

Interviewee: Sir Stanley Davidson
Interviewer: Angus Stuart
Date: 1973

Keywords:

World War One
University of Edinburgh
Women in Medicine
Bacteriology
Lorraine Smith
University of Cambridge
Henry Roy Dean
Teaching Hospital at Aberdeen
Immunity
Vaccines
General Practitioners
University of Edinburgh
Publications
World War Two

AS: Now, Sir Stanley, I'd like you to go back in your memory to around about the First World War and tell us about how things were in Edinburgh before the outbreak of the First World War, round about 1912, 1913...

SD: [mumbles]

AS: At that period have you any memories of how the faculty was administered and what sort of accommodation did the staff have?

SD: Yes I've got... funnily enough though I've got a very poor memory but one of the things that I remember inside out, I remember to this day climbing that golden stair in the quadrangle of the new buildings and going up to where the faculty of medicine meets and the room that's called the deans room now was the total administrative centre of the whole faculty, that one small room presided over by one little man in spectacles called Mr Buckle who was there for 30 years and two typists, that was the whole staff I suppose the present staff would be 25. Well I take it that the, because of the efficiency of Dr. Duncan and these other people it's necessary to have this big staff because of the different duties they have to do with the health services and the hospitals and the vast expansion that has occurred in the medical school. In those days, the whole – every department of the faculty of medicine was confined to that one quadrangle, the whole lot, there was nothing outside it. That's to say that your department which didn't exist then and bacteriology would consist of about four or five rooms and laboratories and the staff for the bacteriology department when I joined it you see was a professor who was [inaudible] one lecturer and two assistants. Now I

suppose he had a staff of perhaps 15 or 20 and you may have a staff of 30 or 40 for all I know when Lorraine Smith... But the duties are so entirely different now with the planning of these enormous extensions of the different departments that I can quite see why you need a very much bigger administrative staff.

AS: It's surprising that the whole administration was carried out in one small room.

SD: In one small room.

AS: The deans room at the top of the stairs.

SD: Yes.

AS: Where you turn right and go into that little room.

SD: That's the only thing.

AS: And Mr Buckle must have been a very efficient man, he sounds to me as though he would have a terribly important job, do you remember him at all?

SD: Oh very well, I knew him for 30 years but I don't know that he had a very difficult job he really did nothing but take our names and see that we were matriculated. The faculty really didn't have anything to do with the Royal Infirmary other than with the appointment of the professors and on staff appointments but they had absolutely nothing to with running any hospital at all and so Mr Buckles duties were really quite limited just looking after that one quadrangle and seeing once a year that people were matriculated.

AS: But running the undergraduate teaching programme must have called for a lot of coordination.

SD: Yes well, probably... according to our friend Robson he says the coordination that I brought back was, he still thinks was the best they've ever had and still thinks it's the best. Well it was done of course by a committee of professors not by Mr Buckle, the dean, the part time dean even he took very little part he was just a medical [jurisprudence]. A person, somebody like myself, really was responsible for that sort of work. It was I who brought in the timetable where one... you know I was lecturing on typhoid you were doing the pathology and the gut and so on. And the people in the Royal Infirmary were giving clinical lectures. I still think that that was a very good arrangement and I don't think that could be made better and Robson says that still.

AS: You mentioned that the pathology department did not exist in Teviot Place at that time.

SD: Oh yes it did, but not for doing routine pathology. It existed for teaching students it just consisted of Lorraine Smith's own room and one or two laboratories and a lecture theatre. All the pathology was done in the Royal Infirmary, you know where I mean, the day to day stuff.

AS: He didn't do much day to day pathology, Lorraine Smith, I believe?

SD: Oh no nothing at all.

AS: None at all?

SD: No...Well, I don't think so... That chap who was senior lecturer there for 30 years did it all, I've forgotten what his name was, he died about five or 10 years ago. He was the head pathologist in the Royal.

AS: Not Ogilvie?

SD: Ogilvie yes. His department in the Royal, it was [Nambly] and Lorraine Smith they did all the routine...

AS: They did it all?

SD: Yes.

AS: That's interesting.

SD: The only... some routine bacteriology started in the quadrangle when [Mackie] came back but only a very small fraction of the total, the main mass again was done at the Royal.

AS: Did you have much contact with Lorraine Smith?

SD: Did I... oh I knew him very well.

AS: Yes, yes.

SD: Well you see I actually joined the department of bacteriology but I didn't mean to. I had won the gold medal in pathology and I had agreed to go and be assistant to Lorraine Smith and [Richie] I don't know how he persuaded Lorraine Smith that I was to come to him but I really didn't intend to be a bacteriologist as much as a pathologist.

AS: What was your opinion of Lorraine Smith?

SD: Well he was a very nice, gentle quiet, very quiet man. He was a very, very, able clever nice man, couldn't say a nasty thing to anybody. A very nice man, very distinguished chap I think he was. Very nice. Quite different to [Mackie], he didn't have the drive but he was a very, very able very nice man. I liked him very much.

AS: An unusual situation for him not taking part in hospital pathology and being sequestered across on the other side of middle meadow walk

SD: That was quite true but of course he was quite interested in research and therefore I think he was quite happy not to be bothered with it. I don't think it had worried him.

AS: Now can you, can we, just return to this business of how the faculty was before the First World War? You've told us about the administrative staff and the room that they occupied and Mr Buckle, but...

SD: Yes, and the dean was of course was always for generations the Professor of Forensic Medicines and he only lectured in the summer occasionally so he had no work to do and he presided at the faculty but when we had meetings at the Faculty the professor, like Sydney Smith, presided at the meetings of the Faculty.

AS: That must have been about the time of Harvey Littlejohn and Sydney Smith.

