



BroadSheet

The newsletter of the John Snow Society

Summer 2020

28th Pumphandle Lecture 2020

"Africa CDC: A New Public Health Order" by John Nkengasong



**Thursday
10th September
3:00 pm London time**

Because of the Covid-19 crisis, the lecture will be delivered remotely.

Dr. John Nkengasong is Director of the Africa Centres for Disease Control and Prevention.

Prior to his current position, he served as the acting deputy principal director of the Center for Global Health, United States Centers for Disease Control and Prevention (U.S. CDC), and Chief of the International Laboratory Branch, Division of Global HIV and TB., U.S CDC.

He received a Masters in Tropical Biomedical Science at the Institute of Tropical Medicine in Antwerp, Belgium and a Doctorate in Medical Sciences (Virology) from the University of Brussels, Belgium.

He has received numerous awards for his work including the Sheppard Award, and the William Watson Medal of Excellence, the highest recognition awarded by CDC. He is also recipient of the Knight of Honour Medal by the Government of Cote d'Ivoire, was knighted in 2017 as the Officer of Lion by the President of Senegal, H.E. Macky Sall, and Knighted in November 2018 by the government of Cameroon for his significant contributions to public health. He is an adjunct professor at the Emory School of Public Health, Emory University, Atlanta, GA, and serves on several international advisory boards including the Coalition for Epidemic Preparedness Initiative (CEPI) and the International AIDS Vaccine Initiative (IAVI).

Please note that places are limited and thus prior registration is necessary. Members are being informed first, with this Broadsheet notice, and are advised to register well in advance. Please use the following link:

https://lshtm.zoom.us/webinar/register/WN_txpv7RcXQKevMVTGTZYI9A

27th Pumphandle lecture and AGM 2019

"Promoting medical science in an age of scepticism" by Eliza Manningham-Buller

The 27th annual Pumphandle Lecture was delivered on Wednesday 4th September, 2019

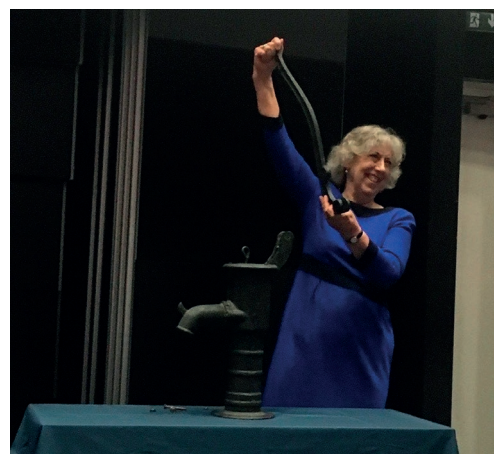
by Eliza Manningham-Buller, Chair of the Wellcome Trust.

This was an important, timely and challenging message for all in the medical and public health sciences, by an extraordinary woman with experience at the highest levels in government security services as well non-governmental research and educational institutions.

We thank the Lancet for permission to reprint, below, a review of the lecture by Richard Horton, Editor of Lancet.

The vote of thanks was proposed by Professor Jimmy Whitworth, and the Speaker was invited to remove the handle of the pump to close the proceedings. Society Members then adjourned to the John Snow Pub in Soho for the Annual General Meeting of the Society. A transcript of the lecture is available on our website:

www.johnsnowsociety.org.



Review of “Promoting medical science in an age of scepticism”

Lancet Offline: Why we must listen to critical friends

The UK is becoming a “narrowly nationalistic country”. Political instability is endemic. The nation is approaching a “second civil war”. Extreme remarks from an extreme personality? Hardly. Eliza Manningham-Buller worked for MI5, Britain’s Security Service, for over 30 years, ending her career as its Director General from 2002 to 2007.

