steroids or not.

Table 1: Observations at St David's Hospital, 1979–80

	Steroid	Control
Sex (M:F)	8:3	22:14
Mean gestational age (weeks)	32.1	32.3
Mean birth weight (Kg)	1.63	1.59
Mean Apgar score at 1 minute	5.8	5.5
at 5 minutes	8.2	7.9
Twin pregnancies	1	2
Mortality	0	10 (28%) ($p < 0.001$)
Incidence of RDS		
RDS	2 (18%)	21 (59%)
No RDS	9 (82%)	15 (41%) ($p < 0.001$)

EXCLUSIONS: Severe PET, congenital anomalies; uncertain gestational age; delivery within 24 hours of steroid administration. Mean 'steroid administration to delivery' interval = 65.3 hours.

we used steroids

range: 26 hours to 11 days. CRITERIA FOR DIAGNOSIS OF RDS: respiratory problems developing within 4 hours of delivery and lasting for more than 24 hours (grunting, tachypnoea [RR>60/min], sternal or intercostals recession) and requiring F_{iO_2} >25% for more than 24 hours, plus radiographic or autopsy findings.

Effect of prolonged rupture of membranes (PROM)	PROM	No PROM
1. Steroid group (n=11)	(n=4)	(n=7)
RDS	1 (25%)	1 (14%)
No RDS	3	6
2. Control group (n=36)	(n=10)	(n=26)
RDS	6 (60%)	16 (62%)
No RDS	4	10
TOTAL	(n=14)	(n=33)
RDS	7 (50%)	17 (51%)
No RDS	7	16

Period of Study: January 1979–October 1980 (22 months); Study Group ≤ 35 weeks, weight range: 800–2100g. From documents circulated at the Witness Seminar by Dr Verrier Jones. The correspondence and complete observations will be deposited with all the records of the meeting in Archives and Manuscripts, Wellcome Library, London, in GC/253.

...

Chalmers: Alec Turnbull was Professor of Obstetrics and Gynaecology in Oxford at the time. He was also one of the people looking at the maternal mortality experiences for the report on *Confidential Enquiries into Maternal Deaths*.¹ I know that he was very influenced by a particular case, a woman who had died of septicaemia, who had received corticosteroids, and I think that was the basis for his opposition. If you have seen someone have a haemorrhagic stroke after you have given streptokinase,² it makes it far more difficult to say that this is a policy that we should adopt, because you actually don't know which of your patients would have died if you hadn't have given it to them.

Just to clarify the experience in St David's Hospital in Cardiff, because John Gabbay misunderstood what had happened: they had adopted steroids on the basis of the trials. The unpublished analysis that Roger Verrier Jones did was a retrospective assessment.³ The staff at St David's had taken up steroids to a greater extent than the University Hospital of Wales, based on the Liggins and Howie trial.

...

Dr Roger Verrier Jones

Xxx (b. 19xx) xxx

¹ Department of Health and Social Security (DHSS) (1986).

² For a discussion of the streptokinase trials, see Reynolds and Tansey (eds) (2005): Appendix 3, 93–112.

³ See Table 1 on page xx.

Could you please let me have a biographical note, in the style of:

Mr John Williams

FRCOG (b. 1945) was Consultant Obstetrician and Gynaecologist at the Countess of Chester Hospital, Chester, from 1979? to xx and formerly Senior Registrar (Lecturer) at the University College Hospital of Wales, Cardiff, from 19977 to 1979.

THE WELLCOME TRUST

WITNESS SEMINARS

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Witness seminars are intended to address issues of medical-historical interest in the latter half of the twentieth century. The entire proceedings are recorded and transcribed by the Wellcome Trust with a view to publication to generate interest in, and provide material sources for, the study of significant events in recent medical history. As copyright in anything you said during the proceedings belongs to you (copyright in the recording of the proceedings belonging to the Wellcome Trust), we would be grateful if you would complete this form to enable the Wellcome Trust to use your contribution in the manner and for the purposes outlined above.

1. NAME Dr Roger Verrier Jones FRCPEd FRCPHon FRCPCH

2. ADDRESS
Greenfields, Newport Road, St Mellons, Cardiff CB3 5TW

3. WITNESS SEMINAR: Prenatal Corticosteroids for Reducing Morbidity and Mortality
15 June 2004

4. ASSIGNMENT

I confirm that I am the author and legal owner of my contribution to the proceedings of the Witness Seminar and of any comments I may have made on any draft transcript ("my Contribution"), and I assign to the Trustee of the Wellcome Trust ("the Trust") the copyright in my Contribution.

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I reserve the right to make use of my Contribution, having first obtained the permission of the Trust for me to do so (such permission not to be unreasonably withheld) and I confirm that in any such use I will acknowledge the Trust.

Signed..... *Dr Roger Verrier Jones* Date..... *4/10/05*

Please sign + return by 5 October 2005.

4th request. 29 Sept 05

Lois Reynolds

From: RVerrierjo@aol.com

Sent: 24 October 2005 15:33

To: ucgarey@ucl.ac.uk

Subject: Re: Witness Seminar: corticosteroids : biographical note, urgent : 24/10/05

Biographical note on Dr Roger Verrier Jones

Qual 1961 Cambs and UCH

HP and HS UCH

SHO Gt. Ormond St

Consultant Paediatrician Cardiff 1969 - 1999

do you want anymore

regards R Verrier Jones

25/10/2005

Lois Reynolds

From: RVerrierjo@aol.com

Sent: 25 October 2005 09:33

To: ucgarey@ucl.ac.uk

Subject: Re: Witness Seminar: corticosteroids : biographical note, urgent : 24/10/05

Amended CV

Born 28/8/1934

Degrees FRCP (Lond and Edin) Hon FRCPCH

regards Roger Verrier Jones

25/10/2005

Lois Reynolds

From: RVerrierjo@aol.com

Sent: 25 October 2005 10:28

To: ucgarey@ucl.ac.uk

Subject: Re: Witness Seminar: corticosteroids : biographical note, urgent : 24/10/05

Yes, I retired in 1999

regards Roger Verrier Jones

25/10/2005

Dr Roger Verrier Jones: There were two maternity hospitals in Cardiff, I worked in St. David's and John at the University Hospital of Wales Maternity Unit. The reason I am here is that Iain kindly asked me when he reminded of a Letter I had written to him in 1980, saying that we had done a retrospective study using steroids at St. David's and that the results seemed to be quite startling. Now we had started using steroids in I think the late 1970s, based on the works of Liggins and Avery. Our obstetricians were fairly conservative so not all premature pregnancies were given them. However we were able to look, retrospectively, 47 babies of which 11 had steroids and 36 did not. The mortality rate was zero in the steroid group and 28 percent in the non steroid group. The incidence of RDS was 18 percent in the steroid group and 59 percent in the non steroid group. On that basis we continued to use steroids in premature births. Later on the increasing use of surfactants meant that steroids were not used so often.

Version I sent to Dr Christie



The Wellcome Trust Centre for the History of Medicine at University College London

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Professor Gavin Vinson
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d.christie@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: +44 (0) 20 7679 8125
Fax: +44 (0) 20 7679 8193

24 March 2004

Dear Professor Vinson

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004 2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15 June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history.

We have drawn up a list of possible participants, including clinicians and representatives from relevant organisations, and would like to include physiologists/endocrinologists from the 1960s and early 70s. Sir Graham Liggins is unable to attend but we hope to have Marc Keirse to introduce his work. I am writing to ask if you might be able to help with names of scientists, particularly those who were involved in the work on sheep during the 1960s.

I do hope you will be able to help.

I look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

Wendy Kutner

From: Dr Daphne Christie [d.christie@ucl.ac.uk]
Sent: 30 March 2004 11:12
To: Wendy
Subject: FW: Prenatal corticosteroids

Follow Up Flag: Follow up
Flag Status: Flagged

for the files

-----Original Message-----

From: Gavin Vinson [mailto:g.p.vinson@qmul.ac.uk]
Sent: 26 March 2004 15:51
To: d.christie@ucl.ac.uk
Subject: Prenatal corticosteroids

Dear Dr Christie,

Thank you for your letter of 24th March, and I found your proposal for a Witness Seminar on prenatal steroids etc most interesting. Unfortunately, I don't think I can help you directly too much regarding the early work - I know a lot more about how steroids are formed than their clinical actions. In this context there was a great deal of work in the 50s and 60s on steroidogenesis in sheep, mostly from the Florey Institute in the University of Melbourne. I am in more or less regular contact with Professor John Coghlan who was there at the time, and indeed directed the institute for a while. While his work was mostly on steroid secretion, his wife, Dr. Marelyn Wintour continues to work on the adrenal in fetal as well as in adult sheep. I suggest you might like to contact them with your request, and I am sure they will be able to point you in the right direction. Professor Coghlan's e-mail address is: coghlan@mail.vicnet.net.au - I don't have a separate address for Dr. Wintour. With best wishes for a successful symposium
Yours sincerely,

Gavin P. Vinson

--
Professor Gavin P. Vinson
Biological Sciences,
Queen Mary, University of London
Mile End Road,
London E1 4NS

Tel: +44 (0)20 7882 6330
Fax: +44 (0)20 8983 0973

Wendy Kutner

To: g.p.vinson@qmul.ac.uk
Subject: Witness Seminar: Prenatal corticosteroids

Dear Professor Vinson, Thank you very much for your helpful e-mail and contact e-mail address for Professor Coghlan and his wife, Dr Wintour. I will contact them both.
Yours sincerely, Dr Daphne Christie

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
for the History of Medicine at UCL
Euston House
24 Eversholt Street
LONDON NW1 1AD

Tel: 020 7679 8106
Fax: 020 7679 8193
w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

Dr Tilli Tansey

From: Mitchell ,Ms Collette [c.mitchell@wellcome.ac.uk]
Sent: 16 February 2004 14:23
To: ucgatl
Subject: RE: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Dear Tilli

When you confirm a date for the meeting, please could you let me know as Mark Walport would like to attend if possible.

Thanks very much

Collette

Collette Mitchell
PA to the Director
The Wellcome Trust
183 Euston Road
London NW1 2BE
Telephone: +44 (0)20 7611 8422
Fax: +44 (0)20 7611 8735
mailto:c.mitchell@wellcome.ac.uk

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-----Original Message-----

From: Dr Tilli Tansey [mailto:ucgatl@ucl.ac.uk]
Sent: Thursday 12 February 2004 12:22
To: Iain Chalmers; Daphne Christie (E-mail); Tilly Tansey (E-mail)
Cc: Mitchell ,Ms Collette
Subject: RE: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

dear Iain,

Many thanks for this suggestion - I'm sorry for the delay in replying - this is largely due to problems that we have been experiencing with the organisation of our next planned meeting at the end of March. I am now satisfied that our co-organisers are not at the stage they should be, and have therefore decided to cancel it. This means that we can take up your suggestion in this academic year, and hold such a meeting in a few months' time. I'll ask Daphne to contact you about dates etc, and perhaps we can meet when I get back from Australia, as there are a number of things I'd like to ask you about the James Lind web-site.

best wishes tilli

Dr Tilli Tansey
Historian of Modern Medical Sciences/Convenor of the History of Twentieth
Century Medicine Group
Wellcome Trust Centre for the History of Medicine,
UCL, 24 Eversholt St, LONDON NW1 1AD
tel 020 7679 8124 (sec 8106); fax 020 7679 8193
<http://www.ucl.ac.uk/histmed>

-----Original Message-----

From: Iain Chalmers [mailto:ichalmers@jameslindlibrary.org]
Sent: 4 February 2004 11:21
To: Daphne Christie (E-mail); Tilly Tansey (E-mail)
Cc: Mark Walport (E-mail)
Subject: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth

Dear Tilly and Daphne

At my meeting with Mark Walport yesterday, we noted that Professor Graham Liggins had been in receipt of a grant from the Trust for his research on parturition in sheep during the 1960s. His observations led directly to the first randomised controlled trial of prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth (which was published in 1972).