SD: Well Harvey Littlejohn was his immediate predecessor but Sydney Smith was dean for about 20 years and so was Harvey Littlejohn. The difference between Sydney Smith and Harvey Littlejohn was that whereas Harvey Littlejohn had practically nothing to do because we weren't joined up with the health services, Sydney Smith had a great deal to do, a great amount of administrative work because we had joined up and all these changes when I got these seven units at the northern group of hospitals could never have taken place if it hadn't been for Sydney Smith's cooperating with me and the Medical Officer of Health. He played a very important part in Edinburgh medicine, Sydney Smith.

AS: He was a very witty man.

SD: Very witty, very delightful man. Very, very able he had a very good medical – he's the man who got the murder of the Sirdar in Egypt, you remember the story?

AS: I remember, yes, yes.

SD: He took about ten thousand rifles in and worked out the barrel until he had found the right bullet. Yes, perhaps the most different-difference between 1912 and 19-well-70 was the fact that the University of Edinburgh was an imperial university. Now of these men that I've told you, the hundreds that get qualified and also a large proportion of them a hundred or so in the extra mural school at least 20 percent came from overseas because it wasn't until way back about '45 or later before the Universities in Australia, South Africa, New Zealand and so forth could grant medical degrees and that was true of English universities, quite a lot of English people came to us because they couldn't get degrees – because the university of which they belonged only taught up to anatomy and physiology. But this entrance into Edinburgh of this variegated people from India, Australia, New Zealand, South Africa, very few from Canada because they had one, made it different to what the university has ever been before or since.

AS: In your own class, before the First World War, looking back on your fellow students, would you say the majority of them came from outside Britain?

SD: No I would say that about 20 or 30 percent came from outside Britain and then perhaps 10 percent from England and 50 percent from Scotland. But these outsiders were older than the Scottish students, they were wealthier, they were much tougher, more experienced men, they liked boozing more and fighting – anybody they'd fight. And they were very good at games. That year of 1910 to 1925 was the year when Edinburgh University could beat any team in Scotland at anything because we had so many internationals from overseas as students. We've never been the same since.

AS: The South Africans had a very good rugger team.

SD: Very good.

AS: For years, yes.

SD: Oh very good, so did the New Zealanders.

AS: Yes.

SD: And then we had people from Northern Ireland. We had several internationals from them. So it fairly levelled - it did a lot of good I think to the University. Especially to a person like myself, I happened to be very good at games you see and so I knew the best of them because I used to play in these teams, in three different teams I played in the first 15 and so on. And I made lifelong friends you know. They were a pretty tough lot but that's what used to be, the joke, that people said, 'how was it that such alcoholic fighting creatures who one day were boozing away and making beasts of themselves and two years later were most respectable doctors?'. Nobody could understand it. Today you could easily understand it because they are the most respectable students but they weren't respectable, the medical students you know, of 1912. But nothing was respectable, you couldn't walk along the street of Edinburgh in 1910 and 12 and find a sober man on a Saturday night not only students, you would find nobody sober. Everybody was drunk. Awful.

AS: Did you have many chronic students at that time?

SD: Yes we had – but – probably more than we had now, we had about five or 10 percent that just went on and on and on. Some were given money as long as they were students, didn't want to qualify. As long as they were students they could draw allowance from abroad.

AS: So I think these colourful characters gave some variety to the scene.

SD: Oh yes, it's never been the same. But of course it's a much more sedate and good lot of people now they were rather a lot of scallywags most of us but they did make it colourful and that was one of the good things they did when we got up to 25 females in 1920 or whatever it was they had a very good influence on the class we settled down we were always swearing and cursing and annoying everybody in the classes you know.

AS: And what sort of attitude did the students have towards women in classes? Edinburgh doesn't have a very good or edifying record with regards women in medicine.

SD: The very worst, but of course it was long ago before that, these women that I remember, now I remember them very well in 19 – in that class I was teaching in 1921. They were rather like the girls you see at St Andrews now, much better class than the men and some of them were very good looking I remember three of them we all fell in love with and the result was that they were greatly liked and greatly respected and did a terrific lot of good to these tough sort of colonial people you know.

AS: And a civilising influence?

SD: They did, a very – I've never forgotten the difference it made, that's just because they were exceptionally nice women.

AS: My aunt was one of these women, she would have been if she'd lived about 77 now and she used to tell me about the lectures she had in Edinburgh in those days and how women were very much in a minority. Now did you enjoy your undergraduate days in medicine?

SD: Well I only had a year and a bit at Edinburgh and then I did – I had very bad luck – I only had a year and a bit at Cambridge you see when the - June 1914 we had a final meeting I was in the [38th] Cambridge and the whole class attended and it was obvious that the war was bound to come and we were under the false idea like people were in the last war that we had to hurry up if we were going to beat the Kaiser before New Year and the whole class agreed to give up medical studies and join combatant units and so we all did and when the day war broke out I jumped on a motorbike with a Cambridge student and joined the Gordon Highlanders and by 1916 I hadn't one living person in that class at Cambridge alive, not one.

AS: All wiped out.

SD: All wiped out. And I'm the only surviving officer alive of that battalion of Gordon Highlanders in the whole of Britain myself, I'm the only one. I wrote an article about it, I'm the only survivor.

AS: Where was it that you were so severely wounded?

SD: What part of my body?

AS: No, in what part of the war was it?

