

Interviewee: Sir John Crofton
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Stanley Davidson
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ME: ...New Library of the College of Physicians and meeting Professor Sir John Crofton who was President of the College from 1973 to 1976, he was Vice President of the College from 1972 to 1973 having been made a Fellow in 1957 he also was the Chairman of the College Appeal from 1981 to 1985.

ME: Well if we start at the beginning, where were you born?

JC: I was born in Dublin, Ireland in 1912.

ME: Right, and did you get to school in Dublin?

JC: I went... well yes, I went to kindergarten in Dublin and then a preparatory school just outside Dublin and the age of 13 I went to an English public school, Tonbridge, which was a habit with a lot of the Anglo-Irish.

ME: Did you enjoy Tonbridge?

JC: Yes, I did actually. I was very miserable at my prep school, I was very homesick when I started but on the whole I did enjoy Tonbridge.

ME: And what subjects did you do at school?

JC: Well in those days of course everybody did classics up to what was called school certificate at the age of about 15 and after that you did science or modern languages or classics. Of course classics were regarded the intellectual thing, top chaps tended to do classics but I did science [laughs]. I wanted to do medicine.

ME: So you don't have a classics, a true classics background?

JC: Well not at the high level, I mean I learnt Latin for ten years and Greek for about three.

ME: Yes. And then where did...? You went on to...?

JC: Went on to Cambridge.

ME: When did you go to Cambridge?

JC: In 1930.

ME: And what was Cambridge like?

JC: Oh marvellous [laughs].

ME: Was it? Which was your college?

JC: I went to a small college which my housemaster had said was up and coming, Sidney Sussex, which was the youngest of the old colleges, founded at the end of the 16th century. And that was a marvellous period because I think from the point of view of medical students who have to work very hard and tend to mix with medical students, in that sort of milieu none of my friends were medical students. They were all from other faculties and my close friends I've kept in touch with the rest of my life.

ME: Have you? That's wonderful.

JC: I mean one of them became Permanent Secretary to the Ministry of Agriculture and the other is, visited me recently, is professor of medieval Welsh law in Aberystwyth and another well... head of training for the coal board and then for the Ministry of Health in London. One became a colonial civil servant. So it's all fairly varied and that was the age to do it of course.

ME: What subject... you did the traditional subjects, anatomy, physiology?

JC: Well it was rather complicated in those days. My father was a doctor and knew the professor of pathology there, Dean [Henry Roy Dean] who was the longest serving of any professor because he became a professor before there was an age limit, he died in office in late 80s I think, but he advised me it would be very good thing to do a pathology tripos and in those days there was no medical tripos so it meant that you had to do all the things for your second MB in ethnophysiology in four terms and do dissecting in London over the long vacation so as to catch up with your bodies and then do the first part of the tripos in the remaining two terms up to the end of your second year and then you have a whole year free to do the pathology tripos. So it really was very hard work, I worked very hard but I played games, I kept my college at a – not a very distinguished college at rugby football and also played hockey for them so you had time to do other things as well and of course terms are very short in Cambridge and I started getting interested in mountaineering and the mountaineering club and that has lasted throughout my life.

ME: Where did you climb?

JC: Mostly in Scotland to begin with because I had Scottish fellow student friends, in Skye and the Cairngorms, we did a, what is still regarded as the best climb in the first climb in the Cairngorms which is still named after me and Stephen who did it. So that was great fun and Wales which was closer to London to get up to.

ME: What was the difference between climbing in the two? Is it... ?

JC: Well, those days of course there was much less climbing in Scotland, it was less accessible and I climbed then and later as a student too particularly with a chap called Pat Bird who went on and

became a great arctic expert and he wrote up our climb and we did quite a lot of first climbs up in the North West of Scotland which people had done very little climbing there before. So the great joy was that there were so few people. When we were onto our clinical years we had a fortnight's holiday every three months and I always came and climbed. I remember with two friends, Pat Bird and another, we spent a week in Glencoe in January camping, we saw one person in the week.

ME: Right, because one of the differences between Welsh and Scottish... I mean I don't climb but is that... or the impression is that Scottish is much more closer to mountaineering in the vastness of it whereas the Welsh climb...

JC: Yes, it's a bit too easy to get up.

ME: A very technical and complicated climbs, or is that a... ?

JC: Yes, I rather think so, I mean I was not a – of course there wasn't very much high tech climbing in my days but there were the sort of the super traps but I was pretty unsympathetic with the purely technical stuff, I enjoyed it more as mountaineering, and then I did have just a couple of years just before the war when I climbed in the Alps.

ME: Did you?

JC: But my career stopped then because I had six years in the army and then I got married and I didn't think it was fair to go on climbing if I was married.

ME: Because people seem to progress until they fall off, don't they? Or that seems to be the...

JC: Well it can be very tragic, I mean one of my close friends who was a student at Thomas' with me was on one of the early Everest expeditions, was in sort of mountaineering commanders through the war and fell off the Holly Tree Wall in Wales which he must have done over and over again and was killed climbing with his wife after the war.

ME: It's not fair, is it?

JC: So I mean I didn't think it was fair once you were married so I gave up.

ME: Who was your tutor in Cambridge?

JC: Well we had a sort of curious business, I mean I don't think the tutorial system in Cambridge was as good as it was in Oxford, it was much less personal. There was, the chap who was called the tutor was really in charge of all the undergraduates because it was quite a small college we were only 180 in those days and he was a sort of social rather than intellectual tutor but he ran a little club which I belonged to where we read each other papers on literary and other sort of things and then we had specific sessions which was a small group really. With either a physiologist or a [mathemist] or whatever it was that was appropriate. We didn't have them all in our own college, for physiology I had to go to another college.

ME: Were these very stimulating?

JC: No.

ME: [laughs]

JC: I thought not.

ME: Because the impression one had of Edinburgh was like going to a tech there was... we never wrote an essay from one end of the course to the other.

JC: No, well I certainly agree, when I came to Edinburgh I felt you were all treated like schoolboys. Because in our day, after leaving Cambridge, after doing all your MBs when we were doing our clinical we didn't have our exam until our finals. So it was entirely up to you what you read and whether you worked and of course in those days specialties like sort of eyes or ENT [Ear Nose and Throat] or anything like that you might get a question in the final or you might not, quite a lot of people took a chance. After being very critical when I first came here I was then very impressed with how much my house physicians knew because they knew about these sort of things so I think you need some sort of balance between the two.

ME: And what about the actual course itself in the pre-clinic, the tripos... was that... did you have a project to do or... ?

JC: No, no you didn't really, I mean we wrote essays for these tutors [inaudible]. But as I say I didn't find them very stimulating, we still had a lot of lectures and practicals. I wouldn't have thought it was really intellectually terribly stimulating until doing the pathology tripos. That was a limited number of people I think there were only twenty of us and there you were meeting with people who were doing research or were discussing research, you did a lot of projects, you know research yourself, I wasted perhaps a bit of time by getting interested with one of my friends on tissue culture which was... and there was a sort of tissue culture sort of a special lab on the periphery and we got some ideas but it was a bit of a disaster because the technicians were rather careless and we kept on getting infections and we found the technicians weren't sterilising our stuff, so it felt a waste of our time because not much came out of it and it probably took me time and I didn't end up with a very flashy degree I got a second.

ME: What about... were there people who you were taught by were significant in pathology?

JC: You mean were they distinguished people?

ME: Yes.

JC: Well Dean himself was distinguished, he was one of the early immunologists he was pretty old then and he used to lecture to us with his eyes tight shut. Yes, there were some stimulating people. He had done some interesting... it was you know the serological you know antibodies and things which he'd done largely before the first war, that sort of period. [Edward Tenney Casswell] Spooner was one of the bacteriologists and he produced one of the statutory great books on bacteriology and he was quite stimulating. But one of the people who was very stimulating was quite my first introduction was to epidemiology and we had lectures from... a famous statistician... it may bubble up later I'm afraid [senile] amnesia. But he produced a very interesting sort of conspectus of the development of public health in the 19th century, Sir John Simon, then he quit that background and then the statistical background to epidemiology and pathology and I think that laid the foundations with me – of course I was then very tied up for years and years with clinical medicine but when I came back to tuberculosis, when I came to Edinburgh, I had to give lectures on these things, a lot of this formed the background and I remained extremely interested in epidemiology and public health and of course I'm able to do that when I retire.

ME: That's a bit like Fraser Darling talking to us about herds of deer.

JC: Yes.

ME: And the ecology of the highlands.

JC: Yes.

