LWMS news

SUMMER 2003

A quarterly look at activities in and around the Leicester Warwick Medical Schools

Inside Issue 5...

NEW STRUCTURE FOR LEICESTER MEDICAL SCHOOL

From 1st August this year the Leicester Medical School will be adopting a new structure that will help departments maximise their research strengths and take into account the increasingly inter-disciplinary nature of research projects and resources.

Its aim is to foster mutual research benefits and greater opportunities for collaboration within the departments that constitute the Medical School and, more widely, within the Faculty of Medicine and Biological Sciences. It will also encourage reciprocal research planning arrangements with the NHS.

To achieve this, staff in each of the new departments will be grouped together wherever possible, to strengthen their links, create opportunities for informal discussion and to share facilities. This will be accomplished over time, with the implementation of the NHS Pathway development and the construction of the University's new Biomedical Sciences Building.

This restructuring follows more than a year during which the Structures Working Group, set up by the Dean, Professor Ian Lauder, has been considering issues of research and resource needs and priorities.

Five departments are to be created to replace the existing departmental structure within the Medical School. They will be:

- Cancer Studies and Molecular Medicine: Robert Kilpatrick Clinical Sciences Building, Leicester Royal Infirmary
- Cardiovascular Sciences: Glenfield General Hospital
- Health Sciences: most of which will be at Leicester General Hospital on completion of the new site, due in 2007
- Infection, Immunity and Inflammation: Maurice Shock Medical Sciences Building and adjacent buildings on campus
- Medical and Social Care Education, Maurice Shock Medical Sciences Building, transferring to the Leicester General Hospital on completion of the new site

In addition to the five academic departments, related clinical divisions will also be set up. All staff in the Medical School will be a member of one of the academic departments and clinical staff will also be attached to the clinical divisions.

Professor Ian Lauder, Dean of LWMS, commented: "This restructuring is a major step for the Medical School. It is probably the most fundamental change that has taken place since the School was founded in 1971.

"The challenge is to deliver top quality research, whilst at the same time retaining our position as one of the very best Medical Schools, in terms of the quality of teaching and education. At present we have no fewer than thirty-two separate divisions and departments. This is incompatible with the obvious need for our research to be much more clearly focused and I firmly believe that the five new departments will have sufficient quality and volume to re-establish our position as a top research-led Medical School.

"In parallel with the establishment of the five new departments, we shall also establish a number of clinical divisions, which will be broadly similar to

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University of Leicester

THE UNIVERSITY OF WARWICK

NEW STRUCTURE

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the clinical directorates apparent within the University Hospitals of Leicester NHS Trust. The professional links to the NHS remain vitally important to us and we will obviously also need to link with Mental Health and Primary Care.

"The overall process of restructuring has been a long and difficult one for the Medical School but I am absolutely delighted that from 1st August 2003 the new arrangements will be put into full effect. I am very much looking forward to working closely with the new departmental heads and with the new clinical divisions."

Professor Stewart Petersen, Head of Department of Medical and Social Care Education

I am excited about this development because, in creating a Department for Education, the Faculty is recognising its importance. The Department will include some research relating to medical education, but our principal remit is in education. We will have four functions:

- ***To co-ordinate the undergraduate medical curriculum***
  We will continue to co-ordinate phase 1 & phase 2 of the curriculum, including the management of clinical placements and assessments.
- ***To provide basic medical science support for the curriculum***
  We will be responsible for the teaching of Anatomy and other basic medical sciences across the medical curricula.
- ***To provide education for students of Social Work***
  The School of Social work provides a postgraduate course for 50 Social Work students each year.
- ***To create a Professional Development Unit for health that builds on the particular advantages of association with a medical school and engages with the NHS modernisation agenda.***
  We have already organised Continuing Professional Development, but in the past this has been unco-ordinated and we want to draw it into our general framework and develop a range of courses geared to the needs of the NHS as well as provide new postgraduate qualifications. Dr Angela Lennox, Director of the Centre for Studies in Community Health Care and Senior Lecturer in Medical Education (Community), has been appointed, half-time, to lead this project.