Mark asked me to suggest to you that this would be a good topic for a Witness Seminar, hence this note. In all sorts of ways, it's an important story, not least because only when a systematic review of the RCTs was done did a consensus emerge that it was a lifesaving and cost-effective intervention. Unsurprisingly, it forms the basis of the Cochrane logo.

If you need any further input from me, I'd be happy to try to help.

With best wishes, Iain

This e-mail contains information intended for the addressee only. If you receive this e-mail in error, please contact the sender and delete the original from your system. There is no guarantee that any attachments to this e-mail are free of software viruses, and you are recommended to check for viruses before opening any attachments.

Wendy Kutner

To: c.mitchell@wellcome.ac.uk
Cc: Daphne Christie
Subject: Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Dear Collette, This is to confirm the above Witness Seminar will be held on Tuesday 15th June at 2pm - 6pm and hope that the date and time is in Professor Walport's diary. Professor Liggins will not now be attending, but Dr Mary Ellen Avery from Boston, will be attending and will represent Professor Liggins. We will be sending further material prior to the meeting. Wendy Kutner

Mrs Wendy Kutner
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www.ucl.ac.uk/histmed

Wendy Kutner

To: c.mitchell@wellcome.ac.uk
Subject: Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with pretermbirth

Dear Collette, Further to your e-mail to Dr Tilli Tansey, just to keep Professor Walport informed, we are hoping to hold the above Witness Seminar on Tuesday 15th June 2004. We have faxed Professor Sir Graham Liggins in New Zealand to see whether he would be prepared, in principle, to come over to London for the meeting. I will keep you updated with progress. Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
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w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

Wendy Kutner

To: Mitchell ,Ms Collette
Cc: ucgatlt@ucl.ac.uk; Daphne Christie
Subject: RE: Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Thank you for letting us know. We are sorry Professor Walport is unable to attend.
Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
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www.ucl.ac.uk/histmed

-----Original Message-----

From: Mitchell ,Ms Collette [mailto:c.mitchell@wellcome.ac.uk]
Sent: 16 April 2004 10:18
To: w.kutner
Subject: RE: Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Dear Wendy

Mark did very much want to attend this seminar but unfortunately it clashes with a meeting of our Board of Governors. Please can you pass on his apologies.

Kind regards

Collette

Collette Mitchell
PA to the Director
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London NW1 2BE
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-----Original Message-----

From: Wendy Kutner [mailto:w.kutner@ucl.ac.uk]
Sent: Tuesday 06 April 2004 15:37
To: Mitchell ,Ms Collette
Cc: Christie ,Dr Daphne
Subject: Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Dear Collette, This is to confirm the above Witness Seminar will be held on Tuesday 15th June at 2pm - 6pm and hope that the date and time is in Professor Walport's diary. Professor Liggins will not now be attending, but Dr Mary Ellen Avery from Boston, will be attending and will represent Professor Liggins. We will be sending further material prior to the meeting. Wendy Kutner

Mrs Wendy Kutner
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Professor Dafydd Walters FRCP FRCPC
Department of Child Health,
St George's Hospital Medical School
Cranmer Terrace
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Dr Daphne Christie
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1 April 2004

Dear Professor Walters

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004 2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15 June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history.

We have drawn up a list of possible participants, including clinicians and representatives from relevant organizations. We would like to include physiologists/endocrinologists from the 1960s and early 70s. Sir Graham Liggins is unable to attend but Dr Mary Ellen Avery has agreed to introduce his work. Tilli wondered whether you would be able to help with names of scientists, (preferably based in England, as we don't have the means to fund overseas travel) and if you would be interested in participating yourself.

I look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey



DE

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M

UNIVERSITY OF LONDON

Head of Department: Professor DV Walters FRCP

ack 16.4.04 ack 19.4.04

(w) please ack
+ add names to
grid
Thanks
Daphne

hospital

CRANMER TERRACE
LONDON SW17 0RETel: 020 8672 9944
Fax: 020 8725 2858Direct Line:
020 8725 5973Email:
d.walters@sghms.ac.uk6th April 2004

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey
The Wellcome Trust Centre for the
History of Medicine at
University College
24 Eversholt Street
London NW1 1AD

Dear Dr Christie

Thank you for your invitation to a meeting on Tuesday 15th June to one of your Witness Seminars. I would be delighted to attend although I feel I am a little on the young side to be very helpful.

On a separate sheet I have listed some Paediatricians and Obstetricians who would be worth approaching. I suspect you have many of them on your list already. If I think of anymore I hope you don't mind if I contact you again.

With many thanks.

Yours sincerely

D V Walters
Professor of Child Health



DEPARTMENT OF CHILD HEALTH

St. George's Hospital
Medical School

UNIVERSITY OF LONDON

Head of Department: *Professor DV Walters FRCP*

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6th April 2004

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey
The Wellcome Trust Centre for the
History of Medicine at
University College
24 Eversholt Street
London NW1 1AD

Dear Dr Christie

Thank you for your invitation to a meeting on Tuesday 15th June to one of your Witness Seminars. I would be delighted to attend although I feel I am a little on the young side to be very helpful.

On a separate sheet I have listed some Paediatricians and Obstetricians who would be worth approaching. I suspect you have many of them on your list already. If I think of anymore I hope you don't mind if I contact you again.

With many thanks.

Yours sincerely

D V Walters
Professor of Child Health

Paediatricians:

Professor Osmund Reynolds
72 Barrowgate Rd
Chiswick, London W4 4QU

(yes)

Professor Richard Olver
Maternal & Child Health Sciences
Ninewells Hospital & Medical School
University of Dundee
Dundee DD1 9SY

(not yet invited)

Professor Emeritus Peter Dunn
Division of Child Health
Southmead Hospital
University of Bristol
Bristol BS10 5NB

(no)

Obstetricians:

Professor Charles Rodeck
Department of Obstetrics & Gynaecology
86-96 Chenies Mews
London WC1E 6HX

Attended w/ seminar

(not yet invited)

Professor Denys Fairweather
37 Lyndhurst Avenue
Mill Hill
London NW7 2AD

Attended w/ seminar

(not yet invited)

Dr Alison Hislop
Developmental Vascular Biology
& Pharmacology Unit
Great Ormond Street Hospital NHS Trust
Great Ormond St
London WC1N 3JH



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Professor Dafydd Walters FRCP FRCPCH Prof of Paediatrics,
Department of Child Health,
St George's Hospital Medical School, Cranmer Terrace, Tooting,
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26 April 2004

Dear Professor Walters

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004, 2pm–6pm

We are delighted that you are able to attend the above meeting and are happy to tell you that plans are proceeding well. A copy of our publicity material is enclosed and I will be sending you a draft programme in due course. A full attendance list will be available at the meeting.

We will be asking some participants to "start the ball rolling" by saying a few words on specific subjects, as we like to prime a few people to lead off the discussions, although there will be ample opportunity to contribute throughout the meeting. We do not show slides or overheads at the meetings, as we wish to encourage informal interchange and conversation. If however, you would like any material to be available to the audience, we could photocopy a diagram or article for you, and leave a copy on every chair.

Please do not hesitate to contact either myself or Mrs Wendy Kutner 020 7679 8106 if you have any queries prior to the meeting.

We very much look forward to seeing you at the meeting.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

enc.



The Wellcome Trust Centre for the History of Medicine at University College London

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16 June 2004

Dear Professor Walters

**The Wellcome Trust History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity
and mortality associated with preterm birth**

May I say on behalf of The History of Twentieth Century Medicine Group and the co-organiser, how grateful we are to you for your contributions to yesterday's meeting? It really was a splendid occasion, and we hope that you enjoyed it as much as those of us who were observers.

As mentioned in previous correspondence and at the meeting, the taped proceedings of the meeting will now be sent for transcription, and we hope to have a draft manuscript to send you in about six months time for your comments. Ultimately we intend to publish an edited version of the proceedings, and you will be sent a copyright assignment form and final proof before publication.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

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1. NAME Professor Dafydd Walters FRCP FRCPCH

2. ADDRESS

Professor of Paediatrics, Department of Child Health
St George's Hospital Medical School
Cranmer Terrace, Tooting
LONDON SW17 0RE

3. WITNESS SEMINAR: Prenatal Corticosteroids for Reducing Morbidity and Mortality
15 June 2004

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I confirm that I am the author and legal owner of my contribution to the proceedings of the Witness Seminar and of any comments I may have made on any draft transcript ("my Contribution"), and I assign to the Trustee of the Wellcome Trust ("the Trust") the copyright in my Contribution.

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Signed.....

Dafydd V. Walters

Date.....

17 January 2005

Professor Dafydd Walters

BSc FRCP FRCPCH (b 1947) has been Professor of Child Health at St George's Hospital Medical School since 1994. He trained at University College London taking degrees in physiology and medicine. He worked later at University College Hospital & Medical School for twenty years in general paediatrics and neonatology as well as undertaking research into the maturation of the fetal lung. He worked with Professor John Clements at the CRVRI in San Francisco for a short time on pulmonary surfactant composition. He was Chairman of the Executive of the Physiological Society for 2002-2004 and is currently chairman of the Historical and Archives Committee of the Society.

Please edit if too long.

D.W.

DW's, only
alterations + queries are
on page 48

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY

The transcript of a Witness Seminar held by the
Wellcome Trust Centre for the History of Medicine at UCL,
London, on 15 June 2004

EDITED BY D A CHRISTIE AND E M TANSEY

Participants

Dr Mary Ellen (Mel) Avery

Sir Christopher Booth

Dr Peter Brocklehurst

Sir Iain Chalmers

Professor Patricia Crowley

Professor John Gabbay

Professor Harold Gamsu*

Dr Gino Giussani

Mrs Gill Gyte

Dr Stephen Hanney

Professor Jane Harding

Dr John Hayward

Dr Edmund Hey (Chair)

Dr Ian Jones

Professor Richard Lilford

Professor Miranda Mugford

Mrs Brenda Mullinger

Professor Ann Oakley

Dr Sam Richmond

Dr Roger Verrier Jones

Professor Dafydd Walters

Mr John Williams

*Died 2004

Chalmers: I just wanted to comment on some themes which have come up about extrapolation from data in animals and if you like physiological data, or physiopathological data in humans and observational data in humans. I think one of the most remarkable things about Auckland was that Mont and Ross went directly from hypotheses they had tested in animals to see whether they were relevant to women. One of the things that gets me really annoyed is people working with animals who generate hypotheses whether it's about brain damage in the long time or some other sorts of things, but then do not exercise the self-discipline which Mont Liggins and Ross Howie did. I am going to give you one example that I came across in Oxford and it may be a little bit improper to speak ill of the dead, but I am going to tell you an anecdote about Geoffrey Dawes. Geoffrey Dawes was one of the hubs of perinatal physiological research in this country, and we often had arguments together along the lines that I have just been complaining about. I had the impression that he was very annoyed that he didn't make the discovery that Mont Liggins and Ross Howie made and I remember him in the 1990s, by which time I had moved to the Cochrane Centre, ringing me up in some glee, saying that he had discovered that steroids, this is an observational study, steroids had an apparent association with the pattern of fetal breathing movements, which he was very interested in. So I said to him, 'So what? You have now a mass of data from women and babies, if you have a hypothesis that's worth testing in terms of the relevance of your observations to human health, then test it, using the data, the mass of data that's now available from human experiments'. But there is this incredible lack of self-discipline where people who know how to design experiments in

animals actually don't know how to design them in human beings. They don't know how to design them or analyse them, as we have been hearing as a consequence of the dangers of sub-group analyses coming from someone faced with a statistically non-significant effect on death as it happened in the US collaborative trial. And it's just an example of very considerable scientific ill-discipline which Ross and Mont showed how well you could avoid. That's all.

