

**Interviewee: Dr Ernest Jellinek**  
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MM: Dr Jellinek, could we start right at the beginning? Where were you born?

EJ: I was born in Vienna in 1922, so... it makes me quite aged but a...

MM: Was this a medical family?

EJ: Yes... my, my father had quite a reputation because he became a sort of super specialist in electrical injuries because he was born in 1871, where he sort of grew up in the developing modern electrical industries and endless electrical accidents of people being accidentally electrocuted, and he, he really got interested in that and ended up in the, as the first and only Professor of Electrical Pathology and a he had a huge collection of bits and pieces. You know he was a natural collector and built up a museum of various horrid things, including trees struck by lightning and anatomical specimens and all that sort of thing and... He came, he was very much a self-made man, he came from a very poor background in what is now the Czech Republic, in Moravia, and he was very much a sort of Habsburg empire specimen, and in fact really was brought up with arms from the privy purse of the Emperor Franz Joseph and had a, a sort of private bursary from him and then progressed from... I think, I think he qualified in 1897 or '98 and qualified from internal, general and internal, medicine with a sort of a smattering of pathology into his own field. And got around the world because he's a keen speaker and was quite popular and performed all over the world and he married... My mother came from a, what had been, really quite a well to do family over several centuries and owned really quite a lot of country property. So by the time I arrived there was no money about because of the effects of the First World War... but there are still some remnants of... life in the country and all that, but no nonsense about a motor car or anything like that, it was more a question whether one could still afford two horses or down to one horse and then no horses at all and... I suppose I had sort of quite a good education and really got around quite a lot, lots, because my father's activities and international outings and I had my, the first tastes of Britain in the early 1930s and the last pre-war taste was staying with an old friend of my parents, somebody called Harold Stiles, who was the Professor of Surgery here in Edinburgh and lived it up in the Stiles' rather

prosperous mansion in Gullane. So a fortnight one summer, I think in 1936 or '37 which gave me grandiose ideas.

MM: So where were you educated? Where did you go to school?

EJ: I was educated in Vienna in a, in oddly enough something called the Schottengymnasium, which means the Scottish gymnasium, which in fact is a very old establishment, a school run by the Benedictines, which is a, very good on the humanities and not so good on the science side, which is a something I never really got compensated for properly in later life.

MM: What was the Scottish connection with the Benedictines?

EJ: Oh, it is where they misnomer. It... the Benedictine's went for the Eastern European Pagans, I think, in the twelfth century or something like that and they were in fact Irish, but the Irish Benedictines called themselves Scots and the monastic establishment I think was founded in about twelve or thirteen hundred or something like that and then they ran a very good school, sort of vaguely elitist school. I stayed really until the advent of Hitler in 1938, when the place was shut down and I then sort of drifted around for a bit... because I was lucky in having had some Jewish ancestry which meant that I couldn't really go on being educated there and had to shop around. So, I ended up in a school in England, in Hertfordshire, where I stayed from 1939 to 1940.

MM: So why was the choice to come to this country at that point?

EJ: Oh it's really largely because both my parents had a lot of connections here, and a, honorary aunts and things like that and I was really also more or less bilingual at that point.

MM: But you were already sort of heading towards medicine yourself by that time?

EJ: Yes, I tended to, you know I suppose, largely the way it goes in families, isn't it? I never really wanted to do anything much else apart from a vague sort of inkling that I might become a historian, which never took off, but...

MM: So, so the influence was by way of your, your father and your family? It wasn't, you weren't pointed in that direction by your school for example?

EJ: Not, not really, no, no. They sort of went along with whatever one wanted to do and if one had reasonable exam qualifications it was a fairly wide open field.

MM: So when did you start to study medicine? What age would you be?

EJ: Oh I'd a longish interval in 'cause in 1940, when I was eighteen, I was locked up, because I was technically an enemy alien. The local policeman came to the school on his bicycle, and took me away and I then spent a couple of months on the Isle of Man and had really a very interesting time because my fellow internees were a sort of fascinating bunch a... very largely kind of self-selected. They tended to be people who had reasons for getting away from Hitler, and various kinds, and an enormously wide range of alternative interests, a sort of musical, religious, political, diplomatic, you know and all the professions were, they were represented there, and really I had an extremely interesting time during my two months on the Isle of Man, which ...

MM: You don't make it sound much like an imprisonment?

EJ: Well, it was more like a holiday camp [laughs], because it really consisted of one of the squares of holiday houses and lodging houses in Douglas in the Isle of Man, which was surrounded by barbed wire and one sort of walked around the square and listened to people talking, and joined in.