ME: [inaudible] lasting thoughts

JC: I think that was the stimulus, I mean stimulus in two ways, intellectually partly and also the feeling that you really could do things about these things, they did. I mean they had to fight battles because the freedom to have a dung hill outside your door is the Englishman's right. In fact, *The Times* were the leader in that sense. [laughs] In the 19th century it was scandalous to interfere with the water and the dung and things whichever one had the right to take whatever he wanted. So, you saw this old battle just exactly what we're having with tobacco now.

ME: Yes, yes. Then you went to where? Where did you do your clinical years?

JC: Well I went to Thomas'.

ME: What was Thomas' like?

JC: Oh Thomas' was great fun I enjoyed it in many ways. It was fairly male of course.

ME: Was your father a Thomas' man?

JC: No, no my father was Irish he was educated at...

ME: So you didn't come from a great Thomas' tradition?

JC: Oh, not at all. No. Now why did I go to Thomas'? I think my friends at Cambridge thought it was... said it had a good reputation so I had to go and I went down and was interviewed by the Dean and perhaps he was rather typically English, he entirely talked about sport [laughs].

ME: With your rugby and your climbing...

JC: Yes, I'm not sure he was interested in climbing, but he was interested in rugby. Although I found I couldn't keep in good enough training for ruggers so in fact I took up hockey, I played hockey for Thomas', which was really my best game. But it was very stimulating because it was quite an exciting way of training then because you worked in pairs and you did vastly more clinical work than people - I don't think... more than they do now in London I think. Because when you are on the wards you are allocated perhaps between you six or seven patients and you took all the notes. When the consultant came round you read out, and in fact I was the first generation of house physicians at Thomas' who had to write the patients notes, previously they were all done by the students, and you were expected to be there when anything was happening to your patient and look after them so you really got to know your patient and of course you learnt a heck of a lot more clinical medicine and there was a lot of bedside teaching, which I found very stimulating although I was a pretty shy chap in those days I wasn't shy in sort of group teaching, I was prepared to answer back to the consultants and so I enjoyed a lot of this and there were some pretty stimulating people there.

ME: Who were they?

JC: Well on the surgical side my memory of Pasty Barrett, he was always called, he was I think not a super surgeon but he was a super intellect and who was a very stimulating teacher, he was extremely good. There was an interesting chap called [Hector Godby] who was particularly interested in diabetes but a lot of interest in research and a very devoted academic - I think he must have been academic because I don't think he did private practice, but he was stimulating, I think he

wasn't brilliant but he was enthusiastic and he – if you began having an original idea on something he would encourage you and so I found he was very stimulating and you know arguing with some of the... mostly the more academic and the Harley Street consultants were rather top down, gave you less opportunity to argue and I found it great fun because, well I found the clinical medicine marvellous. I found it vastly easier to learn clinical medicine than learning in the raw about physiology and things which you had no day to day [scaffold] to build them on.

ME: So, exciting isn't it?

JC: Yes, I found it enormous fun and you saw some sort of case and then you would come back and read it up in the evening so I enjoyed Thomas' enormously.

ME: Where did you do your house jobs?

JC: At Thomas'.

ME: And with whom did you do them?

JC: Well, Forrest Hill.

ME: What sort of a man was he?

JC: Well I think his main interest was paediatrics but he wasn't a paediatric physician and you know you didn't see much of the consultants. He did two rounds a week but they were almost entirely teaching with students. But he also did a round on Sunday mornings when you had a one-to-one and could discuss it. So you didn't see much of him. We had a registrar but the registrar was mostly occupied with outpatients, you didn't see him as a house physician, I mean you saw him a little but you couldn't call him in to help you and he did one or two teaching rounds for the students. In fact, the man who you rarely used was the resident assistant physician and he was usually somebody extremely bright there was only one for the whole hospital, the whole medical side and he had an incredibly tough job, it was Bishop Harman you might have heard of him? Perhaps not... has he just died? I think he's just died. He was a very brilliant chap, got his fellowship of the College of Surgeons and the membership within three months of qualifying I think because you could take them in those days very early. He was very bright and considering how grossly overworked he was he was enormously helpful if you really had a problem... had any sort of problem, but he had the job... if a patient came into casualty with a possible acute abdomen he was always seen first by the physician in casualty who then if he thought this was something important called in the resident physician and if he agreed this was surgical they went up to surgical, very good for teaching not so good for the patient, who may be there a long time. So, he was up every night, numerous times, so was the resident [inaudible] surgeon. How they went through it... they all pretty well automatically went onto the staff afterwards but they knew a hell of a lot and they were a terribly good opinion...

ME: And how long would that job be for?

JC: Well we had a curious system, it was a year really, we had six months, first in casualty when we did... if you're going to be a house physician you did rather more medicine in casualty and less of the other and then you did your six months on the ward. But it was quite tough, I mean we didn't have it all high tech now, you were expected to do pretty well all your pathology and we had a lab of our own and after dinner you went down and you did your blood sugars and blood counts and all that sort of thing. If they looked a bit queer they might get checked somewhere else... by somebody else. So, it was really extremely hard work and... but enormous fun, I mean we never finished before midnight...

ME: And was the mess a very...

JC: The mess was splendid yes, the mess was splendid and they did look after you, I mean everybody was terribly tired because we really worked very hard, but they fed you extremely well. They had, perhaps rather inappropriately by present, but there was always a large jug of milk and a large jug of beer on the [laugh] and the sort of mess servants fathered you in quite a major way. But they had the ridiculous system for emergency intake, it was a week not a day. So you might be a week up most of every night, which was absolutely ridiculous. But it was enormous fun, I think the six months was one of the happiest six months of my life. And of course you took far more responsibility because you had fewer people to appeal to.

ME: And then where did you go?

JC: Well then there was...

ME: We're coming now to about... ?

JC: Well this is 1938. Because you hung around a bit until... you see there were only four house physician jobs, you hung around a bit until you got one so you had to usually wait a bit. I did clinical assistantships and various bits.

ME: Did you do GP locums?

JC: No, no, but well, later on, I hung... I did the... then did my house physician, then I was waiting for a registrarship to come up which in point of fact it came up just as the war started and what a lot of people at Thomas' did, while they were waiting about for this sort of thing, was to do a civilian medical practitioner job in the army which was on a day-to-day basis when they had a sort of gap and didn't have anybody to fill it and I started at the Royal Herbert Hospital in Woolwich but quite shortly I moved to the Queen Alexandra's Hospital at Milbank and looked after the main medical ward there and that was a marvellous job because all the problems were brought back from all over the world, the army was all over the world in those days. They had top London consultants who came in. I took my membership from there and although one disadvantage was they were mostly relatively young people, but you had wonderful problems and Bigum was the consultant, Alexander Bigum was the sort of top army consultant there and of course he was very good and very nice to work with. So, I enormously enjoyed that. I had one go at a registrarship at the Westminster, which was also quite an interesting experience because they sent you a list of all the consultants and you had to call on all the consultants in all the consulting rooms and have a talk, I remember going... what was the name? [Adolphe?] Abrahams, I think he had been an Olympic runner I had to visit him in Harley Street or somewhere like that with a carpet which was up to your knees you know and he was in a tail coat. But Clarence [Gaddy] got the job who was a Westminster chap, quite appropriately. In fact, later on Clarence got that job, he was a cardiologist, when towards the end of the war I was promoted to be OC medical division in Malta and he was one of my consultants under me.

ME: So what happened... then the war broke out did it?

JC: Then the war broke out, but in fact I was still at Milbank and in May 1938 - 39 I was sure that there was going to be a war and...

ME: Had you been to Germany at all? Had you any... ?

JC: I hadn't actually been to Germany...

ME: Did you feel the threat?

JC: It was quite clear the war was coming, we had a bit of a family problem because we'd had exchange, my sister had done exchanges with girls from Germany and one of them was with us just shortly before the war and my sister unfortunately got engaged to a German, was due to be married in September 1939. I think they got two letters to each other through the Red Cross during the war, he was too old to be called up on the other side. But after the war she joined the American Forces and managed to get to Germany, found him and married him.

ME: Did that do well that marriage?

JC: Beg your pardon?

ME: Did that marriage do well?

JC: Yes, it did very well, he was a very decent chap...

ME: Where did they live?

JC: Stuttgart. He was a very decent chap he'd really been... he was a research chemist basically, he couldn't get a decent job because he would not concur to the politics so he was in rather... his family had been rather rich, had things in Italy, but when Mussolini came in and got nationalistic he took them all and they lost everything. And he really wanted a research job it seems but after the war of course things were terribly grim, they had a very tough time, very short of food to begin with and he went into a sort of simple manufacturing thing and was making... and he was the sort of technical expert and they managed to make a living but they never made a lot of money. He's dead now, couldn't stop smoking and died from lung cancer.

ME: Oh what a shame, so what... when did the army... ?