SD: In Ypres, one of these attacks in 1915. But you've no idea the misery of the trench life in '14. We were in shoes up to here in mud and water and the dead were lying about unburied between the two lines and the lice and the rats and the smell and every day people were killed you know by snipers up in rafters and then when it dried up a bit we thought now it will get better we'll have some decent attacks and show them something. The Germans were twice as efficient as us. They had properly constructed dug outs when they went off duty they were made to work when we went off duty we did nothing so that in a battle like Neuve Chapelle there were 12 hundred gunners sprayed the German lines all night – I've never heard such a row – it was nearly all shrapnel it didn't do the slightest bit of good the minute the whistle went and we all climbed up over the top and went charging across as flat as this the Germans jumped out of their dug outs put up the machine guns, we lost 600 men in one hour. Absolutely hopeless and it went on again and again. A terrible sight you know. It's one of the facts that's altered my whole life that war you know, I never did any work before the war I was too good at games I just enjoyed myself but it completely altered my life.

AS: So obviously at some stage you changed from being a play boy to a hard working chap.

SD: Well I never did any work, it was really the Kaiser's war that saved me being sent down, because I was taking a science degree as well as a medical one, I couldn't have passed anything. I did nothing but play games all the time. I played for Trinity tennis, hockey and rugby, all of them.

AS: All three of them?

SD: Yes all three as a freshman, so no wonder I didn't do any work.

AS: You were a professor of medicine for a very long time, it must have been at least 30 years, Sir Stanley.

SD: Yes.

AS: And you were a successful professor of medicine, what do you think contributed to your success with people?

SD: I'll tell you later on the two things that altered my whole life were first from being a playboy and quite a useless creature, that awful wound that I had over a year in hospital two years altogether and was still very ill at the end of it. I joined the army with one kidney, a thing that nobody else would do and nobody would be so damn silly as to do. I just told the recruiting officer I was medical student at Cambridge and just went through without an examination. But that kidney had an awful doing with fearful pus you know and a wound as big as that, pouring pus for a year and it was still pouring albumin and stuff in 1921. That's how I managed to go abroad because the doctors...Dr. Sir Edmund Sprigs, who was the great expert on nutrition, took a very dim view of my outlook, my prospect. He told my father that it was hopeless for me to ever think of doing clinical work and that I had to take a sort of laboratory type of job and take it quietly. That's why I went in for pathology, on medical instructions and it was on medical instructions that I went to New Zealand on three trips to avoid the winter because I was passing so much albumin and blood from my one and only kidney. And so I just worked my way out on a boat as a ships surgeon and got a chap to take me back so it didn't cost me anything to do that you know. The dietary treatment was to spare the kidney, just the same as you used to spare the liver by cutting out protein. And so they cut out the protein and I was on a very low protein diet and not allowed to drink which I always liked doing very much and life was totally intolerable. And I think it was on New Years Day 1921 or '22 and I'd reached the end of my tether. I'd lost weight to about seven stone and I looked awful and I called my friends together I said I'd rather die than go on this way can't get anything to eat that I like, can't drink any whisky, so I

bought two pounds of steak. I had a flat in Castle Street and I bought two bottles of whisky and I asked four men along and we took all of Sir Edmund Sprigs instructions and diet sheets to Princes Street and at midnight when the cars stopped rolling we burnt them in the middle of Princes Street and danced round the fire and the bobbies came to stop us and we explained to them and they said well carry on, when the fire was burnt out we all went back to my flat and we ate the two pounds of steak, which was more than I'd eaten in about a year and drank the two bottles of whisky and from that day I began to get better.

AS: Good gracious, and this all began from when you were wounded in the First World War and tell me what happened then, you woke up and unconscious or... ?

SD: I was at Cambridge at that time as a student and we had a meeting of the class, it's an extraordinary story, we had a meeting with the class in June 1914 and we had all decided that as we wanted to be able to finish the Kaiser off that'd we'd all enlist in the infantry and fight and not continue our studies, we were second or third year medical students, so the whole class did that and do you know this, by 1916 I was the only survivor of the whole class of medicine there wasn't one alive. The life you know in the first two years of the war for an infantry officer was about 3 months.

AS: Casualty rate was phenomenal I believe, phenomenal.

SD: Horrific, a million killed on 40 miles you know. Well I was very... I don't know how I survived, I was a year in hospital with this bloody gangrene, I had months and months, it wouldn't heal, I hadn't any skin on my thighs from grafting they took shot after shot at the grafting but it wouldn't heal because of the [inaudible] suppuration. Awful and then finally I went to Ireland in 1916 to a convalescence camp and eventually I came back here in '17 and qualified and then went on this awful damned diet which ended up in the tram lines of Edinburgh.

AS: Who prescribed the diet for you?

SD: Sir Edmund Sprigs, the greatest physician in Edinburgh. He was just doing the orthodox treatment which was to spare the kidney.

AS: Yes. Did they treat you well in Boulogne?

SD: What?

AS: Did they treat you well in Boulogne?

SD: I was uncon...I was so ill that I don't remember a thing and my mother and father were sent to France which shows you how ill I must have been. I don't even remember them coming, I was terribly ill for a year.

AS: Perhaps you were saved by [inaudible]

SD: I don't think so, I just saved by luck I think. It didn't save anybody else every other person died I saw them all die. I don't know what it's just my... I've got an immunity, like nine cats

AS: This was [B Welshiey].

SD: [B Welshiey] yes yes. Yes I wrote several papers on [B Welshiey] later on. Of course I was a bacteriologist for two or three years.

AS: Didn't you do bacteriology at Cambridge?

SD: No, oh yes I did well immunity, I went to Cambridge with a research fellowship on immunity yes. We had to work with Dean [Henry Roy Dean].

AS: That's right Daddy Dean was it?

