

The Later 1950s and the Path of Postgraduate Development

KETTERING WAS A valuable next step. The General Hospital was very well staffed. My duties with a newly qualified House Officer, were to care for the patients in the general medical ward, the children's ward and a nearby convalescent hospital, take a full role in the medical outpatient clinics and share in the work of the casualty department. The consultant staff were mostly relatively young graduates of London hospitals and there was excellent rapport with the local general practitioners. In fact, medically and indeed socially, we were all part of the one community. I learned a great deal in Kettering, not least from my consultant physician, the late Dr Partington.

I was due to spend one year in the Senior House Officer post and after some nine months I felt it appropriate to consult Professor Davidson again. Unfortunately the two Assistant Lectureships were still occupied and the way ahead was unclear. The sadness was compounded by the early death of my father at the end of 1952. My mother was left without comfortable financial resources; my brother was now in medical school and my sister still in secondary school.

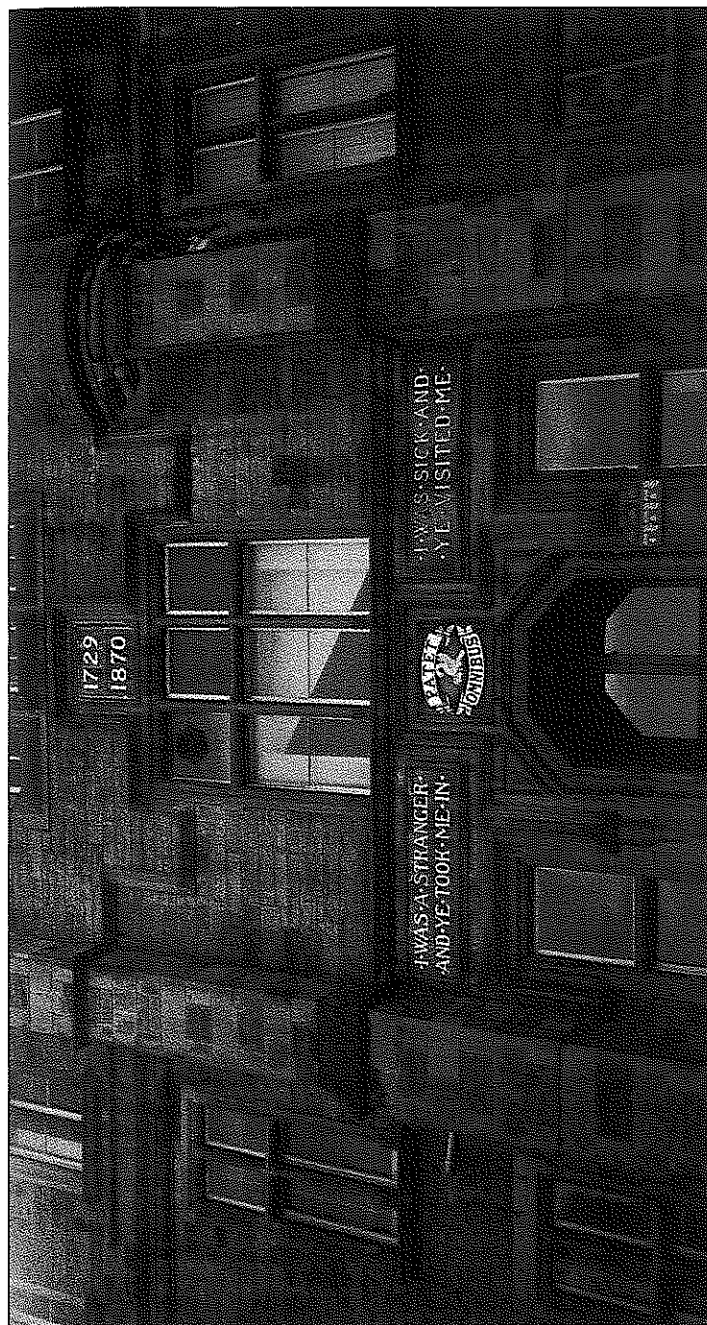
Then, out of the blue, a letter came from Dr A. Rae Gilchrist, a distinguished cardiologist in Edinburgh Royal Infirmary. He had learned that I was trying to get back to

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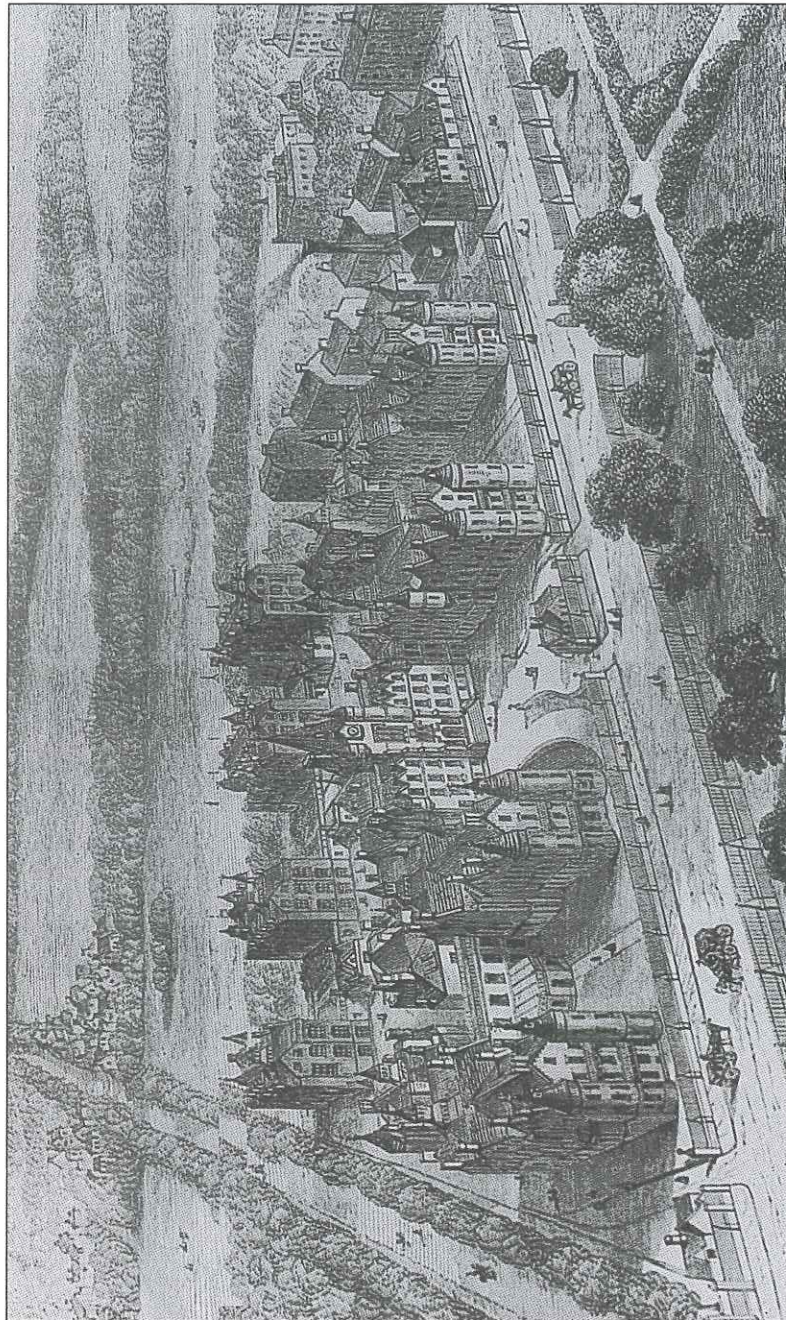
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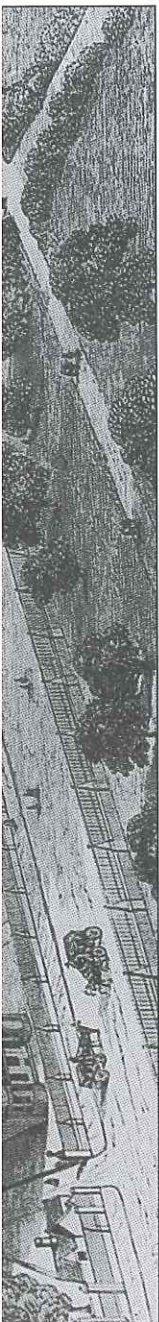
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The Royal Infirmary of Edinburgh.

Edinburgh and a woman due to take one of his House Officer posts in the Infirmary had let him down. I may say that the woman was standing down to get married and she and her husband were to become good family friends in later years. I had to travel up to Edinburgh to see Dr Gilchrist on the night train, my appointment was confirmed, but I had to do it for twelve months! Fiscal matters were quite troublesome. My stipend in Whithorn had been £800 p.a., in Kettering £670 p.a. and now it was to be down to £450 p.a. And our first son was to be born in March 1953, my last month in Kettering.

However, back to Edinburgh it had to be. Jenny was discharged from hospital on the day before we were due to leave Kettering and I drove her down with new baby to her parents' home in Hertfordshire in my Austin A40 Devon, which I had been allowed to purchase as the doctor in Whithorn when cars were in short supply. From memory it had cost £506, a fortune at the time.

Jenny was to stay with her parents for some six weeks while I went up to Edinburgh to start my House Officer job and find a place to stay. I met her off the night train with luggage and carrycot, and we repaired to our place of abode, a fourth-floor tenement flat much like the one in which I had spent my student days. I remember still her standing at the bottom of the stairs as I proceeded upwards with some of the baggage, and enquiring what she was doing, she responded that she was waiting for the (non-existent) lift! This particular housing complex in south Edinburgh was built in the late 1800s.

Indeed four-storey blocks of tenement flats were very much a feature of the old parts of Edinburgh and Glasgow. In my own time as a student and on this return, I remember

well, that the coalman might have to carry upstairs ten or twenty bags of coal to be dumped in the coal bunker in the kitchen, inevitably with much dust. I heard a good story once about a lady spotting the coalman in the street below and shouting from a second-floor window, 'Coalman, two bags,' but he could not hear. Then after further attempts, she shouted in a very loud voice, 'Coalman, two bags, s'il vous plait.' This time he did hear and as he turned round he shouted, 'Mrs Mackenzie, you're not to get carried away with this European Community stuff, but seein' as ye ask, is it "cul de sac" or "à la carte"?'

This was a difficult year for us, my wife with new baby in a strange city and me in a busy House Officer post, living out for the first six months and compulsorily living in the Infirmary Doctors' Residence for the second six months. I was however in a very good team of caring doctors and teachers. At the end of my year in spring 1954, I was at last appointed to one of the two coveted Assistant Lecturer posts with Professor Davidson, and so my lifelong interest in haematology started now because this was Professor Davidson's favoured specialty. Then in January 1955 I became a research fellow for one year in the Rheumatic Diseases Unit at the Northern General Hospital, Edinburgh.

