



Dr Albert Cilia Vincenti with his wife Grace, having recently moved into their house in Winchester – autumn colours of 1981.

IT'S NOT JUST ABOUT THE CORPSES

Semi-retired pathologist Professor Albert Cilia-Vincenti speaks to *The Synapse* about his work, his experience and the changes he has witnessed in pathology over time.

TS: WHERE DID YOU TRAIN AND WORK?

I qualified in medicine in Malta in 1969 and in 1971 moved to London where I trained almost exclusively in histopathology (or surgical pathology, as the Americans call it) for 9 years at The Royal Marsden, Royal Free, St George's, Charing Cross and The Middlesex hospitals. At Charing Cross and The Middlesex, I was also a London University lecturer and one of HM Coroner's pathologists in Central London. I was appointed Consultant Histopathologist to The Royal Hampshire County Hospital in Winchester in 1980, where I was eventually made Pathology Services Director to Winchester & Eastleigh Health Care Trust.



With histopathology senior registrar Ken Jarvis [right], Royal Marsden, London. Christmas drinks 1971 - Dr Cilia Vincenti's first year in London.

The Winchester Coroner and the Hampshire Constabulary wanted me to be appointed Home Office Pathologist for Hampshire, but this involved only forensic work in which I was not interested. After 15 years in Winchester I returned to Malta as Senior Lecturer and consultant pathologist and retired when I was Chairman of Pathology Services and Associate Professor. I presently work as a diagnostic surgical pathologist in private practice.

TS: CAN YOU COMMENT ABOUT THE VAST CHANGES YOU HAVE WITNESSED IN THE FIELD OF PATHOLOGY OVER THE COURSE OF YOUR CAREER?

From one subject of clinical pathology, pathology has, in 50 years, grown into so many sub-specialities due to expanding knowledge. I remember a 1930s medicine book whose only description of haemoglobin was "a red pigment that carries oxygen". Now there are whole libraries on haemoglobin and its pathologies. Histopathology has seen the almost total ditching of electron microscopy and emergence of immunohistochemistry to help with diagnosis, and genetic techniques promise even greater diagnostic accuracy.

TS: WHAT DOES YOUR WORK ENTAIL EXACTLY?

Like surgery and anaesthesia, surgical pathology is a potentially dangerous speciality. Mistakes in surgical pathology diagnosis can have very serious consequences to the patient, such as unnecessary drastic surgery, administering the wrong chemotherapy or even unnecessary chemotherapy and/or radiotherapy.

TS: HOW HAS YOUR WORK SHAPED YOUR PRESENT INTERESTS?

I am Visiting Chairman to the Academy of Nutrition Medicine in London and this stems from my interest in nutrition, lifestyle and chronic disease and life expectancy. Deaths from heart attacks in Malta are almost twice the European average, where France has the least. My interest in atherosclerosis (one of two main causes of death in the West) was sparked at St George's Hospital where a number of the senior pathologists had researched the subject. I was appointed one of Malta's scientific delegates to the European Medicines Agency (FDA's European counterpart) and served for almost a decade. It was interesting to contribute to the debates on whether a proposed medicinal product was expected to work as the pharmaceutical company claimed in its dossier.

TS: AND THEN THERE IS TEACHING ...

I have taught pathology in London and in Malta, and I learned that undergraduate teaching is far more difficult than postgraduate. The product of undergraduate teaching is supposed to be safe family doctors and safe house and casualty officers. So what should be included in the 5-year medical course, when medical knowledge is expanding so fast, presents a great challenge to medical educators. I was lucky in having experienced undergraduate teaching at St George's Hospital in 1974. It was then called "topic teaching" (now often referred to as "problem-based learning"), and was organised by Professor Dornhorst of the internal medicine department (and of "pink puffer and blue bloater" fame). These whole class one-hour teaching sessions were chaired by Dornhorst with accompanying