SD: He was useless. He was done at that time, he'd come from Manchester or somewhere where he was rather good. I'd got a gold medal for my thesis and Dean had a big reputation by the time he'd reached Cambridge he was done old man he wasn't interested at all. It was a very funny thing that I only found about a month ago that the man I used to work with in the Path' Department was a chap called Swann, I only found out last month that he was Michael Swann's son, and he came into my room after doing a post-mortem, about 1925 I suppose, and he asked me to examine his hand, that he'd pricked his finger he thought. So I examined his hand, I couldn't see a sign of blood or a prick but the trick was you used to fill the glove with water I suppose you still do...

AS: Yes.

SD: And then squeeze it and sure enough there was a drop of water did come out of one place and he thought he'd pricked it on the rib and of course in those days there were frightful post mortems with pus you know these people had died of pneumonia long before antibiotics. However there was nothing to be seen and nothing to be done and do you know he was dead in four days.

AS: Really?

SD: The second days temperature was 103 and the fourth 105 and he was dead on the fourth. And I only found that out telling Swann about it the other day. Never knew he was Swann's son.

AS: This was Michael Swann the former principle?

SD: The former principle's son.

AS: Yes. Well you were lucky to have survived all that.

SD: What?

AS: You were very lucky to have survived it all.

SD: Oh, that's nothing to all the damn things I've had. I've survived an aeroplane crash, every bit of me, nose and jaws, headfirst down, plane on fire and I was on fire and the person next to me blazing all over it was awful, everything, I've had a bit of my lung removed, I've had my colon removed for cancer, well, for a tumour but I don't think it was cancer but they didn't know. I've had my prostate removed, that's a great success after being a terrific failure just because I was a doctor, every bloody thing went wrong. Awfully ill after it, ordinary people are out playing golf in about three weeks, I've had everything removed, there is nothing, there is not a six inches of my skin without a scar on it.

AS: Well doctors seem to invite complications don't they?

SD: Oh often. Very upsetting for the people because they always try and do their best and they always get – they don't really always go wrong it's just when they do go wrong they're very noticeable.

AS: Yes, yes.

SD: The other thing that changed my life was the year I spent at Cambridge. I learnt nothing at Cambridge because Dean who I'd gone to work with was years passed his best, he was about 75.

Never, never - I don't think I spoke to him half a dozen times in a year. He was very nice but he never did a day's work.

AS: He was an immunologist?

SD: What?

AS: An immunologist, Dean?

SD: No he was just – well that's what he made his name, Professor of Pathology. But he never did anything... he was master of Trinity Hall and he was keen on the rowing, but the Professor of Medicine was a man who changed my whole career because he was an elderly man whose room was next to my research lab and he and I had tea together every day for a year and he got very fond of me this old chap and he was the most delightful – he was the type of man that you couldn't help liking. He was an absolute perfect gentleman to his fingertips and they always appointed somebody like that as Regis Professor at Cambridge he did no work. He only conducted the final MD examination, that was his total work for the year. He was retired from Harley Street and here it was, as I tell you, in the last week that I was there he sent for me, and I suppose he, working in the pathology department, he met a lot of very good scientists and he was miles ahead of the time at thinking about things and he sent for me and he simply said "I don't see any future for clinicians who haven't had training in some scientific subject, didn't matter what it is, in order to learnt the meaning of control and that critical spirit which is so lacking among clinicians" and he forced me to go against Sir Edmund Sprigs' advice and when I went - returned to Edinburgh to apply for a clinical post and I was appointed first to Leith and then the Royal Infirmary but if it hadn't been for him I'd have been a pathologist all my life. I think if you say – that's undoubtedly why I was made professor of medicine, the youngest in Scotland – in Britain – and then the first whole time chair in Britain was because I had this mixture of clinical and research experience and that appealed to MacLeod of insulin fame and I'm sure he was the man who made the court appoint me but I think the reason of any success I had after then – of course I was like Miss Jean Brody I was in my prime then – it was that I have a natural bend for picking winners. If you think of professors of Medicine all over the world who've been my house physician there [are] dozens, absolutely dozens and I have a natural ability for saying you know that's going to be a jolly good chap. All these chaps like Robson and you know Irving and Flemley and the whole lot, they've all be house physicians of me and the same in Aberdeen I had that nice chap from the post graduate hospital, he started with me you know. [inaudible] the professor of Medicine there who was up in Edinburgh the other day at the Royal Society, opening the Royal Society's rooms, I can't remember the name.

AS: I don't remember his name at the moment.

SD: But at any rate he was my first physician and then Hill was my second physician, the first four assistants I appointed all got chairs almost within a few years and it was the same when I got down here, I would appoint some very good men to those northern groups of hospitals, they've done awfully well you know.

AS: They've done extremely well.

SD: Yes if it wasn't for them I don't know where Edinburgh would be. They really are, they're very keen on research.

AS: You think Edinburgh's doing enough research at the present time?

SD: No I don't, it's most disappointing. It's absolutely disgusting – it's probably because we've written too many books and there are too many committees but we've gone into a bad – I think every university goes into a bad flow – I think the teaching is as good as anywhere in the world but we've gone into a very bad flop in clinical research, very bad, I mean Glasgow's miles ahead of us.

AS: There's more coming out in the journals from Glasgow at the moment than from Edinburgh I think.

SD: Ten times as much, ten times. It's really very disheartening to read the journal, Edinburgh's very bad. But I was not only able to pick winners it was the same with all these books I wrote. I had a capacity for picking people who were writing different sections, the right chaps to do it and I was a very – fortunate temperament I've got, I'm a very determined man but I don't ever get angry and the result was though I always got my way in the end, I always got it, by friendly conversations instead of fights so I never had any trouble either with my staff or with my different commentators in these books you know.

AS: You didn't have to have any rows with your contributors?

SD: Never, never once in thirty years.

AS: Tell me Sir Stanley what was the most happy experience in your academic life?

