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MM: James Gray was born in Bristol in 1935. He's of a medical family; both his father and grandfather were fellows of the Royal College of Physicians of Edinburgh. He was educated at St Pauls School, London and Edinburgh University. As a student, he was a member of the Royal Medical Society and became its senior president in 1958. After graduating he held house appointments in Edinburgh and in Middlesbrough before holding a short service commission in the Royal Air Force. He returned to Edinburgh as a research fellow at Edinburgh Royal Infirmary. He then became registrar at Bristol Royal Infirmary and later senior registrar in the infectious diseases department of the Royal Free Hospital, London. In 1969 he was appointed consultant in communicable diseases at the City Hospital in Edinburgh and from 1976 until 1984 he was assistant director of studies at the Edinburgh Postgraduate Board.

MM: James, you were born in March 1935.

JG: Correct, that's right.

MM: And that was in Bristol.

JG: Correct, yes.

MM: But I think you're of an Edinburgh family, are you not?

JG: Very much so, yes. That goes back to certainly my grandfather who was the medical officer of health for Leith and a very successful general practitioner in the Ferry Road and my father, who also studied medicine - both of them are Edinburgh graduates - and then my father got away from general practice and went in to all the laboratory specialities which he was always interested in, particularly microbiology, and he worked with Professor T. J. [Thomas Jones] Mackie for a while in this university and then went to Liverpool first of all, where my sister was born, then to Bristol - in both contexts as a bacteriologist. And then at 1938, '39 - I can't remember exactly which - he got his

post at the Central Middlesex Hospital as the consultant pathologist at the Central Middlesex Hospital which embraced anatomy, histology, haematology, pathology in all its senses and his own specialty of microbiology.

MM: Could we go back and say a little more about your grandfather?

JG: Sure.

MM: He was medical officer of health in Leith. What year would that be, roughly? What sort of time?

JG: I think it was the 1860s, he... I'm sorry, that's not right. Not the 1860s. It must have been much later on. It was the 1880s. I think it was 1886 to about 1894. He was the first of all part-time and then full-time medical officer of health in Leith. And he seemed to combine that with being on the staff of Leith Hospital and also with his general practice. How he managed to do the lot, I'm not quite sure, but... that was…

MM: That must have been a very, shall we say, interesting period to be a medical officer in Leith because there would be a fair degree of poverty I would imagine in Leith at that time.

JG: I think there was. They lived at 107 Ferry Road, in fact my father was born as we say above the shop, above the surgery. But certainly stories that my father told in the short while that he was in general practice with my grandfather, before he went in to bacteriology, there was a lot of poverty. And of course they had incoming problems with sailors coming off ships at the Port of Leith bringing in sometimes infections that had almost gone out like typhus and one of the things that my grandfather was particularly adamant about and upset the directors of Leith Hospital enormously because he really pilloried them and maligned them was that there was insufficient accommodation for patients with infectious diseases who were roomed in with people without infection. Inevitable result, cross-infection, infection of staff – quite a few nurses went down with typhus and I believe a young doctor died of typhus. And so my grandfather - that's the same name as myself, James Allan Gray - he was very forceful in putting across the idea that there should be separate accommodation and I think they took on a ragged school somewhere in Leith. This is very nicely described in David Boyd's book on Leith Hospital. And… but they were all sort of make do and mend, there was nothing really definitive about how infectious diseases should be managed. It was just a question of getting them out of Leith Hospital so that Dr Gray would not pillory them any more in the local press and so on. And I think as a long term result of that the East Pilton Fever Hospital was built, which then became the Northern General Hospital and is now a grand supermarket on the… in that part of Leith.

MM: When your grandfather was medical officer of health for Leith, at that time Leith was a separate entity, wasn't it?

JG: Oh very much so. I think it was 1922 Edinburgh and Leith joined together. But yes it was quite separate and the Leithers really felt that very strongly, they were not part of Edinburgh.

MM: And they I think… supported those local hospitals very well.

JG: The charity coming in, of course both to the Royal Infirmary in Edinburgh, but also to Leith Hospital was very considerable. And some of the big shipping firms of course, shipping magnates would bring in large sums of money.

MM: And as a medical officer of health and as a general practitioner of health, he then became a fellow of this College at some point.

JG: Yes, I don't know what date that was exactly. But he is depicted in a picture just coming in to this very room where we're talking just now, which must have been the late 1890s I would think or perhaps the very beginning of the 21st – of the 20th century.

MM: And then your father, he also graduated from Edinburgh University.

JG: That's correct, yes. He again studied the sciences; he got a BSc and a PhD - sorry a DPH, I beg your pardon, a Diploma of Public Health. And he was much later on a founder member of the Royal College of Pathologists when that took off. And he did pass his membership examination of this College, the Royal College of Physicians of Edinburgh and became a fellow, at exactly what date I'm not sure. And how much interest he took in the proceedings of college I don't know.

MM: Just as your grandfather had been a general practitioner and medical officer of health, your father went by way of general practice, too…

JG: He started off in as I understand it in my grandfather's general practice on the Ferry Road and then went to work in the… more in the laboratory sciences, yes.

MM: So that was following a family tradition that you have followed yourself.

JG: Interestingly so, yes. I was surprised when reading David Boyd's book on Leith Hospital to realise that my grandfather, the medical officer of health for Leith, was so adamant that infectious diseases should be totally separate and isolated for the sake of other patients and of course staff. He really went to town about that.

MM: But then your father was in Bristol when you were born.

JG: That's correct, yes. He went from Liverpool where he was again doing bacteriology to Liverpool – sorry, from Liverpool to Bristol, then to London just the year before the Second World War, correct. Yes.

MM: And you went to school in London.

JG: Curious enough I started off my education at Morrison's Academy, Crieff. Reason being that the rented house we had in West London was considered sort of kind of too dangerous. My mother, my sister and I were transported to my grandparents' home, my maternal grandparents' home in Crieff, my grandfather on that side being a man of the cloth. And I think we had a very happy wartime there apart from the fact that of course my mother was worried the whole time as to what was happening to my father.

MM: Where was your father at that time?

JG: Well… his field ambulance - he was also very interested in things military. His field ambulance was mobilised at the very beginning of the war and he went off to Hong Kong where I think it was probably very nice sitting in the Repulse Bay Hotel the first couple of years of the Second World War with your feet up on the rail and… a Chinese waiter would come along with your gin and tonic and your Willy Woodbines, he did smoke a lot then. And then… he… he did various interesting things. I think went up to Shanghai and investigated a big outbreak of typhoid fever there, and I think he found the tropical disease aspect of his work in Hong Kong absolutely fascinating. And then of course, very sadly, everything went badly wrong and Christmas Day 1941, Hong Kong fell to the Japanese and he spent three and a half years in a Prisoner of War camp, partly on the mainland and partly on the island but mainly at a camp called Sham Shui Po. And a very resourceful chap, my

father. He absolutely wouldn't give in. There was no little Japanese - and sometimes that race was used in derogatory terms as you might imagine - was going to get the better of them. And he stopped smoking. He said that for a packet of Willy Woodbines you could buy an egg or exchange it for an egg and that was very much more improving to the health than smoking cigarettes. Or it might buy you a greatcoat for the winter; it could be very cold there. And he set up a yeast factory which I think was an interesting idea, appreciating that a lot of the prisoners who were grossly malnourished were deficient in b vitamins so getting a yeast factory going was a marvellous thing.

But he didn't talk about this for a very long time after he came back from the war. He was… had the misfortune of slipping an intertvertebral disc when he was pulling up brambles in his beloved garden in Ealing when he got back to it. The centre of the garden had been taken over by the air raid wardens and used as a… as a tomato patch and so on. And he was pulling up brambles and really injured his back very badly. Of course in those days there was no laminectomy and probably not terribly good analgesia for it but he got better. He I think was always a little bit psychologically disturbed by his experiences. I remember as a small boy going to Kelvingrove Gallery in Glasgow and some little while before, of course, Salvador Dali picture of St John of the Cross had been perched and he stood in front of it for a long time and he turned down to me and said, "Jim, you know, that really doesn't look like what a man is like when he is crucified." I have no idea what my response was to that but we moved on to some happier topics after that. But I think things were you know very considerably… deranged in his mind about his experiences. But he eventually coped and did extremely well. I think it was a very harrowing time for my mother who had stood firmly by him and fully expected he would come back from the war at some stage. She had done some general practice in Crieff, locum general practice during the war years and taught herself to drive the car, and got it off the blocks in the garage in Crieff and drove it all the way to London. So - and then he came back, which was marvellous.