Also in January 1955, I passed the examination for the MRCP Ed. Two good friends, Bruce Paton and the late George Campbell also passed and on hearing the results, we celebrated over a half pint of beer in a pub in Rose Street behind the College of Physicians, then repaired to my home in Marchmont (still the tenement flat) for a banquet. I seem to remember that we each had a boiled egg!

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critical turning point. The unit was staffed by another outstanding team headed by the late Dr Ian Duthie from Aberdeen. I was introduced to strict research methods and to statistical analysis and a group of us managed to do some pioneer studies (later published) into the nature of the anaemia associated with rheumatoid arthritis. Then at the end of the year, I could hardly believe my good fortune – I was appointed to a full Lectureship with Professor Davidson.

It was now 1956. My clinical work was at Registrar level in the Professorial Medical Unit. The Medical Unit was essentially general medical wards, but with associated 'Blood Clinics' there was some emphasis on patients with blood disorders. Radioactive isotopes were now entering research techniques and I learned first how to label red blood cells with radioactive chromium (Chromium-51), for in-vivo investigation. This led to a particular interest in the haemolytic diseases, in which the red blood cells, which normally have a survival time of about three months, are destroyed abnormally rapidly. A related interest had to be the role of the spleen which in human beings after childhood is a fairly vestigial organ in the abdomen, but which usually has a role in the haemolytic anaemias. It can also be involved in quite a wide range of medical problems.

The interest in radioactive isotopes prospered with an excellent course on the subject in early 1957 in the Department of Medical Physics in Glasgow and then in early 1958 an outstanding course at the Atomic Energy Research Establishment in Harwell followed by three weeks of visits to research units in London hospitals.

In the autumn of 1957 I took the examination for Membership of the Royal College of Physicians of London.



*Sir Stanley Davidson receiving his Knighthood in 1956.
Lady Davidson is on his left.*

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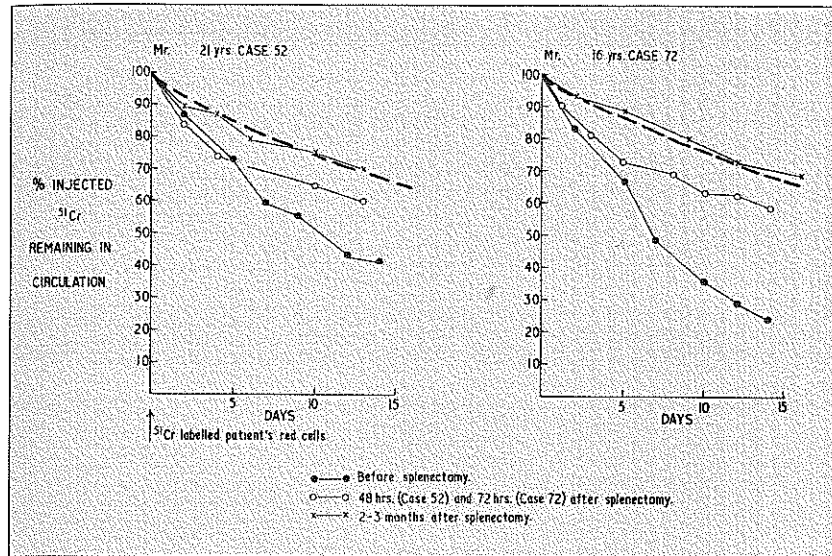
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Early studies using radioactive Chromium-51 (^{51}Cr). The illustration shows the results in two patients with congenital spherocytosis (an hereditary disease where the red blood cells have a shortened survival time). Removal of the spleen produces gratifying results. The interrupted line shows the normal survival time of labelled cells.

These are two of my best studies!

Maybe this was not necessary, but there was a climate of opinion at the time that one was unlikely to stand much chance of a job south of the Wash without this qualification. The London exam then was in three parts, spread over a month. The pass rate was terrible. Of the 256 who started with me, 22 got to the final oral examination in the College, then in Trafalgar Square, and 21 passed.

When the 21 of us gathered at a later ceremony to receive our diplomas, I was flattered when Professor McMichael (see below) came over towards me. I presumed he was going to offer congratulations and indeed he was, but he spoke

first to the chap standing next to me. That was Dr Roger Bannister who had recently broken the 4-minute mile!

When I got the result I immediately sent a telegram to Johannesburg. Jenny had just gone out for a few months with our two sons (number two was born in 1956) and had had a harrowing air journey controlling these two rather active boys. Jenny's mother and father had retired to South Africa to join her older sister and husband. I was able to join the family over Christmas and we added a happy stay down the Natal coast, south of Durban, before we returned home together. At that time it was rather a long flight stopping at Nairobi, Khartoum and Rome.

Recently it had been suggested that I should have a year's relevant training in the United States; many contemporaries were spending a year in the States in the 1950s. It was of course a very good medical and cultural experience, but some used to joke that it was to add BTA (Been To America) as a further qualification after their names. The famous Memorial Sloan Kettering Cancer Center in New York seemed ideal for me and I was fortunate to get a placement as a research fellow and also a Fulbright Scholarship. The year there was to begin in autumn 1958.

Professor Davidson, now Sir Stanley, was due to retire in 1959 but in summer 1958 he had a special dinner for the full-time lecturers who had been appointed to his department during his professional career. He had started as the first full-time Professor of Medicine in Scotland in Aberdeen in 1930; then he moved to Edinburgh in 1938. Although Sir Stanley had had large numbers of doctors attached to his two departments, particularly after the Second World War, many of whom had reached high places, surprisingly he had had only seven full-time lecturers and

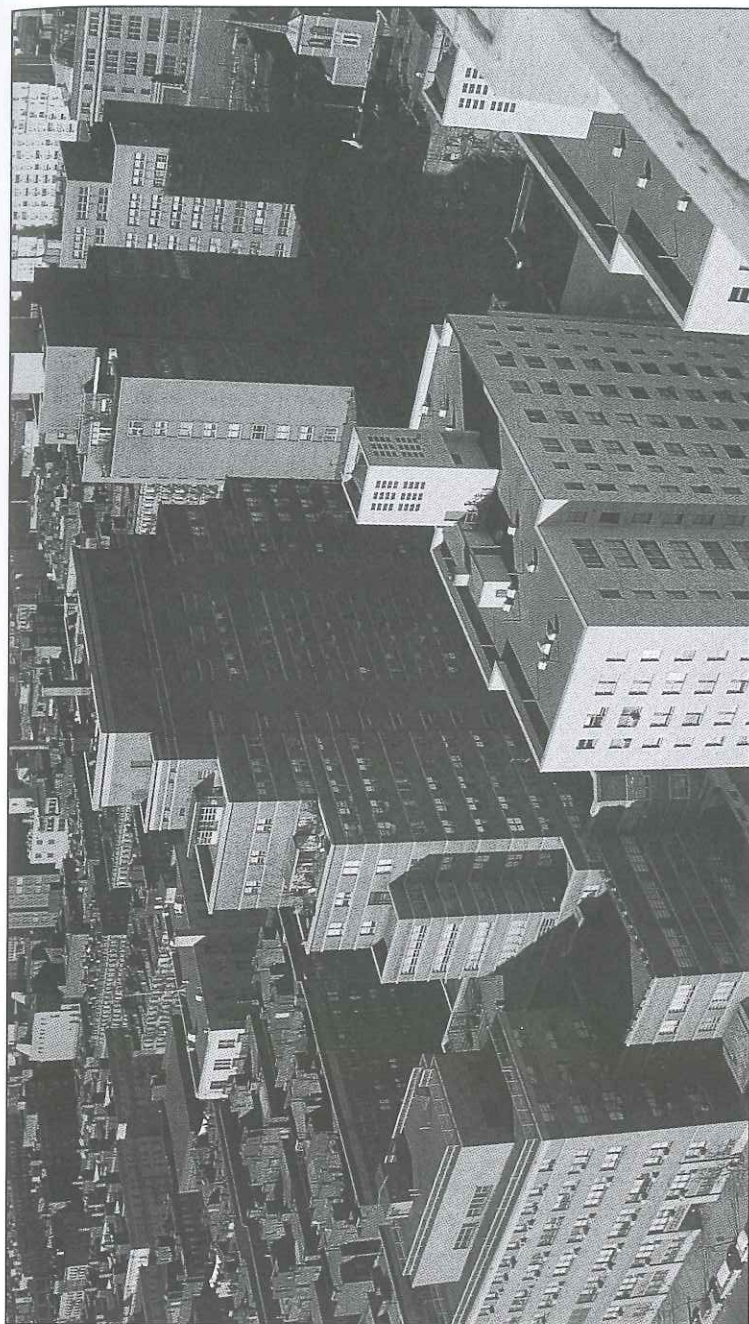


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The Memorial Sloan Kettering Cancer Center at east end of East 68th Street, Manhattan. The light coloured building in the foreground was our apartment building.

they were all able to attend the retirement dinner. It was a memorable occasion indeed.

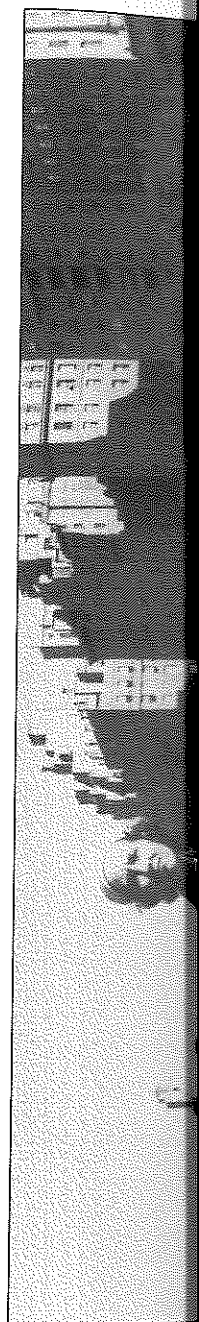
Those present were John McMichael, Professor of Medicine at the Royal Postgraduate Medical School in London, I.G. Hill, Professor of Medicine in Dundee, H.W. Fullerton, Professor of Medicine in Aberdeen, L.J. Davis, Professor of Medicine in Glasgow, J.G. McCrie, the first full-time medical Dean in the country and based in Sheffield, R.H. Girdwood, later to be Professor of Therapeutics in Edinburgh, and me.

I could not understand why Professor, later Sir Derrick Dunlop, a close colleague of Sir Stanley, but never on his staff, was included. Derrick was there to entertain our wives and this he did at a separate circular table at the window. Sir John McMichael's speech of reminiscences rang a few bells in all of us.

The trip to New York was on the *Mauretania* and the two boys enjoyed it as much as Jenny and I did. We met lots of interesting people and we particularly enjoyed the company of a schoolmaster from New England and his delightful wife.