SD: Well I can certainly tell you that. There were two things that I'll never forget, because I do think that they really were worthwhile. The one was when I went to Aberdeen we were stationed at Wolmen Hill, this was the oldest teaching hospital in Scotland, it was 200 years old, most dreadful accommodation, there was no research accommodation and I got them to build huttled accommodation so that – McMichael, John McMichael was the first chap who came to me and then Hill and then Fullerton and all these people that you've known all over the world, well I was on a committee – now you've got to remember the vast difference between those days of 1930 before the health service came in when it was a voluntary hospital, the citizens of Aberdeen and the district had raised more than a million pounds to build this new hospital they didn't have to... nobody had a word to say except the board of management and they appointed a very high powered committee, a committee of all kinds of experts of which I was a member for six years and we had to ask nobody about what we were going to do except the board of management and so we did as much in five years because it was our own money it would have been 15 if you were doing it today with all these government committees so I think that was a very important and when the Queen opened this new complex of hospitals, which were the admiration of Britain you know in 1935, everybody was talking about it people were coming from all over the world to see them because they were the whole lot of hospitals with a medical school in the middle of them. So when the Queen opened that and I was finished with that committee, I was naturally very proud and pleased to be a member of such a committee. And the other thing that gave me the greatest pleasure when I finished the last of the seven units that I started out with – to develop in the Municipal General Hospitals and the Northern Hospital, the Eastern Hospital and the Western Hospital.

AS: This was down here in Edinburgh?

SD: Yes.

AS: Yes of course.

SD: So when that was finished then I was very tired but I was very pleased to have been so successful, we'd got such good men in charge of these units.

AS: Well these were happy times. Tell me did you have any unhappy times during your academic life?

SD: Only that one year where I went nearly mad with Joe, but I told you we had 400 students, 8 sections of 50, how would you like to teach 8 sections of 50 every week telling them exactly the same thing every day, not knowing anything about bacteriology either, I was having to read it up in the day time, go to the Royal Infirmary every night to learn how to stain and examine the pus under the microscope and then repeat the same bloody thing 8 times.

AS: This was in Edinburgh?

SD: Yes, absolutely.

AS: After the war, when you came back?

SD: Yes 1921 it nearly killed me.

AS: Who helped you in these classes? You mentioned Joe?

SD: Well Dr. Joe was a graduate who was the same age as myself, knew nothing either and ended up as Medical Superintendent of the City Hospital.

AS: Yes.

SD: He was really a fever man, he went from there into fevers. But neither of us knew nothing but luckily Hadley arrived who was, he was the College of Physician bacteriologist when that was open, he came over and taught the senior students, people who had to know something, he knew – we didn't try and teach anything except practical bacteriology.

AS: Well, obviously, you've had more happy times than unhappy.

SD: That was the only – it really wasn't unhappy, it was relatively...

AS: You probably enjoyed it for a bit anyway.

SD: Well I wouldn't say I enjoyed it, it was so boring saying the same thing and soul destroying.

AS: How did the students react to it?

SD: Well they didn't have to – they only went once, we had to do the same thing 8 times, they only had it once. So they didn't mind it at all because we took endless trouble with them but they didn't mind it, they didn't know. Of course the students hated all these clinics with 50 and 60, a wretched time, wretched time.

AS: Scandalous, far too many. Well now could we start to ask you now, you've now retired and when you walk back into Teviot place and go up passed the Dean's office, how do you see the changes there compared with many years ago?

SD: Well you don't see much just walking around the quad, you see nothing but when you go inside it's quite unrecognisable. It's so unrecognisable that I mean I couldn't find my way around any building in that – Teviot Place, just the same with George Square. Derek Dunlop and I get lost we don't know where we are with so many new buildings

AS: When you go inside the buildings and see the staff and the Deans do you find that there are more people there now than what you used to deal with?

SD: Ten times.

AS: Ten times?

SD: Ten times. Now I'll tell you another story that may interest you, when I was appointed, I wanted to be a pathologist but a chap called Ritchie was the professor of bacteriology and he took a fancy, determined that I be a bacteriologist and so I was up north choosing and he wrote and said that he'd seen Lorraine Smith and they'd agreed that I would go as my first job in 1920 or something like that – to the department of bacteriology and so I sent him a brace of grouse and said right I'm delighted and I got a letter of thanks saying unfortunately he wasn't well but his family would enjoy them. Before I got to, up in the end of September to New Zealand – to Edinburgh to take my job he was dead with cancer of the stomach and McCartney who was the senior lecturer was in New York with a [inaudible] fellowship and the professor was dead. And the two assistants – now that shows you, that was the staff, that was the total staff, was a chap called Joe who went to the city hospital as superintendent 30 years later and myself, neither of us knew anything, nothing and this is how we did it. Do you know how many students we had to teach? 440 a day.

AS: In one year?

SD: Yes, for our whole of one year. Nine sessions a day of two hours we had to take in practical bacteriology, every day of the week. It drove me completely barking. I said I'd never go on with academic medicine.

AS: 400 students?

SD: More, 420.

AS: 420. That constituted the whole of one year?

SD: Whole of the third year.

AS: It's not the whole of the medical intake?

SD: No just...

AS: Just one year?

SD: That was the third year alone.

AS: Third year alone had 420 students. That is enormous.

SD: Absolutely, but of course it was so badly run the medical school in the Second World War, if you were a second year medical student they'd stopped you from enlisting but in the First World War you could do as you liked and luckily it only lasted four years or we'd have had no doctors. And so we had, after the war was over the ordinary intake of 220 and 200 ex-servicemen, who'd all be wounded and fighting in the trenches, had come back either to start medicine or many of them really to – they'd been first or second year students when they went away and so we had this class of 400, nine sections of 50 and two of us, our first job, didn't know a damn thing. We used to read the stuff up all day, we went to the Royal Infirmary every evening at six and got the pus you know the gonococci, the pneumococci, learnt to stain it and learnt to examine it and read it out and worked out what to tell them and then we repeated the same bloody stuff nine times a day for a year and I very nearly said that's the end of me with academic medicine, I never was so fed up in my life.