MM: Your mother was an addition to the family of medical men.

JG: She was. She must have been one of the earlier ladies to study medicine. She… started off at the University of St Andrews where her father was the minister at Hope Park Church there and a Provost of the City at one stage and so on. I gather he gave the keys of the city to Earl Hague. Whether that was a good thing to do or not, I'm not sure. [Laughs] She started training there and then went on to study in Edinburgh, which is where she met my father who is a year or so senior to her.

MM: So after your schooling in the south, it seems almost inevitable therefore that you went in to medicine yourself.

JG: It wasn't just quite as easy as that. I won't go in to too many of the details of my sort of scholastic upbringing but Morrison's Academy in Crieff gave you a superb grounding so I was nine or ten at the end of the war and both of my parents - curious enough, my father not knowing what my mother had done in the way of further education for me sent me to St Pauls school in West Kensington which I think gave me a splendid foundation again in all sorts of things. And I was very torn at one time as to whether I would do history or medicine. Medicine obviously was very much in the blood, my father, my mother, my grandfather and a sprinkling of uncles and aunts on my mother's side as well had done medicine. But I was caught out with the GCE [General Certificate of Education] which had just been introduced at that time when I was 15 when I could have sat six, seven, eight subjects, I can't remember now. And they said, "Oh, but you can't sit it." And I said, "Why not?" He said, "You're not 16 yet." The next year this was rescinded. And I said, "Well, what am I going to do? I don't know whether I want to do history or medicine." "Simple, sonny. What you do is you go up the

arts side of the school and you pursue that and if you want to do this medicine thing later on, you can just do a crash course. At the end of your school training we'll give you a general certificate in general sciences and that will see you in to university." Which is in fact what happened and I was very strongly influenced at school by a chap called Phillip D. Whiting who was a numismatist of world renown and a marvellous teacher. He had collected coins from Byzantium and wrote I think probably the seminal work on that which is still quoted. Marvellous teacher whom I used to go and see in London on quite a number of occasions until he died and I flew down to his funeral, I was that fond of him. Such a formative influence. And he trained all sorts of people like the honourable Kenneth Baker who was in my class, Johnathan Miller also a contemporary of mine at St Pauls School and he said, "I don't mind what you do, go away with the feeling of history in your bones." And I think I've retained a sort of armchair interest in things historical ever since.

MM: But then when the decision to study medicine was made, Edinburgh then I take it was inevitable.

JG: There wasn't much choice, I don't think. I was very happy to come to Edinburgh. Probably partly like all young chaps who are wanting to sort of play the field you left your home environment and wanted to go somewhere else and try it out. And I was very happy, very happy in Edinburgh. I think it was a good choice.

MM: You had been at Morrison's so coming to Edinburgh wouldn't be such a great culture shock as it might have been.

JG: Probably not, no. Although I think many of the friends I made at university were in fact English, curiously.

MM: So how…

JG: Or non-Scots.

MM: So how did Edinburgh seem to you as a student when you arrived? Do you have memories of that?

JG: I think it was incredibly hard work, Morrice. Incredibly hard work because of this arts training I'd had in school and the crash course in sciences in my last year. I had a delightful little landlady in Marchmont Road, number 64 Marchmont Road, who looked after me very well and I think I just put my nose down and got on with it. My second year I was in Cowan House, south side of George Square where the university library is now. And had a very happy time there, probably very wild time but I think all students were allowed to have the occasional can of McEwans Export and we had more than the occasional one. But I enjoyed my medical training enormously and I've kept up with some friends, medical and non-medical, that I met there and they still give enormous pleasure.

MM: How do you remember now these preclinical years?

JG: Ah. Excuse me.

MM: They lasted quite a long time.

JG: Well surely yes, it was a six year course, of course. And I started off doing chemistry, physics, zoology with Professor Michael Swan who I always remember at the Kings buildings, and of course botany in the summer term. I would get on a bicycle and rattle down across the tram lines from Marchmont all the way to the Botanic Gardens for half past eight lectures which I found incredibly

dull and boring and then neck all the way up the hill to the university for your next lot of lectures at ten o'clock, or whenever it was. But it was a very interesting, a very interesting time. I think once I got in to anatomy and physiology I really began to understand what medicine was all about and enjoyed it enormously. The first year was very hard and I didn't fail anything but I was – I had several viva voce examinations which were not of the honours class, they were pass/fail type of thing. [Laughs] And I, I don't know, during my undergraduate training I was interested in bacteriology and pathology, probably an offshoot of my father's interest in this because he'd always had microscopes around and encouraged the young lad to look down and see the microbes and I found that absolutely fascinating. But I did enjoy clinical medicine as well and some of the characters you met there, Stanley Davidson, Derrick Dunlop… just marvellous people.

MM: But did any of the preclinical teachers…

JG: Sorry, going back to that. Yes.

MM: … impinge on you in any particular way? Were there any major figures that you met at that time? You mentioned Professor Swan, for example.

JG: Professor Swan, yes I had certainly singled him out. I think we found his lectures very interesting and philosophical and of course it was well before the Swan report came out about the use of antibiotics and animal husbandry but he made it very, very interesting. And we had various societies even in those days, little groups among ourselves. We had one called the Burke and Hare Society. And I suppose that went from first year in to second year because I remember Professor [David] Whitteridge of physiology, Professor George Romanes of anatomy… that lovely lady in physiology who discovered ADH [Antidiuretic Hormone], her name escapes me just at the moment… but anyway, they were marvellous, they would come and give us talks in the evening over a glass of sherry or whatever. And I think we all found that was a very good bonding experience with the students and the staff, it was a nice interface. We saw them not quite with their hair down but we saw them more as human beings than people on the other side of the lecturer's bench.

MM: Was it at that time you became a member of the Royal Medical Society?

JG: Oh… I became a member as early as I could, Morrice, yes. I didn't know you knew that I'd been interested in that. I was very interested in that. I suppose I liked dressing up with a black tie on a Friday night, which is when the meetings were, and… I duly did my dissertation in later years on bronchogenic carcinoma and why the government was coining in large amounts of revenue in tobacco tax that I thought was a very poor thing to do. Later on, I think I was the musei custos; I looked after the museum, what there was of it, a few pots and so on and pictures. I think we had the watercolours by Byron Bramble in those days of mania and jaundice and… hypothyroidism and various things, these lovely clinical photographs – clinical watercolours. They'd be photographs nowadays. And… latterly, I was a junior president and then the senior president of the Royal Medical Society. And it was a time that I found, yes, very interesting. During that time, we started a little… magazine called *Res Medica* which I gather is going rather intermittently still. But we published dissertations that people had given. Sir John Bruce was very helpful to me then and Derrick Dunlop and… various others who would write articles for us and the whole thing I think cost something like £90 and I was having grave misgivings as to whether this was a wise thing to do. When I went to speak to Professor John Bruce as he was then, he hadn't been knighted at that stage, he said, "I'm just starting off the journal of the Royal College of Surgeons of Edinburgh and I know exactly how you feel, we're short of funds too, my boy. Would a full page advertisement for my journal in your

journal be acceptable and we would give you…" I've forgotten what it was but it was exactly the right amount I needed to launch *Res Medica* so that was how it happened.

MM: Do you think that the Royal Medical Society is in any way unique among… such societies in this country? Because it does seem to have played an important part in the undergraduate life of medical students.