JC: Well, then I joined this reserve in, well I talked to the CO and he said you should join this supplementary reserve category C. Category C supplementary reserve was only for railway men and specialist doctors because it was thought they didn't need any training in peace time they'd been doing the same job in war time, so it had the great advantage of had no obligations to do any peacetime training. But that was in May, and I was climbing in France with a friend, in the French Alps in August, and we had one or two very good climbs to begin with and then the weather broke and we thought well let's go over into Italy, it might be better over there and of course the frontier was very carefully controlled in those days but there was one path where you were allowed to go and we walked for about 10 miles through the French side where there was practically nobody and we got up to the top of this path and there was a poor soldier cowering under a rock with the rain pouring down and the place was absolutely packed with soldiers on the other side, very narrow path so... and there was a great regiment of soldiers which had an eagle in a cage, you know very fascist. We went down to the sort of huts, I mean hut hotel on the other side because we were up to... a particular mountain we had our eye on but the weather kept on raining and then, we couldn't read Italian in those days, something seemed to be happening. This was the Axis pact you know and my friend Ashley, I said I think we better get back, he'd said lets go around another way and I said I think we better go back the shortest way it was just as well the frontier was closed the next day, we might have been interned [laughs]. And when we got back on the French side, there was nobody, it was pouring with rain, the first house we came to a chap came rushing out and said "mobilisation" [laughs] we went down and the first two villages we went to there was nowhere to stay all the hotels and things had been taken over and we ended up in the third village where only the Grand Hotel was available. I remember we came down to dinner, my friend had no shirt and we'd dumped

a lot of our stuff before we went over to Italy and we got soaked on the way over [*C'est la gare*], they didn't totally object. We thought we'd have an awful time getting back so we bought plenty of food but in fact we were only three hours late. That holiday cost me 11 pounds because we were going third class and [we were walking or sleeping] when it wasn't pouring with rain. And then two or three days later on the radio they said that all reservists must report. I had, hadn't any instructions and I went to [MosBos] and bought myself a uniform and got onto the train for Folkston where I was to report. On the train another... there was another chap who had been called up who was a regular officer and he said we don't now wear sword frogs [laughs] So I hurriedly removed it. And of course I had visions of... I'd sort of read about the first war, you slept on the floors in barns, That's what the troops did but the officers were in the majestic hotel in Folkston. However, I had a very amusing start to the war because two or three days later the war was actually declared and we spent the day all the reservists coming in often drunk and getting them to dig slip trenches because we were all going to be bombed that night of course and mustard gas and everything was going to descend on us. So I spent all day doing this and I was being officer... I was made orderly officer so I was on my camp bed and I got a patrol going round and chaps by the telephone and doled out... we hadn't enough gas masks, but one for three, they would go "sniff, sniff, sniff" and retired to bed about midnight and slept peacefully, came down to breakfast next morning in the majestic hotel and they said "how did you get on in the air raid last night?" [laughs]. My patrol had heard nothing, the telephone had heard nothing, they'd been down in the cellars for some unidentified [inaudible]. I hardly stopped laughing for the first six weeks of the war, it was incredibly incompetent.

ME: But then where did you go?

JC: Well I went to France very quickly actually the...

ME: Which regiment were you attached to?

JC: I was being mobilised in a hospital I was a specialist [inaudible]. I got my membership in January 1939.

ME: And had you by this stage... this is... developed an interest in chests?

JC: No, no, no, general medicine. Well we had great problems because everybody... first of all we, nobody could find our commanding officer. Everybody in Britain knew he was our commanding officer except him. He was a recently retired RAMC [Royal Army Medical Corps] chap who was doing Air Raid Warden somewhere in the West Country. So it took us a long time to find our commanding officer and then it took a long time to find our equipment which everybody denied happening until a wire was sent to general headquarters, not Montgomery in those days, and then they did find... I went to France in the middle of October 1939 and we went to a place near Dieppe and we were told that we were to erect a tented hospital on top of the cliffs. We had a charming CO who was terribly good on the social side but nothing seemed to happen and we knew the tents were called something marquee extending, enormous things about the length of this room, so one day I said, of course I was [lieutenant] in these days, "do you think sir I could get some [inaudible] and have a look at this?" So I ended up building the hospital and it was a frightful job because in October you've got these tremendous north west gales coming up over these cliffs so the tents tended to go straight up in the air. Just before it was finished I was posted into Dieppe to another hospital which was very busy but that was [in an old hotel]. And then we had a very busy winter with meningococcal meningitis epidemics, lots of medicine. And then I was posted a little bit outside to a rather pleasant hospital, mostly tented in an orchard and that was a little unsatisfactory because the CO liked his specialists to be only consulting so I didn't look after any beds you just had to go and see patients

you were asked to see and that was where I was when the Germans did their big advance. We had one gas alarm there, I had a patient we'd been battling with, he was desperately ill, we'd just got him off to sleep and somebody must have started air raiding, must have smelt cordite and thought it was gas and I had to wake this poor chap up and get his gas mask on and then suddenly we were getting nobody because they'd come through. And then one night we came down to dinner and they said "all specialists are to parade after dinner with limited [stuff], so we thought "now Hitler's had it, we're going to shove him back into Germany" but of course we were being shoved in the opposite direction because specialists were short and they didn't want us captured. We didn't realise how close the Germans were. And so we travelled all night the war was [burning]. I was in the front of an ambulance, the driver fell asleep and fortunately I was able to grab the wheel and ended up down in Brittany where they were evacuating most of the RAMC who were south of the bulge. Everybody was sort of battling, they had a hospital there and with a bit of battling I managed to get a bit of a job, some job there, but it was the only option [only took about half the day]. But after a week or two I was posted up to Rennes in the middle of... to another hospital and after a week there obviously they realised the Germans were coming, they evacuated about half the hospital and the remainder... I suppose mostly younger people, we were split into two, I was officially in a [inaudible] same place and the other was officially a CCS and then we really had a very big disaster... it was quite an interesting... of course I hardly knew the people, I'd only been there a week and there was an air raid alarm and everybody disappeared into the cellars and I thought, well, I might be called, somebody better be by the telephone and I remember I sat by the telephone, happened to be reading *The Worst Journey in the World*, trying to concentrate on the *Worst Journey in the World* feeling very lonely with nobody else there, and in fact a call did come through. No, a chap came in, saying there had been terrible noises going on, that there had been... that they'd caught two... an ammunition train, with two troop trains beside it in there and there were terrific explosions going on. So, I talked to one chap that I knew there and I said "I think we ought to go down, see if we can help", that's what he wanted. So I went down to the major who was officially commanding us who was down in the thing and said could I have three ambulances and some men and we got a lot of splints and things and collected some people and went off, we were asked to stop by a Frenchman to come and have a look at his wife but she was dead, she'd got glass through here [points to his throat]. And this situation was absolutely awful we got there and there was a tin shed and a short distance away were these trains exploding the whole time. The French were being very good and digging people up, so I spent all day there both of us and the French working too. We had the most awful casualties I mean people with both hips gone and then we ran out of Thomas splints, sent the first orderly back and he didn't return, not surprisingly perhaps, so I sent the sergeant back and we were getting short on morphine. We really didn't... we had to sort of shove it in through them there was such desperate... And about six o'clock, this happened about ten in the morning, about 6 o'clock in the evening there were no more coming so I went back, we went back to the hospital as we arrived they said "get straight into the ambulance we're going off to St Malo at once, your luggage is ready." And I washed my hands, the blood from my hands, in Portsmouth about 36 hours later. We were told we were going to be bombed to hell in St Malo but we got there quite easily, you could only get into St Malo at certain tides and they couldn't get in at the time but we waited about an hour and then a Danish ship came in with one British officer and he sort of said "On" and we were off. We weren't attacked, it was night by that time and as I said I was only able to wash off... so that was one of the grimmest experiences I had during the war. Then I was only six weeks at home and went off to the Middle East, which was very interesting, we went around Africa because it was too unsafe so I learnt tropical medicine because we didn't know where we were going to begin with...

ME: There's a silly question, when you went over the equator did they put you all through the crossing the equator game or... ?

JC: I think we had something but not very elaborate because of course it was terribly crowded. It was a rather marvellous voyage, I was very clever because I got charge of the hospital so I didn't have to spend three hours every morning on boat drill.

ME: And did you go into Cape Town?

JC: Yes.

ME: That must have been quite exciting.

JC: That was very nice. Unfortunately because I had patients I had to get them off and that sort of thing I only had a couple of days ashore but it was lovely, yes. I went up Table Mountain.

ME: And then you came up the east coast and went to where?