She now sits in the House of Lords and is Chair of the Wellcome Trust. Manningham-Buller is the quintessential insider’s insider. She was delivering the John Snow Society’s annual Pumphandle Lecture last week at the London School of Hygiene & Tropical Medicine. The audience knew they were in the presence of someone unusual. We were urged not to live tweet during the lecture, presumably to avoid drawing attention to a woman who possesses an uncommonly large number of state secrets. The reason for her sharp remarks was her concern for promoting medical science in an Age of Scepticism. She described herself as “a retired spook”. Yet speaking from the centre of the UK Establishment, she delivered a discomforting analysis of science in modern society.

Manningham-Buller identified three problems facing science. First, the political backdrop. At a time of unprecedented existential jeopardy, politicians are focused more on their differences than their commonalities. Compromise is mocked. International organisations are pilloried. Social discourse is increasingly intolerant. Political rhetoric is offensive. Politicians set a poor example to the public. They disregard the truth. Lies are their common currency. Second, public opinion. She admitted misreading the public mood—Brexit, Trump, the most recent UK election. Her misreading has taught her an important lesson: that those who think they know what is best for the country have little idea about what the public really thinks. In 2018, the Wellcome Trust conducted an opinion poll. While 1% of Bangladeshis thought vaccines dangerous, that figure rose to 35% in France. We can never assume that the public truly understands science. Those in power must do much more to understand public opinion. And third, choices in

public expenditure. Many demands are made on governments. Today, diplomacy and international aid are not valued. Our inattention to science means that foreign nationals are already being lost from crucial scientific roles.

Manningham-Buller described how she saw first-hand the way politicians pay little attention to evidence. What can one do in the face of these intolerable predicaments?

Scientists must develop their political skills. They must frame their arguments in ways that will appeal to politicians. Science needs more diverse spokespeople. More diverse in age, gender, and ethnic background. Science needs to celebrate its successes. We assume that politicians understand the value of science. They don’t. Scientists also need to avoid special pleading. They can’t simply be one more lobby group. Instead of making demands, scientists need to work harder at devising solutions. And instead of only complaining, scientists must also praise government, even when that gratitude is expressed through gritted teeth. Manningham-Buller spoke of “the fag packet and the writing on the back of it” as the way policy gets made. Still, we need to understand the constraints on public expenditure. And scientists need to step out of the shadows—into politics, media, and the public sphere. When they do so, they must avoid being patronising. When she joined the Wellcome Trust over a decade ago, Manningham-Buller was struck by how the Trust’s programme on public engagement wasn’t truly about engagement. Manningham-Buller called on the science community to work harder to strengthen international organisations and to see science as a tool for diplomacy. Such interventions might do much to diminish the divisiveness afflicting societies today. Science skills have important social value not only because they help to bring evidence to bear on problems but also because they enable people to adapt to change. In her work for MI5, Manningham-Buller saw how national threats are assessed. The priorities identified by governments, such as terrorism, “are not right”, she claimed. For example, dangers from pandemics are far greater than those from terrorism. Those dangers are underplayed. Governments need to listen to scientists more. “I remain an optimist”, she concluded. Scientists are certainly key to the future of society. But that future will not become reality unless scientists step up.

Richard Horton



Found: Family grave of 'The widow of Hampstead'

Ros Stanwell-Smith

The story of Mrs. Susannah Eley, the 'widow of Hampstead', is well known. She so liked the Broad St. pump water that she was sent a regular flagon of it by her sons, causing her death from cholera during the 1854 outbreak. The history of this family is less familiar. The Eley gun cartridge factory at 38 Broad Street became the main manufacturing site after their Bond Street factory exploded in 1841, killing Mr. Eley: his widow moved with her sons William and Charles to Woodbine Cottage, Fortune Green Road in West Hampstead. It was just 'West End' village then and William set up a small gun cartridge factory nearby. After Mrs. Eley's death from cholera, Charles and his wife stayed on in the cottage, sadly now demolished: the site suffered bomb damage in WWII. But the business thrived and shot gun cartridges still bear the Eley name. A granite sarcophagus in Hampstead cemetery records William and Charles, but not their mother, who died before this garden cemetery was established.



