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MM: Proudfoot could we start at the beginning and ask you where you were born, were you born in Edinburgh?

AP: No no, a Fifer, I was born in Kinglassie, in the Fife mining belt, in 1937.

MM: Was this a medical family or did you have any connections with medicine at that time?

AP: Absolutely no connections with medicine whatsoever. In fact I think I was the first, as far as I know, I was the first member of the family ever to go to university.

MM: What was the mining community like when you were… when your childhood, because that was very soon after the depression of mining, wasn't it?

AP: Yes, at that time it was the Fife Coal Company that owned the pits, my father worked in the pit there, grandfather worked there at one point as well, my uncle worked there. In fact most people in the village worked in the pit and… Life just went on from day-to-day, there wasn't a great deal to say about it. It was a small village, we lived on the outskirts of it. Apart from the family and school there wasn't a great deal of contact really with others in the community.

MM: So you didn't have any feeling of this being a depressed time, as a child of course you wouldn't be aware of it.

AP: No we just accepted it. Obviously the war was coming up. I think about a year or two after the war finished we moved from Kinglassie to Kelty because my father had become the under-manager at one of the pits just on the outskirts of Kelty

MM: So where did you go to school in the beginning?

AP: Well Kinglassie was the start of my primary school education then I went to Kelty primary school after that. Exams and I never got on terribly well so the, what was known as the 'qually' in these days, the qualification examination, which you sat about, what 8, 11, 12? To see whether you could go to a senior secondary school or a junior secondary school. I think I only scraped through into the senior secondary – and that meant travelling daily from Kelty to Cowdenbeath, to go to 'beath High School.

MM: Now tell me about Cowdenbeath and the school there, was it much of a lead up to going to university do you think?

AP: I don't really know. It was the only secondary school really in the vicinity, it was either that or you went to Dunfermline. There was so many mine works underneath Cowdenbeath in these days that 'beath High School was held together by great external girders which were bolted together to stop it from falling apart and that was one of the most dramatic things. And education I think in these days was somewhat different, when each year for the first three years in secondary school there were three different streams. A stream was the one that did the things like the classics like Latin and so forth, whereas the C stream, which was the one I went into, you weren't expecting to be doing terribly much at the end of it all and so it was more emphasis on things like woodwork, metalwork and technical drawing because I suppose apart from the pits in that sort of part of Fife, the Rosyth dockyard was probably one of the major employers at the time and a lot of people would have ended up going there.

MM: And the B stream, what was that?

AP: That was rather somewhere in the middle, I never quite came to grips with the difference there.

MM: So back to the C stream, how about the sciences and that, was there much?

AP: Well there was the usual, there was science and obviously history, English, mathematics and so forth, and French. I went and progressed along that and at the age of 15 when most people left school, then there was only one stream after and I ended up in there from year four to six before getting the necessary number of Highers to get into medicine.

MM: So that means that you were, in a sense, promoted from the C stream throughout the course of your time?

AP: [laughs] Yes, I suppose, I suppose that's right.

MM: What about, where did you feel that your schooling was leading to? By that I mean were you getting anything even approaching career guidance at school?

AP: No, there was no career guidance in 'beath High School at that time. I think by the time I was 15 or 16 I had made up my mind I wanted to do medicine. Now don't ask me why, because I haven't got the foggiest notion. But I'd always for some reason or other decided that's what I wanted to do and I must have justified it because you probably know in these days when you applied for university medical school you had to write a short essay on why you wanted to do medicine and I must have convinced the authorities in some way or another because I got into Edinburgh without any problem.

MM: And how did the school staff and your teachers react to your choice about medicine, were they in favour, supportive?

AP: Yes they were supportive, I don't think they were all that critical, I think in some ways in retrospect I sometimes wonder if they were a great deal involved with what people did, provided they got a good number of Highers and Lowers at the end of the day. I don't think they were too worried about what discipline you went into.

MM: And was there a group of you who went from school to university or were you on your own?

AP: Yeah there was several, I couldn't say just how many, there'd be a good handful I would think. Of course the other thing in these days for the more academic person there was to go into the civil service and a lot of them were keen on that as a career. Never appealed to me, never even crossed my mind as a prospect.

MM: And that was after university they had…?

AP: They were, they were trying that way before they were leaving high school and I think the civil service used to have examinations in these days for deciding who they would employ. But it wasn't something that ever interested me.

MM: That seems to me to be a bit, an unusual stream towards a civil service outcome… did you think that was an unusual thing, have you come across that, having that as one of the things that the school looked for, in a sense, from their pupils, going into the civil service?

AP: I'm not quite sure whether it was the school that was looking for this, I suspect to some degree they were but I think some of the pupils certainly did. Some of them were really quite determined.

MM: And what about other things at school apart from that? Was it a school that had much in the way of music, or drama or any other [sort of interest]?

AP: Well yes, I in fact sat Lower music when I was 15. I was never, my father had bought a piano the year before that and sent us all for the lessons. I was never any good as a pianist but I could play enough to get through some of the board examinations, and together with a bit of theory I managed to get Lower music and that is something which has stuck with me all my life because then when I did get into the later years of high school I did Higher music and again pretty hopeless as a performer but not so bad on the theory

MM: And so your idea was to go to Edinburgh for medicine…

AP: Yes.

MM: …that was your one choice and it came off?

AP: Yes, no other choice ever crossed my mind.

MM: Right, right. What was your reaction to moving from high school to university then, do you remember?

AP: Oh I do, I do. I remember my first day at university. I stood outside Ferrier's bookshop on Teviot Place, opposite the medical school, and along a big tall chap came and stood beside me and we both looked across at the medical school and in fact we were both starting, his name was David

[Sheerman], he became the professor of medicine I think in Melbourne if I remember rightly, a gastroenterologist.
It was quite an experience for somebody who'd lived all his days in Fife, and when you had to travel by ferry from North to South Queensferry to get to Edinburgh, unless you went by rail obviously. And it really was quite a big culture change, to some extent I had some warning for it because when I was at high school they had these cool camps that one went to, some did music, some, the emphasis was on drama or art. But then you, by going to these school camps you met pupils from other schools in Fife including some of the private ones, the more elite ones anyway. So it wasn't a great shock coming to Edinburgh but I was astonished by the number of people that were wearing blazers with the old school badge and I must say I felt out of the club. Not for long.

MM: Was that the dominance of Watson's particularly?

AP: It was partly Watson's, I think there were others, the Academy and Stewart's as well I think.

MM: So I gather from what you're saying that you travelled from home for a while?

AP: No I went into digs, my father had a contact in Edinburgh for [inaudible] up by the observatory so I stayed there on my own for the first three years and walked down to Teviot place most days.

