

Presidency of the Royal College of Physicians of Edinburgh, 1988-91

UNTIL 1950 IT WAS NOT possible to be considered for election to the Council of the Royal College of Physicians of Edinburgh unless one was domiciled within 'septem millia' (7 miles) of the General Post Office. When this law was expunged in 1950 a more nationwide representation could be considered. I had of course kept many ties with Edinburgh alive with frequent visits for University and College examinations and it seems to have been known that Richmond and his wife were planning to return to 'Auld Reekie'. And so it was that at the end of 1987 it was suggested that I might like my name to go forward for election to the Council and I was delighted to agree. When retiring from an active and busy professional life it can be disastrous to pull the shutters down and to ossify; this was going to be an excellent way of winding down gradually and reviving many old friendships and happy memories.

Election to the Council followed and then one year later, election to the Presidency. I was the 121st President (since 1681) but because of the earlier geographical restrictions, I was only the third from outside Edinburgh and the first from residence in England. The first was Professor, later Sir Ian Hill, from Dundee in 1963, my first physician chief, and the second was Dr Christopher Clayson from Lochmaben in Dumfriesshire in 1966.

These movements from the Medical School in Edinburgh to the Medical School in Sheffield and then having been in a senior position in the London College, transferring allegiance to the Edinburgh College, have led to one or two slightly hurtful comments. An erstwhile colleague in Scotland has termed me a 'carpetbagger'. Also not long ago, in London, I was referred to as 'that renegade Scot'! If that is what people think, so be it. I look back on my life and could feel embarrassed that it was so totally unplanned. What happens is that doors open and one senses that there could be great excitement beyond.

For the first year I continued as Professor of Medicine in Sheffield but this was not very fair to Sheffield or to Edinburgh because the Presidency was becoming a fairly full-time job. There is an excellent President's flat in the College and I stayed there over many nights but sometimes would return to Sheffield late at night by car after dinner if I had some important commitment e.g. teaching, next day. It seemed sensible to retire from Sheffield a little early and this I did in Autumn 1989. One of these nocturnal journeys is remembered with particular clarity. When getting near Scotch Corner, I realised that I had left the key of our Sheffield house in a jacket pocket back in the College. We phoned neighbours who had a key and got no reply. Then we phoned number two son, who was now a consultant in Sheffield, and daughter-in-law because they were taking over our house and also had a key, only to discover that they had lost it. We arrived in Sheffield at 2.30 a.m. in pouring rain. All the downstairs windows were double glazed and so entry had to be sought through an upstairs window. We had an appropriate ladder and, as I have mentioned earlier, despite my high-board diving career I feel dizzy if I am more

than a few feet above ground. And so, to my shame, the redoubtable Jenny had to break in through the bathroom window upstairs and get in!

Medical practice in Scotland goes back for many centuries and it is of interest to rehearse a little of the early history. I am indebted to the President and Council of the Edinburgh College for allowing me to access *The History of The Royal College of Physicians of Edinburgh* by W.S. Craig for some of what follows.

The first move to any organisation would be the establishment of the Institute of Surgeons and Barber Surgeons in Edinburgh mentioned in Chapter 3 which received its Royal Seal of Cause from James IV in 1505. It is of course now the Royal College of Surgeons of Edinburgh.

In the 1600s most non-surgical problems were dealt with by the 'Apothecaries' but there was increasing need to regulate medical as opposed to surgical practice. Important observations were being made and perhaps the one that had particular impact was the great William Harvey's description of the circulation of the blood in his treatise 'De motu cordis' in 1628.

There is one fascinating story from around this time which is not widely known. When James VI went down to London in 1603 to inherit the English throne after the death of Elizabeth I, he took with him his physician, John Craig. The physicians of the London College (established in Henry VIII's time) kicked up a fuss because Craig was a foreigner but James was having no nonsense and naturalised him on the spot. Some months later, when a vacancy occurred Craig was examined and admitted to Fellowship of the London College. On the same day an Englishman was examined for the second time and then twice more over several months

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before being received into Fellowship. The Englishman was William Harvey!

Moves to establish a College of Physicians in Edinburgh had started around the same time but had foundered when James VI moved to England. Strangely, it was in Cromwell's time as Lord Protector that a Charter emerged contemplating the establishment in Edinburgh of a College of Physicians for Scotland. This had developed through submission to Cromwell and his Lords of Council of a list of 'Publik Abuses' and these in detail make absorbing reading. The list included 'frequent murders' by quacks and others; the 'unlimited practices' by surgeons and apothecaries without advice from physicians; the unlimited 'vending' and 'exorbitant' prices of drugs; the great expense and difficulty for students seeking medical education and degrees which could only be obtained abroad; and the great loss to physicians who could not improve their learning with the aid of professors.

Naturally there was enormous opposition to a proposed College of Physicians of Scotland from the Surgeons, the Glasgow Faculty (established in 1599), the apothecaries, Edinburgh Town Council, Scottish Universities other than Edinburgh that had been awarding occasional medical degrees without formal education, and surprisingly, the Church. The prime movers among the physicians in Edinburgh were Dr George Sibbald and later Dr George Purves, but eventually Sir Robert Sibbald (George Sibbald's nephew) succeeded in establishing the Royal College of Physicians of Edinburgh, the Royal charter being awarded by Charles II in November 1681.

A measure of protection was provided for the Physicians by the Charter decreeing that the Surgeons 'shall by no

means have the care of diseases originally internal, solely to be undertaken by the prescription and direction of Physicians of the said College'. One interesting corollary was that Obstetrics was considered as something originally internal and was therefore in the province of the Physicians. Indeed Sir James Young Simpson, the discoverer of chloroform, Professor of Midwifery in the University of Edinburgh, became President of the College as late as 1850-2. The Faculty of Physicians and Surgeons in Glasgow was understandably reassured when the new College was to be defined as of Edinburgh, and not of Scotland.

And so in 1681 Sir Robert Sibbald along with twenty other founding Fellows set about the task of making the practice of medicine a reputable science, alleviating the miseries of the sick and the poor and putting the prescription and the use of drugs on a proper footing. In the early years (1699) the Fellows published the Edinburgh Pharmacopoeia which received much acclaim and it was not until some twelve further editions that it was superseded in 1864 by the British Pharmacopoeia.