The grave of William and Charles Eley, in Hampstead Cemetery

Chapters

According to our Constitution (johnsnowsociety.org/the-society/constitution.html) we have not given detailed guidance on Chapter formation, but two statements are particularly relevant: "Eligibility to join the Society is defined as wishing to celebrate the memory of John Snow." And: "Members of the Society are encouraged to establish informal groups, chapters (divisions) and meetings in their own countries and localities. Local groups may levy an additional fee to finance their local activities."

We are aware of at least 14 chapters that have been organised in various places over the years, including in Kampala Uganda, Maputo Mozambique, Norway, Iceland, Finland, Auckland New Zealand, Heidelberg Germany,

Bethesda Maryland, San Francisco California, Hanover New Hampshire, Texas and South Carolina in the USA, and Sydney and Melbourne in Australia - but we have not always been kept informed of their activities or status.

It is useful in this context to acknowledge another principle enshrined in the Society's Constitution: "A John Snow Society meeting can be declared wherever and whenever at least two Members of the Society are present. A photographic record of meetings and events may be sent to the Secretary for inclusion in the Society's archives."

This year brings contributions from six honoured Chapters 'round the world, all linking the ongoing coronavirus pandemic with the tradition of John Snow.



Sydney, Australia
Stephen Leeder

Message from the Editor of the IJE (our Sister Journal !)

Greetings from Down Under. In this Covid-19-ridden world intangible links are of increasing value including those fostered by the John Snow Society. A new architectural entity is enjoying popularity – the Zoom Room. Plans for new homes include it. Décor demands a backdrop of books – perhaps neatly arranged or breathlessly chaotic, depending on your desired impression, and pictures (they can be light on detail) of family and professional awards. An occasional dog, cat or child under five provides welcome distraction a view of your ceiling, usually pitched at an angle, can be added for disorientation or vertigo.

Australia has experienced a relatively well-contained visitation from Covid. An unusual period of consensus politics, led by Scott Morrison, our prime minister, has enabled wise public health advice to be heeded. Premiers and chief ministers of our six states and two territories have met daily (by Zoom) to agree on shutdowns, quarantine, testing, tracing and upgrading hospitals. Consequently the case load and deaths have been low by international comparison, albeit with several outbreaks occurring once the initial peak of the epidemic curve has passed. Community transmission caused serious anxiety and testing by the tens of thousands has become a way of life.

[Continued on next page >](#)



We need to grasp the fact that Covid is the third natural disaster in Australia in the past nine months. Drought has scorched farms and grazing country for three years. Firestorm bushfires afflicted eastern Australia during our summer killing a billion native animals to boot. Fires were followed by flooding rains. Then came Covid. Afflicted communities – often the same ones – will take years to recover.

A consequence of Covid is, as a friend told me, ‘everyone now knows what an epidemiologist is!’ I replied that this is true and regrettable that it occurs at this point (finale) of my career. When I arrived in the highlands of Papua New Guinea in 1968, with a nascent interest in our wonderful discipline, I was met by an enthusiastic nurse who had assembled a line of patients with skin conditions for me to treat.

Inside the International Journal of Epidemiology, our small editorial team in Sydney and our panel of international

reviewers has worked overtime to handle a deluge of submissions. We have added 30% to our workload. Much of what we have received is rubbish, hastily and poorly written papers with little evident intellectual processing. Models have attained epidemic proportion and the faith invested in them is often touching. But assessing these papers to ensure we don’t miss a hidden gem burns editorial fuel.

You will have observed how really important Covid studies often end up in bizarre places, sometimes skirting the peer-review process entirely. A fair criticism of IJE and similar journals (and not just because of Covid) is that they operate on a model that is not fit for purpose unless their on-line capacity is used to full extent in dealing with acute events.

How would John Snow feel about this, I wonder. The revolution occurring in all aspects of academic publishing has gathered energy during the Covid storm. The end is not yet in sight.