MM: At that time, if I remember, the first three years were things like chemistry and physics and so on.

AP: Ah yes, because I had Scottish Highers like every other chap with these I had to do the first year of chemistry, physics and physiology and botany, whereas the folks with English A levels managed to avoid that year and go straight into anatomy and physiology and biochemistry, but I quite enjoyed it.

MM: So having to do chemistry didn't dull your enthusiasm?

AP: Oh not at all, not at all, no.

MM: What about, do you remember any characters around university, the staff, the teaching staff, that had any particular influence on you, do you think, during these early years?

AP: There were certainly enough characters, some were extremely impressive, other less so I'm afraid. I think one of the most impressive was George Romanes, who was the professor of anatomy in these days because he gave us a course on embryology and with a piece of chalk, of different colours, he could on a blackboard draw the most amazing diagrams to lead you through the process of going from conception to actually a fully formed foetus.

MM: Was the legendary Jamieson there still?

AP: No he was gone by that time, I think at that time there was also a man called Bob Craig if I remember rightly who was demonstrator, one of the senior demonstrators in anatomy. He was very good at demonstrating the logic behind the names of different nerves because they all seemed to tell you something and that made quite a big impression on me.

Physiology I think was different, the professor of physiology then was David [Hootrich], I'm sure he was an extremely clever man and I got to know him a little better later on but he gave the introductory course in physiology and for some reason or other it didn't quite hit the mark but I wish

after a year or two that I could have gone back and listened to it again because I think I would have taken much more from it.

MM: Did anatomy have any particular sort of significance for you, there's something that has come up with other people who have said that, they didn't really feel they were medical students until they had been through the initiation of the dissecting lab.

AP: I hadn't thought of that but I suppose there's an element of truth in that probably for all medical students but no longer of course. But at that time it certainly was a bit of a trial. Yes I think I did probably did feel like a proper medical student once I started dissecting the cadaver.

MM: You had joined the club.

AP: Yes.

[both laugh]

MM: And how about the early exams, did you find them particularly [inaudible] compared to school or they were just routine things?

AP: As far as I was concerned it was something that had to be faced and I just got on with it, they didn't seem to pose any particular problems. I did quite well in the second MB physiology examinations and got a distinction oral but the right questions didn't come my way. [laughs] But I did get the offer of a place on the honours physiology course which I did, which I took up. It was a bit, it was a bit difficult because it meant that my grant would stop and my parents would have to fork out a bit more and since I was the eldest of seven, it wasn't the easiest of situations but I got a university undergraduate scholarship which eased things quite considerably.

MM: That sort of prompts me to ask about the other members of your family, did they follow you to university or…?

AP: Well my father's married twice and there were seven of us because he managed to have a set of twins by each wife, which I was thinking about on the way down on the bus and I thought the odds against that must be extremely high [laughs] but nevertheless he did achieve it. The younger half of the family, the three of them, they all went to university, and I reckon they're the brightest of the family by far.

MM: Did any of them choose to do medicine?

AP: No, my youngest sister did geology to start with and is now a lecturer in Coventry University and the two younger twins both got first class honours physics and went on to DPhils in Oxford.

MM: So clearly it was a family background that encouraged ambition.

AP: Oh my father, yes [inaudible], yes my father was absolutely keen that we should make as much as we could of life… We were very lucky, my stepmother was extremely supportive as well, 'cause without her it would never have happened.

MM: Have you any thoughts about the system of grants and support from local education authorities and so on at that time compared with now, has that ever crossed, something that you've thought about…?

AP: No it's not something I've thought about because when my own daughter went to university there was no question of a grant and I never really thought much about it but I think without local authority funding in these days I'm not sure I would have gone to university. Clearly I'm all in favour of education, education, education, as Tony Blair put it, but sometimes nowadays I think we've perhaps gone a bit too far.

MM: Well, having got through this initiation period, if we put it that way, of anatomy and in towards the later course of clinical medicine, how did that go, were you able to pick your own places for clinics and so on?

AP: Well the first one was the year in physiology. I got into that and I'd only been there a week or two and I was beginning to wonder what I'd let myself in for because it really wasn't my forte. I certainly don't regret it in retrospect because we had to do essays and we had to go to the central medical library, dig out the literature and produce something critical and David [inaudible], the professor then, used to see us once in a while and we'd write up an essay and send it to him and we had to go and see him in his office, a bit like the Oxford system which I think he was acquainted with. And he would sit for an hour or so and go through it with you and criticised, and tell you where you might have done things differently and supported you and generally guided you so in retrospect I think it was a very valuable year. I never wanted to be a physiologist at the end of it but I had a much better understanding of physiology which I thought would be helpful in a medical career. But above all I learnt critically to review literature and not just accept things at face value in the didactic way which was so common then. And of course after that year I got into clinical medicine which was really only what I ever wanted to do.

MM: Did that, did you have an honours BSc then?

AP: Yes, yes I got a 2:1 I think at the end of the day.

MM: It sounds very clear that that didn't divert you towards laboratory medicine?

AP: No, not for a moment I would never have gone there. No I wanted to be a clinician I think from a fairly early stage in my undergraduate career and was only too pleased when I got to the fourth year of medicine.

MM: And how about your choice of clinics and…?

AP: Well in these days Henry Matthew was held by many of the student population to be the best clinical teacher around. And he at that time was J K Slater's sub-chief in wards 31 and 32 in the Infirmary [shakes head], 31 and 33, and I was fortunate enough to get into that clinic.

MM: How did the system work of getting into a clinic?

AP: I think you just put you name down on a list, from what I remember, and you were just allocated a place. And as I say there were quite a number of students around the bed of course, nothing like the small groups that we see nowadays.

MM: And who were the others at that time apart from Matthew?

AP: Matthew himself… The registrar was George Beveridge and J K Slater himself taught us from time to time on things neurological. And he had a good relationship with the neurologist at the

Northern General then, I've forgotten the names, but two of them used to come to Slater's ward at the Infirmary and [inaudible] clinics…

MM: Was that John Stanton?

AP: That's the name, yes, John Stanton.

MM: And what about the great Derrick Dunlop …?

AP: Well I was in one of his clinics in my last year of medicine. It was the time when Derrick's wards were being upgraded so his patients were out at Beachmount so he would collect us at the appointed hour and we'd drive out in his Land Rover, his senior clinic, and he would take us on a wander and it was the most amazing experience. I'll be accused of telling fibs but I would swear that when he had his dark suit on, he had a stethoscope with black tubing and he had the black dogs in the back and when it was the brown suit, it was brown tubing…

[both laugh]

AP:… but he was a phenomenal teacher, he could take you to the same patient, two days, three days running, and never cover the same thing twice. You felt involved, he had a charisma about him and you just couldn't let go, he was an amazing teacher.