The Memorial Sloan Kettering Cancer Center comprised a private hospital, a central large research institute and a state hospital occupying a full city block between East 67th and East 68th Street. York Avenue bordered the east side of the block and across the avenue were the Rockefeller Institute and New York Hospital. Our apartment block was over the road in East 68th Street and we were of course in the heart of Manhattan.

We had planned that our number one son would go to the United Nations School particularly as the primary classes were close by. However on the eve of the first day of term I



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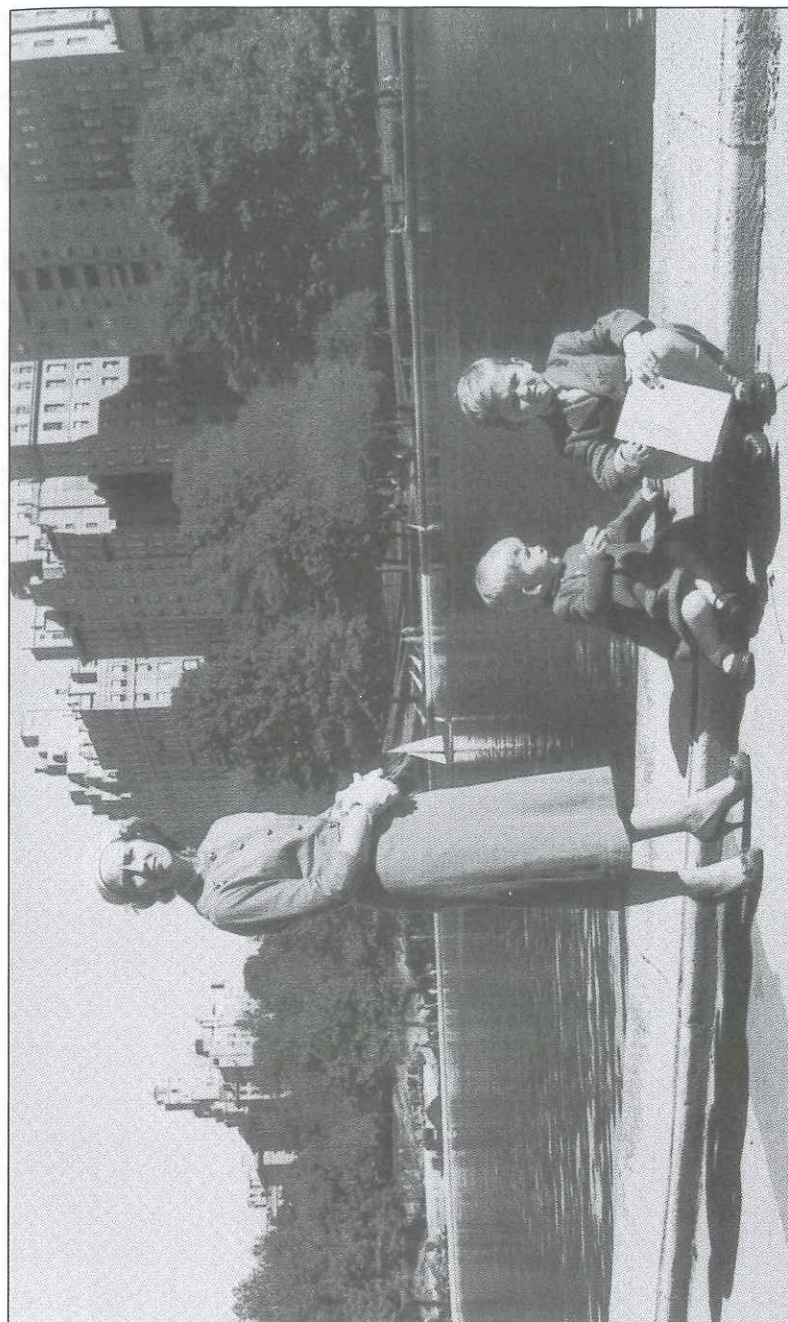
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Jenny with two sons David and Michael in Central Park, New York.

discovered that the term's fee was almost as much as my whole year's income! He ended up having a very good year at PS 183 in East 67th Street. Indeed his teacher was to come and visit us in Edinburgh a few years later.

The clinical and research experience in the midst of outstanding staff, many of world renown, was to have lifetime interest. I was able to see a wide variety of malignant diseases, particularly leukaemias and lymphomas. Many chemotherapeutic agents dating from the trials with nitrogen mustard in the Second World War, were now on the horizon but they were not yet being used so effectively as they are today. My research was committed to looking into the red cell survival time in malignant lymphoma and also adding to the Institute's extensive study of organ involvement in the lymphomas; I was assigned to a detailed analysis of their pathological records of kidney involvement.

I have mentioned my early upbringing in the Plymouth Brethren and this continued through my student days. Jenny was confirmed in the Church of England and we came together in the Church of Scotland, which was how we came to be regular attendees at Madison Avenue Presbyterian Church. Here there was of course an enormous congregation, often with two 'houses' on a special Sunday morning. A most interesting finding was that the highly regarded preaching minister, Dr David Read, had had his earlier days in Greenbank Church in Morningside, Edinburgh.

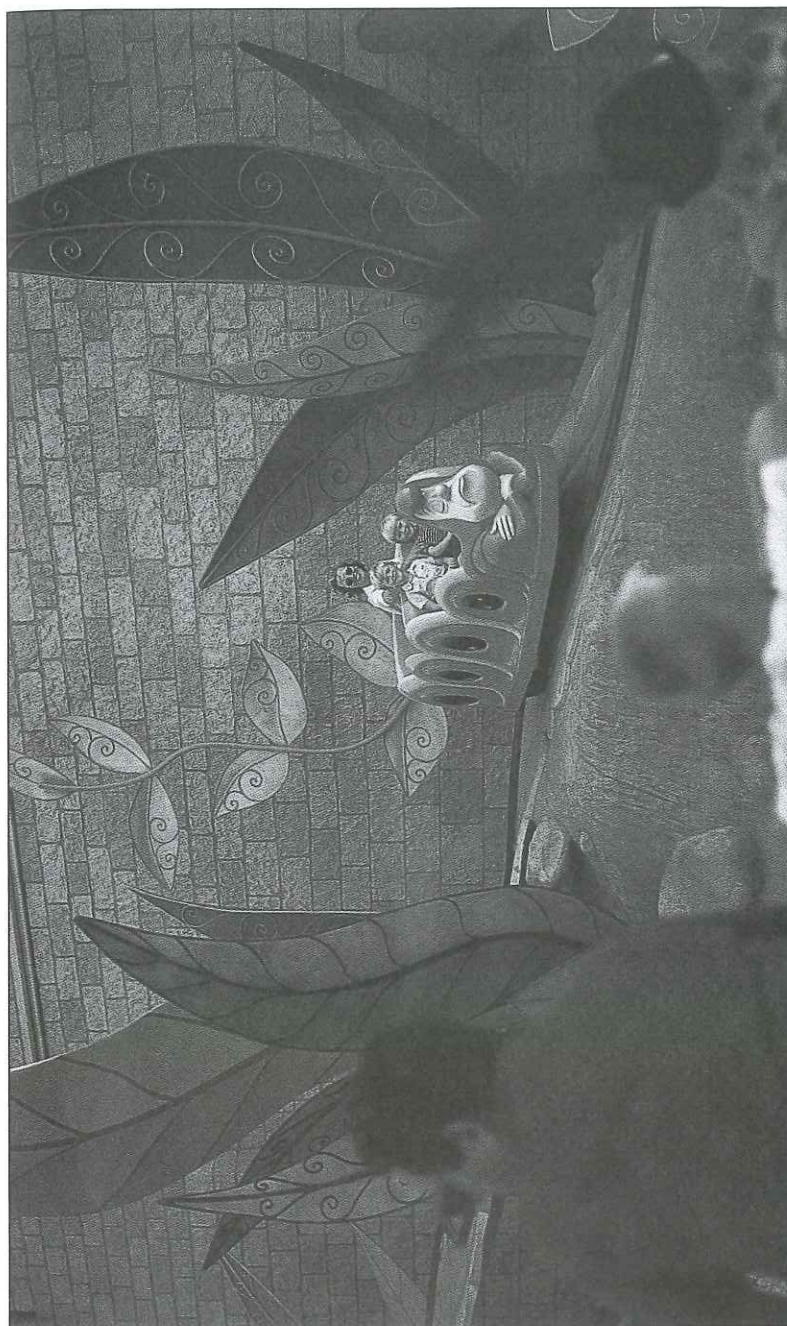
On one evening each week Dr Read and his wife held a gathering for young people in his penthouse apartment on Fifth Avenue. Apart from supper and gossip, we enjoyed some Scottish country dancing. It was here that we met two young men, one married, and they were both beginning



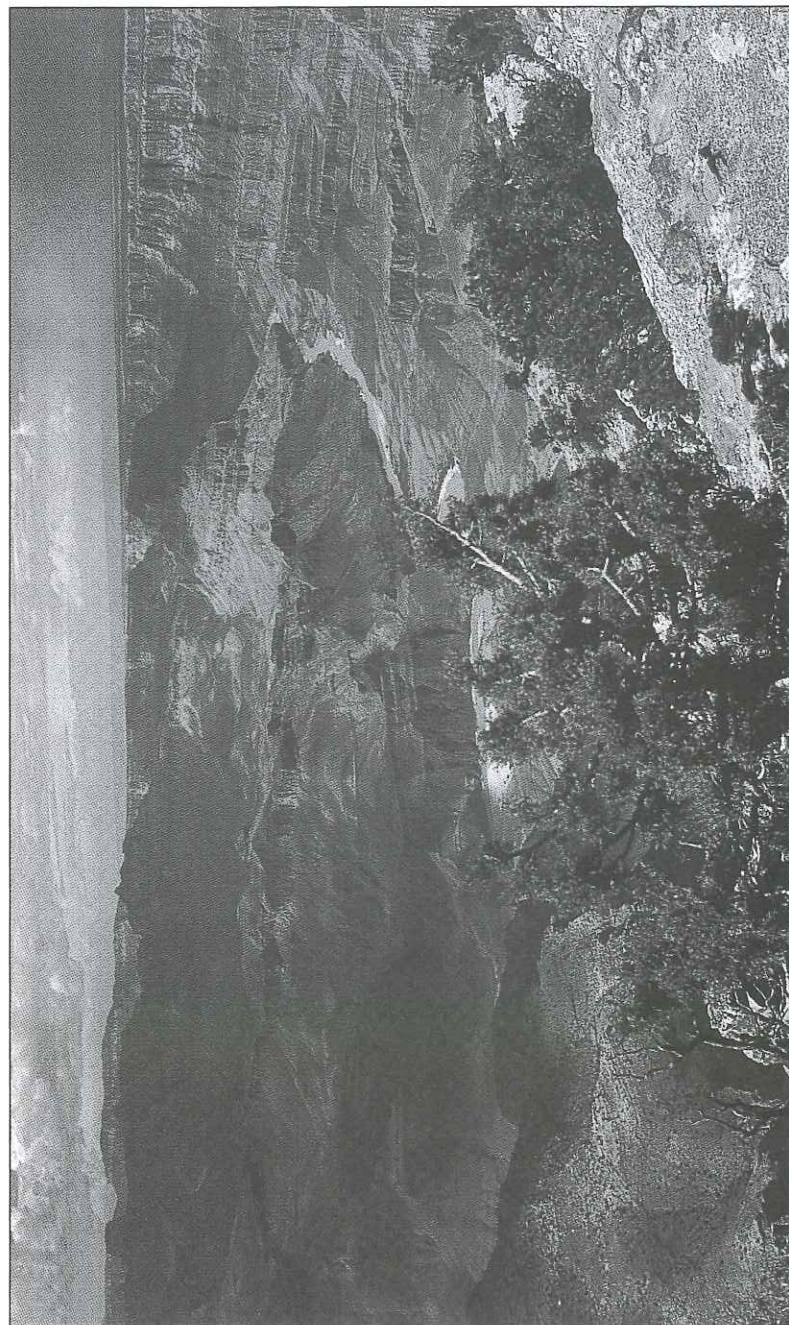
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their careers in the Wall Street Bank, J.P. Morgan and Co. I will refer to them as Mr R and Mr B.