MM: And did the other people who were interned at the same time that you were with, did they have the same somewhat relaxed attitude toward it as you seem to have yourself or was there any resentment?

EJ: No I don't think there was any resentment really at all, you know. I think there is by and large surprise at the rather idiotic policy of locking everybody up who has landed with a German passport, you know, against their wishes and... But you know one could understand the reasons why it happened. The... oddly enough the home secretary who locked me up was Churchill's first Home Secretary, Sir John Anderson, who I never met, but I subsequently worked with his son who was then [a sort of second] Lord Waverley, who was my boss when I was house physician. And we got on extremely well [laughs] and, you know he never really spoke, I don't think I ever told him that his father locked me up [laughs]. There is a very good account of, indirect account of, Sir John Anderson and Lord Moore in [this] biography of Russell Brain. When Brain was I think sculpted by Epstein and the previous person Epstein had done was John Anderson and Brain gives us all a really amusing account of his conversation with Epstein a propos Anderson and how he would not like to have been locked up by Anderson. He didn't, obviously, take very kindly to Anderson. But I gathered Anderson in fact was a very sort of liberal chap in spite of his the policies he had to pursue, but you know and obviously everybody in the Isle of Man wanted to get out, and my way of getting out was to join the army which one could do, and once given the King's shilling at the time and swore an oath of allegiance and suddenly one has changed to becoming a private having been a detainee or internee. And I then had the usual sort of boring career in the army from 1940 to 1945.

MM: Before that, before becoming an intern did you have in your childhood any contact with the politics of Germany and Nazism at all. Was that something that passed you by?

EJ: No, no it didn't really pass me by. My family is entirely sort of non-political and not the least bit interested, but I had that boyish curiosity and sort of cycled about the town to see what was going on and there was quite enough going on which was pretty horrid and nasty. People being beaten up in the street and so on, to make one positively anxious to get away, quite apart from being pushed out. So you know I had a visual taste really of Nazi nastiness in 1930, in late 1938, you know I was sort of drifting around as a school boy and I was very pleased to get away.

MM: Where you in Vienna when when Hitler arrived?

EJ: Yes, yes, yes. The, once one has lived through that for a long time, because my mother's family estate was in fact right on the German border, just north of Salzburg and the local good boy or bad boy in fact was Hitler in the adjacent town of Braunau where he was born and you know there had been a sort of threat across the River Inn. You know, the house looked out across into Germany in fact and one became very conscious of the German Nazi threat and it was very near explosion in 1934. That's four years before the actual Anschluss, when the Austrian Nazis tried to take over the Austrian government and, they in fact murdered the then chancellor, somebody called Dollfuss and

we in fact had the Austrian army sort of billeted in the house to keep out the Germans which would have been laughable because there was about a dozen of them or something with rifles and things. And the thing which really kept the Germans out at that time was Mussolini who disapproved of Hitler in 1934 and of course he changed his tack later after the Abyssinian war and a... So you know one obvs. had friends who got much more involved politically and one of my sort of best chums, you know one had lots of best chums, one was the son of the public prosecutor who in fact acted as the prosecutor of the trial of the people who murdered the chancellor Dollfuss in 1934 and then subsequently got killed by the Nazis in Dachau, in the concentration camp. The, my contemporary, my friend in fact, ended up fighting on the wrong side and disappeared, sort of lost without a trace, somewhere in Yugoslavia later in the war, but you know he was very much actively anti-Nazi like the rest of his family.

MM: Did you suggest just now that your mother's family knew of Hitler, knew who he was...

EJ: Oh yes, yes, very much so.

MM: ...before he became famous?

EJ: Yes, yes, you know when he was sort of considered a rather dubious local phenomenon. The house, my mother's family house was in fact a former monastery which had been dissolved in the 18<sup>th</sup> century and had an enormous church attached to it, sort of rather splendid Baroque building. And Hitler, I'm not quite sure how true this was, was supposed to have been baptised there, in that local church. You know he wasn't exactly a good Christian himself. Didn't check up on the entry in the parish registry, probably should have done, but research to be done if it's still there.

MM: So obviously you didn't like you know what was happening, the troubles and the beatings and so on, but you didn't feel particularly involved yourself or threatened by it or did you at that time?

EJ: No, I think it's probably conceit on my part. I didn't feel personally threatened. It didn't occur to me that I might be undesirable [laughs]. But no, I certainly wasn't threatened personally in anyway. It was more sort of negative things were one couldn't simply could not pursue my education there.