Walters: Having done a lot of work in the lab and also done some clinical trials, I ^{would} do lab work every time. It is very hard I think to do clinical trials because of the obstacles that are currently in our way, particularly in this country. I mean ethics committees, 60-page ethics forms, trying to get support from the institutions and even more European hurdles to get through even now, with having to record our clinical trials centrally. Also I think on a scientific basis, the variables in clinical trials are much more difficult to control than they are in the lab. So as a sort of humble physiologist trying to get into clinical work, give me the lab every time.

Avery: Just a note, [?] Mark Liggins spent a sabbatical in Geoffrey Dawes lab and specifically told Dawes that he would not allow anyone to do any work, even discuss, surfactants for the whole time that [?] Mark was there.



St George's
University of London

Medicine, Biomedical Sciences, Health and Social Care Sciences

*Thank you.
I have put in some corrections for
Leonard Strong's biography also on p 117. ✓*

DVW.

D V Walters Professor of Child Health
Child Health, Division of Clinical Developmental Sciences

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Walters

please see pages 21, 48, 114⁷

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY IN PRETERM BIRTH

The transcript of a Witness Seminar
Centre for the History of
on 15 June 2005

WALTERS

edited 2/6/05 ✓

Edited by L A Reynolds and E M Tansey

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printed: 3 August 2005

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11.8.05

Walters

please see pages 21, 48, 114⁷

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY IN PRETERM BIRTH

The transcript of a Witness Seminar held by the Wellcome Trust
Centre for the History of Medicine at UCL, London,
on 15 June 2004

Edited by L A Reynolds and E M Tansey

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printed: 5 August 2005

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PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY IN PRETERM BIRTH

Participants

Dr Mary Ellen (Mel) Avery
Sir Christopher Booth
Dr Peter Brocklehurst
Sir Iain Chalmers
Dr Patricia Crowley
Professor John Gabbay
Professor Harold Gamsu[†]
Dr Dino Giussani
Mrs Gill Gyte
Dr Stephen Hanney
Professor Jane Harding

Dr John Hayward
Dr Edmund Hey (Chair)
Dr Ian Jones
Professor Richard Lilford
Professor Miranda Mugford
Mrs Brenda Mullinger
Professor Ann Oakley
Dr Sam Richmond
Dr Roger Verrier Jones
Professor Dafydd Walters
Mr John Williams

Among those attending the meeting:

Professor Richard Beard, Dr Sheila Duncan, Professor Abby Fowden, Dr Anita Magowska,
Dr John Muir Gray, Professor Alison Macfarlane, Dr David Paintin,
Professor Maureen Young

Apologies include:

Professor Sir Robert Boyd, Dr Clive Dash, Professor Geoffrey Chamberlain,
Dr Pamela Davies, Professor Sir Liam Donaldson, Professor Peter Dunn,
Dr Jonathan Grant, Professor Aidan Halligan, Professor Mark Hanson,
Professor Ross Howie, Professor Frank Hytten, Professor Marc Keirse,
Professor Sir Graham Liggins, Dr Jerold Lucey, Professor Sally MacIntyre,
Dr Jonathan Mant, Professor Jim Neilson, Dr Cliff Robertson, Ms Barbara Stocking,
Dr Peter Stutchfield, Dr Peter Williams, Professor Mark Walport,
Professor Jonathan Wigglesworth

[†]Died 31 August 2004

Professor Dafydd Walters: Could you remind us of the gestation, the shortest gestation period of this group of babies?

Harding: Given a moment I could look it up, but from memory the youngest gestation was about 28 or 29 weeks, and the average gestation at delivery was around 35 weeks.

Walters: Time moves on, and obviously steroids are now used for much shorter gestation babies.

Hey: But most of the trial evidence was still based on the old data from the pre-ventilator days, and now we might say that all the data that showed that steroids saved lives antedates the arrival of surfactant. There hasn't been a trial done, as far as I know, looking at the additional benefit of steroids as well as surfactant.

Harding: Yes, there have. There have been at least four trials in the 1990s and I am sure Dr Crowley will talk about this. But the new Cochrane Review, which is in the process of being produced, will show clearly that the benefit is still there in the surfactant era, in the ventilator era and in the four randomized placebo control trials done in the 1990s.³²

Sir Iain Chalmers: Jane, I don't know whether you have tried to do this already, but it would be wonderful if these mothers and children that you are in touch with came to know just how important a contribution they have made to the history of perinatal care. If you haven't planned to do so already, could you think about letting them know that?

³² Four trials in the 1990s; new Cochrane Review.

Harding: We tried very hard to emphasize [??what?], this is part of our recruitment process, as you can imagine. Getting 30-year olds, who are busy with family and life and career and everything else, to come along and have fairly extensive testing is not easy, and we did spend a great deal of time and energy trying to explain to the participants and their mothers how important this trial was and how important it was to know what effect it may have in the long term. But as I think I have already alluded to, people were very, very positive about the whole experience of being involved in the trial, which really reassured me immensely about the consent process and the whole management of the trial.

Chalmers: You can tell them now they are formally part of history.

Harding: When we write to them, telling them the results of the follow up, we will do that.

Professor John Gabbay: We have been left with a slight impression that there was a wonderful element of serendipity with Mary Ellen's coffee room discussion, happening to bump into these people. I would like to test that by asking Mary Ellen if you could say why you chose to go to New Zealand, and why that conversation happened and how it came about that you were discussing that, because I suspect that it's not pure chance, and I would like to explore what led to that particular common interest being discussed there.

Avery: At the meeting in Christchurch, with Liggins in attendance, I had given the most boring paper I have ever given, describing the time of onset of a whole bunch of things that we could measure to map out the terrain of the maturation of different organs in the lamb, knowing that we were particularly interested in lambs. Why did we tumble to that? It was partly that Mont wanted information from sheep, some of which were different from what he

Chalmers: I want to comment on extrapolation from data in animals, pathophysiological data in humans, and observational data in humans. One of the most remarkable things about the Auckland story is that Mont and Ross went directly from hypotheses they had tested in animals to assess the relevance of the hypotheses to women and their babies. People working with animals who generate hypotheses – whether it's about brain damage in the long term or some other matter – too often fail to exercise the scientific self-discipline shown by Mont Liggins and Ross Howie. I'll give you an example. Geoffrey Dawes was one of the hubs of perinatal physiological research in this country.⁷⁴ He and I often had arguments about the behaviour that I have just been complaining about. I had the impression that he was very annoyed that he hadn't made the discovery that Mont and Ross had made. I remember how in the 1990s he telephoned me in some glee to say that he had discovered – in an observational study – that prenatal steroid administration was associated with a pattern of fetal breathing movements that he regarded as worrying. I said to him, 'So what? You have now a mass of data from women and babies. If you have a hypothesis that is worth testing in terms of the relevance of your observations to human health, then test it, using the mass of data that's now available from human experiments'. There is this bizarre lack of scientific self-discipline among people who know how to design experiments in animals, but actually don't know how to design, or even exploit, experiments in human beings.

⁷⁴ See biographical note on page xx. Sir Iain Chalmers provided an audiotape of the James Young Simpson Lecture given by Mont Liggins at the Silver Jubilee Congress of Obstetrics and Gynaecology in London, 4–7 July 1989, which will be deposited along with the records and tapes from this meeting in GC/253, Archives and Manuscripts, Wellcome Library, London. Sir Ian wrote: 'Liggins notes that Joseph Barcroft's work on fetal physiology was largely ignored by obstetricians until the mid-1960s, when Geoffrey Dawes' Nuffield Institute became the "hub of the universe" in terms of fetal physiology.' E-mail to Edmund Hey, copy to Tili Tansey and Daphne Christie, 17 April 2004.

Walters: Having done a lot of work in the lab and also done some clinical trials, I would do lab work every time. It is very hard I think to do clinical trials because of the obstacles that are currently in our way, particularly in this country. I mean ethics committees, 60-page ethics forms, trying to get support from the institutions and even more European hurdles to get through even now, with having to record our clinical trials centrally. Also I think on a scientific basis, the variables in clinical trials are much more difficult to control than they are in the lab. So as a sort of humble physiologist trying to get into clinical work, give me the lab every time.

Avery: Just a note, Mont Liggins spent a sabbatical in Geoffrey Dawes' lab and specifically told Dawes that he would not allow anyone to do any work, even discuss, surfactants for the whole time that Mont was there.⁷⁵

Hey: Well, that's straight from the horse's mouth.

Avery: One petty observation, but I couldn't resist.

Hey: I will just interject that in the Ross conference report that you mentioned in 1976, there are five papers from the US saying that they tried to do a trial

⁷⁵ Professor Mont Liggins wrote: 'I spent a sabbatical with Geoffrey in 1970 but I certainly made no such statement about surfactant. I can't imagine where Mel got that idea. It should be deleted unless it can be validated. I was aware of the suggestion about the relative efficacy of batamethasone and dexamethasone [see note 144]. I think the evidence deserves your critical comment. I recall that Peter Nathanielsz reported that beta was more active than dex in an effect on a kidney function (I think) in fetal sheep. I don't have the reference but I could get it from Peter if you would like me to.' E-mail to Professor Ross Howie, 11 January 2005. Prof Liggins wrote: 'Mel Avery's comment ... is news to me and I cannot imagine where she got this idea from. I had no reason to make such a statement. I think it should be deleted unless it can be validated.' E-mail to Dr Daphne Christie, 8 January 2005. See Nathanielsz P W. (1996) *Life Before Birth: The challenges of fetal development*. New York, NY: W H Freeman. First published by Prometheus Press, NY, 1992.

Deputy Director. She has been Director of the Social Science Research Unit at the University of London Institute of Education since 1990 and Professor of Sociology and Social Policy there since 1991. She has been involved in health services research for many years, and has a particular interest in the evaluation of social interventions, methodology, and the experiences of health service users.

Dr Sam Richmond

FCRP FRCPCH (b. 1949) graduated MB BS at Newcastle upon Tyne in 1972. Worked for various Non-Governmental Organizations in maternal child health in North Africa and Arabia from 1974 before returning to Newcastle in 1979 to train in paediatrics and neonatology. He has been a Consultant neonatologist at Sunderland Royal Hospital [Infirmery? District General Hospital?], since 1988. His research interests include the epidemiology of fetal abnormalities, neonatal screening and resuscitation at birth.