Mr R, who visited us with his wife in Edinburgh recently, is now a retired Vice Chairman of J.P. Morgan and Co. He thought that as we did not have a car in New York, we should borrow his for a tour during our last month before returning to Edinburgh; it was a VW Beetle. I am somewhat embarrassed to recount that with our two little boys, we did 9,000 miles via Niagara Falls, Chicago, Rapid City, Denver (where my MRCP Ed contemporary Bruce Paton was now a cardiological surgeon), Salt Lake City, San Francisco, Disneyland, Baja California, Tijuana, Mexicali, Grand Canyon, Oklahoma, New Orleans, Augusta, Washington and back to New York. There were numerous incidents which we still recall. On one occasion in a small town in the far west a lady in the shop was flabbergasted when she saw that the Beetle had a New York number plate and called her husband to see it. When she learned that we were from Edinburgh I remember her husband exclaiming, 'Good old Edinburgh on the Clyde'. Perhaps the worst experience was after we had all had a swim in the Great Salt Lake in Utah. As we were returning to the car, shivering in the early evening, I could not recall what had happened to the car key. I had in fact put it in the pocket of my swimming trunks and it was now at the bottom of the lake! It took quite a long time to get a young locksmith out from Salt Lake City, a good few miles away, but in a few minutes all was well.

The two little boys behaved very well but were anxious that when we got to California we would stay in a motel 'with heated swimming pool and television in every room'. This we did, for two or three nights, in Santa Barbara. However on the point of departure, when I got into the car,



The Grand Canyon, USA.

I could not see very well and realised that I was not wearing my spectacles. This meant searching our bedroom and all our luggage but without success. Eventually Jenny saw the spectacles looking at her from the deep end of the swimming pool. I had obviously dived in wearing them in the early morning!

Mr B wrote to me in Edinburgh in the middle of the 1960s when he was Monsieur le Directeur of J.P. Morgan and Co. in Paris, to ask if I could give him a medical overhaul. This I did – and what was my fee? I have never been in fee-paying practice, but in any case one would never dream of charging a friend or a colleague. I had to say courteously not to be ridiculous. A few days later we received a crate of Chateau Lynch Bages, which in our naivety we drank like Coca Cola, and also a Methuselah (equivalent to eight bottles) of champagne. Jenny thought that we should keep the champagne for number one son's 21st birthday some years ahead. We did in fact 'blow it' three nights later and had a grand party.

One other episode remains clear in my memory. During our year in Manhattan, the New England schoolmaster and his wife whom we had met on the *Mauretania* took us out one night to dinner at a most luxurious restaurant and it was a great pleasure to renew their friendship. However, I was troubled by my thinking that we might have difficulty in ever returning their kindness. Then I remembered his saying that he was going to be attending a summer school at Columbia University in New York. With much research I secretly discovered that he would be staying with his wife's family in Manhattan and it was arranged that I would entertain him one evening. At this time my wife and the boys had escaped the New York summer humidity to stay

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with friends in Cape Cod. I decided to take my friend to the famous Rainbow Room at the top of the Rockefeller Center. I had never been there and felt that perhaps neither had he.

I telephoned the head waiter to reserve a table and heard the most Scottish voice imaginable. I asked where in Scotland he had come from and he told me it was a town, Saltcoats on the west coast. I told him that I had come from Scotland, and he hastened to say, 'Well the first thing is, it is far too expensive for you here. Come here first and give your friend a couple of cocktails; then go down to street level to a nice wee restaurant where I used to be the head waiter. You'll get a grand dinner there for half the price.'

I did as instructed and on arrival at the Rainbow Room with my friend, I was greeted by name as if I was a regular customer. We were given a table at the window with a marvellous view and received a couple of cocktails 'on the house'. Then we went down to the street level where we did have a 'grand dinner' and also with a bottle of wine 'on the house'.

Years later, quite by chance, Jenny and I met the schoolmaster and his wife in Harrods!

I seem to be recalling many fiscal matters but these were in fact rather impecunious days. Through the good offices of my Wall Street companions I had actually put my wife's return boat fare on the New York Stock Exchange with a happy outcome. We sailed home on the *Queen Mary* in September 1959. The children for some time retained memories of our visit. On passing through Waterloo Station on our way back to Edinburgh number two son was desperate to enjoy a hamburger and a coke!

CHAPTER 7

Commitment to Clinical Medicine, Teaching and Research in the University Sphere

RETURN TO EDINBURGH was not easy. I had been attracted to one or two possible appointments in the United States but in those days on an Exchange Visitor's visa one had to return to base for two years. I think also that I was concerned not to desert my widowed mother. A major factor was however that my mentor, Sir Stanley Davidson, had retired and the new Professor was interested in cardio-respiratory research which was not a branch of medicine in which I felt well informed. However, Professor Donald, despite his relatively small number of established staff allowed me to continue with my interest in haematology and oncology.

In the 1950s, training posts, and indeed consultant posts, were in relatively short supply and so most of us spent a long time in a variety of appointments but this led to a good general grounding and wide experience. Indeed the career prospects were so uncertain that large numbers of skilled doctors emigrated to North America, Australia and other parts of the Commonwealth, a choice made by approximately one third of my own class. Eventually in 1963, fifteen years after graduating, I was appointed Senior Lecturer in the University Department of Medicine and Honorary Consultant Physician in the Royal Infirmary of Edinburgh.

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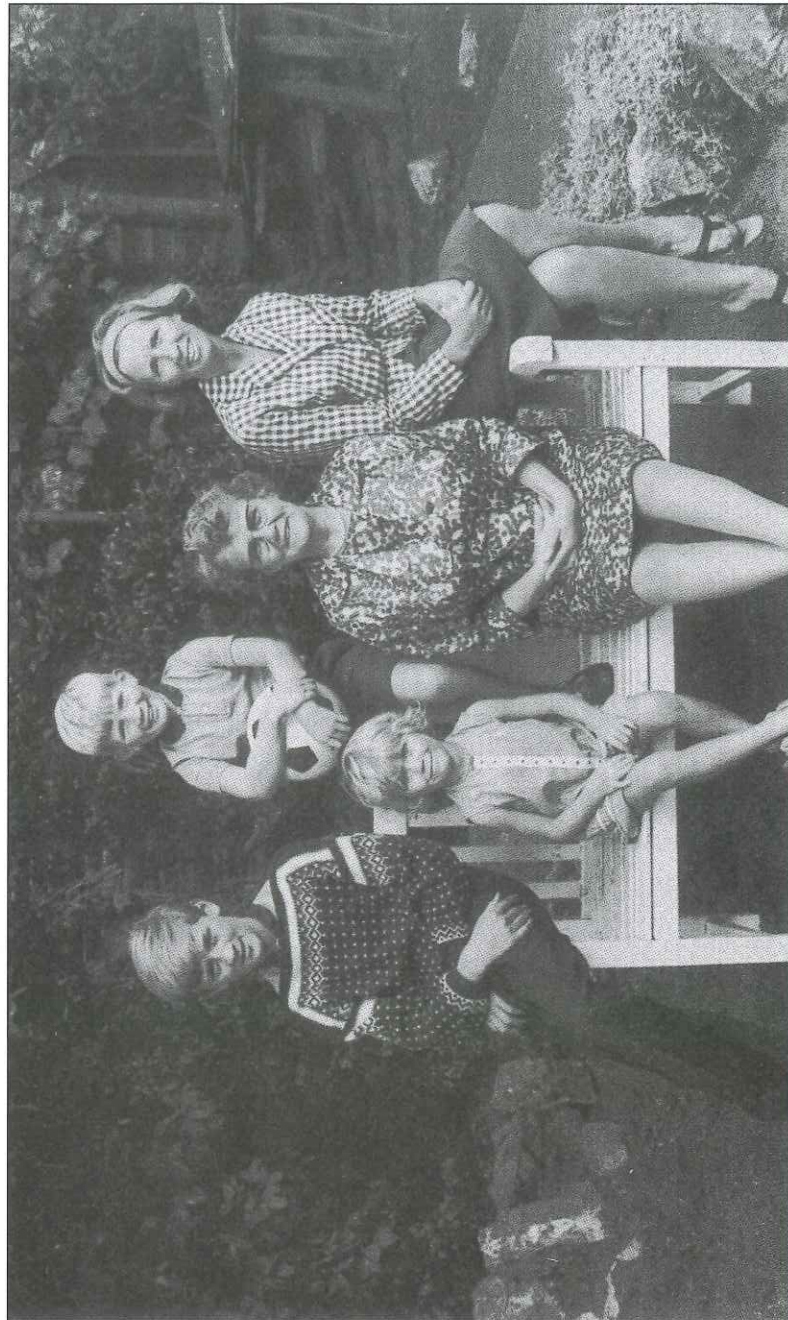
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But just before this, I met Sir Stanley Davidson in the town. He had started a textbook of medicine in 1952 which had already become a world best seller and multiple editions later, it still is. In 1959 the first visible chromosome abnormalities in man had been described. The very first, a sex chromosome abnormality causing a condition known as Klinefelters syndrome, had been reported from Edinburgh by Drs Jacobs and Strong. The one related to Down's syndrome (mongolism) followed shortly afterwards. Sir Stanley said, 'Richmond, we are needing to have a chapter on genetics in the book and as you won't know anything about genetics, you had better write it!' This I took on, somewhat reluctantly, for the next three editions, but by this time advances were accelerating so rapidly that I was getting out of my depth.

