

rationing healthcare.¹⁰ Rationing medical care on the basis of age has recently been considered in a remarkable analysis of the complex, medical, social and moral dimensions of the predicted funding crisis and the provision of healthcare. The paper offers a reasoned defence of appropriate rationing based on age alone.¹¹

Were the generous seniors in that Derbyshire village passing on ration points to the younger generation hinting at something more profound than they or their grateful younger recipients appreciated? Is increasing age an appropriate basis for rationing medical care? Economic progress may defer a decision for the moment, but it could also provide time for constructive debate.

References

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ROBERT ALLAN

Robert Mahler – Editor, 1987–94

We are sorry to announce that Robert Mahler passed away on 28 May 2006. Robert was deeply involved and interested in the College and will be much missed by all of us who knew and worked with him.

- A thanksgiving for his life and work will be held at the College at noon on Wednesday 27 September 2006. Would anyone wishing to attend please contact Guler Eroglu (guler.eroglu@rcplondon.ac.uk).

An appreciation by Peter Watkins FRCP

Robert Mahler reached Edinburgh in 1939, aged 13 years, arriving without his parents by one of the Kindertransport trains from Vienna.¹ He excelled in his career from that time onwards, first in English at school, later in basic science and clinical medicine. He 'gloried simultaneously in Latin, Greek and science'² and had a passionate love of music. He unhesitatingly undertook research on himself – fed himself through a Ryles tube for three weeks, was the first person in Britain to experience renal vein cathetisation, was spun in a human centrifuge and learnt to fly while in the RAF. He took particular delight in demonstrating that muscle can synthesise glycogen from lactate, said by Sir Hans Kiebs to be thermodynamically impossible. Robert Mahler published continuously from 1953 to 1991 and added two papers in 2005 on the effects of eradicating helicobacter on his own Parkinsonism.

With this exceptional background in clinical science he was appointed editor of the *Journal of the Royal College of Physicians* in 1987, retiring eight years and 31 editorials later. These editorials covered a vast range of topics, including such titles as Medical education in chaos, A time to think, Courses for horses, and Sabbatical for UK doctors. He was a master, literally, of

editing – turning manuscripts, whether 'turgid, convoluted, polemic, naïve, ungrammatical or twice as long as they should be, into concise, well ordered, readable English. Nothing escaped his eagle eye'.² Robert continued to support the Journal using these exceptional skills as Editor Emeritus under the editorship of David Kerr (1994–98) and myself (1998–2005). His insights in selecting manuscripts suitable for publication containing outstanding clinical science from amongst the bad and mad were remarkable, as was his advice on how to reject papers without offending their authors; and he protected me more than once from including rash propositions in my editorials. He continued this support with wit and humour even as his Parkinsonism inexorably progressed. During this time he described with penetrating insight and humour his observations on the care he received from doctors, nurses and receptionists during his frequent hospital admissions – contrasting genuine, loving personal care with those showing casual indifference, or consultants on teaching rounds who ignored their patients – lessons in professional behaviour for all who care for patients.

David Pyke (Registrar, Royal College of Physicians 1975–92) once wrote of Robert that he was 'not only a brilliant academic, but an equally good and kindly physician'. I would add to that his wonderful gift in the ability to deliver advice combining wisdom simultaneously with wit. Generations have benefited from this rare talent and are sad at his passing.

References

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