Also the College began to award after examination its licence to practise medicine. Now the College's examination MRCP (UK) is not a licence to initiate practice but a critical evaluation of postgraduate progress leading to membership of all the UK colleges, election to Fellowship of one or more of the colleges following a few years later after a period of distinguished professional service. The Colleges of Physicians' primary objective is to maintain and pursue the highest standards in medicine.

By the terms of the 1681 Charter the College was not permitted to provide teaching courses but many of the Fellows, particularly those who had received their primary

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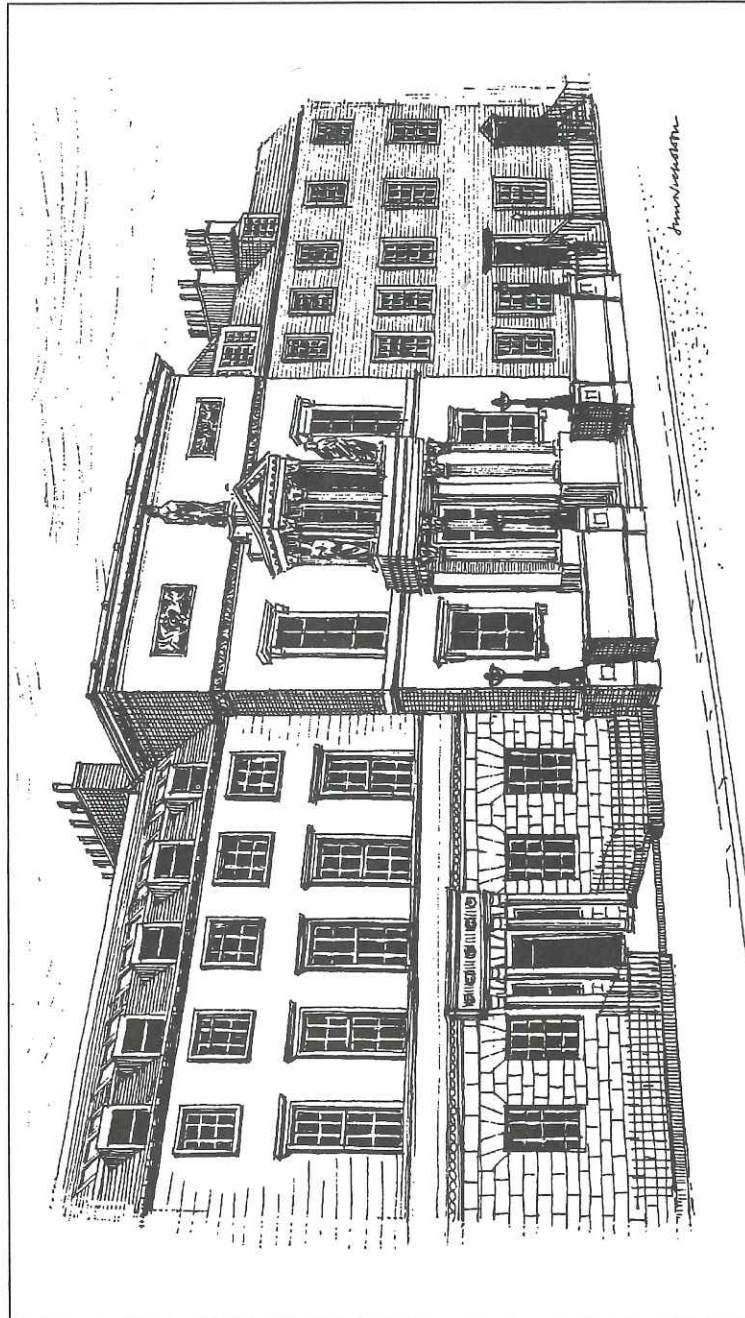
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training from Boerhaave in Leiden, Holland (see Chapter 3) were to become teachers in Edinburgh University's Faculty of Medicine when it was founded in 1726.

In the early days the founding Fellows of the College would meet in each other's houses and then in small meeting rooms because it was not until 1704 that the first college building was established. This was in Fountain Close in the old town of Edinburgh off the Royal Mile. The Old Town was then a relatively small community domiciled mainly along and near the ridge extending from the Castle, to the great rock, Arthur's Seat. The next College, a splendid but apparently unsuitable building was in the New Town at the east end of George Street. The magnificent New Town, that part of Edinburgh northwards from the Castle, was envisioned and largely planned by James Craig.

The new College, our present one, was built in 1844-6 at the east end of the parallel Queen Street. What is now the central building and embracing the 'Great Hall' was designed by the architect Thomas Hamilton. In 1864, the house on the east side, the very first house in Queen Street, built in 1770-2, and designed by the famous Robert Adam for the Lord Chief Baron Orde of the Scottish Court of the Exchequer, was purchased by the College. In the 1980s the house on the other side was acquired and converted into a magnificent Conference Centre. More recently further adjoining properties have been added to embrace the College's burgeoning activities and influence.

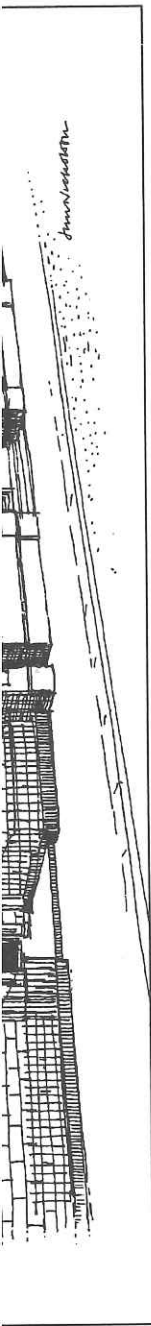
The foregoing is a summary of the marvellous heritage which it was a great honour to serve albeit briefly. Apart from the history already alluded to, the long list of past