Professor Leonard Birnie Strang

FRCP (1925-97) trained in Newcastle, joined the Department of xxx at UCL in 19xx. His main research interest in clinical paediatrics was in the adaptation of the fetal lung to breathing air. He was President of the Neonatal Society from 19xx to 19xx and received the James Spence Medal of the Royal College of Paediatrics and Child Health. See Boyd (2000).

Dr Roger Verrier Jones

Xxx (b. 19xx) xxx

Professor Dafydd Walters

BSc FRCP FRCPCH (b. 1947) has been Professor of Child Health at St George's Hospital Medical School since 1994. He trained at UCL taking degrees in physiology and medicine. He worked later at University College Hospital Medical School in general paediatrics and neonatology from 19xx to 19xx, as well as undertaking research into the maturation of the fetal lung. For a short time he worked with Professor John Clements at the CRVRI [in full?] in San Francisco on pulmonary surfactant composition. He was Chairman of the Executive of the Physiological Society for 2002-04 and has been chairman of the Historical and Archives Committee of the Physiological Society since xxxx.

Mr John Williams

Xxxx (b. 1945) has been Consultant Obstetrician [and?] Gynaecologist at the [Countess?] of Chester Hospital, formerly Senior Registrar (Lecturer) at the University College Hospital of Wales, Cardiff, from xxxx to xxxx.

Professor Maureen Young

PhD (b. 1915) graduated in physiology from Bedford College for Women, where she worked from 1933 to 1938. She spent two years at a London Blood Transfusion Unit at the beginning of the Second World War and returned to teach at Bedford. Later she was one of the first women to join the staff of the Physiology Department at St Thomas' Hospital Medical School, London, after the war. She worked at the hospital for 36 years, later she was invited to join a research unit in Professor Philip Rhodes'

1974 to 1994

CVRI.
(Cardiovascular
Research
Institute)

2004 ✓
07/05

MDK
Paediatrics
63

81 84

Prenatal Corticosteroids for Reducing Morbidity and Mortality

Department of Gynaecology, and was given a personal chair in Perinatal Physiology in 19xx. She was one of the founder members of the Neonatal Society and was President from 1984 to 1987. See Christie and Tansey (eds) (2001). A copy of her letter to Dr David Gordon, Professor Osmund Reynolds and Dr Tilli Tansey, dated 26 April

1999, describing the changes in physiology and clinical practice at St Thomas' Hospital and UCL during the 1960s and 1970s, has been deposited with the records of volume 9 in GC/253, Archives and Manuscripts, Wellcome Library, London.

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19th March 2004

Dear Professor Wigglesworth

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

As you know, these seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



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21 April 2004

Dear Professor Wigglesworth

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 30th March 2004 2.00 pm – 6pm

We wrote to you on 19th March, inviting you to attend the above meeting. As we have not had a reply, but have been experiencing difficulties with our post, our original letter, or your reply, may therefore have gone astray. We enclose a copy of that letter and look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



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27 April 2004

Dear Professor Wigglesworth

The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004 2.00 pm – 6pm

We wrote to you on 21st April, enclosing our original invitation letter to the above meeting, but the date of the meeting on the reminder letter was incorrect. Please note that the date of the meeting is Tuesday 15th June 2004.

Yours sincerely

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey

Professor J S Wigglesworth MD, FRCPath, FRCPCH

Phelps House, Upper High Street, Castle Cary, Somerset, BA7 7AT

Tel. (+44) 1963-350360 FAX (+44) 1963-359001

Dr Daphne Christie

Senior Research Assistant to Dr Tilli Tansey

24 Eversholt Street

London NW1 1AD

3 May 2004

Dear Dr Christie


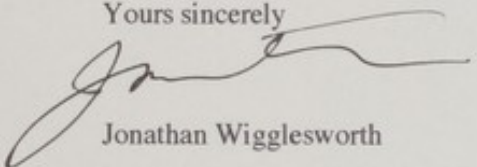
Welcome Seminar-Prenatal corticosteroids-----

I must apologise for not answering your invitation to attend this earlier but have recently been ill in hospital which has caused correspondence to pile up on my desk.

I do not in fact have anything to contribute on this subject as I was not concerned with any of the original trials on this and the use at Hammersmith was too haphazard to allow any conclusions to be drawn.

Best wishes for a successful seminar.

Yours sincerely



Jonathan Wigglesworth



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25 March 2004

Dear Mr Williams

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1 2BE. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

Sir Iain Chalmers has recommended that we invite you to this meeting and we would be delighted to have you join us.

These seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history. I enclose a copy of the introduction to the first volume of our published transcripts, which will tell you a little more about these seminars, and a flyer of our recent publications to illustrate the range of topics we cover.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.



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14/5/04

John, Best wishes,
Iain -

'Promoting better controlled trials for better health care'

CHESTER HEALTH AUTHORITY
CHESTER ROYAL INFIRMARY

OUR REF. JW/HJ

YOUR REF.

If telephoning or calling please ask for:

Gynae Secretary

ST. MARTIN'S WAY
CHESTER
CH1 2AZ
Telephone No.
CHESTER (0244) 315500

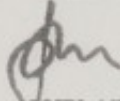
26th November 1982

Dear Dr Chalmers,

- 3 DEC 1982

I would be very grateful for your expert advice. I am currently having regular flak directed at me from our Paediatricians in Chester for not advocating the wholesale use of Dexamethasone in association with premature delivery. As you know of me from old I am extremely conservative in my approach to new ideas and I restrict the use of Dexamethasone to a very small number of patients. The more literature I read on the subject the more confused I am getting. I wonder if you in your capacity as an assessor of perinatal studies can come up with a hard line on the subject.

Yours sincerely,



JOHN WILLIAMS,
Consultant Gynaecologist

Dr Iain Chalmers, MRCOG,
Director National perinatal Epidemiology Unit,
Research Institute,
Churchill Hospital,
Oxford.

National Perinatal Epidemiology Unit

IC/LPM

Radcliffe Infirmary
Oxford OX2 6HE

PLEASE NOTE
CHANGE OF TELEPHONE
NUMBER

Tel: 0865 249891
Ext. 876

10th December 1982

(13a)

Mr John Williams
Chester Royal Infirmary
St Martin's Way
Chester
CH1 2AZ

Dear John,

Thank you for your letter asking about the use of glucocorticoid drugs prior to pre-term delivery. As you know, you are not alone in not using them. Alec Turnbull spoke at the consultants' conference earlier this week and said that he was not convinced there was any place for them in circumstances where intensive neonatal care could be offered.

I enclose a list of relevant controlled trials. As I understand things the main messages are:

- i treatment reduces the incidence of RDS in babies born following spontaneous pre-term labour prior to 34 weeks gestation if treatment is given at least 24-48 hours prior to delivery.
- ii treatment prior to elective pre-term delivery is not justified on current evidence.
- iii treatment given in conjunction with beta mimetic therapy can cause acute pulmonary oedema and occasionally kills mothers.
- iv no adverse effects have so far been detected in children exposed as fetuses.

I hope some of this may be helpful to you.

With best wishes for Christmas and 1983.

Yours sincerely,

Iain Chalmers



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21 April 2004

Dear Mr Williams

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth**

Tuesday 30th March 2004 2.00 pm – 6pm

We wrote to you on 25th March, inviting you to attend the above meeting. As we have not had a reply, but have been experiencing difficulties with our post, our original letter, or your reply, may therefore have gone astray. We enclose a copy of that letter and look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

encs.

Wendy Kutner

To: d.christie
Subject: RE: Witness Seminar June 15 2004

Dear Mr Williams, thank you for your reply. We are delighted you are able to attend. Sincere apologies for the incorrect date of the meeting in the heading, I thought I had altered it. The date for the corticosteroids Witness Seminar is 15th June 2004 as stated in the original invitation letter. Yours sincerely, Wendy Kutner

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
The Wellcome Trust Centre
for the History of Medicine at UCL
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Tel: 020 7679 8106
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w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

-----Original Message-----

From: Dr Daphne Christie [mailto:d.christie@ucl.ac.uk]
Sent: 27 April 2004 10:30
To: Wendy
Subject: FW: Witness Seminar June 15 2004

-----Original Message-----

From: johnwilliamsobgyn [mailto:johnwilliamsobgyn@doctors.org.uk]
Sent: 27 April 2004 09:26
To: d.christie
Cc: williams.john
Subject: Witness Seminar June 15 2004

Dear Dr. Christie,
Apologies for my late reply - I was awaiting confirmation from the RCOG regarding a Subspecialty Committee Meeting before I could agree. Many thanks for the invitation to attend on June 15 2004. I would be delighted to come.
Yours sincerely,
John Williams.

PS. Your reminder letter refers to "March 30 2004" but I have assumed this is an error.
JW.

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16 June 2004

Dear Mr Williams

**The Wellcome Trust History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity
and mortality associated with preterm birth**

May I say on behalf of The History of Twentieth Century Medicine Group and the co-organiser, how grateful we are to you for your contributions to yesterday's meeting? It really was a splendid occasion, and we hope that you enjoyed it as much as those of us who were observers.

As mentioned in previous correspondence and at the meeting, the taped proceedings of the meeting will now be sent for transcription, and we hope to have a draft manuscript to send you in about six months time for your comments. Ultimately we intend to publish an edited version of the proceedings, and you will be sent a copyright assignment form and final proof before publication.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey



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7 December 2004

Dear Mr John Williams

Witness Seminar: Prenatal Corticosteroids for reducing Morbidity and Mortality

I enclose a draft transcript of the Witness Seminar on 'Prenatal Corticosteroids for reducing Morbidity and Mortality' to which you contributed. We intend to publish a version of the transcript in November 2005 under the auspices of the Wellcome Trust Centre for the History of Medicine at UCL.

I would be most grateful if you could check your own contributions for general sense, accuracy and typographical mistakes. We do not encourage extensive alterations, as the purpose of these publications is to retain the freshness and informality of the meeting. However, any additional information can be added as a footnote and you may like to suggest such material. Please mark all corrections clearly on this copy and return it to me by **Monday 10 January**. Earlier published volumes in the series can be viewed on our website, www.ucl.ac.uk/histmed/witnesses.html

If you would like to comment on any other part of the transcript, other than the corrections to your own contribution, please feel free to do so.

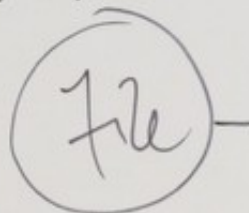
- Please provide a 2-3 sentence biographical piece for inclusion in the notes at the end of the volume including year of birth and dates of major appointments.
- Please sign and return the standard form assigning copyright to the Wellcome Trust.
- Please let us know if you do not want your name included in our twice-yearly marketing mailings.
- We would like to include illustrations of early work in the volume. If you have any suitable images or figures, please include these with the pages. They will be carefully scanned and returned in protective packaging.
- A final proof version, incorporating the changes made by all the participants, added footnotes, and any queries will be sent to you in **September 2005** for return within a week. **At this stage only minor corrections, such as those of a typographical nature, will be possible.**

The tapes, earlier versions of the transcript, and any additional correspondence generated by the editorial process, will be deposited in the Wellcome Library. A version of the transcript will also be mounted on the Wellcome Trust Centre's website shortly after publication.

I look forward to hearing from you.

