

CHAPTER 14

The Coming of a National Health Service *Some unexpected experiences with patients*

When I returned from the first visit to North America in 1949 my immediate anxiety was to be back with my family and, of course, to see for the first time our daughter, Diana, now aged eight months. It was a great joy at last to see her and for us all to be together again; the separation had been an exceptional one because of post-war restrictions and in later years I did all I could to ensure that other doctors who were going overseas to gain experience did not become isolated from their families in this way. On the other hand I thought it would be beneficial for undergraduates to do an elective period in the United States so that, having seen the financial burdens which could overwhelm American families when illness struck, they might better appreciate the value of our National Health Service.

I brought back such gifts as I could, knowing that Britain had a long way to go before it would recover from the war sufficiently to have goods freely available in the shops. Toys, dresses, nylons, underclothes, tea, tins of Spam, and cakes of toilet soap were included but I still had \$80 in hand and our financial state was such that this was an important contribution. My mother had a relatively small income and I was the breadwinner so it was my salary that mattered. The Chancellor of the Exchequer, Sir Stafford Cripps, was in Washington having crisis talks about Britain's dollar shortage when I returned but he promised that the pound would not be devalued so I cashed in my precious \$80. Three days later, on September 18th, the Chancellor devalued the pound from four dollars three cents to two dollars eighty and I never believed the word of a politician again.

I had been given a year's leave of absence without pay or superannuation contribution from the University and anticipated that I would start work again on October 1st. There was no doubt that I was expected to resume my duties but equally certainly it was not planned that I would receive my income from the University. The reason for this was that the introduction of the National Health Service had upset the arrangement for the payment of clinical members of the academic staff. So far as other hospitals in the Edinburgh area were concerned there was no inherent problem because there was no long tradition of

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undergraduate teaching but in the Royal Infirmary there was a history of squabbles about the University staff over a period of many years. This is understandable when the consultants had to retire at the age of 65 or after 15 years, whichever came first, whereas University professors might remain in office for much longer than fifteen years. All this was in the past, but memories can be long and the University members of staff had to be fitted into a new structured ladder, with Senior House Officers, Registrars, Senior Registrars and Consultants; in the main such terms were strange to me. Most of the members of the Department of Medicine staff, including some who had been junior to me when I set out for the United States were accepted as Senior Lecturers with Honorary Consultant status in their hospital, but the Royal Infirmary staff would not hear of this and, so far as I know, I was the only person in that hospital affected by the edict that the Professors could automatically be graded as consultants but the members of their staff with beds in the Royal Infirmary could not. There was nothing personal about it; this was a matter of policy. I was informed that I was to be paid by the Regional Hospital Board as Senior Registrar but would continue unpaid duties as a Lecturer in Medicine. A Senior Registrar post is a training one and although it is true to say that any clinician is in training throughout his career since new developments are always occurring I flatly refused to sign the agreement and continued working in the Department of Medicine and Royal Infirmary without pay.

The University Accountant, Robert Curle, was a splendid youthful looking man who was never bound by red tape but would always go out of his way to be helpful and said that he would do everything he could to help out. I went to Aberdeen to meet Professor Fullerton, whom I knew in order to discuss a vacant Senior Lecturer post there but as I went north my spirits sank and I realised that I would gladly go southwards for a post but could not face being further north; I asked for my name to be withdrawn from consideration. Mr. Curle continued to be most concerned about my impencunious position and on 14th December wrote to say that he enclosed a cheque for £257 7s 1d representing payment for three months from October 1st less the usual necessary deductions. In other words he was assuming a University salary of £1,100 a year, paying the superannuation and National Insurance contributions and trusting me to refund the money if subsequently I signed a contract with the Health Service. In 1950 a part-time Consultant post fell vacant at the Chalmers Hospital, close to the Royal Infirmary, and after interviews had been held I was notified

that I was the successful candidate. I was now asked to sign a contract with the Regional Board as part-time Consultant at Chalmers Hospital and part-time Senior Registrar at the Royal Infirmary together with one as part-time Lecturer in the University. I refused to sign and the splendid Mr. Curle continued to lend me money. In 1951 the opposition to Stanley Davidson's plans to have a Senior Lecturer in his Department with Consultant status in his wards collapsed and the post was advertised. Again there were interviews and I was appointed. The University Accountant quickly disentangled my affairs and when I reached retiral age I had a clear run of University superannuation from April 1st, 1946, the day when my Army service officially ceased, this being a matter of considerable practical importance as the combined total exceeded forty years.

Those were my own personal problems arising from the introduction of the National Health Service but much more important was the benefit for patients and, as it turned out, for most members of the staff. In a professorial unit of the Royal Infirmary we did not notice so much difference since, with two exceptions, professors did not undertake private work and there was no such thing as class distinction as regards admission to our wards. Since we were doing the same sort of work in the hospitals as our NHS colleagues our remuneration was increased to bring us in line with them. The Royal Infirmary did not have private beds other than in two specialities and after the war very little private treatment was available in Edinburgh. The medical staff was very much better paid for their hospital work with the coming of the NHS and conditions for the nurses was also improved. The consultants now were subject only to a retiral age of sixty five, and did not need to see private patients in order to exist. Most were part time so that private work was possible but later I became the secretary to a committee of the Royal College of Physicians of Edinburgh which was requested to give evidence about medical incomes and I was struck by the low incomes of the part-time consultants. This was very different from what was occurring elsewhere in the country, particularly in London and in later discussions with Ministers of various governments it was only too clear that the position in Scotland was completely misunderstood. It has to be admitted that there was misuse of the NHS by a few patients when it was introduced, such as many relatives coming in the ambulance to do their shopping or attend a football match and that a surprising number of overseas nonmedical graduates decided to do a Ph.D. degree in Britain when their wives were about to have a baby; free medical care under such circumstances had to be stopped.

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I had attended various scientific meetings in the United Kingdom after my return from the United States but now I was invited to speak at the 2nd International Congress of Biochemistry in Paris and perhaps because the NHS was funding travel to scientific meetings by members of its staff the University now was willing to give a contribution towards expenses. I had an ancient car but we set off to drive our two children to Cornwall where they were to have a holiday with their grandparents in our absence. The car broke down near the Scottish border at Carter Bar but I phoned our usual garage in Edinburgh from a farmhouse and they diagnosed the fault, brought the necessary part and enabled us to get on our way. In later years it was accepted by the staff of my Department that I would break down if ever I drove a long distance. On one occasion I drove to Pisa and arrived at the hotel there with clouds of smoke coming from my brakes. Another time a replacement part for my car had to be made by a garage proprietor in the French Alps; in the Lake District of England a big end in my Ford Capri gave way and I sold the car to a local dealer for £180, then hired one from him for £150. Near Newark the cylinder head of my car's engine cracked and the vehicle had to be taken back to Edinburgh by the Automobile Association but when it arrived there it shot off their trailer, smashing the radiator. The replacement engine gave trouble in Leicester and was found to have sparking plugs that were unobtainable in this country. In two separate cars the gear lever came away in my hands when I was changing gear; twice a fan belt came off but on one occasion a nylon stocking served as a substitute. Once when we were still four hundred miles from our destination in Cornwall the gear box started to break up but we reached there despite the fact that 2nd, 3rd and reverse gears did not engage. Once the driver's seat came away from the floor as I was driving and on another occasion the accelerator pedal snapped. Broken exhaust pipes have been too numerous to mention, but the biggest noise as a result was when part dropped off in the tunnel under the river Tyne. I have had difficulties with hired cars overseas; basic matters to ask about are:— 1) where do you put in the petrol? The last time I had this problem it was necessary to lift up the rear number plate. 2) What sort of petrol does it take? 3) How do you put it into reverse gear? Sometimes there is a particular trick about this. 4) Does it have an automatic choke? 5) How do you put on the lights and in particular, dip the headlights?

As has been said already I always travel with a stethoscope in my possession but the medical problems that I have been faced with when travelling by car have not required me to use it. On two occasions after

vehicles have crashed I have stopped and had to arbitrate as to whether or not people who have been injured could safely be moved; this is quite a problem if there is any danger of spinal injury. Outside my home it has been necessary to give assistance when there have been accidents, potentially the most serious being in the middle of the night when a stranger did not know that he had come to a crossroads because the warning sign had gone out. In the collision that ensued his car burst into flames and set another one alight; fortunately nobody was hurt but I was able to help him by giving the police a photograph to show that the warning light had not been working.

The emergency that I have had to treat most commonly has not been when I have been driving and has been that of an apparently serious heart attack. This has happened on four occasions when I have been talking to patients in hospital but the problem of diagnosis and resuscitation is of course greater when this serious event occurs elsewhere. There is no time to waste and it is a problem with which I have been faced on five occasions. Once I was on the top of a bus in Edinburgh when a patient collapsed outside; I got off quickly and found that his friends were dealing with the matter quite correctly but I went with him to the hospital when the ambulance came. On another occasion in the waiting room at the Great Northern Hotel in London somebody collapsed at my feet; I quickly established that he was pulseless so thumped his chest and started mouth-to-mouth breathing and cardiac massage. One of my nonmedical colleagues who was there sent for an ambulance and I was rather surprised that the other guests in the room merely continued to read their newspapers; the ambulance took us to University College Hospital where the monitor showed no spontaneous heart beat but the resuscitation team swung into action and I went on my way. Although he had not had any spontaneous heart beat for nearly half an hour the patient wrote me a four page letter six weeks later from which it was clear that there had been no brain damage, something that gave me great hope when treating later unfortunate individuals with acute myocardial infarcts. The next incident was outside the Ritz Hotel in London where I had just emerged from the Green Park underground station but I think I had come out just too late; nevertheless I kept the treatment going in the ambulance which this time went to the Westminster Hospital. I often wondered what would happen if many doctors were present and found that out at a medical reception on a boat moored in the St. Lawrence River at Montreal; there we were being shown how to gamble, using tokens (with no involvement of real money which would have been

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illegal). Suddenly one of the 'gamblers', an eminent surgeon, collapsed, again just at my feet. He was immediately pounced on by numerous consultants, but we decided to limit the numbers and have a local expert in charge of our resuscitation efforts; I merely felt the pulse as others carried out cardiac massage and mouth-to-mouth breathing. The ambulance took our colleague to hospital and I learned subsequently that he recovered sufficiently to return to work. The fifth incident was on a plane going from Heathrow to Washington, DC. A call came for a doctor and I went forward to find a passenger lying in one of the aisles; the crew said that he had had a heart attack. I had my stethoscope, so examined him and said that he had not and that he had fainted because his collar was too tight. All was well and he recovered but when I checked with my medical defence union to see whether I would have been covered if I had been wrong the answer was that I would not have been if the patient was an American; this is because of the amount of litigation that occurs in the United States and the very high awards that are made. For this reason American doctors are reluctant to come forward when there is need for a passenger to be treated on an aircraft.

So far as the home front was concerned we were faced in 1951 with a serious problem of ill health. My mother, who shared the house with us, was obviously unwell and it became clear that she was suffering from a malignant condition which soon spread throughout her body, causing great pain. She was anxious to remain at home and Mary, my wife, nursed her for several months. This meant that we had to employ a nanny until the terminal stage was reached and she died in the Chalmers Hospital on 24th March 1952 at the age of 65. She had always been so active and cheerful that it never occurred to me that she had been faced with worrying situations during most of her adult life.

Since the Royal Infirmary was a very large hospital with no private general beds, taking anybody from a Duke to a tramp into the wards, it was inevitable that strange medical events would occur from time to time. Some examples may be of interest.

A patient became most agitated when a bottle of blood was produced prior to transfusion; he thought that he had to drink it.

It proved impossible to communicate with an elderly patient suffering from pneumonia until three days after he was admitted. It turned out that he could only understand Gaelic when he was so ill that he had a raised temperature.

A young lady was admitted to the female ward with abdominal pain. She was in labour and did not know that she was pregnant.

Two patients were admitted with psittacosis; they had got it from their family doctor's parrot.

A female patient was sent in for investigation after having been in bed at home for thirteen years. Her doctor had said that she had heart trouble and should stay in bed until he came back but he forgot to return. There was nothing wrong with her heart.

A patient had had a 'stroke' and I explained to a group of students that although he might appear to be unconscious and could not speak he might well understand what we were saying; we tried giving him a pencil and a nurse held a piece of paper to see whether he could write. He wrote, with difficulty, the word 'cigarette' so a nurse lit a cigarette and put it to his lips. He recovered well and we learned that he was a non-smoker.

A small girl was admitted for treatment because she had taken a large number of ferrous sulphate tablets which could have caused iron poisoning; she was given full treatment including stomach washouts and when being discharged was given a stern warning about eating tablets even if they looked like sweets. 'It wasna me that ate the tablets' she said. 'It was my wee sister.' The doctors treating her had never heard of the sister.

A dear old spinster of 74 was found to have lost her ankle reflexes. She had congenital syphilis.

I told an eminent titled outpatient aged 92 that she could fly to South Africa for a holiday which was what she wanted to do. The next week I saw that a titled lady with the same surname had died suddenly abroad; it was somebody else.

When I told a patient that from his symptoms I thought he had malaria he said 'I've been telling people that for years and they won't believe me.' When I asked when he had been in the tropics the answer was 'Thirty seven years ago - in East Africa.' He really did have malaria. (*Plasmodium ovale*)

A nurse gave an enema to an outpatient who was going to the X-ray Department. Unfortunately she gave it to the wrong person; this was a visitor.

When rationing was severe, members of the staff in one laboratory area put a label 'arsenic' on the jar containing sugar. One day a member of the staff picked up the wrong bottle and put real arsenic in his tea. Fortunately his error was noticed in time.

The hospital was used a great deal for the examination of both undergraduate and post graduate students and this led to various unexpected incidents:-

In the MRCP examination a coloured candidate was led by the registrar to examine a patient behind screens. He was not a candidate; he was an examiner from Glasgow who had just returned from a holiday on a Greek island, hence his colour.

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A candidate in the final examination said that the knee jerks in the two legs were present and equal. The patient had only one leg.

An undergraduate in the finals examined the patient's eyes with an ophthalmoscope and pronounced them both to be normal. One was a glass eye.

An examiner asked a candidate how he would recognize that a young lady had an particular endocrine gland deficiency if she was walking along Princes Street. His reply was immediate. 'Absence of pubic hair, sir.'

A patient from the Scottish Border area had such a broad Scottish accent that the candidate from overseas could not understand what he said. The examiner, a Scotsman, was called and he could not understand much of it either. A substitute patient was quickly provided.

Candidates in the higher examinations were able to subscribe to a 'spy system' where an agency found out which patients were being used and furnished details at a price. In an examination in London there was one patient with a disease that was so rare that it was almost unknown. (I did not think this very fair). In the bed next to him was a patient with something very straightforward. The next day the beds were changed round and two candidates diagnosed the rare disease in the wrong patient. So far as Edinburgh was concerned I paid for one of my staff to subscribe to the spy system and we changed round everything that was listed including patients and microscope slides, etc.

One examiner kept falling asleep after lunch when we were having oral examinations. Every time I kicked him he woke up and said 'Yes, yes, I agree.' I suppose the successful candidates would have passed anyhow.

In the midst of so much sickness and suffering it is perhaps justifiable to have referred to the lighter moments. There was, however, much sadness and invaluable support was provided by the hospital chaplains and the Social Service workers attached to the wards. Some patients became dependent on the hospital. There was one man who had been in the banking profession and his wife died just before he was found to have a disease which necessitated repeated blood transfusions (myelofibrosis). Although he had a house he preferred to spend much of his time motoring around hotels in Scotland and when he felt that a transfusion was required he sent a postcard giving his time of arrival and somehow we always managed to have his bed ready for him. He obliged us by acting as a patient on occasion for use in examinations and, having read up about Addison's Disease (adrenal failure) which causes pigmentation of the skin he thought he would help us if he confused the diagnosis, so indulged in nude bathing in his back garden much to the indignation of his neighbours. We told him that if the candidate asked him whether he had been sunbathing he

would have to say what he had been doing.

So the years passed with administrative work to do, systematic lectures to give and laboratory research to carry out in the Department of Medicine in Teviot Place, next door to the Royal Infirmary where each morning I crossed the Middle Meadow Walk to Stanley Davidson's two wards, there to see my outpatients, visit my inpatients and teach both undergraduates and postgraduates. From time to time I attended scientific meetings either at home or abroad. Meantime we had made a conscious decision to encourage our two children to travel overseas as much as possible, starting with a visit to Brittany in 1953 when our daughter was four and a half, and whenever possible we went abroad for holidays, usually to the Mediterranean coast.

In 1959 Stanley Davidson reached retiral age; I had been promoted to Reader but I knew that it had been agreed that he was to be replaced by someone with special interest and expertise in a subject other than blood disorders, the focus of most of my research work. I was offered a Chair of Haematology but as this was to be a laboratory post with no beds to look after and no chance of doing general clinical work I turned down the offer which in any case might have been difficult for the University to implement. The new Professor was Kenneth Donald whose wife's suitcase I had helped to retrieve in New York in 1948 and we got on well together, each pursuing our own interests. In 1962 Professor Sir Derrick Dunlop retired from the Chair of Therapeutics and I was one of the applicants for the post. When I returned from a meeting in Madrid, Kenneth and Rethe Donald together with my wife, Mary, were waiting at the airport to tell me that I had been appointed.

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CHAPTER 15

Visiting Post-War Europe

A teacher in a university must be prepared to travel if he or she is to keep up to date with specialised knowledge since reading alone will not suffice. In addition it is valuable to be able to discuss the findings of one's own research with others, and invitations to speak at meetings at home or abroad may be received. A detailed account of such travels would be out of place but there were certain highlights and unusual events. Apart from that it was of great cultural interest to visit a number of cities in Europe or to see countries further from home.

In September, 1954 my wife and I were back in Paris where I was speaking at an International Congress of Haematology. It was fascinating to hear Dr. Dameshek speaking in Interlingua at the opening session. This was intended to be the new international language but his efforts were not too successful as the French newspapers reported that he had spoken in French; his linguistic abilities were not as bad as all that. Greatly daring we visited the Folies Bergère, where the efforts of one of the semi-clad ladies to entice me from the audience on to the stage ended in failure. However, perhaps because it was twenty years since I had bought my Anatomy textbook I went so far as to purchase a copy of *La Vie Parisienne* and, for the equivalent of 18p, could, if I so wished, study eleven drawings, reproductions of two paintings and eleven photographs of young ladies, all of whom were completely devoid of clothing. There was also a guide to Paris restaurants and this was of more practical use. We were entertained at the Opera House, visited Montmartre and renewed our acquaintance with the Sacré Coeur, Notre Dame, the Louvre, the Eiffel Tower and many other famous landmarks besides. Paris is such a splendid city that it is sufficient to say that all who can do so must visit it and they will be sure to return again and again.

This was six weeks after the French war in Indo-China came to an end with the Communist Viet Minh remaining in control of the area north of the 17th parallel. The United States was most disturbed about this and peace was by no means restored to that unhappy country, but in Paris there was rejoicing at the ending of an unpopular war. Ten years were to elapse before the United States became engaged in major

hostilities in Vietnam. It is perhaps useful to refer to the other conflicts in the Far East in which the Western nations had some involvement. The war in Korea, in which British troops operating under the orders of the United Nations supported the United States against North Koreans and Chinese Communists had come to an end on July 27th, 1953 after three years of fighting. The United Kingdom did not become embroiled in the problems of Vietnam and any military adventure there would not have gained public support. We had our own problems with communists in Malaya from 1948 up to the time when it gained its independence on 30th August, 1957 and occasionally I had patients under my care with medical conditions which they had picked up in the Services either in Korea or Malaya. Later I had the good fortune to visit both Malaysia and Singapore on several occasions.

For the present however it was to Europe that we made our way regularly. In 1953 we had taken our two children by ferry for a holiday in Brittany when they were aged six and four respectively and thereafter they shared our enthusiasm for overseas travel, even when it meant that they were taken to a medical congress rather than a seaside holiday. However in 1958 we set off as a family to drive from Edinburgh to the seaside resort of Cervia on the Adriatic coast of Italy, near Rimini, but with a few days booked into a hotel in Rome. We took six days, going by Dover, Grenoble, Dijon, Menton, Lucerne and Pisa and using a compass (successfully as it turned out) to find our way across Rome. Although this was long after the war many French children gave the Victory 'V' sign on seeing our GB registration disc. The brakes failed before we reached Rome but I drove on regardless, using the gears as a braking mechanism. Rome was suffering from the worst heat wave for many years, the temperature being a moist 101 degrees. According to the *Herald Tribune*, Scandinavian tourists were walking around with cakes of ice strapped to their heads and one Roman citizen aged 33 reported to the police that he had astonishing proof that the sun's rays could change the world's political situation. 'He was promptly removed to a mental clinic,' said the report. In Cervia too it was very hot and I made a note that it seemed hotter than India and that we could exist only by staying up to the neck in the sea for most of the day; despite my efforts to avoid excessive exposures to the sun not only did I have a sunburned chest but it became infected and would not respond to penicillin. We returned by way of Venice and Paris, reaching the French capital at a time when there was great concern there about events in Algeria, still a district of France. In November, 1954 there had been armed rebellion there by the Moslem

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To visitors like us who were not fully aware of the seriousness of the events holidays in France were delightful and carefree. In August, 1959 we drove to Le Lavandou, a seaside town west of Cannes, between Toulon and St. Tropez, without having any breakdowns or medical problems although we saw an accident which was so serious that I could provide no help; a priest was giving the last rites as the ambulances drove away. One of the main problems in those days was that of booking accommodation, something which could not readily be done even with the help of a travel agent. The task began on 17th December, 1958 when I asked the Automobile Association to arrange a booking on the Dover to Boulogne ferry; those were not drive-on ferries, the cars being hoisted aboard in nets. In January I wrote to a hotel in Dover, but all the other letters had to be composed in French and the first one to Le Lavandou did not produce a reply. On the first of February I wrote to two others there; one was already booked up but Le Grand Hotel de la Plage could take us. On the 26th of February I wrote to a hotel in Paris to book accommodation for four nights of our return journey in August and this was in order. In March I wrote to hotels in Troyes and Aix-les-Bains each for a night's stay going south and to one in St. Etienne for the return journey to Paris. Surely, I felt, there must be an easier way to travel and there was – fly to one's destination and hire a car, something that was not yet commonly done, but we decided that this was what we would do this on future occasions.

Off the coast at Le Lavandou was a small group of islands, Les Iles d'Hyères, and we were told that one, L'Ile du Levant, was reserved for nudists but that we could visit it by boat. We thought that it might

broaden the children's education so set off. 'Mummy. They are English!' said one in shocked tones as two of the sun worshippers walked by, talking to each other. Meantime my wife was complaining that although she did not want me to go further she thought that as a gesture I should at least take off my hat. This I refused to do. We discovered why one of the sunburned guests in the hotel seemed to find it painful to sit at dinner: we had seen her asleep, lying face down on one of the island's beaches and she had certainly taken off more than her hat! I did wonder about medical attention for those on the island but the guide to L'île du Levant does not see this as a problem. 'Il y a lieu de remarquer que parmi les naturistes estivants on compte toujours de nombreux médecins. Dans les cas d'urgence, il peut être fait appel au médecin militaire du C.E.R.E.S. (Marine nationale).' In other words you'll always find a nudist doctor but if the matter is urgent call the Navy!

It was a great pleasure to visit St. Tropez in the days before it became really choked with tourists and very picturesque it was as it shimmered in the heat. As we drove to it we passed first Cavalière and then Cavalaire, in an area where there are frequent forest fires in the heat of the summer, but 20 kilometres east of Le Lavandou, before St. Tropez is reached, there is at Croix-Valmer a monument to the Allied landing there on 15th August, 1944 after saturation bombing had been carried out. We were still at our hotel on 15th August, 1959 and were able to watch the landings being commemorated by parades and fireworks. There was a German waiter but he was given the day off to avoid embarrassment.