Melbourne, Australia

Eleanor Neal, Jocelyn Chan, Cattram Nguyen, Claire von Mollendorf, Rita Reyburn.

Melbourne chapter begins...

In July 2019, back when international travel was still possible, an epidemiologist returned to Melbourne from London, full of enthusiasm for epidemiology and the John Snow Society, and so a new Chapter began. Based at the Murdoch Children’s Research Institute, the Melbourne Chapter met regularly, pre-COVID-19, as a journal club to discuss methods in epidemiological research, including:

- Principles of confounder selection (VanderWeele. *Eur J Epidemiol.* 2019; 34(3): 211–219)
- Control of confounding & reporting of results in causal inference studies (Lederer et al *Ann Am Thorac Soc* 2019; 16(1): 22-28)
- Directed acyclic graphs: a tool for causal studies in paediatrics (Williams et al *Pediatr Res.* 2018;84(4): 487 – 493.
- Mediation analysis in epidemiology: methods, interpretation and bias (Richiardi et al. *Int J Epidemiol.* 2013;42(5): 1511-1519)
- Planning Study Size Based on Precision Rather Than Power (Rothman and Greenland. *Epidemiology.* 2018;29(5): 599 – 603)
- Conditioning on Intermediates in perinatal epidemiology (VanderWeele, Mumford, and Schisterman. *Epidemiology.* 202;23(1): 1 – 9)

- Self-controlled case series methods (Petersen, Douglas, and Whitaker. *BMJ* 2016;354:i4515)
- Post-Modern Epidemiology: When Methods Meet Matter (Davey Smith. *Am J Epidemiol.* 2019;188(8): 1410 - 1419)
- Illustrating bias due to conditioning on a collider (Cole et al. *Int J. Epidemiol.* 2010;39(2):417-20)

Since early March 2020, Melbourne entered its first “lock down”. Members of the Melbourne Chapter began working from home, or perhaps “living at work”. Some of us have been part of the contact tracing teams, some of us have been collating and curating synopses of the latest COVID-19 research relevant to children (link here), some have been undertaking COVID-19 related research, and others have been attending to those who are unwell. The regular Melbourne meetings took a hiatus, as we rolled up our sleeves to help respond to the pandemic, synthesize the rapid fire public health evidence and commentaries, and help our children learn from home. Despite our having entered a second “lock down” period, the Melbourne Chapter is ready to gather again (remotely), John Snow Society mugs in hand. Our first article for COVID-19 times will be Visualizing clinical evidence: citation networks for the incubation periods of respiratory viral infections (Reich, Cummings and Lessler *PLoS One.* 2011;6(4):e19496).



New Zealand: the lucky country:

As far as Covid-19 is concerned New Zealand is the lucky country. We are rapidly getting back to 'normal life' after a brief period of lockdown due to the threat of the SARS-2 pandemic. Covid-19 has been eliminated from the community; bars and restaurants are open. New Zealanders can also enjoy going to their local rugby stadium to watch their super rugby teams and school sports are all back and running. To date we have had just 1534 cases and 22 deaths, 16 of whom were from three small outbreaks in aged residential care facilities.

So what was our secret? Well, we have been lucky to have a Director General who is a Public Health Physician. Dr Ashley Bloomfield has become a media star with his concise and clear messaging over the 6 week lockdown period. At his side at most of these briefings was our Prime Minister, Jacinda Ardern. She is the world's greatest communicator – talking about staying in our bubbles and promoting the message, 'Stay home, stay safe, be kind'. Team New Zealand rallied round and there was almost 100% compliance with the lockdown requirements. Within six weeks we were recording no new cases and we were able to rapidly restart our economy. All of the success has been down to the simple application of pandemic plans: protect the border, identify cases, isolate and trace all known contacts.

In addition, we have needed to make sure that we protected health care staff with effective application of personal protective equipment (PPE) for all staff looking after suspected cases. While it sounds like New Zealand was well prepared and organised, there were clear elements of luck. We were slow closing the border. Only after Donald Trump had closed the US to Europeans did NZ realise that letting travellers in from Italy and other European centres without isolation was probably not a good idea.