MM: And how about surgery, who were the people you remember there… if any?

AP: …I do remember them…

[both laugh]

MM: I see you're correcting your phraseology...

AP: Well I don't know, for some reason, you know I think most people know what they don't want to do, and I had decided at a fairly tender age that I didn't want to be a surgeon. But I was taught by, or lectured by, John [Brooth] and I remember Peter Edmund in the days when he worked for John [Brooth] and I remember Norman Dott, couldn't forget him because first lecture he gave us, he gave some historical introduction about how he had worked with, I think it was [Cusher] in the USA and how he, Dott, had brought the light from the USA to Edinburgh. And, 'brought the light' was exactly the phrase he used and it stuck in my mind for ages.

MM: And this didn't go down particularly well…?

AP: Well I didn't mind it at all but it was such a strange form of words that in these days, it was pretty uncommon and it would be even more so today.

MM: He was quite an influence about the place, wasn't he?

AP: Yeah, I think he was. I don't know a great deal about him apart from the fact that he had a background in engineering before he became a surgeon.

MM: And John of course presumably made some kind of impression…

AP: Oh he did. Yes, he was bound to. He came in with his white welly boots and his [inaudible] which was raw blue and the white [doctor's cord] so he was a very distinguished looking man

[both laugh]

AP: One couldn't help but be impressed by this phenomenon.

MM: But certainly didn't tempt you away from medicine?

AP: No, no. In fact when I got to become a house surgeon with Donald Mackintosh and Jim Jeffrey in Chalmers's hospital I think I got into trouble because I kept on banging heads with the operator on the other side of the table. Didn't go down too well.

MM: How did that…?

AP: I think I was being [to retract or something] and got a bit too enthusiastic about what was inside.

MM: And how about the other things like obstetrics and so on?

AP: Obstetrics I never took to, I did my 12 normal deliveries as one had to do, I did them in Dunfermline in the maternity hospital there but I never really took to obstetrics and gynaecology.

MM: Who were the professors of obstetrics at that time?

AP: I think it must have been Robert Keller…

MM: Keller.

AP: Yeah, I'm sure it was Robert Keller and there was a man called Matthews, with an 's' on the end, who was one of the other consultant obstetricians.

MM: And when you did your, I gather from what you said that your deliveries you did actually in hospital, you didn't ever have to go out on district?

AP: Yes I did, I did once because in my GP attachment was to the university practice just off Nicholson Square and I was attached to a GP called William McLean, or 'Squeaky' McLean as he was referred to because he was a rather small man with a moustache and a kind of squeaky voice and he and I once went down to Arthur Street which is now demolished, and up several flights of a tenement, to a lady who was I think para five or six, anyway she didn't need any help from anybody, it was all over in about five or ten minutes but that was the only domiciliary experience I had with obstetrics but in these days of some of my colleagues went off to Dublin which seemed to be very popular for that sort of thing, but as I say, obstetrics never appealed to me.

MM: And what do you feel in retrospect about medical training at that time, do you think it was, overall was it what you expected or did it disappoint you in any way?

AP: No I think it was what I expected and in a way I ended up very glad that I had the sort of grand slam finals where you had to sit everything at the end of the day you didn't do it piece meal stage by stage because there was an enormous satisfaction in getting through the final MB. And you felt at that time that you would never know things quite like that again. And then you go into hospital practise and then two years, a year as a houseman and further up the ladder and so forth you

become increasingly blinkered in a way. No, I thought it was great. Since then I've had various thoughts about it. I just don't see how one can have a single course in medicine, training people for everything these days. And I've wondered for a long, long time whether or not one should be able to make up one's mind at a much earlier stage whether you wanted to be a hospital physician or a surgeon, or whether you wanted to be a general practitioner and that the course ought to be geared appropriately.

MM: What about other things like bacteriology when you fit them on to, at the time, your physiology for example could split off at that time…

AP: Well I… physiology I thought was an extremely important aspect of medicine, bacteriology I didn't. I thought that most bacteriology that was of any practical relevance could be taught in a week. And they made a great fuss of it I think unnecessarily so. Whereas I think in pharmacology for example, the course was probably too short and geared more towards the lecturer's interests than to the fact that here were a bunch of students who at the end of the day were going to end up prescribing these drugs and having to know what they were going to do and equally importantly what adverse effects they might have.

MM: And looking back, I mean, we've touched on the anatomy as an initiation, but quite apart from that, do you think it was worthwhile, that big period of your training that you in anatomy, do you think that was essential? Because it's changed so much now, hasn't it?

AP: Yes it seems to have changed a great deal, we did, like you in fact, I did five terms of anatomy and certainly one knew a good deal about the structure of the human body at the end of it. And I think five terms is probably too much, in retrospect.

MM: But at the same you didn't regret having done that?

AP: Oh I didn't for a moment. I had no idea what I was letting myself in for when I went to do medicine really. So I merely accepted things as they were put before me and tried to make the best of them.

MM: So anyway, you… perhaps a little unusual in having undecided, having made certain decisions quite early on, I mean that was, surgery was out and obstetrics. You were already focused so did you feel at that point that you could plan your career from that point, or did you have a plan or did it just develop?

AP: I knew I wanted to be a hospital doctor and a physician rather than anything else and that I think was the only decision I had come to, the question then was how did I reach that objective? The first thing was to get decent house jobs. When I was in my final year of medicine I went to Bangor hospital in my summer holidays, at least two, if not three years running and was attached to the medial unit there and by the time I graduated I had done something like a dozen lumbar punctures and a dozen sternal marrows and these days you can't find a registrar who's done a lumbar puncture [or a sternal marrow] and yet these things were commonplace. By doing that I got a lot of hands-on experience and during the academic term I used to clerk in J K Slater's ward 'cause I knew if I went there and helped out, often doing nothing more than going for things and doing the mundane tasks, but some of it rubbed off, and you got to know the people, the people got to know you, and when it was getting up to the time for doing house jobs I applied to there for a house physicians post, particularly because I wanted to work for Henry Matthew.

MM: I remember the system well.

AP: I bet you do! [laughs] Surgery, as I say, wasn't of great interest to me so I didn't get too concerned about where I did my surgical jobs but I did end up working for Donald Mackintosh and Jim Jeffrey who were the two surgeons in Chalmers' hospital at the time and the attraction to that was that there were only two units: top floor in Chalmers' was surgical and the bottom floor was medical and there were only two house men so when you were on you were covering both medicine and surgery and that appealed to me.