AS: That was an ordeal.

SD: Awful.

AS: It must have put you off bacteriology?

SD: It put me off everything to do with university life. And then when it was over and I got interested in immunity and I was doing a lot of research work on it I forgot all about it and went off to Cambridge. But Mackie didn't come until two years later. So we had to go on with this but McCartney came back in a year so things got better in a year.

AS: They wrote a good book between them, Mackie and McCartney

SD: Very, very popular, still published isn't it?

AS: Yes. It's been given another name though, it's been called Cruikshank's *Medical Microbiology*.

SD: Oh yes.

AS: What did you work on when you went down to Cambridge?

SD: What was I working on? Well on immunity.

AS: Yes.

SD: And here's another interesting story that I've done. At Cambridge, I don't know whether I'm boring you – but at Cambridge on one side of my room in the department of Pathology was Sir Humphry Rolston, he was the Regis Professor of Medicine an elderly physician of 70 odd, he didn't do any work it was just an honorary job and he occasionally went down to Harley Street, absolutely charming chap. A most erudite and delightful physician of the old kind and on the left side of me was a man called Dickson who didn't have a professor of pharmacology he had a reader and he was quite the most remarkable man I've ever seen. So we had tea together every day for a year. Dean was useless, I don't think I spoke to him half a dozen times in the year he never advised me on anything I just went on my own doing all sorts of experiments with animals and you know simple immunological work in those days and the week I left they both had a meeting with me, distorted my whole life and Sir Humphry Rolston, I don't know what he was, he got to like me very much because I was barely 20 then and he was in his 70s but he was thinking 20 years ahead and he said to me "Now look here Stanley Davidson you're to go back to Edinburgh next week and immediately apply for a clinical post" and I said "clinical post?" I said, "I'm never going to do any clinical work I'm not well enough", he said "you're going to do it you see because nobody who is going to be a professor of medicine in the future will ever get a chair who hasn't spent at least two or three years in a scientific department, it doesn't matter what kind it is and learning a critical attitude of the scientist as opposed to the clinicians". And so he talked me into applying and when I came back I applied to Leith Hospital, I went on in the bacteriology department part time and I went to Leith Hospital as assistant physician and what do you think Dickson said to me? My whole research work... in those days, everybody like myself believed the future of medicine depended on vaccine treatment of diseases, you'd be hopelessly useless only for the prevention it was good and that antibiotics were totally impossible because the only one ever made was by [inaudible] and arsenic and it nearly always destroyed the tissues when it was tried on anything else but syphilis and it was absolutely useless and this man Dickson said to me "You mustn't believe that, there is absolutely no future in bacteriology [inaudible] vaccines, except for prevention. You're just wasting your time trying to find out how to produce vaccines for treatment. The only future is in antibiotics." Now that was 15 years

before penicillin was discovered, so I came back there and gradually gave up antibiotics and went into clinical research. Now that was a funny thing wasn't it?

AS: Well, it's very interesting because at the present time people are looking for a vaccine for cancer. Some of the Swedes are and this work has been stimulated by the studies on African Lymphoma where they think there is possibly a virus, but you see if your friend Dickson is right then this work too is probably doomed to failure like the vaccines of other diseases.

SD: Yes, quite right. Of course I don't believe you know – I've been a funny person like that – I started the first rheumatic clinic in Scotland in 1932 in Aberdeen and I got [Duthie] trained as a house physician there before I brought him to Edinburgh and there he's been working for 40 years on rheumatoid arthritis and there's no doubt whatever he is he's worked hard. Every kind of method he's been using and he's working with your friend the professor of bacteriology.

AS: [Marmian]

SD: Couldn't have a better chap than that on baboons and things and I don't think they are one step further forward about the actual cause of rheumatoid arthritis than I was in 1932, they're better in symptomatic treatment but they don't know the cause and I believe that both disseminated sclerosis and rheumatoid arthritis are due to your tissues becoming antigenic. I don't think they're infections at all.

AS: It's a very interesting hypothesis and it would explain why bacteriologists and virologists have failed to identify infectious agents time and time again.

SD: They've done an enormous amount of work, I mean the two [Dawsons] working in the College of Physicians laboratory spent a life time on multiple sclerosis, completely useless with regards to discovering the cause.

AS: Yes, but, on the other hand, the published work by Dr. [James Walker] Dawson, that is Edith Dawson's husband, that published monograph on the pathology of disseminated sclerosis is a classic now.

SD: Absolute classic.

AS: It was wonderful work.

SD: Yes.

AS: And I find it quoted in all learned reviews of the literature. I believe he died from tuberculosis, and was a very brilliant man.

SD: Indeed...

AS: Did you ever know him at all?

SD: Oh know him, of course, I knew them both very well. But in those days you know that department of bacteriology run by the College of Physicians, in, you know that little road, you know where the church is now it really was the only – the College of Physicians laboratory was the only laboratory really doing clinical work. You couldn't get it done at the university.

AS: No, why not?

SD: It was all done there all the bacteriology the biochemistry and everything.

AS: Colonel Harvey, I think...

SD: What?

AS: Colonel Harvey was there...

SD: Yes, I knew him very well.

AS: Did you really? Yes.

SD: Oh I knew him [inaudible] I've forgotten what his name was, he was a patient of mine with tropical sprue I'd been interested in that disease all my life. Tropical sprue, what's tropical sprue do to you? Nobody knows.