MM: Why was that?

EJ: Oh because of my ancestry. It was barred you know because I had Jewish ancestry. That provided a complete bar to any kind of education.

MM: So in a sense you were a refugee when you came to this country?

EJ: Yes, yes, yes.

MM: Right. So from school and... what did you do immediately on your arrival in this country?

EJ: I went straight to school and then really swotted for university entrance exams you know which I sort of managed fairly easily and got accepted for an Oxford College before I was locked up. So you know, I knew that I was going to go on to Oxford and read medicine. That's before I had my diversion to the Isle of Man.

MM: So which college was it?

EJ: Worcester College. I don't know how familiar you are with Oxford, but it's near the railway station [laughs].

MM: [laughs] And what are your thoughts about your time as a student at Oxford as a preparation for medicine? Looking back on it, do you think it was all you had hoped?

EJ: Yes, it was immensely stimulating and I didn't really start until 1945 you see, after a five year interval, by which time I suppose I was a bit more mature. You know it was highly enjoyable, pre-clinical. In a perverse sort of way the only non-enjoyable part of it was physiology, which was really a suffering from the after effects of having been Sir Charles Sheridan's place and the whole department simply consisted of repeating Sheridan's experiments, which was terribly boring and uninteresting; but there was some extremely good people in it like David Whitteridge that came to Edinburgh as the Professor here before returning to Oxford, sometime in the late sixties or early seventies. But the rest of the pre-clinical set up was outstandingly good, extremely good anatomy under Le Gros Clark, very good biochemistry, outstanding experimental pathology on the [inaudible]

MM: So to some extent you were really a mature student when you started?

EJ: Yes, yeah.

MM: What sort of time did you have during the war before this started? Where you much involved in the war?

EJ: Well, I was mainly bored. You know, because when I joined the army [inaudible] the only thing one could join was the, something called the Auxiliary Military Pioneer Corp, which mainly consisted of labourers or they weren't labourers, but one did labouring jobs, like shovelling coal and carrying ammunition boxes and things like that. And most of it actually was cutting down trees in Gloucestershire, with some rather nice and interesting New Zealand sappers. We destroyed part of Forest of Dean, which consisted of lovely old oak trees, which had been planted really at the time of Nelson I think and then we cut them down to make railway sleepers, in a similar form of bucolic vandalism and obviously tried to get out of the Pioneer Corp into something more interesting and I then transferred into the Armed Corp, the Royal Tank Regiment. I can't quite remember, but I think about 1942 or '43, you know when the government policy changed and decided that these people who really could be quite useful and I then trained in the tanks and then went on to Sandhurst as an officer cadet which again is really the first interesting bit of my army career. You know because Sandhurst was very well staffed at that time and some very good academics and in fact I may come back to him later in this interview. One of my instructors became a friend... the wretched man ended up as a patient many years later but he was an outstanding, he was a writer really and I think his last job as an English Master at Manchester Grammar School. And he's a poet and had a long obituary in *The Times* when he perished. But, on the whole Sandhurst was very well staffed and I then got commissioned up in the tanks where I had started with something called the Reconnaissance Regiment which was what war time creation really, to replace the non-existent cavalry, to reconnoitre in front of the infantry, and each infantry division at that stage in the war had a reconnaissance regiment which really consisted of armoured cars and Bren Gun Carriers. And I was commissioned in a few months after D-Day and then went over to Bilton in fact at the end of 1944, at the time of the Ardennes Offensive and then really lasted another three months after that; where the regiment really had a purpose, because obviously in static warfare there was very little scope for

reconnaissance but once things started moving, also a field of action for the regiment, and one really became sort of a moving target, prior to infantry engagements.

MM: A somewhat dangerous occupation really?

EJ: Yes it was a bit, yes. You know, I got slightly damaged in the clearing of the left bank of the Rhine from going in and from an [inaudible] towards the direction of Cologne and then very much more so, three weeks before the end of the war by which time we had got to Hanover and I sort of came to almost a completely sticky end, but not quite, just a few miles from Hanover and...

MM: So what sort of injuries did you have?

EJ: Sorry?

MM: What kind of injuries did you have at that time?

EJ: Oh sort of multiple injuries [laughs] you know from the sort of leg up to head. The, you know I just remember it happening, then really nothing for the next few days; by which time I was well down the line in hospital.

MM: Was that when you damaged an eye?