Yours sincerely

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey



PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY

The transcript of a Witness Seminar held by the
Wellcome Trust Centre for the History of Medicine at UCL,
London, on 15 June 2004

EDITED BY D A CHRISTIE AND E M TANSEY

Participants

Dr Mary Ellen (Mel) Avery

Sir Christopher Booth

Dr Peter Brocklehurst

Sir Iain Chalmers

Professor Patricia Crowley

Professor John Gabbay

Professor Harold Gamsu*

Dr Gino Giussani

Mrs Gill Gyte

Dr Stephen Hanney

Professor Jane Harding

Dr John Hayward

Dr Edmund Hey (Chair)

Dr Ian Jones

Professor Richard Lilford

Professor Miranda Mugford

Mrs Brenda Mullinger

Professor Ann Oakley

Dr Sam Richmond

Dr Roger Verrier Jones

Professor Dafydd Walters

Mr John Williams

*Died 2004

actually paediatric versus obstetric issues in many centres that discouraged its use.

Mr John Williams: A humble obstetrician who is a recipient of the literature rather than a contributor. But I was developing during the era of these publications, and some of the things that struck me. The first was an oration by Sir Stanley Clayton in 1975 at the American Congress of Obstetrics and Oncologists, where he said that in his experiences^{as} the editor of the grey journal, *Commonwealth Journal* as it was then, how much rubbish was submitted for publication and he said that he wished that registrars didn't have to do research to get jobs, and it was time it was all stopped. That was the first thing that hit me. And I was then at a meeting in Cardiff where Cliff Robertson was speaking, and he seemed to be of the opinion that obstetricians shouldn't be treading on the toes of paediatricians, and that they were very good at looking after babies and we didn't need to interfere. And he went on to pour scorn on quite a lot of the uncontrolled and poor publications, and again this struck me. And I said, 'Well, why were these published if they were such bad studies?', and he said, 'Well you know people having a glass of whisky and refereeing a paper, if it's somebody they know they will put it in, if it's not they won't put it in'. He was fairly scornful of the poor quality publications, and it gave the impression certainly in Cardiff that we shouldn't be using steroids. And that set me back a little way. The poor publications continued to come out and were very confusing. In fact I wrote to Iain saying 'what's going on here, I want to carry out best practice. Paediatricians where I was then working in Chester were very keen,

based on the original work that we should be using steroids, and I said well everyone else says it's rubbish. And it wasn't until the systematic reviews and the guidelines came out that we actually introduced it as an overall ^{practice}..., we gave it to certain selected patients, but not overall. I think that was a common view among obstetricians in this country in the non-academic world.

Dr Roger Verrier Jones: There are two hospitals in Cardiff, two maternity hospitals, and John worked in the other one. The reason I am here is that Iain kindly asked me because he reminded me of a letter that I wrote to him in 1980, saying that we had done a retrospective study using steroids in St Davids Hospital in Cardiff, and that the results seemed to be quite startling. Now we had started using steroids in I think the late 1970s, I am not 100 per cent certain, based on the work that Liggins and Avery and others had done, and we were using steroids, although our obstetricians, in particular Joan Andrews, were relatively conservative, but we were using. I did a retrospective study, which I sent up to Iain and by then he had moved from Cardiff to the National Perinatal Epidemiological Centre in Oxford and the third figure seemed to be quite striking, in that we looked at 47 babies of which 11 had steroids and 36 didn't. The mortality rate was 0 in the steroid group and 28 per cent in the control group. When you looked at the incidence of RDS, the incidence in the steroid group was 18 per cent and in the control group 59 per cent. So on the basis of that certainly in St Davids Hospital, John you worked in the UHW, the University Hospital, we were using steroids, and continued to use them, but my memory is

in 1965, then Senior Lecturer, Reader in Paediatrics and Director of the Neonatal Unit, 1979, and in 1994 Professor of Neonatology, later Emeritus. He established the London Perinatal Group in the 1970s, later known as the Thames Regional Perinatal Group.

Dr Gino Giussani

Mrs Gill Gyte

Dr Stephen Hanney

Professor Jane Harding

Dr John Hayward

Dr Edmund Hey

FRCP (b. 1934) trained as a respiratory physiologist in Oxford and worked for the MRC with Kenneth Cross, Geoffrey Dawes and Elsie Widdowson for some years before moving to Newcastle to get a grounding in paediatrics in 1968. He returned briefly to London in 1973 as a consultant to set up a respiratory intensive care

service at Great Ormond Street Hospital, London, but returned to Newcastle in 1977 when the town's first neonatologist, Dr Gerald Neligan, died of leukaemia. Epidemiology and the conduct of controlled clinical trials have been his main research interests in recent years.

Professor Ross Howie

Dr Ian Jones

Professor Richard Lilford

Professor Sir Graham (Mont)
Liggins

Professor Miranda Mugford

Mrs Brenda Mullinger

Professor Ann Oakley

Dr Sam Richmond

Dr Roger Verrier Jones

Professor Dafydd Walters

Mr John Williams

JOB 26. 6. 45.
Consultant OB/GYN Countess of Chester Hospital
Formerly Senior Registrar (lecturer)
University Hospital of Wales. Cardiff.

Glossary

Note the use of bold for items in glossary

recd 20/12

THE WELLCOME TRUST
WITNESS SEMINARS
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1. NAME Mr John Williams FRCOG

2. ADDRESS
Countess of Chester NHS Trust
Liverpool Road
CHESTER CH1 2BQ

3. WITNESS SEMINAR: Prenatal Corticosteroids for Reducing Morbidity and Mortality
15 June 2004

4. ASSIGNMENT

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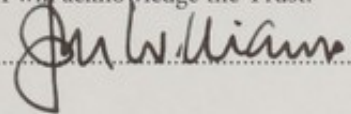
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Signed.......... Date.....9.12.04.....

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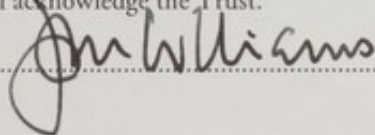
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Signed.....



Date.....

9.12.04



The Wellcome Trust Centre for the History of Medicine at University College London

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www.ucl.ac.uk/histmed • +44 (0) 20 7679 8100



Mr John Williams FRCOG,
Countess of Chester NHS Trust,
Liverpool Road,
CHESTER, CH1 2BQ

See change
of address

Lois Reynolds
l.reynolds@ucl.ac.uk
www.ucl.ac.uk/histmed

Tel: 020 7679 8123
Fax: 020 7679 8192

11 August, 2005

Dear Mr Williams,

Witness Seminar: Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth, 15 June 2004

Enclosed is the final proof of the transcript, *Prenatal Corticosteroids for Reducing Morbidity and Mortality in Preterm Birth* to which you contributed, for your final approval. Please note that only typographical corrections are allowed at this stage.

Please return your corrected proofs NO LATER THAN Wednesday, 7 September 2005 in the reply-paid envelope provided. Alternatively, if you have access to e-mail, please send any corrections to me at l.reynolds@ucl.ac.uk. If you think I could answer any queries over the telephone, I am also available between Monday and Thursday on 020 7679 8123.

Please look very carefully at your own contribution on pages 41-2, 76 and your biographical note on page 116 to check that the added footnotes are correct.

The transcript will be published by the Wellcome Trust Centre for the History of Medicine at UCL in November 2005 as volume 25 of *Wellcome Witnesses to Twentieth Century Medicine*. It will be freely available immediately as a downloadable Adobe Acrobat file from www.ucl.ac.uk/histmed following the link to Publications and as a hard copy ordered from www.amazon.co.uk for £6 and www.amazon.com for \$10, plus postage. A complimentary copy will be sent to you on publication.

We would also be grateful if you would suggest a journal, website or information group that might be willing to review this volume, or who might be willing to include a paragraph about it as a new publication.

Yours sincerely,

Lois Reynolds

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey

enc.Wit25 final, sae

email asking about dates at Countess of Chester
Corrected 29/9/05
Need 25/8/05 ask by email 1/9/05 checking new address.

Williams
Please find corrections as requested.

MB. Please now use my home address:-

The Spinkley Dickson Drive Newton CHESHIRE
CH22 8RZ

Suggested Journals to Review this:- B.J.O.G.
T.O.G.

(please see pages 41-42, 76, 116)

John Williams

PRENATAL CORTICOSTEROIDS FOR
REDUCING MORBIDITY AND MORTALITY
IN PRETERM BIRTH

The transcript of a Witness Seminar held by the Wellcome Trust
Centre for the History of Medicine at UCL, London,
on 15 June 2004

Edited by L A Reynolds and E M Tansey

-3 10.3.05; -4 7.07.05; -5 28.7.05; -6 4.8.05 (2nd);

printed: 5 August 2005

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spare pages removed 29/9/05
rechecked 29/9/05

please return by 7 Sept 05

11.8.05

PRENATAL CORTICOSTEROIDS FOR REDUCING MORBIDITY AND MORTALITY IN PRETERM BIRTH

Participants

Dr Mary Ellen (Mel) Avery
Dr Christopher Booth
Dr Peter Brocklehurst
Dr Iain Chalmers
Dr Patricia Crowley
Professor John Gabbay
Professor Harold Gamsu[†]
Dr Dino Giussani
Mrs Gill Gyte
Dr Stephen Hanney
Professor Jane Harding

Dr John Hayward
Dr Edmund Hey (Chair)
Dr Ian Jones
Professor Richard Lilford
Professor Miranda Mugford
Mrs Brenda Mullinger
Professor Ann Oakley
Dr Sam Richmond
Dr Roger Verrier Jones
Professor Dafydd Walters
Mr John Williams

Among those attending the meeting:

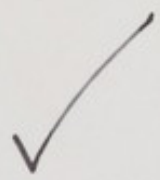
Professor Richard Beard, Dr Sheila Duncan, Professor Abby Fowden, Dr Anita Magowska,
Dr John Muir Gray, Professor Alison Macfarlane, Dr David Paintin,
Professor Maureen Young

Apologies include:

Professor Sir Robert Boyd, Dr Clive Dash, Professor Geoffrey Chamberlain,
Dr Pamela Davies, Professor Sir Liam Donaldson, Professor Peter Dunn,
Dr Jonathan Grant, Professor Aidan Halligan, Professor Mark Hanson,
Professor Ross Howie, Professor Frank Hytten, Professor Marc Keirse,
Professor Sir Graham Liggins, Dr Jerold Lucey, Professor Sally MacIntyre,
Dr Jonathan Mant, Professor Jim Neilson, Dr Cliff Robertson, Ms Barbara Stocking,
Dr Peter Stutchfield, Dr Peter Williams, Professor Mark Walport,
Professor Jonathan Wigglesworth

[†]Died 31 August 2004

Williams: For practising clinicians a new accelerating factor is the Clinical Negligence Scheme for Trusts which gives a discount in your insurance for a hospital if you are following evidence-based guidelines and can show that you have these in place. To actually achieve CNST grade-one status, you have to jump through a lot of hoops and it's all about practising evidence-based guidelines.¹³⁴ I think that's a new accelerating factor in the application of research into practice.¹³⁵



Gabbay: I like Richard's analysis at the end, but when you talked about the epistemological change I thought you were going to say something slightly different, which I would think is the case and that is that what people count as evidence and what we as researchers and members of the Cochrane collaboration may wish them to count as evidence may not be the same thing. I was very struck by the wonderful vignette earlier on from our colleagues in Wales, John and Roger, when they were faced with the dilemma of whether to move to using steroids or not, and what seemed to sway things in the first case that Roger described, was a very unscientific retrospective analysis of a case series, which was done locally and which was quite persuasive, and John was saying that it was probably as persuasive as the trials and systematic reviews that we as researchers would wish people to use.¹³⁶ So I just wanted to add to Richard's analysis that it's also a shift in what people count as legitimate evidence and the kind of mechanism that John has just described, where it has to be scientifically based evidence in order to get your brownie points and get more money or whatever it is you are after.

