

Congratulations to our College team on their magnificent University Challenge semi-final win this week.

We look forward to seeing them in the University Challenge final (Monday, 20 April at 8:30 p.m. on BBC 2).

## Editorial



**The Revd Dr Andrew Davison, Dean of Chapel, Fellow in Theology and Starbridge (University) Lecturer in Theology and Natural Sciences**

The image of a pelican feeding her young with her blood might seem macabre. Its message, however, is one of life, as the events of Holy Week confirm. The Nicene Creed, the pivotal expression of Christian belief, has something arresting to say about life. The authors wanted to describe God as 'the giver of life'. The word they used doesn't refer to the life of the human soul, or the manner of a human life, but rather to life at its most universal. Their word for 'giver of life' belongs with the rising life of Spring: the life of seeds pushing through the ground, of the new-born lamb or foal, of life's extraordinary transcendence of inanimate matter, of life opposed to death.

The events of the past months have held life and death before us as few of us will have experienced before. Our labours, our economy, even our staying at home, are all now orientated towards life. We mourn this life, lost by those who have died in such large numbers. We see the force of life demonstrated in recoveries, happily more each day. We are in awe of those, especially in hospitals and healthcare, who put their own lives at risk, and some of whom have already died for the sake of life. Recalling those people - doctors, nurses, pharmacists and many others - I am reminded of Stephen Spender's poem '[The Truly Great](#)' (*Poems*, 1933), in which he praises 'those who in their lives fought for life'.



Those of us following the story of Holy Week and Easter find battle and sacrifice there too: a life fighting for life. In the words of an eleventh-century hymn, 'Death and life have contended / In that combat stupendous'. This is what the pelican represents: not an attachment to death, nor enchantment of suffering, but one who faced loss for the sake of deliverance, and was willing to die for the sake of life.

Christianity has often seen a substitution at work in the events of Holy Week and Easter, something of God standing in our place. It has not, however, always left it there, not least because the story leads on to Resurrection, and the work of a new creation. Christ's words, 'Go, and do likewise' echo down the centuries, falling for instance on the ears of our founders, faced with their own pandemic.

We see people all around us in hospitals and clinics, and in countless other places tread the course familiar to us in Holy Week. Across the whole human family, they play a part in the 'combat stupendous'. As we see in what follows in Pelican in Brief: in a college community assembled under the sign of a pelican, charged by our founders to be those who in our lives fight for life.

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## News from the College

### The Interim Bursar, Dr David Secher



On 2 March 2020, I gave a lecture at the King Fahd University of Petroleum and Mining (Saudi Arabia's top research university) in the seaside town of Al-Khobar. On Wednesday 3 March, I started as Interim Bursar at Corpus, having flown back overnight via Dubai. As I write this on 3 April, I reflect on how much the world has changed in a month – and how different is the job of Interim Bursar from the role I thought I was taking on.

I was Bursar of Gonville and Caius College for six years and really enjoyed the job. I retired eighteen months ago (age limit) having taken the endowment from £120m to £210m and produced a thirty-year estate strategy for the College's Cambridge properties, commercial and operational. So when Tim Harvey-Samuel, who had become a close colleague and friend during that time, approached me with the suggestion that I might like to consider being Interim Bursar at Corpus for seven months, I jumped at the privilege.

My initial priorities for the first month were to get to know all the staff and most of the Fellows; to familiarise myself with the exciting new building project at 23 Cranmer Road, to create more student accommodation on the Leckhampton site; and to check that the finances of the College were in good shape. As it turned out, I have met perhaps a quarter of the staff and only a handful of Fellows.

My priority has been to ensure that all the staff are supported during a time of unprecedented change, as we close down the College, manage a complicated process of "furlough" for half the staff (the College will supplement the government scheme to ensure our staff receive 100% of their salaries), and continue to provide the necessary, skeleton services for those students who are unable to return to their family home.



But there have been high points too: the sun has shone on many days and I have had to catch my breath at the beauty of the buildings in the Old House and the splendour of the Leckhampton site; the welcome from those staff and Fellows I have been able to meet could not have been warmer; and the College is in good shape to survive the turmoil we are in. I have not for one moment regretted my decision and I hope that in the short time I am privileged to be part of the Corpus community, I can play a small role in helping the College to emerge even stronger than before.