Later I shared the chapter on liver disease for several editions, indeed until retirement. On one occasion I had an amusing exchange with a very senior officer in the Royal Army Medical Corps (RAMC), and he was telling me what a splendid primer Davidson's book was and how it was widely used in the RAMC. He went on to say, however, that there was one section in it that was absolutely awful. 'In fact,' he said, 'it is absolutely bloody awful.' It was a paragraph or two on a condition known as 'leptospirosis'. I had to respond by saying that that was most unfortunate because I happened to write it! It is an important if relatively rare infection in the UK but a more common cause of infections, many of them minor, in south-east Asia. My army officer critic had seen quite a lot of it and had become an expert on the subject.

Also in 1963 I was elevated to Fellowship of the Royal College of Physicians of Edinburgh and fairly soon afterwards became a regular examiner in the MRCP (Ed).



Family picture with David, Michael, Virginia, Granny Richmond and Jenny, 1964.

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Family picture with David, Michael, Virginia, Granny Richmond and Jenny, 1964.

University medicine has gradually become more and more immersed in valuable research. However, in Edinburgh at that time, the Professorial Medical Unit had two wards in the Infirmary comprising sixty acute general medical beds and it took its turn along with the other five medical units to be twenty-four hours 'on take' for emergency admissions, Sundays being done in rotation. The average number of admissions was fifteen to twenty, less than at the present time. The problems covered the whole range of medicine and so most of us had to preserve ourselves as 'general physicians'. Neurology had for some forty years been a distinct specialty and Infectious Diseases for longer. Dermatology, ENT and Ophthalmology had also been distinct entities. Specialism was however now extending, particularly in Respiratory Medicine, Cardiology, Endocrinology, Gastroenterology and Renal Medicine.

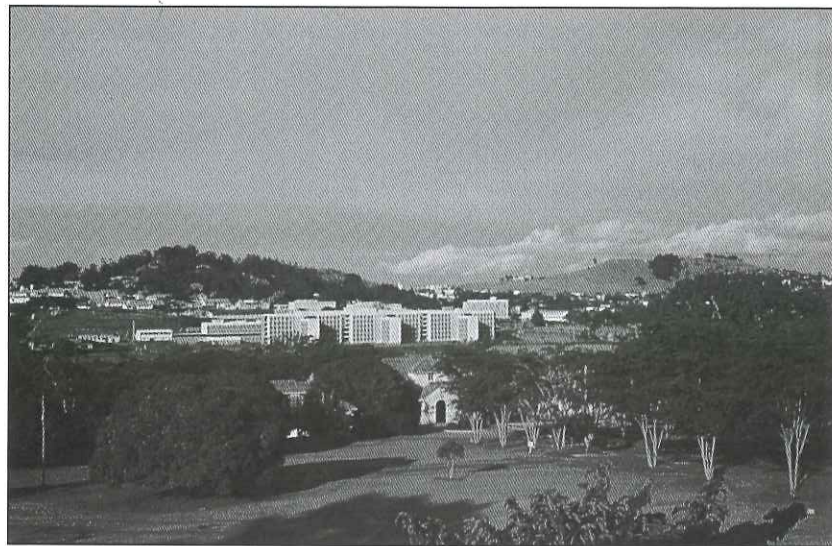
I continued my interest in haematology and many general medical admissions had a haematological component. But, sadly for me haematology was increasingly becoming a laboratory-based discipline. My own research continued however in the haemolytic diseases, platelet disorders and the use of radioactive isotopes.

In 1965, I had a four-month visit to Makerere University in Kampala, Uganda. This had arisen because Professor Ian Hill (my physician chief in the Deaconess Hospital in 1948-9) had passed through, visiting the then Professor of Medicine, John Tulloch, who had been Senior Registrar with Dr Gilchrist in 1953, when I had been the House Physician. It is a small world! Professor Hill had been amazed by the number of Ugandan patients with enormous spleens. In the healthy adult, the spleen is about the size of the palm of the hand and weighs some 125gms. The

enormous spleens in the Ugandans were having very adverse effects. Apparently it was suggested that Richmond would be most interested. There had already been some studies of 'big spleen disease' from places like Papua New Guinea, but so far there had been little investigation of the problem in a homogeneous group of patients.

It was a great privilege to be joined by Dr Roger Williams from London, a noted authority on liver disease which is often accompanied by splenic enlargement. We each had a supporter, Roger being accompanied by his technician and me by my research fellow in Edinburgh, Dr Keith Donaldson, now in British Columbia.

At that time Makerere University was an academic oasis. The Mulago Hospital, the teaching hospital, had been built just before Uganda gained independence. President Obote was then in charge of the country and everything seemed to



Mulago Hospital, Uganda with laboratory departments in the background.

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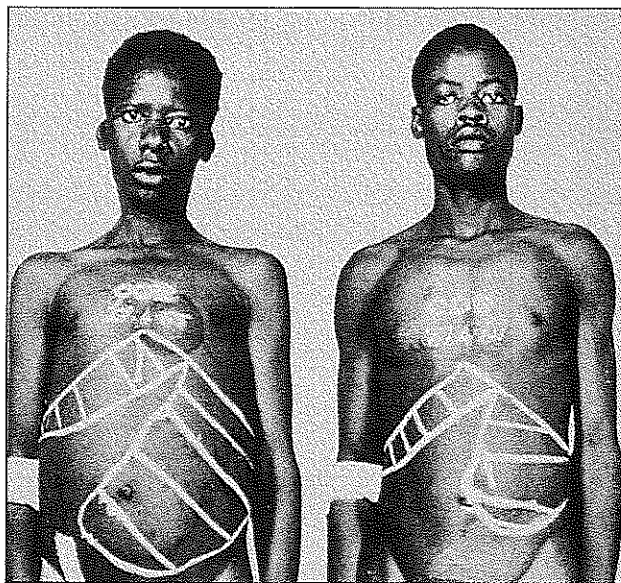


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be going well. There were excellent British academic staff and a visiting American Professor of Medicine. Ugandan undergraduate and postgraduate students of high calibre were emerging. When I returned in 1971 on a teaching visit, Idi Amin had just displaced President Obote and signs of the disintegration that was to follow were already apparent.

I do however have one strong memory of this later visit. There was a graduation ceremony for very many happy students, in a large marquee. At the end, the Vice-Chancellor installed Idi Amin as Chancellor of the University. Idi Amin's acceptance speech started with his reading from some prepared text and he was soon struggling with long English words. Shortly he screwed up his piece of paper, threw it over his shoulder and proceeded to speak 'off the cuff'. I remember his saying to the new graduates something along the lines, 'Now you lot are highly privileged and it is your job to get back into the bush and help your less privileged brothers.' Nothing could have been more appropriate for the occasion. Sadly, however, we were later to learn that the Vice-Chancellor had disappeared, then the Lord Chief Justice and so on.

Our research showed that the very large spleens in our patients were causing profound anaemia and thrombocytopenia (low platelet numbers) due to 'pooling' of blood in the spleen outwith the general circulation. The spleen was removed in a few patients with excellent return of a normal blood picture. In one patient the 'big spleen' actually weighed over 5kg. We would never have considered this procedure in later years when it was discovered that removing the spleen could have a significant effect on the immune system, not only in children, but could leave any patient vulnerable to particular bacterial infections.

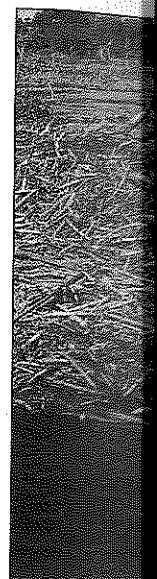


*Two male patients with 'big spleen disease',
now known as tropical splenomegaly syndrome.*

Moreover it was believed then and subsequently confirmed, that 'big spleen disease', later to be known as 'tropical splenomegaly syndrome', was due to chronic and recurrent malarial infection, particularly in persons who had immigrated from non-malarious areas. Also it was found that the 'big spleen' could be reduced in size by administering antimalarial therapy over many months.

The visit to Uganda was memorable also because of excursions to the north to game reserves, the origin of the White Nile and the Murchison Falls, and also to the south-west, the latter apparently rather a dangerous area for tourists nowadays.

One excellent colleague was Dr Francis Lothe, a Norwegian but a Sheffield graduate who was the Chief Government Pathologist. Although there were strange



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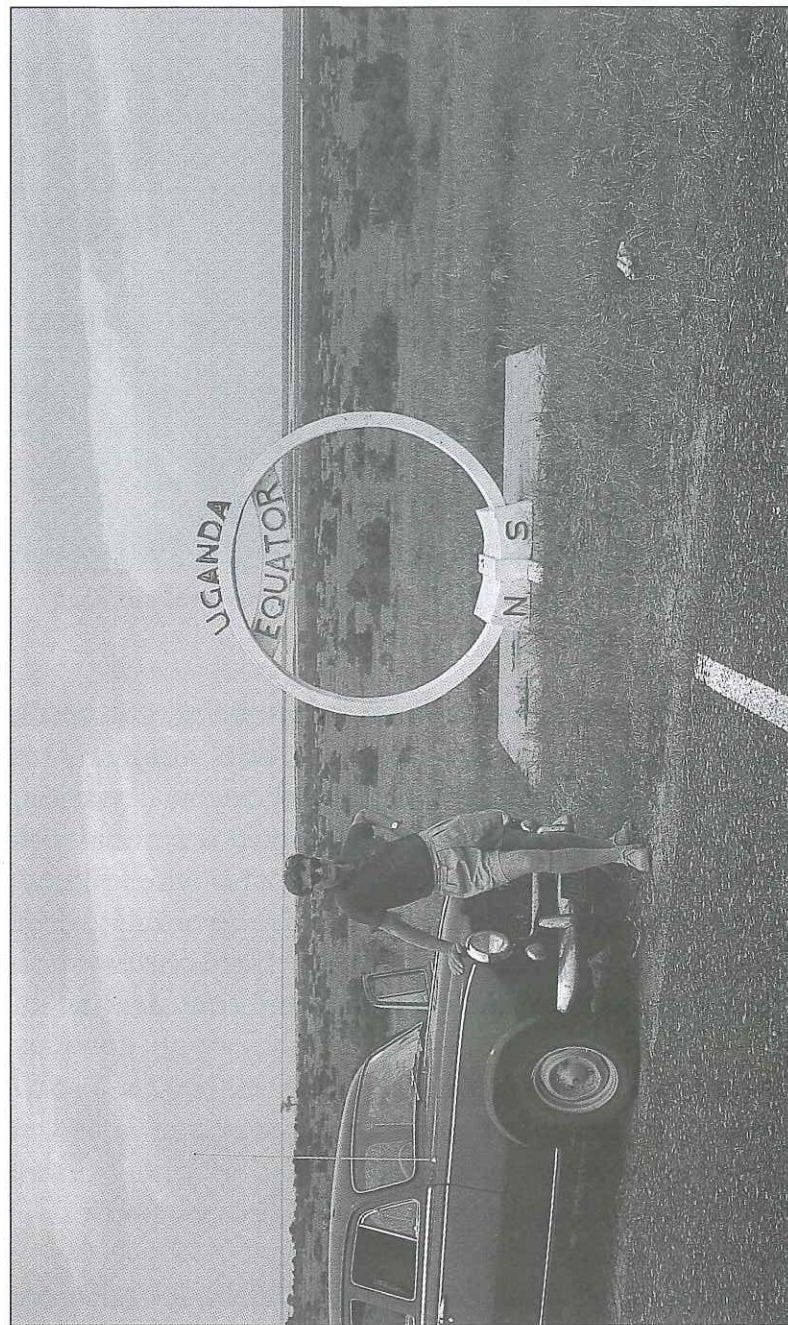


Crocodiles on the White Nile, uncomfortably close to our boat.

diseases in Uganda apart from tropical disorders, for example a lot of hepatitis B, there was absolutely no question of HIV infection or AIDS which is now devastating the country. In our last week Francis asked if I would look after the pathology service while he took his wife to Kenya to take part in the Ladies' Open Golf Championship, which she won. Mrs Lothe came from the Sheffield area and later their two daughters were to become students in the Sheffield Medical School.