JC: Yes well we came into Cape Town and we were moved round to Durban. We had... one of the days we came back the weather was too bad we couldn't get back on the ships so I slept on the floor of an aircraft carrier for the night, we got in the next day. Yes, then we went up between Madagascar and then whipping up the Red Sea, it was [*chacun pour soi*] the Red Sea they all went as fast as they could because the Italians were still in Ethiopia... and then had a short time at the rest camp and then to Alexandria where we set up a hospital in an old Italian school I found it very interesting, there was lots of medicine.

ME: At what stage... this was before... ?

JC: This was 1940.

ME: This was before El Alamein?

JC: Oh, three years. Two years. And I played my last game of rugger in Alexandria, but after about six weeks there I was posted up to a CCS in the desert, Casualty Clearing Station, and had a very interesting winter there. It was very cohesive to begin with, there wasn't much fighting. I went up in November but in December the [waval] push from us... the Italians were over into Egypt then you know. They were vastly more successful. I found myself at one stage – because we'd lost all our transport – Commanding Officer for a very short time and then we were pulled back in the New Year and went to Greece, we went to Greece in March 1941.

ME: This again was with a hospital not a regiment?

JC: No, this was a Casualty Clearing Station. And we went up just south of Mount Olympus to begin with and in the most marvellous set up, this was spring, in something like the south downs with lovely wooded things and tortoises, wild tortoises hanging about and Mount Olympus straight up but within a very short time the Germans came through. My tent was on the top of a hill, we had a big red cross out and the road curled round and I used to hear these German fighters coming along machine gunning and would they take the hand off the button when they saw the red cross? So I had to nip out into my... So but we had a very tough time because we had very few... everybody was in the theatre. The CO gave anaesthetics, we had one of the – before there were mobile surgical, one of the ordinary officers had some surgical training so we had two surgeons working the whole time and the anaesthetist and we had some of our general duty people taking to run ambulance trains made out of cattle trucks so we had no... the radiologist and I had to do everything, so sleep was a terribly difficult problem and sparing people to bury the bodies was a terribly difficult

problem. So we had a very tough time, and then one day we suddenly discovered we were in the front line and everybody had retreated behind us. The RAMC administration was pretty poor at that stage in the war and we... our CO managed to get in touch with somebody and was told we could retreat as long as we could take our patients. We had a bit of a battle with the ambulance people because they wouldn't take the German patients, we said "well if we don't take the German patients one of us will have to stay and look after them" [laughs], so they agreed. Anyway we also had friendly ambulance people, who were very good. But we hadn't enough transport to take any of our equipment so we got back but a New Zealand hospital had retreated without its equipment so we took some from there, but that was put on a train and then we had an interesting period where the only thing we had to drink – I had a cup on my belt to look after the patients we put them under lorries and... but then we joined up with the other CCS, an Australian one, who were first class and we came under Australian command and the Australian chap was extremely good, the ADMS whom I met later on a visit to Australia and we worked flat out with them and then we were told to retreat to Athens which we did, the Australians were near Delphi. We slept on the floor of a school and then I was asked if I would march in Australian company down to the train because all our officers had run away. Which I did, it was the only time I ever marched with anybody during the war. And we had a fairly grim drive back, because it was a very crowded train we had a lot of Cypriot, what are they called... Pioneer Corp and every time the Germans came over, because they were bombing the whole time, the train would stop and the Cypriots would rush across country, there was quite a job keeping the men from getting this panic as well and we were out getting some water and were bombed very heavily at the Corinth Canal, I lay in a very small gutter down at the side and then they said the road was bombed to hell later on and we retired into bushes and I had then got a number of sick, there was nobody wounded, which I looked after and the first evacuation was occurring and unfortunately the Australian troops were very poorly trained at that time and they tended to panic a lot and they were coming in with the landing craft and they would rush onto it and then it would run aground and they couldn't get off and then early in the morning the Austra... the destroyers had to leave because they got bombed to hell as soon as the daylight and I had just got my sick onto the landing craft, there was only one landing craft and he had no destroyer to go but he went up the country, the coast a little bit, and went into a little bay because he said we lie up all day and then we'll go down tonight. So there was a boathouse there with stone walls and I thought this was perhaps the best bet to get my sick... I hadn't very many about half a dozen or so, we were awfully short of food because we were told to take some very limited amount of rations which was already eaten by then. The fighters came down quite a lot but fortunately their bullets went onto the wall and not through the roof which was tin and suddenly the door opened and in came a great Greek talking about "these bloody bastards!" in a great American accent, he was a Greek American and the Greeks behaved terribly well during this retreat and I gave him all the money I had and he went and got us some food so we had some food and we got off that night and then went right down back to Monemvasia which was the end point and that was the last night of the evacuation but fortunately, just as we came off, people were jumping into the water and going aside and taking their trousers off and suddenly the dive bombers came over and there were white bottoms going into bushes all over the place. And in fact they sank the landing craft but nobody was hurt, they had a little midi about 16 just firing away, the navy behaved marvellously and we laid up there for the week but fortunately this was an old Venetian castle with a long causeway and it was deep and the destroyers could come right up and in fact 800 of us got off the destroyer that night and I was rather lucky, half my unit had got off the first night and they were landed in Crete. When we arrived they said Crete was full and we were [inaudible] back to Egypt, half my unit was captured in Crete so I was rather lucky. We were attacked during the night then but I'd hardly had any sleep for a fortnight, I couldn't

worry what happened. So that was really the last of my active war. I was only in base hospitals, I was down in Eritrea, and in Malta, then came home.

ME: Was that Malta before or after the siege?

JC: I was just in for the last air raid.

ME: Malta must have been a very curious place to have been in after that experience.

JC: Yes, the people who were still there in the mess, who'd been through it, they'd averaged losing two stone, I mean they were very short of food.

ME: Where were you based in Malta?

JC: Imtarfa right in the middle. It was my first... I'd just been promoted to Lieutenant Colonel in AC medical division so it was my first experience of that. I had a slightly difficult and rigid CO and I quite enjoyed it, I mean Malta was a nice place and the [weather] was marvellous, I was there over the summer. Also, rather interesting, because the sort of... Imtarfa was the main sort of hospital and the AC medical division was automatically physician to the Governor General who was Gort, Lord Gort. So I saw him quite a bit and had lunch up there... he was a very decent chap, I didn't think he was terribly bright but he was very nice. And then, because I'd been four and a half years abroad I was posted home. I tried to go to Ireland because my sister was still there but you weren't allowed unless it was a parent, but the war rather decently posted me to Northern Ireland, where I met my wife.

ME: Now your wife is she medically... ?

JC: She's medical.

ME: Yes, where did she train?

JC: Oxford.

ME: Oxford.

JC: She was just in her first year in the army. And we managed to conduct our courting without anybody in either hospital knowing what was going on.

ME: I bet they did [laughs].

JC: No, they didn't.

ME: Then what happened when you were demobbed?

JC: Oh, well they had a scheme, you know for... we were told a year sort of rehabilitation course and I went back to Thomas' but after a short time of course there were vast numbers coming out of the army and we were told it was going to be six months. I had – when I was in Egypt you see I had worked very closely... I had two big periods at a big base hospital in Egypt which was marvellous because we had – I think two – over two thousand beds and we had a POW and I started learning Italian, in Eritrea they spoke Italian and German, I used to speak six, have six languages there in notebooks. But we had wards full of diphtheria, typhoid, I got typhoid, I got to come back from Greece because our water sterilising thing was destroyed in a fire and I was quite ill, well I thought it was just the heat until I vomited one night and discovered my temperature was 104. But we had an enormous range of vast numbers of... at one period I was house physician to 180 beds as well as doing all the consultant stuff for the outpatients. So I never worked so hard in my life.

ME: But when you were back... when you were waiting to... after you came back to Thomas', were you paid? I mean, during that period?

JC: Yes, we got 650 pounds a year.

ME: Right.

JC: When we were house physicians we weren't paid at all.

ME: No, and were you married by this stage?

JC: Yes, I married just after demobilisation in December 1945.

ME: What was your first... after that, where did you go after your trial run at Thomas'?

JC: Well I was doing also a clinical assistantship to Guy Scading who had been my OC medical division at the canal and we became great friends, we got on very well, I had about 18 months altogether there. And I acted as clinical physician to him, unpaid too. And then I had a period of unemployment but I'd written up... I'd run a typhus ward in the Middle East and kept a lot of records it was just the period when they were beginning to tell the difference between the lice born and the flea born and we had both and I sort of wrote my MD thesis [inaudible] ... and I finished that off during my period of unemployment but then they decided to have some registrarships at the Brompton. I got interested in chests because Guy Scading was you know a big chest man, he got me interested and so I got a registrar job there.

ME: It must have been an extraordinary change in pace, having been a colonel to being a registrar, did that... was that not, I mean having been through those experiences...