Professor Nilesh Samani, Head of Department of Cardiovascular Sciences

Cardiovascular research has been a major strength of the Leicester Medical School since its inception. Its sustained excellence has been recognised by being specifically flagged in all the Research Assessment Exercises and in the 2001 RAE cardiovascular research at Leicester received a 5 rating. When considered together with the number of individuals submitted, Leicester ranked second only to Imperial in terms of the combined quality and quantity of its cardiovascular research. However, the research is spread across several current departments and sites, and this has to some extent restricted collaborative work and bidding for large multi-disciplinary programme grants.

Leicester is one of the few centres in the country where there is an excellent combination of basic and clinical research in the cardiovascular field. We need to build on this and the new Department will provide an important external focus in achieving this. The Department will have the new British Heart Foundation Chair (see news story, page 8), which comes with substantial funding of £1 million to set up the infrastructure.

Professor Will Steward, Head of Department of Cancer Studies and Molecular Medicine

I see this as an immense step forward. We have been a conglomeration of predominantly relatively small groups, and in order to be competitive in the new aggressive RAE environment, we have got to make the most of our resources and pull together, moving geographically close and building up more competitive research programmes.

This is especially important in cancer research. We are one of the only departments in the country not funded by Cancer Research UK and we have to use our resources to the maximum. Under the new structure we should be able to make credible applications to CRUK and similar charities.

It is not just Cancer research that should benefit from the formation of the new Department. Groups, including those from Pathology, Obstetrics and Gynaecology and Anaesthetics, will be able to form cross-specialty research groupings utilising each others' skills to strengthen the chances of success with grant applications.

We should be able to offer students more intercalated BSc opportunities and more MSc places on a wider variety of programmes.

Professor Peter Andrew, Head of Department of Infection, Immunity and Inflammation

For the last twenty years, research in infectious diseases and, latterly, in innate immunity, have been recognised as strengths of the University of Leicester. In the 2001 Research Assessment Exercise Infection and Immunity research at Leicester was rated as 5.

The new Department of Infection Immunity and Inflammation will be formed by over thirty staff drawn from the Departments of Microbiology and Immunology, Respiratory Medicine, Nephrology, Child Health, and Pre-Clinical Sciences. Our principal objectives are to underpin and concert the core of research excellence repeatedly recognised by external review and to attain the maximum proportion of staff operating at an international level.

We aim to achieve this through a combination of basic science and clinical programmes that take maximum advantage of an environment in which workers from all parts of the spectrum interact on a regular basis.

The new organisation has opened up our horizons and provided an environment in which the routes from basic research to clinical application and from clinical observation to basic scientific hypotheses can be clearly seen and realistically travelled.

Professor Richard Baker, Head of Department of Health Sciences

This restructuring is a landmark development in the history of the Leicester Medical School, and we must be ambitious and make sure it achieves its aims.

This Department has an important role to play across the Medical School, and we aim to strengthen our collaboration with other departments as well as developing strong internal teams. We will be building on an established record of research in the community, and the creation of the Department is an opportunity to become one of the leading units in this field.

I see our priority as building groups, not just concentrating on a few strong individuals. Staff need to develop their research output and work in strong groups. The groups now forming in the Department are based on strengths in areas that include biostatistics, genetic and clinical epidemiology, qualitative research, and experimental trials of health care interventions. Consequently, the Department is well placed to thrive in the increasingly competitive research environment.

WARWICK UPDATE

It's Phase II, but not as we know it ...

A consequence of the increasing number of students attending the Leicester Warwick Medical Schools has been the need to increase the number of placement providers within Phase II to give students access to essential clinical and community based experience. As this period of growth continues, there are knock on effects for how Phase II is run and changes must be made to ensure that the Schools can cope with these increasing demands. Students based at Warwick Medical School can't have helped but notice that these changes have already begun in terms of how their placements are arranged.

At the start of March 2003, the Warwick Medical School took over the organisation of the Clinical Methods Course (CMC) for Warwick based students. The eight week block is composed of three elements; General Practice, Hospital and Departmental teaching. The team are offering students the choice of location for the General Practice element. A student consultation session is also being run in every CMC block to gather qualitative feedback that will allow Warwick Medical School to work more closely with GPs and Hospitals to improve the students learning experience. Due to the success of this scheme it has been agreed to extend this to cover all Phase II allocations. It is hoped that by the end of this year all clinical attachments, whether General Practice or Hospital based, will be co-ordinated from Warwick Medical School for its own students. Planning is already gearing up to take on this new role.