JG: Yes, I hope it still does. I feel rather guilty when invited to be a trustee some little while ago I declined because of other commitments even in retirement, but I think it was enormously good fun. It is I think I'm right in saying the only basically undergraduate society that has a royal charter which was given by the good King George way back in, I think it was 1773 or thereabouts. And they preserved the charter in a glass case with this big red seal under it which was… it gave you a sort of sense of continuity with the past and what had gone on before. The idea of you know giving dissertations in pubs and so on in the evening before they ever had premises was really a lovely idea and to keep that going.

I must say it was a bastion of male chauvinistic awfulness in many respects when we were students and I thought this was an ideal thing being young and priggish, and chauvinistic. I remember coming back a number of years later, it must have been I think I'm right in saying 1964 and thinking, I'll go along and see what's happening in the Royal Medical Society, which is then of course in Melbourne Place where we had been as students. And blimey, there were ladies! Women! Girls! Skimpy dresses going in to the Royal Medical Society and I thought, I better go and see what's happening here. And I was absolutely bowled over by a splendid lecture by Dame Sheila Sherlock who of course is an Edinburgh graduate. And she gave a marvellous talk on some aspect of hepatitis or liver disease. And I thought, well, perhaps if one has [inaudible] calibre then the Royal Medical Society is okay. But it was quite a shock to the system to have found there were ladies present. A good thing obviously nowadays but…

MM: And you went on with – inactively in - the Royal Medical Society in to your clinical years too, I think.

JG: I did go to it, yes, on an intermittent basis. Yes. I don't think I was a very good supporter of it latterly after I graduated. I do feel guilty about that sometimes.

MM: How about the people you met in your clinical years? Were there any outstanding characters at that time among your teachers?

JG: Among the teachers?

MM: Yes.

JG: Yes. People one remembers… I think Sir John Bruce because of his bonhomie and evening occasions would be highly bucolic and extremely entertaining, he was a marvellous raconteur. I became his houseman later on… Sir Derrick Dunlop, who actually had been a university contemporaneous with my father, and he always remembers him arriving at the men's union from some country seat and nonchalantly throwing his horse's reigns over the railings of the men's union as he went in. [Laughs] Very suave as you will know only too well. But again a marvellous speaker who polished and polished and polished his lectures. The… I always remember when he was asked to speak at a Royal Medical Society function he rang up whoever was organising the annual dinner and said, "I feel so dreadfully sorry." And of course the poor student thought he was going to be let down, the great man was not going to come and speak the following evening. "Oh, Sir Derrick. What

is it?" "Well, you see I've been rehearsing my speech for tomorrow evening and you asked me to speak for ten minutes but I have rehearsed it and rehearsed it and I think it would be better to be a mere eight and a half. I do hope that will suffice." [Laughs]

He was marvel – we used to have ipse dixits from his lectures and some were just fantastic. And things you just cannot get away from, you remember for the rest of your life. Atrial fibrillation, he would liken – he was terribly keen to show us that of course, one wasn't foolish enough to give people quinidine which in established atrial fibrillation would throw off clots in to the systemic circulation and cause terrible things to happen. So he would liken the atrium to a lily pond, with the vespers one evening blowing across the surface, creating little ripples. And then one day some stupid young doctor who has not attended my lectures would give a dose of quinidine which would feel like a great thunderstorm going on the pool, causing the water lily roots and the stones to be uplifted, thrown in to the systemic circulation ending up in paraplegia. And his paraplegia was far better than I can do, it was absolutely marvellous. And he would swallow ryles tubes in front of us to show how easy it was to assess the acidity of the stomach. He would… Oh, there was one lovely one, sorry I mustn't go on about him too much, but he was a, just a stunning actor… it was a lecture on anaemia and as you will know, Morrice, children are born with a very low haemoglobin. And he would draw the graph as you look at it that the child is brought in to this world with a huge amount of haemoglobin, it steals it from its mother and you could liken this to the hump on the back of the camel. Which will last the child through the desert of lactation, with very little iron in breast milk you see, until at last it arrives at the oasis of weaning. This the students were all applauding and went to his lectures seriously for the lectures. He was just absolutely, absolutely marvellous and we were all sort of anticipating the punchline and gave it thunderous applause, stamping of feet. Great chap.

MM: Yes. During your clinical years, were you able to choose which clinic you went to or was this something that was allotted…

JG: I don't think we were, I think we were allotted very much… I can't remember exactly. There might have been a sort of narrow choice. Maybe, did you wish to go to such and such a hospital, the Western General, the Eastern General, or stay at the Royal Infirmary? I don't recall that we could actually choose any particular one but we did seem to be quite a lot of different clinicians which was you know very useful getting different points of view. Again, I was in Derrick Dunlop's clinic at one stage. Again, he was a marvellous teacher; even if he got it wrong himself he would extricate himself from difficulties magnificently, in a way that one will always remember.

MM: And did you – have you memories of any other of the physicians of the time?

JG: … Stanley Davidson, I think was a terribly nice man. I didn't find him an inspiring lecturer in any sense. I do remember we were probably one of his last – one of the last years that he taught. The 150, or whatever the number of my year was, clubbed together and we got him a gold pen, and we also got him I think it was a magnum or a jeroboam of malt whisky. And he said, "This pen is very nice, you know. A very nice pen. I'm sure I will use it a great deal. But this magnum of whisky, this is something different, this is something I want, [that brings me joy]." So we thought that was, that was very…

MM: Were you conscious of - as undergraduates - of what he had done in shaping the medical services in Edinburgh at that time?

JG: Yes, I think we were. I think we were conscious of the fact that he'd been to - been a professor in Aberdeen, that he'd done early work on anaemia, on nutrition, written up Weil's disease and so on

among the Aberdeen fishwives gutting herrings on the quay. That sort of thing. I think that did come through, perhaps not in a very major way. We also had… Professor [Ronald] Girdwood, I can't remember if he was professor at that time but I certainly remember his lectures… But other clinicians, perhaps some of the surgeons like John Bruce and Hector Porter, who was also in the seven and eight in the Royal Infirmary. I remember Tarara [Thomas Robert Rushton] Todd on the medical corridor, who we certainly remember well T. R. R. Todd who'd been a gold medallist but I think was getting a little bit old when he was teaching us and of course was very pedantic about nurses with squeaky shoes. Nurses would have to remove their shoes and walk their stocking soles to the end of the ward and not disturb his patients. And any student of course who had a miniscule trace of nicotine on his fingernails was immediately marched out the clinic, that was the end of the clinic as far as he was concerned. He wasn't to come back until Dr Todd could detect no nicotine staining. [Laughs]

MM: When I asked about Stanley Davidson's influence I was really wondering if, for example, your time with the Royal Medical Society and discussions there, if there was awareness that Stanley Davidson had made a point of importing new people to the Edinburgh medical scene?

JG: … I think we were aware that there were quite a lot of new faces around… There must have been quite an influx, just before I was a student or the time I was a student, perhaps a preclinical student, of people from the south. Whether that was Sir Stanley Davidson or not, I don't know that we appreciated at the time.

MM: So you would be very much then it would appear a Royal Infirmary student, rather than the Western General.

JG: We did certainly go to the Western and the Eastern and Leith. Certainly we gyrated around there. I'm trying to think of other characters that we met, perhaps they elude me just at the moment. Are you thinking of any specific people?

MM: I was thinking of Ted [Edward Brodie] French, and…

JG: Yes, I don't think he taught me actually, Ted French. I met him a lot afterwards.

MM: John Strong?

JG: No. No, I don't remember him. Maybe I just wasn't in his clinic. Certainly [wouldn't have] lectured to us.

MM: No. Then you moved on and your first house job was in the Royal Infirmary.

JG: It was. That's right. Yes, yes. I had the misfortune to have glandular fever in my last… really, the last few months of my final year. I do remember being at the Western General Hospital with Tommy [Thomas Nicol] MacGregor the [great] gynaecologist, and he was a doing a series of ds and cs [dilation and curettage] in a very hot theatre and I'm not somebody who has vasovagal attacks easily but I crashed to the floor. Remember having this sore throat and looking in the mirror and seeing a couple of pus-covered golf balls at the back of my throat which were my two tonsils, and I really felt jolly unwell I think, for quite a long time. And this I think went right over into my house job with Sir John Bruce where I think I was a very inefficient young resident surgeon. [Laughs]

MM: Could you say a little about how one shall we say acquired a house appointment at that time. What was the mechanism?