JC: Well you see everybody else was in rather the same situation, my co-registrars all went on to be consultants in hospitals, Neville Coleson at Barts, Howard Nicolson at UCH. Yes, I don't know that we felt terribly demeaned we felt we were learning so hard you know there was great atmosphere at Brompton, lots of enthusiasm, a small hospital, you knew everybody, but in point of fact I was only registrar for about three months because Guy Scading was part-time at the post graduate school and part-time he was sort of running the academic side at the Brompton and they decided at the post-graduate school that he needed a lecturer to help him and he decided he needed a lecturer at the other and in those days as far as I know it wasn't advertised. Being appointed at the post-graduate school I was asked to go and have lunch with John McMichael, Sharpy Shaper and Guy and the only thing I remember is Sharpy Shaper suggesting "Did red meat cause hypertension?", and I had the job. So, I don't think... I don't remember them probing me at all.

ME: John McMichael must have been quite young then.

JC: He was the reader. He hadn't yet been made professor but he was made professor just after that.

ME: He must have been newly down from Edinburgh then, mustn't he?

JC: Oh no, he came down... the post graduate school started in 1935, Guy Scading was one of the foundation members and I think John was right at the beginning and he was made reader I think during the war. So I got those. No sorry I'm wrong. It was the lectureship at the post graduate school, the other job was the streptomycin trials were to start and I was asked to be the coordinator for the MRC [Medical Research Council] for the Brompton, that was my first job. I went onto the academic job after three years.

ME: Is that when you started your interest in the treatment of tuberculosis?

JC: Oh yes. Well I mean the Brompton of course was very concerned about tuberculosis anyway but I was involved because of the streptomycin trial. So I did that for three years...

ME: If we could just deal with the mechanics of you coming to Edinburgh then go... what I'm looking for to do is talking about the treatment evolution, but at what stage... so how long were you at the Brompton before you came to...

JC: Oh quite a long time, because after, in 1950... it must have been '51, Guy was made professor at the Brompton and was reducing his time to, I think, two days a week some limited time at the post-graduate school and John McMichael quite rightly said we must have more continuous... So I went almost the whole time... I spent one day a week at the Brompton and I was whole time... the rest of the time at the post-graduate school.

ME: And during that full-time at the post-graduate school... it's the wrong way to put it but you were learning, if you like improving in your understanding of chest diseases or learning.

JC: Oh yes. Oh yes, I mean all this time I suppose, we all had general wards but Guy and I were the sort of chest people, there was a TB section as well and I had five TB beds that was all I had before I came to Edinburgh. But our ward tended of course to have more chest cases and in the post-graduate school they called the specialist in wherever you were so you saw people all over the hospital.

ME: So what sort of cases did you see?

JC: Well I suppose...

ME: Same as now?

JC: Same, very much the same, I mean there was more TB, a lot more TB but the other sort of cases were very much the same. But I also was asked a lot into the paediatric ward, the children's ward, but I was also interested in infectious diseases so I did a lot of consulting in that as well.

ME: And this naturally led on to you coming to Edinburgh?

JC: Well I think the Edinburgh was Stanley Davidson with his sort of tremendous sort of push, he went round London asking for possible people and came to see Guy Scadding and Guy obviously gave my name. There were two possible people, Howard Nicolson who was a very good clinician but not really academic at all but he was extremely good at the UCH and myself. Logan here had worked with Howard in Italy, they'd had a thoracic unit in Italy, and of course Logan was very keen to have Howard who was a very nice chap and extremely good but I think UC felt they might beginning to lose Howard so they quickly made him a consultant so I don't know who else, I think they looked at one or two other people up here but I don't really know. Then Derek Dunlop came down and took me out to lunch and we had a chat there and I wrote up actually recently that again the sort of mode of appointment would astonish people now whereas when I came up for an interview here Stanley and Derek took me to lunch at the New Club and gave me the biggest sherry I'd ever seen so far so I roared... but you know it's a bit remarkable that the candidate was taken out to lunch by the other professors and then taken in to see the meeting so I suppose there are some benefits of alcohol as long as you don't have too much [laughs].

ME: Do you want to give us tea?

[interview breaks]

ME: So, tell me, what were your impressions of Stanley and Derek?

JC: Oh, well, you know them very well both. I was always astonished and I think I was right from the beginning by their totally different characters and the fact that these totally different characters got on so terribly well. I think both had great respect for each other and I think they were also welded together by the outside threat before the war when, I don't know whether I dare say, I understand that the quality of the physicians were not very high and very greatly resented the academic people who might have higher prestige. So they'd had terrible battles and they worked very well together but they continued to have very great respect for each other, as you know Derek had tremendous panache but underneath his panache he had a tremendous morality and sense of responsibility and you often found that he did things – I wrote an obituary for him, of my impressions of him for the College. I had an enormous respect for him, he did an awful lot of very good things, quietly behind the scenes and he had a lot of sensitivity, social sensitivity. Stanley had no social sensitivity at all, I mean he never... Derek told me one story about him, when you know the Western was being developed from the old poor lot to a modern hospital and of course a lot of discussions kept on with the city and at one of the meetings it was announced with great sorrow that the city architect had died and Stanley "That's the best news..." [laughs] "this man was always getting in the way, stopping everything." Which I think epitomises Stanley's total... it's almost a congenital abnormality.

ME: And yet he was a kindly physician wasn't he?

JC: I don't know, I often wonder whether he was.

ME: Oh right, oh well. I mean Derek was.

JC: Derek was, very caring.

ME: Yes.

JC: I don't know whether Stanley was or not. He certainly didn't care what he said, I was absolutely horrified in one of the early little clinical meetings in the Royal Infirmary where they were presenting a patient with the patient there and they talked about syphilis, they talked about malignant disease, they talked about tuberculosis all in front of the patient. I protested after the patient had gone out.

ME: Yes, now Derek was a professor of... ?

JC: Therapeutics.

ME: Therapeutics, but was... but he had previously been the professor of tuberculosis had he?

JC: No no, he had worked with Sir Robert Philip who was the professor of tuberculosis as a young man yes.

ME: And did you succeed anybody or did you come...

JC: Oh yes, Cameron. Well you see Sir Robert Philip, who was the great man in TB and internationally, who sort of started the system he saw the tubercle bacillus just after [Robert] Koch discovered it. Robert Philip was doing a post graduate in Vienna and there was enormous excitement when tubercle bacillus was found and he realised this was an infectious disease that should be possible to stop it and he came back and started this dispensary, he was told when he came back "Oh dear boy you must take up something else, phthisis is played out" but he worked in some of the general dispensaries with all this TB and started the first dispensary in the world, on the Mound, picking up contacts and picking up the disease early and so and he obviously had a tremendous personality and got a lot of people to produce money, people had enormous respect for him. And he really got the money going for the Royal Victoria Hospital.

ME: Did you ever meet him?

JC: No, he died in 1939.

ME: Oh, yes.

JC: Norman Horn did and Christopher Clayson has told me a lot about him. And he was obviously a great man, he founded the international [inaudible], I mean with other French colleagues. He was very international, he spoke German and French. And then he died in '39 and there was no age limit, he was 83 or something, and they didn't do anything, appoint anybody for some time but just the end of the war they appointed Cameron who had been in charge of East Fortune who was a very distinguished sanatorium, a difficult chap I gather, to... really as a sort of an intermediate to give time for other people to grow up because he retired after five years and I came up and...

ME: Where did you come to, where were you given beds?

JC: Well Southfield Sanatorium was the TB beds but I said I wouldn't come unless it was chest diseases as well, I wouldn't just have tuberculosis so there was a lot of discussion and in fact the people at the Western were very good and I think it was Ted French and somebody else had a ward at the Northern and they said I could have this ward of 30 beds but I was... when I came there was a consultant elder in the Royal Victoria dispensary but I was the only consultant for 400 tuberculosis beds in Edinburgh. Of course I battled pretty quickly but there was such an enormous TB thing and you know it was increasing all the time that I didn't have tremendous difficulty in persuading the health board to appoint two more consultants which were Norman Horn and Iain Grant and Iain Ross had been working at, I think first at East Fortune but out at Bangour and obviously didn't get on with Summers and they really felt they didn't need two so he came and joined us. And Dr. Elder was very much [inaudible] person and a pretty difficult personality and I'd made it clear, I knew he'd only got three years to run that we should take the whole thing over when he retired, in fact he retired a year early, fortunately for a lot of patients, and we took the whole thing over so then Timmy Williamson came in, succeeded him, but we'd completely changed the organisation, previously you had one lot of doctors dealing with the outpatients, the others inpatients so you've got no continuity and that's one of the reasons it didn't work.

ME: Now in the... the thing that I find in... I mean about the treatment of tuberculosis story is how did you develop the thought of multiple and prolonged therapy?

JC: Well, we knew that drug resistance had developed with streptomycin when it came in, very shortly after that PS became available and I was involved at the MRC trials.

