

Interviewee: David Boyd
Interviewer: Martin Eastwood
Date: January 1998

Keywords:

World War Two
Physiology
Anatomy
Biology
William Wright Smith
E. B. [Edward Bald] Jamieson
Mary Pickford
J. C. [James Couper] Brash
Stanley Davidson
Ronald Girdwood
Shetland Bus
Bobby [Robert] Marquis
Ray ([aymond] Gilchrist
John Gaddum

MA: Today is the 20th of January 1998, in the New Library. Talking to Dr. David Boyd, who was Secretary of the College from 1975 to 1979 and on the Council of the College from 1981 to 1984.

MA: Where were you born?

DB: I was born in Larbert, near Falkirk, in Stirlingshire.

MA: Right, and where did you go to school?

DB: In Falkirk. I went to primary and secondary school, Falkirk High School. Until I left in 1944.

MA: Right, and did you do sciences? Or did you do a general...

DB: I did sciences, as the Scottish schools did in those days. Science and English and languages but my favourite subjects I suppose were chemistry, physics and biology.

MA: Right, and did you come from a medical background or was this a new departure?

DB: Not a medical background nor a professional background. My paternal grandfather was a crofter in Ross-shire and my mother's father was a blacksmith in Sutherland. So my background is Highland and non-professional. My father, who was born in 1883, came south when he was a young man and joined the police force and became a police inspector in the Stirlingshire constabulary. So that's why I was born in Stirlingshire.

MA: And was there Gaelic spoken?

DB: My father was a Gaelic speaker but he never spoke it at home, so I was never a Gaelic speaker. In my retirement I am now learning Gaelic.

MA: That must have been awful for him, mustn't it? To have had a language which he couldn't use, or perhaps...

DB: Yes, but that was common... a common feature. When islanders came south they very seldom used their language or kept it up. I think he was rather sorry not to have kept it up.

MA: Of course you would lose the whole of one's childhood wouldn't one and all the childhood things.

MA: What was school like?

DB: I had a happy time at school, at primary school and secondary school. A lot of it of course was during wartime and that made quite a difference. There were no frills and as senior boys we did fire watching and I was an emergency messenger for ARP [Air Raid Precautions] purposes, that sort of thing, but otherwise it was...

MA: Did you play sport at school?

DB: Some, yes. Football, badminton, some tennis, but I was never an athlete.

MA: No, and do you still have... were there particular teachers who were particularly influential?

DB: Yes, I think so. There was a teacher in English who I think gave me my love of English literature and I still have that. I owe him quite a debt I think.

MA: Right, and what did he evoke? Was he good at poetry? Or just language?

DB: No, he just... he enthused and I think his enthusiasm came over to me and I started to read for myself and then became quite a voracious reader. I enjoyed that.

MA: Right, and are there still people from school who you still have contact with? Or has that time gone?

DB: No, that has largely gone. I think... my wife was at the same school as me.

MA: Oh right. Well that's good. [laughs]

MA: And then you came to Edinburgh to do medicine?

DB: Yes, in 1944.

MA: Right, and what was that like?

DB: Well again, the war was on, and things were rationed. After several years of war things were looking rather drab, everything needed a coat of paint, repairs weren't done, that sort of thing. A lot of people were away in the forces. Life was very serious. I think our student days were rather serious compared with pre and post war.

MA: Right, and did you live in Edinburgh as a student? Or did you travel from home?

DB: For the first year I travelled from home. It wasn't an easy business, but I did.

MA: How long was the journey? It must have been...

DB: An hour.

MA: An hour? And were there delays... I mean other than the sort of excitement... it wasn't British Rail then was it... but were things ever held up because of military...?

DB: No, no, not really. It was just the tedium of the journey.

MA: So what did you do in first year?

DB: Physics, chemistry, zoology. Botany in the third term, down at the botanic gardens.

MA: And do you remember much of that? Did they make much impact?

DB: Well, I do, a bit. Chemistry was my best subject at school, but I hadn't done any organic chemistry and this rather floored me. I was totally unprepared for university life. I had no idea how to organise my own studies or even take lecture notes. And so my best subject became my bogie subject and I failed my first professional examination. Which was a fairly serious matter in those days because if you failed it twice you were in the army, in the forces. However, I passed the resit, and I didn't fail another examination.

MA: What did you find difficult with organic? Just conceptually it was very...?

DB: I think it was and I was coming to it as a new sort of approach and I didn't really know how to tackle it. I wasn't being led as I was at school.

MA: No. Who taught you? Was Neil Campbell or...?

DB: In chemistry?

MA: Yes

DB: C P [Corbet Page] Stewart and, I can't remember the name of the other one. But C P Stewart was the man who did most of the organic chemistry. And the botany, of course, was old Sir William Wright Smith.

MA: Now what was he like?

DB: Tall, rather austere man, who always wore one of the old fashioned wing collars. A real gentleman. And he taught us botany as well as he could to a class of medical students.

MA: Did he not have a big bank of plants in front of him when he taught?

DB: I can't remember that.

MA: And that was on a Saturday morning wasn't it?

DB: No. That was on a weekday morning, but it was at eight o'clock. But it was quite pleasant going down on a summers morning to the botanic gardens.

MA: Right, and in zoology, was there anything...?

DB: We went down to K B, to King's Buildings, and had zoology there. Professor was Ritchie. And again I thoroughly enjoyed it.

MA: So your summer was ruined while you were preparing for the...

DB: Absolutely ruined.

MA: What did your family think about it, were they [heartbroken]?

DB: They were deeply disturbed.

MA: Were they? [laughs] Yes.

MA: And then you came back for the second year.

DB: Yes.

MA: What made you decide to live in Edinburgh? Was the travelling just...

DB: It was getting too much. And I was finding I was missing out on quite a lot of things that the university had to offer. I had no chance of joining societies or doing anything in the evening and so on. And so I came into digs.

MA: In Marchmont?

DB: I was in number 14, Arden Street, in Marchmont.

MA: Right, and how did you take then to chemist...to anatomy?

DB: Well of course we had started anatomy in our first year as well. Physiology I thoroughly enjoyed. And of course at the end of our course in physiology we had a term of physiology in relation to clinical medicine. Now this was conducted by one of the physicians in the Royal Infirmary, in one of the large lecture theatres that used to be in the Royal Infirmary, the east medical theatre. And we really thought we were getting somewhere. Where we were shown a patient with jaundice and we discussed the mechanisms and so on. This was great.

MA: Very exiting that, isn't it?

DB: Very exciting.

MA: And who taught you anatomy?

DB: The professor in 1944 was Brash, J C [James Couper] Brash. But his lecturer was Walmsley, who later went as Professor of Anatomy to St. Andrews. He'd just come back from the forces, from the war. And he was a brilliant lecturer, and I think we owe a lot to him. The other lecturer of course at that time was E B [Edward Bald] Jamieson.

MA: He was still there?

DB: He was still there. And I have been examined by E B Jamieson.

MA: Tell us about that.

DB: Well, he took me to a subject and he raised a piece of tissue with forceps and said, "What is this?" And I said, "Latissimus dorsi, sir?" And he said, "Never put a query in your voice". So, since then then I've tried not to put the query in.

MA: What did he look like?

DB: Oh, well, you couldn't mistake him really. He was a...he went around a rather bent figure. He always wore a black skull cap of course in the anatomy room. He had a prodigious memory as I'm sure a lot of people know. He was a rather fearsome figure in some ways, but in fact quite a kindly man. We all used his *Companion to Anatomical Studies*, Wee Jimmie, and Jimmy's Plates. And they were brilliant.

MA: Did he come round the dissecting room?

DB: Oh yes.

MA: What was he like when he was going... did he come and sit with you?

DB: He would sometimes join you and say, "How are you getting on?" and, "What's this?" and then do a little demonstration himself, but I think my contact was taking spot examinations.

MA: Did he have his cavern, or his retreat, in those days? At the end of anatomy, or in some cupboard, he had his room...

DB: I can't remember that.

MA: Had he officially retired at that stage? Or was he still...

DB: I think he had officially retired but he was still part of the Department of Anatomy and he still did a lot of teaching. And he still did his famous men only lecture of course at that time. [laughs]

MA: How many of your year were girls?