JG: Well, it was people who you obviously wished to work with, or would like to work with. And probably people that you had met. You had been on their clinic. I think some students actually approached a professor or a consultant and said, "Please sir, I'd very much like to be houseman with you." And sometimes this worked, sometimes it didn't.

MM: And in your case?

JG: I had seen quite a lot of John Bruce, partly through the Royal Medical Society, partly with association I had mentioned with *Res Medica*, the Royal Med Society journal, and I think this may be a kent face to him. He didn't realise at the time that I was not very good at tying knots with my left hand, which I've never learned to do yet. [Laughs] Which I don't think pleased him very much.

MM: And after that six months you went off to Middlesbrough.

JG: I did indeed. It wasn't because I didn't try to get a job in Edinburgh, I did. I would have dearly loved to have worked for Stanley Davidson or Derrick Dunlop, one of these people but I think people cleverer than I had already got these jobs. Although a friend who was erroneously called the malteaser, a delightful chap from Gibraltar Alex [Alexander] William Dellipiani also a fellow of this College who ultimately ended up doing gastroenterology in Teesside. We'd been student friends for a very long time together and during that time there were very few students who were going abroad, I think maybe two or three of my year went abroad for their electives as we'd call them nowadays and so Alex Dellipiani and I went down to Middlesbrough General Hospital. And there we met another fellow of this College, sadly departed now, Dr A Williams, the little Welshman, who you always watched very carefully to see if the gouty tophi on his ears were looking a little bit red because he had quite a temper but he was a very good teacher, marvellous teacher. And every ward round he did with us, even if it was just the two of us, would be a teaching ward round and I think I learned a huge amount of practical medicine there. One was left very much on one's own, when I went there as a houseman doing my medical house position post.

MM: By that time, the National Health Service was operating and had been for a year or two.

JG: Oh indeed. Yes.

MM: Did you detect any difference in the way that things operated in Edinburgh [and then crossing the border to Middlesbrough]?

JG: … I can't honestly say I did. I did notice big differences later on, much later on working in Bristol Royal Infirmary and total differences in approach to patients and patient management. I mean this in the broad brush sense, not just individual cases. For instance, I did a - sorry I'm jumping ahead a little bit just now – but I did a locum registrar job with Lesley Duncan in diabetes in the Royal Infirmary which I found extremely interesting and very, very educational. I thoroughly enjoyed doing that. And the emphasis there was so much on education which I do believe to be a fundamental part of training a doctor. You are educated and you also educate your patients. And in Edinburgh, young diabetics would be grilled, they'd be put through the third degree. Now, know what happens if you miss your breakfast, you run to work, you've taken your usual dose of insulin – what's going to happen to you, what are you going to do about it? And you know, these chaps were really sort of grilled and as a consequence of this I think managed their diabetes probably extremely well. They knew exactly how far they could do things without compromising their blood sugar in any major extent.

Going to Bristol, I found I got my knuckles rapped by my consultant there because there were so many return patients to the outpatient diabetic clinic, and I said to Mrs So-and-so, “Now, look. We don’t need to see you for six months.” “Oh no,” she said, “I come back every month to see the consultant.” And I said, “Why?” “I don’t know.” So I said, “Well, first of all, let’s talk a little bit about your diabetes and how you would manage it.”

“Oh, nobody’s every taught me that before. I just stick to the exact dosage of insulin that I’m given. I wouldn’t dream of changing it. I wouldn’t dream of altering it. Are you supposed to do that?” And I thought it was a terribly interesting difference in approach between Edinburgh being a sort of didactic teaching… having a didactic teaching emphasis as compared with the rather more sort of laissez faire attitude in the south where the patient was not given responsibility and this all came from the Medical Authorities with a capital ‘A’.

MM: After Middlesbrough…

JG: Yes.

MM: … You did – you joined the RAF.

JG: I did.

MM: On a short service commission.

JG: Correct.

MM: Which immediately prompts the question… why the Air Force? Your grandfather, I think, was in the army…

JG: [Laughs] Right. I have to say we were the very last lot of National – people under National Service obligation to be called up into the medical branch of the Royal Air Force. In other words I had to do two years and I opted because… getting married, the wife was worth £480 a year, I think it was. It meant as a short service commission you were better paid, you were paid as a regular officer rather than a sort of 48 shillings a day or whatever it was as a National Service Officer. Why the RAF? … I thought about the Royal Navy, I thought about the RAMC [Royal Army Medical Corps]… I very nearly went in to the RAMC but I heard stories at the time and I cannot remember where I got them from or whether they were authentic that the medical branch of the RAF was the thing to be in. You know, they would look after you better, they would give you more opportunities for teaching or studying the membership examination and so on. Whether that was true, whether there was any difference or not, I don’t know. But I decided it would be the Royal Air Force rather than the RAMC or the Royal Navy.

MM: So when you served in the RAF, where were you based?

JG: We started off at a medical training establishment at Freckleton in… the west of England and had a little while at RAF Halton studying a miniscule amount of tropical medicine and then I was posted – I’d always put in for a posting to go overseas but I went to… to the east of England this time to a big V bomber station called RAF Finningley in Yorkshire where they had Victors and Valiants and whatever the other ones was, the three big V bombers. It was a very interesting experience. I enjoyed particularly looking after the families of servicemen, their children, wives and so on. I did find the sort of constraints of the service, the requirement to be totally conformist a little bit going against the grain sometimes. I did find it a very interesting experience. And then about halfway through the three years the DPMO [Deputy Principal Medical Officer] on command rang me up and

said, “You’ve always wanted to go overseas?” And I said, “Oh yes, sir. Is there any chance?” And he said, “Certainly there is, but I’m sending you to Aden.” And I had to try and think exactly which side of the Red Sea Aden was, my geography wasn’t all that good. I said, “Well, my wife’s going to have a baby this March. Could I delay it a little bit?” He said, “Well, we may talk about that. But…” he said, “I would certainly recommend that you volunteer for this.” I said, “Oh, why should I do that?” He said, “Well, you’re going anyway but if you volunteer to join the Aden Protectorate Levies you will get [secondment] credits and all sorts of perks which you wouldn’t get if I sent you there without you having volunteered for it.” So I said, “Well, I volunteer, sir, don’t I?” And he said, “Good man.” And he did delay until such time as the baby was born and I went out to Aden and worked in… it was just marvellous for me because I think I was probably moving towards being interested in infectious diseases probably partly as I say earlier with my father’s interest in microbiology. And of course much of the illness that one saw in the Aden Protectorate Levies Hospital, now called [inaudible] Hospital, was due to infection or infestation from a variety of worms and things. That was a very interesting time.

MM: So you looking after, essentially, local troops then?

JG: They were, yes. All Arab troops. Yes, I was fortunate to avoid looking after neurotic service wives with depression and going on happy pills and so on. And their awful children with monsoon blisters that one could only treat with gentian violet. I missed all that. And we had a very small mess at [inaudible] Hospital. It was quite delightful. There was an orthopaedic surgeon who was the Commanding Officer who liked his gin and tonic very early on in the day and would usually have a not very shaky hand by the time he was houking out bullets the dissents had been firing at the Arab troops by the evening time. There was a pathologist. There was an agitant and a surgeon, a nice chap called Frank Keillor who was in fact a very good surgeon, I think. He turned his hand to almost anything and was a good Arabist as well, he spoke the language well. But I found it a really fascinating, fascinating time. I was far too junior to be put in charge of a medical division without any support and a wing commander would come up from Steamer Point Hospital once a week and would prop up the bar at lunchtime and say, “Now Jim, I do hope there’s no problems this week.” And if he’d had his first two or three gin and tonics I would say, “Absolutely not, sir. Everything is going swimmingly.” [Laughs] But it wasn’t a very good supervision and I could’ve done with an awful lot more help, I think.