ME: And how did the idea... ? Sorry, go on.

JC: Sorry, when they took three groups, one was streptomycin, one was PS and one was both of them and the resistance rate was lower in this. So, it looked as if, and there were good theoretical reasons, that it would reduce the failure rate. But when we took the whole thing... when we came here we inherited a lot of failures of treatment and our main research of which we concentrated on then was looking at these failures and trying to decide why they failed. If the thing worked in the test tube and some got cured, why didn't others? And we looked at absorption of drugs and you know [inaudible] disease and various factors and worked very closely with our bacteriologist. We had sort of long sessions every week looking in great detail at patients and, we concluded, that the failures were all due to drug resistance and in so many of these when you looked at what had happened and how the drugs had been used it looked as if they hadn't been used consistently and together. But also we found, only two cases, one of Norman's and one of Iain Grant's, very early on, turned out to

have been infected by an [inaudible] resistant organism. But you didn't know for six or eight weeks, by the time they knew they were getting two drugs and they'd become resistant to the same drug. So we started giving all three drugs together and to our astonishment by being meticulous we found we weren't getting any failures, but nobody believed us.

ME: Now why did you choose such a prolonged treatment course as well? That went contrary to previous...

JC: Well we didn't choose it, we did an analysis quite early in the period. Iain Ross analysed all our cases and naturally enough nobody... it was a notorious relapsing disease... nobody knew how long, you tended to treat longer if it was a bad disease and Iain Ross analysed ours and found out paradoxically rather that the people who had six months or less had I think 22% relapse rate even though many of these were the milder disease, the ones who had had 12 or 18 months the relapse rate was only 1% and, although they were very bad cases, whom we'd gone on and on because they were so awful, had no relapse at all. And that was chance... I mean we'd done what we thought from looking at the umbilicus [inaudible] and it was fairly clear that prolonged treatment was highly effective so then we started of course treating everybody for 18 months to two years.

ME: And initially the reaction of the world was somewhat sceptical, was it?

JC: Oh very. I mean we were accused of fiddling our figures. Somebody once at a meeting in Oxford said, "Oh we know, we've heard somebody who works with you said that when a patient doesn't respond you send him out the hospital and don't count him," and I said "By God, tell me his name I'll have him up for criminal libel." Of course it was just sort of bar gossip in London but that was the attitude.

ME: Now in those days in the trial, did you intend to include intend to treat as a... that's a fairly new concept, isn't it? You know that if someone goes in they are counted willy nilly and if they come out early on....

JC: Oh yes, well the methods were the classical methods which [inaudible] designed and you had to be terribly strict about this, all the cards were in a blank envelope, just with a number you took the... you wrote, yes intend to treat, you wrote down the name of the patient, he's the next patient to be treated, then you open the envelope so you couldn't fiddle it.

ME: Did that cause heartburn... I mean heartache rather?

JC: Oh initially, it was a great worry. I mean it was only really because streptomycin was so short, there was only a limited amount that people regarded it as ethical on the first, there was all this stuff about guinea pigs in the newspapers but of course it was the only moral way of doing it. This was a very real problem. No we really only got our things accepted because the only people who really did believe us were bacteriologists in the Pasteur Institute, we knew well and would come and see and one of them, we were both chairmen of committees in the international union, said the only thing to do is let people see it themselves but everybody was so sceptical you couldn't say it was a trial of the Edinburgh method or anything like that so we said Study of the Causes of Failure in Far Advanced Pulmonary Tuberculosis but they agreed the protocols of treatment which we'd put in and then it was coordinated. It was the first international therapeutics trial I think in any disease actually. We got Reg Bignal who I'd also worked with in London, who also didn't believe our results, to coordinate it which he did very brilliantly and there were a few people who died in the first week because we were taking far-advanced patients but pretty much all the failures were when they mucked around with the treatment and didn't keep to the protocols and everybody was then convinced.

ME: There's something quite curious about tuberculosis isn't it and its infestation of the lungs and the like? I mean it's very curious in its biology it's always struck me as one of these... it's almost, part of it is sympathetic to its new environment and part of it's aggressive, it's unlike say your MD thesis where typhus and typhoid just wipe you out, I mean they take you quickly.

JC: Well of course it reproduces more slowly, that's one of the points and it's in a balance because when you get... you know if the Eskimos got it or people from the outer islands who had no sort of congenital resistance they'd often died in three months. It can go very hard and of course if it gets meningitis dies very quickly and military tend to die very quickly. So it's obviously a balance as usual between the defences and the...

ME: Because at the same time there were these, there were quite magnificent social changes taking place weren't there which presumably didn't make it less difficult to treat I mean it must have been...

JC: No, well yes, but the improvement of course over the last, from the middle of the last century was largely due to the improved social situation, the mortality had come down and the incidents had come down and undoubtedly the social improvements were very important and of course they were working here as well. But Scotland and Portugal were the only countries in Europe whose TB went on rising after the war, all the others went down for reasons...

ME: Did you find coming from, if you like, a very London army background, what did you find coming to Edinburgh? Did you... this is a very high browed medical school, in a different city did you find that...

JC: Well I was fairly careful, Robert Cruikshank I knew because he was at Colindale and he said don't open your mouth for three months [laughs] and I remember at the first meeting of the, what was called the Scottish Tuberculosis Society in those days, they were having big discussions and I kept my mouth firmly shut and they were always obviously trying to get me to say something but Robert had told me not to speak I keep my mouth shut [laughs].

ME: At what stage did you become involved in the College?

JC: I think it was Ray Gilchrist who asked me if I'd be prepared to be put up for the Council, well Derek Dunlop soon after I came put me up for the membership you know under the cap whatever it is. I became a fellow of the London College just before I came up here so that was the first and then whether it was when Ray was president, I think it was before he was president. I can't remember when I first became... joined the council. I imagine sometime in the sixties and, probably about the mid sixties and he asked me if I'd be put up... I think he tried to get me to do it earlier on but it was the time when we were terribly hectic with the TB and things. So it was really getting onto the council and of course I found that... I got on the council when Christopher Clayson was president...

ME: Christopher Clayson is a tuberculosis – is a chest physician isn't he? So there was great sympathies...

JC: Oh yes, well I knew Christopher quite well, we always got on extremely well, I had enormous admiration for him.

ME: How did you find Dr. Gilchrist?

JC: Well I didn't know him well enough, he was always terribly nice to me but he didn't have to suffer me and I didn't have to suffer him you know, I mean he was obviously a very strong personality.

ME: And you were based at the city by this stage, were you?

JC: Oh yes, well I started off with these two, Southfield and the Northern, but you see our... you were talking about the social factors and TB. When we started in 1954 we had the peak, a thousand new cases, we then ensured that everybody at home or on the waiting lists wherever had got good treatment and to our astonishment our number of new cases went down by 59% in three years so it was absolutely dramatic I mean I know of no other country or time where this has happened so I mean obviously that wasn't social that was treatment.

ME: No I mean I wasn't belittling... I mean forgive me no I wasn't meant that... it's just that...

JC: No, well I mean there has been a lot about this and that has been my major argument a lot of people have said it's got nothing to do with medicine the improvement of TB it's purely social, but you don't get a social revolution halving the number of cases in three years when they've been previously going steadily up.

ME: But actually what I meant as much as anything was seeing the Pleasance in the 1950s and to me coming from a rural, from a farming background coming into the Pleasance was just overwhelming.

JC: I used to count the sputum on the pavement on my way back on the night train.

ME: Yes and those dreadful stairs and the...

JC: Well when we started you see we had to treat a lot of the patients at home and we used to go and do home visits so we really saw what it was like.

ME: Were the practices very sympathetic to what you were doing?

JC: Oh yes, I had GPs, but everybody was extremely supportive really, I mean just after we came there was terrific concern and the presbytery, the Edinburgh presbytery, had a tuberculosis week in the churches and we had to go and talk in the pulpits. I mean there was tremendous concern about the tragedies involved in tuberculosis. You know a lot of it was young people, particularly young girls. And we really had tremendous support from everybody, the GPs were very good people, we never had them mucking around and they were very cooperative and of course, I mean when I started off I was the only consultant, I mean I sometimes did consultations at five hospitals in a day, I was terribly busy.

ME: So when you started in the College you were on the Council with Christopher Clayson now do you remember much of that, do you remember much of the drive of the Council at that stage?