The system was not prepared for testing cases, so 20 Health Boards acting independently on behalf of 5 million people had to set up community-based assessment centres and rapidly ramp up our ability to test for Covid. To begin with, we were only able to test for around 100 people a day and labs were running short of reagent swabs and other testing supplies. Part of the challenge was that, after seeing what had happened in Italy and other European centres, our major hospitals put much of their effort into rapidly planning their

ICU and isolation facilities. Actually what turned out to be needed most was ramping up our public health response, particularly our contact tracing, and managing of people in isolation. And not everyone followed the rules – the Minister of Health managed to show that the guidance did not apply to him, taking his family off to the beach and going mountain biking in breach of the guidance. He has since resigned.

However, New Zealanders' 'can do' attitude meant that we rapidly managed to identify and isolate cases. Fortunately our ICU facilities were barely needed, with only a small number of cases hospitalised and even a smaller number requiring ICU care.

Being at the bottom of the world and with airline flights almost ceasing, access to PPE, medications, flu vaccines, and swabs became a major problem. Fixing the supply chain became the biggest challenge. People in procurement, who most of us hardly ever meet, were working nonstop to find ways to fill shortages. Basic supplies such as paracetamol, propofol and flu vaccines were found to be vulnerable.

It was remarkable how the whole country pulled together. Covid teams sprang up and wherever there has been a gap, people have volunteered to jump in and help. Now we are facing the challenge of 'what next?'

The government has attacked the other big challenge, the plummeting economy, through rapid provision of wage subsidies and shovel ready projects, aimed at keeping people in work. But because our borders are closed, tourism (which accounts for 20% of New Zealand's GDP) has ceased. Only a few locals are whale watching in Kaikoura or having a discounted bungy jump. Our overseas students are a huge part of the income of the tertiary sector have been prevented from coming. We have let in the America's Cup teams and the film crews making the new Avatar films, but generally non-New Zealanders are not allowed in.

To date, immigration has estimated that 64,000 expat New Zealanders have returned home, and we are concentrating on holding these people at the border until they are proven to be virus free. Finding quarantine facilities and staffing them was initially chaotic. Then two individuals from the UK left isolation carrying Covid; this caused a complete re-think of how we manage isolation, with the Army being called in.

So what will happen now? Will there be a vaccine? Where will New Zealand be in the queue for the vaccine? How long will the borders be closed? Will the All Blacks play an International match in 2020? These are the questions that New Zealanders are all beginning to ask. We are very aware that our Covid-free bubble maybe unique. It provides us with unique benefits, but it also challenges us.

(Ross Lawrenson is Professor of Population Health at the University of Waikato, Population Health Advisor to the Waikato District Health Board, part time farmer, and a John Snow enthusiast.)



Covid-19: Which lessons for Mozambique?

Meeting of the Maputo Chapter, John Snow Society

Present: Amelia Cumbi, Cesar Palha de Sousa, Eduardo Celades, Enrico Pavignani, Ferruccio Vio, Ivone Zilhao, Julie Cliff, Kerry Selvester, Martinho Dgedge, Palmira Francisco, Yara Lima, Yolanda Marcelino.

On 5th March, 2020, the Maputo chapter met, together with local alumni of the London School of Hygiene and Tropical Medicine, to discuss the emergence of Covid-19. The aim was to draw lessons for Mozambique on the known epidemiology and preventive measures.



Handwashing tippy-tap – Mozambique;
Photo credit@ Peter Allsop

At the time, no case of the disease had been notified in Mozambique.

The group considered that, in Mozambique, Covid-19 could spread easily in the crowded urban slums, where social isolation is impossible. A high prevalence of malnutrition in children and of HIV and tuberculosis and untreated hypertension in adults could increase the fatality rate. Deaths would also be increased by the shortage of health workers and intensive care facilities to treat patients. A limited supply of test kits (500 at the time) would also hamper control efforts.