EJ: Yes, yes. I then really had my first active encounter with neurology because I was evacuated via the American medical services and then the British because we were on the sort of right flank next door to the Americans and I ended up in a place called St. Hughes Hospital in Oxford, which was a special head injury unit, which was run by somebody which I'm sure you've heard of called Sir Hugh Cairns, who was an incredibly dynamic Australian; who was really one of the sort of first generation of British neurosurgeons; together with Norman Dott here in Edinburgh and Sir Geoffrey Jefferson in Manchester and all three of them, Cairns, Dott and Jefferson, had been trained by Harvey Cushing in Boston; who's really the founder of modern neurosurgery and Cairns who'd become the first professor of surgery in Oxford in the, as part of the Nuffield Foundation of the late 1930s. Used his own department really as the basis of a neurosurgical centre for the armed forces for which he took over St. Hughes College, which was a girls college, which was sort of half way between the Radcliffe Infirmary, where he had his beds, and his own house in Bardwell Road and he used to cycle and stop off at St. Hughes on the way and attracted what subsequently turned out to be really the leaders of the British neurosciences, in the post war years and...

MM: I remember they invented various pieces of equipment for evacuating casualties with head injuries.

EJ: Yes, Cairns ranged all over the world and had mobile neurosurgical units, which were properly staffed and had head injuries treated early rather than the survivors who rotted away at general units. And... again I got to know Cairns quite well later because I was friendly with his children and he taught me one lesson, clinical lesson, he taught me several clinical lessons but one was never to feed too much to your patients because he, when I was asked round at the house, he'd been told that I'd been a patient at St Hughes and he sort of greeted me warmly and said, 'of course I remember you well as a patient' [laughs]. He'd never set eyes on me. He was away on one of his foreign trips at the time when I was at St Hughes for a month or so. So, and anyhow from there really, after two or

three months in hospital I then really went along the road to Worcester College and set up as a medical student.

MM: And where you already inclined towards neurology from that experience? Or do you think...

EJ: Well probably to some extent, yes. I think it's a... You know a lot of my fellow patients are really extremely interesting people and one of whom I eventually wrote up, I sort of intruded on him cause he'd written a lot about himself and I'd met him a few times, somebody called Babington, Babington and he'd had a you know he was on the same ward as me, he'd had a very bad head, brain injury in the [Ardennes] aftermath which was explored and they took out a large chunk of his left hemisphere; right down to the ventricle which gave him, which meant a heavy breach of course and complete aphasia and a remarkable thing about Babington really is the way he got over it and round it; was in spite of his aphasia, which obviously wasn't total after the first few months, he became an eminent judge and also quite an eminent writer about... things like court, the rightness and wrongness of courts marshal and you know he was very much in the public news and he really got you know not only was he aphasic but he also couldn't write or read at the beginning and he really sort of got over that by, to begin with, having scribes to write for him and people to read for him and I think his writing and reading both eventually improved quite a bit; but even when he sat as a judge you know he had to cope with considerable, terrible problems but rose to considerable eminence in spite of it.

MM: I take it you enjoyed your time at Worcester College?

EJ: Oh yes, yes, yes. The nice thing about the main justification of Oxbridge is you don't muck about with your fellow medical students. You know you get a much more general education.

MM: So where did you go for clinical? Did you go to one of the London hospitals?

EJ: No, no. I stayed on largely for family reasons, I stayed on at the Radcliffe, which in fact was a very good thing because at the time the Radcliffe Infirmary, which during the war had been quite a large teaching hospital because the London teaching hospitals were evacuated by then sort of teetering on the brink of extinction as a teaching hospital and there were only six of us or seven of us in my intake, which really meant that as a clinical students you're really basically housemen and you know there's no nonsense about formal lectures or anything like that. You know you learnt on the job and it was thoroughly enjoyable.

MM: And where there any particular influences at the Radcliffe on your career?

EJ: Yes. I suppose general the man I would mention sort of general influence is somebody called Alec Cook, who was a general physician who I think influenced me considerably. He was alumina of the London College and sort of ended up I suppose [inaudible] and things like that. An incredibly cultured man and he'd been born in 1899 and wanted to live in three centuries and didn't quite make this century, but lasted till about 1998 or '99, really totally compos mentis and interesting and amusing and very influential, influence for the good I think on the whole and the other one became a bit later after Alec Cook was somebody called Richard Russell who was very much an Edinburgh man, who'd been persuaded to... he'd been at St. Hughes, the head injuries hospital with Cairns and was in fact the man who finally boarded me out of the army and somewhere I've still got a chip of paper signed at the side by him saying that I was unlikely to return to active service ever and he

then, Cairns persuaded him to start neurology in Oxford which had not existed before, and a he was... Did you know Richard Russell yourself?