The Phase II team is lead by Lara McCarthy (Assistant Registrar), Dr Rodger Charlton (Director of Undergraduate GP Medical Education) and Dr Colin Mcdougall (Phase II co-ordinator). Two newly appointed administrators Liz Winborn and Teresa Dowsing as well as a new GP placements secretary, Ann Evans, have joined the current team of administrative, clerical and lecturing staff.

Liz started at the Warwick Medical School in November 2002 and is responsible for the administration of Developing Interviewing Skills in the Consultation (DISC) in Phase I and the Clinical Methods Course (CMC) in Phase II. Liz emphasises the importance of the quality of the student learning experience and is working to improve the service provided to students by consulting with them, taking this feedback and working with GP tutors, GPs, and Hospital Co-ordinators to respond positively to this feedback.

Teresa started at the Warwick Medical School in early April 2003 and will be responsible for the administration of Hospital based clinical placements within Phase II at Warwick Medical School. Teresa comes to Warwick from Birmingham Medical School and has a good background in fostering working relationships with large numbers of stakeholders that contribute to medical education. She feels that the success of the Warwick's students' clinical experience will depend very much on facilitating and maintaining open communications between the School and its teaching partners and encouraging a team working approach between the School and its local Trusts.

This will be a challenge for all concerned at the Warwick Medical School but strengthening existing links and forging new ones to ensure good provision now and in the future is our ultimate aim. Both Schools anticipate another successful outcome for students learning experience as a result of these new relationships.

SENIOR APPOINTMENTS FOR WARWICK

Over the past few months a number of appointments have been made at Warwick Medical School. This is an exciting and vital development and lays the foundation for the future of the School. The enormous potential for teaching and research has brought together leaders in their field, who will all influence the University and Health Service for many years to come. The following are the key appointments:

- Professor Scott Weich, Professor of Psychiatry, has come to Warwick from the Royal Free Hospital, UCL, and his interests are in the epidemiology of common mental health disorders.
- Professor Margaret Thorogood, Professor of Epidemiology, has come from the London School of Hygiene and Tropical Medicine. Her research interests are in the epidemiology of cardiovascular disease, stroke and eHealth.
- Professor Sarah Stewart-Brown, Professor of Public Health, has come from Oxford and specialises in parenting and child development.
- Professor Donald Singer, Professor of Clinical Pharmacology, comes from St Georges Hospital Medical School, with research interests in cardiovascular disease.
- Professor Sudhesh Kumar, Professor of Medicine, Diabetes and Metabolism, has come from Birmingham and specialises in diabetes and obesity.
- Professor Sallie Lamb, Professor of Rehabilitation, has come from Coventry and her specialisms are rehabilitation and health technology assessment.

The most recent appointment is that of Professor Yvonne Carter, who will take up the post of Vice-Dean in October. Her research interests are in primary care and health services.

Letters

Leicester Medical School on the move?

Dear Editor,
The University of Leicester Development Plan and the Pathway Project both mention (very) briefly the Medical School moving to the Leicester General Hospital site, but neither takes the trouble to discuss the implications of such a move.

It is good for the medical school to have close links with hospital practice. However, I fail to see the benefit of relocating to the LGH just as its acute services are being moved elsewhere.

On the other hand, many scientific departments are involved in the medical course. A new building to accommodate them is to be built on the main university campus and more is planned. The University Development Plan states that even the Department of Anatomy will be staying put. Will medical students be shipped across on buses for their dissection sessions? Or will they be expected to make their own way across the city (paying their own travel expenses!).

One reason I chose Leicester Medical School was that it is part of a university. I feel that it is important that medical students have ready access to all the resources and opportunities that the University has to offer if they are to continue to be the broad-minded, well-rounded people that the medical school is so keen to select in the first place.

Andrew Packham
5th year student

The Editor replies:
Change involves some compromise. The key is to ensure the advantages outweigh any disadvantages. Fortunately the advantages are many. The intention is to have a state of the art education facility which will encompass medical, nursing and social care education; effectively a health sciences campus. It is this vision that has driven the project and is the key.