Positively, the low proportion of elderly in the population could diminish the severity of the epidemic. And a long experience in handling epidemics (particularly cholera), with capacity for isolation and treatment of large numbers of severely ill patients, could diminish the fatality rate.

Preliminary recommendations included:

1. Train health workers in the diagnosis and management of possible Covid-19 patients.
2. Train all health workers to be alert to any change in the presentation of acute pulmonary disease.
3. Establish a surveillance system.
4. Obtain and reserve personal protective equipment for health workers and patients.
5. Give health education on the virus, its manifestations, and how to prevent spread. In particular washing hands and cough hygiene.
6. Be realistic in social distancing measures. For example don't prohibit use of public transport. But make it safer.
7. Set up telephone hotlines for information.
8. Establish a system of patient flow and isolation.
9. If possible, establish reference centres for patients.

The Ministry of Health notified the first case of Covid-19 on the 22nd March, and the disease has spread slowly



Handwashing station outside clinic – Mozambique; Photo credit: Lucy Ramirez



Coronavirus posters – Mozambique

through the country since. Most cases have been notified in economic centres in the north and south. Up to the 24th July, 1590 cases had been notified, with just 11 deaths. The suggested measures have been implemented, with a state of emergency in force since the end of March.

The slowness of the spread and the low number of deaths has surprised many observers. Much is still to be studied to understand the epidemiology of Covid-19 in Mozambique. The spirit of John Snow will inspire us to encourage careful data collection and analysis to explain the epidemiology. And to never forget the primacy of prevention.



Water to flatten the curve

When John Snow found the source of the Cholera epidemic in London in 1854 and removed the pump handle at the Broad Street pump diminished the cases of Cholera. He was in a sense flattening the curve that we are hearing so much about today in the wake of the COVID-19 pandemic. People are trying to social distance while attempting to access that vital water source. People in developing countries often struggle to get clean drinking water, much less water to follow the World Health Organization (WHO) recommended guideline of frequent handwashing, to prevent the spread of COVID-19. An article written by Godfrey Amankwaa, University of Manchester, found on the International Water Association (IWA) website, reiterated this dilemma in areas such as Ghana, which already face water inequalities. They are encouraged to forego frequent handwashing under running water and are encouraged to store their water. Some areas do not have enough water for bathing that also provide much needed hygienic practices to help combat COVID-19. Low-income areas are also faced with social distancing dilemmas and finding times when water sources are not crowded with lengthy queues. Some countries rely on water that is delivered to them and are faced with a lack of access due to borders and supply companies being closed. Some poorer areas in the United States are finding a lack of funds to pay for their water. While water supply companies are temporarily suspending cutting off their water source, it does not address future bills that will be expected to be paid to maintain the water source. This pandemic has once again brought to our minds the importance of responsible and responsive water use among all people regardless of their country of origin.

COVID, a healthcare crisis and physicians in training

In South Carolina, the month of July is typically bubbling with enthusiasm. People are usually hosting barbecues with friends and family, making plans to go to the beach, and cheering in packed stadiums at baseball games or excitedly awaiting the kickoff of American football season. These are moments that make every summer exciting. However, this July, the "typical" has been cast to the wayside and replaced by macabre scenes in our hospitals, communities, and even our homes: images brought to us and the rest of the world by the COVID-19 pandemic.

A little background: the first case of COVID-19 in the United States was identified on January 20, 2020. The situation appeared relatively inert for a period after this, but this would only prove to be the calm before the storm. The first case of COVID-19 in South Carolina was identified on March 6, 2020. Fast forward to today and we find our state with 50,548 confirmed cases, 898 confirmed deaths by COVID 19, and daily reports of new cases approaching 2,000 as of July 14th. Greenville County, where our medical school is located, is one of the hardest hit parts of our state, with 100 total COVID-19 deaths thus far. With the start of the 2020-21 school year approaching and the looming uncertainty of COVID's future (amidst shaky social compliance to public health recommendations) our thoughts are unsurprisingly running helter-skelter as our school administration debates how to safely administer a medical curriculum during this uncertain time.