DB: I think about a third. Because of course it was wartime and I think there were more women in medicine at that time. Although I have to say that in '44, medical students who had been in medicine in 1939, pre-clinical years, and had gone off to the forces, were being taken out of the forces to come back and complete their course. So we had with us lieutenant commanders, wing commanders, squadron leaders, and so on. And I suppose that gave a sort of balance to the year, our schoolboyish natures were offset by very mature people.

MA: Were they intimidating?

DB: I suppose they were in a way, in that they were very serious of course. They had been through a lot, many of them, and they had come back and they were settling down to serious business of medicine and getting their degree and going into a career. I suppose they were intimidating from the point of view of that, yes.

MA: Some of them found it very difficult, didn't they, to actually start studying again?

DB: Yes, I think some of them did, but the ones that I knew were certainly very committed and had no difficulty I think in really getting back again.

MA: What was Brash like?

DB: Brash?

MA: Yes.

DB: He lectured to us rather dryly. I haven't got a great deal of memory of his lectures except that he used to... one of his research interests was bone and bone growth and he did a lot of work on pig bone, staining it with stuff called rose madder, and I remember some specimens of bone nicely stained pink at the growing ends. I can't remember much else. But I think he had problems at that time with getting enough subject material for his dissection classes. And I remember him saying, "I've put all my cards on the table".

MA: [laughs] What was attractive about physiology?

DB: I think just the... What is the word I want?... It was attractive. I found it attractive. Not a thing I can explain really.

MA: Just the dynamics of it?

DB: In the dynamics. It was more alive than anatomy.

MA: [laughs] That wouldn't be very difficult, would it?

MA: And who taught you?

DB: The professor at that time was [Deburd Dailey], who during the war had done a lot of work on ergometrics, the right positioning of clutches on tanks and that sort of thing. He had done a lot of work on that. And of course Dr. Mary Pickford.

MA: Now she would have just been a lass at point.

DB: Oh, yes indeed.

MA: And what was she like?

DB: Oh, she was absolutely splendid. I can remember her... she was known of course, as you probably know, as Bloody Mary sometimes.

MA: Was she?

DB: Yes. I think this was because of her experiments on dogs. But it was her... she was a very compassionate person.

MA: Was her cleverness very manifest?

DB: Well, it seemed so to us, yes. She was extremely erudite.

MA: And did you do class experiments? Did you do things like heart fusion and the like?

DB: We did all sorts of experiments, yes. I can remember doing reaction times on smoked drums, we did this on various things including our own visual and auditory reaction times. I was very disturbed to find that mine was about 50% longer than everybody else's.

MA: [laughs] In those days?

DB: In those days.

MA: Right, perhaps the drum wasn't very good.

MA: And what about biochemistry? Did you...

DB: Well that was really part of our chemistry course.

MA: That was a continuation of the nightmare was it?

DB: Indeed, yes.

MA: [laughs] Yes. So you don't remember much about that? No.

MA: And then you...so that would be second and third year...and then you came into...did they have transitional term then, or...?

DB: In our third year we went straight into clinical medicine. And we were allocated to clinics in the Royal Infirmary, mostly in the Royal Infirmary.

MA: Right, and what did you start with?

DB: I started with Stanley Davidson.

MA: Right. What a tremendous thing. How did you find him?

DB: Intimidating. His clinical tutor at that time was Dr. Ronald Girdwood. I remember him more than I do Stanley because we saw him more often. And what impressed me with Stanley was, that I remember we had very large clinics in those days, you would crane your neck sometimes to see the patient.

MA: Thirty or so in a class?

DB: Oh yes. But I remember Stanley one day asking one of my colleagues, student, to examine a chest. And this poor chap said, "Bronchi", when he should have said, "Cavitation", or the other way about I can't remember. And instead of castigating the student, Stanley turned round to Girdwood and said, "Girdwood, what have you been teaching these people?". It was Girdwood got the rollicking.

MA: [laughs] He would have been just fresh out of India, wouldn't he? He must have been very intimidated as well.

MA: And then you came to bacteriology, pharmacology and the like. Do you remember who taught you there? Were they very...

DB: Pharmacology was [John] Gaddum.

MA: Right, how did you find him?

DB: A bit distant. He was very much an academic. And of course he went off after Edinburgh, was it Oxford or Cambridge? I can't remember which. But he went to another prestigious post.

MA: Was Marte Vogt...?

DB: Sorry?

MA: Marte Vogt.

DB: Yes she was, but I can't remember much about her for some reason.

MA: So what was your first surgical attachment?

DB: First surgical attachment was [Stuart].

MA: [Pussy] [Stuart]?

DB: [Pussy] [Stuart].

MA: They tended to be lumps and bumps and hernias, didn't they? Hours sitting in an operating theatre wondering what to do.

DB: I can't remember so much about my surgical attachments as my medical. I think even in those days I was orientating towards medicine rather than surgery.

MA: They were very boring weren't they? Those surgical clinics? You never saw anything, or...

DB: Yes.

MA: So what was your second medical attachment?

DB: Ray Gilchrist.

MA: How did you find him?

DB: I'm using the word intimidating rather a lot, but he was more intimidating than anybody else.

MA: The big red man.

DB: Yes indeed he was.

MA: Did you have to go through that experience of being called out by name and in front of the group, with the ward sister there?

DB: Yes, there was that. I think that Ray Gilchrist, he was a great man, there's no doubt about that, a very fine physician, cardiologist, he did a lot for Edinburgh medicine and cardiology and he taught very well generations of students. But he was intimidating and sometimes slightly bullying. So I perhaps didn't enjoy my attachment there as well as I did others. Although I must say I learned as much if not more.

MA: Curious that, isn't it? Because I remember him stuffing someone's elbow down their pyjama sleeve and sort of shoving them through the door in this rather inelegant [place]. But I remember his examination technique probably better than anybody else's, and yet you wonder whether it was branded on one or taught. And there was his ward sister glowering at you as well.

MA: Who was the tutor there, was that...?

DB: Who was the tutor? Marquis. Bobby Marquis. He'd just come back also from parachuting into Europe.

MA: And Arnhem and the like. Yes. Was he a good teacher?

DB: Yes, he was.

MA: And then where did you do your third job?

DB: The last one I did was with Derek Dunlop. And that was I think the best of the lot.

MA: What was good about it?

DB: He was such a marvellous man. We all know that he was a bit of an actor, but I think this contributed to his ability as a teacher. He was a splendid teacher. He was a splendid physician in my view. And not only that, he was a funny, nice man. I know that from personal experience. He was a delightful man. I have a great deal of time for him.

MA: I think he was the one who made medicine sing for us, wasn't he?

DB: Yes.

MA: What did you do when you weren't being a medical student during those times? Or was it all head down and...?

DB: I was always a very keen boy scout. I had been at cubs and scouts. When I came to university I joined the Edinburgh University Rover Crew. So I had a lot of activity with that. I was a member of our [former] pupil drama class. What else? I suppose those were the main things apart from the usual...

MA: What sort of things did you do in the Rovers?

DB: Well at that time there were Rover Crews in each of the four Scottish universities. Of course that was Edinburgh, Glasgow, Aberdeen and St. Andrews. And we used to meet quite a lot for various activities, weekends and so on. And meetings. It used to be held in the Department of Physical Education, which was in the Pleasance. And one of the principal leaders of the Edinburgh University Rover Crew was the Director of Physical Education in the university at that time, a Colonel [Ronald Bruce] Campbell. He was an amazing man. He was an ex-army physical training instructor. As tough as nails. And if you took him on at quarterstaves you had to be very careful of your life and limb.

MA: [laughs] Did you used to have these camping competitions, where you had to compete against each other?

DB: Well, yes. Not so much with the Rover Crew. I was involved with overseas scouts quite a lot. There was a lot of scouts who came to the UK during the war from occupied countries.

MA: Really?

DB: Oh, a lot. And we used to run camps for them at a place near Glasgow, at Auchengillan. Dutch, Norwegians, Czechs, Poles.

MA: How did they get here?

DB: The Czechs, Poles, were either military families or diplomatic families who'd got out before the invasion. A lot of the Norwegians had come across the North Sea in fishing boats with their parents. And Belgians, there's a lot.

MA: Was that the Shetland Bus?

DB: I suppose it must have been, yes. But there was quite a number.

MA: So you got through finals quietly and in a sort of nice sort of way? [laughs]

MA: And where did you do your house jobs?

DB: I did my house jobs in Falkirk and District Royal Infirmary, because I had gone there quite a lot as a student in holidays and so on. Knew the hospital, knew the people. And so I did both my house jobs there.