AS: It's curious the university didn't do this sort of work then and it was left to an outside body.

SD: Well it was but of course the university – the people had to pay for this, the College of Physicians and Surgeons who employed these men, they were all chaps from Indian medical services, they were all colonels who'd retired and of course they got a salary of a thousand a year which was a lot and then every physician and surgeon who had had a private patient wanted a lab or a test on their urine or anything like that, they had to pay the college a fee. You could hardly expect the university to accept money for investigating private patients you see.

AS: Could we just come back once again to this question of large numbers of students, you told us that you had 450 students in your year.

SD: I think it was 420 actually.

AS: Oh, 420. Well just now in each year we have about 150 or so and this to us seems enormous and yet the staff has increased very greatly did you have a large staff in those days to teach? As large as we have now?

SD: Two, myself and another chap. The professor was dead and they didn't appoint Mackie for two years, the lecturer was in America. Two untrained people was the total staff.

AS: And in clinical medicine for example...

SD: What?

AS: In clinical medicine when you were professor of medicine...

SD: Miserable staff

AS: did you have a big staff?

SD: Did he have one?

AS: Did you?

SD: He had none. The professor of medicine - I was the first professor in medicine that was ever appointed to a chair with a salary in the whole of Britain

AS: Really?

SD: Yes, MacLeod of insulin fame came back to Aberdeen in an old and dying condition and he asked the university court if it was right to pay the professor of anatomy and professor of pathology and

professor of physiology a salary on which they could live and advertise the chair so as to attract people from any university in Britain, why wasn't it right to do this with the professor of medicine, surgery and midwifery. Now no university in Britain did that, it was always a local man that was appointed because the salary was 200 a year and it took you 20 years to establish a private practice so nobody ever applied from outside the town. Now that was absolutely disastrous because very often there were period when there was nobody of any distinction, at that time there was nobody of any distinction in Edinburgh or – in Aberdeen it was very unfortunate, in Aberdeen they had a very good man who thought he was bound to get the chair and was really a frightfully good physician called A G ... oh I can't remember his name.

AS: You mentioned him in your article in the *Chronicle*, you mentioned that he was there when you went and eventually you got on very well.

SD: Yes, ten years older than me he was a magnificent clinician not for research but magnificent, it was very unfortunate just for a change had a very good man, very bad luck on him.

AS: Was he easy to get on with?

SD: What?

AS: Was he easy to get on with?

SD: You know I had a dreadful time and luckily I can get on with almost anything but I used to have to go out and grit my teeth, I mean it was just as difficult for him, he was assistant physician in my wards, awful for him. Ten years older, far more experience as a physician, hopelessly disappointed it was awful for him. I used to keep thinking what he felt to try and control my temper. We never had an open row and then luckily a physician left and he then got wards of his own and from that day onwards things improved and we were the greatest of friends in the end. I went up every fortnight when he was dying to see him to Aberdeen from Edinburgh.

AS: Did you really?

SD: Every fortnight.

AS: Yes, yes.

SD: Because I got to like him so much.

AS: So obviously when you started off things were difficult but then they improved and once he got his own wards you all got on very well?

SD: We had no accommodation in Aberdeen any more than we had in Edinburgh. The accommodation of all the professors in Britain outside the full-time units in London consisted of a lecture theatre and a retiring room beside the lecture theatre for the professor to take his coat off that's all.

AS: How – what size of staff do you think under ideal conditions should a professor of medicine have?

SD: Well probably the staff that Donald's had, I worked for years to get that place for him, I never got it for myself but I think he's well provided for staff especially when Richmond was there. That's the sort of staff he had and of course Flenley is another of my house physicians, he's a very able man. He had a very good mixture, Donald of course had been most unfortunate has been away far

too much on that university grants committee and the students hardly know him and if it hadn't been for Richmond and Flenley that department would have been hopeless you know. I mean the ward sisters tell me that they simply bless Richmond because no patients suffered the least bit by Donald being away just because he had Richmond there to look after them.

AS: John's down in Sheffield now.

SD: Yes, he's doing very well. He's a chap they might bring back here one day when Donald retires, he's awfully good.

AS: Yes he is very good indeed.

SD: Of course you've got to make up your mind what kind of a professor do you want, I had your executive dean here talking to me about what I thought.

AS: Archie.

SD: Archie, and I said to him I think you've got to make up your mind not who you're looking for, make up your mind what you want first. Don't go looking for anybody until you know what you want. I think you ought to have two people, one a sort of Woodruff type of man who's not really a very pleasant man in many ways and is not very much liked by the students and not very interested in the students, more interested in the rabbits and pigs and things but he's the sort of chap who's liable to do something fundamental just as he has done and you oughtn't to put a lot of beds in his charge give him a very limited number of beds and not expect him to do a great deal of clinical work and then your second person you want is a chap like Richmond, you must have a doctor as professor of medicine, a chap who is interested in patients, interested in teaching and interested in clinical research but he mustn't pretend to be a biochemist or a physicist or anything like that it's impossible to be both.

AS: One of the problems is that it limits your choice, there are some very good cardiologists in Edinburgh.

SD: Very good.

AS: Some very good nephrologists.

SD: Very good.

AS: Some very good experts in gastrointestinal disease and this makes it difficult for any new professor coming.

SD: It does yes, not if he's sensible, they're all very nice chaps, they all cooperate very well with you. I mean Richmond didn't get on well with Mole but I don't see why they shouldn't - I don't think any of them are suitable for chairs themselves except personal chairs but I don't think any of them are the person to be a professor of medicine you need to be a much wider interest than any of them have, I mean they have a narrow but very important job to do.

AS: So you see a role for a professor of medicine as being someone who knows a lot about general medicine?

SD: That's it.

AS: Who's a – who would also be a good family doctor?