MM: Suited you very well.

AP: It suited me extremely well.

MM: Then, what about after, when you had done these first two house jobs, what had happened to National Service and so on by that time?

AP: I was deferred National Service as a medical student so I never had to do it and it just disappeared, so it wasn't an issue for me.

MM: Right. So that means that you had, already while you were doing your house jobs you were looking forward to the next stage of where [you were going to go after that]?

AP: Yes. There was nothing immediately on the horizon at that particular time so I did another year a houseman. I did six months in dermatology, which again I've never regretted 'cause you can catch the students and middle-graders out very easily with dermatological problems [laughs] when you're at the bedside [inaudible]. So I never regretted that. And after that I did six months at your old haunt on Sciennes Place…

MM: [laughs]

AP: I was on ward five with Donald Douglas. I was the houseman there. That was about the time when I think John Forfar was about to retire as the professor of paediatrics. Even as a junior, one couldn't avoid all the gossip about the…

MM: Would that not be John Forfar predecessor who was retiring?

AP: … [sighs]… I can't…

MM: What was the date, sorry?

AP: That would be… '64, '5…

MM: '64, that was when John Forfar was appointed.

AP: That's when he was appointed, I beg your pardon. Yes, because there was a lot of in-fighting about whether it would be Farquhar…

MM: That's right.

AP: …or Ingram.

MM: Yeah.

AP: [laughs] There was a lot of gossip going around about that time. But moving from dermatology, for emergencies, it has to be said, were extremely few [laughs] and far between, to paediatrics, was quite a shock to the system.

MM: Yes emergencies are not unknown. So well that gave you a very general start and what I'm interested in is how you felt at that time about prospects of making your career in medicine.

AP: I was never was in any doubt about it, I knew there were obstacles, I knew there were two bottlenecks in the progression up the ladder as it were. One was to get a good SHO [senior house officer] post and getting that, if I got that, then there'd be plenty registrar posts for which I could apply for then you came to the next bottleneck which was the senor registrar prospects, and then if you got there you would be a consultant somewhere, not necessarily where you wanted to be, but you would certainly get a post.

MM: And where did the membership come in timing?

AP: In 1964 I became an SHO in medicine at the Infirmary with Henry Matthew in ward three and he had at that time a general medical attachment [to 29 and 30] which was Ranald Murray-Lyon run. So I was back into mainstream medicine and I sat the membership a year later, 1965.

MM: And how did that grab you, the membership exam?

AP: It didn't bother me a great deal, I knew it was going to exert its pound of flesh, you had to do your homework, and by that time I was married and our first child was around but you just had to get on with it. Having it wouldn't mean a great deal but not having it meant everything as far as prospects were concerned. So I got the membership without any great trouble, as far as I know anyway.

MM: So you were really quite young when you were married then?

AP: Yeah we got married about six months before I graduated which was pretty unusual in these days, not unheard of, but it was unusual.

MM: And I take it your wife was fully aware of these long periods of house jobs?

AP: Well she was a nurse and I suppose she ought to have been.

MM: So that was quite an undertaking then to have a wife and family and start off what must have been, to some extent a hazard as a business wasn't it because there wasn't a ladder you went up, you have some critical points along these hurdles that had to be got over.

AP: Well, I've mentioned Henry Matthew many times, I hesitate to do so again but he in a way has been something of a hero for me since my undergraduate days. When I was at the end of my house physician post he took me aside and said I'd been one of the best he'd had for a number of years and that, as you can imagine, was an enormous boost, so I felt I had the potential and I never really seriously doubted myself in that respect, might be a bit arrogant but that's the way it was.

MM: So that brings me on to one of the things I wanted to bring up because that system has gone now, hasn't it?

AP: Yes.

MM: I think your generation and mine there was almost that element of apprenticeship, wasn't there?

AP: Yes, there was. Patronage and apprenticeship.

MM: Patronage and apprenticeship and that is now frowned on.

AP: Yes.

MM: Do you think, crucial question, good thing or bad thing that it's gone?

AP: Well it suited me extremely well, it certainly didn't do me any harm. Whether the new system, well it's not so new, it's been around for a few decades now I would think, whether that's any better, I wouldn't have thought so frankly, I wouldn't have thought so. One of my nieces, that's a registrar in medicine, I know that she got caught up in the problems of finding appropriate jobs. You didn't have this choice. I think the good people are going to get on regardless of career guidance and things of that sort. They have made up their minds, they've got ability, they probably know themselves fairly well, and they're going to get where they want to go, regardless. And I think we've demolished the system in a way and I sometimes feel it's always down to the lowest common denominator. There's no choice any longer, it's all taken out of your hands and I don't think that's necessarily a good thing.

MM: …there's been a very big change…

AP: Oh there certainly has.

MM: So then really after that point was your career then based in the Royal Infirmary essentially?

AP: No it wasn't because after six or seven months as an SHO our first child was around and we were feeling the financial pinch and there really wasn't a great deal of choice but to find a registrar post somewhere. And I applied for one in Kirkcaldy but didn't get it which upset me considerably [laughs] because I thought I was better than the person who did. But anyway it ended up with me getting a telephone call one night to say that there was a registrar post available at the city hospital in Norman Horn's unit doing respiratory medicine and tuberculosis and that I should seriously think about this. Well it's not the sort of thing I'd ever thought about before but I did apply and did go there. That really quite, was a very challenging experience and didn't work out quite the way I expected but I certainly enjoyed it.

MM: In what way, was that essentially tuberculosis…?

AP: No, it was mainly respiratory medicine, it was the mainly the two chest wards, plus a few, the number of tuberculosis patient in those days was really quite small, only a handful at any one point in time. But Norman Horn who was the consultant who had gone off to [Baroda] where the university had an arrangement for exchange of teaching, teachers, and so the ward was left to the senior registrar at that time who was Graham Crompton and Graham, I don't know if you know him, but he was an extremely good cricketer apparently in his young days and as senior registrar he had been playing cricket one day and went for the crease or something with his bat [gestures], hand outstretched, come down on it and dislocated his shoulder and to crown it all he got Sudeck's atrophy of his humerus and so he was in an airplane splint [gestures] and in very considerable pain I

reckon for some months. And he was off work, so it fell to the registrar, with supervision from the Northern General hospital [and wherever one could find it] really, look after the patients, and that was me.

MM: And that was a baptism of fire.

AP: Yes it was, yes. In some ways I was scarred from it but in other ways…

MM: How scarred?