MA: Were they good jobs?

DB: I think they were, because there was a lot to do as a house physician. There was a great deal of general medicine and general surgery. And looking back on it we did things which would horrify people nowadays. I mean we did quite a lot of the emergency anaesthetics, for example, as house physicians and surgeons. We even...we had no pathologists. We did have a pathologist, a general practitioner, but we seldom saw him. And a lot of the post mortems were done by medical staff, including the house physicians.

MA: Is that right? By jove, that was an experience, wasn't it? This would have been, what, 1949?

DB: '49, '50.

MA: Rationing was still...?

DB: Rationing, indeed yes.

MA: And, so you did your house jobs then, and you were called to serve for king and country were you?

DB: That's right.

MA: How were you... [inaudible]

DB: Well I was at the RAMC [Royal Army Medical College] and I was seconded to a splendid body of men, no longer in existence, called the Royal West African Frontier Force. I spent two years in West Africa.

ME: Did you volunteer for that or were you...?

DB: No I didn't volunteer, although I was quite glad I went there because the thought of [crackling] spending my time in some god forsaken medical reception station somewhere in England didn't attract me at all and so I was really quite pleased and I thoroughly enjoyed my time there.

ME: So what was it like, were you – did you – when you joined up, you went – you presumably you got some modest training and army folklore or...

DB: Oh yes, oh yes, had six weeks intensive training where we square bashed and learned how to salute and who to salute and who not to salute. We also learned quite a lot about army organisation and how to dig deep trench latrines, how to purify water in the field and things like that.

ME: Right, and then what happened? Did you - were you sent straight out to Africa?

DB: Well, not straight out, I waited a week or two before getting my posting and I knew that I was going to West Africa though I didn't know when, and I was rather bored by simply staying at the Millbank, which was the headquarters of [inaudible] in London, and I asked if I could do something else and I was taken along to the Wellcome Research Institute and Museum in Euston Road by the Commandant of the Royal Army Medical College at that time, a Colonel [Manisis], a very nice chap, excellent physician, and I spent two three weeks there in the tropical medicine section which was absolutely beautifully laid out and so I learned a great deal before I went out there but still not enough.

ME: So where did you learn then, where did you get to?

DB: I was posted to the Gold Coast, Accra, when I landed there I was told I was going to Lagos so the next day I was shipped off to Lagos and I spent the rest of my time in Nigeria.

ME: Right and did you – and what was Nigeria like in those days?

DB: Well, it was a colony of course with all that's implied. The Royal West African Frontier Force was composed of five infantry battalions and a battery of artillery, REME [Royal Electrical and Mechanical Engineers], engineers, medical corps things like this. There were two military hospitals one in the south in Legos and one in the north in Kaduna.

ME: Right, what frontier was being defended?

DB: [laughs] I suppose it was the West African Frontier Colony that was the name of it.

ME: [laughs] And the troops were all African and a very small number of British?

DB: There were some British NCOs [Non-commissioned officer] and British officers and there were a few African - there were quite a number of African NCOs and few African officers at that time.

ME: And they would be quite fun to work with weren't they?

DB: Oh yes. Of course Nigeria isn't really a country or a nation it's an artificial conglomerate of a number of peoples, the Hausas from the North who are Mohammedan, I liked them a lot, and then in the South are the Yoruba and Igbo who are either Pagan or Christian and completely different in appearance, language, background, culture everything but they are all welded into one.

ME: Right and a great sense of humour haven't they?

DB: Tremendous.

ME: Yes.

DB: Tremendous.

ME: Yes, and presumably you got exposed to medicine that – or a requirement of medicine that you haven't been challenged with since?

DB: No and it was excellent. We saw a lot of acute medicine. Pneumonia, meningitis, tuberculosis things that we - saw here - quite common there, but grafted onto that of course amebiasis, bilharzia, loa loa filariasis all these things... malaria. I thoroughly enjoyed it very often you could make a diagnosis with a microscope and this I must say I thoroughly enjoyed.

ME: So you would be your own pathologist?

DB: Well except at... I went first of all to Lagos and then I went up to Kaduna to the hospital there and there was a pathologist there. Then I was a battalion medical officer in a place called Abeokuta and there I had an MRS [Medical Reception Station] of twenty beds and I did my own pathology, my [inaudible] that sort of thing there. I was the only medical officer.

ME: And the rest were all Africans were they?

DB: Yes, so I had African orderlies.

ME: Right. What was language like?

DB: Language?

ME: Yes.

DB: Well all my orderlies spoke... they were either Igbo or Yoruba and they spoke English quite well. A lot of the infantry men did not but they could translate and I learned some Hausa which is the lingua franca of the West African forces. I don't remember much about it now except how to ask an African in Hausa, *How many days since you were with a woman?* It was a very important question.

ME: [Laughs] You've been able to use it regularly [inaudible]... So you came back from West Africa and what happened then?

DB: I had to get a job, I was just married when I came back and I got a job as SHO [Senior House Officer] in infectious diseases in - again in Falkirk.

ME: Right.

DB: For a short time, six months.

ME: Right.

DB: And then I went as senior house officer to Stirling Royal Infirmary.

ME: Right.

DB: And that was a good general medical job.

ME: And then what happened?

DB: Well I recognised that if I wanted to go on in medicine I had to come back to Edinburgh and get into teaching hospital [scene]]. I had also started to do the Edinburgh post-graduate course in medicine, which at that time was a very very fine prestigious course. People came from all over the world...

ME: Tell us about that. How long did it last for?

DB: Three months.

ME: Three months, and it was every day?

DB: Every day... lectures, clinics. It really was quite amazing in its scope and the teachers were the prestigious teachers of medicine in Edinburgh.

ME: Right.

DB: It was marvellous.

ME: And I've forgotten the man's name, the director, Brigadier...

DB: At that time it was an ex-military man... whose name I've forgotten.

ME: But he used to sit in on the lectures didn't he?

DB: Oh he did yes.

ME: How awful to forget his name oh dear... well it just goes to show doesn't it [laughs]... but - he was even knighted – no, anyhow, forget it. But... so and... how was the format, lectures in the morning or was it lectures all day?

DB: Lectures certainly in the morning, two or three afternoons a week there were clinical sessions you went to various hospitals for clinical sessions.

ME: And you took that time off then you had to do that...

DB: Yes indeed, you had to.

ME: So you did it unpaid and...

DB: That's right.

ME: That must have been quite a difficult time.

DB: Yes, my wife was still working at that time.

ME: Right, Brigum.

DB: Pardon?

ME: Brigum was...

DB: Brig?

ME: Brigum...

DB: You're right that is the name. Yes.

ME: Yes, and then what happened to you? You sat the membership did you?

DB: No, not until I came back to Edinburgh. I became a registrar in medicine at the Eastern General Hospital.

ME: Right, now who were there?

DB: Well there were two medical units, one run by Dr. Alistair Bruce who is a former treasurer of the college and Dr. Slater who was a rheumatologist. And the other unit was E. B. French and Mike Matthews and of course at that time at the Eastern there was a tropical medicine unit.

ME: Yes.

DB: And the thoracic surgical unit run by Andrew Logan and obstetrics gynaecology.

ME: So which unit did you go to?

DB: I was with Alistair Bruce.

ME: Right, and what was he like?

DB: [laughs] He was a delightful chap, Alistair Bruce, I liked him a great deal. His ward rounds tended to be somewhat short. You had to stand in front of him to get him to stop in front of a patient occasionally but he was an astute physician and I liked working with him.

ME: And what was the format of that? This was - the health service was only just taking off wasn't it, it had been two or three...

DB: Oh yes this was by about '55.

ME: Right, and - but the work pattern of the chiefs had not reached the sort of pattern that when you were a consultant were they, they were... what was the day of someone like Alistair Bruce?

DB: Alistair Bruce of course did quite a lot of private work and so we would see him in the morning for a quick ward round and perhaps a teaching session and really that was it.

ME: Did he do clinics?

DB: He did clinics, correct, yes indeed, but he had a lot of private work... and of course he had a lot of college work as well.

ME: Yes, yes, and did you see much of Ted French at that time?

DB: A bit yes. There were clinical meetings at the eastern general hospital particularly with the thoracic surgeons and all the physicians used to go there so I saw a lot of Ted and Mike Matthews there.

ME: How did someone like Alistair Bruce get on with say someone like Ted French because their styles... ?