The re-organisation of the outpatient clinics will allow us to utilise these as a teaching resource in a way we have not been able to do in the past. We will be improving student facilities on all the other sites and of course we will retain strong links with the main campus. But you are correct, there are still challenges and we will strive to ensure the needs of the students are placed at the centre of the educational developments.

Timetable Trouble

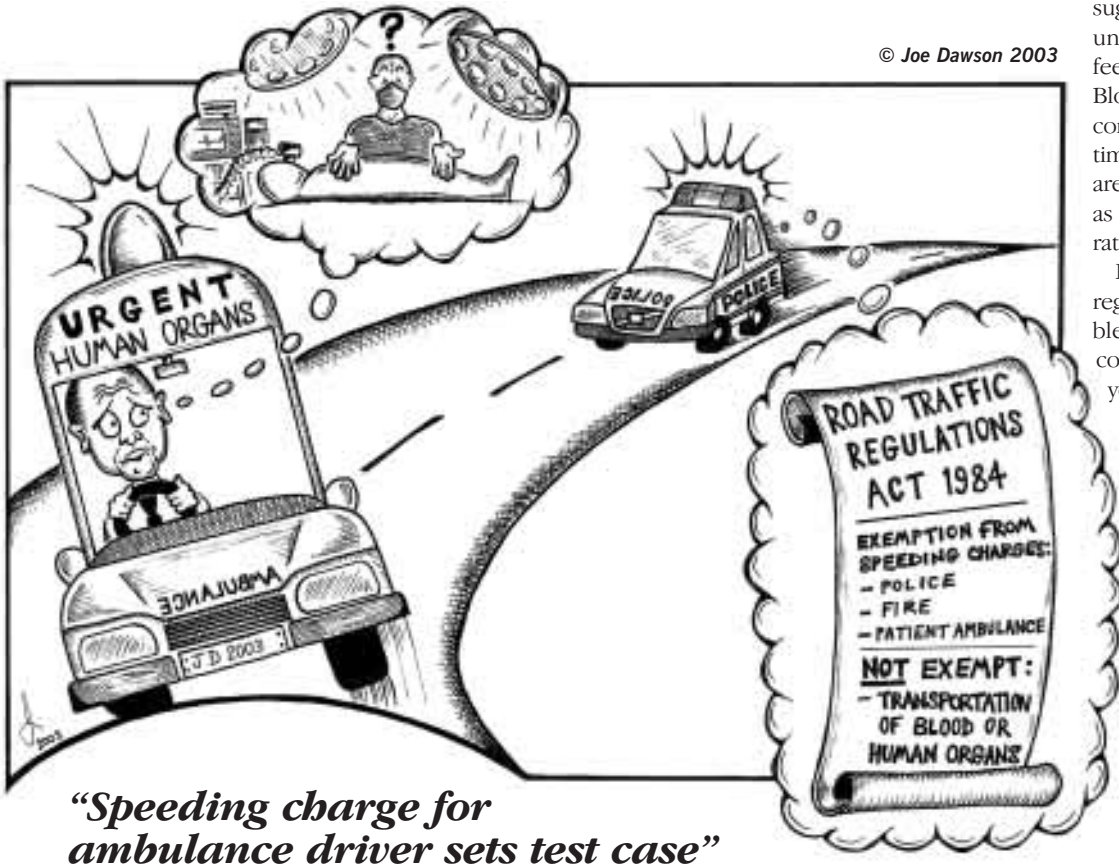
In reply to: Paul Arkless's letter in Issue 4 ("Timetable Trouble") Val Harvey, Senior Undergraduate Co-Ordinator writes:
Dear Paul,
I am sorry you have had such problems with your timetable. Both I and my fellow undergraduate co-ordinators, Rob Marsden at the LGH and Jennifer Kerry at the GGH, are happy to make improvements where possible and have taken on board your suggestion that students give the undergraduate co-ordinators feedback at the end of each Block. At present we ask the consultants to let us have their timetable amendments, but they are extremely busy people, and, as you have pointed out, can be rather elusive.

I do sympathise with you regarding first-day teething troubles on the Ward, and any constructive suggestions you, or your fellow students, may have to ease this transition will be listened to.