¹³⁴ For further details of the scheme, see www.nhs.uk/Claims/Schemes/CNST/ (visited 5 August 2005).

¹³⁵ For a review of this field, see Hicks N R, Mant J. (1997) Using the evidence: putting the research into practice. *British Journal of Midwifery* 5: 396-9. See also Mant J, Hicks N R, Dopson S, Hurley P. (1999) Uptake of research findings into clinical practice: a controlled study of the impact of a brief external intervention on the use of corticosteroids in preterm delivery. *Journal of Evaluation in Clinical Practice* 5: 73-9.

¹³⁶ See page xx for a correction on the case of St David's Hospital (near note 140).

Maybe part of the mechanism we need is to shift people's views of what evidence is, because in the work I have been doing, watching clinicians using evidence, stories, anecdotes, personal experience, and of course what the great and the good around you are saying – local opinion leaders – counts at least as much as what we as rational scientists, would like them to use as evidence.¹³⁷ I would like to hear more about that interaction between different forms of evidence in people's minds as they develop their policies.

Mugford: I have an anecdote to add to John's point, to the strength of it. When James Piercy and I went to the Department of Obstetrics in Oxford, at the end of his dissertation period, to present our economic modelling, Professor Alec Turnbull was in the audience and he was very gracious and kind and very gentle with us as young researchers, but at the end of all the questions from midwives and neonatal nurses and house officers, he stood up and said but of course this is all, I cannot remember his exact words, and I won't even try to do it, but he very gently poured a lot of cold water on it, because we hadn't taken account of the effect on women, and the increase in risk of infection in women. And so I bowed to his authority, I couldn't deny it, but I said as far as I knew the systematic review had not shown any effect in that respect, but I wasn't confident enough. So that the general mood of the audience I think at the end was that the authority was that what we had done had been a bit of a waste of time.

Chalmers: Alec Turnbull was Professor of Obstetrics and Gynaecology in Oxford at the time. He was also one of the people looking at the maternal mortality experiences for the report on *Confidential Enquiries into Maternal Deaths*.¹³⁸ I know that he was very influenced by a particular case, a woman who had died of septicaemia, who had received corticosteroids, and I think that

¹³⁷ Gabbay and le May (2004).

¹³⁸ Department of Health and Social Security (DHSS) (1986).

their toes. It was actually paediatric versus obstetric issues in many centres that discouraged its use.

Mr John Williams: I am a humble obstetrician, who is a recipient of the literature rather than a contributor, but I was developing [working??] during the era of these publications, and here are some of the things that struck me. The first was an oration by Sir Stanley Clayton [President of the Royal College of Obstetricians and Gynaecologists, 1972-75] in 1975 at the American Congress ~~[?College?]~~ of ~~Obstetrics and Gynaecologists~~ ~~[?Obstetricians and Gynecologists??]~~, where he said that in his experience as the editor of the grey journal, the *Commonwealth Journal* as it was then, how much rubbish was submitted for publication.⁶⁰ He wished that registrars didn't have to do research to get jobs, and it was time it was all stopped. That was the first thing that hit me. And I was then at a meeting in Cardiff where Cliff Robertson spoke, and he seemed to be of the opinion that obstetricians shouldn't be treading on the toes of paediatricians, and that they were very good at looking after babies and we didn't need to interfere. He went on to pour scorn on quite a lot of the uncontrolled and poor publications, and again this struck me. I said, 'Why were these published if they were such bad studies?', and he said, 'You know, people having a glass of whisky and refereeing a paper, if it's somebody they know they will put it in, if it's not they won't'. He was fairly scornful of the poor quality publications, and it gave the impression certainly in Cardiff that we shouldn't be using steroids. And that set me back a little way.

The poor publications continued to come out and were very confusing. In fact I wrote to Iain [Chalmers] asking what was going on: 'I want to carry out best practice.' Paediatricians where I was then working in Chester were very keen that we should be using steroids based on the original work, and I said that everyone else says it's rubbish. And it wasn't until the systematic reviews and

⁶⁰ Was this published?

Yes it was published in the British Journal of Obstetrics & Gynaecology⁴¹ in 1975 / American Journal of Ob/Gyn. But I can't find the reference on Medline. Ordered 29/5/05

the guidelines came out that we actually introduced it as an overall practice, we gave it to certain selected patients, but not overall. I think that was a common view among obstetricians in this country in the non-academic world.

Dr Roger Verrier Jones: There are two hospitals in Cardiff, two maternity hospitals, and John worked in the other one. The reason I am here is that Iain kindly asked me because he reminded me of a letter that I wrote to him in 1980, saying that we had done a retrospective study using steroids in St David's Hospital in Cardiff, and that the results seemed to be quite startling. Now we had started using steroids in the late 1970s, I think, I am not 100 per cent certain, based on the work that Liggins and Avery and others had done. We were using steroids, although our obstetricians, in particular Joan Andrews, were relatively conservative, but we were using them. I did a retrospective study, which I sent up to Iain, who by then had moved from Cardiff to the National Perinatal Epidemiology Unit (NPEU) in Oxford, and the third figure seemed to be quite striking, in that we looked at 47 babies of which 11 had steroids and 36 didn't. The mortality rate was zero in the steroid group and 28 per cent in the control group. When you looked at the incidence of RDS, the incidence in the steroid group was 18 per cent and in the control group 59 per cent. So on the basis of that certainly in St Davids Hospital, John [?Williams?] you worked in the [?University Hospital of Wales??] UHW, the University Hospital, we were using steroids, and continued to use them, but my memory is that as time went on and ventilation techniques got better, that the controversy about steroids seemed to be reduced and then surfactants came along, so that there wasn't a controversy about whether one should use steroids or not.

Hanney: The point was raised by Jane that Ross Howie felt about the attitude that there was in the UK. I don't know whether people here were at the earlier Witness Seminar on 'Neonatal Intensive Care' that was undertaken a few years ago, but exactly that point was made by somebody who felt that in the UK

Deputy Director. She has been Director of the Social Science Research Unit at the University of London Institute of Education since 1990 and Professor of Sociology and Social Policy there since 1991. She has been involved in health services research for many years, and has a particular interest in the evaluation of social interventions, methodology, and the experiences of health service users.

Dr Sam Richmond

FCRP FRCPCH (b. 1949) graduated MB BS at Newcastle upon Tyne in 1972. Worked for various Non-Governmental Organizations in maternal child health in North Africa and Arabia from 1974 before returning to Newcastle in 1979 to train in paediatrics and neonatology. He has been a Consultant neonatologist at Sunderland Royal Hospital [Infirmity? District General Hospital?], since 1988. His research interests include the epidemiology of fetal abnormalities, neonatal screening and resuscitation at birth.

Professor Leonard Birnie Strang

FRCP (1925-97) trained in Newcastle, joined the Department of xxx at UCL in 19xx. His main research interest in clinical paediatrics was in the adaptation of the fetal lung to breathing air. He was President of the Neonatal Society from 19xx to 19xx and received the James Spence Medal of the Royal College of Paediatrics and Child Health. See Boyd (2000).

Dr Roger Verrier Jones

Xxx (b. 19xx) xxx

Professor Dafydd Walters

BSc FRCP FRCPCH (b. 1947) has been Professor of Child Health at St George's Hospital Medical School since 1994. He trained at UCL taking degrees in physiology and medicine. He worked later at University College Hospital Medical School in general paediatrics and neonatology from 19xx to 19xx, as well as undertaking research into the maturation of the fetal lung. For a short time he worked with Professor John Clements at the CRVRI [in full?] in San Francisco on pulmonary surfactant composition. He was Chairman of the Executive of the Physiological Society for 2002-04 and has been chairman of the Historical and Archives Committee of the Physiological Society since xxxx.

Mr John Williams

~~Xxxx~~ (b. 1945) has been Consultant Obstetrician ~~and~~ Gynaecologist at the ~~Countess~~ of Chester Hospital, formerly Senior Registrar (Lecturer) at the University College Hospital of Wales, Cardiff, from xxxx to xxxx.

Professor Maureen Young

PhD (b. 1915) graduated in physiology from Bedford College for Women, where she worked from 1933 to 1938. She spent two years at a London Blood Transfusion Unit at the beginning of the Second World War and returned to teach at Bedford. Later she was one of the first women to join the staff of the Physiology Department at St Thomas' Hospital Medical School, London, after the war. She worked at the hospital for 36 years, later she was invited to join a research unit in Professor Philip Rhodes'

Department of Gynaecology, and was given a personal chair in Perinatal Physiology in 19xx. She was one of the founder members of the Neonatal Society and was President from 1984 to 1987. See Christie and Tansey (eds) (2001). A copy of her letter to Dr David Gordon, Professor Osmund Reynolds and Dr Tilli Tansey, dated 26 April

1999, describing the changes in physiology and clinical practice at St Thomas' Hospital and UCL during the 1960s and 1970s, has been deposited with the records of volume 9 in GC/253, Archives and Manuscripts, Wellcome Library, London.

Lois Reynolds

From: johnwilliamsobgyn@doctors.org.uk
Sent: 29 September 2005 22:00
To: Lois Reynolds
Subject: Re: Witness Seminar: Prenatal Corticosteroid

Dear Lois
my dates in Chester were 1980 - 2005 and I was in Cardiff from 197

>Dear Mr Williams,

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>your biographical note below. Hope all is well with you. Best wishes

>Lois

>

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>Registrar (Lecturer) at the University College Hospital of Wales, Cardiff,

>from 1997 to 1979.

>

>Mrs Lois Reynolds

>Research Assistant to Dr Tilli Tansey

>History of Twentieth Century Medicine Group

>Wellcome Trust Centre for the History of Medicine

> at UCL

>210 Euston Road,

>LONDON

>NW1 BE

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>Tel: 020 7679 8123

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>Fax: 020 7679 8192

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>Essential facts about burns and blast injuries:

><http://www.doctors.net.uk/burnsandblasts>

>

>

>

>

WILLIAMS

edited 2/6/05

From: johnwilliamsobgyn@doctors.org.uk
Sent: 29 September 2005 22:00
To: Lois Reynolds
Subject: Re: Witness Seminar: Prenatal Corticosteroids : final query

Dear Lois
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Fax: +44 (0) 20 7679 8193

1 April 2004

Put now
as
apology

History of Twentieth Century Medicine Group
Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth

Tuesday 15 June 2004
2.00 pm – 6.00 pm

We're organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004.

Much of the early scientific work was done by (Sir) Graham (Mont) Liggins from the mid 1960s to the mid 1970s, and was, I believe, supported by the Trust. Colleagues there are currently trying to locate the relevant archival material, although because of the Data Protection Act, they may not be able to give me much information. I was wondering, because you were Director at the time, whether you have any memories of the grant applications and the development of the work? Would you like to attend the meeting? I know it's a little off your usual territory, but we'd be delighted to have you with us.

With best wishes

Yours sincerely

Dr Tilli Tansey
Historian of Modern Medical Science
Convenor of the History of Twentieth Century Medicine Group

Tilli

I gave Stan Peart the information I have
from the Annual Report of the Trust. For Thanks
for the invite. I doubt whether I'll make it
but wishes Pete.