MM: So what kind of problems were you seeing?

JG: Oh very largely malnutrition and infection and infestation. There was malaria, there was some – a few lepers, which I found absolutely fascinating. Absolutely fascinating. A lot of schistosomiasis. They’d just put some new irrigation channels in to the area Abyan near Aden. This of course bred the bilharzia worms and the [inaudible] worms so there was a lot of schistosomiasis, mainly haematobium. And when one went up country and spoke to the Arab children there and asked all the ones who had blood in their water to raise their hands, almost every little hand went up. So the infestation rate was just enormous there, with all the complications of bladder and kidney damage.

MM: And where was the leprosy, geographically I mean?

JG: I don’t know. We just saw a few intermittently. I never learnt Arabic properly. I could do a little bit of consulting with Arabic but we always had an interpreter. These were people who kind of appeared from the desert. If a patient who presented himself or herself, or it might be a child, to you could quote a soldier’s number and name, you know William Achmed number whatever, then we would accept it and it was a sort of goodwill hospital to try and keep the local population on the

British side. I did object once or twice when there were two older ladies in the ward, probably in their forties or fifties which was quite old for Arab ladies, who claimed to be the mother of the same son and I thought that was not just quite on [laughs] but I think we kept them both on. It was a goodwill hospital. But it was a fascinating time. I really enjoyed the medicine there. I had a lot of laughs but an awful lot of interest. And again, my historical interest was stimulated by meeting a chap called Brian [Dowe] who was the public bricks and works chap and an architect who would take us up to some of ancient Himyaritic sites up in the desert, on the border line between what was then the Aden colony and the Yemen. It's all changed now.

MM: Now looking back on these three years out of your career. Do you think it was a profitable interval?

JG: I think the time in Aden was very much helpful to me and I think probably at that stage I was getting a very definite idea that I might do infectious diseases. And of course when I came back from Aden I was demobbed Christmastime 1963, I didn't have a job, I didn't have the membership examination - I had done a correspondence course in Aden but I don't think it was a particularly effective one but I suppose it did just keep me reading textbooks and journals. And I went really cap in hand having talked about this with some of my colleagues who had stolen the march on me because not everybody by any manner of means did National Service in my year. There were people who had now got their membership or fellowship or whatever. But I remember John Turnbull in my year said, "Oh, you should go out and speak to Jimmy [James McCash] Murdoch at the City Hospital." Which is what I did and he said, "My dear chap, I know exactly how you feel. I felt exactly like this when I came out of the RAMC. Would you like a locum? One of my house officers has become pregnant and will not be able to continue." So I did four months there and I think at that stage I was hooked. Infectious diseases was what I was going to do. I just loved the clinical aspect of it minus a lot of the tropical illness of course that I'd seen in Aden immediately before that. And then started working for my membership examination.

MM: Tell me, at the point when you came back from the services, what was the competition like on the ladder as it were of promotion and so on? Because there had been a time when it was extremely competitive. Had that passed?

JG: No, I think that was still very much there.

MM: Right.

JG: And I don't think my contemporaries, nice people though they were, would have thought twice about the fact that they hadn't had to do National Service or hadn't done a short service commission as compared with myself who had. So I did find that a difficult period. And I next went to Chalmers Hospital with John Halliday Croom, later Sir John. And Chalmer – Dr Chalmers Davidson. So I was really four years qualified and working as a house officer which I found really good because they gave me lots of responsibility and I found that really, really, really quite interesting. And then I went back to the City Hospital at the behest of Dr [James McCash] Murdoch to work as an SHO [Senior House Officer] in the infectious diseases unit. And by that time Dr Murdoch had got his pyelonephritis unit up and running. Which people sometimes scoff at but in those days urinary tract infections in females was all the rage. Dr E. H. Cass in the United States had just invented the term… significant bacteria for the number of microorganism per millimetre of midstream urine. So everybody now was quantified, could get on the bandwagon and talk about urinary tract infections with some authority. Dr Murdoch was particularly interested in antibiotics and these were flung at all these ladies both short-term and long-term. So I did a research registrar post immediately after

the SHO job there which was very interesting and of course I was involved with the management of infectious disease patients in addition to the pyelonephritis clinic, which again I found absolutely fascinating.

MM: And your research was in urinary infections…

JG: Very much so at that time, yes. I think probably we had the odd case reports of interesting infections in the infectious diseases unit with George Sangster and one or two of the bacteriologists and the biologists we studied massive cohorts of people who had had meningitis, mainly children, both viral meningitis and bacterial meningitis and hundreds and hundreds of them going back over the decades that Dr Sangster, W. George Sangster, had remembered. That was an interesting study as well.

MM: So how long did your research period last?

JG: It was just a – just a year, really. We were comparing nitrofurantoin and… that one with citrocillin and… I think it may have been one of the sulfonamides. I can't remember now, actually. But there was really very little to choose as long as the patients were compliant. It didn't seem to matter a great deal.

MM: In choosing infectious diseases at that time… I'm not entirely sure but wasn't that quite a small specialty? The numbers of appointments, I mean...

JG: Yes, yes. Well, I mean it still is. I suppose it's expanded a bit with HIV and Aids now. But the Edinburgh City Hospital started off being opened in 1903 as a state of the art hospital with 600 beds purely for infectious disease. Half of these were for scarlet fever, for scarlatina, and there were wards for diphtheria, typhoid, erysipelas, whooping cough, chicken pox, measles and so on. And by the time I went there Dr Murdoch had sort of cut it down very considerably when he took over from Dr [Alexander] Joe in 1960 so that I think we probably had about a couple of hundred beds at that time. So it was only a third of the number of patients we'd had many, many years ago when the hospital opened. So it was a small speciality but one that I found absolutely fascinating.

MM: You've been interested in the history of it. You have written a book on it.

JG: On the City Hospital. That's right, yes.

MM: At what point do you think infectious diseases came in to, as it were, the mainstream of medicine? Because as I remember it in the past, infectious diseases hospitals were run almost as a side line by the Medical Officer of Health.

JG: Yes, there was always - certainly as far as the City Hospital is concerned - there has always been a very close tie-up between the clinicians and the Medical Officer of Health and the Medical Officer of Health would come out to the City Hospital to see patients and to discuss things with Lord Buchanan Kerr, for instance who was the first superintendent and his successors right down to Dr Joe who taught me infectious diseases right about 1958, '59 and then retired in 1960. So there was that very, very close tie-up. I don't know. I just found it absolutely fascinating. Perhaps I enjoyed looking at rashes. I enjoyed seeing – having the satisfaction of seeing people with an acute illness when they came in, possibly a potentially fatal illness and usually, god-willing, being able to see them walk out the door, healthy and well again. It didn't always work that way but I did find that enormously satisfying from the clinical point of view. And later on of course one was able to influence this. It

wasn't just a question of good nursing care and so on. But with antibiotics, meningococcal meningitis is such a classic.

MM: So that would be the watershed period. The management of infectious diseases had sort of formalised, do you think?

JG: Yes, I think huge changes had occurred. I wouldn't put all that emphasis on sulfonamides and penicillin when they came in. I think the amount of infection in the community - communicable disease in the community - had waned long before that. It was simple things; reduction of overcrowding, rehousing the populace. It was better sanitation, better water supplies and simple things like this. Better nutrition. The sort of things the you were particularly interested in in your [study of] you know the origins of the National Health Service, and how these peely wally creatures with tuberculosis who were following [Lord] Kitchener's finger in the first World War and so on. But I think public health measures gave a huge amount of benefit to the general population and brought about the beginning of the waning of these great scourges of infection.

MM: So having started off in the field in Edinburgh, you then went to Bristol again.