It should not be thought that academic life consisted mainly of holidays and in fact these occupied only four or five weeks of the year, part of this vacation time commonly being spent at medical conferences. When I went home from working in the hospital my family were badly neglected by me particularly between 1952 and 1954 because in 1952 I wrote a PhD thesis based purely on laboratory work and in 1954 handed in an MD thesis which included investigations that I had been doing in the Army overseas and then in the United States or in Edinburgh. My spare time had been completely taken up with the preparation of the results of my researches for typing and binding. My feeling now is that academic workers should endeavour to pay more attention to their families than I did. Fortunately the children did not appear to notice that they were being neglected as I struggled with masses of results spread across the dining room table night after night. One hot summer's morning I drove in to work with the only copy of

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the most major table in my M.D. thesis on the back seat. When I reached the hospital the sheet had disappeared, having apparently blown out of the back window which I had left partly open. It was very lucky indeed that a technician on the University staff found the table in the street, recognized from its content who was likely to have produced it, and brought it to me in the Department of Medicine.

In April 1960, greatly excited, our family flew from Edinburgh to Amsterdam, this being our children's first trip in an aeroplane and for the first time I hired a car at an airport. In those days the car was carefully examined by the hire company at the commencement and conclusion of the period of hire. I did, in fact, scrape the side slightly the following day but eliminated the scratch by briskly rubbing it with Brasso. Once again I was speaking at a conference, this time at Noordwijk aan Zee, a resort close to Leyden, itself almost a hallowed place to an Edinburgh graduate. The Royal College of Physicians was founded in Edinburgh in 1681 and of its 21 founding fellows, 11 had been trained at Leyden. In 1726 the Faculty of Medicine of Edinburgh University was established as an international medical school by physicians and surgeons many of whom had studied at Leyden; they were greatly aided in their endeavours by George Drummond, Lord Provost of the city and a man of vision who was greatly disturbed about the decline in the fortunes of the city after the Union of the Parliament with that of England in 1707. Edinburgh had lost a great deal and its citizens were outraged by the unpopular Union. A medical school based on the model of clinical teaching that was attracting so many students to Leyden might attract undergraduates from England, Ireland and the colonies. It was so successful that the model was in due course followed by Aberdeen, Glasgow and St. Andrews; between 1750 and 1850 just over 500 doctors graduated from the English universities (Oxford and Cambridge) compared with 10,000 who obtained degrees from the Scottish universities, but admittedly in the early years it was possible to purchase degrees from some Scottish universities.

The conference was in a large hotel and we were in a smaller new one beside the beach on a quiet part of the promenade; however, although I had been pleased to swim in the sea at Atlantic City in April, I drew the line at doing the same thing off the Dutch coast at such a chilly time of year. Our family still remember the enormous breakfasts. We were much impressed by the vast carpet of colours that stretched most of the way from Leyden to Haarlem at this time when the tulips were in full bloom; April or early May is the season to visit the Netherlands unless it is a beach holiday that is being sought. Particularly attractive was the

floral display known as Keukenhof, at Lisse. In 1960 I was trying out a stereo camera, but soon afterwards exchanged it for something simpler to give to my daughter. Not having looked at the stereo pictures for many years I am impressed by their clarity and the way in which they can bring back almost living memories when they are seen again. Particularly impressive are the pictures of the displays at Keukenhof.

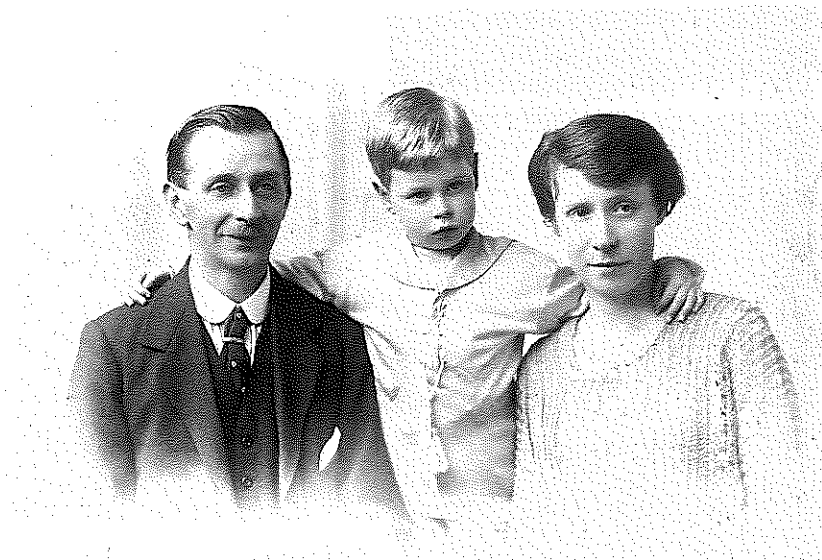
At Rotterdam there was a "Floriade" exhibition, dominated by a giant Euromast. The thing that impresses me now from the stereoscopic pictures of Rotterdam is the absence of traffic and the width of the streets, but of course Rotterdam had been heavily bombed, first by the Germans and then by the Allies during the German occupation. We learned that a full square mile of the centre of the city had been eliminated by German bombs in May 1940. The rebuilding had been done with commendable rapidity after the war but the new town that had resulted differed greatly from what we had seen in the twisting old streets of Leyden. What impressed my wife most about the sights seen on this visit to Rotterdam was the agony portrayed by Zadkine's massive memorial to the devastation that had taken place; 'City without a Heart' is a despairing bronze figure with its heart torn out by the tragedy of war. She, of course, had been a nurse in Plymouth, a city which also had suffered considerable destruction from German bombing and had largely to be rebuilt on modern lines.

At the Floriade exhibition there were floral displays of the various nations, a replica of the garden of Leyden University's first Professor of Botany, Clusius, who taught at the end of the 16th century and did much to promote the growth of the tulip; there were pavilions, sculptures and, to the delight of our two children, observation cars which carried the visitors overhead to see the exhibits from above.

In Amsterdam we were impressed by the rings of canals and went on a short boat trip. It was, of course, interesting to see Rembrandt's house but we strayed somehow into an area between the Nieuwmarkt and the broad street known as the Damrak and I was surprised to see ladies sitting at large windows or in doorways obviously waiting for something. Just as the children asked me what they all wanted I realized that we had landed up in a red light district and hastily retreated to drive to the Ijsselmeer. At school I had learned about the Zuider Zee where the sea had broken through in past times, flooding the land to give a massive watery area which was only about three feet deep in places. In 1932 a dam had been built across it and it no longer communicated with the sea. We stood on the dam and gazed at this enormous new lake, the Ijsselmeer into which flows the river Ijssel. I

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Author and parents, 1920.



Nuremberg on the Nazi Party Conference Day, September 1937.



Realisation that war was soon to come.
In a youth hostel, September 1938.



Cabin mates who sailed to India in 1943.

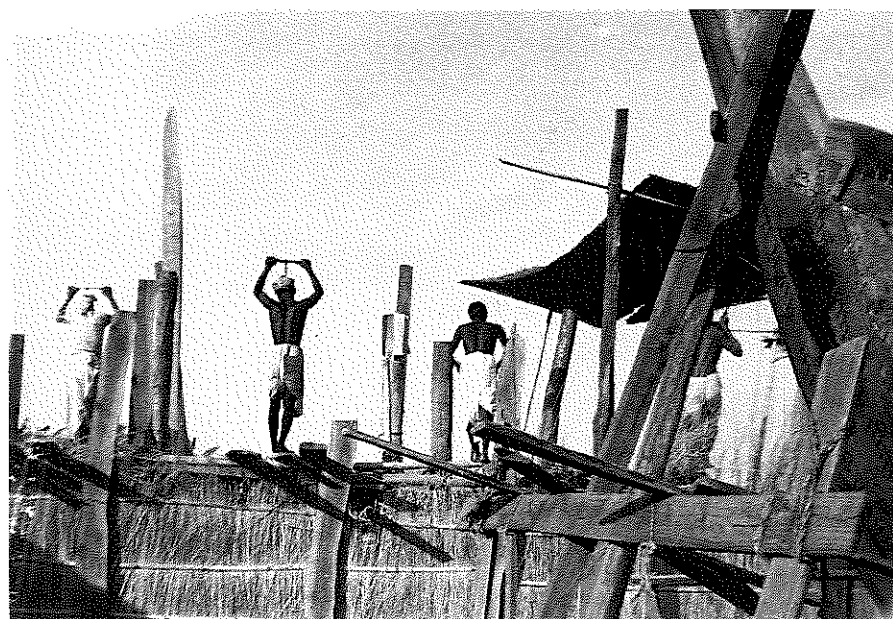
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Ward tents collapsing in the monsoon at the Army Hospital, Deolali, India.



Sirajgunj, beside the Brahmaputra River: rebuilding boats to replace those destroyed when the Japanese were advancing into India.



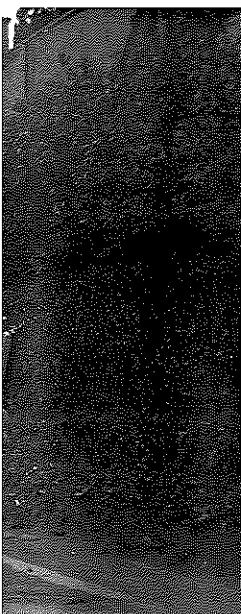
Staff at 67 IGH (C), Sirajgunj, Christmas 1944.



Darjeeling, 1945.



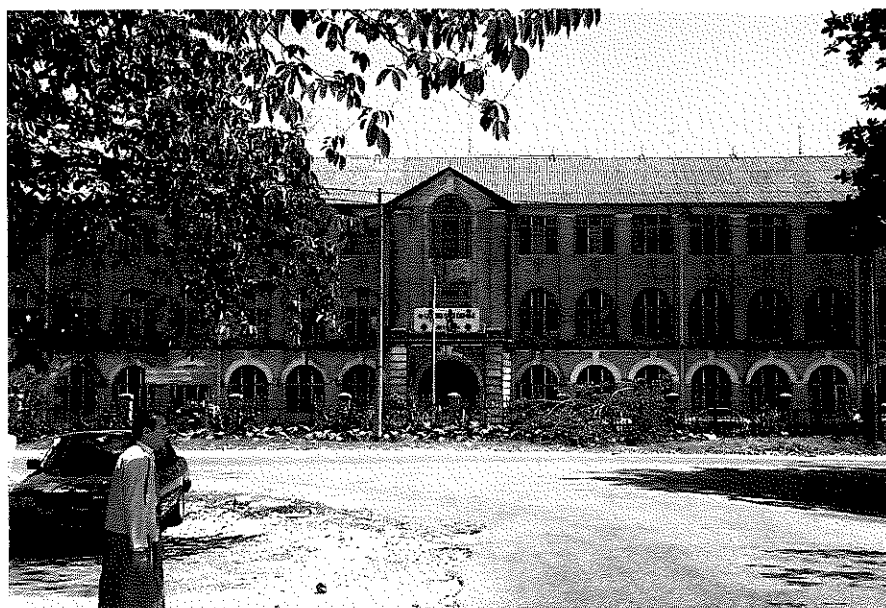
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Wedding photograph, July 31st 1945.

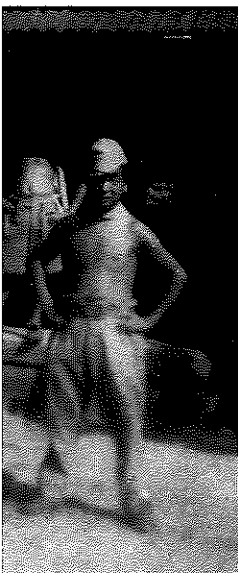


Japanese prisoners of war in the hospital at Sirajgunj, 1945.



The British Military Hospital in Rangoon, once named the Dufferin Hospital. Now an obstetric hospital.

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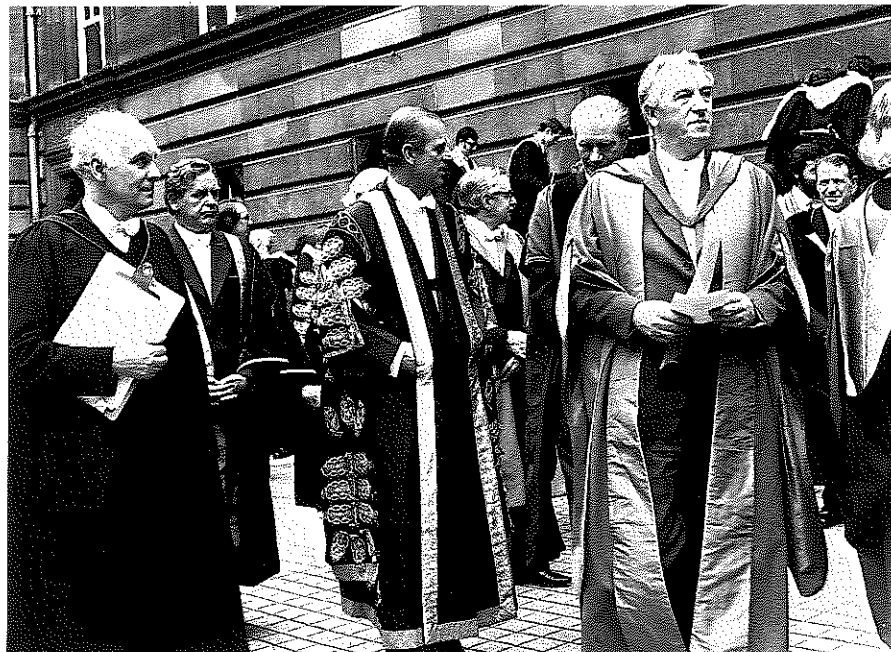
Lieut Col R.H. Girdwood,
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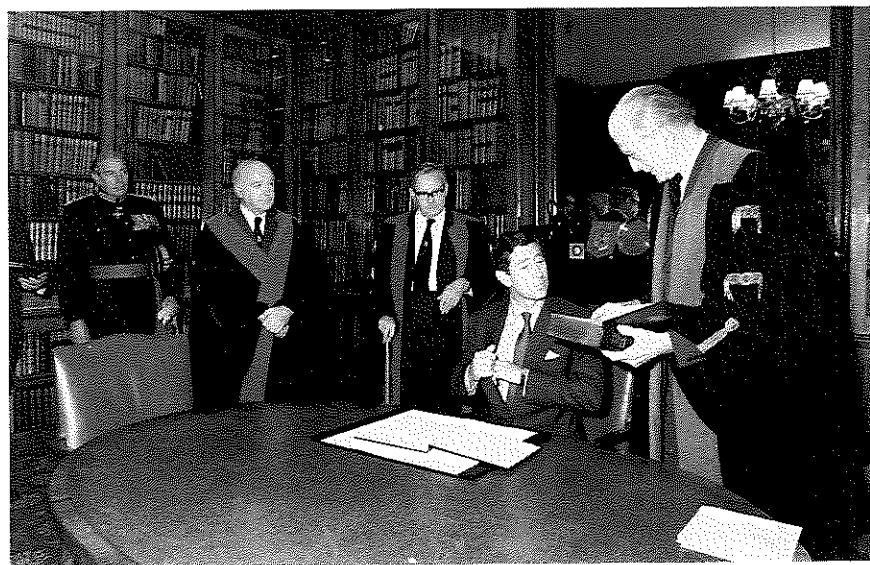
the Dufferin Hospital.



Dr Dameshek's party, 1956, in Boston, Mass. The author drinks alcohol for the first time.



HRH Prince Philip, Duke of Edinburgh, at the 250th Anniversary Celebrations of the Faculty of Medicine, June 1976.



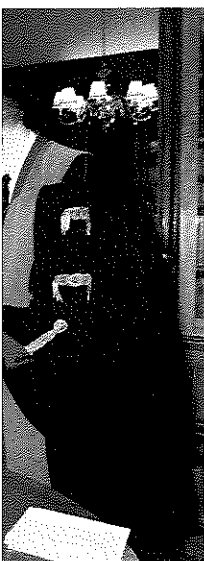
HRH The Prince of Wales, an Honorary Fellow, at the Royal College of Physicians of Edinburgh, 1977.



50th Anniversary



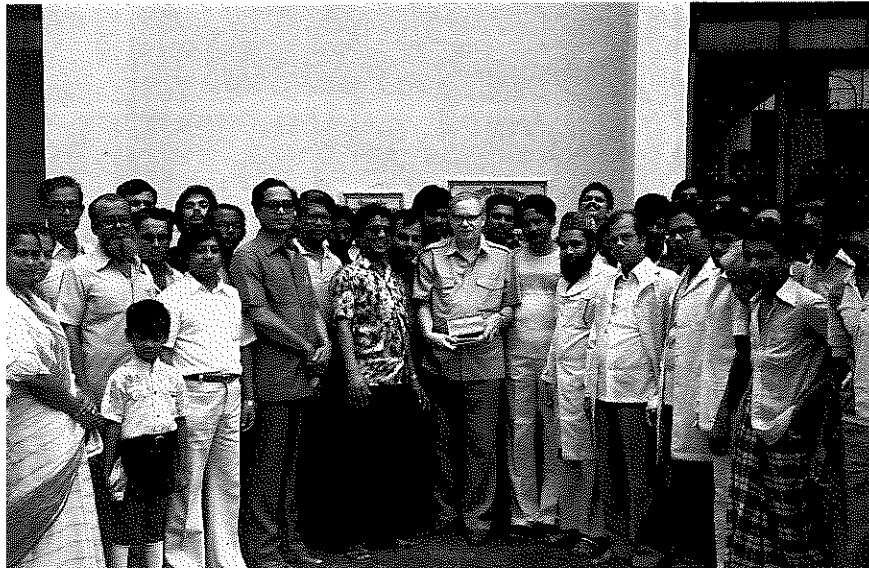
Professor R.H. Girdwood, as Dean, and Dr Eric Samuel, discussing the medical school in Jordan with King Hussein, 1978.



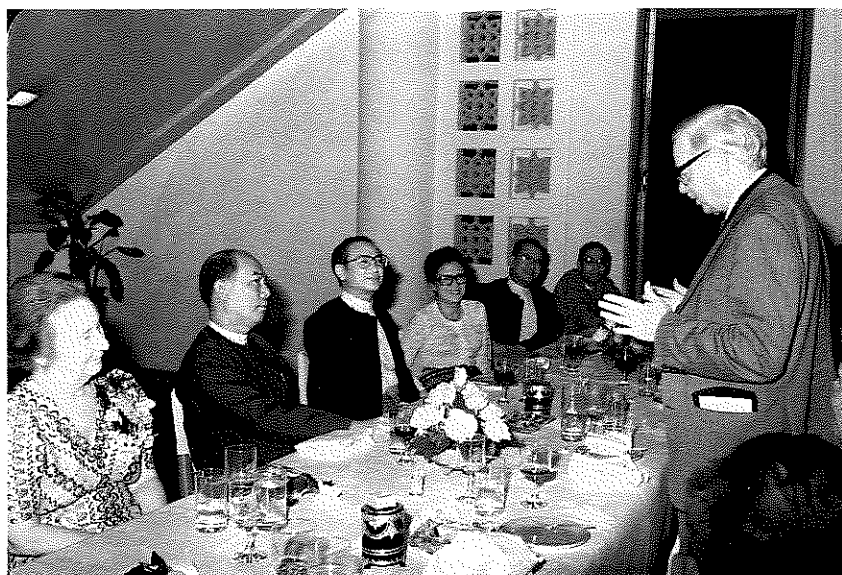
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Professor R.H. Girdwood, as Dean, speaking 'off the cuff' in Washington Cathedral, 1979.



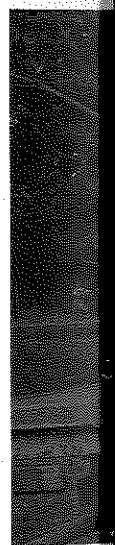
Professor R.H. Girdwood awarded the freedom of the township of Sirajgunj, Bangladesh, 1984.



Birthday party in Rangoon, 1984.



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Visitors from the Royal College of Physicians of Edinburgh and Chinese doctors at a hospital in Xi'an, January, 1985.



President relaxes in Australia, 1985.

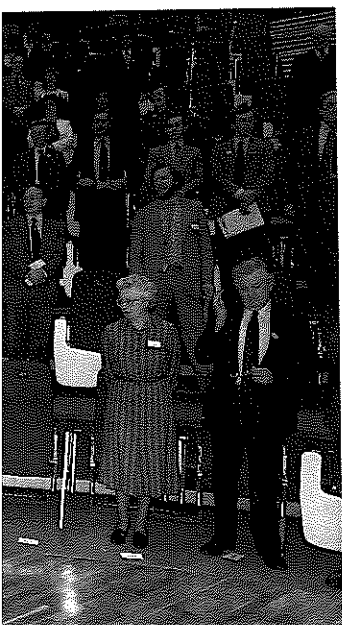


First use of the new conference centre, Royal College of Physicians, Edinburgh, 1985.



Professor R.H. Girdwood in Red Square, Moscow, March, 1990.

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had not realized it previously, but this river is part of the delta of the Rhine, branching off its north main branch at Arnhem.

One of my schoolbooks had carried a picture of a brave young Dutch boy, Pieter, who saw a hole in a dyke and plugged it with his finger until help came: he waited all night and when he was discovered the following day he was dead but his sacrifice was not in vain. Haarlem had been saved! The Dutch decided that something must be done about this when tourists flocked to see the spot where it happened. We went on a similar pilgrimage and saw a memorial erected to commemorate this brave deed at Spaarndam, about a mile north-east of Haarlem. The trouble is that the story was invented by an American author and has no factual basis.

This was but the first of several visits to the Netherlands, and in due course we had joint Faculty meetings with Edinburgh and Leyden both participating; exchanges of undergraduate students took place and two members of my teaching staff spent some time in the research laboratories of Leyden University. One even took a Leyden M.D. higher qualification. During the later visits we paid more attention to the major museums and art galleries; the one which particularly appealed to me was the exhibition of works of Van Gogh at the Kröller-Müller Museum near Otterlo, north of Arnhem.

In 1961 I was invited to chair a session of a Vitamin B12 Symposium in Hamburg which lasted from 2nd to 5th August. In the book of the proceedings there is the quotation 'B12 is not a vitamin; it is a fraternity' and certainly although I had made my first post-war journey to Germany on my own I found that I was surrounded by friends from many parts of the world. There were 150 research workers present from 25 countries and most of them I knew either personally or from their writings.

My first visit to Germany had been in 1937 when a crisis was looming with Hitler already preparing to march into Austria. Now twenty four years later I was back and there was a new threat, this time from the Soviets. In April of 1961 there had been a great influx into West Berlin of East Germans, dissolutioned with their Russian backed communist state and in July and August the numbers of refugees increased. Even as we met in Hamburg plans were being drawn up by Walter Ulbricht, the East German Communist leader, to make it impossible for Germans to move from the Soviet dominated East Germany to seek freedom in West Berlin. We did not know what was planned but clearly there was a new crisis and thoughtfully I photographed the signpost pointing along the road to Berlin, only 150

miles away. A week later East German soldiers, armed with machine guns, sealed off the border between East and West with rolls of barbed wire and then began to build the Berlin Wall with prefabricated concrete blocks, dividing streets and families. West Berliners shouted their anger and jeered at the East German troops, particularly in the area of the Brandenburg Gate. Soon those who attempted to escape to the West would be blown up by mines or shot, something which, surprisingly, seemed to have the approval of the Soviet leader, Nikita Krushchev. To the astonishment of the whole world, the policies of Mikhail Gorbachev in the Soviet Union twenty eight years later created such liberalizing changes that a number of countries, including even East Germany, followed suit. The hard line leader, Eric Honecker, who had wanted troops to fire on protesters, was put out of office and on 10th November, 1989 the destruction of the Wall was begun. Willy Brandt, who as Mayor of Berlin had watched its construction in helpless grief appeared again amongst cheering crowds and East Germans poured into the western part of their city, many to see it for the first time.