1970-72 p 110
If they have any archives
 Surely they could find
it. I.



The Wellcome Trust Centre for the History of Medicine at University College London

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1 April 2004

Dear Peter

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Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
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Tuesday 15th June 2004
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Professor Maureen Young
4 Preston Close
Miller's Road
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CAMBRIDGE CB3 4RU

Dr Tilli Tansey
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Tel: +44 (0) 20 7679 8124
Fax: +44 (0) 20 7679 8193

1 April 2004

Dear Maureen

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004
2.00 pm – 6.00 pm**

The Wellcome Trust Centre's History of Twentieth Century Medicine Group is organising a Witness Seminar on 'Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth' on Tuesday 15th June 2004, from 2.00pm – 6.00pm, in The Wellcome Building, 183 Euston Road, London NW1. Dr Edmund Hey has kindly agreed to chair the meeting and Sir Iain Chalmers is assisting us in the organisation.

As you know, these seminars address issues of medical-historical interest in the latter half of the twentieth century, focusing on British contributions. We invite witnesses of particular events or developments to reminisce, discuss and debate between themselves, in a chairman-led meeting and with an audience of historians, scientists, clinicians and others, most of whom also contribute with questions, comments and their own reminiscences. The proceedings are recorded, transcribed and prepared for possible publication. Throughout we address questions such as "What was it like at the time?", "Why did things happen the way they did?" This is a particularly fruitful way of generating interest in, and providing material sources for, the study of significant events in recent medical history.

Continued/... Page 2

- 2 -

We are in the process of inviting senior scientists, clinicians, and representatives from relevant organisations to attend the meeting and hope to promote a lively discussion. I'd be delighted if you felt able to contribute to the meeting.

We will be providing further details in due course and would particularly appreciate, at this stage, suggestions of possible participants.

I look forward to hearing from you and do hope you will be able to accept this invitation.

Yours sincerely

Dr Tilli Tansey
Historian of Modern Medical Science
Convenor of the History of Twentieth Century Medicine Group

April 5th 2004

Dr Tilli Tansey
The Wellcome Trust Centre
for History of Medicine
University College
24 Eversholt St, London NW1 1AD

Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality associated with preterm birth

Dear Tilli

It was good to hear that you were organising yet another interesting Witness Seminar. I have always been fascinated in your present proposed subject, but feel that I might not contribute much. However, I know that Prof. Mary Ellen Avery might be in England around the time of your Seminar, June 15th, because we are in Germany together at a Surfactant meeting from May 31st-June 5th and she plans to stay in England until about June 16th. You are certain to know that she would be a great asset at any meeting connected with the new born. She has also been President of the AAAS! I shall, with other friends, be looking after her while she is in England.

It was good to be at your seminar last year on the Rh factor and to understand that all the work was done out of real interest – without any special funding outside the university! It was also good to see Pat Mollison and it brought back good memories of our work at the blood bank at Sutton in Surrey during WWII.

With very good wishes, yours sincerely,

Maureen

Maureen Young
4, Preston Close
Toft, Cambridge CB3 7RU
Tel 01223 263741
Email mauryoung@aol.com

Wendy.

Do you think this means
she would like to come,
but is too shy to say
so? As it would you
phoning her & saying Avery
will be coming, & she
may like to join us?

Wendy Kutner

To: mauryoung@aol.com
Cc: ucgatlt@ucl.ac.uk; Daphne Christie
Subject: Witness Seminar: Tuesday 15 June - Prenatal corticosteroids

Dear Professor Young, Thank you for your letter of 5th April addressed to Tilli. I have left you a telephone message today, but Tilli would very much like you to come to the Witness Seminar if you are able to make it. Professor Avery has accepted our invitation and will be attending and Tilli would like you to join her. I look forward to hearing from you. With best wishes, Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
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for the History of Medicine at UCL
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24 Eversholt Street
LONDON NW1 1AD

Tel: 020 7679 8106
Fax: 020 7679 8193
w.kutner@ucl.ac.uk
www.ucl.ac.uk/histmed

Wendy Kutner

From: MaurYoung@aol.com
Sent: 19 April 2004 12:35
To: w.kutner@ucl.ac.uk
Subject: Re: Witness Seminar: Tuesday 15 June - Prenatal corticosteroids

Dear Mrs Kutner

Thank you very much for your telephone message and email about joining you all with Prof Avery at this seminar. I look forward to being with you and will guide Prof Avery through London.

Good wishes, yours sincerely, Maureen Young

Wendy Kutner

To: MaurYoung@aol.com
Subject: RE: Witness Seminar: Tuesday 15 June - Prenatal corticosteroids

Thank you for your reply. We are delighted you will be attending and look forward to seeing you. Wendy

Mrs Wendy Kutner
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-----Original Message-----

From: MaurYoung@aol.com [mailto:MaurYoung@aol.com]
Sent: 19 April 2004 12:35
To: w.kutner@ucl.ac.uk
Subject: Re: Witness Seminar: Tuesday 15 June - Prenatal corticosteroids

Dear Mrs Kutner

Thank you very much for your telephone message and email about joining you all with Prof Avery at this seminar. I look forward to being with you and will guide Prof Avery through London.

Good wishes, yours sincerely, Maureen Young



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Professor Maureen Young,
4 Preston Close
Miller's Road
Toft
CAMBRIDGE CB3 4RU

Dr Daphne Christie
d.christie@ucl.ac.uk
www.ucl.ac.uk/histmed
Tel: +44 (0) 20 7679 8125
Fax: +44 (0) 20 7679 8193

26 April 2004

Dear Professor Young

**The Wellcome Trust's History of Twentieth Century Medicine Group
Witness Seminar: Prenatal corticosteroids for reducing morbidity and mortality
associated with preterm birth
Tuesday 15th June 2004, 2pm–6pm**

We are delighted that you are able to attend the above meeting and are happy to tell you that plans are proceeding well. A copy of our publicity material is enclosed and I will be sending you a draft programme in due course. A full attendance list will be available at the meeting.

We will be asking some participants to "start the ball rolling" by saying a few words on specific subjects, as we like to prime a few people to lead off the discussions, although there will be ample opportunity to contribute throughout the meeting. We do not show slides or overheads at the meetings, as we wish to encourage informal interchange and conversation. If however, you would like any material to be available to the audience, we could photocopy a diagram or article for you, and leave a copy on every chair.

Please do not hesitate to contact either myself or Mrs Wendy Kutner 020 7679 8106 if you have any queries prior to the meeting.

We very much look forward to seeing you at the meeting.

Yours sincerely

pp

Dr Daphne Christie
Senior Research Assistant to Dr Tilli Tansey

enc.

Wendy Kutner

To: MaurYoung@aol.com
Subject: RE: Witness Seminar June 15th Prenatal corticosteroids----

Dear Professor Young, thank you for your reply. We are looking forward to seeing you at the Witness Seminar and supper. Best wishes, Wendy

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
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for the History of Medicine at UCL
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-----Original Message-----

From: MaurYoung@aol.com [mailto:MaurYoung@aol.com]
Sent: 06 June 2004 18:50
To: w.kutner@ucl.ac.uk
Subject: Re: Witness Seminar June 15th Prenatal corticosteroids----

Dear Wendy Kutner

Forgive pause before my reply - we are just back from Germany. Delighted to join you for an early supper after the meeting next week. Prof Avery tells me that she had the message before she left the USA. Look forward, Maureen Young

Wendy Kutner

To: MaurYoung@aol.com
Cc: Daphne Christie; ucgatlt@ucl.ac.uk
Subject: RE: Witness Seminar June 15th Prenatal corticosteroids----

Dear Professor Young, further to our recent correspondence about the above meeting, Dr Tilli Tansey and Dr Daphne Christie would like to invite you to join them for an early supper at a local restaurant after the meeting. Supper should be finished by 9pm to give you ample time to return home. Please let me know on 020 7679 8106 or by e-mail w.kutner@ucl.ac.uk whether you are able to attend the supper. Yours sincerely, Wendy Kutner

Mrs Wendy Kutner
Secretary to Dr Tilli Tansey
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for the History of Medicine at UCL
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w.kutner@ucl.ac.uk
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-----Original Message-----

From: MaurYoung@aol.com [mailto:MaurYoung@aol.com]
Sent: 17 May 2004 10:35
To: w.kutner@ucl.ac.uk
Subject: Witness Seminar June 15th Prenatal corticosteroids----

Dear Mrs Kutner

Thank you for the programme of this seminar. I do hope to go along with Prof Avery - but if it is a very tight fit I will stay away!

Sincerely, Maureen Young

(w) - ho file

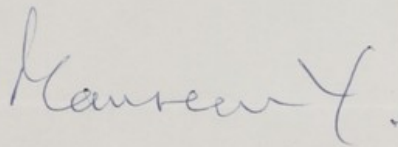
June 22nd 2004

Dear Tilli

I know that you are almost too busy to read anything unnecessary, but I thought I must write and thank you for including me in the audience of the Prenatal Corticosteroid Seminar last week; it is always very good to be with you all. Dr Avery was very thrilled by Dr Howie's appreciation of her early contribution to the subject.

Enough, have a wonderful time with Pavlov in Russia!

Very best wishes,

A handwritten signature in blue ink, appearing to read 'Maureen Y.' with a stylized flourish at the end.

Maureen Young
4, Preston Close
Toft, Cambridge CB3 7RU
Email mauryoung@aol.com

June 22nd 2004

Dr Daphne Christie
The Wellcome Trust Centre
for the History of Medicine
24 Eversholt Street
London NW1 1AD

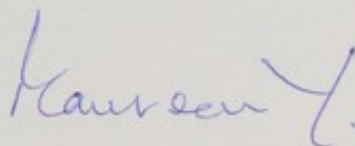
Dear Daphne

It was very good to be with you all again at the Wellcome Trust and thank you very much for including me in the audience at your Prenatal Corticosteroid meeting last week. Dr Hey was a wonderful chairperson and Dr Avery was very thrilled by Dr Howie's letter with the acknowledgement of her early contribution to the subject.

I had been with Dr Avery at a Surfactant meeting in Germany during the week before yours and noticed that she was a little 'hard of hearing' and got tired in the afternoons. She was anxious last Tuesday that she had not understood everything after the tea break, but I told her not to worry as you always sent each person a complete copy of the proceedings. Dr Avery has an incredibly busy life at home and I have suggested a little afternoon snooze when she can – like Churchill and Joe Barcroft – no success so far!

I enjoyed the meeting very much and it provided interesting physiological problems to think about. It is fascinating that a successful respiratory mechanism is developed at such different times in relation to the maturity of other organs in various species – and I understand that some are trying to link it with the mechanisms for the onset of labour – seems so obvious!

With very good wishes always



Maureen Young
4, Preston Close
Toft, Cambridge CB3 7RU
Email mauryoung@aol.com

opened 30/6/04

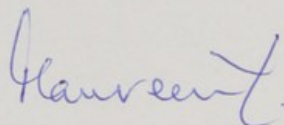
June 22nd 2004

Dear Wendy,

We missed you at the lovely supper after the Prenatal Corticosteroid Witness Seminar last week! Thank you very much for helping Dr Avery and myself before, during and after the meeting – we were very spoilt. It is certainly always most enjoyable being with you all at the Wellcome Trust's centre for the History of Medicine.

I was most impressed by Dr Hey's chairmanship of the meeting and would like to write to him about some of the physiological aspects which made me think! I would be grateful if you could email me his address at your leisure.