DB: There was very little contact. Alistair Bruce didn't really attend many of the medical meetings as I say he was very involved in private work.

ME: Yes, and - but in the - and what about Logan and Ted French, how did those meetings go?

DB: Well they were splendid meetings, I mean they were first class meetings every Friday morning. Andrew Logan was a very, very precise man, you daren't talk about plural fluid you had to talk about plural liquid.

ME: [laughs]

DB: I'm sorry it's the other way about. Other way about. But I remember once Logan asking Mike Matthews to interpret an ECG [Electrocardiogram] and he wasn't getting a very precise answer and he said, "But this is a precise electrical tracing surely you can tell me more about it than this" and I remember Mike saying, "the interpretation of ECGs is pure poetry."

ME: [laughs] And what did Andrew Logan, who was quite a fierce man...

DB: Yes.

ME: How did he respond to that?

DB: He didn't reply [laughs].

ME: He didn't reply. This was during - was this during the terrible period of cardiac surgery when they were just beginning because I believe the first valvotomies the mitral valvotomies went through a rather prolonged learning curve to use [inaudible].

DB: Yes, yes indeed. Well it was cardiac surgery especially chronic rheumatic heart disease valvular surgery and also of course there is a lot of surgery with regard to tuberculosis, lobectomies and [tharacoplasties] a lot of that, in addition to of course malignant surgery.

ME: The discussions then must have had an element of inevitability about them... I mean the drugs weren't the same as now and yet they were doing things which were very advanced weren't they? I mean the valvotomies - I mean the mitral valve work must have been quite dispiriting to the cardiac surgeon... to someone like Logan or did they just plough on, did they...?

DB: I suppose they did, they must have because they came through that learning curve into the uplands of success.

ME: [laughs] And then what happened when you did... you were there at the Eastern... you sat your membership at that time?

DB: I did, yes, and I was successful at my second attempt.

ME: Yes, that's a good time isn't it [inaudible].

DB: It's a good time yes, yes and yes, these were not enjoyable proceedings. I think I am one of the few membership candidates who has been examined by a thyrotoxic examiner.

ME: Really?

DB: Indeed yes. Not a very pleasant experience but there it was.

ME: And so as you went out you said you should get your thyroid [done] [laughs].

DB: I should have made a diagnosis on the spot and offered advice which I didn't.

ME: [laughs] Was that the first time or the second time?

DB: It was the first time.

ME: Oh right. [laughs] That's bad luck. So what happened then after the end of that job?

DB: I then went to... as registrar to the department of respiratory diseases in the university and that was with John Crofton.

ME: Now did you do chests as your special subject in the...?

DB: Yes indeed.

ME: Right and that must have been a wonderful experience.

DB: That was absolutely wonderful. It was my first experience of somebody of really of that calibre, and the research that was going on at that time... by the way John Crofton's unit at that time was in Southfield hospital and I spent a year at Southfield before going down to the Northern General Hospital going down to Iain Grant.

ME: [crackling] Southfield was where?

DB: Gilmerton. It's now an old people's home. That was the tuberculosis... department of tuberculosis centre.

ME: Right, that's where Christopher Clayson was a patient.

DB: That's right.

ME: Yes, not then but earlier on.

DB: And Derek Dunlop was a house physician there at one time.

ME: Right, so it was a very great hospital and you were the registrar there.

DB: But yes I thoroughly enjoyed that.

ME: Right, and what was so invigorating? Who was there, what was there?

DB: Well John Crofton was there and enough said.

ME: What sort of research - they were doing clinical research - was this during the time when they were evaluating triple therapy?

DB: That's correct and this is when the studies of what were good chemotherapy were being done and being published and it was slow on getting acceptance but it was really very exciting to see what was being done. A part of - a bit of research that I was involved in personally was with a drug called macrocyclon - now nobody has heard of this but it was developed in the MRC [Medical Research Council] unit in London and it was a unique drug in that chemically it was a detergent... and it had worked exceedingly well in the laboratory animals in fact its anti-tuberculous effect was equal to that of streptomycin which no other drug really had achieved. So when we got it we all thought this is going to be Nobel Prize stuff, great. It was no use.

ME: How was it given?

DB: Pardon.

ME: How was it given?

DB: It was given intravenously, in a drip, and I can remember running it in too fast and getting frothing in the chamber as it was a detergent. I think it was to do with the question of where the

tubercle bacillus was with regards to cell in the laboratory animals and in the human. The detergent did affect the lipid envelope of the tubercle bacillus, and that apparently worked in the laboratory animals but not in the human. So after 18 months of intensive... we wrote it up but of course...

ME: The Nobel Prize people just didn't take any notice at all.

DB: Not at all. And the rest of the supply the nurses used for washing the taps.

ME: [laughs] What were the patients like?

DB: I always thought very courageous and accepting of the long periods they spent in hospital at that time. In the grounds of Southfield hospital itself there were chalets, there were two people to a chalet and they were totally open to elements and they were there summer and winter. I've done ward rounds where the end of the bed covered with a tarpaulin has been covered in snow... but they... some of them who had been out there for months on end wouldn't come indoors. Some patients got... couldn't cope with the tuberculosis and just gave up and wouldn't cooperate in anyway. These tended to be the patients who were dangerous, who were sputum positive in the community or even sputum positive with resistant organisms and these were the things which were dangerous.

ME: How did they pass the time then? I mean how was the time... ?

DB: With the usual things of those days, making things, rugs, knitting, reading, listening to music.

ME: It tended to come from a particular social strata or was it very mixed?

DB: It was quite mixed at Southfield.

ME: Was it?

DB: Yes.

ME: Yes. What were the nurses like?

DB: Dedicated. They were excellent.

ME: Yes. And who else were you working with?

DB: I mentioned Iain Grant?

ME: He was a consultant at that stage?

DB: He was a consultant. Andrew Douglas was the senior registrar when I was the registrar.

ME: Right, right, that's a good team isn't it? And Iain Grant would be quite young?

DB: Yes, I think he had not long come up from London, he had been at... not Hammersmith... anyway he had been in London.

ME: And then what happened to you? What was your next job?

DB: After that I became senior registrar in the department of endocrine and metabolic diseases at the Western General Hospital and that was with Professor John Strong.

ME: Right.

DB: And that was also a very exciting time.

ME: Yes. This would be what 1950...?

DB: Yes, this would be '57, '59 thereabouts.

ME: This was at the time when the chromosome work was happening is that right?

DB: That's right. Yes indeed. The first super female was at the Western at that time. I can remember going up to see the super female and being disappointed.

ME: [laughs] Now this was just after the MRC unit had been built isn't it with Court Brown and was it Pat Jacobs?

DB: That's right.

ME: Yes, and did you have active contact with them?

DB: No, no not in my position. I was very much on the clinical side of the general medical unit and endocrine unit.

ME: Right, so who did you work with?

DB: With John Strong. You may remember that there was a lot of work being done on metastatic breast carcinoma at that time and endocrine aspects of it and we had a very close tie up with the centre for endocrine research unit which was in Forrest Road and run by... here we go again... but a lot of contact with them. Gallons of urine used to go up daily for oestrogen estimations and so on.

ME: Right, and you were involved in that research were you?

DB: Yes, yes and we also did a combined clinic with Professor Robert McWhirter in the radiotherapy.

ME: How was he like to get on with?

DB: Well as a senior registrar I got on with him, I jolly well had to, but he - the relationship between Robert McWhirter and John Strong was not an easy one.

ME: I remember a similar relationship between Woodroth and McWhirter the sort of slightly distancing I think is the phrase. What about the general medicine? I mean it would be quite an exciting time at the Western, wouldn't it with [Card] and Bill Circus and Dicky Turner in his pomp. Did you work much with Dicky Turner?

DB: No not at all.

ME: What was John Strong like to work with?

DB: He was a very demanding... he had very high standards he worked exceedingly hard himself and he expected everyone else associated with him to do the same... and so, yes it was a hard time but I have the most profound admiration for John Strong as a physician and as a man. I learned a great deal from him.

ME: Yes, interminable ward rounds.

DB: Oh yes, indeed, indeed.

ME: [laughs] Days and days and days yes.

DB: Indeed.

ME: And the one disadvantage of that job was there wasn't emergency medicine was there, or was there? In the same way as in the Royal or at the Eastern.

DB: Well we did admit on... we had a waiting day, because although it was... part of it was the endocrine metabolic unit it was a general medical unit. So we did wait.