All this was in the future: at the beginning of August, 1961 I was introduced to the Mayor of Hamburg but was coughing and feeling slightly dizzy at the time. The next day as I chaired a meeting I was worried because the audience kept going out of focus as my cough became worse. By the time I returned home it was clear that not only did I have whooping cough but our daughter had the same infection; for me it was a second attack as I had certainly had it as a schoolboy. I hope that the Mayor of Hamburg was all right! Despite this minor illness I spent a few days working in the Department of Medicine but keeping well away from patients in case I was infectious and then we were on our way to the 8th congress of the European Society of Haematology in Vienna. First however we went to Le Lavandou by air for a week of holiday; the plane from Edinburgh to London was late and we missed our connection but although we had not paid for first class accommodation we were put in the first class section of a Comet plane flying to Nice where we picked up a car. Once again we celebrated the Allied landings on 15th August with bands, fire-works and general jolification outside the Mairie, next to our hotel. All was not well between the politicians of France and Britain however; on July 31st Harold Macmillan, the British Prime Minister had announced that Britain would apply to join the European Common Market and the formal application was made on August 10th. It was already clear from the French newspapers that President de Gaulle was likely to oppose

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our entry, and this he did in due course. At the time I was reminded of the Auld Alliance between Scotland and France, drawn up at a time when England was the Auld Enemy. The terms of the Scottish act, passed by parliament during the regency of Mary of Guise, the Queen Mother, on 29th November 1558, conferred dual nationality on the citizens of both countries and there were some who claimed in 1961 that it still could be said to be in force; this was wishful thinking.

Vienna is a truly splendid city to visit and one that my grandfather had mentioned with affection although he must have been very tired during his six day train journey from Moscow to Naples when the best postcard of Vienna that he could send to my mother on January 1st, 1910 was one of the shopping street named the Graben; he did better on 11th March when going from Naples to Bohemia in that he sent a card of the Hofburg or Imperial palace, but this time he said that he had not been in bed for three nights. However he only had to contend with trains, currencies and languages whereas we had the problems of airports, passports, currency restrictions, luggage restrictions, languages, customs barriers and, as we found when we visited the Austro-Hungarian border at the Nausiedler See, mine fields and watch towers with armed guards. Things might have been worse, however in that Vienna might still have been an occupied city like Berlin. The Austrian capital had been divided into four zones of occupation until 15th May, 1955 when the Federal Chancellor, Julius Raab, concluded a Treaty of State which satisfied all four occupying powers in that it guaranteed neutrality on the Swiss pattern.

On 8th September, 1937 I had seen the Austrian Alps in the distance from Lake Constance and now we as a family were having the good fortune to see something of the country itself. We admired the Ringstrasse, a boulevard which replaced the old ramparts in 1860, and is one of the finest streets in the world, admired and photographed the Hofburg and Schönbrunn palaces and other splendid buildings, attended a performance of *Don Giovanni* at the rebuilt opera house and admired St. Stephen's Cathedral which was restored after having suffered extensive damage in April 1945, although it was not clear whether this had been caused by German or Russian shells. Unfortunately its new bell, cast in Upper Austria, had to be taken down just after it was put in place because the tower threatened to collapse under its weight. There had been much destruction from bombing but by 1961 most of the repairs had been completed. In the centre of the city, too, we saw the Capucine Church and monastery. The facade of this baroque building had been renovated in 1935, and it

is of great interest that its crypt is the burying place of all members of the Habsburg family since Emperor Matthias died in 1619. Outside the church is a monument to the preacher Marco d'Aviano, who exhorted the people of Vienna to battle against the Turks in 1683. While I was at one of the congress sessions the rest of the family went to the Spanish Riding School and were rather disappointed when one of the riders fell off. Finally in this rather overwhelming visit we went to Salzburg and there went up to the Castle of Hohensalzburg; perhaps its resemblance to Edinburgh Castle led Rudolph Bing to suggest the Edinburgh Festival.

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CHAPTER 16

Flying from a Chair

In 1962 I had attended my first conference in Puerto Rico in March and a three day one in Madrid in May, but there was time for a two week family holiday before my Professorial duties were to commence on 1st October and so we booked accommodation on a Hellenic cruise. It was rather cramped to have four of us in a cabin but the tour of archaeological sites and places of historical interest was most enjoyable and instructive although we attended so many lectures that we would have welcomed a few less strenuous days on our return. Between this and a later Hellenic cruise to different ports we learned a great deal about holiday places, something which we all put to good use when planning holidays on Greek islands in subsequent years. The outstanding performer as a lecturer was Sir Mortimer Wheeler who had held important posts in London, India and Pakistan and many of the ladies on the cruise drooled over him as he expounded the history of the Asklepieion at Pergamum or told of the various cities of Troy. I introduced our daughter to another front rank lecturer, Sir John Wolfenden, because at the age of 11 she had sent a question which stumped the Brains Trust panel on television when he had been one of the participants. The question was 'If a child is born deaf and blind and not specially trained, what language would it use for thinking?' Presumably it would have to invent one. Sir John introduced me to an Edinburgh medical student, Jean Smith, who later became one of my house physicians.

I had bought a sporty new suit for the occasion and after we had arrived by train at Venice prior to embarkation I stepped into a pool of water. Unfortunately it was not water, but olive oil and I went crashing down, the suit immediately becoming unwearable. I still have my wife's despairing note to the laundry staff on board our ship, the *Ankara*, together with a translation into Turkish. Details of the voyage would not be of interest, but although it was a Hellenic cruise this did not mean that we were visiting only present-day Greece. Half way through the cruise we sailed into harbour at Istanbul, originally founded as a colony of the Greek city of Megara at about 660 B.C. and later to be the centre of the eastern section of the Roman world and a Christian capital

until the Byzantine Empire was destroyed by the Ottoman Turks in the fifteenth century. Then we had our first penetration behind the Iron Curtain in that we entered the Black Sea and visited Romania, going first to the beach resort of Mamaia and then by train from Constanta to Bucharest, allowing us to admire the rural scenery; I particularly remember a line of geese following a peasant girl as she walked along a path close to the railway line and thought what a pleasant rustic scene this was. We visited the museum of antiquities and, in the Calea Victoriei admired the Museum of Art. We were much interested in the open air display in Herastrau Park where there had been erected over 200 timber houses and churches from all the provincial areas of the country; these had been taken to pieces and rebuilt in this attractive parkland, furnishings being brought with the buildings.

Bucharest was a city of many parks and we saw children boating on the lakes or catching fish in most agreeable surroundings. The streets had but little traffic and the shops were devoid of merchandise; somebody wanted to buy my coat but we were not accosted by citizens wanting to change black market money. Our newspapers were eagerly sought and freely handed out. There was a feeling of repression but neither we nor the citizens of Romania had any inkling of what was yet to come. When we were there we were ignorant of the detailed politics of the country; the Communist leader was Gheorghe Gheorghiu-Dej and, unknown to us, his hatchet-man was Nicolae Ceausescu, a former shoemaker. It was not long before the latter became leader of the country and brought it to the verge of ruin as he, his wife, Elena, and other members of his family systematically added to their personal wealth while the people of Romania had their standard of living brought lower and lower, and harassed by the secret police, were powerless even to murmur about the tyranny. Even at the time of our visit we realized that the citizens of Bucharest could not speak freely to us and I thought it most unwise when a member of our group complained to our escort that a drink which he had bought had been watered down by the waiter. This may have been a serious charge to make.

Pleasant old buildings which we had seen in Bucharest and elsewhere were soon to be bulldozed down on the orders of Ceausescu and ugly highways were to be driven across the city. An enormous Presidential palace was built and much of what we had seen in the museums was taken to this palace, the art collection on show to the public then being reduced in many instances to a display of copies. In 1989 there was a general revolt against tyranny in Eastern Europe, the last uprising of a

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remarkable series being that in Romania and it was by far the bloodiest. It commenced on December 16th when, according to reports, many protestors were killed in the town of Timisoara attempting to protect their Protestant pastor from arrest. Civil war followed, the army joining the people in their battle with the secret police. The final figure given was that 689 citizens were killed and 1200 injured and on December 22nd Ceausescu and his wife were caught as they attempted to flee; after a secret trial they were executed on Christmas Day. The astonished citizens of Bucharest learned for the first time that miles of underground tunnels had been built as a last line of defence for the Ceausescu family and the Securitate gunmen of the secret police. Arms caches and deadly chemicals were found and there was said to be a tunnel leading to a military airstrip while beneath the Presidential palace, the Casa Republicii, there was a nuclear shelter.

All this was yet to come when we sailed from Constanta to Varna on the Black Sea coast; at one time this town was known as Odessos in honour of Odysseus. The influx of western tourists had not yet begun and the Bulgarian tourist agency went to great lengths to attend to our needs and desires and to supply promotional literature. I was surprised to see that the Bulgarians, unlike the Romanians, use the Cyrillic alphabet as in Russia. I learned for the first time that in A D 865 Boris I of Bulgaria was converted to Christianity by two brothers, Cyril and Methodius from Thessalonika, and that they invented the Slavonic alphabet (based on Greek) because apparently the speech sounds of the Slavs were not easily expressed in Greek letters. An increase in the number of letters in the alphabet has its advantages. North of Varna we visited Slatni Pjassazi (Golden Sands) and had a swim, then went south by bus to Nessebur, a modern town on a peninsula and there we saw interesting mediaeval churches before going two miles away to the modern coastal resort of Schinchev Bryag (Sunny Beach). This seemed to be a good place for a holiday. In the course of the bus journey we were provided with lunch in the open air and entertained by folk dancing. It was unfortunate that as we drove south one of our fellow travellers pulled out a handkerchief and showered the floor with cutlery which seemed to me to be the same as had been provided for our lunch. At Bourgas, the main Black Sea port of Bulgaria, we sailed off again.

When we returned to Edinburgh on September 16th I was immediately very busy and no doubt confused as I readjusted to medical thoughts. As soon as I had learned that I was to be Professor of Therapeutics I had prepared a series of forty lectures which I expected to deliver in the summer term of 1963 but before that a Faculty of

Medicine meeting was held at Peebles Hydropathic and the whole curriculum was changed. Specialists were to give lectures on their special subjects and I was deemed to be a blood specialist so could talk on blood disorders and certain general subjects but could not stray into other fields such as the treatment of heart failure. In a way I felt that I had been appointed under false pretences but in later years it became clear that many of those lecturing were uncertain about the precise actions, interactions and possible side effects of the drugs they were advocating so in due course I had the title of the Department and Chair changed to Therapeutics & Clinical Pharmacology. Our Departmental staff certainly could deal with the actions and dangers of drugs in all the systems of the body.

I had been told after my appointment that the intention was to have two Departments of approximately equal size in the Royal Infirmary and that mine was, of course, to concentrate on medical treatment. I was lucky in that two secretaries who had previously worked with me elected to move to vacant posts in my Department. Miss Elspeth Shields was to deal with my University work and Miss Isobel Nisbet with our National Health Service work. However, although I had fifty six beds to share with my colleagues we were grossly deficient in laboratory accommodation. In the building which already existed I was able to find and eventually recover seven laboratories and, following the realization that thalidomide had caused congenital deformities the Distiller's Company, who were not in my opinion at fault, offered Edinburgh University finance for work relating to congenital abnormalities. Two of our possible major research projects qualified for such help and the University agreed to release funds. Our Department could not take the weight of another building on its roof as it was built on a small river which had run into the old Burgh Loch but adjacent to us was the Physiotherapy Department with a flat roof. On the day the money was granted by the University the Royal Infirmary Board of Management was meeting so I asked if I could address them and succeeded in obtaining permission to have a pre-fabricated laboratory area erected on the Physiotherapy roof. From that day to the beginning of the occupation of the new laboratory area, fully equipped, no more than a year passed and this was something of a record for which the hospital architect, Mr. Dixon, deserves full credit. We now had numerous large laboratories and were able to hand some of the new ones over to other Departments with problems of accommodation. So far as staffing was concerned we reached our peak about 1965 when we had a staff of fifty six including part time members, secretaries, technicians

and others. I was fortunate in having as NHS consultants in the wards first Dr J. Halliday Croom and, when he retired, Dr H.J.S. Matthew who also looked after the Poisons Unit of the hospital. In addition we soon had a splendid team of full-time University lecturers.

My first public duty was to give an inaugural lecture and I chose as my subject 'Patient Care in the Age of Science.' This lecture was to be delivered on 25th October, 1962, a fateful day as the third world war could have broken out that Thursday. That morning I sat with my radio switched on to hear the news bulletins. The United States claimed that Soviet missile bases had been constructed in Cuba and on 23rd October imposed a blockade on the Caribbean. The American Task Force 136 was mobilized and the Soviet Defence Minister announced that his forces were in a state of the highest battle readiness. Ships carrying nuclear missiles were believed to be heading for Cuba and on the morning of my lecture the serious problem was whether Soviet ships would be turned back by the Americans. As it was, one Russian ship passed the blockade, but it was only a tanker. Other Soviet vessels turned away from Cuba and on 28th October Mr Krushchev, under United Nations pressure, agreed that Soviet nuclear weapons based in Cuba would be dismantled and shipped back to Russia. It was surprising that so many left their radio sets that afternoon to listen to my lecture in which I suggested amongst other things that Edinburgh and Glasgow might unite to form a Royal College of Physicians of Scotland. No action was taken towards the implementation of this suggestion.

On the clinical teaching side my predecessor, Sir Derrick Dunlop, had done a major ward round for junior staff and attached overseas postgraduates on a Sunday morning but it became clear when I tried to continue this practice that it was not a popular idea. Time did not now allow me to do much personal laboratory work and the number of committees on which I served increased alarmingly. For some reason I was asked to list my activities in 1964 for a University report and the figures were as follows:

Working days in the year	325		
Working hours per week	74		
Committee membership	62		
Lectures given	94	(10 outwith Edinburgh)	
Clinical teaching sessions	85		
Clinical ward visits, additional to teaching sessions	153		
Committee meetings attended	201	(University	116
		Non-university	77
		Student welfare	8)

Lectures attended or presided over	49
Other meetings attended	19
Meetings with visitors	47
Full days spent in examining	33
Evenings spent correcting papers	14
Official social functions	32
Chapters of books written at home	2
Scientific papers written at home	6

Such, then, were the activities of a clinical professor. Later at a University Senate meeting a member of the staff of the Arts Faculty asked whether it was true that University staff in the Faculty of Medicine actually saw patients! One of the annoying features of having one's department in the Royal Infirmary was the lack of car parking space. It was decided that it would be undemocratic for a special parking space to be kept for the head of a department and so I had to be within the grounds by 8.15 each morning, no suitable alternative car park being available and one of my ward sisters had to walk a long distance to catch a bus each day in order to come on duty. About 1953 it had been decided that a new hospital would be built on the same site, with an increased amount of parking space. Just after that I campaigned actively yet in vain to have it built on an alternative site, but was told by the Chairman of the Regional Board that it was far too late to discuss this as building was about to commence. By 1960 we had complete plans drawn up for a hospital that was to be built in four stages, the whole to be completed by 1971: I spent many weary hours on the committee that planned the new hospital. By 1989 only an outpatient area, accommodation for nurses and a Blood Donor centre had been constructed; that year it was announced that the plans which had been much modified had now been abandoned and that a new hospital would be built on another site.

I was asked by the Ghana Medical Association to speak at their annual conference in Accra in April, 1963. I had never been to West Africa and when I approached the British Council they were very willing to fund a visit but it had to be a tour of at least four weeks. Accordingly I set off on 14th March to fly to Freetown in Sierra Leone, so called because from the sea the hills have the shape of a lion. At the airport Mr Sanderson of the British Council was seeing off a group of Nottingham Playhouse players who had been doing a very successful tour of West Africa and I was asked to examine one of the actresses, later to become famous, to see whether or not she had appendicitis. I decided that it was safe for her to fly.

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the native chiefs to be used as an asylum for the many negroes who were at that time destitute in Britain and so the name Freetown was most apt. Later on negroes came across from North America and others liberated from slave ships also settled in the area: the population was about 3 million at the time of my visit. The day after I arrived I was invited to meet the Governor-General, Sir Henry Lightfoot Boston and his lady, and to be present at an investiture, light music being played by the Band of the Royal Sierra Leone Military Forces.

There is no medical school but I was asked to address local doctors in the Connaught Hospital. I could see that there was a need for a new building, but an even greater requirement for more beds and more doctors. The colourful hordes of outpatients, sheltering as best they could from the scorching heat, was an incredible sight. Soon I was flying upcountry to Bo where again I saw a crowded hospital with vast numbers of outpatients, then on I went by car along the dusty roads past colourful markets and tumbling rivers to the Methodist Mission Hospital at Segbwema where an astonishing amount of work was being done by Dr J.L. Wilkinson and his small staff. Usually there was a total of three doctors but at this time there were only two; they looked after 133 beds, three dispensaries in the surrounding area, a leprosy centre, two maternity units and also assisted with the nurses' training school and supervised the laboratories. Each year they saw about 150,000 outpatients. Apart from treatment they did all they could do in the way of preventative medicine to keep down the incidence of malnutrition, malaria, tuberculosis, whooping cough, tetanus and anaemia. Surgery, medicine and obstetrics were all carried out by the medical and nursing staff. Despite it all Dr Wilkinson, his wife and their two children were very cheerful as indeed they deserved to be when they were contributing so much to the alleviation of human misery.

From there I flew back to Freetown in a small plane acting as an air ambulance; it was a new one, replacing another whose structure had been destroyed by white ants. It was not pressurised and there was a chief on board, seriously ill and being transferred to the Connaught Hospital. I doubted whether he would survive the journey and asked the pilot to fly as low as possible; the patient reached Freetown airport but died before reaching the hospital. I went on by air to Nigeria, touching down first in Monrovia, the capital of Liberia, then Abidjan, the capital of the Republic of the Ivory Coast and finally Accra in Ghana before transferring to a flight for Nigeria. At Lagos I was met

and taken to the small Ikoyi Hotel and after I had met various officials flew across the Niger to Port Harcourt on the eastern side of the country. The temperature and humidity were both very high, the climate being comparable to what I had been accustomed to in Calcutta in summer. Here, as always, the hospital was crowded with inpatients and outpatients and there was a great need for laboratory staff and equipment. The childrens' wards with roofs but no windows or air-conditioning were particularly crowded and it was disturbing to see infants and children with measles, tetanus or severe malnutrition being treated in the same ward in beds so closely packed that they were almost touching. I met one doctor who astonished me by telling me that he treated anaemia with injections of Coco-Cola!

The Shell Oil Company had a small private hospital and there I first met Dr Houston of whom I was to see much more in later years when planning symposia for the Royal College of Physicians of Edinburgh. While I was there I watched a Youth Day Parade where the children were smartly dressed, the girls being in white uniforms and the boys in khaki. There was no hint of trouble at the time but Nigeria was proclaimed a Republic seven months later, tribal riots broke out in 1966 and in May of the following year this eastern region broke away as the Republic of Biafra. I wonder how many of the children I saw in the parade were killed or died of starvation before fighting between Nigeria and Biafra ceased with the surrender of Biafra to the federal government in January, 1970. Malnutrition was already serious enough without there being a war to make matters worse.

Now, however, I went inland by car to Aba where, as I was filming, a youth was run over but not seriously hurt, Enugu where a private hospital was being built, and finally, north to Nsukka where a dedicated staff were working in a Roman Catholic Hospital. Meantime a new University was being constructed nearby. My predominant feeling about eastern Nigeria however was of the hopelessness of attempting to deal with the tremendous medical problems without a great increase in facilities and finance. I had found in one hospital pharmacy that a preparation for injection into animals had been supplied by another Commonwealth country with the labels changed and that it was being given to patients; this was in no way the fault of Nigerian officials and I reported the matter to the Minister of Health when I returned to Lagos where on April 2nd I was taken round the University of Lagos medical school and paid a visit to the teaching hospital at Surulere. Next I was taken by car the 83 miles to Ibadan, passing men and women in colourful garments, shacks with tin roofs,

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I met various officials on the eastern side of the road. The air was both very high, the humidity accustomed to in Calcutta crowded with inpatients and laboratory staff and with no windows or air-conditioning was disturbing to see the severe malnutrition being suffered that they were telling me by telling me that!

hospital and there I first saw in later years when the physicians of Edinburgh. It was here where the children in forms and the boys in uniforms but Nigeria was in a state of civil riots broke out in the region broke away as the children I saw in the fighting between Nigeria and Biafra to the federal government already serious enough

there, as I was filming, a lorry where a private car to Nsukka where a private Hospital. Meantime the lorry. My predominant feeling was the hopelessness of the problems without a solution found in one hospital where no animals had been with the labels changed in no way the fault of the Minister of Health was taken round the road on a visit to the teaching hospital 83 miles to Ibadan, the shacks with tin roofs,

colourful buses and lorries, broken down cars and, unfortunately, numerous crashed vehicles lying in ditches by the roadside. Ibadan is said to be the largest native town in Africa and I was told that it had no sanitary arrangements; it is in Yoruba country and is the centre of the cocoa industry. When we reached the University I found that we were in a different world from anything I had already seen in Africa. The campus was well laid out, the hospital was modern, occupying several floors, there was a well designed new chapel, the staff bungalows were clean and tidy, there was a swimming pool and the gardens were colourful and well managed. The Professor of Medicine, Sandy Brown, was an old friend who had once worked in Edinburgh and I already knew some other members of the staff. Centres of healing like this were required throughout West Africa but to establish them would cost much and no doubt it would take years to convince sufficient politicians of the need when there were so many other problems to be faced. As it was, every country that I visited soon became involved in a leadership struggle, coup or war which held back any such projects if indeed they were being planned.

Sandy Brown wanted to establish a Health Centre at Igbo-Ora near the border with Dahomey and I went with him to watch a parley with local chiefs where, all sitting in the shade of a large tree, Sandy, aided by the local missionary attempted to obtain their co-operation in this new project. I filmed the parley and it was my impression that he had convinced his audience. Adapting later to modern technology I had the film transferred to video and it is easy to recapture the magic of the occasion and to be impressed by the colourfulness of the scene.

Now, however it was time to fly to Accra and, to my surprise, a customs official at Lagos offered to sell me some black market Ghanaian currency. The flight was short but at one stage the pilot's door flew open and we could see that a stewardess was sitting on his knee. To a visitor Ghana at this time seemed to be less stable than the other West African countries. There had been an attempt on the life of President Nkrumah in August 1962 and another on September 9th when a bomb went off outside his residence, Flagstaff House. Now it was April, 1963 and I overheard open discussions about how he might be removed from office by means short of assassination. However it was for the Fifth Annual Conference of the Ghana Medical Association that I was in Accra, a busy colourful town which had a pleasant University complex formed by layers of symmetrically placed white buildings with terra cotta roofs rising stepwise to a central tower, all glistening in the bright sunshine. The main hospital in the town was at

Korle Bu and it was there that I was asked whether I wished to meet a doctor who was approaching and was said to be a Nazi medical war criminal; I certainly did not want to meet him. In Accra too was an inoffensive looking scientist who turned out to be Allan Nunn May, the physicist from King's College, London who had worked on atomic research in Canada and was found guilty in 1946 of giving information to the Russians. He was sentenced to ten years' penal servitude. By chance I had seen in Edinburgh when I was a student another of the so-called atomic spies, Karl Fuchs, who was sentenced to fourteen years' imprisonment in 1950; compared with him Nunn May was an amateur.