With very good wishes and thank you, again



Maureen Young
4, Preston Close
Toft, Cambridge CB3 7RU
Email mauryoung@aol.com

Wendy Kutner

To: Edmund Hey
Cc: Daphne Christie , tt
Subject: Professor Maureen Young

Dear Dr Hey, following the Witness Seminar on Prenatal Corticosteroids, Professor Maureen Young, who attended the meeting, has written asking whether she could write to you about some of the physiological aspects. She has asked for your e-mail address, but it is a Centre policy not to forward anyone's contact details without their permission. Professor Young's e-mail address is: mauryoung@aol.com. Perhaps you would be kind enough to e-mail her your address direct if you wish her to contact you. Thank you. I do hope your return journey to France went smoothly and you weren't too exhausted after all your travelling. With best wishes, Wendy Kutner

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www.ucl.ac.uk/histmed

Wendy Kutner

To: mauryoung@aol.com
Cc: Daphne Christie; ucgatl@ucl.ac.uk
Subject: Witness Seminar: Prenatal Corticosteroids

Dear Professor Young, I e-mailed Dr Hey yesterday, asking him to contact you by e-mail and copied Tilli and Daphne.

Could I please ask that any information or communications resulting from the meeting be sent to Daphne in the first instance and copied to Dr Hey in case we would like to use it in the publication of the meeting. Thank you. With best wishes, Wendy

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Lois Reynolds

From: Lois Reynolds [ucgarey@ucl.ac.uk]
Sent: 04 August 2005 12:34
To: MaurYoung@aol.com
Subject: Witness Seminar : Prenatal Corticosteroids, query

Dear Professor Young,

At the Witness Seminar on Prenatal Corticosteroids that you attended on 15 June 2004, Professor Mel Avery mentioned your work (see following paragraph). Could you suggest an appropriate reference for your work? Also, are there better citations for Barcroft and Barron, and Smith and Strang?

Hope you are well.

Best wishes from Lois Reynolds

Avery: ...

I was asked to give a personal point of view and I will tell you how I got into the act. The studies of sheep were initiated largely, I think, in this country, England, with Sir Joseph Barcroft and Don Barron also working with Maureen Young.(FN1) I was finishing a fellowship supported by the National Institutes of Health (NIH) from 1957 to 1959 and then a fellowship from the Markle Foundation. So I was set free. I decided to go to the UK, because I had been associated with Clement Smith and knew that he felt great fondness for English research and animal research in particular, and, of course, within a month that was followed by time with Leonard Strang at University College Hospital.(FN2)

FN1. See, for example, Barclay A E, Barcroft J, Barron D H et al. (1939) A radiographic demonstration of the circulation through the heart in the adult and in the fetus, and the identification of the ductus arteriosus. *Br. J. Radiol.* 12: 505-???. Barclay A R, Franklin K J, Pritchard M M. (1944) *The Foetal Circulation and Cardiovascular System, And the changes that they undergo at birth.* Oxford: Blackwell. Born G V R, Dawes G S, Mott J. C., et al. (1954) Changes in the heart and lungs at birth. In *Cold Spring Harbor Symposia on Quantitative Biology*, Vol. XIX. New York. Young M. (19xx) ??? [could you suggest an appropriate reference?]

FN2. Smith C A. (1945) *The Physiology of the Newborn Infant.* Springfield, IL: C C Thomas. Strang L B. (1977) *Neonatal Respiration: Physiological and clinical studies.* Oxford: Blackwell Scientific. For Professor Sir Robert Boyd's appreciation of Strang's work on the adaptation of the fetal lung to air breathing, see Christie and Tansey (eds) (2001): 16.

Mrs Lois Reynolds
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email: l.reynolds@ucl.ac.uk
Fax: 020 7679 8192
www.ucl.ac.uk/histmed/witnesses.html

The Wellcome Trust Centre is supported by the Wellcome Trust, a registered

charity, no. 210183.

Aug 9th 2005

Mrs Lois Reynolds
History of 20th C Medicine Group
Wellcome Trust Centre at UCL
210 Euston Rd
London NW1 BE

Dear Mrs Reynolds

It is always interesting to hear from the Wellcome!

Mel Avery certainly heard about the animal work in England from me but I told her after the meeting on 15th June 2004 that she was not correct in presuming that I had used the lovely preparations so soon in my career! I had been mostly associated with human babies by then, as you may have seen from the little summary I sent in after the meeting. So I think that "also working with Maureen Young should be" deleted, please. Regarding the references, I have listed the most useful ones below, ^{the} ~~mostly~~ reviews which contain ^{the} ~~the~~ whole stories. /,

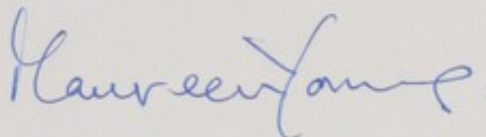
- FN1 Barcroft J (1946) Researches on pre-natal life. Blackwell Scientific Publications, Oxford.
Barron DH, Meschia G, Cotter JR & Breathnach (1965) The haemoglobin, oxygen, carbon dioxide and hydrogen ion concentration in the umbilical bloods of sheep and goats as sampled via indwelling plastic catheters. Quart. J Exper. Physiol **50**, 185-195.
Young M (1992) Classics Revisited: Researches on Pre-natal Life by Sir Joseph Barcroft Placenta **13**, 607- 612.

FN2 Your refs fine!

I am not very swift at typing refs so please forgive the letter rather than Email.

Very best wishes - especially for these enormous tasks!

Maureen Young
4, Preston Close
Toft, Cambridge CB3 7RU
Tel 01223 263741
Email mauryoung@aol.com



Lois Reynolds

From: Lois Reynolds [ucgarey@ucl.ac.uk]
Sent: 10 August 2005 16:27
To: mauryoung@aol.com
Subject: Witness Seminar: Prenatal Corticosteroids

*Avery transcript
posted 10/8/05.*

Dear Prof Young,

Thank you very much for your letter, which arrived this morning, along with your kind words.

May we include your comment about the 'lovely preparations' in the footnote along with the references you suggested? I'll send you a copy of the page in early September on my return from annual leave.

Also, I wonder the address we have for Prof Avery is suitable for her to receive our final proof, which we need to be returned by 7 September? I have asked her by email, but she might not be in Boston at this time. The two addresses we have are below and I would be grateful for your advice.

Best wishes from Lois

Children's Hospital Boston, 300 Longwood Avenue, Boston, MA 02115, USA

65 Grove Street, Wellesley, MA 02484 USA

Mrs Lois Reynolds
Research Assistant to Dr Tilli Tansey
History of Twentieth Century Medicine Group
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Young

Prenatal Corticosteroids for Reducing Morbidity and Mortality

understand now about the lung came from the combination of those interests, didn't it?

Dr Mary Ellen (Mel) Avery: I bring you a personal view of the discovery of aspects of maturation of the lung in the preterm infant by antenatal glucocorticoids. The story really begins, as you have noted, with Professor G C (Mont) Liggins, an obstetrician in Auckland. I am happy to acknowledge that he has been a most generous supporter and friend and we were in close touch during the 1960s and 1970s, when this story evolved.

I was asked to give a personal point of view and I will tell you how I got into the act. The studies of sheep were initiated largely, I think, in this country, England, with Sir Joseph Barcroft and Don Barron also working with Maureen Young.³ I was finishing a fellowship supported by the National Institutes of Health (NIH) from 1957 to 1959 and then a fellowship from the Markle Foundation. So I was set free. I decided to go to the UK, because I had been associated with Clement Smith and knew that he felt great fondness for English research and animal research in particular, and, of course, within a month that was followed by time with Leonard Strang at University College Hospital.⁴

³ See, for example, Barcroft J. (1946) *Researches on Pre-natal Life*. Oxford: Blackwell Scientific Publications. Meschia G, Cotter J R, Breathnach C S, Barron D H. (1965) The hemoglobin, oxygen, carbon dioxide and hydrogen ion concentrations in the umbilical bloods of sheep and goats as sampled via indwelling plastic catheters. *Quarterly Journal of Experimental Physiology and Cognate Medical Sciences* 50: 185-95. Young M. (1992) Classics revisited: Researches on Pre-natal Life by Sir Joseph Barcroft. *Placenta* 13: 607-12. Professor Maureen Young wrote: 'Mel Avery certainly heard about the animal work in England from me, but I told her after the meeting on 15 June 2004 that she was not correct in presuming that I had used the lovely preparations so soon in my career! I had been mostly associated with human babies by then.' Letter to Mrs Lois Reynolds, 9 August 2005.

⁴ Smith C A. (1945) *The Physiology of the Newborn Infant*. Springfield, IL: C C Thomas. Strang L B. (1977) *Neonatal Respiration: Physiological and clinical studies*. Oxford: Blackwell Scientific. For Professor Sir Robert Boyd's appreciation of Strang's work on the adaptation of the fetal lung to air breathing, see Christie and Tansey (eds) (2001): 16.

Sent to Mary
12/8/05
Wendy + Maureen

YOUNG

Prenatal Corticosteroids for Reducing Morbidity and Mortality

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Dr Mary Ellen (Mel) Avery: I bring you a personal view of the discovery of aspects of maturation of the lung in the preterm infant by antenatal glucocorticoids. The story really begins, as you have noted, with Professor G C (Mont) Liggins, an obstetrician in Auckland. I am happy to acknowledge that he has been a most generous supporter and friend and we were in close touch during the 1960s and 1970s, when this story evolved.

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My research fellows at Johns Hopkins set out to map the course of events in the developing fetal lung of the lamb, the animal of choice. I have often wondered why, and I think it's because babies and lambs are about the same

³ See, for example, Barclay A E, Barcroft J, Barron D H *et al.* (1939) A radiographic demonstration of the circulation through the heart in the adult and in the fetus, and the identification of the ductus arteriosus. *Br. J. Radiol.* 12: 505-???. Barclay A R, Franklin K J, Pritchard M M. (1944) *The Foetal Circulation and Cardiovascular System, And the Changes that they Undergo at Birth*. Oxford: Blackwell. Born G V R, Dawes G S, Mott J. C., *et al.* (1954) Changes in the heart and lungs at birth. In *Cold Spring Harbor Symposia on Quantitative Biology*, Vol. XIX. New York. Young M. (19xx) ??? [could you suggest an appropriate article?]

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TT - 10/8/05
yes use M Y's quote + send her page
on return, not deleting - same
as to Harvie + Liggins

sent to Mel Avery in Name + Wallace 12/8/05

Lois Reynolds

From: MaurYoung@aol.com
Sent: 04 November 2005 18:16
To: l.reynolds@ucl.ac.uk
Subject: Perinatal Glucocorticoids

Dear Mrs Lois Reynolds

I was delighted to read the pages you sent me of this most interesting Witness Seminar. It certainly stimulated a lot of afterthought for many. The whole discussion was fascinating and, most importantly, the place of animal research was given a good boost - perhaps those misguided antivivs should be told about it?

Page 5, footnote 3, line 5, 'by then' would be better as 'before 1960'.
The only other problem I picked out was on p 38, footnote 63, line 6; could "I know" be left out of the brackets? The date for my personal chair in Perinatal Physiology was 1975.

ask Trilli

7/11/05

Indeed, it is always a great pleasure, and honour, to be asked to 'remember' with you all at the Wellcome!

Yours sincerely, with good wishes, Maureen Young