It is a disappointment that I have had so little opportunity to meet students, and it seems unlikely that they will return before I hand over to my successor, but, in the middle of writing this note, I observed a small group maintaining "social distancing", enjoying their lunch on the Old Court lawn, thanks to the Dean of College, who has temporarily relaxed the restriction.



## Reflections from the Fellowship

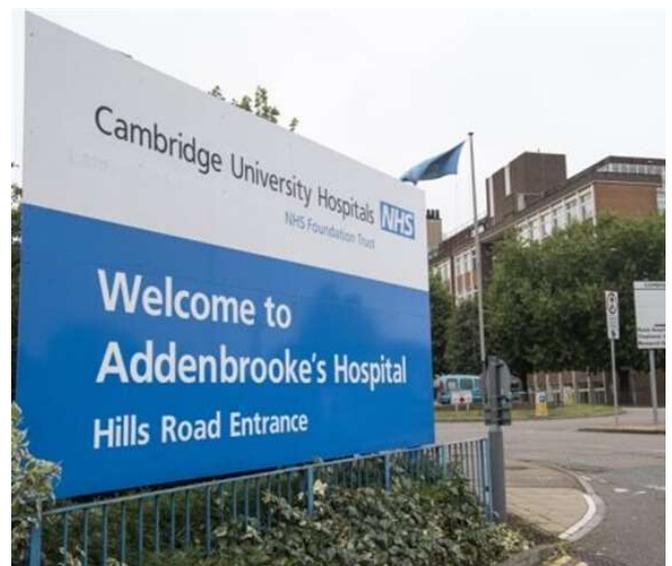
**Dr Sam Behjati, Fellow in Medical Sciences, Wellcome Trust Intermediate Clinical Fellow and Group Leader at the Wellcome Sanger Institute, talks about the challenges of his work as a clinical paediatrician and research scientist in the crisis of the pandemic.**

As I am writing these words, we can see the tsunami of COVID-19 on the horizon of our capital. It is unclear with what force it will hit Cambridge.

There is an eerie silence at Addenbrooke's right now, whilst the entire Trust is preparing for the onslaught. Every corner of the hospital has been reorganised. Every staff member – from cleaner to consultant – is laser focused on just the one task: to care for our community in these difficult times. Academic clinicians, like myself, have come out of our ivory towers to join our colleagues on the shop floor.

As a paediatric oncologist I worry about the children that I look after. The experience of our Chinese and Italian colleagues has been that children undergoing cancer treatment do not seem particularly vulnerable to the sequelae of COVID-19 infections. If true, this would be most unusual, as our patients usually suffer severely from just the ordinary seasonal flu.

However, we are not taking any chances. We have advised children under our care to self-isolate until further notice. We are making every effort to conduct consultations that cannot be postponed by phone. As paediatricians, we have little expertise in looking after adults. However, we are trying to take the workload off our colleagues in adult medicine wherever possible. For example, paediatricians are now running the paediatric A&E department at Addenbrooke's, to relieve A&E specialists who are also qualified to look after adults.



My lab has become a virtual space, connected by Webex, Zoom, Bluejeans and GoogleHangout. Luckily, we have an enormous backlog of data and projects that will see us through the drought of the next few months. My main concern is to keep the projects of my doctoral students going. The Wellcome Sanger Institute, where I am a Group Leader, has ceased all research activities for the time being. It has made its sequencing might available to the COVID-19 Genomics UK Consortium. This consortium of NHS, Public Health Agencies and academic institutions will map in real time the spread of COVID-19 through the country by analysing the genetic code of the virus. The mission of Sanger is to 'use genome sequences [...] to improve human health'. Who would have thought that the cutting edge technology of our ivory tower could be of such practical and immediate value to the health of the British people?

One thing that has become crystal clear over the past few weeks is that only because our health service is national, are we able to mount a coordinated, national response to this global health crisis. When I look at Germany where my parents live, arguably one of the most advanced (and certainly most expensive) healthcare systems, I am shocked by the inability of the health service there to coordinate their efforts. Each practice and hospital are doing their own thing, as there are no unified plans, communication or governance structures. No number of staff, ventilators or face masks can compensate for fragmentation. Perhaps this experience will teach us to put the question of the NHS and privatisation above and beyond ideology and party politics?