Our medical conference lasted from April 10th to 14th and was opened by Dr Conor Cruise O'Brien, Vice-Chancellor of the University of Ghana. Ghanaians are very hospitable and jolly people and apart from the scientific programme there were numerous social activities. The climax was the Dinner and Dance at the Ambassador Hotel on Saturday, 13th April, a full dress affair with a toast mistress resplendent in her formal attire. I asked about the speeches and was told that there would only be one and that it would be given by the American Ambassador. He did indeed speak and explained how the United States was going to bring Medicine to Ghana and would found a medical school with an American Dean and American staff; the trouble about this was that although Ghana had decided to have a medical school as a integral part of the University the Dean had already been appointed and was British. I had in fact met him and discussed his plans with him; they included having Ghanaians on the teaching staff. From the response to the Ambassador's speech it was clear that the proposed Americanisation of the medical school was not a very popular idea. At this point, however, the toast mistress banged her gavel on the table and announced that I was about to give the next speech. This was completely unexpected and politically dangerous as not only were several prominent people present, but the press was represented as well. In such circumstances it is possible to play for time by taking the name of the place where one is speaking letter by letter and talk about something related to the first letter while thinking about the second and so on. Obviously I would speak about Ghana and so I talked about G for gratitude while I thought about the next letter; I then realized that I might be mistaken about the spelling of the name of the country which was being so hospitable and that this could create an international incident. Frantically I looked around for a menu card or something with the word on it but there was none. Was it GHANA as I thought or could it possibly be GAHNA? After all I had known it as the Gold

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Coast until 1957. I plumped for GHANA and went on with *H* for Hospitality and so on until I came to *A* for the American Ambassador and said that I hoped that in due course he would be posted to Edinburgh. He said 'Gee, I hope so.' but was not to know that we do not have an American Ambassador. When the conference was over I was taken inland to the attractive town of Kumasi and then flew back to London and Edinburgh.

At home the work was piling up. The day after I returned, quite apart from seeing some patients and finding out how much mail there was for me to deal with, I had to give two lectures and attend three meetings; the following day I had had to give two more lectures, attend two meetings and then fly to London where I was speaking at a symposium. I returned, had one day attending to my patients and some of the mail and then had to fly back to London to examine in the Final examinations at London University. In other words academic life was back to normal. In addition to my normal work I had been appointed President of the British Society for Haematology and the annual meeting was to be held in Edinburgh on May 24th and 25th. Just as our meeting started a group of workmen appeared outside the hall and started to dig up the road outside with pneumatic drills. Not a word of the proceedings could be heard by most of the audience. It took a phone call to the City Engineer's Office to have the noise temporarily suspended. Another embarrassment was that the last speaker before lunch stood with his back to the audience and galloped through his very numerous slides. After he had exceeded his time by three minutes I asked him to draw his remarks to a close, after ten I warned him that his time was really up and after twenty I adjourned the meeting; he was still talking as we trooped out to our meal.

CHAPTER 17

Mainly Problems

It was in 1963 that the University of Edinburgh concluded an agreement with the World Health Organization and the Government of India to give assistance over a six-year period to the medical college of Baroda in the state of Gujarat. The intention was that each year six medical teachers from Edinburgh would spend a period of a twelve months at Baroda; their spouses and any young children could go with them. Each would represent a different discipline and in return some teachers from Baroda would be attached to departments in Edinburgh. A small group of departmental heads had visited India, looked at some twenty medical schools and in the end Baroda was chosen; unfortunately the Edinburgh group was not experienced in the ways of the country that they were touring and indeed some members did not realise that this had been the medical school of their choice. I regarded the project with scepticism but promised to do all I could to make the venture a success. In June, 1963 one of the lecturers in my department, Dr Irvine Delamore, together with his wife Rosemary, set off and spent an interesting year. The reactions of the first group were mixed; some were full of enthusiasm while others had experienced a cultural shock.

The Faculty of Medicine in Edinburgh asked me to go to Baroda and advise about the possibility of a major research project being established there. I set off in the cold of winter on 4th January 1965 with an air ticket to Baroda airport via Delhi. This turned out to be an optimistic gesture as the airport at Baroda had not been built. However I was happy enough to be back in New Delhi and was accommodated during my short stay there in the Janpath Hotel which was most acceptable to me but was something of a surprise to visitors who were not familiar with the country and expected a luxury hotel of European dimensions; in past years I had lived in a tent and was not now seeking five star accommodation. Outside there was evidence of deterioration of the city, Connaught Place having lost its smartness while on the verges of the Janpath itself many stalls had been set up by the unfortunate Tibetan refugees who had fled with the Dalai Lama from Chinese persecution in 1959. However I was there to be briefed at W H O headquarters by Dr Mani, Director for South-East Asia and I then flew

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to Bombay, carrying on by train to Baroda which is 260 miles further north.

The state of Gujerat is not much visited by tourists and its history is complex, part of it in the coastal peninsula never having been incorporated into British India; it has two enclaves (Daman and Diu) which were Portuguese until December 1961 when, after 400 years of occupation, Indian troops ejected the Portuguese from there and also from Gao which is very much further south. I was told that the last Asian lions were to be found in forest areas of Gujerat. The state came into prominence on the world scene because Mahatma Gandhi was born there and it was to its main city, Ahmedabad, that he returned to fight for the independence of India. In the state the Jain religion flourishes; the local language is Gujerati, one of the Indic group of languages derived from Sanskrit as are Bengali, Hindi, Bihari, Marathi, Punjabi and Rajasthani. When dealing with patients who did not understand English I was able to communicate in Hindi.

When one approaches Baroda (now named Vadodara) by rail from Bombay the first impression that one has is an unfortunate one in that to the south of the town the track crosses a river which has a most unpleasant smell. The town itself is bustling and colourful and the hospital consists of a number of old buildings and wards in extensive grounds. Across the road there was a block of flats which had been allocated to the Edinburgh team; they were reasonable enough without being in any way luxurious. There is a palace, an extensive park with amusements for children and two museums, one of which holds the royal art collection. However Indian life was all very surprising to some of the Edinburgh visitors who could not understand why the sacred bulls were allowed to wander freely through the hospital grounds, were disturbed that the lavatories in the grounds were always kept locked in case anybody dirtied them and were troubled not only by the mosquitoes but also by having to sleep under mosquito nets. A careful eye had to be kept open for snakes and scorpions, possessions had to be locked up in case of theft and bargaining was normal when shopping. Some found the heat to be excessive, particularly as there was no air-conditioning, only fans; care had to be taken about what was eaten or drunk because of the danger of a multiplicity of infections. Children had to be protected from all manner of hazards but not, of course, from the local population who were very fond of the young. In the trees opposite the flats the monkeys swung from branch to branch but rapidly retreated, chattering angrily, when humans approached.

I was given accommodation in one of the rooms, took a quick look

round and recorded my first impressions: it is always wise to do this since something that seems abnormal at the commencement of a visit may appear perfectly normal later. I was given a spacious office in the administrative block and soon felt quite at home in this country which I had known and liked so much in the past. The local medical staff made me most welcome and I was invited out to more homes in a month in Baroda than in a year at Ann Arbor. However the wards were old and dirty, being over-filled with patients, some of whom were in beds in the corridors, and the teaching areas attached to the wards were quite inadequate. For one thing students in the back rows could not hear what was being said; the tradition in past ages in India was for the teacher to sit under a tree, there to address his audience who remembered the spoken word. There is still a tendency for some of the students to learn a great deal off by heart, sometimes without sufficient understanding of the subject matter. Another problem was the difficulty the Edinburgh teachers had in giving a series of lectures because of the large number of holidays that were declared. One interesting festival that was celebrated when I was there was that of Manker Sankranti where the population of Baroda turns out to fly kites and to attempt to bring each others' down. The trouble is that the kites are flown from the rooftops and I was able to record with my ciné camera the local inhabitants clambering across the roofs, many of which were unsafe, as their brightly coloured flying objects soared aloft. One of the keen competitors in my film is the senior surgeon of the hospital but he was on a safe roof with a railing. Others were not so fortunate and the intake of casualties to the hospital that day was high.

My feeling was that it would not be possible to turn the Baroda Medical College into a top grade teaching centre by attaching medical staff over a period of six years. My report was a lengthy one, but it referred to fundamental problems. I do not think that those who made the arrangements in the first place realized that the professors were State employees who could be posted away at any time and that they were not University professors; this played havoc with some of our arrangements. The quality of Departments varied tremendously, some of the wards being so bad that they really required to be pulled down and rebuilt; many of the teachers attended the hospital in an honorary capacity and, understandably some did not approve of this outside influence that was being imposed on them and, above all, the bureaucratic barriers were so great that it was difficult to get action taken about anything. The Dean, Dr Joseph, was most helpful and co-operative but the chain of communication was such that he could do

little to help Edinburgh in its attempts to upgrade his medical school. Most helpful too was Dr Dave, the Professor of Medicine, but at a critical time he was posted away to a more remote post; the incomes of full-time professors in India were very low, so it was difficult to recruit adequate members of staff. In addition it proved difficult to persuade six experienced teachers to come each year from Edinburgh and help had to be obtained from Glasgow. My efforts to have a small experimental package of research materials sent to Baroda were unsuccessful and in my report I did not support the idea of attempting to have a major research centre there. Some 83% of the Indian population live in villages and it seemed to me to be more important to ensure that those living in villages received medical attention through health centres than it was to introduce high power research projects into the wrong centres. In no way can India with its cultural traditions be compared with many areas of Africa but I could not help remembering the good work being done by Dr Wilkinson's small team in Sierra Leone and feeling that his type of approach was of more practical value; a teaching institution could have been grafted on to his community based medical centre. The trouble in India was that there was more prestige and income available to doctors located in teaching centres and private work had to be done for financial reasons. It would have been valuable to have teachers from Baroda attached for periods of time to departments in Edinburgh, but bureaucratic controls in India were such that this aspect of the scheme failed. I stayed there until one of the lecturers from my department in Edinburgh, Dr Dellipiani, and his wife Dorothy together with their infant daughter were safely installed. They arrived just as we were hearing on the overseas service of the BBC an account of the funeral service for Sir Winston Churchill.

I continued on a tour of medical schools, giving invited lectures in Delhi, Calcutta, Vellore, Bombay and Hyderabad. Vellore is in the south of India, 90 miles to the west of Madras and I flew to the latter city from Calcutta. The south of India is very different, being much greener; rice is grown and eaten there, whereas in the north wheat is the staple food. The people are Dravidians, descendants of the original inhabitants of the country who may have come from Malaysia; they are very dark-skinned and frequently have wavy dark hair. The languages are completely different, those of the south being derived from a common Dravidian source; the most important are Tamil, Telegu, Kanarese and Malayalam. I am no linguist but at Vellore had to tell an Indian doctor who spoke English and Tamil what a patient in the

hospital who spoke only Hindi was saying. I was visiting Vellore because of my wartime interest in tropical sprue ten years previously; no patients suffering from this condition had been seen at Baroda but much work had been done by Prof Selwyn Baker at the Christian Medical College and Hospital in Vellore. When I arrived, however, nobody with the condition could be found. Nevertheless we discussed our mutual interest, I saw round the hospital which attracts patients from all over the country, gave the lecture, saw the 16th century Vijayanagar fort and on Thursday 11th February was ready to be picked up by the car which was going to take me and three Indian doctors to Madras airport. The car did not arrive, so enquiries were hastily made and we were told that the language riots were serious and that people were being murdered near Madras. When I was in Delhi on January 8th I had read in *The Statesman* that on January 23rd at the Red Fort there was to be inaugurated a 'Hindi week' to celebrate the fact that from January 26th Hindi was to be the only official language rather than both Hindi and English as previously. It was clear to anyone who knew about Indian affairs that this would cause great resentment in the south where Hindi was not spoken and already I had seen minor riots at Vellore. I said that if a car was produced I would drive it to the airport and take the others as passengers and that the vehicle could be picked up later; if the others did not wish to come I would go on my own. The reply was that people were being killed along the road and that I might be attacked; my answer was that clearly I was a foreigner and that I was sure I could look after myself. However no car was made available and I set off on the pillion seat of Prof Baker's motor bike for the railway station hoping somehow to get to my next destination which was Hyderabad. A train arrived, heading in the wrong direction but going to Bangalore which I knew to have an airport, so I got on board and soon afterwards we were attacked by rioters who tried unsuccessfully to derail our train. At Bangalore I found a uniformed Urdu-speaking naik (corporal) who had a Burma Star ribbon so we had a discussion and I asked if he could direct me to a hotel. Beaming, he escorted me to the splendid Hotel West End, where I made a telephone booking for a flight to Hyderabad the following day. By then I had obtained a copy of the *Deccan Herald* and was able to read about the riots. According to the report, police had opened fire in five places in Madras state and in two days there were said to have been 31 deaths as a result. In addition there had been attacks on trains and buses, and railway track had been torn up in places. In Hyderabad there was but little trouble and I was provided with accommodation in

was visiting Vellore ten years previously; I had been seen at Baroda but I was not a maker at the Christian mission. When I arrived, however, I was nevertheless we discussed the place which attracts patients from all over the law the 16th century library was ready to be used by me and three Indian friends. So enquiries were made, riots were serious and when I was in Delhi on 11 January 23rd at the 'week' to celebrate the only official language was used. It was clear to me this would cause great trouble and already I had been produced I would be passengers and that they did not wish to come. I saw people were being killed and the answer was that clearly after myself. However, I took the pillion seat of Prof. I somehow to get to my arrival, heading in the direction I knew to have an attack. We were attacked by rain. At Bangalore I met a man who had a Burma map which he could direct me to the Hotel West End, where in Hyderabad the following day the *Herald* and was able to see the police had opened fire and were said to have been attacks on trains in places. In Hyderabad I had accommodation in

the Lake View Guest House for two nights before flying on to Bombay where I read in a newspaper about a lecture that I did not know I was giving; just as I read the notice I received a bill for this unexpected announcement. Then it was on by train to Baroda and finally to Delhi where I delivered my long report to W H O headquarters. I reached Edinburgh on 28th February; having been in a city with a temperature of 28 degrees Centigrade I was returning home to the coldest day since records began in 1840. It was -10.6 degrees and becoming colder. However, I had two lectures to give, patients to see, a mountain of mail to deal with and, in the following days, a large number of meetings to attend. Life was back to normal.

Nothing need be said about other journeys overseas that year but in October I had a hair raising flight from London, Heathrow to the old Edinburgh Turnhouse airport. I had known this first as a grass landing strip which was later upgraded but it had only a short runway going from east to west and experts declared that it was in the wrong direction for the prevailing winds. Visting pilots were astonished to see the small landing area; as planes became larger it clearly was inadequate and, in bad weather conditions, unsafe. On 26th October I was taking part in the London final examinations and looked out of the examination hall window as the fog became thicker and thicker. However I made my way to Heathrow to find that our plane was said to be there but that nothing could be seen through the fog. This had happened once before at Gatwick when a bus went round in circles trying to find our aircraft in the fog and yet we had taken off successfully. This time the bus found the aircraft at its first attempt but the fog was so thick that we could not see any sign of it until we got out and peered through the darkness. Nevertheless we embarked on the Vanguard and left on time at 8 p.m. on flight number BE 5410; when we reached Edinburgh the fog was still thick. The 8 p.m. flight to London had been cancelled because of the weather conditions, most of the passengers going on by train, and I assumed that our plane would not make its intended return flight. I drove home through the fog, commenting to my wife on my arrival about how pleasant the aircrew had been but, sadly, in the morning learned from the radio news bulletin that it had indeed taken off at 11.17 p.m. but had crashed on its third attempt at landing when it reached Heathrow. All those on board, thirty six in number, were killed including a grandmother making her first flight, her daughter and grandson. Two drug firm directors whom I knew were killed as was a town councillor from whose home in Abbeyhill we had watched the Queen's Scottish

coronation procession in 1953.

On a previous occasion a plane had crashed from metal fatigue the day after I flew on it and later in Australia a small plane in which we had flown and whose interior I had photographed crashed in a tropical storm a week later. On 18th June, 1972 my wife was horrified to hear that a Trident plane had crashed after take off at Heathrow with the loss of 118 lives; I was indeed flying from Heathrow that day in a Trident but I was flying to Amsterdam whereas the one that crashed was going to Brussels. To add to this collection of personal experiences, I have been in two planes when they were struck by lightning, one over Venice and one over Tel Aviv; in neither case was there any danger but my efforts to photograph the lightning were unsuccessful.

On 9th November, 1966 my wife and I set off for India, our first joint return visit. I was taking part in the Third World Congress on Medical Education which was being held in New Delhi and we were visiting Baroda on the way; later that month I was to speak at a joint meeting of the British and Pakistan Medical Associations in Karachi. We took with us a bottle of malt whisky for a non-medical family in Baroda who had been most helpful to the visitors from Edinburgh. The rules about alcohol vary in different parts of India and I was told at Customs in Bombay that I could not take in the whisky. A few words of Hindi led to me being taken to a booth where I was issued with a certificate which conveyed the erroneous impression that it was essential for me to have access to alcohol. Nevertheless when we reached our hotel I asked for two gins with tonic; the manager explained that he could not supply alcohol so I produced my certificate. He beamed, opened up a large hinged mirror and in behind it was a bar where a policeman was sitting at a desk, stamping the certificates as drinks were served.

Approaching Baroda in the train we were awakened in our sleepers by the smell of the river and were welcomed at the station by Professor Dave and Dr Norman Horne, an Edinburgh respiratory physician. Back in the flats it was clear that little had changed; in the hospital there were improvements in the childrens' wards. The family to whom we were to give the whisky kindly invited us to their home and by candle light we were given Indian food to which we were both well accustomed. The young daughter delighted in handing out unwrapped sweetmeats, insisting that we should eat them there and then. Naturally we obliged and then the mother asked whether we had noticed that the daughter had jaundice; we certainly had not and in the candle light it was not visible but there was a serious risk of infection developing

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within two to six weeks of this contact. However we went on by plane from Ahmedabad to Delhi where, at the Conference, I was particularly impressed by the linguistic abilities of the Indian girl who was translating from three languages into English which we picked up on our headphones. Next came three nights in the Grand Hotel, Calcutta, the place where we had had our wedding reception, and on the Sunday we attended a service in St Andrew's Church where, twenty one years previously and at two day's notice, we had been married. As we came out of the church a group of begging children came crying 'Baksheesh.' It is most unwise to give anything but my wife opened her handbag and we were at once surrounded by hordes of children all crying out for money. Fortunately we were rescued by a Mr and Mrs Whitworth whose daughter was a nursing student in Edinburgh and they took us in their car to the Tollygunj club where we had become engaged in 1945.

It was now time to fly on to Karachi where we were surprised to find an armed guard at our bedroom door. This was because the President of Pakistan, Ayub Khan, was attending the opening ceremony and a number of armed guards were in position in what was optimistically named the Beach Luxury Hotel. The scientific meeting, held in a large decorated tented structure was a success; it was interesting to note the cool relationships between Russian and Chinese Communist participants. We met several Pakistani doctors whom I was to see again in later years and after six nights flew on to Teheran where we were met by Dr Fereydoun Ala, a graduate of Harvard and Edinburgh who had worked in my department but was now developing one of the best transfusion services east of Suez. His father had been an outstanding statesman and at the time of our visit my colleague with his wife and family were living at the home of his widowed mother. They insisted that we must stay with them and this we gratefully did for three days. My wife and I went out for a walk in the residential suburb and I said 'I think we are being followed'. We were, but by family retainers who were there to assure our safety.

I visited the Pahlavi and Firouzgar Hospitals, and we were both taken to see the splendours of the Gulistan Palace which included the Peacock Throne. It was not, however, the genuine one of the Great Mogul, brought from India by Nadir Shah in 1740; this appears to have been broken up. To my surprise no objection was raised when I took photographs within the Palace. The Crown Jewels were on display at certain times of the day but special arrangements were made for us to visit outside the normal hours; this time I thought it better not to take

my camera. This treasury, forming a significant part of the wealth of the country in that it was security for government obligations to the bank and part of the cover of issued currency notes had been transferred in 1960 to the Bank Marazi Iran (the Central Bank of Iran). The history of the jewels was most complex, some previous reigning monarchs having been given to lavish spending with consequent dissipation of such assets. This possibility had ceased in 1938 when the jewels were brought under one roof where there could be responsible protection. Those on display included:

The jewelled crown of Reza Shah.

The diamond of Daria-i-Nur. This is the sister to the Kooh-i-Nur, now in our Sovereign's coronation crown; it weighs 182 carats.

The Kiani Crown made about 1800 and the first of its kind to be made since 350 A D

The Globe of Jewels, the most precious of its kind ever to have been made. It has 51,000 precious stones.

The Nadir Throne. It was made later than the time of Nadir Shah who returned from India in 1740. It is covered with a sheet of gold, enamelled and encrusted with precious stones.

The jewelled sword of Atabak, bearing a mass of enormous gems.

There was much else besides, this Eastern splendour being greater than anything we had encountered elsewhere, but now we were moving on to the drabness of Tel Aviv, a break in our journey that had been suggested by our travel agent. There the weather was bad and my wife was beginning to feel ill. Nevertheless we went on a bus tour which was to show us something of the divided city of Jerusalem and take us on a tour of kibbutzim. As far as we could make out we were the only non-American and non-Jewish passengers on the tour; we went around and were told by the guide that this kibbutz did this and the next one did that and at the end of the trip he asked whether there were any questions. At this point a large American lady at the back of the bus got up and enquired 'Say, what's a kibbutz?' The guide was speechless, and other passengers took her aside to explain.

When we reached Heathrow my wife was certainly ill and there was not room for both of us on the plane to Edinburgh so she went on alone. I calculated that it was twenty six days since we had been in close contact with infective hepatitis; the following day she was beginning to look rather yellow and was admitted to the City Hospital with the disease in a severe form: the less said about that Christmas and New Year the better, but my wife's condition was such that she can remember little about her stay in hospital. I had had infective hepatitis

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when at school, but the rest of the family were given injections of immunoglobulin.

Thus we entered 1967, a year when, fortunately, we had no reason for extensive overseas travel. Our son was a law student and our daughter a medical student, both at Edinburgh University. So far as Departmental problems were concerned there was light at the end of the tunnel because, the Medical Superintendent's post having been abolished, his house was being demolished and this would provide space for a kidney dialysis unit, something much needed by members of the Departmental staff specialising in the investigation and treatment of kidney diseases. Apart from this increasingly heavy commitment we were dealing with about 1,200 inpatients and 16,000 outpatients while publishing from the Department about thirty research papers each year.

CHAPTER 18

Even Further Afield

On 5th January 1968, Alexander Dubcek, aged 46 and said to be a liberal and a reformer became the leader of Czechoslovakia. This was of particular interest to my wife and me because we had arranged to attend the 8th International Congress of Gastroenterology in Prague from 7th to 13th July of that year. The first part of 1968 had been exceptionally busy and our attempt to have a free weekend in May had come to naught as I had to fly to Basle to advise about a research project. I had to go to London on July 4th, being delayed by a non-fatal crash on the runway there, returned home on the 6th and finally the two of us got away on the 7th. We flew by Air France with a group of colleagues to Paris, then changed to the Czechoslovak Air Line, and found that we were in a converted Russian bomber. There was a delay in take off but the crew solved the problem by serving free Czech beer non-stop to the travellers, something that was much appreciated as it was a hot day. In due course we reached Prague airport and were taken to the hotel to which we had been allocated. This was the Hotel Flora in the main street known as Vinohradska along which, I was pleased to see, there passed single deck tramcars, a straightforward method of transport in the countries which have retained them. The hotel was modest as regards comforts but I was assured by colleagues who were already there that it was very satisfactory. Certainly the staff could not have been more pleasant; we had our evening meal and the manager came to us with a worried expression, pointing out that we were not eating or drinking enough to use up the money that we had paid and that regulations did not permit him to make a refund. We did all we could to redress the balance. Our accommodation did not include a private bathroom and one thing that surprised us was that the bathrooms were both dirty and untidy. It was twenty years later that we discovered the reason when the Hotel Flora featured in a British television programme and we learned that it was a centre for the Czech resistance even while we were there and that the bathrooms were being used at night for the forging of passports for those escaping to the West. That was probably why a member of the hotel staff told us that

we should change currency on the black market because it could then be used to help escapees.