MM: No I knew him, I heard lots about him from a friend of mine Miles Gibson who was a...

EJ: Oh yes, yes, a neurosurgeon, is Leeds, Leeds isn't it Miles Gibson? Wasn't it Leeds or Sheffield or somewhere? No, Ritchie is a fascinating fellow, very much from the Edinburgh intellectual elite. He had in fact been assistant physician at the infirmary here in Edinburgh when the war broke out and then really moved from there to Oxford where he started from scratch and ended up as the first professor of clinical neurology at Oxford, financed largely I may say by the late and not much lamented Robert Maxwell, whose daughter I think had a head injury and ended up as Ritchie's patient and Maxwell I think partly endowed the chair I think. There are other reasons way the memories of Maxwell aren't very good, but anyhow Ritchie at that point ran a... when I was a student ran an extremely active outpatient clinic. I don't think he had any beds at the infirmary at all. His beds where in an outlying place called the Churchill Hospital, which is a converted American army place... that Ritchie's performance in outpatients was... He made it extremely interesting and I think I probably decided that I wanted to follow in his footsteps at the time. I didn't get all that far with Ritchie because he, I became, I did become his houseman after I qualified. I think it was my third job or something but he obviously didn't reciprocate my feelings for him and did not encourage me to stay on and in fact partly because he did not have middle grade jobs himself at the time. It was just himself and a houseman. So I then drifted off to do my neurological training in London, you know after a couple of years at the Radcliffe.

MM: So where did you go in London?

EJ: Sorry?

MM: Where did you go in London after the Radcliffe?

EJ: I went to Maida Vale hospital which was then part of the National Hospital for Nervous Diseases, which was extremely well staffed. It's still stuck in the... by then it was 1955 I think or '56. It was still very much sort of pre-NHS setup, with visiting, about twelve or fifteen visiting consultants, who's name who appeared on a mahogany notice board with 'in' or 'out' on it, usually, 'out'. I think the senior physician at the time was somebody called Douglas McAlpine, who was again an interesting rather odd chap, who I think part of the McAlpine contractors and had pots of money and didn't have to practice medicine for money and he more or less put multiple sclerosis on the map and wrote the first sort of major British texts on MS, on multiple sclerosis, and had his finger in every MS pie, enormous enthusiast. It was really in the days when you couldn't diagnose MS properly until it was really quite advanced. Everybody with faint neurological symptoms were brought into him with MS, but you know he was stimulating and productive. You know the most influential senior neurologist in Maida Vale in my time was Russell Brain, who by then, had been sort of, become sort of top dog with the presidency with the London College for I think at least six years. The author of every text book under the sun and he again I suppose was quite a major influence on me.

MM: So you were in London at a very interesting time really over the first years of the National Health Service?

EJ: Before the...?



MM: You were in London during the first years of the National Health Service?

EJ: Yes, that's right yes, yes.

MM: What do you remember of the sort of attitude towards the National Health Service in the London medical scene at that time? Where they, was there enthusiasm or was their still reluctance or hankering for sort of pre...?

EJ: The fleshpots! No. I think not really. The NHS patients were diff... a mixture of patients at a place like Maida Vale of both ex-private patients who required the facilities of the NHS and ordinary common or garden NHS patients; and people like Russell Brain who would not talk to his NHS patients, and I really mean that.

MM: He didn't?

EJ: You know he would come in and say to the houseman, 'What is she or he complaining of?' and then got [inaudible] from the houseman and got out his little patella hammer and hit them with the patella hammer [laughs] and then said something to the medical staff and then that was it. He could in fact be an extremely good personal clinician, you know as he was with his private patients. And also I think politically and philosophically he was a very much an NHS man and socially I think extremely fair and nice but it was all rather abstract rather than personal. You know his personal relationship with patients, they were... I was going to say cannon fodder, but that's the wrong word if they're NHS.

MM: Was there still any sort of division apparent to you between those who were principally in private practice and those who were in more academic centres in London?

EJ: Yes, yes, yes. One of our chiefs was almost entirely in private practice and was seen sort of once a month only or something, somebody called Blake Pritchard, who was in fact an extremely able man and he somehow succeeded in doing three weeks work in half an hour and in fact performed really very well; you know by using proxies and by being a good general and not getting too involved in the dirty work. And I think he had a very large and prosperous private practice, I think, and did a lot of medical [legal] work. No, I think on the whole most of them did their stuff in the NHS, you know the NHS was dealt with in four days a week and the fifth day of the week it was for private practice. I don't think I'd criticise my bosses on that score.