JC: Well I had an enormous opinion of Chris, yes this was just the sort of beginning of the sort of discussion of the national responsibility of the post-graduate training and Christopher was very involved with that. He had made his reputation with the BMA [British Medical Association], as the TB went down, he got interested in medical politics and he had such a splendid personality and was such a splendid speaker he was obviously extremely capable and diplomatic and I think he showed all these qualities as president and he must... I think purely on his qualities and personality because in sort of stuffy London RCP I suppose at that time with sort of high-powered academics somebody who was superintendent of the sanatorium in South West Scotland mightn't have been expected to have great initial prestige but I think Christopher's obvious enormous capacity and talents came out and of course Christopher had [inaudible] he was taking his final examinations so he was in that situation because of TB. He concealed his [inaudible], he failed that exam not unsurprisingly and kept quiet until he had a resit and passed and then came clean and was two years on his back in

Southfield. So it was TB which... I'm quite sure he would have had an enormously distinguished probably academic career.

ME: Which indeed he did...

JC: He did, yes I mean he did, I mean he did in fact when he was in Southfield, as the TB came round, one of the things he did was working with the MRC he did one of these community surveys. The earliest one not only on TB but also on hypertension and coronary disease and so that was one of the pioneer... I mean he obviously was enormously capable but I think he did a lot of good for the College's prestige. In these intercollege and national discussions at government of all the levels and I think that was one of his very major contributions. I was very keen that he should do a fourth year and I think he did, because I felt you know he had it going.

ME: With the national supervision of training what do you think... how did that evolve? I mean did that... was it Scottish or was it British?

JC: No, no, it was really sort of UK and in fact this then went on... it was the earlier stages and Christopher, went on when John Croom was head, but in fact the Joint Committee on Higher Medical Training which eventually came that – I think I'm right in saying began just when I was starting my presidency I think. Yes I'm sure it was because we had an agreement that the presidents of the medical colleges would take it in turn to be chairman and I thought it was only tactful to get Cyril Clark of the London college as the first one and I was the second and so I mean that was a very interesting period because that required a lot of negotiation both with government and with the GMC. I knew John Richardson quite well, he came to me for my membership.

ME: Was this the beginning of the contact between the three medical colleges?

JC: Well, and the membership, the common membership which I think also started in... was that Christopher or... I think it was starting in Christopher's time, as part of this...

ME: Now what were the committees that... the first time I met you was on the Croom Committee to look at the future of the College.

JC: Oh yes.

ME: And we were on... there was yourself there was Michael Oliver, a fourth person who I can never remember and myself, I don't even remember...

JC: This was a sub-committee on one aspect, I chaired one which was partly on where it would be situated there was a lot of chat, the surgeons were very keen that we should move up...

ME: That's right, I'd forgotten that.

JC: And we decided on balance with this very historic building that... and being very close to the station and so on that we should remain where we were.

ME: And that was in fact one of the great moving committees of the history of the College in some respects wasn't it because it changed the emphasis and...

JC: Yes I think, wasn't it part of that committee... that was under the Croom's I think that committee started under the chairmanship of Crooms as vice president and then continued in his time and wasn't it that committee, another bit of it which founded the members.

ME: Yes I was the first Chairman of the Collegiate Members.

JC: Were you really? Well oddly enough I was... I think I was the first representative of the Collegiate Members of the London College.

ME: Really?

JC: They started that. I think I was the first one to actually attend council meetings.

ME: I was the one here, I had a very sweaty time.

JC: I remember the first time I came... I went to the London Council, I came in a little bit too early, I was to come in a little bit later, go out come back again. But actually very shortly afterwards I was selected for the fellowship so I came off.

ME: Now when you were vice president who was the president at that time?

JC: John Croom.

ME: And can you tell... I mean I know John Croom well but do you mind reminiscing about him?

JC: Oh, well, I think he was an extremely good chum and a tremendously nice man as you know, I think he ran, he was very good at running things, he ran things very well. He wasn't, as he said himself, an ideas man but he... it's a great advantage to have somebody who knows how to handle people, he was extremely good at that and I think he was an effective administrator and I think he was an effective delegator which is quite important.

ME: He also was very receptive to ideas.

JC: Yes, oh very. He was delighted to receive them and you know do something about them. So, I think he had very good qualities as a president and very good judgement and knew what you could do and what you couldn't do, and that changes quite a lot in the College.

ME: Then you became president and from memory on the council with you were people like Mike Matthews and...

JC: No Mike wasn't on... when I was president?

ME: Yes.

JC: Hamish Watson was on, certainly some of the time. [Alec] Kay, James Syme I think...

ME: What do you think were the sort of achievements of your time as president? What would you... ?

JC: Well I was just looking at the sort of things that happened. If you look at it nationally, the Joint Committee of Higher Medical Training started and there was a lot of work concerned with that so that was quite a major thing, let me just get my glasses out. There was another thing which perhaps wasn't an achievement but was a concern, a very great concern, the Joint Consultants Committee, which was a UK committee, that's a joint committee between the colleges and the BMA and it's supposed to be concerned with standards in the NHS and that committee met in the morning, very big one, and in the afternoon we met the Chief Medical Officers of both England and Scotland and I was extremely shocked by that committee. The problem was presidents on the whole were turning over about every three years and the politicians for the BMA were there the whole time for quite a long period and although we were supposed to be dealing with standards, they were thinking about money for doctors the whole time. At least that was my impression. And they were pretty skilfully politically, because they would start beside party line beforehand and sort of get in, and I quite often

intervened, really more on the side of the government ... I mean for instance, two things which I got very cross about, when there were proposals to do more for the aged and they came out completely against this, they needed far more facilities for these other sort of things and they had a thing about waiting lists, which was surgical, and the [department] were making a number of very good suggestions and they wouldn't have anything to do with them. I didn't intervene in the morning but in the afternoon they said we unanimously object and I said I'm sorry it wasn't unanimous I didn't speak about it because it was surgical and it was England but I thought the suggestions were perfectly sensible. I wrote a letter when I finished as president to the chairman, quite a long letter saying that I thought this committee was not doing its job that it was understandably because it had politicians they were always thinking about their politics, they were not paying attention to the standards of the health service and as a result they did set up a committee to look at them. I don't know whether they are any better now but... The other thing, at the time there was also a great battle through the government I think again it was about money and the BMA and the trade union side and the colleges had a very difficult time because they were talking about strikes and we had a meeting at the conference of colleges with the BMA politicians and I remember an obstetrician from one of the colleges saying, "we can't allow the patients to suffer and be at risk", "Oh you're bound to have casualties in war." So I had quite a bit... this came up every now and then on the radio, I was due to speak at some hospital to junior staff down in England but they were threatening to go on strike and I said I'm not coming, I said I'm not going to a hospital where they are threatening strikes. So you know there was quite a lot of political stuff nationally. Scottish... one of the things we got going was shared care and persuaded the Glasgow college to be interested in this as well.

ME: And what was implied in shared care?

JC: Well it was mostly between GPs and consultants and we had a number of meetings and projects and produced a report in the end. It was perhaps a little bit before its time, it's gone... you know built up a [counter] opinion. But the Glasgow college were very cooperative, we had a lot of very good meetings and dinner meetings and groups and several projects were started in various places as a result of it, there was a bit of delay in publication because I think [inaudible] was very keen to publish and then the [inaudible] of not publishing it in the end. But it was published eventually after I had demitted office. But the other thing I was very keen to do was to build up relationships with the other health professions and we had a series of groups and reports with social work, with pharmacy, with occupational medicine, with nursing, and we produced a series of these reports and it was very useful, I mean it was the doctors they were saying, they had very little idea of what these other professions did, I think that did quite a lot of good, again a bit before it's time, I mean nothing happens until the climate of opinion is right and it helped to build the climate of opinion. We had... the history of the college was published; poor old [W. S.] Craig just when it was being finished had a coronary in the College I took him up to the Royal.

ME: That was a major success wasn't it?

JC: Yes, I don't think it's a terrible good... I mean it's a bit stuffy, but it's very useful to have it. It was really commissioned by Christopher Clayson, Craig was extremely enthusiastic and did an enormous amount of work on it because it was published while I was president I wrote the foreword, so I mean I don't think I can claim any credit for it. One of the things I started, I was a little horrified that there was no report from the president in what was the *Chronicle* at that time. John Croom hated writing but, I mean, nobody, none of the presidents had and I started a regular contribution from the president, I think that was the first, because I felt that the ordinary, you know, fellows and members didn't really know what was going on. It was a good thing.

ME: Well the College was a very opaque system at that time.