At the time of the Munich crisis Neville Chamberlain expressed the view that Czechoslovakia was a far off place but I did not share this narrow thinking as at an early age I had been given the postcards of Bohemia sent by my grandfather in 1910. In his day the cards bore Austrian stamps; he commented to my uncle about the lovely Bohemian girls and the attractions of one of the spa towns whereas to my mother he said that he could not remove a Prussian bullet dating from the Austro-Prussian war of 1866 from a wall of a church for her as a guard was looking; I do not imagine she would have particularly wanted the bullet. Strangely enough, although Prague was the capital of Bohemia and he was near to it he made no mention of the city; this is surprising as it is a town of great beauty and one that is well worth a visit. Bohemia was a separate country with its own ruler from 880 to 1526; Thereafter Bohemia, Hungary and Austria became united, various complex changes taking place through the centuries. The greatest of the early rulers of Bohemia was Saint Wenceslas, a Roman Catholic who was slain by his heathen brother Boleslav I in 929. At the outbreak of the First World War the Czechoslovaks were pressed into the service of Austria but their sympathies were with the Allies as they did not want German domination of Central Europe. Many Czechs went over to the support of the Serbians and at the peace treaty the union of the Czechs and Slovaks as a nation was recognized. At the time of the Munich crisis in 1938 the British and French failed to give Czechoslovakia the support which it deserved, so Hitler had marched in but now the Russians were the oppressors.

From our hotel we went in a tramcar which turned abruptly right at the National Museum to go down Wenceslas Square (Vaclavske namesti) and on to the House of the Artists where registration was taking place and the opening ceremony was to be held, this being followed by a welcoming party in both the garden and a Hall of the Valdstejn Palace. The organization was splendid with a very comprehensive scientific programme, equalled only by the arrangements for the entertainment of wives and any others who wished to take advantage of the Social and Cultural Programme. The Czech people were most friendly and were enjoying a new spirit of freedom, thanks to the activities of Dubcek; we were asked for British newspapers and handed out any that we had. I thought I would test out the black market story, so went to the Staromestske Square which is dominated by the Old Town Hall with its astronomical clock,

constructed in 1490; near to it are the slim spires of the Tyne Church. I took out my camera and within a few moments a dark haired young man asked me whether I wanted to change some money; there was a policeman nearby so I walked away, followed by the Czech youth and asked him about his rate of exchange; it was certainly favourable and remembering what I had been told about helping people to escape from oppression, I exchanged some money and continued to take photographs. My colleagues, when they heard of this, headed for the Square!

The outstanding sight in Prague is the Castle which dominates the new town from the other side of the Vitava River; it was first founded in 890 A D and accustomed though I am to castles I can only say that this a particularly splendid one. The river is crossed by a number of bridges, the most important being the Charles Bridge of 1357. Charles IV was the Emperor of the Holy Roman Empire, being crowned in Rome in 1355 but he was also King of Bohemia. His wife was a sister of the French King Philip VI but despite his international entanglements Charles's main interest was in Bohemia. He founded Prague University, said to be the first to be organized in Europe. The castle contains Government offices but there is much for the visitor to see and photograph. It is large and demonstrates a mixture of architecture pleasingly interwoven. The original Romanesque building was transformed into a Gothic edifice after a fire in 1304 and later there came extensive Renaissance and Baroque additions. We made our way on foot across the river from the conference hall and wound our way through the old town up to the Castle, then across Hradcanske Square and through the entrance gate with its figures of wrestling giants. There was a spirit of happiness in the city and in a castle courtyard we saw a wedding party with the happy bride dressed in white, no doubt looking forward to a peaceful future with many restrictions of the past removed. 'Long live Dubcek!' was the sentiment conveyed to us by our Czech colleagues in the castle, now a symbol of state politics.

We saw much at the Castle that can only be appreciated by a personal visit. Dominant is St. Vitus Cathedral, the building which began in the 14th century but was not completed until 1929. It is the largest and most beautiful church in Prague and one of the finest examples of Gothic architecture in Europe; the mausoleum of Bohemian kings, it contains the Royal Crown and Coronation jewels. Particularly impressive is the St Wenceslas Chapel with its paintings and its decorations made of gold and precious stones. We saw much else besides and gazed down at the many spires which surround the

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Castle with its commanding position above the city. However we were in Prague for a scientific congress and most of my time was spent in various lecture halls while my wife went on excursions to Karlstejn Castle, twenty miles away, and to Podebrady Spa and the Bohemia glassworks.

The carefree mood was changing abruptly, however. There was no love for the Russians and at one of the scientific sessions a Russian speaker, having been put on early when the audience was thin, had a frosty reception. There are seven wrong ways to put a slide in a projector and for this unfortunate speaker an old projector was produced and all seven wrong ways were tried; the projectionist then dropped the slides on the floor and broke some. The next speaker was an American and for him there was a new projector and nothing went wrong. However more than passive resistance was in the air. My wife and I went into the Dubonnet Cafe and found that the staff, all listening to a radio broadcast, were much agitated and when we asked what the problem was the answer was 'The Russians'. On July 11th we had obtained an English language newspaper which referred to the tense atmosphere in Prague because of the reluctance of the Soviet command to withdraw Soviet troops which had taken part in Warsaw Pact manoeuvres in Czechoslovakia in June. Apparently the Defence Minister, General Martin Dzur, said that 35% of the foreign troops had left the country; the Czech citizens wanted to know when the others were going. On July 12th we were back at the Castle, this time on a conducted tour of picture galleries but it was clear that something serious was being discussed as the courtyard was filled with diplomatic cars, a scene that I thought worth photographing since trouble probably lay ahead. That evening there was a gala entertainment at the Czernin Palace (the Ministry of Foreign Affairs) and we were quietly advised that it would be sensible to leave the country as soon as possible. We were leaving two days later in any case and saw no reason to alter our plans. Over 1,000 Russian tanks and 75,000 troops massed on the Czech border as we flew off to Paris to arrive in a city celebrating Bastille day. On August 21st tanks from the USSR and four other Eastern bloc countries crossed in Czechoslovakia and by the next day there was serious fighting in Prague, several hundred thousand troops now having invaded. A repressive regime was introduced, by March 1970 Dubcek was expelled from the Communist party and Russian troops continued to occupy the country.

This seemed to be the end of the story as it would be seen by those of us who had visited Prague in 1968 until the policies of Mikhail

Gorbachev in the USSR led to dramatic changes in Czechoslovakia as in other Communist countries of Eastern Europe in November and December, 1989. At the end of October of that year riot police had attacked demonstrators in Wenceslas Square but such a policy would no longer succeed because the Russians were not now going to interfere with Eastern bloc citizens looking for freedom. Over half a million people took to the streets of Prague, Alexander Dubcek returned after 21 years in exile, 400,000 Roman Catholics arrived from outlying districts to celebrate a two hour mass officiated over by Cardinal Tomasek at the Cathedral of St Vitus and by December 10th the Czech leaders, having attempted unsuccessfully to keep a Communist majority in the Government, accepted defeat and no longer had supremacy. At last the Czechs seemed to have found democratic freedom. On 28th December, Dubcek, now failing in health, was elected Chairman of the Czechoslovakian Parliament.

We returned home where I was immediately immersed in my duties as before. The department had not yet been badly affected by University cuts and the staff members formed a splendid band of young men and women who worked together happily as a team; by chance one of the lecturers of the time told me when I was commenting in 1989 on the events in Prague in 1968 that to many of this group the happiest time of their careers had been the late 1960s when they were all working together and jointly enjoying Departmental social events and personal friendships in addition to their work in the wards and laboratories. It was most pleasing to hear this spontaneous remark.

Our son qualified in Law in 1970 and our daughter in Medicine in 1972 and thereafter usually went their separate ways. Each year there was either a conference or holiday abroad for my wife and me, a particularly agreeable one being a visit to the medical school at Santiago de Compostela in Northern Spain where I was giving a lecture in April, 1972 but for the purposes of this record of events it is sufficient to turn to August of that year when we set off for the Second International Medical Congress in Bulawayo, Rhodesia.

I had been invited to give several papers at this meeting and had never previously been in the southern part of Africa. As has already been mentioned the Rev William Girdwood had gone out as a missionary just over a hundred years previously from a church near Edinburgh and from his branch of our family I was distantly related to a number of doctors who had qualified at Edinburgh University and were now in the Republic of South Africa or in Zambia. The tales of repression in the South African Republic were chilling; as far back as

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November 1925 the Premier, James Hertzog, had said that his cabinet wanted segregation of the black people and more land for the use of the whites. After the Second World War things went from bad to worse as regards racial discrimination. In October 1955 South Africa left the United Nations Assembly, in 1960 a majority of the white electorate voted for a republic and in May 1961 South Africa left the Commonwealth. Now my wife and I had the opportunity to visit the Republic before going on to Rhodesia: it is always better to see the situation on the ground rather than to rely on reports carried by the media, but to make detailed comments after a very short visit is unwise. We did not have the time to visit the Transkei area of Cape Province where our missionary relative had been reported to be a warm-hearted friend and helper of the natives, (Kafirs and Fingoes being particularly mentioned), but learned that to them his name had been abbreviated to 'Gadudu'. The perils from illness of living in Africa in those days is exemplified tragically by the fact that he, his wife, two young daughters and an infant son landed in August 1867 but his wife died near to where they had landed only four months later. Appropriately, 'Diseases of Southern Climes,' 'Medical Care in Developing Countries' and 'Struggle For Survival' were three of the main topics of the meeting which I was to attend. Transkei was to be declared an independent 'black homeland' in 1976.

First, however, we were flying to Durban for our summer holiday, twelve days in a hotel at Umhlanga Rocks which had been recommended to us. At the airport we met the wife of one of our relatives who, unfortunately, was flying away from Durban on the plane which had brought us there. We had been invited by three different relatives to prolong our stay for a holiday visit to them but this was not possible as I knew that the day after I returned home I had to correct Dublin examination papers before going there as an external examiner. For the same reason I had to turn down an invitation to lecture in Cape Town. Before leaving for Africa there had been a desperate rush because in addition to all my normal work I had to correct the complete proofs of a medical textbook in the course of just under three weeks; I had rejected the publisher's suggestion that I should take the proofs with me and correct them on holiday. Now, near Durban, was to be our chance to sit in the sunshine beside a swimming pool and enjoy a carefree holiday. Unfortunately it did not work out that way. By bad luck we had chosen the worst weather at that time of year in living memory. The waves battered against the shore, the shark nets were washed away, bathing was not permitted, ships could not

leave harbour, windows in the city were smashed and there was major damage to shops; the sun never shone. Even the porpoises came to the rescue of their suffering friends the humans because when a girl's boat capsized they came to her rescue, drove off sharks and, when she got tired, propped her up until her rescuers arrived. I did not hire a car as intended because the weather was so bad and in many ways it was a relief to leave for Rhodesia. The Republic of South Africa was unlike any other country I had visited and it was unpleasant to see the segregation notices on the deserted beaches and elsewhere or to hear of the 'pass laws' which required the carrying of official passes by non-whites. The caste system of India had been disturbing but had not been imposed by a foreign power and had to be accepted. I was accustomed to the sight of happy, smiling faces in West Africa but they were not to be seen in or around Durban during this short stay.

We flew into Bulawayo and were relieved to find that there was warm sunshine. We were aware that there could be problems and only hoped they did not affect medical practice. In November 1965 the Prime Minister of Rhodesia, Ian Smith, had issued a Unilateral Declaration of Independence for his country which was Britain's last colony in Africa, and in the same week the British Parliament imposed sanctions on the illegal regime. Commonwealth leaders of black Africa had wanted Britain to take military action against the new government which was giving control by white rulers to a country which had less than quarter of a million white inhabitants compared with about four million blacks, but this was not practicable. Rhodesians, including Ian Smith who had been a Flight-Lieutenant in the Western Desert and in Europe, had distinguished themselves in the Second World War and many British people had relatives in the country. In December, 1966 Rhodesia had left the Commonwealth and in March, 1970 it became a republic; the name, Zimbabwe, came later. Naturally we wondered what sort of country we were arriving in at this time but found that our hotel was comfortable and the shops full of goods other than British ones while the native population looked much more cheerful than those we had seen in the South African Republic. We had temporary membership of a country club which had a swimming pool with a notice 'Mixed Bathing.' In Rhodesia this meant that both black and white people could use the pool. The programme for the scientific programme was an overwhelming one with some 260 papers given either by local speakers or by some of the 124 distinguished guests who came from other African countries or from as far away as Australia, Canada or Brazil. Amongst the guest speakers was Lord Rosenheim

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who had recently finished his term of office as President of the Royal College of Physicians of London and whom I had first known as Brigadier Rosenheim in Rangoon in 1945. Although the Royal College in Edinburgh was not sponsoring me I had been asked to represent it at the meeting and Lord Rosenheim and I were asked to advise as to whether the local hospitals were suitable for the training of postgraduates. We explained that the Colleges of Physicians did not have a system of recognition but that we would be pleased to see the hospitals. We were particularly impressed by the Mpilo Central Hospital which provided facilities mainly for the African population but had some that were not available in the hospital intended for Europeans; for certain forms of treatment they had to come to Mpilo.

On the programme I was billed to speak on five separate subjects but an extensive series of non-medical events had also been scheduled. We watched the army with its excellent band of African musicians beating the retreat, saw a native ballet which we later recommended to the Director of the Edinburgh Festival and attended a dinner party where we were at a table with Clifford Dupont who had become the first President of Rhodesia in April, 1970; his wife, like mine, came from Cornwall. On the Wednesday we were taken in buses to see the prehistoric art forms of the Bushman paintings; it is believed that the Matopos area has been inhabited since Middle Stone Age times. Then we went on to the 'View of the World' where we were introduced to Ian Smith, the Prime Minister, and watched a wreath-laying ceremony at the grave of Cecil Rhodes. The latter had been born at Bishop's Stortford in England in 1853; at the age of sixteen, because of illhealth, he joined his brother on a cotton plantation in Natal. Eventually, despite his health problems, he gained a degree at Oxford and, returning to South Africa, made a fortune in the diamond industry. His ambition, however, was to see a united South Africa under the British flag. he died in 1902 and was buried as he had requested in a grave amongst rocks in the Matopo Hills to the south of Bulawayo, in an area with a panoramic view of the dry scrub and rock-strewn hilly countryside which stretched in all directions.

The wreaths were laid by Mr Smith, a lean, gangling figure of a man who did not give the impression of being one upon whom political problems were weighing heavily, Dr Peart who was then President of the World Medical Association and by Chief Simon Sigola, the Senior Matabeleland Chief. All this I filmed and, when the Congress finished, a group of us flew off for a short visit to the Victoria Falls and the Wankie National Park where, as I had anticipated, there was much that

was worth recording with my ciné camera (later to be transferred to video). Niagara was spectacular but the Victoria Falls more so with a larger volume of flow and a wider expanse. Spreading over the falls there was a splendid rainbow and as I filmed it a guide pointed out that two tourists had been killed by falling from the grassy ledge where I stood; I thanked her and continued filming, tipping the camera vertically to show the ledge which when I see it now does indeed look unsafe. We had a short cruise on the great Zambesi to Kandahar Island where the monkeys were most insistent in their desire for food from our lunch boxes, then returned to the Victoria Falls Hotel. From the verandah we could hear the rushing of the falls in the distance and see the spray rising above the trees; it is no surprise that they are known to the Africans as 'Mosi-oa-Tunya' meaning 'The smoke that thunders.' Spanning the river we could see the bridge to Zambia.

Early the next morning we flew to the Wankie National Park Airport and checked into the Southern Sun Safari Lodge where we boarded small buses; as we drove around we saw several herds of elephants and also giraffes, zebra, antelope, Bambi-like steenboks, buffalo, kudu with their spiral horns, impala, waterbuck, eagles, vultures, yellow hornbills and much other birdlife. No lions came our way but we had done well and I used up many films that day; then we flew back to Bulawayo arriving just in time to catch the plane for Johannesburg. At the end of our short stay our impression was that both the white and the black races in Rhodesia were not being subjected to the daily strains which were evident in the Republic of South Africa and that they appeared much happier. The application of sanctions by Britain was not effective; it seemed likely, however, that the peace that we were witnessing would not last but we did not anticipate how much blood was going to be spilled in the years that followed our visit.

In Johannesburg we met one of our relatives, Bill Girdwood (a surgeon) and his family, but found that the University of Witwatersrand had so organized my time that in addition to giving two lectures I was scheduled to visit the General Hospital and take part in discussions at research departments, so no time remained to see the city. I was invited to participate in a medical congress in South Africa some years later and agreed to do so, thinking that I might see something of the country, but then discovered that my fare was being paid by a pharmaceutical company, something that was not permitted in Scotland, so withdrew.

Back we flew to London and Edinburgh where the Dublin examination papers were awaiting my attention; I saw my patients,

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dealt with the mail, corrected the papers and then flew to London for two important committee meetings. I was a member of the Committee on Safety of Medicines and also its Adverse Reactions Subcommittee; those had recently been organized to advise the Health Ministers on the safety, quality and efficacy in human use of products which were claimed to have medicinal value and of course the subcommittee dealt mainly with the side effects of drugs. I spent ten years on the main committee from 1972 and eight on the subcommittee until it was merged with another one.

The workings of this regulatory body were as follows. When it was proposed by a company that a new drug might be marketed the committee first considered all the evidence put forward by the manufacturers (often including tests on *normal* volunteers) and decided whether trials might be permitted on patients; at a later date it reviewed the findings and decided whether or not the substance could be made available to the public. Patients cannot be completely protected from totally unexpected developments which might, for example, occur following long term use of a substance but the Committee was able to do a great deal to ensure that the medicines made available were safe to take.

Those of us who made the decisions were independent of the government and of the drug companies; a nominal payment was made to us (amounting to less than £10 per meeting when tax was deducted) but when I was first appointed to the committee I declined the payment as I wanted total independence; this caused so much trouble that I had to give in. On the other hand we received the expenses incurred in going to London and were all much aggrieved when we learned that the tax authorities had ruled that we had to pay tax on our expenses; after much argument the tax was paid for us. The main committee met once a month on a Thursday and the subcommittee every second month on another day of the week. The papers arrived towards the end of the preceding week and, although they usually merely summarized data which might have filled a small van when first submitted by the companies, we still had something like a small suitcase full of papers to read; they were so bulky that we had to post them back to London rather than carry them. Every month on the day of the meeting I got up early, went to the airport and flew to London; in the evening I flew back again, but occasionally in winter I went by night sleeper. In the course of the ten years I was fog bound and diverted to Prestwick airport twice, made my way by a roundabout route to the meeting when the whole of London transport was on strike once, slept on a

bathroom floor in my club when stranded by a strike, abandoned my car at Edinburgh airport twice because it would not start, got stuck in the snow when trying to reach the airport once, was unable to find my car for about half an hour as the cars were all covered with snow once, dealt with medical problems in the plane three times, and helped the police to deal with a passenger involved in a car crash which had occurred on the road to the airport once. On one occasion when the old boarding cards were in use the steward looked in astonishment at one that was a different colour from all the others. 'Madam,' he said to the lady who had proffered it, 'This is a boarding pass for the *S.S. Iberia*. It is not an aircraft and it is certainly not flying to Edinburgh tonight!'

On the credit side I learned a great deal which was of value to me in my duties as a doctor and as a teacher but everything learned at the meetings was completely confidential and so I could not refer to coming developments either in what I said or what I wrote. Sometimes I knew when I was lecturing that what I was telling a class would soon be superseded. Those then were the two committees to which I was going when we returned from South Africa and then, after a day at home when I had two lectures to give I was off to Dublin for the examinations. On my return I received a phone call asking whether I could go to Australia to give a series of lectures in February, 1973. Provided a colleague would cover my clinical duties this seemed to be possible. I already had agreed to spend six days at a conference in Puerto Rico in January and this was to be twelve days in Australia in February. My clinical colleagues were pleased to cover my duties but there was a snag. I understood at first that my fare was going to be paid by a pharmaceutical company and the position about that was that if one was involved in patient care (and presumably could influence contracts) it was necessary to phone a number at the Scottish Home and Health Department if an inducement was offered by a pharmaceutical company. Any such payment as the offer of a ticket to Australia would most certainly be disallowed. However it was made clear to me that the expenses would not be paid by a company marketing drugs or any other products but by a medical trust. I phoned the Scottish Home and Health Department to explain all this and added that I had been asked to talk about the side effects of a new drug, not its merits. Approval for my visit was given.

In November, 1972 we were delighted when our daughter's engagement to Dr James Drife, a recent medical graduate of Edinburgh was announced. I opened a new file labelled 'Wedding Arrangements.'

It was on February 16th that I joined the small group of academics

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and others who were taking part in this lecture tour of Australia. The plan was that we would arrive in Sydney on the Sunday, fly to Melbourne and take part in a symposium there on the Monday, fly to Adelaide for another symposium, the next day, have a day off, fly via Sydney to Brisbane for a third symposium, go back to Sydney for a fourth, then on to Canberra for a fifth before returning yet again to Sydney to board the plane for home. When we reached Sydney I found that I was faced with a prolonged press interview about the side effects of drugs, then was whisked off to a cocktail party; midnight came and I was asked whether there was anything I wanted to do. I explained that I had just travelled 11,000 miles and, because of the additional journey from Edinburgh to London, had not been in bed for some 56 hours and that was where I wanted to go; my hosts were understanding. The next morning we were up early to fly to Melbourne but there was just sufficient time for me to visit the Royal Australasian College of Physicians, so splendidly situated overlooking the harbour. I was greatly impressed by what I saw of Australia and liked its people very much. This, I felt, was a country I could live in although I knew one or two colleagues who had a confusion of identity and could never decide whether they wanted to live in the U K or remain in Australia. Most of the time of this short visit to a country which I found to be so attractive was spent in delivering a lecture at each centre, listening to the talks given by the rest of our group and taking part in the discussions on each occasion. I met many people whom I knew, especially pleasing being the meeting in Adelaide with Bill Charlton who as an RAMC officer had 'given my wife away' at our hastily arranged wedding in Calcutta more than twenty seven years before. The harbour at Sydney was the most beautiful one that I had seen; the opera house was still in the construction stage and we were asked not to attempt to go in since the workers might go on strike. Canberra was impressive and particularly moving was the National War Memorial; there I saw a picture of *H M A S Perth* being attacked by the Japanese and thought of some of the men from it whom I had treated in Rangoon after they were released from Japanese POW camps. Our other excursion was a most pleasant one when we went from Adelaide to the vineyards of the Barossa Valley and became so fond of Gramp's Orlando winery that we nearly missed our plane back to Sydney. Most of the time the sun had been shining and the temperature was about 70 degrees but it was pouring when we reached Brisbane and there were heavy clouds over Sydney on the day of our symposium there. On the way home I photographed, many thousands of feet beneath our plane, the short

lines of low buildings which made up the town of Alice Springs on the desolate Stuart Highway, some 1900 miles long and in part unsurfaced, stretching all the way from Darwin in the north to Adelaide in the south. Alice was the wife of Charles Todd, Superintendent of Telegraphs in Adelaide and the spring was where a telegraph station was built in the 1870s. Most of the central area of Australia is desert and beneath much of it is a plateau of water which can be reached in some areas by artesian wells.

I arrived home to find that the proofs of a book that I was editing had arrived; fortunately I have never suffered from jet lag so after a night's sleep was able to visit my patients in the Infirmary but was faced with proof correction in addition to all the normal work. There seems to be considerable individual variation as regards jet lag since one of our group in Australia told me that he had suffered from it the whole time he was there.