JG: I did go to Bristol, yes. I had a terrible job and again you talk about competition. I couldn't get a registrar job in Edinburgh. I tried and tried and tried and I think I had about four or five occasions when I was shortlisted and it was amusing if not very sad for us that there would be one chap who was lucky enough to get the job this time and when you met again a few weeks or months later when the next job came up there was somebody tagged on just to make up the four or five of us who were shortlisted. And eventually I said to Jennifer, my wife, "We can't go on like this. The next half-decent job that presents itself outside Edinburgh, whatever it is, I'm going to go for it." And I did feel at that stage that I could benefit enormously from having more general medical experience. This was now - I got my membership examination in 1965, so… when I went to Bristol I remember there were only two of us shortlisted and the girl, she was a very nice girl but she did rather put it over me, she said, "Of course, I was the professor's house officer." And so on and so forth. And I said, "When did you get the membership examination?" And she said, "Oh, I haven't." So I said, "Oh, right." She said, "You haven't got yours, have you, I hope?" I said, "Yes, I sat and passed the Edinburgh membership very recently." "Oh, do they have the membership up there?" says she. But anyway, to cut a long story short I was lucky enough to get the job. And I found it fascinating.

I've already mentioned the diabetes which was so totally differently managed from how Lesley Duncan and Basil Clarke and others had done it in the diabetic clinic in the Royal Infirmary of Edinburgh. But I did find it very interesting. And the other clinician was Dr A. G. M. Campbell who was probably a neurologist second or third but basically a local historian and antique collector. Delightful old boy. So I learnt some intuitive neurology from him, some diabetes. Of course, the beginning of resuscitation of people with severe coronary artery disease who were going in to intricate fibrillation and so on. I remember being involved with this in those early stages.

MM: So how long did you spend doing general medicine again on that course. Was that another couple of years?

JG: I spent about a year or eighteen months in Bristol, yes. Correct.

MM: And then you moved back in to your own field of interest, in infectious diseases?

JG: Yes. It was interesting. There was a senior registrar job advertised in the Royal Free Hospital in London, actually based at Coppetts Wood Hospital in North London, Muswell Hill. And I thought,

well, I'll go for this. The competition, it was a small specialty. *I'll give this a go*, not expecting I would get the job but again I was lucky enough to get this and my other competitors there interestingly I don't think actually had the membership at that stage, which was… I mean, one just wouldn't consider applying for a senior registrar job without the membership in other broader specialities but that was the case there. So I did get the job, met Dame Sheila Sherlock who was on the interviewing committee. "Lovely to have an Edinburgh graduate in…" [Laughs] Whether that influenced the lady's decision or not, I don't know. But we did meet quite a lot because I used to go down to meetings – excuse me – meetings in the Royal Free Hospital and listen to her… giving lectures herself and also the marvellous spectrum of hepatologists from all over the world who'd come and sit at the feet of Dame Sheila Sherlock. It was a marvellous experience. Great, great woman. Marvellous woman.

MM: So what impact did your experience in the Royal Free have, particularly? Was there anything special that that contributed to your…?

JG: Yes, I think there were a lot of things happening. The girl who I… took the job away from as it were was very good and very nimble fingered at… putting up drips and [desperately] moribund children with meningitis and so on. Children with dehydration and there was a lot of gastroenteritis at that time in that part of London. And I learned a lot from her. You know, little practicalities. I enjoyed particularly the teaching, not just simply because there was a large number of very charming lady medical students, being, of course, the Royal Free Hospital although it's changed back again now. But I had two very charming consultants… Hillas [George] Smith who was the younger one, and Ronald [Temple Duncan] Emond who was the senior one. Ronald Emond having been a creditor at St Andrews University so we spoke the same language there. A very interesting man and it was rather like, you know, a military mess again. We were almost obliged all to eat lunch together, with the students who were there and Dr Emond being the senior consultant would take the head of the table, perhaps Dr Hillas Smilth beside him then students and… the senior house officers, registrars, senior registrar and so on. And we wouldn't necessarily talk medicine; in fact we very rarely talked shop, I think. Dr Emond had a fund of stories and was very interested in things historical and so on. And it was just a very pleasant interlude in the middle of the day which I must say I very much enjoyed.

MM: So the consultants you were working with were hands on consultants?

JG: Oh very much so. Yes. Hillas Smith was –

MM: That was not always the case in London hospitals…

JG: Not at all. I think I'm correct in saying that neither of them did any general practice. Dr Hillas Smith would go up to Northwick Park. He was particularly interested in antibiotics and wrote one or two little books on antibiotic medicine. And I think he was thought of very well there when they had very severely ill people with infection and he would do a lot of consultation. But then so, to be fair, would Ronald Emond, could it possibly be a case of smallpox or whatever. So he would be consulted on these things. But it was a very happy time, actually. We bought a little house up in Totteridge. And our son went to the local school. Yes, it was a happy time. Yes. Yes.

[Interview recommences]

MM: After your appointment at the Royal Free, you came back to Edinburgh.

JG: That's right, yes. I spent a very short time at the Royal Free, far too short really, as a senior registrar and I could've benefitted with a much longer period. But it just so happened that Dr

Murdoch in Edinburgh had decided that he wished a third consultant. He and Dr George Sangster, another fellow of this college, had run it for long enough. And… they put this advertisement in which I showed to my two chiefs, Dr Emond and Dr Hillas Smith in London and they sort of said, "Oh, you should have a go for that. If you get shortlisted, that's great. Don't worry if you don't get the job, we wouldn't expect you should because you've only done the senior registrar job for about a year at that stage. But give it a go." And blow me, to my enormous surprise and their surprise, I got the job. So, here was I… with only a bare year experience as a senior registrar in infectious diseases taking on a consultant post. Now, I know one's not allowed to talk about junior consultants compared as compared with senior consultants and others but certainly I felt myself very much the junior consultant with James Murdoch at the time. Of course, George Sangster had been the assistant physician for a very long time and James Murdoch a few years later got him upgraded to consultant status with effect from somewhere in the early 1960s.

MM: So was that the whole team, as it were, yourself…

JG: There were three consultants. We also had a senior registrar, I think I'm right in saying a registrar or possibly a house – senior house officer and three – two or three house physicians, resident house physicians. That was the team, yes. We had the infectious diseases corridor which was pavilion 14, 15, 16 and 17. So, theoretically there was an upstairs and a downstairs. Pavilion 14 was pyelonephritis upstairs and an outpatient downstairs. 15… I think I'm right in saying even then was children with mainly with gastroenteritis; these wards had been cubicalised so that infections could be contained reasonably well. 15A was also paediatric. 16 was adult male patients and 16A was adult female patients. And then Dr Sangster held sway in ward 17, which was really mainly a downstairs ward which gradually actually as time went on became a sort of geriatric dumping ground which was rather sad, I think. He had some really long stay patients there who would be looked after very well. But it wasn't really truly infectious diseases. But at that time of course things were contracting on the infectious diseases front as we were saying with the public health measures, the introduction of immunisation, the impact eventually of course of sulfonamides, penicillin, cephalosporins, aminoglycosides, all these drugs.

MM: So how many beds would that be, roughly?

JG: Difficult to say. I think there were probably about 90 or 100 at that stage. This was by now 1969 when I took up my appointment there.

MM: And by that time would 100 beds was giving a satisfactory service to the whole of the Edinburgh area?

JG: I would say so, yes. James Murdoch was absolutely adamant that we always kept a ward relatively free or one that could be vacated easily in the expectation that there would be an epidemic of X, Y or Z. Typhoid or paratyphoid – there had been a paratyphoid outbreak just a little while before. There were about 150 cases admitted over the course of the year. Which you know, put a big strain on the nursing staff apart from anything else.

MM: Was the inclusion of pyelonephritis a usual thing… to – or was that the occasion [unique to Edinburgh]?

JG: No, absolutely not. I think this was James Murdoch's hobby horse. I mean it all started because when he had been working with Norman Horne and Sir John Crofton partly at the City Hospital in chest disease and tuberculosis he noticed that was it second, third or fourth line anti-tuberculous

drug cyrocin would in small doses be effective against coliform, e coli, urinary tract infections, and he thought, "Well, here's a new drug we can try." And he sort of injected it into orbit as it were, and was very soon with his pyelonephritis clinic figures taking these all round the world, attending and delivering papers at conferences worldwide.