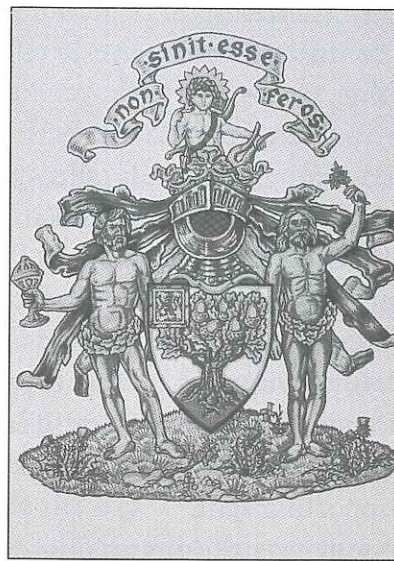
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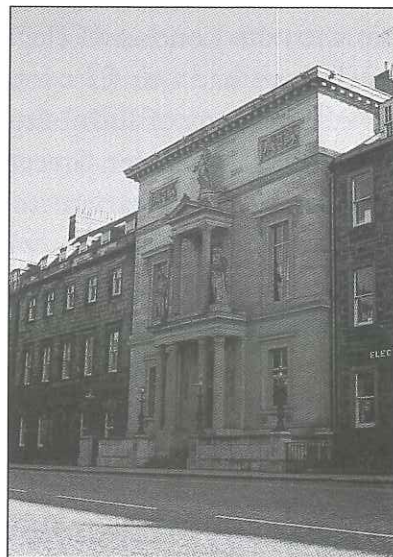
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Royal College of Physicians, Edinburgh with Great Hall Building in the centre, Robert Adam House to the left and Conference Centre to the right.



Crest of Royal College of Physicians of Edinburgh. It was unusual to have the shield held by two savages and to include the Lion of Scotland.



Royal College of Physicians of Edinburgh in Queen Street with Robert Adam House beyond.

presidents is also fascinating and includes many of great distinction who contributed enormously to the teaching and practice of medicine.

The President is elected annually at the time of the St Andrew's Day Festival and usually allows his name to go forward for a second and third year. And so it was that I was in office from 1988-91. It is difficult to reflect on all the things that happened during that period because so much has happened since. In any case nothing is possible without the selfless and loyal support of the Council then quite small, the Vice-President, the Secretary, Treasurer, Librarian, Editor of College publications, the College Manager and all their excellent supporting staff.

One development was the increasing desire of the UK Colleges to come together and meet formally more with each other. We had of course many contacts through various national committees. However we had our first joint scientific symposia with the London College for 300 years. I was boasting also that we had our first joint meeting with the Royal College of Surgeons of Edinburgh which is sited less than one mile away from Queen Street, only to be told by Miss Ferguson, our then Librarian, to whom I owe a great deal, that I had made a mistake – we had a meeting with the surgeons in the 1830s. The animosity between the physicians and the surgeons to which I have already referred continued for a very long time. Now we cannot live without each other. Happily the Colleges of Physicians and Surgeons, including the ones in Dublin and the many specialist Colleges and Faculties based in London are gradually joining together as a collaborating family.

A feature of the Edinburgh College of Physicians has long been the large proportion of its Fellowship based overseas,

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mainly in the Commonwealth. Usually during a President's term of office there will be a formal visit and conference with a college in a far away country. In 1988 when I was on the Council, we had an excellent meeting in Singapore. In my time the main event was a joint meeting with the College of Physicians and Surgeons of Pakistan. This was in September 1990 and there were some misgivings about proceeding with the plan because Benazir Bhutto had recently been deposed and the country was in a state of emergency. However I am glad that we went ahead because all went well and our hosts had made enormously generous preparation for our visit. Quite a large group of Fellows with many wives made the trip.

The Pakistan College, then thirty years old, was based in Karachi and we started there. First there was a Convocation when honours were bestowed and exchanged, then there was a scientific meeting, the visit to Karachi ending with a splendid banquet. Then we separated into two groups, one going to Multan and Lahore with the Vice-President, Dr Tony Toft, and my group going to Peshawar and Islamabad where the two groups would meet up. At each place we had joint scientific meetings. At Peshawar it was essential that we traversed the Khyber Pass through the Tribal Territories to the Afghanistan border. Not only did we have a military escort but also we were comforted to be shown military groups in the hills ensuring our safety. One interesting piece of information was that some 90 per cent of the established physicians in the North West Frontier Province of Pakistan were Fellows of the Edinburgh College. In Islamabad the Minister of Health, also an FRCP (Ed) met us all for our final gathering. Several of the Fellows asked me to convey greetings to landladies in Edinburgh of whom they spoke



Jenny and me with Professor and Mrs Rab, Pakistan.



Jenny and me with Professor and Mrs Rab, Pakistan.



Unveiling plaque on wall of College of Physicians and Surgeons of Pakistan to commemorate our visit in September 1990. Minister of Health on the right and Professor S.M. Rab, President of College on the left.



Jenny and I on sightseeing bus tour of Karachi. This was much enjoyed and we are garlanded as the guests.





Jenny and I on sightseeing bus tour of Karachi. This was much enjoyed and we are garlanded as the guests.



Jenny at Chinese border on Karakoram Highway

most warmly, and who had looked after them when taking postgraduate courses and examinations.

The formal visit was now over but five couples stayed on to make a private trip in a mini-bus up the Karakoram Highway, the old Chinese silk route, via Gilgit, Karimabad, Baltit and along the course of the River Indus and River Hunza to the Chinese border. In the Hunza Valley I could see the famous Hunza apricots drying on rooftops but as we went on we were overwhelmed with the sight of the mountainous Rakaposhi and Anna Purna peaks. At the Chinese border we had reached an altitude of 15,000 feet and sadly the five physicians had forgotten about acute mountain sickness! We had ascended the last 3 to 4,000 feet in our little bus very quickly. Fortunately morbidity was not too severe and we were able to return even more quickly. Those who had been disturbed by the altitude soon recovered and all was well.

This was our main College overseas expedition during my term of office. However the President is normally invited to the English-speaking colleges all over the world and is usually honoured personally but this is, of course, an *ex officio* honour to the College. I had become a Fellow of the London College of Physicians the hard way. The Glasgow College and the Edinburgh College of Surgeons and the Dublin College kindly bestowed their Fellowships '*ad hominem*'. However apart from Hon Fellowship of the College in Pakistan, Hon Fellowships were also granted by the American College at a meeting in San Francisco, the Australasian College in Sydney and the South African College at a meeting in Johannesburg. These and many other visits occasioned gatherings of Edinburgh Fellows, either indigenous citizens or migrants from the UK.