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## New Fellows

**Dr Philippa Hoskin, Gaylord and Dorothy Donnelley Fellow Librarian**

Philippa Hoskin became a fellow of Corpus in October 2019, joining the College from the University of Lincoln, where she had been Professor of Medieval Studies in the Department of History and Heritage and School Director of Research. She was previously at the University of York in research, teaching and archival roles.

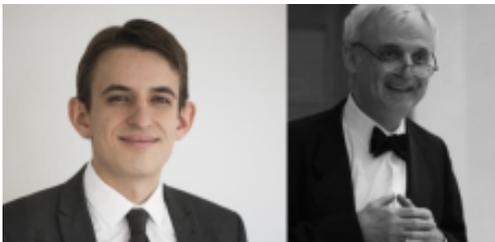
Philippa's research focuses strongly on the English medieval written record with a particular interest in using information about the structure and creation of formal administrative records to answer new research questions. Her recent monograph *Robert Grosseteste and the 13th-century Diocese of Lincoln: An English Bishop's Pastoral Vision*, synthesised the evidence of the bishop's administrative practice with his theological understandings of the nature of the relationship between god and people. Previous work has engaged with, amongst other things, spiritual drivers that drove the bishops of the mid-thirteenth century to engage in political revolt, Robert Grosseteste's use and abuse of Aristotle's Ethics, and the practicalities of record-creation for itinerant clerical households.

She has particular expertise in the scholarly editing of medieval documents, producing both print and digital editions, and in supporting the management of historical manuscript and print collections. Among other editing projects she has been the General Editor of the Canterbury and York Society (2006–2019) and the British Academy's English Episcopal Acta Project (2003 – present), and has worked with a number of digitisation projects including leading the Andrew W. Mellon funded Cause Papers of the Diocesan Courts of York project (church court records 1300–1858) and is currently chair of the ARHC Northern Way project steering committee. She is also chair of the Lincoln Cathedral Library Advisory Board.

Her most recent project was funded by an AHRC major research grant and explored what the incidental impressions made on wax seals at the time of their creation (finger and hand prints) reveal about who was involved in the physical acts of sealing legal documents and what this suggests about how ordinary people understood the act of legal record creation and the significance of these 'security' seals. The project involved bringing together the expertise of forensic scientists with insights from medieval art history, literature, law and history. Its outputs have included, besides the academic ones, a collection of computer games.

She would be delighted to hear from anyone interested in collaborative projects concerning either her own research interests or, more broadly, the manuscript and printed collections of the Parker Library.

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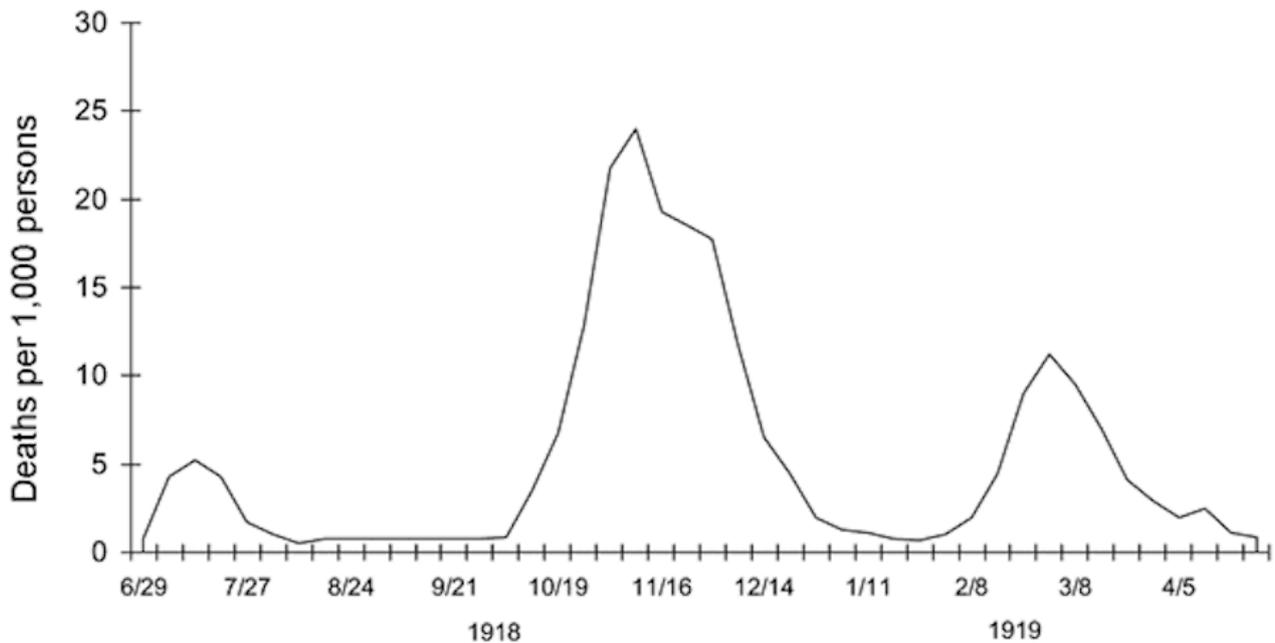