ME: Right, so you're a senior registrar and then what happened to you?

DB: After the Western I went to Glasgow as a lecturer in the department of materia medica and I worked with Dr... Professor Stanley Alstead.

ME: Now what was he like?

DB: He was the most humane of men and gentlemanly chap he was a very erudite man, philosophical in many ways... I thoroughly enjoyed working with him.

ME: Because that was your... yes, of course you'd been in Africa but that would be your first... sort of spell after membership outside Edinburgh wasn't it?

DB: That's right, that's right and Glasgow is not the great philistine place that a lot of people think it is, there was a lot going on in Glasgow not only from the medical and research point of view but other cultural activities and so on, so it was a very good time.

ME: How long did you stay there for?

DB: Until the end of 1963, from '59 to '63. That was in the department and the clinical department was at Stobhill Hospital.

ME: And then what happened to you?

DB: After that I got my first consultant post... I was appointed consultant physician for Caithness and Sutherland. I went up there in late '63.

ME: How did you feel about that? Did you – was that... ?

DB: Well a lot of people have asked me why on earth I went up there. I suppose at that time I had been doing a lot of things for other people and I felt it was high time I was doing things my own way and I think it was rather a reaction to that in many ways and also I regarded as a challenge to try and establish something which had never existed there before.

ME: So where was the base?

DB: The base was in Wick, in Caithness.

ME: What hospital facilities were there then?

DB: Well... there was a Bignold Hospital which was a surgical hospital there was a consultant surgeon there and also beds for general practitioners, they did the medicine there, and the only beds I had at that time were in the Bignold Hospital but in two years they had built a general medical unit of 28 beds and that was really my unit. That was the first phase of a new [coughs] general hospital for Caithness which is now in existence.

ME: So that would have been quite – was it quite exciting or was it... ?

DB: It was exciting in many ways, exciting in that you were totally on your own. Even as a consultant in Edinburgh there is always somebody to spark off and just discuss something with and get another

idea so that you know you're not going away off the lines. There was nobody there and I found this a bit of a strain, a bit of a challenge. But it was quite a wide area I had to cover, I did clinics in Wick and Thurso and also in Golspie and I drew patients from the whole of Caithness and from the North of Sutherland and the East of Sutherland. They drained more naturally to Wick than they did to Inverness.

ME: Was the spectrum of problems the same as you had been used to or were they... ?

DB: An amazing spectrum. I sometimes did a ward round and thought to myself, *any teaching hospital in Edinburgh would give their eye teeth for what I have here.*

ME: Of course it's a very hard life for the – I mean was it mostly crofters was it you were looking after?

DB: Well that's the interesting thing it wasn't just that because grafted onto the indigenous population of crofters, farmers and fishermen there was the very highly sophisticated population of Dounreay...

ME: Of course [laughs]

DB: Scientists, physicists, the Royal Navy had a training station up there – they trained all their atomic submarine crews up there, engineering firms. So it was quite a mixed bag and it was interesting from that point of view.

ME: What was your nursing support like?

DB: Well, we managed to attract some very good ward sisters and they stamped their personalities and standards on things and that was good. We had some difficulty sometimes in getting staff nurses but we had quite a lot of local girls who were SRN [State Registered Nurse] or something like this.

ME: And then what happened?

DB: I came back to Edinburgh in 1970.

ME: What sparked that off? Was it the attraction of Edinburgh or the... ?

DB: Well I'd been there for six and a half years and I thought, well after six and a half years I'm reasonably on the ball, but I began to project, what am I going to be like in ten years' time or twenty years' time? And the thought didn't attract me all that much and I thought I really have to get back into the middle of things and that's why I did so.

ME: Was it difficult domestic – by domestic I don't – did you find it easy to move away from there had you made ties there or...

DB: Well we had made a lot of friends and we had two children and they were at school but no it wasn't terribly difficult to come back to Edinburgh.

ME: So which job did you come back to?

DB: I was appointed as consultant physician to the – what were then the Edinburgh Southern Hospitals and Leith, so that I had a commitment at Leith, at Deaconess and at Longmore. I spread myself around.

ME: So who did you – who were your colleagues at that time?

DB: Ronnie Robertson at the Deaconess and also Dr. David Seaton who was there and at Leith Ronnie Robertson and Chalmers Davidson.

ME: Now – sorry Longmore was?

DB: Longmore was originally the hospital for incurables, it was built as such, but by that time it had a general medical and general surgical unit included. The general medical unit was shared between myself and the physician at Bruntsfield and the surgical unit I think was at that time run by [Iain McClan], I can't remember.

ME: So, tell us about Ronnie Robertson, how did you find him to work with?

DB: Ronnie was great, I couldn't have had a better colleague. Again, he was the most meticulous and careful of physicians. Sometimes that would translate itself into being somewhat ponderous and slow, but I could accept that because the outcome of his opinion was always very, very sound. Some people thought he was rather solemn, Ronnie Robertson had a great sense of humour, absolutely. Yes, I thoroughly enjoyed working with Ronnie Robertson as a colleague.

ME: And David [Seaton], he would have been a good...

DB: Yes he was. I didn't come in contact with him a great deal although the first time I met David [Seaton] was in West Africa. I was in the hospital in Kaduna and there was an outpost and I received a telephone call from a Captain [Seaton] who introduced himself and said "I've got a very bad throat and I want to be in hospital can you look after me?" so down he came and that's the first time I met David [Seaton].

ME: Right... and Chalmers Davidson how did – he was also at – he wasn't in the Royal was he?

DB: No, he was at...

ME: Chalmers.

DB: Chalmers Hospital that's right. Chalmers and...

ME: He'd be a very agreeable...

DB: Oh entirely.

ME: What was life like coming down from Caithness to the three hospitals?

DB: It was a bit of a transition I had been running my own affairs up there very much so and I came down to a situation where I wasn't entirely running my own affairs and had to fit in to a number of different personalities but they were all very agreeable.

ME: Did you have to fight – not fight – but did you have to negotiate for beds or did you have a set allocation of beds?

DB: No this wasn't – this was by agreement and negotiation. I think the only reason I was really at Leith at that time was to help with the teaching and really I had very little clinical commitment there. My main clinical commitment was Deaconess.

ME: The Deaconess was a very special hospital wasn't it? I mean its tradition, its place in Edinburgh medicine was - because of it being the Church of Scotland hospital and its tradition in that it had a very... do you want to elaborate on that or did that come to you...

DB: Yes it was special, it was an odd little hospital it had odd little corners physically in it, it wasn't the most convenient of hospitals to work in but it had that special atmosphere, yes I quite agree. And of course it had, before Ronnie Robertson, another very well-known [Edinburgh] physician, whose name escapes me for a moment...

ME: Batty.

DB: Batty, of course, Donald Batty.

ME: Did you work with him at all?

DB: I didn't work with him although he used to come back to meetings at the Deaconess, he had shortly retired before I came down and I used to meet him at meetings and Deaconess functions.

ME: Right, was there still a Church of Scotland influence on the Deaconess?

DB: I didn't – it wasn't very apparent to me.

ME: It was an uncomfortable hospital for moving stuff about, was it not the case that if you had a cardiac arrest it as not the best place to have it.

DB: No.

ME: And who were the surgeons then, was it Hector Porter?

DB: Gilmour... not Iain Gilmour. Gilmour and [Ian McLaren] was there also, that's right.

ME: That would have been nice.

DB: Fantastic.

ME: And then you got caught up in the glorious politics of Edinburgh didn't you or [inaudible]... because then you moved didn't you?

DB: Oh well yes, with the division of Edinburgh into north and south, and divisional lines were drawn so I could no longer, you know, do both. Eventually I went to the north and came to Leith with a small commitment at the Western General and Ronnie Robertson moved to the south and eventually to the Royal Infirmary. But yes that was the division.

ME: And who were you with at Leith?

DB: At Leith, after Ronnie Robertson left and Chalmers Davidson retired I had a series of locum colleagues and for quite a time I had Ted French as a colleague at Leith which was great.

ME: Now what was he like to work with?

DB: Oh, amazing, Ted was the – he was a splendid teacher. His teaching was superb and his ward rounds attracted people from all over as you probably know, and Ted also was a very nice chap I got on well with Ted and I enjoyed that period of Ted myself at the Western General greatly and then as I say I had a series of locums, of sometimes short sometimes longer duration, until eventually Dr. Michael Ford was appointed.