AP: Well you used to see these patients with big cavities, especially [inaudible] lobes some of them were full of fungi, and I remember one man that was torrentially bleeding from his lungs, had a big [inaudible] on him and he had chronic obstructive airways disease anyway, and he ended up getting a tracheostomy, I remember having to do a bronchoscopy through a tracheostomy one night and having to do it through a tracheostomy was better, easier than having to do it through the vocal cords but nevertheless it was quite a trial. And there were a number of things like that, the routine things obviously just went along as they would anyway from day-to-day but the more difficult things were obviously a challenge but I had a lot of help. Ian Grant from the Northern would come up and help out and his senior registrar, Douglas Murray at the time, he did as well so I wasn't exactly running the show on my own.

MM: No, but nevertheless you, had the experience of, carrying the can to some extent.

AP: Yes and I think it was very valuable. I hope the patients didn't suffer as a consequence!

[both laugh]

AP: But certainly it was good for me.

MM: So by this time you'd got years in, you had your membership, and you were back in Edinburgh, as part of building your career, what about the business of publications and so on? Had that already come to you?

AP: Yes it had, I already started doing that when I was an SHO with Henry Matthew, the first SHO, well, the only SHO job I ever had. You did the inevitable thing, you've got interesting cases which were very unusual and I think I wrote up a couple of these. I think the first one was a man, I remember him, an alcoholic man and in his fifties who had drunk some carbon tetrachloride and went into renal failure and he had to be haemodialysed and they had peritoneal dialysis as well. Dropped his haemoglobin, was transfused and then he turned up with a fever and abnormal mononuclear cells in his [inaudible] so he had something like infectious mononucleosis which presumably had been transferred through blood transfusion and I think nowadays it's thought to be due to Cytomegalovirus, a name I remember from my paediatric times. That was the first one I ever wrote up and the other was an individual who'd taken a big overdose of methaqualone mandrax as it was known in these days and he was treated by a peritoneal dialysis on instruction from on high. I don't think we did him any good by doing it and we measured what we got out in the peritoneal dialysis and wrote it up. So that was the start of my publications.

MM: But it doesn't sound as if you were [inaudible] as some people who did it very deliberately looking for things to do in order to publish, in order…

AP: No, no, no. I wasn't interested in doing that. I wasn't interested either in doing an MD, that seemed to be a total waste of time. You had to do a couple of years work, most of it to end up in dusty thesis somewhere in some library, something that nobody was ever going to look at again. I did not think that was in my interests and fortunately in these days you didn't need an MD to progress up the hospital ladder and unlike many of my colleagues I only did the Edinburgh membership, I didn't do the Glasgow on or the London one. So in a way I knew at the time, or I thought at the time, that I was restricting my job options at the end of the day because without a London membership I didn't think I was going to get a job in England, so this was deliberate. It wasn't a cheap thing to do, even then and to do one was bad enough but to do two or three separately… it was just a piece of nonsense.

MM: Indeed [laughs] and… So how long did you stay in the city?

AP: I was there for about 18 months and as I say I enjoyed it, obviously Norman Horn came back after a year or so and I learned a lot from him, I learned a lot from my colleagues at the time, Graham Crompton and Bill Grey who was another registrar and learned a lot about x-rays, I learned it was important that I learned about x-rays because I was going to profess an interest in respiratory medicine for the membership. And I knew that there was a good chance I would face the dreaded Mr Logan, in the exam, and it came to pass [smiles].

MM: [laughs] You must tell me about that!

AP: [laughs] Well I went in for the oral and I, the oral in respect to the selected subject, and there was Andrew Logan and the other consultant was a physician who'd been a senior [inaudible] and the chap who was running the exam that day was somebody you'll know, it was Mike Gordon, he was the registrar organising things. Anyway, I was shown an x-ray that was put up and I was asked to comment on it but it was the physician, I think he was at Tyneside at the time, that asked me about it, and I felt so resentful, I'd psyched myself up to face Andrew Logan and I don't know what this other man… [laughs] I wanted Logan to question me but it didn't come to pass. But as I heard later from Dr Gordon I'd done pretty well. [smiles]

MM: [laughs] Right, so then how did you engineer the next bit?

AP: Well I found respiratory medicine a bit dull at the end of the day, having worked in the poisons unit at the Infirmary I was used to people coming in unconscious and not breathing and convulsing and having arrhythmias because of this, that or the next thing so that was really quite an exciting form of medicine for me, it was the sort of thing which I enjoyed a great deal. And most of the patients were unconscious, you didn't even have to speak to them. So I applied for a registrar post with Henry Matthew again and got it. So I was there for another 18 months and during that time I was attached to 23, 24 [fae] Ronnie Girdwood who was the professor of therapeutics and Henry Matthew had general medical [inaudible] and that was a time when the poisons unit, there was a lot going on there.

MM: That's one of things I particularly wanted to get to. Could you tell us something about the poisons unit, its beginnings and so on? Because I don't think we've got much record of that, of how it came to be. 'Cause it was fairly unique was it not?

AP: Yeah it was indeed and it was unique for a very simple reason. When that Infirmary was built, that was Edinburgh's third Infirmary, the one in Lauriston Place, in the planning, 12 beds had been set aside specifically for the purpose of isolating patients who were obstructers, that had been an annoyance, I can't remember the exact words, to their neighbours. And it was known as the ward for

incidental delirium, or more popularly by the denizens of the Grassmarket, as 'ward three' and that was from 1879 onwards and at that time of course attempting suicide, taking an overdose of pills or cutting yourself or gassing yourself, was technically a crime and most people who did that were thought to be insane at the best of times anyway so they were put into the ward for incidental delirium because that ward had a locked door. You could get in without problems, but you couldn't get out without a key and there were bars on the windows and metal grills and anything that was, had a piece of glass within in easy reach. So that was the natural place to put people who'd taken overdoses or were upset and because penicillin came along in, what, the 1940s, [inaudible] even earlier than that, then we got more effective sedatives and tranquilisers, then incidental delirium became much less frequent because it was most commonly precipitated by infection so it became much less common. So the number of patients being admitted with incidental delirium went down. At the same time, for reasons which are not clear, the number of patients taking overdoes and injuring themselves in some way, was taking off. So one function, very naturally, took over from another. Now in fact by I think it was the early 1960s the government, the Department of Health in London and in Scotland were so concerned they had produced a report on how cases of acute poisoning should be managed in hospital, and Edinburgh just had the perfect system.

MM: Already?