JC: Yes, it was, it was. I think that improved a bit. One of the things, we were just thinking about going into the common market at that time, in fact while I was president we had the referendum. We slightly jumped the gun by having a very successful thing in appointing I think it was eight fellows from all the other countries, senior fellows from the various countries, so that went pretty well. One of the... two things which I got discussed at that time but neither of them had the opinion moved far enough forward, one was how the president was elected because previously it was largely Henry Matthew consulted previous presidents and I didn't think really retired presidents should be deciding who, it should be younger people who made these sort of decisions and I got this discussed. I was very rather taken with the Glasgow system when the sort of vice president was automatically to become president, it gave them continuity he could see what was happening and then took over, but the College wouldn't have it at that time. And we also had quite a lot of discussion about whether there should be an academy of medicine for the whole of the UK or an academy in Scotland and a lot of chat but the fellows were certainly against it, they didn't want to go on, so these were two things that were discussed. A couple of things that I did as president which were perhaps a little unusual was getting one Russian doctor out of a concentration camp and one Chilean. I was approached at the time it was one of these scandals, it was a Jewish doctor who'd obviously been rigged by the... and of course the Jews rallied round but the Council agreed and I you know sent open telegrams which of course the KGB could get and joined in a whole page in *The Times* and signed on behalf of that and he got out. The other one was a chap whom I knew in Chile who was a very distinguished professor there, after you know the right-wing revolution there and again with a lot of international organisation which I took part in he got out too. So those were perhaps two slightly unusual things.

[interview interrupted by someone else asking JC for his car keys]

ME: You were talking about a Chilean doctor and that he had been a distinguished man and that you were party to his being released.

JC: Yes well a lot of international people did. I mean I knew him through the International Union Against Tuberculosis and Lung Disease and with them, we all wrote letters to the Ministry of Health and President Pinoche – it was the Pinoche revolution, in fact I was nearly in on that, I was in Argentina about to go to Chile when the revolution occurred, for the British Council but it was cancelled and I went to Peru instead. There was one other point that I was going to make which was general but I can't remember what it was, it was something which was started when I was president.

ME: What about College developments because was this not... at what phase was your presidency and the development of the conference centre?

JC: Well, we were in-between the... number 13 was bought during John Croom's presidency, just before I came on, so I suppose we were concerned with that but I think it was mostly in the pipeline before I became president we'd... you remember... in fact our committee at the first appeal... no you were talking about the development not the appeal. There was chat about having a lecture theatre you know in the [inaudible] which Derek Dunlop chaired but that didn't... partially because there wasn't enough money and partly because there was an objection to it. So that didn't go ahead in terms of development. The... I think you know the College Club I think that started before I became president or was it just after I can't remember... you know it's died since. It was quite a good idea but it just...

ME: But you were one of the people who were very supportive of the conference centre weren't you? My recollection is that in the Croom Committee that that was one of your...

JC: Oh yes, yes I thought it was a very good idea and of course got involved with it later on when it did happen. I mean that was an extremely busy period and after I was president of course John Strong persuaded me he said, "Oh, we only need your name." I wrote 50,000 letters. They used to bring back boxes of letters and I'd tried to put a personal thing on all the letters, that was extremely hard work but you could see how millionaires get bitten by the money you know, it was very exciting to see it... to my astonishment, I'd never raised any money before. But it was astonishingly successful but it was tremendously hard work we got this very nice chap, a retired banker, Iain Campbell, who I got on... and he arranged me to see the chairman of each of the four banks, I was quite terrified but they were very affable, they each gave us 5000 quid so, and I got John Richardson to arrange for a party in the House of Lords which brought people in... so we had parties in both parts of the country, so it was extremely hard work because I had a very busy Scottish Office Committee at the same time.

ME: One of the things in your president's reports that came up recurrently was crisis in the health service what... do you have any recollections of that? You had a feeling of foreboding.

JC: Well there was a lot of... there was all this business about money and battling and I think the BMA was mostly concerned about pay of doctors at the time when there was all the crisis and you know they were threatening strikes and so on and that certainly was a crisis. One of the other things I was going to talk to you about was Barbara Castle, the Health Minister at the time, and I persuaded, I think the presidents of five of the colleges, the Treasury was very resistant to putting taxes either on tobacco or alcohol and their idea, and it's true of many finance ministers, they think if they are going to put tax on tobacco people will stop smoking and they'll lose all this money, in point of fact if you put a 10% tax on, consumption goes down by 5% so they both save health and they make money. But the Treasury didn't really get this until we produced this draft letter, it took me three months to get all the other presidents to agree, to *The Times* pointing this out and saying that we as doctors are not going to believe there is not sufficient money for the health service when you are neglecting to do this for them or for the nation and make money out of it and you can pass it on to the health service and I think that was when the Treasury for the first time the penny dropped with them.

ME: Then you extended that concept into ASH [Action on Smoking and Health] didn't you? The battle...

JC: Oh yes I was involved with ASH from the beginning, 72 it was only just before so we got... in fact we founded ASH, John Strong - John Croom had just finished and he was very helpful in the founding of ASH and we persuaded him to be chairman which was very good and he was jolly good.

ME: And what was the main drive of that, how did you tackle that? Because that was, if you like, a free floating concept without any of the, I mean obviously it carried the weight of your support, but how did you prepare... ?

JC: Well we had a... Tom Hurst, do you know...

ME: In the Royal Edinburgh... ?

JC: He was very keen about this and he and the [NOH] at the time and the chap who was then in charge, the previous owner of HEBS [Health Education Board for Scotland] we met at the College with John Croom... I'm not sure that John Croom was involved at the beginning. We had a series of

meeting about what we could do about tobacco and we decided that you had to have something that, a sort of focus that people, the media could ring up and ask and so and the chap in charge of HEBS said, "You must have somebody at least sort of part time," and I suggested, and they were quite enthusiastic, that my wife and our five children, by then they were getting older and she'd been doing epidemiology with me and we'd published some drug papers, that she might be interested and they thought it was a splendid idea and she started with two sessions I think, had to raise her own money, now they have 16 people. So it's gone from strength to strength. She had a jolly difficult job in the beginning but it was marvellous for her, having had a family, to have a mission.

ME: What was the reaction of the tobacco industry? Did they ignore ASH? Did they respond angrily or... ?

JC: They tried to do ASH down as much as they could, the UK ASH had been founded the year before but in point of fact for the first two years the head of them was a decent chap who'd been an MP but didn't have much fire in the belly but I think it was about two years after that Mike Daube was appointed, he was a very young man, I think he was 26 or 27 who was a genius, a genius of the publicity of handling the media and dealing with the tobacco companies and making them look the ruffians they are, so that gave it good publicity. And they tried to... you know they founded their own organisation and they had lots of money, it's still a battle really taken all over the world. [inaudible] British Council [inaudible].

ME: When did you write the textbook? When did that start?

JC: Oh, when I finished being Dean, I had started to write it before I was Dean, I couldn't do anything and when I finished being Dean I took myself off every committee and it was Henry Douglas and we wrote it in a couple of years. It was vastly more successful than we expected. We've had somebody from Persia saying they'd like to translate the latest edition. It is quite extraordinary how quite recently, much later, I was asked to write a book on TB for the third world, for people with various facilities, by David Morely who runs a lot of things for the third world and I got [Donald] Horn in because I had quite a lot on and there was a repeat edition, and that's been astonishing, that was published in 1992 it's now in eight languages and there are seven others in the pipeline. So you never know, we were trying to raise enough money to provide it free or cheap for 2000 copies and now it's 15,000 in 122 countries so you never know how a book is going to do.

ME: Another person who I just forgot who was important is Ronnie Robertson.

JC: Oh yes, he was later. Yes he must have been on the Council at that time and he was splendid I mean tremendous knowledge of the College, tremendously good judgement, terribly good with people. I'm very fond of him, I tried to help him in his last illness. Yes, I mean the College in many ways was his life, well he was a very good physician, I mean he was a very good general physician and he was a very good post-graduate teacher when people with me wanted general medicine I sent them onto Ronnie so he had...

ME: It must be quite exciting for you to see the College now.

JC: Oh, I think it...

ME: ... and think of it in contrast to when the Croom Committee had its visions and it must be quite exciting for you...

JC: Yes, I think it's developed enormously because as you say it, like the London college of the past, I mean it was very constipated for a long period as the London college really was until it moved onto its new site, very traditional and you know mostly an examination and a fellowship giving organisation without doing very much else but both colleges have done a lot more now. I would like to see the College doing a bit more sort of national reports of the type...

ME: That was something that you had a vision of isn't it?

JC: Yes, well you know we tried to get this, the Committee on the Education for Health which I think was very effective for some time and I've been trying to persuade successive presidents to get it going again because it did and it produced some very good things. But the difficulty is to get somebody to chair it who has the vision and the drive.

ME: And the correct vision and the correct drive isn't it, that's...

JC: Yes... I mean, it's something outside ordinary clinical and we have splendid physicians, they... I think [inaudible] did get Helen Zealley but Helen Zealley is a leader in so many fields she really hasn't time.

ME: Grand, well I think we've covered an awful lot...

JC: Great.

ME: And I'm very grateful to you for spending so much time with us.

JC: Grand. Well thank you very much for being so patient.