ME: Yes, was that time when you referred to as locums must have been a very... ?

DB: It was a very unsettling time.

ME: It must have been hugely unsettling, yes there was a question mark about the future of Leith wasn't there?

DB: Very much so.

ME: But was it not the case that you were hugely supported by the community?

DB: Oh yes indeed [laughs]. They supported Leith, it was their hospital it was Leith's hospital not just Leith Hospital, Leith's hospital and the community were adamant that they were going to retain it. They were very, very supportive indeed.

ME: What were the disadvantages of it? I mean was it just that it was wee or that it was – or were there any – or was it in fact a hospital – I mean it was a small hospital in a very needy part of Edinburgh wasn't it?

DB: Yes it was.

ME: I mean that seemed to have enormous attraction.

DB: Yes. I like to see things coming by evolution rather than revolution and certainly Leith Hospital evolved from its beginning in 1848 to meet the particular need and then it evolved in all sorts of ways to meet these needs. It was a very close and integrated hospital.

ME: Did you enjoy that element to it?

DB: I enjoyed it, very much so.

ME: What about patients in Leith I mean what were they... ?

DB: Very supportive.

ME: They weren't social class one, were they?

DB: Oh no they weren't. No, by no, means, but very honest and straight, as I say very supportive. I would sometimes say "well now look this is something which I think needs more specialist investigation or treatment and I think you should go to..." "Doctor you're not sending me to the Royal are you?" "Well let's think about it". And of course, yes, they were very supportive.

ME: Were there lots of problems of - you might call – of deprivation. Was tuberculosis still a problem or had that gone?

DB: I think by that time [coughs] excuse me, by that time it had improved a lot. A lot of the old Leith slums had been knocked down and people sent off to places like Wester Hailes. Now they hated that, absolutely hated it, a lot of them came back. They did not like living out of Leith at all. A lot of them came back.

ME: Did they send them up to Muirhouse and Pilton or was it right to the other side of the city?

DB: Well certainly a lot of them went to Wester Hailes I know that but I think probably others went elsewhere. May I say that I did know Leith away back in the forties because I did my district in midwifery in Leith.

ME: Now what was that like?

DB: That, I really hadn't encountered anything like it in my life. The degree of deprivation and poverty at that time, about 1946, just after the war, was just appalling.

ME: Can you describe it?

DB: Well, we lived – the students, there were two of us who were doing midwifery, lived in digs in Restalrig quite near the district nurses and when we were called out we went with a midwife to the house. Sometimes there were no clothes for the baby, sometimes there was nothing – there wasn't even a crib, I've seen a child put in a drawer taken out of a chest of drawers. That is all they had. Sometimes there was very little food in the house and the midwife and I would if the delivery was prolonged and so on, the confinement, would club together and send out for fish suppers and we'd all have fish suppers together, sometimes we would get a cup of tea but sometimes there was very little food in the house. Sometimes the degree of hygiene and cleanliness was pretty low and when we came back regularly I used to stand in the middle of my room, put out newspapers and then strip and catch the wildlife as it came out, but that was a regular thing. That sort of deprivation and slum had by the '70s disappeared.

ME: Were the houses verminous?

DB: Yes they were, a lot of them were.

ME: The other thing would be malnutrition and alcohol was the other terrible scourge.

DB: Indeed, didn't see much of that in the mothers. It used to be when you arrived the men disappeared, they went off and there was the mother and perhaps a mother, the mother of the mother, or sister, or a neighbour or somebody and the midwife and yourself and that was it.

ME: It was a very harsh period in our history wasn't it? I remember doing GP in the Pleasance that wasn't very nice time either. And then Mike Ford came along and then life must have picked up.

DB: Mike was a new broom who swept very clean, he was a great help to me and I think perhaps I had got perhaps rather set in my ways and Mike moved my path a little bit which was a jolly good thing.

ME: How – I mean without, sort of – he must have been curious contrast and similarities to Ted French I mean the same sort of clinical enthusiasm was there... ?

DB: Oh yes, and again an excellent teacher.

ME: Yes, but excited by people, excited by people's illnesses wasn't he and Ted?

DB: And Ted, yes.

ME: Yes, and that brought you really up to your retirement together didn't it?

DB: In '87.

ME: Yes, so how long did you have with Mike?

DB: Oh four, five years.

ME: Oh how nice, yes.

DB: But of course Leith Hospital had closed by that time and I ended my professional career as being full time at the Western for a short time, because by that time Leith had closed.

ME: Was the closure of Leith a very distressing... ?

DB: Very sad.

ME: Yes, must have been very odd walking out of there the last time.

DB: It was.

ME: Yes, and then you came to the Western and that was a rather unsatisfactory experience...

DB: Well, I had to find another niche for myself it's not always easy, anyway it was for a relatively short time.

ME: [laughs] Did you have – your interest throughout that period was in general medicine did you feel there were parts of medicine that attracted you more than others?

DB: I suppose my initial contact with respiratory medicine gave me a particular interest in respiratory disease yes. Although I never practiced respiratory medicine as such but that was an interest within general medicine.

[break]

ME: When did you first become involved in the College?

DB: Really after I came back to Edinburgh in 1970. At first I didn't have any strong connection with it but I did one or two things for Dr. [John] Halliday Croom, who was president just at that time, looking at various reports and so on for a particular report that was coming up in the college and that was my introduction to it and also of course when I came back I became an examiner in membership examinations.

ME: What was that like? Was there examining at the Deaconess?

DB: Yes, we examined at the Deaconess, I did most of my early examining in the membership at the Deaconess but of course also at Leith later on.

ME: How did the examining change during your professional life? Did it change at all or did the format and the clinicals remain much the same?

DB: Are you meaning the change between the Edinburgh membership and the MRCPUK [Membership of the Royal Colleges of Physicians of the United Kingdom]?

ME: Or just for the average examiner turning up on a particular day? Did the content of the exam change?

DB: I don't think the clinical content changed. The type of short case was the same type of short case or long case and so on. Obviously the written content changed quite a bit, certainly when I sat the membership, which was the Edinburgh membership, there were papers in general medicine, in therapeutics and in your selected subject, written papers, essay type questions, that of course changed completely.

ME: What to your mind was a good membership case?

DB: [snorts]

ME: What did you look for?

DB: Something to make the candidate think. Something in which he could interpret his knowledge of medicine, taking history, interpreting the history correctly, finding physical findings if there were and interpreting them correctly and putting the whole thing together. Having said physical signs I was never of the opinion that, particularly in the long case, there should be physical signs I thought in

that instance the important things were in the history and perhaps even more importantly than anything the absence of abnormal physical signs and I thought the ability to be confident to say there are no abnormal physical signs was a very important feature of examination.

ME: And a terrifying one for the candidate.

DB: Exactly [laughs].

ME: Yes, and then you began to become more involved in the College, how did that happen?

DB: They – I think it was James Syme who was secretary before me, we had known each other in fact we had both worked at Stobhill Hospital so we knew each other and James was secretary and we were talking and I think he said one day “I’m going to be giving this up soon, what do you think about this?” in a very informal way and that I suppose was the first time that I ever thought of any more involvement.

ME: And that informal approach was consolidated into...

DB: It obviously was yes.

ME: Was that your first exposure? I mean, did one day you come along and be secretary or did you have a run in period?

DB: No, what we did, which I think hadn’t been done before, was that there was a proleptic secretary appointed and I was appointed as proleptic secretary so in fact I had that as a year as a sort of understudy and assistant to James Syme which I found exceedingly useful.

ME: Now the president at that time was John Crofton was it? When you first – as proleptic?

DB: Yes.

ME: Yes, and in fact the council meetings would be in this room presumably?

DB: Well, oddly enough yes a lot of them were but at that time we seemed to move around a lot. We had some in the – what is now the Davidson room [crackling] and all over the place really but we had most of them here [inaudible].

ME: What were the big issues during the time that you were secretary?

DB: [inaudible].

[mumbling] [crackling] [setting up]

ME: What were the big issues then at that time? During the time when you were secretary?

DB: There was the build-up of course to the new lecture theatre conference centre and there were the appeals for funds. I suppose that was quite a big issue.

ME: Now the – in the development of the conference centre, James Syme was the chairman of the committee, did you have a role in that?