AP: Already. And it was a curious confluence of things, all about 1963 because that was the year that J K Slater retired. Henry Matthew gave up private practise in 1963 but at the same the psychiatrists set up the MRC [Medical Research Council] unit for the epidemiology of psychiatric illness at the Royal Edinburgh Hospital with [Neil Keslo] I think in charge and he was very interested in providing a psychiatric service, and social work service, for patients who poisoned themselves or injured themselves so he was involved in ward three and as I understand it Henry Matthew came back from holiday in 1963 only to find himself assigned to take over ward three in the long term and I think his interview with one of your predecessors documents he was about to reject it when he met John Halliday Croom who persuaded him he should take it on which he did and he did the most amazing job of it.

MM: I'm very interested in the foundation of the poisons unit. What you're saying is in fact that this is something that happened and the interest from the Scottish Office came on later?

AP: Yes, in effect it was there already and just needed that boost and also in 1950… sorry, 1963, a poisons information service was set up for the UK and the Scottish branch of that was in Edinburgh but initially it was in the Department of Forensic Medicine and in charge was man called [Street] who was an analytical chemist 'cause forensic people in these days probably knew more about poisoning than anybody else.

MM: It was still quite remarkable to get a new unit started within the Royal Infirmary at that time because it certainly wasn't easy to get space and backing for new things at that time.

AP: It wasn't as difficult as you might think for the very simple reason that most physicians are not the slightest interested in people who injure themselves or who are poisoned. Now if they were, if they'd been prepared to put as much time into thinking about toxicology as they do about things cardiological or neurological, then I think toxicology would have been a great deal more advanced at this time but they're not interested, they don't really want to know about it. There's no doubt that over the decades there's been a problem of attitudes towards people who injured themselves in one way or another so there really wasn't a great deal of competition for the beds, the beds were already specifically designated for dealing with a difficult group of patients and nobody was queuing up to take it on.

MM: The service wasn't confined to the people who were in your beds, the contact with other units and other hospitals was quite important too, was it not?

AP: Most of it came through the information service and if it was a difficult problem somewhere, say down by the Borders the SHO or the registrar or even the consultant would be contacted and he would come and speak to the individual in that hospital who was making that enquiry and would give advice.

MM: 'Cause I remember it well because, the nature of things, when children came in with poison you don't get a history. And the parents don't know, the child was not, you cannot communicate so it was frightening situation which I certainly came to rely on, on the service, on the advice we got from that, so I think your service expanded over quite an area, did it not?

AP: Well, yes, most of Scotland obviously. Some Scottish hospitals would contact England for information. Might seem strange but I suppose that's because there were some English graduates working up here but that's contra balanced I think, 10% of all the enquires to the Edinburgh centre of the UK service came from the north of England and of course in these days, may still, Edinburgh managed to export more doctors than it ever managed to keep so there'd be Edinburgh graduates down south who would phone back up north to find out what they wanted.

MM: So in fact there wasn't in effect any difficulty about financing or staffing. You got pretty well universal support then.

AP: Yes there was, there wasn't a great deal of funding, separate funding for the poisons information service except in London where it was a totally new service and not set up on the basis of any other pre-existing clinical arrangement. And the London centre used to be the co-ordinating centre because there were obviously other centres, in the capital cities, in Wales, Northern Ireland, Dublin as well as Edinburgh. So the London centre used to produce a sheet with the name of the compound on it, what the features of poisoning were and what treatment was recommended and these all went into huge great ledgers which we ended up with ten or 11 of them, all weighing up, some of them up to two or three stones full of information that was getting rapidly out of date.

MM: So when you, you went to the Royal Infirmary as a consultant.

AP: Yes I took a circuitous route, I was a senior registrar in the Infirmary with John Croom, I was his late senior register I think, and after that I looked at various jobs in the north of England at consultant level, and they ether didn't appeal, one I wasn't successful in anyway, and then a local consultant post came up at the Eastern General Hospital and I was selected to go there and I was warned in advance not to get any long term thoughts about it because it was earmarked for Ted French, who was at that time working at the Western, but for whatever reason, I don't know what it is, Ted French didn't take it up so the definitive post for the Eastern came up. By that time John Slater, who was the physician there, had retired and John Munro was the driving force there. So I was appointed to the Eastern and spent about a year and a half, perhaps a bit longer, with John Munro and then Henry Matthew retired at some time in 1974 and I was asked to apply for his job.

MM: From that time on how much of your career was devoted to the poisons and how much time did you have for other things?

AP: Well the poisons side of things it was a daily commitment obviously and because we had these dedicated beds we would take in anybody and obviously the majority of people were never at any

serious risk, they were intoxicated and unsteady and dysarthric and maybe falling around about but their lives were never in danger, probably only some 10% really required energetic intervention if they were going to survive unscathed but having that total spectrum of poisonings was an immense advantage because one could teach medical students, you could show them the adverse effects of this drug or the other drug in the most florid way they would ever see it and we had also, the very valuable services were the consultant psychiatrists and social workers and health visitors all coming to the ward every day to assess the patients. So the physician – his prime responsibility clearly was to make sure the patient was going to survive but once that was dealt with the rest of the team took over and decided the longer term disposition, whether it was to a psychiatric hospital for treatment of mental illnesses or whether it was back to the community with appropriate support. So we used to do ward rounds at half past eight in the morning and there might be anything up to 20, 23 patients who've come in in the previous 24 hours and they all had to be seen and a medical decision made as to whether they were fit for discharge or whether there were things that had to be done before that was feasible. So the poisons unit took up the first part of the morning without a doubt but the rest of the day, I did as much general medicine, if not more general medicine than most other physicians in the Infirmary.

MM: That's what I was going to ask you because I think I know of you as a general physician.

AP: I was a very general physician, as I said earlier it's what I always wanted to be and, again, it sounds a bit arrogant but I think eventually I was probably quite good at it. [smiles]

MM: A general physician is quite a rare bird now, isn't it?

AP: Oh I think they're a real rarity now. I mean the writing was on the wall long before I retired that general medicine was going to disappear which I think is very sad because patents don't want to be run by committees, they want one person who's clearly responsible and whose going to decide what's going to happen to them.

MM: Do you think it's a done deal?

AP: I'd like to think that in due course it might come back but I think with the specialisation in medicine nowadays compared with what it was when I was a young consultant, it might be very difficult.

MM: Because it seems to me to be a situation that you could cope with in a main centre like Edinburgh but what happens to the Kirkcaldys and Dunfermlines and Fort Williams and places of the kind?

AP: [nods] Yes I agree entirely [sighs]… it must be very difficult, I suppose they have to call in specialist expertise when they feel it's necessary but it can't be easy for them, especially in remote places. I thoroughly enjoyed being a general physician right up till the day I retired. There's nothing I like more than the post [inaudible]. That's where I felt that was where I was supposed to be.

MM: Tell me, how did your patient clinics… [inaudible] did the GPs still look to you as general physician and find that was good idea?