I can't promise that your consultant will remember your name but we will do our best to give you a leg-up, – perhaps you could try ironing your white coat – it might help!

Please contact Rob, Jennifer or myself – we know who you are – and we are here to help you.

Val Harvey
Senior Undergraduate Co-Ordinator
var5@le.ac.uk



"Speeding charge for ambulance driver sets test case"
– The Guardian, Tuesday May 27 2003

A First for the Medical School

Raman Verma holds a unique place in the Medical School. He is the first Leicester Warwick medical student to take an MBPhD.

His intercalated BSc project was in Professor Bryan Williams' laboratory in the Cardiovascular Research Institute, and his current research continues in the same field. Raman is investigating the causes of heart disease involving ageing in the endothelial process. He is particularly interested in the effects that high glucose can have, and is looking at links between diabetes and cardiovascular disease, as well as repair to DNA damage, and oxidized lesions.

Together, Professor Williams and Raman have blazed the trail in establishing a research-based degree offering a higher-level medical qualification for those who have done exceptionally well in their intercalated BSc.

The decision to take an MBPhD has meant a lot of hard work and some sacrifices for Raman and it was not a choice he made lightly, though circumstances meant he had to make it quickly. He said: "The general consensus was that it would be a good thing for the future. Also, I had worked with Professor Williams' research team already for a year, so I felt comfortable in taking it on."

Raman Verma (right) and Professor Williams

This last fact is vital in Professor Williams' opinion. "MBPhD research should follow on from something the student has done, or there will be no time to complete the work," he said.

"Supervisors must know the student well in order to judge whether or not the project will work, and be absolutely confident that the student can achieve it. You also need a focused area of research which will develop in a positive way."

Professor Williams holds weekly research meetings, believing that being part of a clinical team is important if the student is not to feel detached from clinical issues. Completing in two years would not be possible without this kind of support and without the department's help.

Raman said: "It is very demanding in terms of time. You have got to be dedicated, given that you have to get things done in a shorter time span than other students. Just taking a medical degree is hard work and this is even more so. But it is also very rewarding, although like any other job you have frustrating days when the research doesn't seem to be going well."

One of the major considerations future MBPhD students will have to consider is funding. Once de-registered as an undergraduate, students cannot expect support from their Local Education Authorities until they re-register two years later for the final two years of their medical degree.

The Cardiovascular Research Institute has produced £22,000 from Professor Williams' research budget to finance Raman's PhD and to pay him a small stipend. But Professor Williams feels strongly that if the University wants to encourage talented students to fulfil their potential in this way it has to establish scholarships to meet these costs. Otherwise potentially good students from departments with no spare budget will be unable to contemplate taking an MBPhD.

[The MBPhD] is very demanding. You have got to be dedicated... but it is also very rewarding.

"We should invest in the top students in order to keep them. There will be very few who are capable of going on to do this. Raman has done a great job and his research will be good for the School."

In spite of the financial implications and the fact that Raman's student contemporaries will have left the University at least two years before he does, he has no regrets, and is on target to finish writing up before the start of his return to undergraduate life.

Professor Williams, also, has no regrets. "Raman has done extremely well," he said. "His research will be published in high impact journals. It will form the basis of further work in the lab and we will take this forward. It has been a success."

- *In future the Cardiovascular Research Institute will be setting up a website to help students and staff who would like to know more about the MBPhD.*

STUDENT ELECTIVES 2002 – two perspectives

The Practice of Medicine in a Remote Area

Orkney 2002

I wanted to see what it would be like to work as a rural GP where it is difficult to get quick access to secondary care and where you need a wide variety of clinical skills. I found this has a big effect on the way decisions are made, the use of clinical skills and the different priorities it raises from those of an inner city.

I was struck by how small the hospital was – 96 beds, four wards, staffed by two surgeons – yet what a large responsibility it has. It seemed to be practising the medicine of an acute hospital with varied and complex problems yet with the atmosphere of a cosy cottage hospital.

I was mainly based with Skerryvore practice in Kirkwall, with three full-time GPs and one part-time. With 27 GPs, Orkney has more doctors per head than in any other part of the UK. Healthcare provision is firmly rooted in primary care, so the relationship between patient and GP is all the more important.