We at the South Carolina chapter of the John Snow Society recognize that our state is in a healthcare crisis unlike anything we have ever experienced. To make matters worse, South Carolina suffers from some of the highest incidences of chronic health conditions such as diabetes and cardiovascular disease in the nation, making many people in our communities more susceptible to a critical COVID-19 prognosis. Devastating as this situation may be, we believe that advocating for increased adherence to public health measures approved by the CDC, more stringent public health policies at the state and local level, and by providing accurate information to the public, we can stave off impending disaster within our already overburdened healthcare systems. By doing so we can uphold the epidemiological principles championed by Dr. Snow. Furthermore, as physicians-in-training, we all have a duty to remain diligent during this pandemic, to lead by example, and to do our part in protecting our community here in South Carolina.



Special reports:

The pub re-opens after lockdown



After almost four months of enforced lockdown, David Hemmings, the Pub Manager, is again welcoming thirsty epidemiologists. The Guest Book has pages awaiting your signatures....

Photograph:
Leon Neal/Getty Images

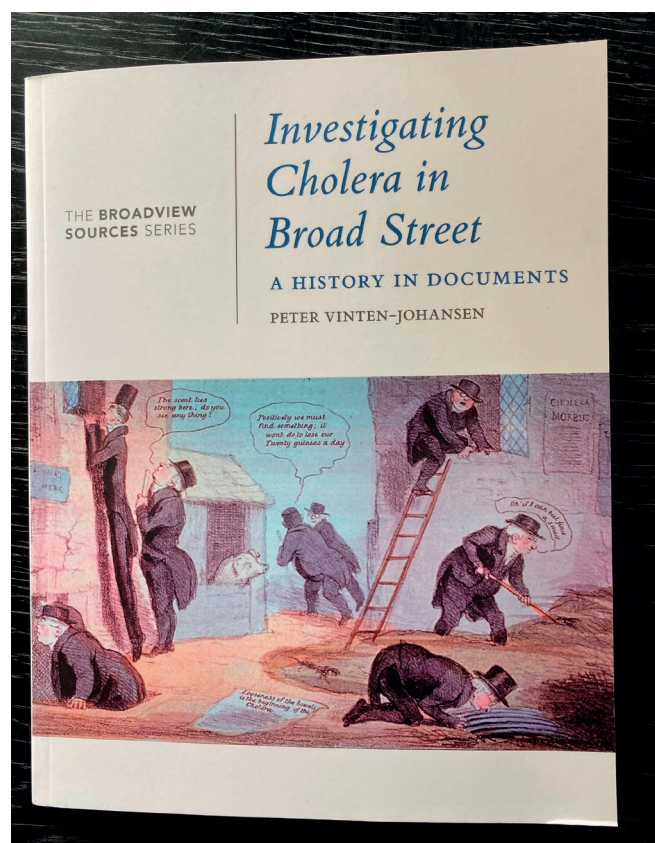
A new source book on the famous outbreak

All society members are familiar with the basic story of the cholera outbreak in Soho, in August and September 1854, one of the defining events in the history of epidemiology and public health. Many have probably wondered about the details of what really happened, about the sequence of events and the relationships between the various individuals (in particular John Snow and Henry Whitehead) and organisations (the Registrar General's Office, the General Board of Health, St James Parish ...) involved in investigating and managing the outbreak. A new book by Peter Vinten-Johansen goes a long way towards satisfying such curiosity: *Investigating Cholera in Broad Street: a History in Documents* (Broadview Press, 2020).

Prof Vinten-Johansen is well qualified to tell the story, as lead author of the definitive biography of John Snow: *"Cholera, Chloroform and the Science of Medicine: a Life of John Snow"* (Oxford University Press 2003).