On 16th June we had all the excitement of our daughter's wedding and just after midnight on February 1st of the following year our son, who had his own flat, phoned us to say that he just become engaged. First we congratulated him and, knowing of no entanglements, said we would be interested to know to whom he was engaged and discovered that we were going to have an Australian member of our family since Robbie (Roberta) was a nurse from Melbourne who was working in Edinburgh. We were delighted at this development, all the more so when we met Robbie the next day.

On 13th March 1974 I flew off for a two day visit to Stockholm to speak at the Karolinska Institute and take part in a symposium similar to the one held in the various centres in Australia. We were entertained to a luncheon in a most pleasant restaurant and there I was faced with an embarrassing moment when one of the speakers who had come from Glasgow announced that he wanted to address our hosts. He was not a physician and I did not know him at all but what he said was that although he came from Glasgow and I came from Edinburgh, towns less than fifty miles apart, he had nothing in common with anybody who came from Edinburgh and felt much more affinity for the people of Stockholm. I merely murmured that I came from Arbroath and in fact have never seen him since, but it did bring home to me that the joke about the rivalry between Glasgow and Edinburgh was a serious matter in the minds of some. I have thought about this a lot since then and feel that perhaps he was right and that Scotland is an artificial entity; I learned at an early age that the Scots, a Celtic people, came from Ireland to occupy Dalriada, an area in the west of the present

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Scotland, north of the Clyde, and that at that time the people living in Strathclyde were Britons whereas those in the Lothians were Angles. The Dalriads of Scotland had united with the Picts, who inhabited much of the country, in 843 under Kenneth MacAlpin, a Pict on his mother's side. The Lothian area had been part of Northumbria. Later, Glasgow continued to have strong links with Ireland while Edinburgh looked to continental Europe, particularly to France. Despite the ethnic differences, expressed so often in the physiognomy, I have always found the people of Glasgow to be most friendly and welcoming to visitors.

On 20th July my wife and I were faced with an unexpected difficulty caused by a serious international problem. We had booked to leave that day for a three week's holiday in Corfu, but that week Greek officers in the National Guard in Cyprus had organized a military coup and, claiming that they had an obligation as a guarantor power to protect the threatened Turkish Cypriot minority, Turkey invaded and occupied the northern part of the island. We knew Cyprus well as a holiday place and realized that there were two sides to the story in this island where a United Nations force had been keeping the peace between Greeks and Turks but we were informed by phone that all flying over the Mediterranean was forbidden and that our holiday arrangements were cancelled. Our son had flown out to Australia where he had obtained a post as a lawyer and the day before we were due to go on holiday we had received a message giving the date of his wedding in Ballan, a small town to the west of Melbourne. We enquired about flights to Australia but these too were affected by the war between Turks and Greeks; I asked about flights the other way round by the United States and New Zealand but at the time this could not be arranged, so my wife and I decided to go on holiday as had originally been intended but to an alternative country. That day, however, travel arrangements were chaotic; I did so much travelling through Heathrow that I was known to the staff on duty at the Executive Lounge and so phoned that extension and asked the young lady who answered whether she could arrange a holiday somewhere for us and that we would call in that afternoon to find out where we were going. After we had boarded the aircraft at Edinburgh airport we were asked to get off again as they had just discovered from the records there that we were intending to go to Corfu. I explained that we were not, and we were allowed to continue on our way; we went to the Executive Lounge and were told that we were going to Lagos. Thinking of my experiences in West Africa I did not look enthusiastic but it was explained that it was the Lagos in

Portugal for which we were bound; suspiciously I asked why there was accommodation there and was told that some people had cancelled their holiday because cholera had been reported. This then was merely a medical problem and was nothing for us to worry about, so we enjoyed our holiday and decided to go to Australia the following year; early booking was necessary and we booked in April for a flight on 28th August but on 22nd May our son and his wife returned to Edinburgh, having decided to settle in Scotland. We did not cancel our plans since it gave us the opportunity to meet our 'in laws' and in any case I wanted my wife to see what a splendid country Australia was; I do not usually break the journey when flying to Australia but this time we arranged to spend three nights in Bangkok. Sitting beside us in our row of seats was a girl who was going to Sydney to be a nanny and when I said something about the time difference there she did not know what I was talking about because she did not know that the time varied in different zones of the world; in any case she had other things to worry about as she was sick throughout the flight, the only time I have known a passenger to be sick in a modern aeroplane.

Bangkok was a busy city with trams, buses, taxis and rickshaws in every street, but the older part is built on rafts and some of the old boats looked most unsafe. The Chulalongkorn Hospital differed from any that I had seen before in that it had a snake park, antidotes being made from the venom. We went to see the Grand Palace, a most imposing group of ornamented eastern buildings covering an area of 218,400 square metres (over 260,000 square yards), surpassing in splendour anything I had seen outside Burma. Details cannot be given here but there was the Mahamontien, a group of three buildings used for the coronation of the monarch and in which ceremonies of Court usually take place, the throne of Mother-of-Pearl, the Chapel Royal of the Emerald Buddha (an object of national veneration) and the Boromabiman Building where frescoes depict the Vedic gods of India as guardians of the Universe. Beneath the images of the gods are written the ten Kingly Virtues for the monarch's guidance. They are:—giving, correct conduct, personal sacrifice, honesty and freedom from pretence, gentleness and humility, concentration of effort, freedom from anger, freedom from malice, patience and, finally, the avoidance of doing wrong. I do not know what the Japanese learned from this when they entered Bangkok in December 1941 but many prisoners of war who had been in Japanese POW camps in Thailand spoke highly of the Thai people and of their efforts to help the unfortunate captives.

We went out for a Thai dinner the following evening and found that

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we were sharing a taxi with a Frenchman and his wife; he told me that he had been in Force 136 in Burma during the war, being based in Calcutta but said that he could not remember the name of the street where his headquarters had been. This had been a semi-secret organization but I was able to tell him that he had been based in Lower Circular Road. When Japanese prisoners were being interrogated at Sirajgunj by officers from Force 136 I had the authority to go in to make sure that everything was done by the book and occasionally did so, nothing irregular being found; the name Force 136 was used merely to cause confusion. The venue for our Thai dinner had been flooded because the river had overflowed and we sat at the bar for pre-dinner drinks with our legs dangling in the water as the debris floated by, but the dinner and Thai dancing were both excellent.

We landed at Melbourne and were met by our daughter-in-law's parents, Bill and Jessie Egan, and taken by them to their sheep farm where we found that we got on very well together. Bill had been a pilot in the RAAF during the war, spending some time in New Guinea. Most unfortunately he had now developed a malignant melanoma, a condition that is common in Australia with its high sunshine record, but already I could feel secondary deposits and knew that the outlook was grim. I got in touch with Maurice Ewing, the Professor of Surgery in Melbourne whom I had known at school and everything possible was done but, as expected, to no avail.

The weather in Australia can vary considerably. At the sheep farm it was now snowing and yet in January 1990 the temperature in Victoria reached 118 degrees Fahrenheit (47.8°C). This however was August and in Canberra we found that it was actually freezing. Our plan was to visit the main centres, this time taking a month's holiday, the only time I have ever done this, and we were including in the visit a flight around the smaller towns and hoped to have a week at a coastal resort on the east coast of Queensland where, according to our information, it would be hot and dry. We were advised to go to Cairns for this holiday and very good advice it was too; we flew from Sydney north to Townsville and from there hired a car to drive up the coast to our intended most northerly destination. The information about the climate was incorrect on that particular day and we drove north through a monsoon-like tropical storm with our headlights full on, enabling us to see dead kangaroos lying in the road; presumably they had been hit by other vehicles. However the weather soon improved and we had a splendid week mainly spent lying under a tree on a deserted beach (Ellis Beach) north of Cairns where we could picnic and gradually expose our bodies

to the sun. One day we had to notify the coastguard that a small boat beyond our swimming distance had capsized and that the occupants needed help; they were promptly rescued. We had conflicting advice about the possible danger of sharks and had been warned about snakes and poisonous redback spiders which are said to have a liking for toilet seats. In Sydney, too, we were told that there was another poisonous spider, the funnel-web. Off the Queensland coast from November to March there is a danger of invisible box jellyfish being in the sea and they have a poisonous sting; it had only recently been discovered that this was a cause of sudden death amongst swimmers. In any case this was August, said to be a safe month, so we swam. On 16th September we were at the small harbour of Cairns waiting for a boat to take us out to Green Island on the Barrier Reef when by chance we saw the Australian flag being taken down on two small naval vessels and replaced by the flag of Papua New Guinea. In its way this was a historic moment as it was the day when Papua New Guinea received full independence; naturally I photographed the ceremony. We then sailed to Green Island, arriving just in time to be caught in another tropical storm and stood on the tables of the outdoor restaurant to take refuge from the rain, shelter being provided by the large sunshades. However we were able to see and photograph coral and marine life from our glass-bottomed boat.

In our small hotel there were staying Gough Whitlam and his wife. I knew nothing about Australian politics but was told as Prime Minister he was controversial and left wing. I was surprised at the lack of security precautions as I photographed him from our verandah and when I sat down on a seat beside the small swimming pool Mrs Whitlam and another lady sat down beside me and started talking politics so I beat a hasty retreat. In our hotel in Sydney the Miss Australia competition had been on and we had heard that the Governor-General was attending it. I asked the chief porter who he was and received the answer 'I didn't know we had one!' In fact he was Sir John Kerr and on November 11th he created a constitutional crisis by dismissing Whitlam because the latter could not get his budget proposals through the Senate.

We had bought 'Fly round Australia' tickets in the U K at a reduced rate and drove back southwards to Townsville to continue our journey. Darwin had been devastated by a cyclone on 26th December of the previous year and we did not include it on our itinerary but flew across the Great Dividing Range in an eight seater plane to the small settlements of Hughenden, Richmond, Julia Creek and Cloncurry,

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landing at each to make deliveries and pick up supplies; we were in open country and at each stop we saw only a few people or buildings which was not surprising as the populations ranged from 600 to 2000. The last leg of our four hour journey took us to the mining centre of Mount Isa. Unfortunately our aircraft was the one already mentioned which crashed a week later in a tropical storm near the coast, killing all those on board. Mount Isa is a town of nearly 25,000 inhabitants in the middle of nowhere and has mines which are rich in copper, silver, lead and zinc ores; we were given small samples as a gift from our hotel and the manager of the airport was delighted to meet us as he came from Edinburgh.

The flight to Alice Springs across the north of the Simpson Desert took less than two hours and we were surprised to find armed guards at the airport, perhaps being there because the Pine Gap space research centre is near to it. We spent two nights in this small town which has five streets running parallel to the Todd River, at the time of our visit dried up. I was struck by the way this remote township had become commercialised to meet the demands of the many visitors and by the large number of aboriginals we saw, mostly sitting peacefully under the trees; there is an aboriginal reserve to the west of the town. My wife thought that one who was lying unconscious at the roadside needed my medical attention but overindulgence in alcohol was his problem. We were most interested to visit the Royal Flying Doctor Radio Control Centre and were given a copy of the numbered drug list which those in the outposts keep beside the medicine chest that is provided by the Service. Medical clinics are conducted at outback centres, consultations are given 'over the air', aircraft are kept in readiness, there is a 'School of the Air' which was dealing at this time with 140 children and there was an 'over the air' School Mothers' Club and a 'Brownies of the Air' facility. While we were in the centre the staff were trying to find a Frenchman who had got lost in the desert. We attended a communion service in the John Flynn Memorial Church and saw the original pedal operated radio transmitter; the Very Rev Dr John Flynn, OBE was the Founder of the Royal Flying Doctor Service.

We went on to Adelaide, Melbourne and home.

CHAPTER 19

A Dean with Patients

One reason why I extended our usual two or three weeks of summer vacation to a month for the first time ever was that in March, 1975 the Faculty of Medicine, which appoints its Dean annually, had elected me to that post, my duties commencing in October and being additional to my normal Departmental and clinical responsibilities. There were precedents for having a Dean who was actively involved in patient care but it was clear that there would be occasions when there was bound to be a conflict of interests and that patients must come first. The pattern in Edinburgh was different to that in many medical schools in that the Dean was part-time but there was a full-time Executive Dean and I was most fortunate at the time of taking up my new duties in that Professor Archie Duncan, a retired obstetrician, was the Executive Dean. He already had a firm grip on Faculty and university affairs and had he not been there to share the duties the work could not have been covered despite the excellence of the administrative staff.

There were, however, significant problems; this was a time when there was some redistribution of funds from the Faculty of Medicine to other Faculties and later there were considerable cuts in the budget of the University as a whole. As it was, instead of having an increased staff to enable me to take up the new duties my Department had suffered cuts. Instead of six Lecturers there were four and our NHS Consultant who had just retired was not replaced; formerly we had had 15 technicians or technical officers but now the number was reduced to 10. This, of course, meant that it was still quite a large Department but we had considerable interests and duties in such diverse aspects of medicine as medical treatment in general, clinical pharmacology, poisoning, renal disease, gastro-enterology, haematology and blood transfusion. Naturally I did not have special knowledge of some of those branches of Medicine but had a continuing interest in general medicine (particularly as regards treatment of disease), blood disorders and transfusion and maintained a close connection with the Departments of Haematology and the Blood Transfusion Service, especially since I was the Chairman of the Executive of the Edinburgh and South-East Scotland Blood Transfusion Association. Apart from

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fairly heavy responsibilities for patient care including doing ward rounds and seeing out-patients, conducting bedside teaching, and being available to see those admitted to my beds on admission days, I had to chair regular Departmental meetings, understand what the various members of the staff were doing and take the responsibility for Departmental funding, while continuing to give lectures and write Departmental reports and memoranda. To this were now added the duties of being the Dean. The University was not able to provide me with a full time Dean's secretary and after discussion with Miss Shields, my Departmental secretary, it was decided that rather than have the paper work split between two offices in different buildings separated by the Middle Meadow Walk, my Departmental secretary would become my personal assistant and would deal with all my committees and personal filing. A list of files and of committees was drawn up and it was found that I was now on 68 committees, being Chairman or Convener of 17 of them; some met frequently and others seldom. Twenty seven were central University committees while 17 dealt with Faculty affairs. My overburdened secretary had 202 headings in the files.

Quite soon a crisis arose; I asked the central University office for a parking permit in the medical school area and was told that I could not have one since it would not be democratic for priority to be given to a member of staff just because he happened to be the Dean. I replied that I had to visit not only other hospitals and departments but also the Area Hospital Board, the Scottish Home and Health Department and the Postgraduate Board for Medicine, could not return to a parking space in the Royal Infirmary once I had left it since reserved places were not permitted, had no special desire to be the Dean, was not provided with a full time secretary for my decanal duties, was not being paid for being Dean and that my resignation would follow. The fact was that since the University did not supply transport I could not carry out my duties if I did not have my own car close to me and I was not bluffing when I said I would resign. However I received a permit by return. It was not absolutely true to say that I received no payment since the Dean was given £500 a year but the rate of tax was so high that when tax had been deducted at source little remained, and on top of this the Income Tax authorities had insisted that if I took visitors out to lunch or dinner and the University paid me for doing so I would be taxed on the sum given to pay for any meal or entertainment.

The Faculty of Medicine of Edinburgh had been inaugurated in 1726 and there were to be major anniversary celebrations of the event in

1976; the Dean was the Convener of the Organizing committee of 24 staff members and there were seven subcommittees. Once again it was most fortunate that such an experienced Executive Dean was at hand to share in the duties of arranging what was intended to be a major event as indeed it turned out to be, with a very large attendance including many delegates who came from overseas.

The Faculty celebrations took place from 24th to 29th June, 1976 and we were most fortunate in that our Chancellor, HRH Prince Philip, Duke of Edinburgh attended and conferred degrees on four honorary graduands and on 139 medical and 36 dental graduands. When graduands come forward to be capped there is always the possibility that despite very careful marshalling somebody will come forward out of turn. I told the Duke that if I recognized that the wrong person had come forward or if a female came when I had called a male or even if somebody with a recognizable Scottish name came forward wearing the wrong tartan I would quickly call the next name and hopefully any problem would be sorted out in the aisle of the McEwan Hall and that, in addition, I had arranged for a member of the administrative staff sitting near the front to wave a white handkerchief if something was going wrong; for example a graduand might not have arrived in time because of a road accident. In fact there were no problems. That same evening there was a dinner and I had persuaded Lieut-General Sir James Baird, himself an Edinburgh medical graduate who had volunteered to help, that it would be a great boost to the celebrations if the RAMC band were to play as the guests entered the building. This they did in bright evening sunshine. The Duke proposed the toast of the Faculty of Medicine and I had to reply, something I have always found to be a problem as one cannot decide what to say until one has heard what the proposer has spoken about. Accordingly as we went in I asked our Chancellor whether he was planning to be serious or light-hearted and I hope that my off the cuff response suited the occasion.

Clearly it would be better while I was Dean to stay in Edinburgh as much as possible and arrange for others to do any overseas visiting but almost at once I had to depart from this principle because the Minister of State for Social Services, the Rt Hon David Ennals, whom I found to be a most pleasant person when I met him in Birmingham, was anxious for the Edinburgh medical school to have some linkage with the medical school in Baghdad and it seemed advisable for me to go rather than ask a colleague to make this contact. The invitation was conveyed through the British Council. The fiftieth anniversary of the Baghdad

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medical school was being celebrated in 1977 and it was important to have Edinburgh represented because Sir Harry Sinderson Pasha, one of our graduates of 1914 and a Fellow of the Royal College of Physicians of Edinburgh had been responsible for the establishment of the Baghdad medical school in the reign of King Faisal I and had been its first Dean. After that the history of Iraq was a violent one with massacres, assassinations, revolts and coups d'état but the medical school had continued to function and three other of its Deans had been Fellows of the Edinburgh College. Iraq, once known as Mesopotamia, had been a republic since the July revolution of 1958; until the First World War it had been part of the Ottoman Empire, then a British mandate and in 1932 an independent state.

I was asked to go to Baghdad as early as possible in the year and my first problem was to obtain a visa but the British Council in London offered to see to this for me so I filled up the application form on 7th December and the British Council booked a flight from London to Baghdad to take me there on 1st January, 1977. There was no reason for any problem in that I was only to be there for five days, had a note of approval from the Dean in Baghdad and had not been to Israel with my current passport. Being pessimistic I arranged to spend the nights of 30th and 31st December in London and reported in to the British Council's office on the Thursday morning to find, as I had expected, that despite valiant efforts they had been unable to obtain a visa but, the Iraqi Embassy being closed for a holiday, hoped that I would be given one at Baghdad airport. I doubted it, but flew off on British Airways Flight Number BA 368. When I left the plane and was taken by bus we stopped for a moment at a large gap in the airport wall and there I saw an Iraqi doctor whom I knew and with him there was a European, both waiting for me; I called that I did not have a visa and horror was expressed on both faces. However a flight from Iran had just arrived bringing Iranian Shi'a women on a pilgrimage; the Shi'ites who consider Ali, son-in-law of the prophet, to be the first legitimate successor of Mohammad, regard Karbala and Najaf in Iraq as holy places and in 1977 the 2nd of January was a holy day. In Najaf at this time there was living the Ayatollah Khomeini who had been exiled from Iran in 1963 after he had been arrested and accused of attempting to overthrow the monarchy. In October, 1978 he was expelled from Iraq and went to France but in January 1979 his supporters drove the Shah from Iran and the Ayatollah returned in February soon to declare the country to be an Islamic republic.

These Iranian women, concealed by their black garments, the

chadors, seemed to be a determined bunch so I left the British Airways passengers and got into the centre of this group of Iranian females who pushed their way across the arrivals lounge and through the exit, sweeping me out with them. I went over to the surprised welcoming party of two and discovered that they knew of no arrangements for a visa to be provided. After a short discussion we decided that the best thing I could do would be to re-enter the lounge, collect my belongings and demand my visa; the hole in the wall, they explained, had been caused the previous week by a bomb in some luggage. When I tried to go in an armed guard said I could not enter so I aggressively asked him what authority he had to let me out in the first place; he looked bewildered as I marched past him. Once inside I found the most senior person in sight and asked for my visa which, of course, nobody knew anything about; my passport was taken away and I noticed which room along a corridor it was taken to. Meantime my new companions were making phone calls to the British Embassy. At this point I found an elderly troubled visitor who told me that he had come from New Zealand and that his visa had been lost; he was sitting on a seat and looking most upset. I said that his visa was unlikely to have been lost as presumably it would be stamped into his passport. He still had the passport so I examined it and there was no visa; I said that I was a doctor and that I could possibly help if I held on to his passport and after about two minutes he should give a loud groan. I left him and sure enough he groaned sufficiently loudly to attract the attention of the immigration officers, at which point I rushed across saying 'I'm a doctor.' I felt his pulse, which was normal, shook my head, and took out the stethoscope which I always carried, listened to his heart and shook my head again. Since I did not actually say anything I felt that I was not breaking the Hippocratic Oath. There was considerable excitement around me so I murmured to one of my companions who spoke Arabic 'What's going on now?' He said 'They had deaths from the bomb last week and they're worried now about having a dead New Zealander on their hands so they've sent for somebody senior.' Eventually someone in authority arrived, my passport was brought and in the confusion that followed I slipped the New Zealander's passport in with it and we were both told that we could enter the country and would have our passports with visas the following day. We bribed, with a promise of free English lessons, a taxi driver to take the New Zealander (who had merely come on holiday) to a suitable hotel. I was driven to the Baghdad Hotel and immediately searched my room for bugging devices; having found one I put a safety pin into it, but

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I was well looked after, a car being provided for each of my engagements, and arrangements had been made for me to see the work being done in the medical school, despite the fact that I had arrived at a holiday time. There were invitations to dinner from the British Ambassador and from the Dean of the medical school; I was taken twenty miles south-eastwards to the palace of Ctesiphon, a ruin which still has a parabolic vault with a span of 86 feet. Here, on the river Tigris, there had been a city which was important under first the Parthian and then the Persian empires. It had been captured by various Roman emperors and later by the Arabs, while in modern times the Turks and the British had fought a battle there in 1915.

I was anxious to have my discussions with the Dean; when I said so I was whisked off to the Baghdad Museum where a most knowledgeable young lady had been detailed to show me round this most exciting display of ancient relics including much from Babylon. Just as I was admiring an alabaster statuette there was a noisy influx of American tourists and I heard 'Say, Hiram, let's join that guy over there!' I quickly muttered to the guide 'If you speak to me in Arabic, I'll speak to you in Urdu.' Looking puzzled she said 'But we won't understand each other.' I said 'That doesn't matter. They'll go away!' The guide and I talked utter nonsense to each other without any mutual understanding and very quickly the group of tourists went off to another room.