While there are no long waiting lists or pressures on beds, a shortage of experts can mean a reluctant trip to Aberdeen, and sometimes specialist consultants need to fly in to deal with particular problems.

Being in Orkney was a refreshing experience. The concerns of doctors are so different because of the isolation and geography. I feel I have been able to experience an old-fashioned style of medicine, where doctors have more time for their patients and there are beds in the hospital when needed, but no immediate access to all the latest technology.

Philippa Turner

In the Foothills of Kilimanjaro

Moshi, Tanzania

I knew that medicine in a developing country was hugely different to the UK. I wanted to experience this for myself and also to offer something back, however inadequately given that I just had six weeks.

I worked in the three wards of the paediatric and obstetric departments in the Kilimanjaro Christian Medical Centre, a 700 bed hospital, partly government funded and partly funded by the church.

Patients on a Paediatric ward

I began delivering my first baby, I was really nervous, having a panic. What if it all went wrong? I saw the baby's head rotate spontaneously, and I felt relief. But then so quickly, aahhh, the warm baby was in my hands and all the amniotic fluid splashed down my front. Such a mess but the baby's cry made it worthwhile.

I also saw a sad case of abuse on a child with multiple scars and a large open wound on his leg. His poor mother looked about my age, and there was talk of an "irritable" husband.

With two other elective students I experienced Chagga tribe life in Mawella, where we were invited to attend a funeral bizarrely interrupted by news of a murder and a request for our help. Ankle-deep in mud we ran through the banana trees to see a boy, no older than 18, lying face down, eyes glazed, his back covered with many deep knife wounds.

Trying to check whether he was really dead and aware of the risk of AIDS I cursed the fact that my gloves and CPR equipment were back at the priest's house when I had a life/death decision to make. Another boy, the murderer, had tried to take his own life, but was still conscious. The priest would not let us use his vehicle, so we managed to get the boy to the nearest four-wheel drive somehow and to hospital.

After my six weeks was up I spent six days climbing Kilimanjaro before relaxing, watching sunsets, drinking passion fruit Fanta and eating barbecued barracuda in Zanzibar, paradise on earth.

Jessica Cross

The Drive for Dreams

A mature student brought up in Pakistan talks frankly to Parastou Alizadeh about the challenges of being a daughter, mother and medical student.

I gave birth to my son in May of last year and love him very much. He is so well behaved, beautiful and intelligent, but the struggle of keeping on top of my work as a final-year medic and giving a child the care he needs is so difficult that at times I wish I had delayed the pregnancy.

Apart from the time restraints, the sleepless nights, not being able to make the seven o'clock ward rounds, being separated from my clinical partner while she does her out blocks and missing my elective – I have a feeling of guilt that I can't give my innocent son the attention he yearns for.

Every day I wake up at six to feed the youngster and get ready to drop him off at the babysitter's, park the car and make the long walk to the hospital. Rarely having time to stay after five, I meet my husband and we collect our son. After he is fed and falls asleep I have a chance for a rare cup of tea with my husband before going to the library from 9 pm to 1 am.

My husband is my rock- so calm, collected and supportive – but it makes me more guilty knowing that I'm neglecting him. We married the year before our son's birth and decided that if I became pregnant then so be it. In retrospect perhaps we should have planned things more carefully.

The truth is – if I had to choose between medicine and my family I would not give up medicine. I have striven so hard to enter this career that I would never be satisfied unless I gave it my all. It has been my dream to be the first female professional in my family.

Brought up in Pakistan I was expected to follow in the footsteps of my sisters – to help with the chores and to leave the books alone.

We moved to England when I was 19. I had the grades to enter medicine but was twice rejected due to my poor English. During my A-level years the family was planning to move back to Pakistan since our residence had not come through. I refused to leave without having my qualification and took over the responsibility of applying for residence.

I went on to pass Biochemistry. With my much improved English I was finally accepted into medicine at the age of 26. I had worked in factories and research laboratories to support myself through the studies. Our residence eventually came through after a great deal of effort.

I was delighted at finally having my place in medicine. It is difficult for my family to support me – to comprehend my passion for medicine. So I was elated when I married. For the first time I had a sense of freedom. My husband completely understands my goal and is very supportive.