**Dr Charles Read, Hong Kong Link Early-Career Research and Teaching Fellow in Modern British History, and Dr Peter Martland (m 1982), editor of The Record, look at the devastation caused by the Spanish Flu pandemic in 1918 and its long term effects.**

In a rather sobering co-incidence of history, one hundred years ago last month (March 1920) marked the end of the final major outbreak of Spanish flu.

That pandemic, which like COVID-19 today was caused by a respiratory-based virus, was the third most deadly of the past millennium. Only the bubonic plague, or Black Death, of the fourteenth century – a tragedy out of which the Guilds of the Corpus Christi and Blessed Virgin Mary founded this College – and the spread of smallpox to the Americas in the sixteenth century killed a greater share of the world population. Some five hundred million people (a quarter of the world's population) may have caught the Spanish flu, of which epidemiologists currently believe that it killed between seventeen and fifty million people worldwide. That is either more than were killed in combat by the First World War, or in the two world wars combined.

The crisis is often forgotten by the general public, and shamefully by many history books, because it came on the heels of another deadly tragedy: the slaughter in the trenches of the First World War. The disease had first emerged in the spring of 1918 and hit Britain hard in two further outbreaks starting in September 1918 (two months before the Armistice) and in February 1919. Scientists disagree where it appeared first: a crowded British army camp in France, a farm in Kansas and a bird migration route in China all provide credible explanations for its origin. However, the disease was not discussed publicly in the combatant countries until the end of the war. To maintain morale, wartime censors across the Allies and Central Powers minimised early reports of the illness and mortality. In sharp contrast, newspapers in neutral Spain could freely report the epidemic's effects when it arrived there. The idea that Spain was the first, or hardest, hit country was fake news, but it nonetheless gave rise to the pandemic's enduring nickname, "Spanish flu".

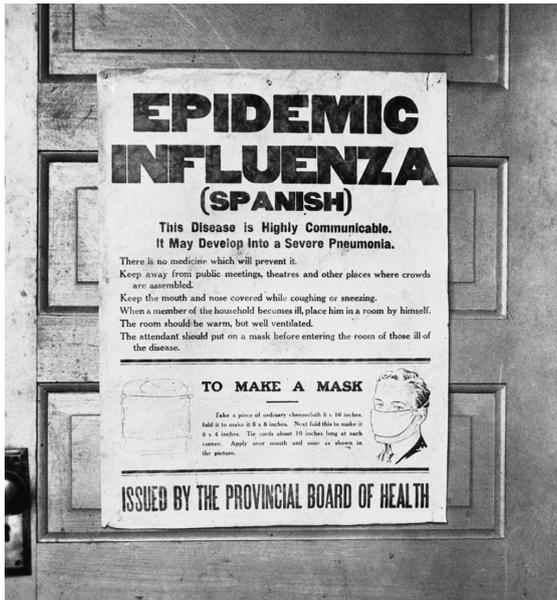


*UK 1918-1919 weekly combined influenza and pneumonia mortality.*

In Britain, the first wave of the epidemic peaked in June and July 1918 and was followed by a more deadly wave which peaked in October and November, ending in spring 1919. A smaller outbreak reappeared in early 1920, before the strain faded away. In Britain, 228,900 died; in France, 166,000; in Germany, 225,330 and in the United States, 550,000. Spanish flu also cut a swathe through the developing world. Over a million died in West Africa and up to sixteen million in India.