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Air travel is often disturbed by the request over the loudspeaker, 'Is there a doctor on the plane?' Usually one is spared by some 'young blood' getting up to offer his services. I have, however, had a few personal experiences and there is always some concern lest it be something serious. The pilot may have to be asked to return to base or descend to an airport with access to a nearby hospital. I will recall only three episodes.

Once it was an elderly man lying flat out, semi-conscious and looking very pale and ill. His wife whispered in my ear, 'It's alright Doctor, he's had far too much to drink' – and she was right.

Another time we came down in Riyadh after I had been yet again to King Faisal University. It was late at night and shortly after taking off, dinner was served, and then the familiar request came over the air, 'Is there a doctor on the plane?' The concern was a young woman, a few rows behind me, who told me that she could not feel her arms or her legs and she felt very faint. I could see very little of her because she was dressed in traditional robes but she had a very distended leg almost certainly due to an old deep vein thrombosis and she was going to see a doctor in Harley Street. She said that she was sure her blood pressure had dropped and indeed I wondered if she might have had a pulmonary embolism. However, her pulse felt normal and her neck veins were not engorged. I said to the air hostess that if I could take the woman's blood pressure it might reassure my patient and certainly it would reassure me. This meant opening the medicine chest and after about fifteen minutes the hostess returned to say that the Captain wanted to be sure that I was a doctor. I told her to inform the Captain that if we did not get a move on my patient might

slip away, and in my irritation I added that my dinner was getting cold! All was well, but the lady troubled me for reassurance all night. No doubt she was hysterical, and happily we arrived safely in London. I sometimes on reflection felt that I should have sent Saudi Airlines the fee that the Harley Street doctor would be charging!

A happier episode occurred on the long flight from Brisbane in Queensland home via Singapore. A few hours out of Brisbane, I was asked to see a little girl aged three who was crying with abdominal pain. I have no idea how the air hostess thought that I might be a doctor. I was able to make friends with the little girl and she let me examine her abdomen lying on pillows on the cabin floor. I felt reasonably sure that it was nothing serious like acute appendicitis, but I thought that she should be checked by the doctor in Singapore airport during our stopover there. She was given a half tablet of paracetamol and when I went back to see her, she was asleep in her mother's arms. The Chief Steward was anxious to give my wife some gifts by way of thanks and these were gratefully received. However, some time later I got a delightful letter of appreciation from Singapore Airlines to say that my little friend had arrived safely in Manchester and how grateful the airline and the family were to me. This had never happened to me before or since.

One other great privilege during the Presidency was invitations to many non-medical gatherings. These for me included such events as the annual dinners of the Writers to the Signet and the High Constables of Holyrood House. There was also a 175th anniversary celebration dinner for *The Scotsman* newspaper. This happened to be on Burns Night and the late John Smith proposed 'The Immortal

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Memory' and Ian Lang, Secretary of State for Scotland proposed 'The Scotsman'. The famous fiddler Ally Bain was also there to give us some music. I remember his saying that he had been in Wick the previous evening and to his surprise, very few people in Wick seemed to have heard of *The Scotsman*, or of Ian Lang! Mr Lang took this in characteristically good part. Another annual event was to represent the College at the summer graduation at the Medical School. As we processed in and out behind the Principal, the College of Surgeons mace was twice as big as that leading the University Principal and ours was three times as big!

There were also many distinguished visitors to the College. Lord Mackay of Clashfern and HRH Princess Anne each received the Honorary Fellowship of our College, a very special distinction with only some twenty-five holders at any one time. Both spoke splendidly at the dinner gatherings celebrating their induction.

We also had a visit from Mrs Thatcher for a small non-medical dinner accompanied by Mr Lang, Mr Forsyth and Mr Rifkind. I was astonished to find that no Prime Minister in office had ever been in the College before – and she seemed to be most impressed with our history and our building. Mr Gladstone had had dinner in the Great Hall but that was when he was Chancellor of the Exchequer and had just been elected as Lord Rector in the University. Indeed we came across fascinating correspondence in the College archives from the Principal of the University asking courteously if the University might 'dine-in' Mr Gladstone in the Great Hall of the College. The President of the day had responded with a most 'shirty' letter to the effect that in these unusual circumstances the University could dine in



HRH Princess Anne, the Princess Royal on the evening of receiving Honorary Fellowship of the College.
Signing the Visitor's Book in the President's Office.

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the College but 'in no way was this to be construed as a precedent'! Mrs Thatcher enjoyed this also.

In 1990 the College held a symposium with an exhibition to commemorate the bicentenary of the death of past President William Cullen. In the University of Edinburgh he had been successively the Professor of Chemistry, of Physiology and then of Medicine. In the University Faculty he was the third Professor of Medicine after Rutherford and Gregory. In 1773-5 he was President of the College. He was a prominent figure among the personalities of the Scottish Enlightenment and Adam Smith and David Hume were his immediate friends. Boswell invited him to meet Dr Johnson at a small supper party on their brief visit to Edinburgh. Above all he was a great teacher and more than any other he was responsible for Edinburgh being the foremost medical school in the world of his day. Among his main contributions was to train a small group of pupils from the American colonies who were to found the first medical school in North America in Philadelphia (see Chapter 3). Among them was John Morgan who was to be the first Dean and Benjamin Rush a later signatory of the Declaration of Independence.

This influence of Cullen causes one to realise that Edinburgh's traditions were to originate in Padua and Leiden and apart from early contributions widely throughout the UK and in military medicine, a particular legacy seems to be that its emphasis on sound medical training and practice was to spread to America and then the Empire and Commonwealth. Interestingly, until recent years and the evolution of the European Community, our UK medical profession has had limited relationship with medicine in continental Europe.



