

situated between the British and American landings. The port was so heavily fortified that it was necessary for the commandos to attack from the rear rather than from the sea but in doing so suffered heavy casualties.

This article recalls to me an incident occurring mid-morning on 6th June 1944 (D-Day), on Juno Mike Red beach, near Courselles. Personnel from No. 2 FDS (Field Dressing Station) in which I served had just landed with the task of establishing a field dressing station and CEP (Casualty Evacuation Point) in the village hall at Graye-sur-Mer, some five-hundred yards from the beach. Due to enemy resistance over the dunes it was not possible to leave the beach, so assistance was given at the BDS (Beach Dressing Station) part of the same unit, which had landed much earlier at 0800 (H+15 minutes) to deal with the casualties on the initial assault. Two of the wounded seen at the time were Royal Marine Commandos and it was observed that their casualty documents had been completed in very neat writing over the slim squiggly signature:

John O Forfar

As there were no formal lines of evacuation established at that time, these casualties, after review, were placed on an LCT (Landing Craft Tank) returning to Portsmouth. During the next day or two, further Royal Marines came through the unit each with fully documented medical records signed:

John O Forfar

Very favourable comments were made about the details provided by this medical officer, which was not always the case with others, but he remained unknown to the staff of our unit. His anonymity was revealed to me, however, on joining the Regional Hospital Board in Edinburgh in 1957 when one of the first letters to come across my desk was from the Western General Hospital and signed:

John O Forfar

It should be noted that John Forfar's handwriting has not improved with the passing of the years.

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College Affairs

EXTRACT FROM THE PRESIDENT'S ADDRESS TO THE ANNUAL GENERAL MEETING 1 DECEMBER 1994

This is a time, certainly in the United Kingdom, of remarkable changes in the affairs of medicine, both in the nature of medical practice itself and in the operational background in which it takes place. This environment of change, whilst invigorating, challenging and, of course, intended to bring benefit to patients, may lead to periods of profound uncertainty and even instability, and hence in some cases to a reduction in the quality of general care and in the standards of medical practice. Much of this may arise from a weariness and sagging of morale in the foot soldiers: a varied group of people who provide health care and come face to face with patients. In recent times they have become exhausted by the extra efforts demanded of them by a seemingly uncontrollable process of change, both frenetic and unremitting, which is fuelled by groups of fresh managerial colleagues with new resources. The foot-soldiers have also become less involved in the process of governance of health care and, as a consequence, may suffer from a feeling of loss of their former responsibilities.

There is, I believe, sufficient evidence to conclude that we are well into a period of uncertainty, similar to that which in 1858 confronted the Fellows of this College by the challenges of the new Medical Act, and in 1946, when our Fellows bore a substantial burden of responsibility during the Government's consultations that preceded the passing of the National Health Services Act. Thus, as we look around us in 1994 we should take heart from those Fellows who have gone before, for they stood firm and, although prepared to accept much and often uncomfortable change, resolutely sustained their commitment to high standards of practice and in the end (sometimes a long time in coming) they succeeded. For their dedication the profession has received grateful thanks and respect from countless patients and the general public over the subsequent decades.

As incoming President, I am moved to reflect that this College, along with its sister Colleges and sooner rather than later, may need to address more directly the current challenges in some of the affairs in medicine. For it is our unique responsibility to safeguard and maintain the integrity and ethic of the profession, the quality of its clinical practice and its empathy with the general public. These have always been matters of importance in their own right, but now are of increasing concern to patients and their relatives. Let there be no doubt that the tasks ahead are likely to be substantial and that the opportunities for both success and failure are perhaps unlimited. But let there also be no doubt that the size and nature of these tasks will require contributions from Fellows and Members who have not served on Council or College Committees and who may not have expected to be called upon to do so. They will bear witness then to the College's corporate commitment to high standards of practice, to the common weal, to its independence and its concern for the welfare of the profession insofar as this affects its responsibilities to discharge its duty to patients and the community.

Now is also the time to recognise the departure of Dr A. D. Toft, one of the most outstanding Presidents of the College. Tony brought to the Presidency an energy, commitment and decisiveness that will be hard to follow. He has shown us the meaning of leadership, displaying rare qualities of vision, courage, tenacity and fine judgement. He has demonstrated that most important quality of a President, the ability to listen to Fellows and Members whenever and wherever he found them. Both he and Maureen are regarded with great affection by many people and in many parts of the world.

And finally, we should not let this moment pass without conveying our thanks to those members of Council who have served the College with much devotion and have played such a central rôle in our many recent endeavours, especially to Dr John Irving (Lothian), Dr Ken Nelson (Northern Ireland), Dr Michael Godman (Paediatrics) and Dr Christopher Smith (Grampian).

J. D. CASH

Obituaries

JOHN JAMES ANDREW REID

Sir John Reid, a former Chief Medical Officer at the Scottish Home and Health Department, died on 10 July 1994 at the age of 69. He belonged to the north-east of Fife and was a graduate of the University of St Andrews where he obtained the degrees of BSc in 1944 and MB ChB in 1947. He was President of the Student Representative Council in his own University and also President of the British Medical Students Association. Service as Regimental Sergeant-Major of the University Training Corps was the start of a life long interest in the Army.



After National Service, John Reid embarked initially on a career in clinical medicine, but an interest in epidemiology and prevention led him to abandon that for public health and he took the DPH in 1952. He was an Assistant County Medical Officer in Buckinghamshire before returning to the University of St. Andrews in 1955 as a lecturer in public health. He undertook research on public health aspects of diabetes mellitus which led to the award of an MD with High Commendation in 1961. He became a Member of this College in 1965 and a Fellow in 1970.

He resumed local authority service as Deputy County Medical Officer of Health in Northamptonshire in 1959 and County MOH in 1962. In 1967 he became County MOH in Buckinghamshire where he was deeply involved in planning health provision for the new town of Milton Keynes. This was a task which had a natural appeal for him, linking all parts of the health service with planning the development of a new community.

As one of the more distinguished and forward looking County Medical Officers in England John Reid served on many national committees. He was a member of the Standing Medical Advisory Committee at the Department of Health and Social Security from 1966 to 1972, he chaired a sub-committee on Health and Welfare Services for People with Epilepsy which reported in 1969, he was a member of the Bonham Carter Committee which reported on the Functions of the District General Hospital in the same year, and of the Hunter Working Party on Medical Administrators which reported in 1972. In 1971 he became the first Honorary Consultant in Community Medicine to the Army. In 1972 he joined DHSS as a Deputy Chief Medical Officer and for the rest of his career he was a civil servant. He sometimes expressed ambivalent feelings about being in the civil service. It opened doors to wider fields which were important to him, but perhaps he missed the greater scope which he had enjoyed as an MOH to take an individual and visible stance on issues on which he felt keenly.

His wide remit as DCMO included International Health and he undertook this with great enthusiasm. His involvement with the World Health Organisation