With his wife at a MAM dinner a couple of years ago

teachers from the surgical, radiology and pathology departments. So, for example with peptic ulcer, the whole gamut of clinical presentation, radiology, medical and surgical treatment, and pathology, would be covered in one hour, without the need for more formal lectures on that subject by the various departments. It also avoided different departments teaching different things on the same subject, which was confusing to students. In the Dornhorst model, medical controversies were discussed by the teachers in the same “topic teaching” session. At the Malta medical school, I was tasked to review the curriculum of the three clinical years (Professor Alex Felice was tasked with the preclinical curriculum). Students had complained of too many boring lectures with no interaction, and contradictory information from different teachers. I tried to cut down on lectures and introduce teaching sessions with a combined clinical and pathology teacher. It worked very well with some clinical teachers but not with others who wanted to continue with their old-fashioned ways. I also did away with the so-called “pathology practical” classes where students used to look down microscopes and not know what they were looking at – a total waste of time. The family doctor or casualty officer no longer looks down a microscope to diagnose his patients – he/she gets a report from the laboratory and needs to know exactly what the pathology reports mean – nothing else.

TS: WHAT ISSUES WORRY YOU VIS-A-VIS THE WAY DOCTORS ARE TRAINED?

Medical school teachers easily forget that the product of the undergraduate course is supposed to be a safe house officer and family doctor, and not an anatomist, surgeon, cardiologist, pathologist, etc. Three months anatomy teaching and dissection of the upper limb, for example, is suitable for trainee orthopaedic surgeons and not for family doctors. Compare the one-hour topic teaching on peptic ulcer in 1974 St George’s Hospital with the 23 peptic ulcer surgery lectures we suffered in Malta a few years earlier. Also, some Maltese teachers seemed to believe that the higher the failure rate the higher the teaching standard, rather than the other way round. Another negative result of conventional medical school teaching all over the world is, as Dean Ornish (California Professor of Medicine) confirms, doctors whose knowledge and experience consist of only pharmaceutical drugs and surgical procedures with little or no nutritional medicine knowhow. Ornish is a conventional cardiologist who also has complimentary medicine experience.

He has demonstrated that his programme of dietary modification, regular exercise and stress management can actually reverse coronary heart disease. With urology colleagues he has also shown that his diet and lifestyle programme can halt and to an extent reverse low grade prostate cancer.

TS: WHICH ASPECTS OF PATHOLOGY RESEARCH DO YOU FEEL HAVE BEEN MOST SIGNIFICANT?

Electron microscopy and DNA studies established that the cause of warts are Human Papilloma Viruses, and that some of them are the cause of ano-genital and some oro-pharyngeal cancers. The cause of most peptic ulcers has been established to be a bacterial infection curable with antibiotics, and not with surgery as in the past. We are coming round to recognising that the main factor in the causation of atherosclerotic cardiovascular disease is not animal fats but high glycaemic carbohydrates.

TS: DOES KEEPING ABREAST OF RESEARCH ALLOW YOU TIME FOR RELAXING ACTIVITIES?

I have to admit I don’t read fiction as trying to keep up-to-date with pathology and medical advances, and with local and world events, occupies a lot of my time. I enjoy gardening and I’m interested in food and wine. With others, we continue to organise a 17-year old blind-tasting wine and dining club, called “*Il-Qatra*”, which has a membership of over 70. I am on the Council of the local *Chaine des Rotisseurs*, a branch of a worldwide dining club (the oldest in the world), I have just been appointed fellow of The Today Public Policy Institute, a local think tank, and the National Association of Service Pensioners also takes up some of my time. Perhaps many consultants don’t realise that if they have contributed significantly to a work-place pension of another country’s health system, their Maltese social security pension they are paying for will eventually be correspondingly deducted – unless the Maltese government is made to change the social security law which permits this iniquity. Hello, is the MAM listening? 🦋

I READ THE SYNAPSE BECAUSE...

It provides useful, practical, non-esoteric information – there is always something of interest in every issue.