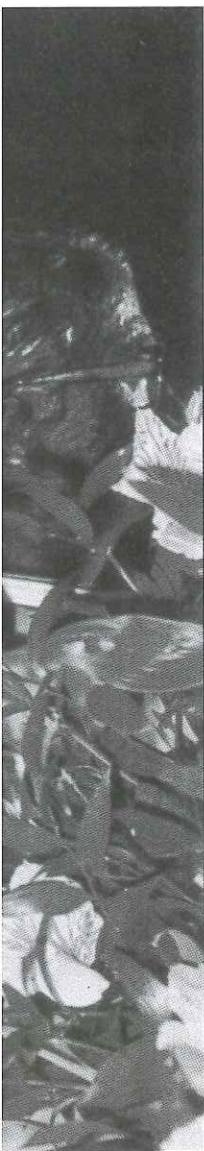
A bronze bust kindly undertaken by Mrs Elsie McPhie about 1980. Mrs McPhie was the wife of our Church Elder in Sheffield. I was much honoured to receive this and it now resides in the Davidson Room (named after Sir Stanley Davidson) of the College.

Near the end of my time we learned that a painting in Spinks saleroom in St James in London by John Piper had been wrongly titled 'Old College University of Edinburgh' but was in fact the Royal College of Physicians of Edinburgh. Its origin is not accurately known but it was thought to have been bought by an American academic when in England and sold at auction in New York. We thought it essential that the painting should come to us and perhaps we could dedicate it to the memory of a past President, Dr Robertson, who had served the College faithfully over many years and who had recently died.

Happily we were able to purchase the picture and after a meeting in London I brought it to Edinburgh myself on a busy Friday evening starting off my journey standing all the way on the Underground with the picture between my legs from Piccadilly to Heathrow. I was greatly relieved to get home with no damage done.

Mr Piper was still alive and I took the liberty of writing to him to ask if he could remember any detail. Mrs Piper telephoned me on his behalf and although she could not recall this particular work she thought that it had probably been done when they had stayed with Professor Waddington in Edinburgh in 1951. I thought that I might learn a little more about Mr Piper in my Oxford Companion to Art. The tribute to him mentioned that in the late 1930s he had reverted to a 'romantic naturalism' and 'reverting to his early interest in architecture he painted topographical fantasies of great houses in decay'!

When I left Intake Junior Mixed School, even if I had been mature enough to contemplate the future, I could not have imagined in my wildest dreams that life's jigsaw would be made up of so many exciting pieces.



*Phie about 1980.
Sheffield. I was
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Just before demitting office as President I had one more rather moving duty and that was to represent the College at the St Andrew's Day service in the historic St Giles Cathedral and to read one of the lessons along with the Governor of Edinburgh Castle and GOC Scotland.

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CHAPTER 10

Winding Down, Retirement and Reflections

DURING A VISIT TO Cape Town in November 2000, I began to think of a few possible topics for this final chapter. It was of course fifty years earlier that Jenny and I had met in Northern Rhodesia and I have already recounted how on my journey from Lusaka, then to Salisbury and finally to Cape Town our frequent correspondence had led to more than just friendship. When I boarded RMS *Stirling Castle* there was a cable awaiting Captain Richmond which I have to this day: 'Happy journey. Game definitely on. All love Jenny'.

The last ten years have of course been much different from the previous decades but nonetheless eventful. Compared with all the detail of professional life in earlier chapters what will follow is more concerned with random reflections, family, travelling and longstanding friendships.

The first thing that I realised was that it was important to 'get out of the hair' of my successor as President of the College. This was Dr Tony Toft who had been a very supportive Vice-President during my own term of office and he with his wife have been good friends. I have however kept an active interest in College affairs, particularly the frequent symposia, the Library and for the first six years I was one of the four trustees. Trusteeship is quite an important duty because the College with all its responsibilities for




Ruby wedding celebration September 1991. Family gathering includes my brother and sister, our two sons and daughter and all the spouses. It was a lovely occasion.

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examinations, continuing medical education (CME) and overseas links, is completely independent of government, its income arising mainly from Fellows' and Members' subscriptions and examination fees. Past presidents, of which there are now nine, meet for lunch usually three times per year.

From 1990-3, I served on the Department of Health Clinical Standards Advisory Group set up by Virginia Bottomley when she was Minister of Health. There were only eight of us in the group representing the main branches of Medicine; I was the physician and the one domiciled in Scotland. We had a non-medical chairman and lay secretary and our meetings were attended by the Chief Medical Officers of England, Scotland and Wales, the President of the General Medical Council and the President or Secretary of the Royal College of Nursing.

Our first survey was into 'Access to, and availability of, specialist services'. The sub-group with co-opted members for the survey looked at neonatal services, cystic fibrosis, childhood leukaemia and surgery for coronary artery disease, being a representative mixture of specialist subjects and I had the privilege of being the chairperson. We discovered a number of significant problems and geographical disparities and ended with strong recommendations.

Our report was presented independently and there was media interest. There followed a reasoned government reply. However I am not certain that things have changed very much since then. Indeed while I have been little involved over the years with this sort of central committee work, I did realise how time consuming and frustrating it could be. Since then I have come to fear that politics and the daily media attention could have an inhibiting effect on essential progress and definitive action.

Also in 1993 I was greatly honoured at New Year with notice of a CBE 'for services to academic medicine', which was awarded by HM The Queen at Holyrood Palace and then in summer 1994 with an Hon. MD in the University of Sheffield. Both led to happy family gatherings. I think that the first time I ever had cause to visit Holyrood Palace was to see our number one son receive the Duke of Edinburgh Gold Award from HRH Prince Philip himself. That would be in 1970.

Active interest in medical affairs never dies but 'hands on' clinical work becomes more and more unusual. Indeed the only duty which led to examination of patients (referred to as 'clients' or 'claimants') was participation in Medical Appeal Tribunals, which were served by a surgeon and physician and chaired by a lawyer. This went on until age seventy-two when one has to stand down.

However I have served for several years on the Scottish Committee of Marie Curie Cancer Care and also during a period as Chairman of the Professional Care Committee of the Marie Curie Centre in Edinburgh, the only other Marie Curie Hospice in Scotland being in Glasgow. In addition there are several hundred Marie Curie nurses scattered throughout Scotland giving 'hands on' care. It has been splendid to see the great and long overdue evolution of palliative medicine and the marvellous teamwork of doctors, nurses, physiotherapists, occupational therapists, social workers, homecare sisters and religious advisors as well as the great support given selflessly by lay volunteers.