DB: I didn’t have a role in that - direct role in that committee. I was a very strong supporter of the conference centre, new lecture theatre because I remember being sometimes embarrassed by symposia that we had in the great hall which is a tremendous place for all sorts of things but it doesn’t lend itself to modern scientific meetings as regards acoustics and projector facilities and so

on. So I was always a very strong supporter of this and sometimes the strength of my support perhaps made me rather vigorous in my language.

ME: Right, right. Was there much opposition to the conference centre?

DB: There was some, yes from quite prestigious sources as well who thought really we do not need this, what we have is perfectly sufficient and we are spending money quite unnecessarily in doing this, and as I say I spoke and wrote fairly vigorously sometimes raising eyebrows and certainly on one occasion raising heckles. But I think what we have now is a great, great asset to the college.

ME: Isn't it just, and... were you involved when the place was actually being built?

DB: No I wasn't involved in the determination of what was going to be...

ME: No but the actual physical building when the lorries arrived with the concrete were you...

DB: Oh yes, yes I regularly saw this happening and of course I was here at the laying of the foundation stone.

ME: Yes what happened then who – the Queen Mum...

[Interview pauses] [lights go out]

DB: Can't see a thing.

ME: [laughs]

[lights back on] [interview resumes]

ME: The laying of the foundation stone, the Queen Mum...

DB: No it was Lord [Alec Douglas] Home of the Hirsell.

ME: Oh right yes, I remember that, and what a wonderful man he turned out to be, wasn't it [inaudible] coming here and being astonished at his charm and...

DB: Yes, a very modest man... to talk to him him you'd... were hard put to realise that you were talking to a former Prime Minister and Foreign Minister of the United Kingdom.

ME: Yes, yes, and the appeal were you involved in that or...?

DB: Not directly, no. Except as a fellow I helped to organise meetings of other fellows to generate interest and funds and so on but not in any major way.

ME: So what were the function of the Secretary during this period? What was the main content of your... ?

DB: Well at that time there were very few office staff there was Miss Oliver and Miss [Lowny] and Mrs Archibald who did the examinations and that was it. So the Secretary actually did secretarial work in that at the council meetings which occurred once a month, you did all the meetings – the Secretary did all the minutes, rather. There was a lot of correspondence to do which I did and I also serviced quite a number of other committees and projects which were going on at that time. You mentioned John Crofton as president as president he involved people in all sorts of things, I remember he had a series of meetings of the medical profession and other health professions, physiotherapists, occupational therapists, nurses, radiographers the whole lot. And this involved a tremendous amount of work in organising the various meetings but they were worthwhile.

ME: And what came out of those meetings with other bodies, was there any long term benefit of it do you think or was the... ?

DB: Well I think there was. There was a report produced and it was circulated to all the other professional bodies who had met and I think it did help to oil the wheels as it were between various bodies which were not exactly integrated at that time.

ME: And then Ronnie Robertson became President, and that would be a somewhat change of style I would imagine?

DB: Yes it was.

ME: And what were the developments during his – your...?

DB: I'm trying to remember desperately what the particular developments were... small things that I thought I had done reasonably well as a secretary – our office staff were on no particular salary scheme and one thing I managed to do was to get them on an agreed scheme linked to university salaries and this I think helped a great deal of the slight discontent that was present at that time. I was also secretary when the first attempts at appointing a college manager, he was called a Bursar at that time and we appointed two people one after the other, this was not a terribly great success at all I think because we had not sufficiently worked out a job description of what he was meant to do in the college and I'm not sure we appointed the correct people and I think now we have done and it's a great thing.

ME: Was that quite a difficult time when you had the Bursar in those days, in establishing what the post was – did you find it an embarrassment?

DB: I found it an embarrassment and – because there was a good deal of friction and as I say I don't think it was particularly the fault of the incumbent at that time nor the fault of the college staff I think it was just that we had not worked out properly what the divisions were.

ME: They were three formidable ladies weren't they?

DB: They were indeed.

ME: What was Margaret Oliver like?

DB: Well she had been in the college for years and years and knew the college inside out and knew the fellows inside out, she was a walking filing cabinet of people and events and personalities and everything. She could be awkward at times but she was a great, great asset to the college.

ME: And what was her... she was the college secretary?

DB: Yes.

ME: So in a way she was, if you like, that holy trinity which is what now the college manager did or maybe more.

DB: Indeed with the help of numerous others.

ME: And Miss [Lowny] was the Treasurer?

DB: That's correct, well she was called the... can't remember, the Treasurer's Assistant.

ME: She had this mammoth ledger I seem to remember and she was a fairly large lady but the ledger was even bigger wasn't it.

DB: Indeed.

ME: What were the council meetings like?

DB: Well as I say they met every month and they could be very, very prolonged starting in the afternoon and finishing with some - not finishing with some supper, supper in the middle and going on until 10, half past 10 at night. It depended of course who was conducting them, very often, in the time of Ronnie Robertson, they were meticulously conducted and they tended to be somewhat prolonged [laughs].

ME: Yes, and what sort of things did the council at that time do, what was different to now, it meets less frequently?

DB: Well it's a little while since I've been associated with the council but the council had its finger in every aspect of college life. It concerned itself with the membership and the exams, the fellowship, the other bodies, overseas matters, the fabric of the college, finance it had all these things under its general control.

ME: And these have now been devolved into subcommittees presumably?

DB: Yes they have.

ME: And then what were your relationships say with London? Did you have much to do with that? Was that a very important time?

DB: Well as secretary I was also a member of the standing joint committee of the three Scottish colleges and the joint committee of the three colleges of physicians and at one time I was secretary of that as well. But the three colleges of physicians had the president, vice president, registrar... correction ... secretary and treasurer on it and the Scottish colleges had the president, vice president and secretary ex officio on it.

ME: The issues of London would largely be taken up with the exam was it?

DB: Very much so, very much so and yes I was involved at the beginning with the changeover from the Edinburgh membership to the MRCPUK which was really very interesting.

ME: What was interesting? What was the...?

DB: Well there was a lot of discussion as to what form it would take, as you know. Once a particular form was agreed on it was decided that the fellows of each three of the colleges should be asked to sit an examination as a specimen and since I was involved in this I thought I should volunteer and I had the traumatic experience of sitting my membership again - just through there - as a consulting physician. I may say that I just managed to pass on that occasion but I was involved with a group which included [Clifford] Cliff Mawdsley a former secretary of the college and neurologist, died at an unfortunately early age, Ted French, Mike Matthews, John Richmond and myself and we were the group who were generating the written material for the common examination and it fell to Ted French and myself to mark this particular examination that the fellows had sat. Now this was done anonymously, there were no names just numbers but having worked with several of them I knew their handwriting but it was really very interesting to see what was achieved in that. I must say it was all done very gentlemanly, during examination we were served with a sherry.

ME: [laughs] Very good.

DB: But I mentioned the group that generated material, this was great group as you can imagine and it was our task to generate the case history material, data interpretation, visual material to feed into the common MRCPUK bank of questions and we spent many, many long nights devising questions.

ME: How did you approach it, I mean if – sort of walking in the first time with a blank piece of paper how did you work out questions, what was the logic?

DB: Well we were all asked to bring what we thought would be suitable questions.

ME: And were these multiple choice?

DB: No. No. These were problem cases, mainly. We were all asked to present problem cases and it would then be discussed and very often torn to pieces by the others until we got what we thought was a satisfactory question with satisfactory answers that we could put to them.

ME: And this was for part one?

DB: This was for the part two, yes. The Treasurer at the time who was [Willie MacLeod] used to leave a bottle of Antiquary in the room and we would meet in the evening and about ten o'clock we would broach the bottle of Antiquary we would work very hard up until ten o'clock and a little bit more relaxed after that.

ME: [laughs]

DB: It used to be called the Antiquary Club.

ME: [laughs] Very good, and what was the sort of number of questions you could generate in an evening?

DB: Three or four, sometimes of the case material.

ME: Yes, I was reading about Michael Tippett who has just died that he used to compose two to three bars a day so it was hard work.

DB: It was hard work yes.

ME: The Antiquary Club must have been hard work?

DB: Yes, great fun, great fun.

ME: And were there a lot of discarding of questions?

DB: Yes.

ME: Right.

DB: Some of them never saw the light of day and some of them were put into the examinations and obviously done badly and were discarded after that.

ME: Now, how did you assess them? I mean, after that they would go from here and meet up with questions from Glasgow and London was there any further vetting of them or was... ?

DB: Yes there was, there was a group who finally put it into the common examination.