MM: And did you develop any particular interest within this field?

JG: Yes, I did run the pyelonephritis unit in quite a major way. I think James Murdoch started sort of distancing himself from it a bit but keeping a sort of avuncular interest in it. Telling us how we should be doing things if he didn't think they were being done correctly. He was very much the senior consultant. I remember writing a chapter in a book with him and… he was the not only the consultant in administrative charge which one calls that and senior consultant. And there was underneath this, there was "J. A. Gray, consultant". There was a very definite pecking order. But that's the way things were, I think.

MM: Apart from your clinical work, you became an advisor on the postgraduate board, I think.

JG: Oh yes, yes. That was with John Mathieson. A delightful person to work with. I think I was assistant director of medical studies for the Edinburgh Postgraduate Board for Medicine. Which, I can't remember all it involved. A lot of it as I recall was interviewing students – postgraduate students from overseas. Making sure they'd got their books which they could get for free or for very little charge from the British Council and so on. And just generally seeing what kind of courses they were on and trying to get little clinical attachments for them at various different places and such as their interest. It was an interesting job. It was sometimes quite demanding because of the demands put on you by overseas graduates who were desperate to get… a foothold in the door so that they could get British medical experience and then hopefully pass their membership exam.

MM: And where did they come from?

JG: All over the place. Hong Kong… Kuala Lumpur… various African countries, the – certainly the Middle East, you know the variety of countries there, Saudi Arabia… Palestine as we called it then. A whole lot of different countries. A lot of Egyptians, and of course the Indian subcontinent produced a large number of both Indians and later Pakistanis and Bangladeshi as well. So it was a very mixed bag. I don't know what sort of proportions there were. Probably a lot of Indian subcontinent and Middle East people largely. But it was an interesting, an interesting time.

And of course I was involved with the College to a greater or lesser extent. Ran the – well, "ran" – I was secretary to the symposia committee which I suppose as secretary you do tend to run things and Professor Girdwood and… I can't remember who else was doing it at that time. But I did that for three years which I found really quite time consuming because one was obliged then to… to be present during all the symposia or conferences that the College was organising, including our early forays into England, believe it or not. We went as far south as Derby rather like Bonnie Prince Charlie, you know. That was as far as the London college would allow us to invade… [Laughs] invade on their territory. But I remember going down there with Sir John Crofton when he was President and he obviously gave the opening remarks. So I drove him down to Derby and we had a very pleasant ride together in my very small Renault motor car. And he would talk all the time, great good sense but continually asking your opinion on this antibiotic and that antibiotic. I remember the symposium went quite well, the Derby symposium and I think I probably had a few glasses of alcoholic refreshment that evening. Not to excess, you'll understand but quite enjoyed the dinner thinking, *phew, wow, gosh that's over, that's marvellous*. And Sir John accosted me towards the end

of the party and said, “Well, Jim. What time are we leaving tomorrow? I suggest eight o’clock breakfast and then we’ll be on the road at half past eight. Is that alright?” So I said, “Certainly, sir. That’s grand. We’ll do just that.” And I think I arrived down for breakfast at five past eight. “Oh, Jim. Where have you been?” So I said, “Oh, sorry. I’m a few minutes late.” So he said, “Oh, well. Yes, morning’s wearing on, you know. I’ve done references for the first three chapters of Crofton and Douglas this morning. What have you been doing?” [Laughs] Marvellous character. A man I admire enormously. And still as sharp as anything. Great, great chap.

MM: So being involved in the College affairs and then the postgraduate board, that got you quite involved in postgraduate education and the functions of the College.

JG: Yes, yes.

MM: Can we tempt you in to any views about the function of the College?

JG: No, I think that’s a perfectly fair question. Whether I saw it clearly in those days, I don’t know… I think probably the symposia committee and the collegiate members committee which wasn’t very old in those days. I can’t remember. I may have been the second or third chairman of that body. I think Martin Eastwood was a predecessor. And that I think was very interesting because it did… begin to get young people interested in postgraduate education. The collegiate members had their own little – as they still do – their own little meeting in the autumn and… with Sir John Halliday Croom who was a great proponent of postgraduate education. We devised the Croom lecture which gave him I think enormous pleasure. You know, there would be a thousand word prosy and then we would appraise these and decide who should be the Croom lecturer for that year. It had to be somebody of some consultant or some senior lecturer status. So it was a nice way for a young person to get a named lecture on their CV and also to entertain and educate people at these meetings.

I think I was beginning to realise that it wasn’t just lectures and symposia however that a lot of the importance of medical education is the apprenticeship system. This is where going back to the postgraduate board for medicine as Assistant Director of Studies (Medicine) that I realised how terribly important this was and that particularly postgraduates from overseas often hadn’t had that experience, certainly not in western medicine. And it really emphasised the importance of that. Whether the College was doing enough in those days I couldn’t really say but certainly they were pushing their furrow in symposia.

MM: Could you enlargen what you mean by the apprenticeship system?

JG: Yes. It’s where a young doctor can do his own thing in a unit but very much under the supervision of a senior who will teach him and who will explain things to him, who will take him on ward rounds, perhaps intimate ward rounds on Saturdays and Sundays without a whole crowd of undergraduates sort of waiting for the great man to drop pearls of wisdom. But I think learning at the foot of somebody who is a really good clinical teacher is so important. The things one learns at these times I think really do stay with you, they really do stick. Or if you made a mistake or whatever, your chief hopefully will point you in the right direction of reading or explaining, you know, how it should be done appropriately the next time. I think that’s vitally important.

MM: And do you think that is being done at the moment?

JG: … I don’t think it is and… far be it for me to criticise the hours that junior doctors work, I know this is being contracted all the time. But one does have a feeling that if you don’t know your patients

as intimately as people of your generation and my generation knew, I mean you had to know them. You lived with them, you worked with them, you treated them, hopefully they got better. This is an immensely important learning process. And you were guided by your chiefs, sometimes criticised by your chiefs adversely, or the other way if you were lucky. But that was a tremendous learning experience and I fear that this may have been diluted very much by junior doctors not necessarily coming on the chief's ward rounds because that's the time that statutorily they have to be off. They shouldn't be working those hours. I feel this is rather sad.

MM: The College could perhaps advise on that but at the same time not do anything directly about it, but I'm… what could the College do, do you think, in relation to the overseas people. Do we think they're – do we cater adequately for them?

JG: I think the Edinburgh postgraduate board for medicine, certainly at the time I was working there, did do that to the best of its ability. You tried to get clinical attachments for them and they were just so desperate to get these. One hopes that they benefitted from them. I think they must have done. But I think that they felt that this was almost a sine qua non that if they're going to be successful in the clinical part of the examination they wanted to see how doctors in this country viewed patients, how they related to patients. I mean, even if it was just, you know, "Good morning, Mrs MacPherson" type of thing, you know. I think the whole approach was absolutely essential to them – in addition to the actual nitty-gritty of the medicine that they would learn.

MM: You're quite happy about that, of exposing them essentially to our way of practice here rather than trying to adjust it to their requirements as they would go back.

JG: It's certainly not perfect because we have no experience, or most of us have no experience, unless you have actually worked in their country of origin, as to what the problems are. And I think this is one thing where my good friend Professor John Oldroyd Forfar did so well in arranging his… teaching sessions in Saudi Arabia, in Riad, where teachers from this country would go out and teach obviously paediatrics, and I did a few stints there teaching them infectious diseases. But not on western medicine. It was the problems that they had in their country. I mean, in Saudi Arabia all the terrible genetic problems that arise from first cousin marriages and so on, which we tend not to see anything like the same extent in this country. This was terribly interesting, it was a learning experience for the teacher as well as hopefully for the… postgraduates in Saudi Arabia. I find that an absolutely fascinating area.

MM: And do you foresee that the College is going to maintain that position do you think or is that clientele going to contract, I wonder?

JG: The overseas doctors?

MM: Yes.