Evolution in the community is also taking place and so is undergraduate medical student training. Apart from the Marie Curie hospices there are seven others in Scotland, including a Children's hospice, all largely dependent on

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Outside Holyrood Palace Edinburgh in July 1993 with Jenny and two sons after being awarded the CBE.

charity. Before leaving the subject of palliative medicine, I have to emphasise the enormous importance of the nursing profession's role and contribution.

I served for some six years on the Scottish Advisory Committee of the British Council as the only medical person. The British Council is of course one of our major national institutions providing support all over the world and attracting many foreign students here. I look back with some amusement at my first encounter in 1949 during my period of National Service in Addis Ababa. I was invited one evening to attend a British Council occasion and the main event was to watch the teaching of the local Amharas how to do Morris Dancing!

From 1994-6 I served part-time as Vice Dean in the Edinburgh University Faculty of Medicine. This was another period of meeting old friends and treading over old ground and bringing back happy memories. One thing that did strike me during this spell in the Medical School, and of course not for the first time, was the emphasis on the very high academic qualifications required of student applicants to Medical Schools nowadays before they can even be considered for a place.

As is widely known throughout the country, selection for a Medical School requires A grades in 'A' levels and in Scottish Highers, the more the better. We do of course need high fliers in Medicine but not everyone should need to have multiple A grades. I may be in danger of causing offence but it is so important to remember that most branches of Medicine need compassion, ability to listen, communication skills and patience. I feel strongly that all potential candidates, and that may mean 500-600 in most medical schools, should be interviewed; this we used to do

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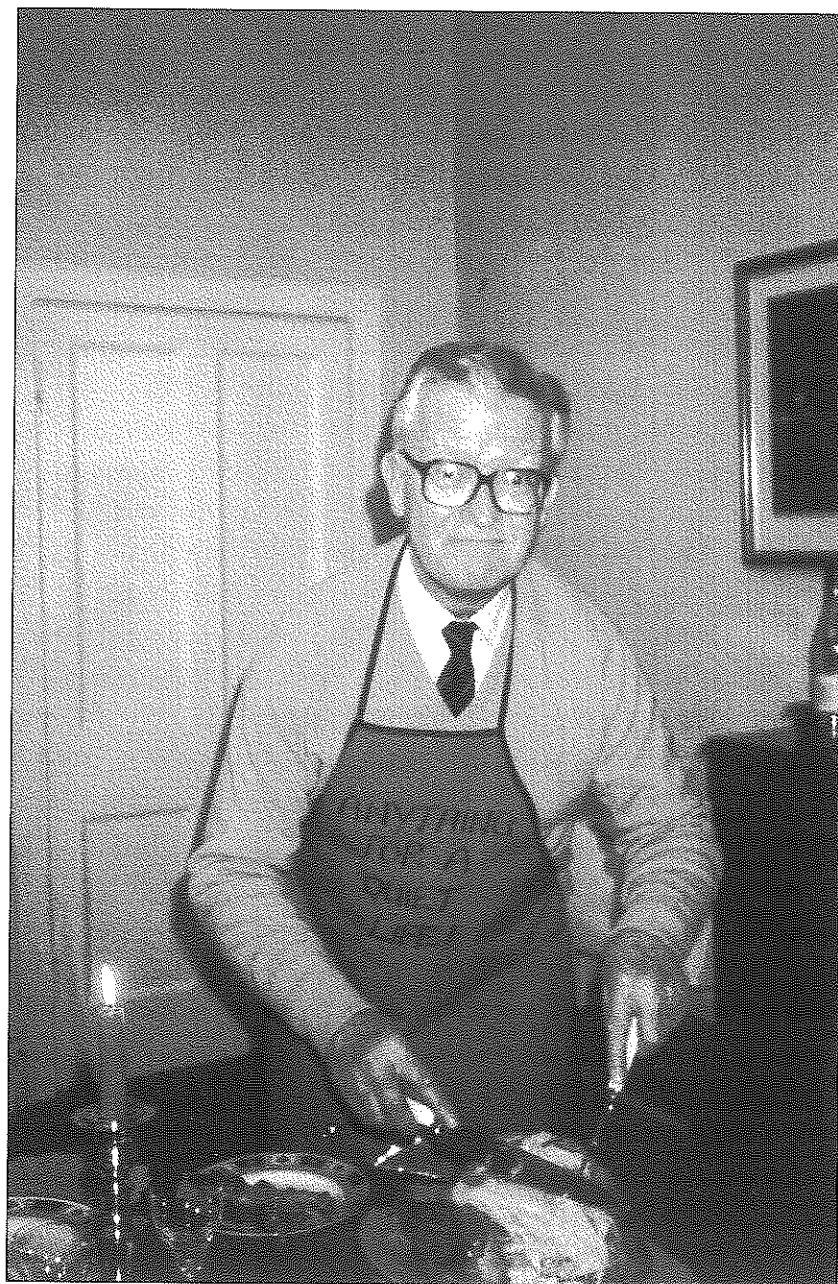
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in Edinburgh in years gone by and also in Sheffield. Usually the interviewers were in pairs and it takes a little practice to put a naturally apprehensive candidate at his or her ease. One also has to make personal adjustment if interviewing an assured public school student followed by a crofter's son or daughter from the Outer Isles. However, even in relatively short interviews I have the strong feeling that one can get an impression of the applicants who might make good doctors. Perhaps we should look at interviewing again although it is yet another time-consuming exercise.

Another thought about University medicine which goes back to my Sheffield days is the increasing burden of administration and fiscal control. Indeed in order for medical schools to survive and prosper these days, it is becoming more important to attract staff with research expertise who will bring in research funding, perhaps at the expense of bringing in staff whose main contribution would be in teaching.

In retirement and semi-retirement one has to keep out of one's wife's way, except to give more domestic support than previously. But also our social life assumes increasing importance. Returning to old friendships in Edinburgh has been delightful; also we have been blessed with nice neighbours. The present house is in the same general area as earlier ones and near good shops and buses into town. We are even within bath chair distance of the nearby supermarket.