Initially the news of my pregnancy was a joy but as the months progressed the worry and stress grew, as I knew that there would be little support for me as a 'would-be professional' and mum. After giving birth I felt that my memory was really poor for seven months. This was very difficult to deal with as I always set a high standard for myself.

I will never forget the support and importance of one close friend, though I had a mixed reaction from the Medical School on news of my pregnancy.

I know when my son grows up I will do my best to support him in his dreams. Everything really is achievable as long as you have the emotional strength and will power – you really can achieve your goals.

Everything really is achievable as long as you have the emotional strength and will power – you really can achieve your goals.

NEW EDUCATION HEAD AT UHL

As Director of Clinical Education for the University Hospitals of Leicester, Mr Tom Alun-Jones is responsible for clinical education and training across UHL.

At two years old, UHL is relatively new, but it is one of the biggest trusts in the country and Mr Alun-Jones's post was created in December 2002.

In charge of strategic planning for teaching and training and ensuring that educational structures within the hospitals actually work, Mr Alun-Jones is the link between universities and the Trust.

"Looking ahead, we are going to need to be a lot more organised and clued up in the way we link with universities and other professional groups. At UHL we are providing education and training for people from all backgrounds." he said. "If we can achieve that, with all the new funding coming in, then the future should be very bright. NHS modernisation plans and the Pathway project should improve education for everybody here."

NEWS IN BRIEF

Prestigious appointment

Professor Nilesh Samani, who will head the University of Leicester Department of Cardiovascular Sciences, has been appointed to the new British Heart Foundation Chair at the University. The BHF has supported the establishment of the Chair with funding of £1 million.

University of Leicester medical school is top in UK

The University of Leicester Medical School has been rated as Britain's best school to study Medicine in recent *Guardian* subject league tables. The Medical School, founded in 1971, is now among the biggest Medical Schools in the UK, following its partnership in 1999 with the University of Warwick.

Search for missing persons

Experts from the Universities of Leicester and Birmingham are collaborating with the International Commission on Missing Persons (ICMP), based in Sarajevo. Guy Rutty, Professor of Forensic Pathology at the University of Leicester heads the Leicester team which includes Dr Benjamin Swift, of the Division of Forensic Pathology, University of Leicester. They will be testing human bones to assess the time since death and the "life history" of missing persons, used to complement ICMP's DNA-led identification system and traditional means of identifying missing persons.

Congratulations to...

Dr Nigel Brunskill (Cell Physiology and Pharmacology), Professor Ian Eperon (Biochemistry), Ms Sarah Kenyon (Obstetrics and Gynaecology) and Professor Peter Williams (Microbiology and Immunology), who have been invited to join the MRC Advisory Board; also to Dr Jonathan Grigg (Child Health) who has been appointed as one of eight new members on the Expert Panel on Air Quality Standards.

National first for Leicester

This year a group of medical students will graduate from Leicester who will be the first fast-track medical students in the country. The pilot cohort of 15 students began their four-year course before the link between Leicester and Warwick Medical Schools began. One of their number, Christopher Johnson was recently featured in a Sunday Times story on medical fast-track degrees.

New initiative leads the way for medical education

The University of Leicester has won funding from the HEFCE Fund for the Development of Teaching & Learning amounting to £1/4 million for a medical education project led by the Leicester Medical School in partnership with Imperial College, University of Leeds and University College Northampton. *Developing Tomorrow's Leaders in Health & Social Care Education* is an initiative that will improve the management of health and social care education by identifying future leaders and providing personal development programmes for them. The project leader is Professor Stewart Petersen.

Deadly twist key to sickle cell disease

Patients with sickle cell disease have mutant haemoglobin proteins that form deadly long, stiff fibres inside red blood cells. A research team led by University of Warwick researcher Dr Matthew Turner, proposed a mathematical model in the 28 March online issue of PRL to explain the persistent stability of these deadly fibres. The theory suggests that an inherent "twistiness" in the strands that make up the fibres could be the key to their durability and possibly to new treatments.

Graduation Ball 2003

LWMS News:

Copy deadline for next edition of LWMS News – **Monday 1 September 2003**.

We welcome your letters, comments, news and information. Please send to:

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