JG: … I think there are big moves now in a lot of dare we call it the developing world to develop their own colleges of medical education if they haven't already got them. I would feel that things like the internet and so on are going to be increasingly important there. I know our present president is extremely keen on IT and getting symposia in this college put on disc and I think they're absolutely excellent. I've just been looking at the last two, the haematology and oncology one and the… the other one and I think they're absolutely splendid and if they come out within a reasonably short space of time after a symposium, this is another way in which the College can very much assist the young doctors in the developing world in progressing.

MM: Can I now revert from the young doctors then to the old doctors.

JG: Uh huh.

MM: The senior fellows club has become another of your interests and functions.

JG: Yes, yes.

MM: Would you like to say something about that because people perhaps seeing this video might not know anything, might know nothing.

JG: The senior fellows club. Well, I think it should be advertised widely for all people within striking distance of Edinburgh who are fellows or members let's be quite clear it can be members as well of the College who are in the retirement camp. I can't remember exactly the origins. I'm sure Professor James Williamson was one of the earlier people involved with this and certainly David Boyd was, Michael Matthews and… now we've got Lord Kilpatrick of Kincraig who's our chairman. I think the idea is to – is very much fellowship. I could imagine that there are quite a lot of as time goes on sadly… fellows who were previously married, who had had partners and are now alone who I think enjoy this enormously. I remember my father coming after my mother died in 1985 and he would attend the senior fellows club with enormous relish. He got a nice hot lunch, met a whole lot of cronies, passed the time of day. Probably slept through the lecture afterwards but I think it's a lovely thing. And there are offshoots of it – I don't play golf, but there is a small group as you know, fellows who play very keen golf against the Glasgow college or the Royal College of Surgeons of Edinburgh and have a good time there, as I understand. There's a very active hillwalking group which I belong to and we walk the hills or moors or something once a month. Some people rudely call it the hill strolling club which I think is unfair because some of the older and wirier members who carry less weight than I get up the hills far faster than I do even though they are… [laughs] ten years older than I am. And it's a very nice social occasion, it's really very pleasant. You get to know people and you can talk about anything, it doesn't need to be medicine or politics. Maybe arts, maybe the Edinburgh Festival; whatever's the current thing of the month.

MM: It seems to me to have particular interest in that it proves that there is life after medicine.

JG: Sure.

MM: And this strange phenomenon that it is only really, well, in our generation anyway, that doctors retired at all.

JG: Yes, I think that's probably true. And of course they – we – are all retiring that bit younger, or that seems to be the pattern. I went from from own unit for a variety of reasons between the age of 60 and 61. The reasons were I was finding it stressful, the whole emphasis of infectious diseases had changed with the incoming of hepatitis B, hepatitis C and of course HIV. And this was largely among the drug misusers in Edinburgh and that was hard going. Hard going emotionally as well as just the actual… steep learning curve we had to be on about that. I did enjoy it, but it was jolly stressful at times. The other fact was with the arrangements at the new Royal Infirmary out at Little France, my unit was going to close. The City Hospital was gradually contracting down anyway and I just couldn't be bothered facing a move at that stage. We weren't quite sure where it would be but I think it was a wise decision to move to the Western General Hospital so that's where the infectious diseases unit is now. It's interesting. 600 beds in 1903. I think it's down to 43 [laughs] in whenever it was that they went, about 19… let me think, 1998 / '99, I think they actually moved to the Western General Hospital. But… yes, that was stressful. I think a lot of the doctors retiring early are very keen to take

part in things like the senior fellows club. Not just enjoying the things that happen and the really I think excellent lectures that there are, and also the ones that you do with the Edinburgh History of Medicine Group which I think are again a very high quality of lecturer. Very well worthwhile going to.

MM: Does the early retirement of so many doctors perhaps not appear to you as a worrying factor? We do seem – do you think it's a good thing… that the people with such experience pass out of a useful stage in their life so early?

JG: I do think this is very likely to be detrimental. Again, if we go back to medical education, this sort of apprenticeship system, whereby the old dog – ok, he may be getting a bit out of date but he's got certain principles and fundamentals in the way he was taught medicine which are really immutable, they're unchanging. His attitudes and so on. New diagnostic techniques come in of course and the older doctor has more difficulty in catching up with these. New therapies come in and again he has to continue to learn all the time. I do think it's very sad that there aren't some older doctors there. But I can see why it happens. I think it does become increasingly stressful. And I think with the pace of modern medicine and the changes which one is subjected to in medicine by all these very major advances. I mean things like genetics which is going to impinge on every single branch of medicine I think with a particular emphasis on infectious diseases, among many others. Is there a genetic susceptibility to infection X, Y and Z? And of course there is, in many respects. And I think it's terribly difficult for older people to keep up. It doesn't mean to say that they still haven't got something to offer and I would feel that it is perhaps sad that so many of us do go at such an early stage. Perhaps we should come back and do some teaching. Basic teaching.

MM: The senior fellows club does show that senior fellows are able to maintain quite active interests in all sorts of things.

JG: Oh, very much so. Yes. I mean I have a long time interest in ceramics and belong to one or two societies that meet quite regularly about that. And I still in a sort of way am enlarging my own collection of glazed earthenware. That actually goes back to my late father who was a great collector. He – sorry, mustn't get too far off the point – when he was staying with his chief in Liverpool some years before the Second World War, there was *The ABC of Collecting Antiques* by a chap called [Sir James] Yoxall on a table in the guest room and he took an interest in this and it said, "any young man contemplating marriage should certainly consider furnishing his house with antique furniture. Not only was it usually very well made and had some aesthetic qualities, but they had the inkling, the sort of suspicion that over the years it might indeed, although very old, appreciate in value." And my father would buy furniture literally for a song, terribly interested in bygones, that was one of the things he had a fantastic collection, now sadly sold. He had a sale to himself in Bonham's some years after he retired. He just couldn't keep up with the upkeep of this collection. But he would go all round the West Country when he was in Liverpool and Bristol and would make sallies I remember after the war down in to Hampshire and so on, and had all sorts of contacts there and would buy a dog wheel or an old plough, all domestic and agricultural implements and so on. They all had to be British. He would condescend to have these beautiful ivory ships [inaudible] done by Napoleonic prisoners of war because of course they were interned in this country, so that was alright, even though the manufacturers of these artefacts were in fact French. But he had a fantastic collection and I suppose again I have inherited that love of things historical and things… antique. And ceramics is one of them particularly loved, glazed earthenware to give it its proper name. So [there were things] of that kind.

I'm involved with a small group that does prison visiting so once a week I'm off to – used to be called Saughton Prison now Her Majesty's Prison Edinburgh and see some prisoners there who are needy people in a way, who haven't got visitors to come and see them for a variety of reasons. And trying to help them keep in contact with their families. Sometimes providing a pair of jeans and a t-shirt to help them when they leave prison and so on, and I think anything you can do along these lines to try and help prisoners – I'm not in any sense condoning the crimes for which they are incarcerated in Edinburgh Prison, but trying to help them in some way or another to avoid reoffending, then you must be doing some good. Sometimes I like to feel that when you've got very, very disturbed characters, and I tend to get allocated these ones because in the group where I work I'm the only retired doctor. I see quite a few sex offenders but these – again, I'm not condoning what they do – but these people are very, very lonely. They're often victimised in prison. They are bullied. They have a terrible time. They are often of course in segregated units for their own protection. But they don't get visitors. Nobody wants to go and see a sex offender. "Ooh no, no, keep away from them." And they're very, very lonely people. They don't get visits from their own family. Maybe of course a question of incest or something of that sort within the family. They are very, very lonely people.

MM: So the conclusion seems to be that if old doctors very properly retire from medical practice and still have a contribution to make to society.

JG: I've got too much to do, yes. I'm also a member of various walking groups as well, which I find very jolly. The senior fellows is one, and there's another one of old retired Edinburgh academicals and we go walking and organise the odd trip abroad for that as well.

MM: Dr Gray, thank you very much.

JG: My pleasure. Thank you.