In Iran, it has been estimated that between 902,400 and 2,431,000, amounting to some 8% to 22% of the total population, died. Worse hit still were the Pacific Islands; during the autumn of 1918, some lost up to 25% of their entire population. Unlike COVID-19, which is caused by a coronavirus, the Spanish flu was a version of the [H1N1 influenza virus](#), a later strain of which killed up to 575,000 people worldwide during the "swine flu" pandemic of 2009. Even so, the evidence so far is that COVID-19 and Spanish flu have broadly similar mortality rates among those infected. But unlike most influenza viruses (and, indeed, COVID-19), which are most likely to kill the elderly, Spanish flu impacted more heavily on children and young adults. About 25% of deaths due to the disease were aged fifteen or under and about 45% were aged between fifteen and thirty-five. The disease also spread round the world remarkably rapidly, helped by modern rail and shipping networks, as well as the movement of millions of soldiers. The Spanish flu killed more people in absolute numbers in the first 24 weeks of its appearance than [HIV/AIDS](#), a pandemic of the late twentieth century, killed in its first 24 years.

Explanations for the flu abounded, but at the time the virus that caused it was not isolated. It had the character of a plague, so by some it was seen as divine punishment for the terrible man-made slaughter on the Western Front. Others pointed to circumstances that may have been favourable to the virus: on the home front, poor health caused by air pollution, rationing, food shortages and the impact of blockade; on the military front, densely-packed, lice-ridden trenches and army camps. Economic historians have since shown that levels of air pollution and malnutrition increased the infectiousness and mortality rate from Spanish flu. (Some recently published scientific papers also come to similar conclusions about COVID-19.) Indeed, at least one historian of the Spanish flu, Andrew Price-Smith, suggests the disease turned the tide of the war in the Allies' favour in the middle of 1918. Germany and Austria were hit earlier and harder by the disease, fatally weakening their war efforts.



In popular memory, the loss of so many more young people due to Spanish flu is often forgotten, at least in Britain, because it was deliberately buried in the pain of the First World War, with many deaths from flu included on war memorials. That concealed the full extent of the economic damage from the pandemic, particularly the destruction of human capital it caused. Robert Barro at Harvard University recently estimated that Spanish flu reduced real per capita GDP in the typical country it hit by 6.0%, compared to not much more (8.4%) for the impact of the war on each one affected. Worse still, in the longer term, some economists argue it contributed to a lost decade of economic growth in Britain in the 1920s. With COVID-19, better medical know-how and lockdowns will hopefully keep the absolute number of people infected and killed well below that of the Spanish flu. But be warned: pandemics have greater consequences than first meet the eye.

## New Bursarship

The College has advertised for a new Bursar. Any suggestions or advice from alumni or supporters of the College would be warmly welcomed. Please contact the Interim Bursar, Dr David Secher, at [bursar@corpus.cam.ac.uk](mailto:bursar@corpus.cam.ac.uk)

Corpus Christi College aims to appoint an outstanding individual to the post of Bursar. The successful candidate will be expected to take up their appointment ideally in the summer, and no later than 1 October 2020.



The Bursar is the senior financial and administrative officer of the College, and plays a pivotal role in the leadership of a diverse and close-knit College community. The postholder will be responsible for helping to develop and execute the College's strategic vision and for driving operational policy that supports the College's core educational mission. The Bursar has general responsibility for all matters related to College finances and investments, the management of the College estate, properties, staff, administration, communications, and fund-raising. The Bursar will be elected to a Fellowship and must be eligible to act as a charitable trustee of the College.

Candidates should demonstrate exceptional leadership, interpersonal and communication skills. They will have a proven track-record of financial or asset management and strategic planning, with strong skills in personnel and project management, and in administration. They should be strongly supportive of and enthusiastic about development and fund-raising activity. They must support the College's aims and be committed to its core values of academic excellence, mutual support and respect. They will be flexible, creative and able to work collaboratively in pursuit of the College's educational mission.

The College has retained Minerva executive search consultants to advise them. Further details of the Bursarship and information on how to apply can be found at

<http://www.minervasearch.com/corpus>

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Pelican in Brief is available on our website and all issues can be found [here](#).

The next issue will be published on 21 April.

For further information, please visit our website [www.corpus.cam.ac.uk](http://www.corpus.cam.ac.uk) or contact

Jane Martin at [jmm56@corpus.cam.ac.uk](mailto:jmm56@corpus.cam.ac.uk)

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