AP: Yes, I didn't have the relationship with general practitioners in the way that some of my colleagues did, John Munro had an amazing relationship they all knew each other by name and by name but the Infirmary never attracted that sort of business from general practitioners. It was the kind of 'dear doctor' letter, 'please see and advise'. And that went on and on most of my time there,

most of my time there. Every so often obviously I did strike up relationships with some general practitioners but really quite a small number, where you could write to each other on first name terms and still didn't diminish in any way what was being communicated between you two. I think the smaller hospitals and the hospitals where general practitioners have no choice but to send patients there, then you build up this relationship which didn't happen at the Infirmary, certainly not for me. But I don't think I'm the sort of person that attracts that sort of relationship anyway.

MM: How about the general physician in [inaudible] because I rather gather that you enjoy teaching?

AP: Yes I did, yes.

MM: And what part did the general physicians play in teaching medical students? Because at the moment they're being pretty fragmented, aren't they, depending who they're with? Whether they're seeing renal disease or cardiology or whatever it is.

AP: Yeah it is I think the general physician really is absolutely key to giving a broader picture than the specialists will. I think specialists are very good at saying what things aren't, not quite so good at saying what things are, whereas the general physician has no choice but to put his money somewhere and come up with a solution if you can. So I think general physicians used to do a great deal for the medical students. Obviously you can't enthuse them in the way the specialist would if the student has already got some idea of what he or she wants to do if they want to be a cardiologist or whether they're technology obsessed and want to endoscope this, that and the next thing, a general physician wouldn't appeal to them but I think in terms of training people for general practise and for the junior grades I think general physicians are indispensable frankly.

MM: And tell me the other side of the coin, what about private practise, did you do any private practise?

AP: No I didn't, I didn't. What I did do, I did insurance work, I was the chief medical officer for Standard Life for quite a few years and I enjoyed that because it was totally different form if medicine, you were having to evaluate the risks and the likelihood of somebody surviving or developing some complication which might mean paying them a pension or some money and that was really quite interesting. I was at that time in my life when I life when I felt I needed something different and that provided it. And of course there's long precedent in Edinburgh of physicians being attached to the life companies that work in the city, I'm sure it's the same in Glasgow, must be.

MM: I was just thinking, you don't think there might be a place for somebody in general medicine, in private practice, not that I'm keen on private practice, it must be a bit of a deficiency for a general practitioner to have to decide who to refer somebody to.

AP: Yes, it must be difficult because they may not know who's the most appropriate person.

MM: Precisely. So it's difficult in that way.

AP: Even if they know the strengths and weaknesses of the individual consultant. And of course one of the other things is that if they refer somebody up to the Infirmary they didn't necessarily see a consultant, even if the new patient might have been seen by a registrar. When I was an SHO still in the Infirmary I was seeing new patients but that was a long time ago and not something that would be regarded as safe nowadays, probably rightly.

MM: So you stayed at… this was your career up until the point of your retirement, or did you retire early?

AP: Yes I decided that if I could I would retire about the age of 60 and it became very easy to follow up on that because by the time I retired I had fairly extensive commitments nationally to the Department of Health and a number of specialist committees. I was on the advisory committee on pesticides, which is the statutory committee which services several ministries and advises on what pesticides may be used and under what circumstances they may be used. And that's a big committee with all manner of people on it like proper chemists, environmental people, people who know about kinetics and pesticides in the human body and so forth and a whole variety of others. I had, what they called a scientific sub-committee which assessed the science along with the civil servants who themselves were very knowledgeable about these things but the sub-committee did an assessment before the final, well, the penultimate report was drawn up which went to the main committee and I chaired that for a number of years and that was really quite time consuming.

MM: And this obvious grew out of your poisons connection?

AP: Yes, yes. I mean by that time I had fairly well established myself as somebody who knew about toxicology and also by that time I had computerised the poison information database for the UK as a whole so I was well known and the government was obviously worried about a variety of things like chemical terrorism and things of that sort and inevitably I got involved.

MM: So you were known for this but people will be curious to know what is the connection between you and the civil service, how does the relationship start, do they simply invite you out of the blue or…?

AP: Well the chairman moved… I'm sure the chairman would have had something to do with it, and names would have been invited, no doubt the Department of Health in London would have asked the Scottish Office for people, for a Scottish representative or potential Scottish representative, and the chairman of the advisory group on pesticide when I joined was Robert Kilpatrick who of course was well known and through him I was on SHERT, the Scottish Hospitals Endowments Research Trust for several years as well helping them assess applications for funding for research. It was a fascinating work but really quite time consuming.

MM: It's quite encouraging that they asked a general physician to do that.

AP: Well it's partly I think through my [inaudible] but perhaps mainly because Robert Kilpatrick knew of what I'd done in respect of pesticides and the committees there and that I'd been involved for a quite a long time in making objective assessments of applications put in by industry or by other people so he thought that this would be quite a valuable thing to have in respect of SHERT.

MM: So your commitment had really been essentially to service, has it not, rather than research of the two if you [can balance] them but building up services and information bureaus and that sort of thing?

AP: Yes, I would accept that. I've done quite a bit of research but most of it is clinical and is derived from necessity, I didn't sort of devise a project or something that might be interesting. I had a problem which either needed investigation or needed a solution and it seemed reasonable to look at that from a clinical perspective and follow it through. I've been part of the paracetamol story, only a small part because basically it's down to Laurie Prescott.

MM: Could you tell us about the paracetamol story?

AP: Well when I was in the junior training grades there were probably three big groups of poisons, one was aspirin, the other were the barbiturates and the third was coal gas, carbon monoxide, and about the early 1960s the gastroenterologists got all hot under the collar that one aspirin could make you bleed to death from some ulcer or other and so that was the time when people started changing away from aspirin towards paracetamol and in the same issue of the BMJ [British Medical Journal], I think it was about 1966, Laurie Prescott, who was then in Aberdeen, published a case report about women who'd developed jaundice and hypoglycaemia after an overdose of paracetamol and one of my predecessors who was an SHO in the Infirmary at that time, the same issue of the BMJ published I think… two people from the Borders who'd taken big overdoses and died of acute liver acroasis and that was the start of it. Whether toxicologists liked it or not, aspirin was going to fade away to some extent and its place would be taken by paracetamol and so when I went back to the Infirmary in the end of 1974 Laurie Prescott was already there and he's got an amazing mind when it comes to pharmacokinetics, the mechanism by which substances are toxic, and some of his friends at the National Institute of Health in [inaudible] had worked out the mechanism by which paracetamol cause liver damage, at least the basic principles of it, and it was Laurie who first came up with the thought of giving an antidote, some compound that contained a [inaudible] group and so he started off with a variety of things and I came in just shortly after he started that and he had tried to [inaudible] as an antidote and it worked but it was extremely toxic in its own right. Then we went to [inaudible], then to [inaudible] and eventually ended up with [inaudible] cystine which you may remember as [air brawn] for patients with cystic fibrosis, I think they used to get it by inhalation. Well I think Laurie used to, we used to give it through a filter, a filter on the end of a syringe for the patients and it was extremely effective and Edinburgh in that respect was ahead of the game and paracetamol poisoning nowadays is a worldwide problem and though Edinburgh wasn't the only centre involved and others did make useful contributions, there's no doubt that Edinburgh, and Laurie Prescott in particular, really devised the antidote and the cure for paracetamol poisoning.