At last the Dean was free to meet me and we made preliminary arrangements for participation in the anniversary celebrations which were to be in March, the date later being changed to April and finally May. We already had Iraqi postgraduates attending Edinburgh courses of instruction and our two Royal Colleges which, together with the University formed the Postgraduate Board for Medicine, were interested in the meeting that was being planned, so I explained the structure of medical teaching in Edinburgh and it was agreed that all three bodies would send delegates. A document of agreement about future co-operation would be signed at the time of our visit. Satisfied, I flew on to Iran where I was to meet Dr Ala again and to see the major developments he had made in relation to blood transfusion in the Middle East. In Edinburgh there was now a major fractionation centre to break blood down into its products so that they might be used more efficiently and it was possible that we could co-operate with Dr Ala in what he was doing in Iran. It was interesting to be with him in his

office as he issued instructions by telephone, sometimes using three languages at once, these being Farsi, French and English; occasionally all three came into one sentence. I was booked into the Intercontinental Hotel in Teheran for three nights at a time when there were heavy snowfalls and some of the outlying roads were blocked, but my serious problem was that I was booked to fly back to London on 9th January on Flight BA 383 and, the airline was on strike. Dr Ala and I went to the airline office and were told that it might be a week or more before I could get home which was quite unacceptable as a new curriculum was being discussed in Edinburgh and I had to chair a meeting to discuss the details on Monday 10th January. Since British Overseas Airways was on strike and there was no accommodation on any other flight to the United Kingdom all I could do was to fly to a third country on another airline and then make my way home. I enquired about Dublin, but there was nothing to get me there and then I asked about either Amsterdam or Paris. It was possible to route me by Cairo to Paris on an Iranian Airline plane leaving on 9th January and I should manage to reach London in time to catch a plane to Edinburgh, so I thankfully accepted this booking and set off the following morning for Cairo where we landed but could not take off again; after a wait of more than two hours I discovered that all that was wrong was that the landing steps had jammed under the door of the plane. I pointed out that the steps had pneumatic tyres and that if they let some air out it would probably free the steps; it did and we flew off. At Orly airport there was a certain amount of chaos because of strikes and I joined a group of angry passengers who were being rude to the staff in English, something that seemed to me to be unreasonable since the girls at the desk had nothing to do with the strike. Accordingly I was as polite as possible and explained my predicament, using my limited knowledge of French; there was nothing available that day so I asked whether they could get me on to the newspaper plane, knowing that special planes carried newspapers between capital cities during the night. This was not possible but a very helpful member of the Air France staff gave me a voucher for a hotel room at the airport and said that somehow or other she would get me on a plane to London the following morning. This she succeeded in doing and I reached Edinburgh on the Monday in time to chair my meeting; that week I gave five lectures and attended seven meetings. The number of committees that I had to attend was increasing to a ridiculous extent so I set up a 'Committee to Abolish Committees.' It was a complete failure in that it accomplished virtually nothing.

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On May 6th I set off for Baghdad again, this time having had no trouble in obtaining my visa, and I was accompanied by Dr R.F. Robertson, at that time President of our Royal College of Physicians and by Major-Gen John Matheson representing our Royal College of Surgeons; he was also the Postgraduate Dean. I took with me a scroll from the Faculty of Medicine and also a bound copy of Sir Harry Sinderson's MD thesis. It was very hot in Iraq, the temperature exceeding 100 degrees and when we reached our hotel, a new one, I found that the air-conditioning in my room was wrongly connected up and was blowing in very hot air and that I could not turn it off. The next day we went to our meeting in a splendid new hall and this time there was no air-conditioning because the plant had been lost in transit from Germany. I discovered that I was not only chairing the first session after the inaugural ceremony but also giving a paper in which I would have to expound upon the influence of Arabic medicine on our medical teaching in Edinburgh. The first problem was that there was no screen for the showing of the slides and when I pointed this out somebody brought a sheet and some large nails which he proceeded to hammer into the new woodwork. Although I did not have a programme in advance I must have had an inkling that I might have to speak because I had some slides and notes with me, and started off with something about Hammurabi, ruler of the first dynasty of Babylon about 1790 BC who promulgated a code of laws which included the chopping off a surgeon's hand if he made an error and spoke about Alexander the Great dying near Babylon in 323 BC, possibly from malaria, on his return from India. I had with me copies of an agreement between the University of Edinburgh and the University of Baghdad in both Arabic and English but it had been made clear to me that Edinburgh could not provide any funds and this was stated in the document; the Dean in Baghdad was unable to sign it and promised to send an alternative version which he did in due course. This was clearly an agreement which had been sent not only to us but to a number of medical schools and the University of Edinburgh was unable to agree to the financial conditions; despite the lack of a formal agreement between the two universities our visit led to certain co-operative ventures between individual departments. While we were in Baghdad the Edinburgh group, together with two former Deans there, Sir Robert Drew and Maxwell Johnstone, visited the ruins of Babylon, once in the days of Nebuchadnezzar the greatest city in the world with outer walls three hundred feet high, guarded by two hundred and fifty towers; on the banks of the Euphrates had been the Hanging Gardens and near to

Babylon had stood the Tower of Babel. There has been some reconstruction but most of this former wonder of the world with buildings covering some 500 acres is in ruins and much has disappeared.

After our return home there were various other proposals from the Middle East and the Gulf States which in some instances necessitated discussions in Edinburgh or London but they led to nothing, sometimes because of political changes in the countries concerned. However a definite proposal came from Jordan asking that a team should go there in the first half of 1978 to assess the standing of the medical school in Amman and make a report on our opinion to the Medical Faculty there. I decided that I should go on this occasion and was accompanied by Professor Eric Samuel, Professor of Medical Radiology) Mr A.I.S. Macpherson, a surgeon and Vice-President of our College of Surgeons; Dr Hector Cameron, a pathologist who had been Professor of Pathology in Nairobi. We flew off on the 10th of April and the following day met the acting Dean, Heads of Departments and both 3rd and 5th year students then went round the Departments, each of us concentrating on the aspects about which we knew most. We conducted teaching sessions and were impressed by the quality of the Jordanian medical students. Our reports were detailed ones which stressed both the areas of strength and of weakness, something that is possible in any teaching hospital: at the invitation of Major-Gen David Hanania we visited the King Hussein Medical Centre and learned about the interrelationships between the hospitals in Amman. Our general impression was that the administration was good and that standards were high and we discussed possible co-operation between Edinburgh and Jordan.

Arrangements had been made for us to see something of Jordan during this brief four day visit but before we set off on a sight-seeing tour on Thursday 13th April we were asked to delay our departure. A message then came that His Majesty King Hussein wanted to meet us and learn about our findings and recommendations. We were delighted to be received at the Royal Palace by a monarch about whom we had heard a very great deal, a very active ruler with moderate but progressive views who had survived coups, assassination attempts and hostility from other Middle Eastern countries. No objection was raised when I took a camera into the building but while we were drinking preliminary glasses of tea as is the custom I was informed that when we met His Majesty a picture would be taken by the official photographer, as indeed it was. We were greeted cordially by the small figure who at

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her proposals from the instances necessitated they led to nothing, the countries concerned. an asking that a team assess the standing of the on our opinion to the go on this occasion and Professor of Medical and Vice-President of our hologist who had been n the 10th of April and Departments and both Departments, each of us we knew most. We d by the quality of the e detailed ones which ness, something that is on of Major-Gen David entre and learned about Amman. Our general od and that standards on between Edinburgh

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the time was growing a beard and it was clear that he had a deep interest in the medical school and knew a lot about it. I explained that between us we had about 150 years of experience of undergraduates and that what we had seen in Amman was most encouraging; possible future co-operation was discussed and we were given cordial farewell greetings.

There is a very great deal to be seen in Jordan but our time was limited. The history of the country is a subject of great complexity and early records are sparse, but about 850 BC the Mesha king of Moab set up a stone at Dhiban, now a village to the east of the Dead Sea and about half way down its length. On it he recorded his battles with the kings of Israel, so, when it was found in 1868 this was one of the most important discoveries possible. It was purchased for less than £100 by an archeologist who made a copy of the inscription and when he returned the family who discovered it had quarrelled, lit a fire on it and then shattered it by throwing water on the hot basalt. Thus was destroyed the earliest historical record of events after the death of Solomon. About 300 BC the Greeks arrived and Amman came under the control of the Ptolomies; Alexander had conquered Egypt and on his death one of his generals, Ptolemy, set up a monarchy in Egypt which ruled for nearly three hundred years until the death of Cleopatra in 30 BC. The second of the dynasty was Ptolemy Philadelphus and to the city now known as Amman was given the name Philadelphia. In due course there came the Romans and in Amman there is a large Roman theatre which can seat 6000 people; this we were privileged to see before we set off for the Dead Sea in a car which unfortunately hit a donkey as we were driving off the road to have a picnic. We were impressed by what we saw of the Dead Sea, said to be the lowest place on earth (as regards altitude) but did not join a group of swimmers.

On the following day we were taken to Petra which is further south but were quite unprepared for this truly outstanding experience; we drove there speedily by a new road, first turning off to Wadi Musa, the valley of Moses where he is said to have struck the rock, causing water to gush forth; this spring of Nabi Musa is still there. We were now in the mountains, gazing at rugged sandstone peaks, and learned that we could only enter on horseback, something that was unfortunately impossible for one of our number because of his arthritis; alternative entertainment was arranged for him and I thought of my last ride, in Darjeeling thirty-two years earlier when a pony attempted to throw me over the edge of a cliff. Fortunately our mounts were less aggressive and at least I could remember how to mount a horse and hoped I knew

how to dismount voluntarily. There was the added problem that I had a camera and wanted my hands free to take photographs while both controlling the horse and holding the camera steady. Fortunately no problems arose despite the rocky nature of the path along which we had to travel.

Petra is a unique city, the site of which was lost from the time of the Crusades until it was rediscovered in 1812 by an Anglo-Swiss explorer named Burckhardt who was travelling from Damascus to Cairo. It had been developed by the Nabataeans, originally a nomadic Arab tribe who had their own language and script; they cut away the rock with single-ended picks, possibly in the Hellenistic period, but Petra was formally annexed by the Romans in AD 106. We rode our horses through the narrow gorge known as the Syk with high sandstone rocks on either side, sometimes almost meeting above us, then reined back in surprise on seeing the sun shining on the rose red frontage of the most impressive of all the monuments, El Khaznah or the Treasury, carved out of the living rock and looking like the entrance to a temple or church. It represents the frontage of a building of two stories, the upper one having a broken pediment with, in the centre, a circular kiosk with an urn on top. All around it is the solid rock and in front there is the pleasing green of oleander bushes. There are small interior rooms but the splendour is in the facade. We rode on along the wadi, past caverns cut in the rocks and then were surprised to see a large Roman theatre after which we reached an open area, the site of the city itself settled in a plain bounded by the cliffs. Here there were to be seen more rock-cut chambers with architectural facades, mostly from the Nabataean times but some from the period of Roman domination. A short climb on foot took us up the eastern cliff to the Palace Tomb, cut in the rock and looking like an ornate three storied building with four doorways but again there were only small rooms that were of no interest. Exhausted by the wealth of architectural treasures we returned to Amman by way of Karak with its castle dating from the Crusader period. We returned to Edinburgh late on the Saturday evening and the following morning I did my ward round, thinking as I often did, that it was a pity that there was no way of giving to those patients who were sufficiently well to appreciate it a talk about the interesting experiences we had just had.

I had been elected Dean of the Faculty annually for three years and it was customary for this to be the duration of such an appointment but I was asked by my colleagues to continue for a further year as we were in the middle of trying to sort out so many problems simultaneously.

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There were the financial cuts amounting to £175,600 over five years, the creation of a new structure in the Dental School, the extension of the medical school in George Square, an enquiry being held as a result of personality difficulties in one of the medical departments and problems about the introduction of our new curriculum, something which I did not personally approve of but had argued through an endless number of committees. Indeed the Dean of the Law Faculty suggested that I should transfer to one of his departments for having so successfully argued a case that I did not believe in.

In 1979 however I had to make two short trips abroad and those were to Washington, DC in May and to Warsaw in June; on both occasions my wife accompanied me despite her involvement with 'baby sitting' for our grandchildren whose final total was five. The invitation to Washington was certainly one that I had to accept as the 75th Congress of Medical Education was being held there and the organizers, realising the influence that Edinburgh had enjoyed in furthering the development of medical schools in North America were anxious to present a certificate to celebrate the fact, this particular year being chosen because it was the 250th anniversary year of the founding of the Royal Infirmary of Edinburgh. I knew that I was to participate in the programme in the Washington Hilton Hotel and took appropriate slides with me but, although I had been told to bring academic robes I was unaware of the arrangements that had been made for a ceremony in Washington Cathedral on Wednesday 9th May, the day after we arrived. We went to the Cathedral with a group of delegates, and, like the others I was carrying my robes and suitable academic headgear but it was only on arrival that I realized that I had to address those assembled in this large and imposing building. Amongst those present were the Bishop of Washington, the Rabbi of Washington, the Deans of most North American medical schools, ambassadors, guests from overseas and senior office bearers of the American Medical Association. As we solemnly went in procession to our prominently placed seats with the flags of our countries behind our chairs (mine being the Union Jack, not the St Andrew's Cross, situated next to that of the People's Republic of China) I wondered what on earth I was going to say. When speaking off the cuff in Ghana I had taken the letters of the name of the country one by one to give a theme but that was not appropriate in Washington Cathedral. Then I noticed the Wilson memorial window of the healing arts and recognised representations of a knight hospitaller of the order of St John of Jerusalem, who had a priory at Torphichen near Edinburgh, Joseph Lister, who had worked in our Royal

Infirmery and William Harvey in whose honour we have a Harveian Society in Edinburgh. Using the window as my theme and my knowledge of the Royal Infirmary's preparations for the anniversary celebrations together with the fact that I knew of our links with North America I was ready to make some sort of reply to whatever was said when the presentation was made. After we had settled in our places the choir sang an anthem, the United States Marine Band played a fanfare, the Vice President of the AMA read a citation relating to our medical school and Royal Infirmary, then handed over the certificate, and the cameras flashed. I looked at the crowded lines of dignitaries stretching into the distance and made my reply, thinking it up as I went along. The certificate now hangs in the main lecture theatre of the Royal Infirmary. There were presentations of medals to various medical educators and then we processed out again and after the various papers were given in the Washington Hilton Hotel returned home. By chance amongst the photographs I took was one of the exact spot at the hotel entrance where an attempt was made to assassinate President Reagan in March 1981.

While I was in Washington I was asked whether I could facilitate the entrance of American students to the Edinburgh medical school. Our policy was that we did not accept students from countries that had their own medical schools but the American doctors who approached me were astonished to learn that in Edinburgh the Dean had nothing whatsoever to do with student admissions and American Deans were surprised to learn that I took a full share in patient care and in both lecturing and teaching in the wards. Many of them were much involved in fund raising and there was considerable surprise when I explained that this was not a significant part of my duties apart from negotiations with the University Grants Committee and that our Deans were not salaried other than for their Departmental duties. In fact when I returned home we were having a visit from the Medical Subcommittee of the UGC and I had prepared a memorandum which stressed the inadequacy of our funding.

The invitation to Poland was a more personal one in that I had been asked by the Medical Centre for Postgraduate Education in Warsaw to give a scientific paper and to visit some medical Institutions. I was very pleased to accept as I had been involved to a certain extent with the wartime Polish Medical School and had maintained my contacts with some of its former teachers and students. When the invitation was sent to me my hosts did not know that the Pope, himself Polish, was to be visiting his native country at the same time and an intended visit to

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Krakow had to be called off because of the crowds and lack of accommodation. The administration of the country was still repressive and one had to be careful about what one said. We were met at the airport and had to make a detailed list of what was being taken into the country then were taken off to a most comfortable new hotel, passing Victory Square where the Pope had been faced with a crowd of quarter of a million for an open air Mass; it was estimated that on June 2nd two million Poles had lined the road from the airport when he arrived. Despite the Communist government, religion was a major force in the life of the country but it was not until 1989 that Poland was able to return to democracy without fear of Soviet intervention. At the time of our visit we had to assume that our room was 'bugged' and when we were flying home a British engineer told me where he had found the bugging device in his room in another hotel. It was not safe to discuss in our room what any individual had said to us, particularly if remarks were critical of the regime, since they might be reported to the authorities. I met a few Polish doctors who had been stationed in Scotland during World War II but they usually had junior colleagues with them and I was careful about what I said. We were offered black market currency by street touts but refused it. There was but little to buy in the shops, food was very scarce and although I took a picture of a queue patiently forming on the pavement near the hotel, all they were getting was ice cream. There was a well stocked shop in our hotel but it only took dollars or pounds sterling. On the last day of our stay the hotel could not accommodate us and we were moved into postgraduate student accommodation on the outskirts of the town; it was rather spartan but interesting and we went shopping at local corner shops again finding that there was virtually nothing available to buy. When our hosts invited us to their house for a meal we realized that we were being offered part of their very small meat ration and anything that was left was hurriedly taken away for safe keeping. When behind the Iron Curtain I often wondered why Communism was so totally inefficient.

I gave my lecture as planned and, fortunately, most of the audience could speak English but I used illustrative slides which did not require much knowledge of our language. There was a very great deal to see in Warsaw, its buildings now festooned with white and yellow flags to commemorate the Papal visit. During World War II Warsaw was almost completely destroyed but a Supreme Council of Warsaw's Reconstruction was appointed in 1945; first the water supply and sewerage were attended to, old plans of the original buildings were traced and a vast planned rebuilding programme was commenced. The

Old Town apparently now looks just it had done, and palaces, churches, architectural treasures, villas and whole streets have been restored in an operation that has not been matched in any other city. We were taken to the Wilanow Palace and garden, for three centuries first a royal then a noble residence close to the capital. It was built, at about the time of the founding of the Royal College of Physicians of Edinburgh, by King John III (Sobieski) who was elected ruler in 1674 after having gained a victory over the Turks whom he later drove out of the Ukraine and then from Vienna. His grand-daughter, Princess Maria Clementina Sobieska, married Prince James Francis Edward, the only son of James VI and II and considered by the Jacobites to be King James VIII and III. The palace and its contents are too extensive to be considered in this account of personal travels. Warsaw is a place to be visited, plenty of time being allowed to enjoy its architectural delights.

As arranged I visited various medical centres and we were also taken to Chopin's birthplace at Zelazowa Wola, some 20 miles from Warsaw, a pleasant little home in a country area, and made a longer trip by car along a road that runs parallel to the river Vistula, stopping to see the small town of Pulawy on the road to Lublin, and visiting an old couple, friends of our hosts, who were living in a castle that overlooked the river and who were glad to have this contact with the world outside.

We returned to Edinburgh, having been away for less than a week, and now, in addition to everything else, we had the celebrations for the 250th anniversary of the Royal Infirmary and amongst other things this included the presentation of a commemorative plaque from the members of the former Polish School of Medicine. My fourth year as Dean was almost completed when I received a personal invitation through the British Council to return to India in January 1980 to speak at the XXXV Annual Conference of the Association of Physicians of India and at other centres in that country. Mistakenly believing that I was about to be less busy, I accepted; after all, to me going to India did not feel like going abroad. There was another reason and it was that since my teenage years I had suffered from migraine headaches, initially with no obvious precipitating factor except that I had taken one when writing my answers to the paper in Medicine during my final examinations and had had difficulty in seeing the paper as I wrote. In later years the headaches had been very infrequent but were now brought on by lack of overwork; I had been working a seven day week and seldom had a full day off over a period of many years apart from, normally, two weeks in the summer and a few days at Christmas each year. Apart from dealing with the problems experienced by my patients

had done, and palaces, whole streets have been watched in any other city. London, for three centuries the capital. It was built, at the College of Physicians of which he was elected ruler in 1674 from whom he later drove out of the city his daughter, Princess Maria Francisca, the only daughter of King James II, the Jacobites to be King of France. The gardens are too extensive to be described. Warsaw is a place to be seen for its architectural delights. It was here that we were also taken to the city of 20 miles from Warsaw, to make a longer trip by car to the village of Stula, stopping to see the ruins of a castle that overlooked the city with the world outside. I stayed for less than a week, and the celebrations for the bicentenary amongst other things this commemorative plaque from the Ministry of Medicine. My fourth year as Dean received a personal invitation in January 1980 to speak at the Association of Physicians of India mistakenly believing that I was to be going to India did not know the reason and it was that I had migraine headaches, except that I had taken one day of medicine during my final year of the paper as I wrote. In the frequent but were now working a seven day week for many years apart from, a few days at Christmas each experienced by my patients

there had been administrative difficulties in various departments to arbitrate upon, disagreements to sort out, financial difficulties of the Faculty to deal with and, on occasion, collisions with the Principal of the University as occurred when I refused to implement a decision that new professors were to be told that they were to be Head of their department for only three years, after which time some other member of staff was to act as Head of the department. This could not apply to clinical departments with only one professor since it would mean that a Lecturer might take charge despite the fact that his NHS contract was that of Honorary Senior Registrar (which meant that officially he was a trainee) and this I could not accept on behalf of my Faculty. I do not know whether it was because of cynicism or because I usually saw the funny side of arguments that only once did I become angry at a meeting and that was due to an artificial cause; I was interested in the problems of side effects that were being experienced by patients who were given the drug ephedrine for asthma so took a tablet of it myself before going to a meeting. My heart pounded, my pulse became irregular, I disagreed with the Chairman, lost my temper and stormed out of the meeting; clearly it was fortunate that ephedrine was being replaced by other substances for those who required drugs for spasms of their chest muscles.

Now, however my period as Dean was over and I was faced with the possibility of having spare time which was more than my psyche could stand so I began to have full blown migraine headaches almost every day, with zig zag lines in my field of vision gradually enlarging until I could not see clearly, this being followed by severe pain behind the right eye. I thought that a lecture tour of India might cure this, particularly since I would have to bring myself up to date on the scientific aspects of blood disorders and of drug therapy and also be prepared for the problems of travel in India. Sure enough my migraine ceased even before I left home.

The meeting was to take place in the far south of the country in Kerala, a state that is further south than I had ever been before and the language there is Malayalam of which I had no knowledge. I was met at Trivandrum airport on 16th January by a group of physicians, including Professor Krishna Das who had organized the meeting and Dr. T Kurian Mappilacherry, an Edinburgh graduate. The temperature at home had been 26 degrees Fahrenheit (-3°C) and now it was 92 degrees (33°C). The following day I found that I was giving a lecture at the Holy Cross Hospital at Quilon where the reception was overwhelming with girls dancing on a stage and two nuns playing guitars to

accompany the singing audience. My problem was that I had discovered that this audience ranged from very senior consultants to nurses who had been in training for only two weeks and a talk that was of interest to those at one end of this spectrum would be quite unsuitable for those at the other while if I played it down the middle I was not likely to please anybody. I did my best, the audience cheered loudly and the nuns with the guitars played on. Emerging into the sunshine I was garlanded with flowers and driven away in a car which had a large floral arrangement around the rear window. It so happened that Mrs. Indira Gandhi, the Prime Minister, was visiting the area that day and I remarked 'Seeing all those flowers they'll think I'm Mrs. Gandhi'. However it was not one of her strongholds and the frosty reply was 'In that case there would be no flowers!'

In Trivandrum I was a State guest with a car and chauffeur at my disposal; accommodation was provided in a luxury hotel on a beach just outside the city, but the staff members were on strike and not even drinking water was provided. I was seldom away from the medical meeting anyhow and meals were supplied there but I was warned that I might get hepatitis from tap water; although I had probably had hepatitis twice already I put bottles of beer in the refrigerator in my room and used it also for cleaning my teeth. There were the usual hazards of insect life in India but when enormous cockroaches wakened me at night I had to attack them with the heel of a shoe. The Congress was attended by about 1600 physicians and was very well organized by Professor Krishna Das; I gave five lectures on different subjects in the course of six days, spending most of the rest of the time listening to other speakers except that I was taken to Cape Comorin, the southern tip of India. I was extremely well looked after and my hosts had the excellent idea of having a very intelligent and knowledgeable medical student nominated to be available to assist if I wanted any help or information.

As I had expected there were difficulties about travel; I had understood that I was going to Calcutta by the west coast route via Bombay and New Delhi and this is what the British Council in Calcutta thought but in any case I had not been able to obtain a ticket in the UK. The British Council in Madras thought that I was going to Calcutta by way of Madras on the east coast rather than by Bombay but I did not have a ticket for that either. Most of the flights were thought to be fully booked but there were no computers in use and I was now told that allocation of seats was not made more than seven days in advance so that what the airline staff in Edinburgh had been informed

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(after much tedious correspondence on their part) about flights being fully booked had been incorrect. Fortunately my host knew somebody in the airline office who was senior enough to make decisions and after an hour of negotiation I was given a ticket which would enable me to fly to Madras and Calcutta. At Madras we learned that we did not have to change planes as we had been told but there was doubt as to whether our luggage had to be taken off. I left mine on board and it reached Calcutta with me; I had as travelling companion a Calcutta physician – he took his off and it was lost. At Calcutta airport there was a British Council car waiting to meet me on a flight from Delhi; that plane did not arrive but I did – on the flight from Madras!