I should not have deserted my wife for so long because we now had three children, having added a daughter in 1961. I did however have her permission to set off with a return ticket to South Africa which allowed me to stop off in Uganda.

I went first to the new medical school in Salisbury,



The author standing on the equator in south-west Uganda.

Southern Rhodesia where my opposite number and colleague in the Deaconess Hospital in 1948-9, Lindsay Davidson, was now Professor of Medicine. Then I went on to Johannesburg to visit Jenny's two sisters who had married and settled there, and on for a brief visit to Durban to see George Campbell who had taken the MRCP (Ed) with me in 1955.

George had me out of bed early next morning to join him on his round of patients in local nursing homes. While on our round he got a call to go and see a doctor in Empangeni in Zululand who was thought to have had a heart attack. We left in a little four-seater aeroplane from a strip at Umhlanga Rocks and nearly crashed taking off. We did a cardiograph (ECG) on the doctor and confirmed that he had had a heart attack; after doing what we could, we set off back to Durban.

George was a great authority on tropical fish and our next destination was the Oceanographic Institute in Durban where he had some research appointment. The place had large fish tanks, full of large fish and George's interest was to get the fish out of the tanks, sedate them in some way and do cardiographs on them. The fish heart has only three chambers compared with the four in humans and so the cardiographs looked bizarre. I came away with a cardiograph from a shark which unhappily I seem to have mislaid.

Next day I was back in Johannesburg and I wanted to see a girl student whom I had sent out from Edinburgh to do her 'elective' at Baragwanath hospital. She happened to have been assigned to the wards of the late Dr Leo Shamroth, one of the world authorities on electrocardiography and whose books are highly regarded. He kindly took me out for lunch and I was of course moved to tell him about the doctor in



The author standing on the equator in south-west Uganda.

Zululand and the visit to the fish tanks and then I showed him the shark's ECG. I do not think that he had been following my story because he thought the strange ECG was from the doctor and he exclaimed, 'My God, you did not dare to leave him did you?' or words to that effect!

Still feeling guilty about my long absence my air ticket included a brief stop in Rome on my return journey. In 1965 the VC10 landed in Nairobi and then Khartoum and having left Johannesburg one evening, I woke up early next morning over the 'toe' of Italy. By lunchtime I had already done most of Rome, a very beautiful city.

Back home to the bosom of the family, Jenny was in good heart and many friends had given her much support. I must have had some funds left over from my 'per diem' allowance and shortly we were having a grand holiday at the splendid Sandbanks Hotel at Poole in Dorset.

I did not ever leave my family for so long again. There was a brief visit in 1967 back to the Sloan Kettering Institute in New York for some award, going on to visit a colleague in Johns Hopkins Hospital, Baltimore. The Baltimore colleague was soon to be Professor of Medicine in the University of Florida in Gainesville. He came for a spell to Edinburgh and then in 1969 he asked me to hold the fort for him in Gainesville for a couple of weeks which was another rewarding experience. During this visit I was taken to Cape Canaveral where in the distance one could see a rocket in place; it was to be the one that took the first men to land on the moon. The return home took me via the Bahamas because I wished to call on a physician, John Lunn, who was doing well. He was an Edinburgh graduate and he had been a research fellow with me in the early 1960s; he was the first Bahamian to get the MRCP (Ed).

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Between these digressions, I was still enjoying my clinical work and research in Edinburgh. I had to give quite a few lectures but on most mornings, my particular pleasure was challenging bedside teaching. Indeed I was beginning to realise that medical education of the undergraduate and young postgraduate was my main preoccupation. I think that this was emphasised because in the middle 1960s the Faculty of Medicine had commissioned a few of us at non-professorial level from different departments to review and revise the undergraduate curriculum. This we did to try and take account of recent trends and changing emphasis and our report was received with generally favourable comment. Also in the late 1960s I had been charged with preparing MCQ (multiple choice question) papers for the Final MB Examination in Medicine. These papers traditionally contained sixty questions each with five possible answers. This shortly led to sharing in confidence our MCQ examinations with two other medical schools over a five-year period. One interesting consequence was that we were able to get some idea of the weaknesses and strengths of each medical school's teaching.

Hospital administration in the late 1960s seemed to run smoothly. In the Edinburgh Royal Infirmary there was a physician/superintendent, a senior male hospital secretary and a matron each with supporting clerical staff. Many of us did a spell on the Board of Management but this was simply a multidisciplinary advisory group without executive function which met once per month. Administration and bureaucracy nowadays has exploded and is the subject of much complaint.

Around the same time, there were two government reports that were to have very important consequences. The

Salmon Committee's report of 1966 on senior nurse staffing structure had a lasting impact. I hope that I have already been able to emphasise the critical relationship between the doctor and the nurse. Many of us regret the demise of the traditional ward sister and of the matron, both of whom were now to be known by numbers. But most importantly the changes meant that the good caring ward sister had to contemplate becoming an administrator in order to gain promotion and some improvement in her modest stipend.

The report of the Royal Commission on Medical Education (the Todd Report) was presented to Parliament in April 1968 after three years' deliberation. Its many recommendations were far reaching and a few are worth highlighting. Accepting that practical instruction needed to be incorporated at an early stage of training the requirement for apprenticeship was seen to be now mainly at postgraduate level but it was still largely haphazard and disorganised. With the great growth of knowledge it was felt that all doctors, general practitioners as well as consultants, should continue to gain expertise. The undergraduate period should seek to produce not a finished doctor as in the 1940s, but a broadly educated person ready for further training and continuing education. As a result of recent and unforeseeable future advances, changes in the pattern of medical services and the rising demands of society the report also concluded that there would need to be at least a doubling of the number of doctors. Throughout the country, a closer marriage between teaching hospitals and the NHS was recommended. There was also a strong desire to improve relationships between hospitals, general practitioners and local authority services. The report's main emphasis however was on detailed guidance for the postgraduate period: vocational training in

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general practice and, for hospital staff, a period of general professional training in the main disciplines in approved posts. A section of the report dealt with the low quota of women admitted to medical schools arguing that there should be no gender bias; the criteria for admission should be the perceived ability of the candidate to profit from the course and become a good doctor.

The main proposals were acted on fairly quickly. Soon Higher Specialist Training Committees were established in the main branches of medicine, e.g. Medicine, Surgery, Psychiatry, Obstetrics and Gynaecology and the laboratory disciplines to advise on specialty training and approve the training posts throughout the country. Also the proportion of women entering the medical schools moved up to 50 per cent and sometimes more. Medical Schools' intake expanded to increase the output of doctors from around 2,000 per year to 4,000. A new medical school was being established in Nottingham and shortly there was to be another in Leicester.

Coincidentally at the end of the 1960s (1969-72) the Royal Colleges of Physicians finally agreed to a common MRCP examination, the MRCP (UK). London had always had a large entry for their examination and so did Edinburgh, which had a particularly high entry from the developing Commonwealth countries. This seemed to arise because very large numbers of overseas doctors had come to Edinburgh after the Second World War to take postgraduate courses and then go on to take the MRCP (Ed). What was new was that in Glasgow the Royal 'Faculty' had in the early 1960s become a Royal College of Physicians and Surgeons. Whereas the Faculty qualification attracted mainly local postgraduates, the College was now attracting increasing



The Newington Ward of the High Constables of Edinburgh (founded at the beginning of the seventeenth century as the bodyguard of the Town Council). Richmond is third from the right in back row. My colleagues were all non-medical and represented a fascinating mixture of interests.

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numbers from everywhere and its entry was approaching that of Edinburgh. We were moving into a strange position where many postgraduates, particularly from overseas were taking the Membership examination several times in all three UK Royal Colleges and some were also taking the examination in the Royal College of Physicians of Ireland in Dublin. The disease came to be known as 'multiple diplomatism' and the introduction of the common MRCP (UK) examination could not have been more appropriate. Among other things this development was to lead to increasing symbiosis between the Royal Colleges over subsequent years, a happy development long overdue.

My time in Edinburgh certainly moulded my professional life and I was very comfortable with the mix of clinical work, teaching, examinations and research. I also had moved up from Senior Lectureship to Readership in the University. Perhaps, too early, I applied to succeed Sir Ian Hill in the Dundee Medical School but was unsuccessful. It seemed very likely that I would be staying in Edinburgh and there were lots of reasons for our accepting this as a good idea. Edinburgh was, and is, a lovely city. We had long-standing and happy friendships and these had been extended by all sorts of outside interests. I had for example been a High Constable of Edinburgh, an historical group originally committed to being the bodyguard of the Town Council but now paraded on ceremonial occasions. Number one son had started at Medical School in Edinburgh and number two son was about to start at Aberdeen. Our daughter was established in a good school and enjoying life. One particularly happy memory is our meeting with the first Captain of the first Polaris submarine which was refitting in Rosyth. We ended up having dinner on HMS *Resolution* at

Faslane and we have enjoyed keeping in touch with the Captain and his wife ever since.

However in the early 1970s there was no doubt that I was beginning to feel a little stale and during a spell when Professor Donald had sabbatical leave, I was given the role of Acting Head of the Department of Medicine. It was then that I realised that I would probably be happier running my own show.

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CHAPTER 8

The 1970s and 1980s. The Sheffield Medical School and the Royal College of Physicians of London

THERE HAD BEEN TEACHING of Medicine in Sheffield for 150 years, at first as a College of the University of Manchester. Then in 1905 the Medical School became a Faculty within the University of Sheffield. The first full-time Professor of Medicine, Sir Charles Stuart-Harris was appointed in 1948 and his retirement in 1972 raised the possibility of an attractive move for me to pastures new.