I, and sometimes Jenny is able to accompany me, get happy outings to the Senior Fellows Clubs in the Colleges of Physicians and of Surgeons. Both have monthly lunch-time gatherings over the winter period, with most interesting and varied lectures.




Trying to be helpful in retirement.

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I belong to a group of Medical Pilgrims which was founded in 1927. A few physicians from the main medical centres meet annually at different University sites and sometimes overseas, usually in May. The gatherings last for two or three days and combine a scientific meeting, a visit to some local place of historic interest and a couple of dinners. Being 'pilgrims' we are supposed to dress sparingly and eat frugally but nothing could be further from the truth. In a recent history of the Medical Pilgrims which puts together all the Scribes' Minutes, I note that in 1954 in Edinburgh:

At morning coffee the news came that Stanley Davidson who had appeared fit at dinner the previous evening was unable to give his analysis of an impressive series of patients with macrocytic anaemia, but Dr John Richmond stepped into the breach at short notice with much ability!

I had the great honour of being leader in Cambridge in 1992. Our main dinner was in Christ's College and we had many distinguished guests. I was seated between our host, the Master, Sir Hans Kornberg, who began his career as a laboratory technician with the great Hans Krebs in Sheffield in the early 1930s, and Lord Todd of Trumpington who chaired the Royal Commission on Medical Education (the Todd Report), of 1968, to which I referred in Chapter 7. This was to have enormous importance and influence in the 1970s and subsequently.

I also greatly enjoy membership of the Aesculapian Club, which goes back to the eighteenth century and is believed to be the longest continually functioning dining club in the world. There are eleven physicians and eleven surgeons and we meet twice yearly in the Royal College of Physicians along with our guests. We also have a distinguished principal

guest and when it was my turn to be in the Chair we had Lord Wilson of Tillyorn, the penultimate Governor of Hong Kong.

I must not omit mentioning membership of the Edinburgh Corner Club. This is a very mixed social group mostly of retirees chaired by a one-time paper maker and including a banker, mathematician, electroplater, pharmacologist, architect, advertiser and two other doctors. We meet in a local hostelry and share reminiscences and much good humour.

In 1998 we had a 50th reunion of the Edinburgh 1948 medical graduates (my class), and it was another memorable occasion. Some seventy of the class were able to attend along with sixty spouses and they came from as far away as Vancouver and Tasmania, as well as Cape Town, other parts of North America and the Antipodes. We started with a relaxed buffet gathering in the New Club on Princes Street with its unique panoramic outlook towards the Castle. Next morning we had a few light-hearted papers in the Old College of the University (where we had taken most of our examinations). Then lunch with the Dean in the Playfair Library. The evening dinner which rounded off the gathering was in the Great Hall of the College of Physicians. As I have felt at previous reunions, most of the men were looking a little older but the women all looked more alluring than I remembered them from student days!

Perhaps the greatest enjoyment in retirement and when winding down is good holidays, often with friends. I have already had cause to mention travelling widely during University and Colleges of Physicians' appointments. Although these trips were excellent there would always be some important duties as part of them. Now it is all about

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relaxing, seeing places of interest not so far visited, although we go back frequently to some venues, and hoping to find good weather.

We went many times in years gone by, but not lately, to Gozo by Malta and the Algarve. I think that our main trips in recent years have been to southern Africa, to Australia and to France.

The visits to southern Africa have been largely for family reasons, but it is also a lovely country and such a tragedy that there is so much uncertainty about the future. In the middle of the 1990s Jenny and I made one trip to central Africa, where our happy life together had started. We went first to Harare in Zimbabwe where one gained the impression then of peace and prosperity. Then back to Lusaka where we stayed with old and dear farming friends. Zambia seemed desperate. I have already mentioned how in 1950 there were very few doctors there but now there is a 1,500-bed teaching hospital in which on my visit I was distressed to find that so many of the patients had Aids. Our next stop was the Victoria Falls Hotel, the original one. The Falls was my last stop on the recruiting trip recounted in Chapter 4, when I could not return to Lusaka quickly enough to meet up with my new lady.

France is an almost annual holiday and in recent years we have gone mostly to Grimaud in Provence, the old village just inland from St Tropez, where we rent a delightful cottage from friends. Usually we drive all the way, perhaps going south through the Loire Valley and back through places like Chablis and Epernay.

Earlier in my story I have spoken of research in haematology and the spleen. On leaving Sheffield it was customary for the 'has beens' to give a lecture on something

which colleagues might not know had given much interest in the past. 'Secrets of the spleen' was perfect.

Nearer the time of the lecture I discovered a claret which seemed to be well regarded, known as 'Chateau Chasse-Spleen' and I thought that a picture of a bottle would make a good last lantern slide. Then I thought that it would be a good idea to know what 'Chasse-Spleen' meant. The Professor of French was not much help because 'chasse' means 'the chase' or 'the hunt'. Then more or less fortuitously I discovered that the owner of the vineyard in Moulis-en-Medoc was a young widow and I wrote to her with my problem. She responded with a very nice letter including a picture of herself in front of the Chateau and permission to use this as my very last slide. The letter went on to say that I was not anywhere near the answer. Charles Baudelaire had enjoyed the claret on one particularly sad day and suggested the name 'Chasse-Spleen'. 'Chasse' comes from the verb 'chasser', 'to chase' or 'to send away', and in French, spleen is the word for melancholy. 'Chasse-Spleen' is therefore to send away the melancholy, and so it does! I have since had a most enjoyable visit to the chateau and to meet the helpful lady.

Not surprisingly we have much enjoyed Australia. There were two official visits in the Edinburgh College days but several subsequent visits have been for good holidays. One in the early 1990s had an unusual background. Jenny and I had been considering a trip to Johannesburg to see her older sister and husband around Christmas time. An Edinburgh friend (and old classmate) Douglas Bell, President of the University Union in 1947-8, hearing of this, asked if there was any chance of our going to Sydney for one of his daughter's weddings which had been arranged on a date

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A bottle of Chateau Chasse-Spleen.



Jenny with the owner of the chateau.

between Christmas and New Year. Well Sydney and Johannesburg are not exactly close to each other geographically but of course we said 'Yes'. The daughter had actually been best maid at our own daughter's wedding.