This new book brings together a fascinating collection of source documents, including newspaper accounts, excerpts from journal articles, letters to newspapers, reports of the investigations carried out by the General Board of Health – even a sermon by Henry Whitehead delivered at Evensong on Friday 8th September (the day the handle was removed)! – as well as several key writings by John Snow, starting with the 1849 pamphlet edition of *"On the Mode of Communication of Cholera"* in which he first articulated the water hypothesis.

The book includes copious explanatory notes on the documents and a series of probing questions to test the reader's (or the reader's student's) detailed understanding of these important events. The materials are also linked to an "Online Companion" at: <http://johnsnow.matrix.msu.edu/cws.php>.



The publishers are offering 20 % discount and free shipping to JSS members who order from their online bookstore: <https://www.eurospanbookstore.com/investigating-cholera-in-broad-street.html>. At checkout use the code "JOHNSNOW20"

We mentioned in last year's Broadsheet that the Society is endeavouring to arrange for a full and proper facsimile republication of the second (1855) edition of *"On the Mode of Communication of Cholera"* together with the documents published in the 1936 Commonwealth Society and 1965 Hafner editions, and an introduction summarising recent scholarship. This is still a work in progress, made difficult by the fact that there are now cheap (and very poor quality) facsimiles of the main text available on line, as we reviewed last year. We invite members who know of a publisher who might be interested in this project to contact the Society.



Society Matters:

Call for nominations to the John Snow Society Steering Committee

The John Snow Society Steering Committee ("J3SC") met on 19 June 2020, continuing its work to manage the Society and make it sustainable into the future. The current committee comprises Jimmy Whitworth and Oliver Cumming (Co-Chairs), James Hargreaves and Paul Fine (co-Secretaries), John Watson and Sebastian Funk (co-Treasurers), Sandy Cairncross and Stefan Flasche (co-Historical Liaison and Web Content Officers), Dilys Morgan, Marta Tufet, Charlotte Flynn and Kate Russell. Two Committee members reach the end of their 3-year terms this year. According to our Constitution, the J3SC can hold up to 12 members, and thus there are at least two places open this year.

We invite applications from members in good standing (with intact mug and membership card). Following our constitution (<http://www.johnsnowsociety.org/the-society/constitution.html>) a valid application should be received by the Society by first September, and will consist of "a statement of 54 words describing commitment to - and vision for - the Society. Applications will be considered by the J3SC for ratification by Members present at the AGM, unless it is necessary to conduct an email poll if suitable applicants exceed vacancies." Because of the covid-19 pandemic, arrangements for ratification and induction of new J3SC members will be presented at the forthcoming Pumphandle Lecture.

Exclusive to JSS Members

The 11th edition mugs have proven popular as ever...Free to new members, additional mugs can be purchased if you wish to add to your collection or as insurance policy against breakage (which, according to our constitution, deactivates your membership). Members can purchase up to 3 additional mugs. The elegant pump-design silk ties and the illustrated book by Dr Spence Galbraith (John Snow: his early years) are also available for purchase. See website for details.



JSS Earrings: Limited Edition

A limited supply of solid silver earrings depicting the Broad Street pump (with and without the handle) are now available for members only. Cost £60. Please email johnsnowsociety@lshtm.ac.uk for orders and enquiries.



Reminder to Members – update your email address

Our cumulative membership total, to whom we will send notice of this Broadsheet, now exceeds 4000. Unfortunately, more than 25 % of emails bounce. We suspect that a few members may have crossed the great divide, but we also suspect that some have merely changed their email addresses. Or some email addresses may have been illegible or otherwise in error from the start... So – if you are/have been a member, but do not receive one email a year from us – please let us know your appropriate (personal generally better than job-related) email. Or if you know of a member who has not heard from us – encourage them to contact us and update their email address.

Keeping in touch

The John Snow Society contacts all members once per year, via email, with news about the Society and the details of the annual Pumphandle Lecture.

For more interactive participation in the Society, please follow us on [Facebook](#) and [Twitter](#) (@JohnSnowSociety).



Contact details for the John Snow Society

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