However in the two or three weeks before the Appointments Committee was due to meet in the Spring of 1973, I had been invited to take part in a conference on the spleen in a small university town, Cluj in northern Rumania. Jenny accompanied me and we decided to go out by train, taking first the Orient Express from Ostend down the Rhine Valley for a stop off in Vienna. For the next stage of our journey we took the Simplon Orient Express which came down from Berlin. (There were several different Orient Expresses at the time.) At the Hungarian border there was a real 'iron curtain' with a large expanse of 'no-mans-land' and many sentry boxes high in the air. To our dismay we did not have visas to cross Hungary and were put off the train with our luggage down on the clinker as the train pulled out. I do not have great skills in foreign languages and certainly not in Hungarian and so it was unclear what was to happen.

Shortly we were put on a train going westwards back out to Austria, taken off at the first station, then whisked off in a high-speed car towards the Czechoslovakian border. I assumed that we were going to jail. However we were being taken to a car entry point where we were able to get visas. Then we were hurried back by car to the railway station and put on the next train out. We arrived in Budapest in the dark, late in the evening, in pouring rain and there was of course no chance of going further until next day.

For some strange reason a friend in Edinburgh had given me some Hungarian telephone tokens before departure and somehow I got the telephone number of the British Embassy. The voice said, 'Good evening, can I help you?' and I replied, 'Indeed you can.' We spent a good night in an Intercontinental Hotel across the square from the station and much of the next day in Budapest. The only remaining problem was that on reaching the Rumanian border there was a little further difficulty with the passports. Our visas had a car stamped on them and here we were travelling on a train and so where was our car? I think a nearby passenger with more linguistic skill than me was able to help us out.

Without much time to spare I was able to get back to Sheffield for the interview. I think that there was quite a robust contest for the appointment but I was fortunate to be successful.

Somehow Sheffield seemed to be a little isolated in people's memory. It used to be on the LMS railway line and most of the traffic going between south and north would travel on the east coast LNER line or on the A1. It was regarded as a dirty industrial city but if that was ever the case, it was no longer true. The heavy industry which had been in the van of the industrial revolution had been

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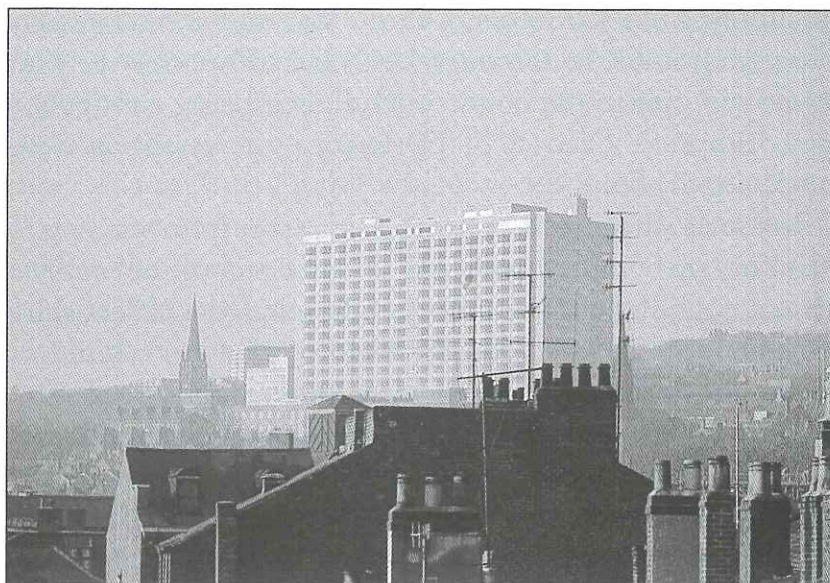
declining since the Second World War and accelerated by German bombs. In the early 1960s it had become the first 'clean air' city in the country. Moreover being contiguous with the Peak District of Derbyshire the environs were unexpectedly beautiful.

My own attraction to moving there, apart from wanting to head my own department, was the prospect of the medical school doubling in size, of the new hospital, the Hallamshire Hospital due to open shortly, and the plans to rebuild or restore or extend many of the district general hospitals, e.g. Barnsley, Doncaster, Chesterfield, Scunthorpe and further afield Grimsby and Hull in the surrounding areas. There was every indication of much enhancement of the medical services in this rather deprived part of the country.

In 1973 two old hospitals, the Royal Infirmary and the Royal Hospital were still the main loci for teaching near the University and they were to close and come together in the new Hallamshire Hospital.

I started in the Royal Hospital and could see from my room the new hospital on the nearby Beech Hill. Although it had won some award for architecture before the Second World War it was still a shell. I used to feel like Christian in *Pilgrim's Progress* looking over the 'slough of despond' to the 'celestial city'.

My first day had a few unusual happenings. The Outpatient Department of the Royal Hospital had been based in an old chapel but was now translocated to the ground floor of the unfinished Hallamshire Hospital. I got out of my car in the early morning and an old consultant said in Yorkshire dialect, 'A new face. Who are you?' I said, rejoicing in my new title, 'I am Professor Richmond,' to which he responded, 'Oh, and what do you profess?' I said



The (Royal) Hallamshire Hospital, Sheffield. For five years the Professor of Medicine looks out of his room at the still unfinished new hospital rather like Christian in Pilgrim's Progress looking at the Celestial City over the Slough of Despond.

that I was the Professor of Medicine which drew the surprising remark, 'Oh, you'll get some grand experience here; stand you in very good stead when you're applying for your next job!' And that was my first five minutes in my new job.

That evening there was a nice reception for the new fellow and I noticed that many of the senior people were Scottish – and here was I coming from Edinburgh. I went over to ingratiate myself with one of the old Sheffield physicians and got round to saying that I had been born in England. He wanted to know where and I told him Doncaster. I got another unexpected remark, 'My goodness, Richmond, if I was you I would keep that to yourself!'

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But the other memory of the first day during which my unit was receiving emergency admissions was that I saw some very strange medical problems. One was a teenage boy who had profound anaemia but had been working on a farm until the previous day; it emerged that his bowels had not moved for six weeks, eight weeks or even more. I am happy to record that in due course all was well. Another was a middle-aged man, very confused and disabled. He had striking pinpoint pupils of the eyes not reacting to light but reacting to accommodation. These were so-called Argyll Robertson pupils. I had not seen these landmarks of third-stage syphilis for many years, nor had the consultant who specialised in sexually transmitted disease. The patient was of course suffering from 'general paralysis of the insane'. I have not met that diagnosis again.

After some five years the Hallamshire Hospital was ready for occupation and later it was made Royal by HRH the Prince of Wales. A recollection of the move from the Royal Hospital was that in lifting piles of books into boxes in my room I got an acute prolapse of a lumbar intervertebral disc. This required fairly urgent surgery, a laminectomy, but this was enormously successful because I was able to dive off rocks in the Mediterranean only four weeks later!

I was in hospital for only a few days but the Minister of my (Presbyterian) church came to see me once or twice. One day, as he was arriving, a senior nun, who had been a patient of mine for some time, was leaving my room. My Minister said, 'I see that you are keeping your options open!'

Most specialties were represented in the new hospital, the Children's Hospital, the Women's Hospital, the Radiotherapy Hospital and the Dental School being nearby but separate. The Professorial Medical Unit occupied two of the

seven medical wards and therefore catered for two-sevenths of the medical elective and emergency admissions.

The hospital was delightful with bright four-bedded wards and each unit had four single rooms at either end, which were ideal for those patients needing privacy or isolation. The four-bedded wards had large south-facing windows and at first we encouraged 'open' visiting. The 'open' visiting soon had to be curtailed however because visitors sometimes came with their sandwiches to sit at the windows all day admiring the view!

I had inherited from Sir Charles Stuart-Harris very strong sections of respiratory medicine and renal medicine, the former having an international research reputation in respiratory physiology. Shortly we were to add a special interest in liver disease.

Haematology was already well represented in Sheffield and in any case my own active research days were winding down. The main commitment was to encourage research and fund-raising in others. Radiotherapy was very well represented also but significantly chemotherapy was now emerging as a very critical part of cancer care. My past interest in oncology was helpful. Much has happened since then but in the early 1970s it became possible with new chemotherapy regimes to bring malignant disease of the lymphatic system (Hodgkin's disease and non-Hodgkin's lymphoma) and some leukaemias under control and cures were beginning to emerge. One young lady that I particularly remember from the early days had advanced Hodgkin's disease and would normally have been expected to succumb in less than eighteen months. She was still alive and well when last I heard, twenty-five years later.

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the Radiotherapy Hospital was greatly prospered by the generosity of the Yorkshire Cancer Research Campaign. In due course we were able to establish an academic department with professorial head and this now is highly regarded on the national stage.

The increase in student numbers from around eighty entrants per year to 160 soon got under way. One new departure was to output most of them for a few weeks during their clinical years to the district general hospitals. Not only did this extend their experience but also a consequence was that many of them went back to these hospitals to do their first posts on graduating and this improved these hospitals' junior staffing numbers which could sometimes be difficult to maintain. As the central hospitals in Sheffield were developing so was the large Northern General Hospital in the northern part of the city and the facilities for all the essential components of a Medical School were reaching levels of excellence. The Northern General Hospital from the early 1970s had been adding academic departments with professorial heads and my opposite number and partner in medicine was Professor Donald Munro. Whereas the Trent Region of England, with a population of 5 million like that of Scotland, had been the most deprived in England in the early years of the National Health Service, this was no longer so. Also Sheffield had had the only University and Medical School in the Region. There was now one in Nottingham and another evolving in Leicester.

Again one is reminded of our very small world. One particularly happy friendship was with the Regional Medical Officer, the late Professor James Scott, who had been in his first year at Doncaster Grammar School when I had been in my last.