ME: Were many discarded at that point?

DB: I can't remember, I don't think too many. You know with people like Ted French and Cliff Mawdsley generating material there wasn't much was discarded.

ME: Right, and then once they had gone into the bank, was their fate monitored?

DB: Yes, yes.

ME: And what was the – how was the – how was it decided whether they were worthwhile or not? If everybody got them right or if everybody got them wrong... ?

DB: Indeed, indeed yes whether they were too easy or too difficult... how they performed, yes indeed.

ME: And was there are a criteria of success for them, I mean did you say right well they have to fit into this band of success or... ?

DB: Yes, I'm not sure, I didn't do this part of the work so I'm not exactly sure how it was done but it was done quite meticulously.

ME: Were there other activities - were you involved in the selling of the [Richard] Dadd portrait?

DB: No.

ME: [inaudible] Were there other events at that time?

DB: I'm trying to think of my time as secretary. At the time when I became a member of Council there were other things. For example, I know I'm jumping a little bit, but in 1985 the college had its first ever meeting overseas, now that was something I was involved with and I was very fortunate to be involved in the next two meetings as well.

ME: Where was the first meeting overseas?

DB: When?

ME: Where?

DB: Hong Kong, and this was a meeting of the college which took place in Hong Kong, as you know we have a lot of members and fellows in Hong Kong.

ME: How was that idea generated? Whose idea was that and how did it come about?

DB: I can't remember who first had the idea, it may have been generated I think even from Hong Kong itself, especially people like David Todd who was professor of medicine there. Why don't you come to Hong Kong as a college? And that's exactly what we did, in addition to the scientific and professional aspect of it we had symposia and lectures we had college endowed lectures there. We actually had a meeting of the college with council there and full robes and the usual format and so on. It was the first time ever that that had happened.

ME: And did the mace have to be taken out?

DB: No it wasn't. We balked at taking the mace. We took Sir James Mackenzie's pen which was entrusted to me as Secretary I was very worried about it and I put it in the hotel safe straight away.

ME: [laughs] And how did you carry it in a handbag... in sort of a hand luggage?

DB: Indeed I did yes, and of course we took the scroll because we actually had signing of the roll there.

ME: Who had the luck to take that out?

DB: I took it out.

ME: Goodness me you must have felt like one of these sort of courier people.

DB: Indeed.

ME: Yes, yes and that was a success presumably?

DB: That was a great success, great success. It attracted not only people from the UK, quite a number went out, but there was a good turn out from the fellowship in Hong Kong who were highly delighted with this act but it also attracted fellows from around the world there were people there from Canada, from the United States, from India and so it was a great get together and it was certainly a precedent for further meetings and encouraged people to go ahead.

ME: Where was it held in Hong Kong? On the island?

DB: No, in the Excelsior Hotel, the whole thing was held there.

ME: Is that in Kowloon?

DB: No in Hong Kong island.

ME: And then the second... where did it meet subsequently?

DB: The next one was in '88 in Singapore. And that was a combined meeting of course with the academy of medicine in Singapore and that was also a great success and we – after that meeting in Singapore we were invited up to Penang and we had a satellite meeting in Penang with the Penang Medical Society which was also very good.

ME: Can't have been too bad could it?

DB: No.

ME: No, right and the third one...?

DB: The third one was in Pakistan, that was in 1990, and that was a combined meeting with the College of Physicians of Pakistan and that was the last one I was personally involved in the organisation off. We had the main meeting in Karachi and then we – the Edinburgh party split into two teams. One team went to Multan and Lahore and the other went to Peshawar and Rawalpindi and we all met up at Rawalpindi and it really was a very successful meeting.

ME: That must have been a huge undertaking to organise that.

DB: Well it was, I went out for a preliminary recce as it were to Karachi and spent a few days organising with the Pakistani college but it was very good fun.

ME: I mean the transport must have been – or was that easy?

DB: The transport – we handed all this over to a travel firm, the actual transport, so that was easy. It was just the organisation of the events, the scientific events, and again a college meeting with about thirty fellows signing the roll who hadn't signed it before, this sort of thing.

ME: That's wonderful yes, and then when you were on the Council what were the-the president then would be...

DB: Ronnie [Ronald Haxton] Girdwood and Michael [Francis] Oliver.

ME: And what were the big issues – or did you feel – what was it like being on the council having been secretary was it odd?

DB: It was very relaxed, one didn't have the pressure and work that the secretary certainly had at that time, dealing with the council.

ME: You didn't find yourself taking minutes?

DB: No. It was a bit more relaxed, indeed.

ME: Was it that a very demanding time for you during the – when you were on the council, were there issues that you felt very involved in or was that...?

DB: Well the issue of the conference centre I think had been resolved really and that had come about. There was the question of the tercentenary of course which was in '81. I was on council at that time and that was a very exciting time at the college.

ME: What happened with the tercentenary what were the big moments in that?

DB: Well simply the amount of international interest that it engendered, from our own fellows and from the overseas colleges who all sent representatives and from the point of view of professional and historical and social activities it really was a very well organised and satisfying event.

ME: were you involved in that were you - or were you – sort of what was your role in that?

DB: Well, just as a member of council I wasn't directly involved in the organising committee of that.

ME: And then there was the big – there was a big day when the Queen Mum came was it or...?

DB: Yes, memory is a dreadful thing. There were several big days [laughs], with meetings held not only in the college here but we took the Assembly Rooms in George Street, and a lot of the events took place there, as you know. One other thing that comes to mind going back a bit into the seventies, 1975 was the date of the UK entry into the common market and the college actually marked this by creating an honorary fellow from each of the existing countries of the common market and that was a very interesting and satisfying event too.

ME: Yes it must have been quite interesting to know who you chose as well?

DB: Yes indeed, sometimes it was easy, or relatively easy from a country like perhaps at that time West Germany, people knew the top people in German medicine and of course one had to be chosen it was just one from each country but I remember there was difficulty with regards to Luxembourg and I cannot remember how we chose the Luxembourg representative but it was my task to look after him he was a very nice chap came with his wife, a Dr. Hertz, and he did ask me, he looked very puzzled all the time and he said how was I chosen? And to be honest I couldn't really tell him how he was chosen.

ME: [laughs]

DB: But I had to say that he was obviously an eminent member of the medical profession in Luxembourg.

ME: [laughs] It's just like that famous thing, how many famous Belgians can you name? Is there anything else we haven't covered?

DB: I can't think off-hand with regard to the college. Can I say one thing? After or just at the end of the time that I was a member of the council I was asked to take on editorship of the *Chronicle* and I did so with some misgiving because I had no real experience of this.

ME: Except a love of literature.

DB: Well yes I suppose so... and I did so with some considerable misgiving, all I can say is that I feel reasonably proud of the fact that I did institute the introduction of professional material into the *Chronicle*. This was because about that time the college publications which were related to the St Andrews Day symposium really were not selling well and they were going to relatively few people and I thought here was a tremendous body of very good material which was being presented at these symposia and not being presented to anybody else and a relatively small number of fellows were benefiting. I thought if we could present this material in the *Chronicle* which went to all fellows it would disseminate it and be a good thing. So I'm really quite proud of the fact that I was able to do that and then of course with Reg [Reginald] Passmore, who taught me anything I know about editorship really, with his cooperation we increased this and then I gave it up and [Bill Circus] of course carried on and produced the *Proceedings*. We had introduced the name *Proceedings* actually before they became the *Proceedings* and Bill of course carried this on and produced the very excellent *Proceedings* which we now have. But I feel I have a hand in just nudging it along that way.

ME: When you took over the *Chronicle* what was it like? What did it consist of? It was a little green...

DB: Yes, it was really a sort of newsheet. With... which came out once a quarter and contained some message or comment from the President, it contained an account usually of the quarterly meetings, it contained letters and comments from other people on a wide variety of subjects, historical or professional but was very limited in its scope and was more or less a sort of newsheet.

ME: So under your editorship you expanded the size of it quite... ?

DB: The size and the content. The content particularly and we introduced the *Proceedings* first of all as a subtitle to the *Chronicle*. Reg was all for doing things straight away and abandoning the *Chronicle* as it was and starting with the *Proceedings* right away and I said, "Reg, I think we're better to try evolution rather than revolution" and he agreed and eventually he came about.

ME: Right, very good [laughs]. Yes, and you've been on the editorial board though since then?

DB: No, not at all.

ME: Thank you very much.