MM: After your retirement you still had plenty of things to do?

AP: Oh yes, yes it's amazing how quickly the days pass these days. It's true what some people say, you may feel the same way yourself, you never know how you had time to work.

MM: That's for sure. And, moving away from your career, but you have had an association with this College, apart from being a fellow? Could I ask you about the College and your part in that, I think you were interested in the journal at one point, were you not?

AP: No not the journal, I've had various ploys with the College, I was the editor of publications after Ronnie Robertson, and I did that for a few years, I enjoyed that and it goes back to what I was saying about the critical approach that I learned when I did physiology. I suspect wasn't the best of editors because I couldn't put the red pen down. I was too prone I think in retrospect to try to put other people's English into my style rather than let them be individuals. I did that for a bit then I was on one of the early committees that looked at alcohol and the licensing hours, then I was a council member for a bit, then I was the treasurer for six years which must have been one of the biggest surprises of my life. It was Tony Toft that phoned me up one evening and asked me if I, he had just become president, and he asked me if I would be the treasurer. It was very flattering but I certainly didn't have the qualifications I think for being treasurer but it was interesting and I was very lucky in a way that I had a college manager who had quite a bit of experience of managing big budgets, and a very effective accountant in the shape of Evelyn Cassini and it was interesting but not without its problems. I learnt very soon that treasurers fall into one of two groups, they're either facilitators or

they're the people that say no to everything. And I remember one president who used to talk, spoke to me more than once, of the dead hand of finance. And another president whose way of putting things was he would make a statement and say, 'You would agree, wouldn't you?'

[both laugh]

MM: That was quite a long service, long sentence almost, wasn't it?

AP: Yes it was, probably too long in many respects. On the other hand I think it does take quite a bit of time getting to know the College's finances and it was part of the general drive to shortening the length of appointments of College officers and I think really the driving force behind that was John Munro probably, or he stirred it up, and it was taken forward, partly as a result of his complaining about it and initially the treasurer was excluded from the arrangements but eventually… it was said three years should be the maximum. It was an important thing because as I said many years ago to counsel, 'This college will sink for one of two reasons: either it had nothing useful to say, which I sincerely hope is the last reason it would ever sink, or the more likely thing is, it will sink because it can't finance what it needs to do' and I still think that's a major problem for this College, I think it's a major problem for all the, well certainly for the Glasgow college as well probably although I don't know their finances just as well as I do, or did, know the ones here. I think from a financial point of view, if you're going to bargain, bargain from a position of strength. Don't wait until the coffers are so empty that you've got to take what you're offered. And I'm not sure that Scotland can go on having two Royal Colleges of Physicians, but that's a personal view. I say that despite having a strong sense of history and love for this College and all it's done over the centuries, but having said that, the long term sort of worries me and it all comes down to, at the end of the day, I think to money and sorting out money is never easy because each treasurer is defending his own patch as well as he can and presidents are there where perhaps there are unfair divisions of incomes between say London, Edinburgh and Glasgow in respect to some things, and that certainly was an issue when I was treasurer. And it's not an issue that could be resolved easily without one or other college feeling the pinch.

MM: Of course it's been a field that has been fought over several times in the past, hasn't it?

AP: It's bound to go on I think, that's one of the other… as treasurer you find yourself thinking things that perhaps you shouldn't talk too much about. When one thinks of Edinburgh College then you think, well we've got this most amazing library but that doesn't come without a cost. You have to ask what does this add to the role of the Edinburgh College of Physicians in the 21st century? In the practice of medicine it's an amazing resource and I've got the utmost respect and love for it but that sort of thing you think about as treasurer, I know the library is fiercely defended by many of my colleagues, some of them much more senior than I am and I would hate to see it disappear but having said that, that's the sort of thought you have.

MM: It's something I'm anxious about as well, as you can imagine.

AP: Yes.

MM: I was going to ask you your thoughts about the College but they have come.

AP: Yes [laughs]

MM: Just as one last thing, the impossible question perhaps, is there anything really that you feel that's important we haven't talked about?... Messages?

AP: No I don't think, I think we've covered most things, my career has had a good air in [laughs].

MM: This is intended for people looking at it some years from now, your assessment of the situation of the College, but what about the situation of the practise of medicine, you've also mentioned the almost total disappearance of the general physician. These are questions you think that are quite difficult at the moment.

AP: Yes I think they are. Things have changed so much I think, in the past 50 years or more and it's been a great privilege to be part of it. I remember as a houseman, the only parenteral sedative that was available was paraldehyde, the only parenteral diuretic was [inaudible] so we poisoned the kidneys with mercury. I remember the days when people with emphysema, chronic obstructive airways disease, got a nosebag put on them and we gave them 100% oxygen for 20 minutes, then we took them off for 20 minutes. It didn't do them any good. It's been amazing to see the advances in therapeutics in particular and all the diagnostic aids as well so that in a way I feel left out now because I was the kind of physician I think who got a lot of information from putting hands on, or got as much as I could from putting hands on people, whereas nowadays you just shove them through a scanner of one sort or another and there seems to me to be an undue emphasis on that and medicine's lost that personal touch. But I'm sure in some disciplines it's as strong as ever, perhaps even getting stronger, I think that's probably true of oncologists for example who are dealing with a particularly difficult group of people. But at the end of the day medicine I think in Edinburgh in the 1960s was really quiet a small world, everybody knew mostly everybody else and you remembered them well after they retired. I reckon if I went back into the Infirmary now, I doubt if anybody would recognise me and if I told them my name it wouldn't mean a thing to them. So as a potential consumer, it's got to happen sooner or later, obviously I have apprehensions about what sort of reception I'm going to get. I think overall the NHS has worked pretty well most of the time, works extremely well, and I'm fairly confident I'll get good care.

MM: Thank you very much.

AP: You're welcome.