Overseas visits were becoming a stimulating part of life. In the 1970s I had two trips to Khartoum in Sudan, an interesting city at the junction of the White Nile and the Blue Nile where, in the Medical School, there was a long British tradition. My host, the Professor of Medicine, had been in Edinburgh in the 1960s for postgraduate experience and the MRCP (Ed) examination. Iraq also had a long British tradition and Medical City, the medical school component of the University of Baghdad, had had many British teachers. On my first visit there for one month, Jenny accompanied me and we stayed in the Baghdad Hotel on the banks of the River Tigris. On arrival at the airport, a doctor was seeing off a visitor and he also had passed through Edinburgh in the 1960s. He and his wife overwhelmed us with kindness during our stay. By the time of the second visit, a few years later, there had been many developments, particularly of modern hotels, I believe for an expected visit of the Organisation of African Unity. This time I stayed in the Mansour Melia Hotel on the other side of the river. Unfortunately the Iran/Iraq war had started although at the time activity was mainly in the south in the Basra area. However occasional bombs were dropping in Baghdad. The most alarming experience occurred one day when I had gone on a trip to Babylon. Apparently in the morning a group of Iranian fanatics had driven a bus full of explosives into the radio station across the road from the Mansour Melia. When I returned, the side of my hotel had been blown in and if I had been in my room, I would not be here today. I may say that it put one off having an evening stroll! Around this time there were also visits either for teaching or to take part in examinations to Ibadan in Nigeria and Kuala Lumpur in Malaysia.

lating part of life. I was in Sudan, an area of the Nile and the Nile. There was a long history of Medicine, had adequate experience and also had a long medical school. I had had many for one month, in the Baghdad Hotel at the airport, and also had passed and his wife stay. By the time I had been many years, I believe for an African Unity. This on the other side of the war had started in the south in the 1970s. I were dropping in and occurred one day. Apparently in the 1970s, given a bus full of people on the road from the area of my hotel had been, I would not be having an evening of visits either for Ibadan in Nigeria

I was still being active in MRCP (UK) examinations, often in Edinburgh but was now in some of those based in London. In the late 1970s the London College held a Regional Conference in Sheffield and on the last evening Jenny and I had a little gathering at home for some colleagues and the College visitors. The London-based MRCP (UK), apart from some extramural examinations during the Second World War, was always held in London. The clinical examinations were conducted in the London hospitals in the mornings and then the candidates and examiners repaired to the College in Regent's Park for oral examinations in the afternoons. I should explain that the MRCP (UK) then comprised a multiple-choice paper as Part I of the examination and if successful the candidates who were allowed only a limited number of attempts could proceed to Part II, but within the next five years. Part II had a written part after which if successful, the candidate could go on some six weeks later to the clinical and oral examination. Again only a limited number of attempts were permitted.

I remember, perhaps impertinently, suggesting to the visitors that it would be splendid if places like Sheffield could occasionally host the examination (the clinical and oral part). I learned that on the train on the way back to London this was discussed and provisionally approved. Shortly Sheffield was to host a wing of the examination on five consecutive occasions to get the provisional 'bugs' out of it and it is now regularly held in centres all over the country.

There are often amusing episodes during examinations and perhaps I may recount one from Sheffield. In the clinical examination there used to be one 'long case' which tested history taking and physical examination and also

multiple 'quickies' on short cases. There would perhaps be five to six short cases or more, patients who kindly helped us so that various bodily systems could be tested. We had a porter in the Royal Hallamshire Hospital who had a rare but often used problem, 'dystrophia myotonica'. This disorder has several components including slow relaxation of grip but can usually be spotted because of frontal baldness, droopy eyelids and some wasting of facial muscles. My porter would sometimes stand in and help me if we needed more short cases. One day I was introducing a candidate to my porter and he obviously had no idea what he was observing. Trying to be helpful I suggested to the candidate that he might speak to the porter. He said, 'Tell me, sir, what is troubling you?' to which the porter responded, 'I've got dystrophia myotonica.' Needless to say we had to move on to the next patient without further ado.

I had been on the Council of the College which is by election but was soon a Pro-Censor and then a Censor. However the greatest honour of all came in 1984-5 when I became Senior Censor and Senior Vice-President which I have to confess was then by invitation. Then followed Chairmanship of the MRCP (UK) part II Examining Board (1985-9), an excellent period for helping to cement good ties between London, Glasgow and Edinburgh.

Overseas visits now seemed to accelerate and Jenny was able to join me on several of them. There were visits to the medical school in Kuwait and to a new school in the Eastern Province of Saudi Arabia, in King Faisal University near Dammam and Dahrn. On one of my visits to Saudi Arabia I woke one morning in my hotel room to find that the English version of the *Arab Times* had been pushed under my door. I glanced through it cursorily but did notice on the

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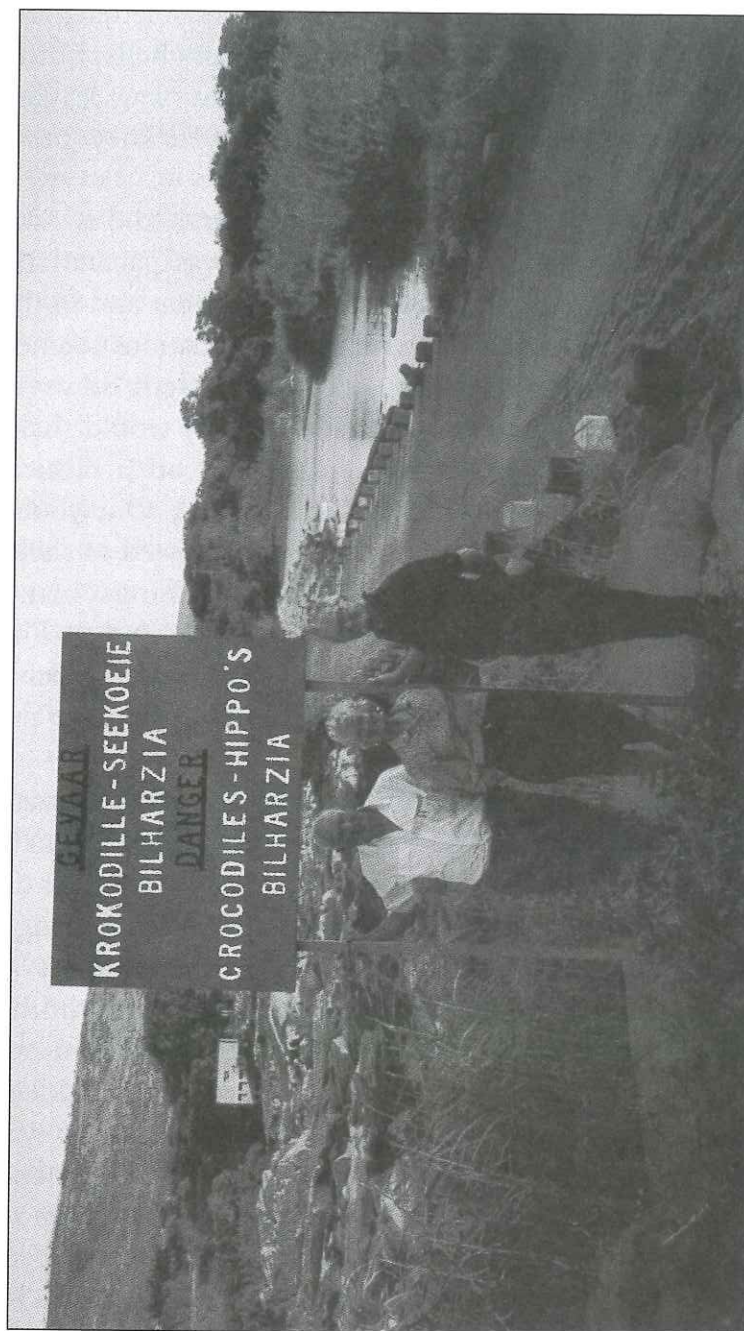
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sports page at the back a curious heading in large letters: 'Big Jack leaves Wednesday'. This did not ring any bells, but in the evening I realised that Jack Charlton was leaving Sheffield Wednesday. Obviously the local people knew more about English football than I did!

In Saudi Arabia, where I went several times, the separation of the women from the men was particularly evident. The women were academically excellent and in the hospital their clinical teaching and the examinations seemed to present no difficulty. I do recall one incident however which I hope does not cause offence. I usually would shake hands with a candidate before embarking on a clinical examination hoping to put him/her at their ease. One young woman said, 'I am very sorry but I am not allowed to shake hands with a man,' but shortly she was examining a man's bare abdomen as an essential part of my assessment. The Professor of Medicine who was paired with me and whom I have seen in recent years still has a little chuckle over the episode.

I have often recounted another episode with a woman student and this was also during an undergraduate examination in Dublin. The medical school was based on the Royal College of Surgeons and on a particular morning I had to be off early to do the clinical examination at Drogheda. The very first candidate was a most stunning looking girl and I was thinking privately that she might not have had much time to concentrate on her medical studies. However as soon as we got started it was clear that she was outstanding and as we went on she got better and better and realised that she was doing well. Then we had to return to Dublin for the oral examinations in the afternoon. The woman had an 'Honours' oral with other examiners. The



On the Crocodile River at Nelspruit near the Mozambique border with Dr George Campbell. Bilharzia is a human disease caught from snails.

On the Crocodile River at Nelspruit near the Mozambique border with Dr George Campbell. Bilharzia is a human disease caught from snails.



Hong Kong, 1987. With the examiners for the clinical and oral examinations of the MRCP (UK) Part II. Professor David Todd is on the left and Professor Vallance-Owen, second from right, the two Professors of Medicine in Hong Kong at the time.



Jenny and me installed as 'King and Queen' at the Jumbo Floating Restaurant, Hong Kong. Professor and Mrs Michael Oliver are with us, 1987.

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Jenny and me installed as 'King and Queen' at the Jumbo Floating Restaurant, Hong Kong. Professor and Mrs Michael Oliver are with us, 1987.

long day's work was over by about 6 p.m. and I was feeling somewhat weary. However our hosts wanted us to have a little session in a pub behind the College. The place was dark and filled with smoke and out of the gloom appeared my woman candidate. Before I fully recognised her she gave me an enormous kiss and thanked me for being 'such a pet'!

I had around this time two examining visits to the Medical School in Harare, Zimbabwe where Professor Jimmy Thomas was now in charge. There were return visits to Malaysia but most emphasis was now in Singapore where they were developing a sophisticated postgraduate examination, the M. Med. In Malaysia and Singapore most of the physician teachers were Fellows of one or more of the UK colleges. Many M. Med candidates would follow their local examination by travelling to the UK to attempt the MRCP (UK).

The Part I of the MRCP (UK) had been held in many overseas centres for several years. Then, for the first time, the clinical and oral examinations of the Part II were exported to Hong Kong. I much enjoyed taking part in the early visits in 1985-8 both to examinations in the University of Hong Kong on the Island and in the new Chinese University at Shatin in the New Territories. Now the Part II examination is being held in several overseas centres.

In 1985-8 I was Dean of Medicine and Dentistry in Sheffield, a commitment that tended to come by rote. It was quite an onerous period because at that time severe financial constraints were being applied to Universities and saving monies in a Medical School, particularly on staffing, is not easy. However retirement was looming and I was already, with Jenny, beginning to think of our returning to our spiritual home in Edinburgh.



A farewell cake with 'All good wishes' prepared for me by the technicians in my Department of Medicine in Sheffield.



The Cutlers' Feast in Sheffield in 1989. On the left is Mr Peter McGhie, a Past Master of the Company. In the middle is Sir Peter Heatley, at the time Master of the Merchant Company in Edinburgh. Sir Peter preceded me as Edinburgh University Diving Champion.

Before I move on from Sheffield I have to record how good and rewarding was the interdisciplinary and inter-Faculty mixing that there was in the University. But more than that we seemed to meet many people socially outside medicine and very many are continuing good friends. One great and lasting memory was to be asked to propose the toast to the historic Cutlers' Company of Sheffield at their annual Cutlers' Feast. It was of course a delightful and unforgettable occasion.



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