MM: But what you suggested earlier was that even by 1955 the sort of private practice ethos still influenced the teaching hospitals?

EJ: Yes, yes, very much so, very much so. The academic medicine really in Britain really didn't really take off until about then. You know you enquired about the academic side you know there wasn't very much on the academic side, I think partly because of the personalities of the professors involved I think; you know they weren't terribly approachable and they didn't get too mixed up in the clinical work. You know they tended to be organisational professors rather than clinical professors.

MM: So you would see the persistence of that ethos as partly the inclination of the people in private practice but also from the attitude of the academics as well?

EJ: I think the academics on the whole generally disapproved of private practice and thought that anybody who did private practice was no good [laughs]. Whereas in fact I think the two are entirely compatible. But in fact there simply wasn't all that much academic medicine, except places like the Hammersmith, at the time. The National Hospital at Queens Square, which is really sort of the senior partner of Maida Vale, had quite a few good academics but I think on the whole one wouldn't have wanted to go and see them as a patient, I think.

MM: So tell me about the next stint because you would have had to sit the membership at some point?

EJ: Yes. That sort of... I was doing some clearing out of the attic and sort of found I had chucked out my membership roll, which was in 1955, which was three years after I qualified, so you know I was fairly quick with that, got that out of the way. That really didn't get you anywhere much at the time, of course you, the ladders decidedly steep and narrowing, career ladder, and I became the senior registrar fairly quickly but after that I got rather stuck at that grade.

MM: Where were you a senior registrar?

EJ: I think 1956.

MM: And where?

EJ: Sorry? At Maida Vale.

MM: Ah Maida Vale, right.

EJ: And at that time one got part-time consultant jobs and sort of amphibious for sort of two or three or four sessions as a consultant at Mount Vernon Hospital, which was a peripheral hospital, combined with the Radium Institute, which sounded very good on paper. It seemed like a superior academic establishment. It wasn't really, it was just a rather good peripheral hospital. You know for the remaining sessions I was still a senior registrar, which I remained I think for a total of ten years altogether, which I think is almost a world record because you know there weren't very many consultant jobs in those days and I became very expert at being interviewed for consultant jobs.

MM: And did you come to Edinburgh at the end of that ten years?

EJ: Yes, that's right, yah.

MM: Where was your appointment first in Edinburgh?

EJ: In 1966.

MM: Was that at the Western or...?

EJ: Yes really on the north side of Princes Street.

MM: Was that something of a culture shock for you?

EJ: Well not really no, no, cause I'd visited here quite often and knew quite a lot of people and by then Stanley Davidson who [believed] Stanley Davidson if anything had really transferred the

parochial establishment into a much wider outward looking setup and the... most of the staff north of Princes Street by then were in fact not Edinburgh trained at all. The Western General hospital was almost entirely imported talent. I think almost John MacLeod, I think is almost the [only] Edinburgh product from the consultant staff at the Western at the time, at least the only one I can think of at the moment, on the medical side.

MM: So you would think of Stanley Davidson, who imported everybody, as having done something worthwhile by doing so?

EJ: Oh I think so. When I did the College journal, *The Transaction*, or whatever it's called, I had the privilege and pleasure of [editing] Stanley Davidson about this particular aspect of his life and he was very pleased with himself about what he'd done. I think quite rightly so, cause you know he really seemed to have started from scratch and...

MM: It was quite an undertaking to transform what had been a poor house...

EJ: That's right, yes.

MM: ...make it into an academic centre.

EJ: Yes.

MM: I've had an idea, maybe inaccurate but there was some thought at that time of making the Western setup almost into another Hammersmith or something of that kind, with postgraduate sort of teaching there?

EJ: Yes. I wasn't in on these arguments really. You'd probably get more about this aspect of life at the Western from people like Michael Mathews' you know who was I think was more involved in the organisational problems. I simply enjoyed working at the Western with the consultant staff there, all of whom where, I'd of thought, almost certainly not all but damn near all, were very able, intelligent and co-operative and very good doctors.

MM: And how about relationships at that time between the Western and the Royal, no problems at that time... managed both systems to work?