In Calcutta I gave two lectures and was most honoured to be given the Suniti Panja Gold Medal at the School of Tropical Medicine and was told that it was because of the scientific work I had done in relation to blood disorders. Amongst the names of former Superintendents of the School listed in the lecture theatre I was pleased to see that of Lieut. Col. Alexander Stewart, IMS, who had been the hard working Superintendent of Edinburgh Royal Infirmary when I was a house physician. In Calcutta and then at the various medical schools in Bombay I gave a number of lectures and just before I flew home was told that some of the Bombay physicians were still stranded in Trivandrum, unable to obtain accommodation either on the planes or the trains. I returned to Edinburgh where I was to become increasingly involved in the activities of the Royal College of Physicians there.

The Royal College of Physicians of Edinburgh

In Edinburgh the Royal College of Physicians and the University have very close ties both historically and practically; the foundation of a university Faculty of Medicine in 1726 had been in part due to pressure from the College which in fact had conducted examinations for the university MD degree for a period commencing in 1705. I had been interested in College affairs and was a member of its Council from 1966 to 1970 when, by the rules, I had to demit this office; I estimated that in a year I attended 38 College-related meetings of various types and my university and editorial duties were such that I did not seek re-election later when the regulations permitted this. I did continue, however, as Chairman of the Symposium Committee, a position which I held for 21 years despite my suggestion from time to time that somebody else should take over. As the years went by the work of the College increased tremendously; in 1953 Stanley Davidson had become its President and to a close observer like myself on the staff of his Department at the time there was no great augmentation of his work load, but things were changing and, as in the university, committees were increasing in number, some of them being in London jointly with other Royal Colleges. This is primarily an account of experiences of travel so no details of such matters will be recorded here, except that since in the end it added greatly to the number of visits overseas I must add that in 1978, perhaps because my period of service as Dean was about to end, I was persuaded by a group of colleagues to have my name put forward for membership of the Council again, was re-elected and in 1980 became Vice-President. The amount of work involved had grown to such an extent that our Council meetings began at 4.30pm, went on throughout the evening with a pause for a working meal then continued until a late hour, the worst I can remember being a finishing time of 11.45pm. An old friend of mine, Sir Douglas Black, was President of the Royal College of Physicians of London (of which I had been a Fellow since 1956) and I much appreciated the friendly co-operation that existed between the two Colleges. When the London College announced that they were having a joint meeting in Brussels with the Royal Academy of Medicine of Belgium in October 1980 to

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celebrate the 150th anniversary of Belgium my wife and I decided to attend and there I met many old friends, some of whom I had known since Army days. However we were surprised to find that the official programme gave the London College the title "The Royal College of Physicians of Great Britain", a trivial enough matter but as Vice-President of the Edinburgh College I had to ask Douglas Black to explain the true situation to the audience; I would not myself have been averse to negotiations that might lead to a "Royal College of Physicians of the United Kingdom" and in my inaugural lecture as a Professor had suggested a merger of the Edinburgh and Glasgow Colleges but clearly there would be great difficulties in establishing one College for the whole country with Faculties in London, Edinburgh, Glasgow and perhaps Belfast. At least we now shared a common examination for Membership of the three medical Colleges and had an arrangement for co-operation with Dublin.

There was a strike at Brussels airport but we managed to reach the city by a roundabout route. I was somewhat confused as to what we were commemorating since we were given an illustrated booklet which stated that we were celebrating the thousand years since Belgium had entered history, not the 150 years that was on our programmes. It transpired that both were correct; Charles de France, brother of Lothaire, King of France had built a castle in 979 on the site of the present Brussels and in due course a commercial centre had developed. Soon the land was under the rule of Burgundian princes; Brussels became the first city of the Netherlands and then was under first Spanish then Austrian rule, but in 1830 Belgium became independent after being a united kingdom with the Dutch from 1815.

I was informed that their Majesties the King and Queen of the Belgians would attend the opening ceremony and that a few of us would be invited to meet their Majesties. I felt most honoured to be amongst those selected, an example of the thoughtfulness of the London College, and at the Palais des Académies was given the opportunity of having a few words with King Badouin and Queen Fabiola. I noticed that the Belgians spoke in French to Her Majesty so I manfully made the error of doing the same (as a gesture of politeness), having forgotten that prior to their wedding on December 15th 1960 King Badouin's bride had been Dona Fabiola de Moran y Aragon of Spain. There was no stiff formality and it was clear that the King and Queen were much interested in developments in Medicine, my personal problem being that I was struggling with the wrong language; I did not know any Spanish and should have been content with English.

However it was a splendid time to visit Brussels since there were special exhibitions in the museums and art galleries to celebrate ten centuries of history. I had learned about the Belgae at school in Caesar's *De Bello Gallico* but did not know that they had invaded Britain in 75 BC, moving to Colchester about eighty five years later under King Cunobelin who is said to have been the original of Shakespeare's Cymbeline. We had trouble in getting home because of the strike at Brussels airport but eventually reached London and fortunately there were sleepers available at 1 a.m. on the Monday so that I arrived back at the hospital just in time for my morning outpatient session. Some of the outpatients had been coming to me for years and were in the nature of old friends. I certainly would not have liked to have let them down by not being back in time and, so far as new patients were concerned, always tried to see personally any patient sent to me by name and there were some that day.

In September 1981 we were celebrating the 300th anniversary of the Royal College of Physicians of Edinburgh, the President at the time being John Strong whom I had known since the first day he came to work in Edinburgh after the war; he too had served in India and Burma but we had never met there. As might be expected there were numerous committee and subcommittee meetings to draw up plans and I had to attend most of those. Additional to this and to normal departmental and clinical duties I had been invited to examine in Hong Kong in July and to give lectures in San Diego in October. After all the arrangements for the Hong Kong examination had been made we learned that Her Majesty the Queen and the Duke of Edinburgh would not be able to come to our September celebrations but had graciously accepted an invitation to a luncheon in the College in July. I had the honour of meeting Her Majesty on three occasions and the Duke of Edinburgh on several, always related to some medical event, but thought that this time I would have to allow my Hong Kong arrangements to stand. One thing that always gave me cause for thought was that our instructions were that it was correct to reply to Her Majesty but not to introduce a topic of conversation; this was reasonable enough and could prevent controversial matters being raised by obsessional people. My hope was that somebody had told the Queen that such recommendations were being made; if not she must have thought that the doctors in Edinburgh were a particularly uncommunicative or stupid lot! In fact an eminent London physician with knowledge of affairs of state was astonished when I asked him and said that the way in which we were behaving was quite out of date and

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On July 2nd my wife and I set off for Hong Kong, this being our first visit, and immediately I must comment on the amount of hospitality that we enjoyed. We had been faced with difficulties in getting there at all. My wife's passport expired in 1981 and had been sent to the Passport Office in Glasgow well in advance of the date of departure, but all the Passport Offices then went on strike. There was no known way of obtaining the passport other than by the holder going to the office in Glasgow and joining a very long queue, so my wife went there on 20th May on the earliest train and queued for nine hours by which time she had entered the building and could see the inner door but at that point the office closed and she had to return home. There was another kind of passport which was valid only in a few European countries and which could be obtained easily at a post office so I approached the Hong Kong Government Office in London and in June was told by phone that, in view of the circumstances of our visit, Hong Kong would allow my wife to enter on a British Visitor's Passport. Meantime however, by a sheer fluke. I had been given the name and address of the Chief Passport Officer and my wife had received a standard passport.

Hong Kong is a British colony situated on the south-east coast of China and it consists of three parts which are the island of Hong Kong, obtained from China by negotiation in 1841; the district of Kowloon on the mainland just opposite, secured in 1860 after a war with China; and a larger area of the mainland of China, called the New Territories, which was leased by negotiation in 1898 for a period of ninety-nine years. This was at a time when Britain was suspicious of plans for expansion in South China by Russia, France, Germany and the United States. My first knowledge of Hong Kong and ports in China had been from the post cards that my mother had received from her various admirers as they sailed the eastern seas and my next information had been gleaned at GHQ in Delhi when we were discussing the occupation of Hong Kong by the Japanese, and the fate of the unfortunate prisoners. Here, as elsewhere, they had been treated with the utmost cruelty and existed (or succumbed) on a starvation diet. Some help was given to prisoners by Chinese in Hong Kong and a number escaped to freedom in China, being helped by a Mr W. F. Kendall in Waichow, a town to the north-west of Canton. In July 1939, even before the war in Europe broke out, General Grasett, GOC in Hong Kong, had arranged for the formation of a unit, code-named 'Z Force,' to prepare for the possibility of occupation of the colony and camouflaged food and

ammunition dumps had been prepared in the New Territories, but this operation was overrun by the Japanese. After the Japanese occupation the population of Hong Kong had fallen from 1,600,000 to 600,000 but by the time of our visit it had risen to about 4,500,000, almost all the inhabitants being Chinese. At the Yalta Conference in February 1945, Roosevelt, who was anxious to obtain Russian help, offered concessions at the expense of China and, reflecting anti-colonial feelings in the United States, urged Britain to give Hong Kong to China in return. Both Britain and China had been excluded from this part of the negotiations and Churchill was furious when he heard of the proposals.

Our first surprise was that of the landing at Kai Tak airport on Kowloon Peninsula because we were not prepared for the plane having to weave its way between high rise buildings before landing, but we were welcomed and taken by the cross harbour tunnel to our hotel, a most pleasant one away from the bustling centre of the island with a private bus service to take the guests down town. I was there to examine in a local examination and to discuss the possibility of the whole MRCP (UK) examination being held in Hong Kong so that candidates would not need to make the journey to Britain. There was a divergence of views in the British Colleges about this but I myself had taken the former MRCP (London) examination in Poona and could not see why there should be a problem provided the clinical facilities in Hong Kong were up to the standard which I anticipated in view of the high quality of performance we were all accustomed to find in doctors who had been trained in Hong Kong.

On the island there were the busy streets with brightly coloured tram cars but all along the waterfront of Victoria Harbour and in the streets behind were high buildings with very many banks and offices, while at street level there were shops selling all manner of goods. We had arrived on a Saturday and on the Sunday Prof. Tso had organized a trip in a private yacht which sailed from the fishing port of Aberdeen and anchored off Lamma Island while we picnicked, dived into the sea and swam; this was most pleasant, but an oncoming storm was reported from Manila and we returned to harbour, arriving just in time for me to photograph the angry waters dashing towards us as the squalls gained in strength. I had corrected papers and the following day the examination should have started in earnest but this was not possible since an official typhoon warning had been put out and the examinations had to be postponed. From our room we could see that in addition to the modern buildings there were some very old ones of flimsy construction and there was a danger of parts of them being

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blown over the rooftops to land on any pedestrians who chose to ignore the typhoon warning. I had no choice in the matter as the candidates had been told to stay away, although I have to say that the fury of the storm was not very severe compared with what we had occasionally at home and that the problem seemed to be rather that so many of the old buildings were in danger of being blown away. However the storm soon abated and on each of the next three days a car arrived at 8 am to take me to the Queen Mary Hospital where the examination proceeded splendidly. Organization in Hong Kong is always most efficient.

We flew home at the end of the week but managed to see something of the metropolis and its environs before we left. While I was working my wife was entertained most pleasantly and attentively by Priscilla Tso and we had sufficient spare time to sail to Kowloon on the Star ferry (the cheapest crossing in the world) to go up to the Peak, a residential area from which there is a glorious view of the harbour and the mainland beyond, and to see the sands at Repulse Bay. Every evening we were entertained by our hosts and very much appreciated all that Professors Todd, Tso and Rosie Young did to ensure that we both had a pleasant stay. We did not discuss the expiry of the 99 year lease of the New Territories in 1997 but knew of it and realized that uncertainty was causing concern. We asked about the water supply of this land with its ever increasing population and learned that, in addition to small reservoirs, there was a large one at Plover Cove where a harbour inlet had been drained, a Tai Lam Chung reservoir, a High Island project, storage capacity on Lantau Island and also a huge desalination plant but, despite all this, 15,000 millions of gallons of water had to be purchased from Kwangtung Province across the border annually.

We both hoped to return to Hong Kong some day but meantime I reported to the Royal Colleges that, in my opinion, the whole MRCP examination could be held there, thus saving many candidates a lot of money for travel that I did not think was necessary.

The Tercentenary celebrations of the College were held in September and were a great success, all manner of scientific papers being delivered by an international group of Fellows of the College including David Todd who had entertained us so well in July, while Rosie Young brought from the Fellows and Members in Hong Kong a splendid and valuable porcelain vase made at Jingde Zhen in Jiangi about 1635. Other striking gifts came from Colleges and Academies of Medicine throughout the world. One of the humorous parts of the celebrations was a performance of Haydn's *Toy Symphony* by a small orchestra

augmented by the President, Vice-President, three former Presidents and a former Vice-President who played the rattle, triangle, cuckoo and quail, trumpet, drum, and nightingale. We did not have time for more than one practice, that being without the orchestra, and by chance I was the only one of this group to have a copy of the music (in a simplified version for the piano) so, encouraged by Dr Ross McHardy a chest physician who was the conductor, I knew just when to hit my triangle. Our efforts created considerable amusement and received much applause but we all realized that we had no future as musicians. My training in music had been that at the age of nine I had been shown one of the notes on the piano and had spent the rest of my life working out what the other ones were, finally reaching the stage where I could play either the right or the left hand but not both at the same time.

The visit to San Diego in October was more or less pure holiday except that I had been invited to lecture at the University of California there and my wife and I joined a group from the British Medical Association who were making the journey for a BMA clinical meeting, the first to be held in the United States. The arrangements were most satisfactory, particularly as regards our room since we were only one stair up from a small swimming pool and one of the coffee shops of the hotel complex. It was interesting to land at Los Angeles, originally given the surprising name of 'Pueblo de Neustra Senora la Reina de Los Angeles de Porciuncula' when some soldiers and Spanish priests coming north from Mexico at the end of the 18th century established a settlement and mission there. As our bus took us southwards to San Diego through Long Beach we were surprised to be told that Los Angeles is the largest city in California and the third largest in the United States. My scientific lecture was not connected with the BMA activities and I also had to give a talk at the University Hospital about the contribution of Edinburgh to North American Medicine. There we processed into the auditorium, led by a piper, Charles MacMillan, who had been in the Argyll and Sutherland Highlanders. Wine and cheese was provided and we were all ready to begin except that there was virtually no audience. Enquiries revealed that the newly appointed Dean was unaware of the arrangements and so had not notified anyone else; however I showed my slides and gave my talk to a select few.

A group of us including Dr. Stephen Lock (the editor of the British Medical Journal) and his wife, went on to Mexico City which is believed to be the largest metropolis in the world with a population of more than 14 million. At 7,000 feet it is as high up as Darjeeling where we had thought that we were feeling the consequences of the altitude

but this time we did not notice any adverse effects, perhaps because of the other problems. We had a room in a splendid hotel and decided to retire early, having brushed our teeth with bottled water from the refrigerator. The term 'Montezuma's Revenge' is well known as something that can be applied to the effects of being careless about eating or drinking habits in Mexico and I am glad to be able to say that we did not suffer from any alimentary afflictions. However, just as we settled into bed at 9.25pm something strange happened in that above our room on the 7th floor workmen seemed to be drilling. The sounds quickly changed to a pulsating noise, rather like that of a ship's engine, and there seemed to be metal straining upon metal. At this point a crack appeared in the wall and part of the ceiling fell on the bed; clearly an earthquake was occurring. The room was now moving from side to side and bricks could be seen in gaps in the wall. I thought that we should stand in the doorway of our room whereas my wife wanted to go down to the ground floor so as the room swayed we stood in the doorway arguing. I had to choose between unpacking my camera from one suitcase or our passports from the other and, remembering my failure to obtain my camera when being bombed in the Mediterranean, I went for it. Under pressure to go downstairs rather than up which I thought to be safer, we descended the staircase and in the foyer found other guests in various stages of undress or alarm. One remark I overheard was 'It's easy to see who wears pyjamas and who doesn't,' and one guest confessed that he thought that tequila must have been too strong for him. Despite my philosophical view that 'It's going to happen to someone else but not to us,' I thought that being in an earthquake was more disturbing than being bombed since one never knows when the movement is going to recur and obviously the tremors may become greater and greater until the building collapses. The magnitude was 6.5 on the Richter scale but Mexico City is largely built to withstand earthquakes and damage was slight. In the Armenian earthquake on 7th December 1988 the magnitude was 6.9 and this caused devastation. The San Francisco disaster of 1906 in which my grandfather was involved gave a reading of 8.3, but a reading of one point means a tenfold increase in intensity so that 8.3 means a ground motion that is ten times that of 7.3. After half an hour the band started to play to soothe the guests who returned to their rooms, no doubt to obtain further solace from their duty free purchases.

During the rest of our stay there was much to see, including Zocalo, one of the largest squares in the world. We entered the Shrine of the Virgin of Guadalupe, built on a spot where it is said that in 1531 (soon

after the Spaniards arrived, bringing the Roman Catholic religion) the Virgin Mary appeared before an Indian farmer and asked him to have a church built in her honour. He did not believe her so she appeared again and sent him to a stony place where he found roses growing; he wrapped them in his cloak which he took to a bishop who, uncovering them, found the image of the Virgin Mary on the cloak and it is still on exhibition at the main altar of the building which those who believe the legend approach on their knees. Our group next visited the Pyramids of Teotihuacán, said to have been built between AD 400 and 800 as the religious centre of a main city in the days before the Aztecs came.

Next we flew to the beach resort of Acapulco where our party was immediately at war with the Germans, in that two groups of tourists arrived simultaneously, each wanting the exclusive use of the dining room. My wife and I went out to a supermarket which we had seen from our window and for the remainder of our stay had our lunchtime meals on our balcony, something we preferred to do anyhow when travelling. The only other comment I might perhaps make is that it was in Acapulco that I first enjoyed the delights of para-gliding, being lifted by the parachute from a raft in the bay after having signed a document absolving anybody from blame if something went wrong. All was well and we flew back, changing planes at Miami where there was a problem of overbooking. I always travelled economy class in aeroplanes but this time we were put in the first class section at no extra cost.

Now it was 1982, the year when I had to retire from my university appointment. This unfortunately would mean ceasing involvement with patients except that I was a member of the Medical Appeals Tribunal and for a number of years would have the opportunity of seeing and examining patients who were not satisfied with the allowance that had been given for a disability or, on occasion, others who had been referred for reassessment by advisers to the Secretary of State. In addition there were my interests in the Royal Colleges of Physicians, the Blood Transfusion Association, the Committee on Safety of Medicines, St Columba's Hospice, various other bodies related to medicine and the Kirk of the Greyfriars. So far as going overseas was concerned I had only one commitment in 1982 and that was an invitation to give a paper at the Seventh Saudi Medical Meeting which was to be held at King Faisal University in Dammam, Saudi Arabia from 3rd to 6th May. My wife and I were delighted to have the opportunity to visit this country about which we had heard so much, even though Britain was at war at the time. On April 2nd Argentina had invaded the Falkland Islands, overwhelming the single company of

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Marines which was guarding Port Stanley; occasionally I was consulted in the Royal Infirmary by patients from abroad, a reasonable extension of the Health Service, and one of them had come from Port Stanley and had told me something about the life there. The inhabitants seemed to be almost more British than the British and it was not surprising that a Royal Navy task force was sent to support the inhabitants of the Islands. On 4th May I listened in our hotel room to radio bulletins and heard that *HMS Sheffield* had been sunk by an Exocet missile. The radio bulletins from Middle Eastern countries were doing straightforward reporting of events in the Falklands whereas the BBC in its overseas service was telling us what the Argentinians were saying. Having been involved to a limited extent in propaganda broadcasts from Radio Rangoon I thought that this was not in our interests and wrote a complaint to Mrs. Thatcher about the BBC. I was unable to understand the justification for the Argentinian invasion; I have an original map dating from about 1740 and it clearly shows the Falkland Islands whereas Argentina does not exist. So far as Britain is concerned I understood that the Falkland Islands were discovered in August 1592 by John Davis (who came from near Dartmouth) in the *Desire* and in 1690 Captain Strong sailing in the *Welfare* between the east and west islands named the passage the Falkland Sound to commemorate the memory of Lord Falkland, a Scottish Viscount educated in Dublin who had been a Royalist and who had died on the King's side in the Civil War. As I understood it the French had settled in the East Falklands in 1764 and the British in the West islands in 1766 and it was not until 1776 that Buenos Aires became the capital and seat of government of its neighbouring territories, which later became separate countries. By this time neither France nor Spain was challenging Britain's interests in the islands. To my mind it was up to the inhabitants of the Falklands to decide whether they wanted to be independent or to have an attachment to Britain, Spain, Argentina or any other South American country and from what my patient had said there was no division of opinion in the islands about what they desired. However we were not involved in politics but were attending a medical meeting in a somewhat warmer clime than the battle zone of the South Atlantic, being on the Gulf Coast just about the level of Bahrain. In fact the temperature was rather cool for the area being only 95 degrees in the shade but as the military band marched past we were in bright sunshine. Over 2000 delegates attended and I was interested to see that one local surgeon was reported as being attached to the Best Diseases Hospital. The opening ceremony was presided over by His Royal

Highness Prince Abdullah Bin Abdul Aziz, Commander of the National Guard. Wives were segregated and watched from another hall on closed circuit television. It was not seemly for them to be seen outside the hotel with their arms or legs showing and they were expected to wear head coverings, but there was a comprehensive programme arranged for the ladies. Splendid air-conditioned buildings had been constructed and projection facilities provided to enable 350 papers to be given at the scientific sessions and each evening there was entertainment. Early one evening my wife returned late from an outing which had been delayed because the bus became stuck in the sand and was distraught because she had just noticed that the diamond was missing from her engagement ring and it was not certain where it had been lost. Before the bus trip she had been wearing the ring as she swam in the hotel pool, the ladies in their swimming costumes being gazed at through bedroom window curtains by interested local observers. After that the party had been in the heat of the desert sun while attempts were made to drive their bus out of the sand. I put on my swimming trunks and searched around the edge and then dived in, looking along the bottom of the pool for a tiny diamond; it was a large pool and I was making a gesture rather than doing anything practical. In any case it was likely that the ring had expanded with the heat of the sun's rays and that the stone had been lost in the desert; we should have reported the loss to the police but decided not to do this in case our problem was misunderstood, leading to the arrest of some innocent local person. Little did we think that in 1991 the airport and adjacent town of Dharan would be a major base in the Gulf war.

I had been asked to speak in London in September, exactly a week before my retiral date, at a meeting organized to discuss 'The Second Pharmacological Revolution' and I did what I could to make this the most scientific and up to date talk that I had given for years. My wife accompanied me and at breakfast in the hotel a man at the table next to us leant over and said in an American accent 'I'm a secret service agent.' I was not sure whether to say 'You're not very good at it.' or 'I'm Napoleon,' but he continued 'If you don't believe me here's proof.' and produced an identity card which seemed to show that he was an American intelligence agent. We felt that he could do with a few more lessons about intelligence work.

On my retiral, past and present members of the staff of the Department of Therapeutics very kindly arranged a dinner and the presentation of a number of gifts in the main hall of our Royal College of Physicians. At the time I did not know it but for the next three years

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most of my daytime activities were to take place in the College or overseas dealing with its affairs. Meantime my University secretary was collecting together all the papers relating to my various activities; the most important ones were kept, but 106 bags of papers were consigned to the incinerator.