We ended up spending Christmas in Fiji after a long journey via Los Angeles and Honolulu. Crossing the date line on Jenny's birthday meant that it lasted for only six hours! We had a delightful Christmas celebration in Fiji with local children singing carols in candlelight before going on to Sydney for the wedding. Then we joined another old classmate and his wife for a memorable New Year's Eve gathering. The midnight fireworks were of course spectacular which causes me to mention the unique and outstanding displays of the Olympics 2000.

Next day we had a marvellous outing sailing round Sydney Harbour and meeting up with another old classmate, after which we travelled on to South Africa before returning home to the cold of Edinburgh.

The last time in Australia before writing this also had its memorable events. We stayed primarily in the Brisbane area where Jenny has relatives. We drove down to Sydney and had a few days in a nice hotel overlooking Circular Quay and one morning looking out of our window had the glorious spectacle of the QE2 coming in between the Opera House and the Harbour Bridge.

After returning to Brisbane we went on to a holiday place known as Noosa Heads, about two hours drive northwards. This time we did not do the Barrier Reef which we had enjoyed on an earlier trip, but stayed in recommended and so-called 'luxury apartments' known as 'On The Beach', and they were. The apartments were serviced by contract cleaners and on our penultimate day the cleaning lady in

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conversation mentioned that she was having trouble with her eyes and was going to receive laser treatment; however her doctor was being very cautious. I said that he must be Scottish, but she said that he was not Scottish, and she thought he had trained in some medical school in the middle of England. After some hesitation and thought she said, 'I am sure that it was a place called Sheffield'!

A little later the same doctor phoned because he was a graduate from around the middle of my time there and invited us round in the evening for drinks. Shortly after the phone went again and it was his wife inviting us round for dinner. She had been a young ward sister in the Royal Hallamshire Hospital. We did of course have a delightful evening with them.

Before leaving, the doctor said that he would like to show me his room in their lovely new house near Noosa Heads. It was a billiard room, full of books, but perhaps the most intriguing thing for me was his very large collection of old cameras. I went on to tell him that I had a few cameras and mostly used the inexpensive recent automatic ones. However at one time my great joy had been a Kodak Retina three 'c' which I had bought in New York in the late 1950s, and which had been stolen in a burglary. I was never able to replace it because it seemed to be little available in Britain. He asked was it a big 'C' or a little 'c'. I had to say that I could not remember. Then he produced a Retinette, a Retina I, a Retina II, a Retina III C and IIIc. I said that I was sure that it had been a big C. As we were leaving he said that he had actually got two big Cs and he gave me one. I felt very embarrassed but of course delighted; he added that he and his wife felt so grateful to Sheffield.

There is a danger of rambling on about these happy

memories. Like other contemporaries many of us have been greatly privileged. I often say that the furthest place my father had been able to travel to was the Isle of Man but that was how it was and as I have mentioned earlier, sadly he died rather early.

So much has happened in the last fifty years and the growth of knowledge and technology has been exponential. The growth has been remarkable in all things relating to medicine, and I realise how quickly I am getting out of touch in the short time that I have been retired. One has to wonder what will happen in the next fifty years. When in a long queue recently waiting for the computer to stop misbehaving my neighbour commented that things were much better in the 'carrier pigeon' era!

At the risk of indulging in too much nostalgia, I have to repeat my great indebtedness over the years to my school teachers and to the many who guided and influenced me so significantly in my medical education and subsequent development. I do not want to pick out individuals because I was in the care of many remarkable people. I also have to pay tribute to special and long-lasting friendships. Many were contemporaries in my medical school days and who themselves have made major contributions to all branches of medicine. Not only have they been very supportive of me but the happiest part of these friendships is that our wives all get on well together.

Our two sons and our daughter are all doctors and in active practice. As in many other families we have had some problems that we wish had not occurred. The lovely ten grandchildren are all doing well. The sequence is one girl, eight boys and one girl. I took the youngest three (two boys and a girl) to the Cinderella pantomime in Edinburgh at



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The ten grandchildren about to go hill walking on Boxing Day 1998.

New Year 2000. At the end of the show the granddaughter, then aged seven, was on the stage and seemed to outdo Buttons with her confident exchanges. When Buttons offered to be her boyfriend Daisy replied 'No way' and Buttons had to say that that was twice he had been turned down that evening. Also during this visit the children had Jenny and me playing games. One involved writing down a well-known name on a piece of paper. None of us could guess the name that Daisy had chosen. Although the spelling was not perfect, it was Slobodan Milosevic!

The older granddaughter has been on Operation Raleigh to Brunei and then followed with a teaching visit to Vietnam. She has a place at Cambridge to read Medicine, a change of heart she reached personally while in Brunei. Number two, the first grandson, also managed to get into Operation Raleigh and went to Chile at the same time as Prince William. The second part of his gap year was to assist with the teaching of sport and physical education in a school in North Queensland, Australia. His university place is at Manchester to read French and European Studies.

And so as I look back on my life I realise that it all just happened. I reflect particularly on how I came to meet Jenny and also on my first few years as a doctor. As I have already recounted, two of us were looking after a small but busy acute hospital, then I travelled through Africa, often in remote places alone as a doctor, before being thrust into a single-handed general practice miles from anywhere. Very fortunately no disasters occurred but in youthful confidence and ignorance one does not expect any. However, no young graduate nowadays would feel comfortable coping with that sort of responsibility. The undergraduate medical curriculum has been so much revamped over the years that

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there is now much fragmentation of what used to be the core subjects and there is early emphasis on specialism. We are needing to graduate 'basic doctors' as was the case in years gone by, more than ever. Specialism can follow later.

The acute hospitals are becoming increasingly broken up into specialties and hospital bed numbers nationwide are seriously crumbling. Care for the convalescent and long-term sick is increasingly difficult and the role of the 'family doctor', the personal one-to-one doctor has had to change also. We face much difficulty, but like others, I feel in my bones that a good, caring, generous Health Service is the core of a happy and successful society.

I conclude by saying that I have much enjoyed tracing the many pieces of life's jigsaw. But life is a jigsaw without a frame and it seems to extend in all directions.