EJ: I was only sort of very marginally involved in the Royal. When I was appointed I was given an option to join an academic department and at the time, I'm not much sure what my reasons where, I'd offered to join Ken Donnell's department at the infirmary and as you know Ken Donnell's rather a controversial character and I did not in fact get very much out of that. I used to go to [inaudible] and things and spouted a bit at the infirmary. But, most of the neurological component of the infirmary in my time was really Cliff Mawdsley, who'd been appointed I think about six months before me, and Cliff had his beds there. It was very much, much more involved at the infirmary. I did work a bit at the infirmary when people asked me to see cases they thought I might be interested in, but I certainly never did outpatients and I never had any beds there and you know cause it was very much Cliff Mawdsley's parish and I don't think he really wanted anyone else there.

MM: And did you go into private practice in Edinburgh?

EJ: Yes. I went to private practice really I think almost from the word go because the only person in private practice in neurology at the time was John Stanton, who really is quite ill by the time I arrived and really only lasted a few years and I think he very much encouraged me to take on his patch; which I did and I enjoyed because it seemed more satisfactory time wise than rushing through NHS duties. You know one was grossly overworked and overstressed. Whereas in private practice you could arrange it much better to suite yourself and you know the NHS work in a way became more and more demanding because obviously as one got known one had to do more and as a result, didn't always do it very well, you know even though I enjoyed it...

MM: And how did you find general practice in Edinburgh compared to the south? My idea was it wasn't quite so much private practice here as in London?

EJ: Yes. There was much less than in the south, I think largely because the general facilities were so much better. The NHS facilities were so much better than the south. You know whatever private practice there was in Edinburgh at the time tended to be the, what the Mitford's call a 'you', the upper classes who went in for private medicine because that's the done thing. And I think there was less private practice because the NHS was so bad. Whereas in the south you know that's the main reason for private practice flourishing at that time. I think, I would like to think, that we battled to avoid that reason for private practice by not keeping people waiting endlessly for appointments and you know during my sort of first ten or twenty years here, you know if every once in a while if the patient let up with something which sounded urgent or something, one would see them on Saturday morning. And one hoped to keep NHS practice more reasonable and satisfactory that way. Eventually I think it was kind of [quashed] by the administration because it meant having to pay secretaries and a radiographer and such like and my last years you know, my Saturday morning clinics were discouraged.

MM: I'd like to ask you a bit more about the Edinburgh scene when you arrived and your reaction to it, coming here from the south at that point? You've mentioned Stanley Davidson for example. Were there any other people who made any impression on you when you arrived, a particular impression I should say?

EJ: Well I suppose, I haven't really thought about this. Having thought about it now for two seconds, I would have thought probably Ted French, who's an old fashioned general physician at the Western, who seemed to be extremely good at his job and an extremely interesting man and a sort of total integrity and all that. I think everybody thought well of Ted. You know he was fascinated I think by his job and managed to transmit this to his juniors and his students. John Mathews wrote about him I think when he retired and I can't remember where John wrote about him. I think it's in the College journal. He did a sort of pre-obituary [laughs] as it were about Ted and how he was very much the consultant's consultant. The professor... I saw an awful lot of John Strong because we overlapped a lot clinically. You know and I very much was impressed by John and liked him very much and still like him [laughs]. The neuro surgeons, I think by the time I got here were very much the second generation, rather than first. Norman Dott was still about and would come to meetings, would keep his mouth shut, even though he obviously strongly disapproved of a lot of things which were being said and done. You know again, he probably comes under the heading of one of a few great men one has known. I think Norman Dott probably was, but I never actually worked with him, but you know I obviously saw some of his ex-patients. Trying to think... general surgeons I think I wouldn't pick

anybody out. We already mentioned Ken Donald who impressed me as an organiser because I was sort of secretary of some wretched committee on [that he chaired] and I thought he was always an extraordinarily able man, in spite of his feelings in other ways. No, I think I probably wouldn't go beyond that, I think.

MM: You would come, become a fellow of this College soon after coming to Edinburgh at the time?

EJ: Yes that's right. Yes, because they wanted one as an examiner...

MM: Yah.

EJ: ...you know, which was...

MM: And did you take part in college activities very much?

EJ: Well really only as I suppose, as an examiner I think, which I did quite a lot. I once stood for the election of council because I wanted to engineer a commission for a portrait of Christopher Clayson which was done. I stood with a purpose as it were [laughs]. Failed to get elected, I'm not quite sure by how wide a margin, but anyhow the commission of the portrait came off so I had no bad feelings about not having been elected; and then I ran the College journal for, I think after Chalmers Davidson. I think Chalmers Davidson started the journal, which was then called I think *Proceedings* at the time. And then when Chalmers retired I took it on for about five or six years and then decided I'd had enough. And I think that's really the sum total of my College involvement. You know apart from enjoying meetings and social occasions.

MM: So that leads me into perhaps a nice subject and would like to hear this. What do you think about the College and its future and its place? Have you thought about it at all, 'cause these are changing times?

EJ: Yes [laughs]. Not an absolutely straight answer but one of the first things I did when I became the editor of the *College Journal of Transactions* is write an editorial about the idiotic Edinburgh setup, of having two colleges in a small town. You know, the surgeons and physicians ought to glom together and it would make much more sense if the whole college system, you know if you weren't limited to as it were your own breed, but you know it wasn't a highly original opinion and it sank. It was never taken up by anybody I think.

MM: What was the reaction to your editorial?

EJ: I think total silence I think [laughs]. No reaction at all but I thought it would make much more sense for the whole Edinburgh medical scene if there's one college rather than a multitude. Obviously one doesn't want to lose a place like this building. I'd happily lose the College of Surgeons building, which I think is nothing like as good. It's very difficult to know of what the function of the college should be. You know clearly it ought to advise government shouldn't it? But then I don't think government wants to be advised. It reduplicates a lot of what the university ought to be doing, educationally really. I think postgraduate education is probably, really ought to be the province of the university rather than the college. However, it all depends on the people doesn't it, and who does what and where.

MM: But then...

EJ: The future...

MM: ... the controversy that you touched on has a long history doesn't it? I mean James VI wanted there to be one college for the whole of Scotland which...

EJ: Yes

MM: ...didn't come off at that time [laughs]. There have been many attempts since then, but they've all failed [laughs].

EJ: Yes [laughs]. No its rather deep political waters, isn't it? There's a... you know like all the current fuss about members of parliament, you know they want to reduce the number of MPs in London, with six hundred being too many for a population of sixty million. Here we've got a hundred and ten for a population of six and I think you can overdo government, I think and organisation.

MM: But in a way the Edinburgh colleges would justify their existence by indicating that such a high proportion of the fellows are overseas and therefore it's not simply an Edinburgh...

EJ: Yes, yes, yah.

MM: ...an Edinburgh organisation.

EJ: Yes. Well I'm not quite sure how strong the reality of the overseas fellows is. You know they obviously like to come here when they come here [inaudible] for mainly social reasons, but I think overseas function is bound to dwindle, isn't it? You know with the third world becoming second world or first world and all that.

MM: So certainly that would be one of the main factors one has to take into account when thinking of a future for the college?

EJ: Yes.

MM: Is that that part of the fellowship as you said?

EJ: As a Glaswegian how functional is the joint college in Glasgow? Do the physicians and surgeons actually talk to each other more than they do here? Or am I talking a lot of theoretical rot?

MM: I think that is probably so and I think probably from a purely financial situation it is much more efficient.

EJ: Yes. It makes more sense, yah.

MM: But on the subject I'm completely neutral [laughs].

EJ: Yes [laughs].

MM: What I would like to round off this interview, have you got something any ideas of something that you would like to record for people who will be looking at this video later that we haven't touched on? My idea you see is, I haven't asked very many specific questions because I wanted to keep everything as general and coming from you because I don't know what people will be interested in enquiring about through this video in years from now.

EJ: Yes. It's an enormous topic isn't it? How's one going to be able to remember it all [laughs]? I think that one's only hope is that someone will start reading one later in the future, you know perhaps obviously one's own family will remember one or up to a point, but the world at large won't, unless somebody stumbles on ones scribbles, which I think is the only sort of possible angle in mortality one has in medicine I think. I've done quite a lot of scribbling I think largely because I enjoy doing it but rather with a view to boosting one's immortality but... No, it's obviously nice to meet one's old students or more precisely to be hailed by somebodies, someone who has thought of something ... but that's a dwindling asset, isn't it? No, I think one probably if anything would like to be remembered as somebody who scribbled, rather than anything else. I think what I enjoyed most in my career is the actual clinical side, you know which is obviously over and done with.

MM: Could I ask you then one final question? If you were starting again would you, would medicine be your career?

EJ: Oh yes, undoubtedly. I enjoyed it, very much. And I'm not at all so sure about the future you know. Like everybody else I get [moments] from my family and you know both my son and my daughter are in medicine, but they obviously don't want their children to go in. I'm not quite sure whether, how serious they are in that but they're not being encouraged to go into medicine, but you know because all the satisfaction at the moment about organisation. One was probably spared that in our time. I think we, we obviously always moaned about the health pool and so on but by and large we had a sort of fairly benevolent government, which one could influence a bit I think if one had a good case. I'm not sure you can now.

MM: Thank you very much. I think we'll stop there now.