SD: Good family... must be a good family doctor, that's what we're missing so much they don't know how to talk to patients, you see the family doctor's real good is that he listens to people and he's considerate of them and they're frightened, they come to him with something that may be nothing at all and then to give up time to explain that it's not a – their hours are so hurried that they say just take that and be away and away they go and you get no satisfaction... that's what'd going on in a lot of departments, now they're too busy. They come and [inaudible] skins... one sister in the skin ward told me that they come in and their diagnosis is so obvious it's probably a wart or something they diagnosis it as they come through the door as they pass the consultant he gives them a prescription they're out through the other door. They may have come from Galashiels now what they really want is not to know how to treat a wart, they want to know what is a wart? Why have I got a wart? Will it come back to me? You see, is it a serious thing? All that means is giving up a few minutes talking, they're so busy, they've got queues of people waiting but they don't do that, they're not doctors at all.

AS: Perhaps part of this is because general practitioners often refer patients now rather than treat them themselves.

SD: Well they do but still, that's part of the truth, they ought to... the general practitioners ought to do more than they do and they probably do do more courses now in all these skins and eyes and so on they probably do but they are very busy too you know. So they would be they're a damn sight well too well paid. Do you know what they pay a general practitioner? An average of 8600 a year and 3500 allowance free of tax. Well that's much more than most of the specialists are getting.

AS: Oh yes.

SD: So that's a damn disgrace. Just a piece of blackmail by the British Medical Association that's all it is.

AS: Well these are strong words.

SD: Absolutely, we're just as bad as the dockers now.

AS: Well certainly the general practitioners for a long time were very much undervalued and felt very much out of place

SD: It's swung from one end to the other, they worked far too long hours and far too hard, the most contentious men they've done to the other extreme, they're not the same thing at all. Now a person in my old age I pay a fee to a doctor who is a friend of mine and am a national health insurance patient now people like Lindsay [Lamb], a really good man, he feels that that chap should come in periodically and say "how are you?" to an over 80, but then he never does that, if he comes and sees my wife and gives her a prescription because she's got a cough that won't get back he might come back once but if she's not better he mightn't come back again. Now in the old days a man would come in three or four times even if it was only for four minutes, are you better? Are you not better? And so on. I don't know what's gone wrong with the profession.

AS: It's a change in manners perhaps.

SD: Awful, I think it's terrible.

AS: Yes. We've covered a great deal of ground. During your time as professor of medicine in Edinburgh, would you like to say just a little about what are the main changes you've seen from the time of your appointment to the time of your retirement?

SD: Well the main changes, the educational changes were made really by me, I don't suppose you'll remember this but when I came back to Edinburgh after the war I arranged a timetable in consultation with the professors of surgery and pathology and bacteriology in which when I was lecturing on typhoid fever on March the 2nd I could rely on the bacteriologist doing the bacteriology *B. typhosus* during that week and the pathologist would be doing the bowel changes and so forth and the surgeons would be talking about when they burst and so forth. And I did that very carefully and had a huge list of case histories and photographs, thousands of them, I don't know what Donald's done with them. Had a great big lecture – room up above the medicine department that we laid out every week which illustrated all aspects of these cases. Now it was, what do you call it, Robson told me that when this committee was meeting they went over that and he still taught but that was a very good method of teaching medicine, a coordinated course and that he was sorry they were not going on with it, I still think it's the right way to teach.

AS: It was also worked quite efficiently because only a few people were involved in the coordination. Whereas now there's about five committees involved, it's become an enormous exercise.

SD: Awful. Yes, I know.

AS: Yes, yes. Good.

SD: I would certainly say that system that I inaugurated couldn't be improved on from the point of view of if you're going to have systematic lectures at all, you may say you shouldn't have any systematic lectures, why have a systematic lecture why not buy the book of *Principles and Practice of Medicine* and have none.

AS: You've edited and prepared some very successful books and one of these was the *Principles and Practice of Medicine* and the other one was a book with Sir Derek Dunlop and Sir John McNee on therapeutics. What gave you the idea of producing a book like that on therapeutics? There must have been many others on the market at the time.

SD: Well there were and they were so bad that Derek Dunlop who was the same sort of age as myself, younger even, he'd just been made Professor of Therapeutics and he phoned me up to come down from Aberdeen to see him and we looked at the various books and it was full of these sort of wretched statements like "vaccines may be of value", "arsenic sometimes helps" and that sort of rot like that, it had gone on for years and years and we wanted a much more positive approach to what can be done and what cannot be done and how it works. We were so disgusted at the books that we decided to write a new book on therapeutics, McNee was nothing to do with it at this time. Dunlop and I decided that it would be a Scottish book and therefore we'd need to get people who wrote in it from the four Scottish universities and then it seemed quite reasonable that McNee, who was much more senior and very well known for his research, should be asked to join us as editors. That's how he came into it, he had nothing to do with the idea of it and as I've told you he did nothing really to write it. He considered himself right beyond our [ken] you know, he was too high up to be bothered by that routine work.

AS: He was very well known for his work on the reticuloendothelial system

SD: Of course he was, very well known.

AS: Tell me, did you get to know him at all well?

SD: Oh yes, I knew him for 30 years, we always were perfectly friendly except on the one occasion when I wrote and told him to resign, he was furious with me, reported me to Lord Dawson of Penn

though what that good could do I can't tell you. But no, no we remained quite good friends except that he was quite useless at – he didn't think that he - he was too far above us to be bothered with reading proofs or writing anything.

AS: He was happy to have his name on the book.

SD: That's what annoyed me because that is exactly what I wrote in the letter to him, that if this book is a failure you'll get the blame and you're not to blame because you haven't done anything and if it's a success you'll get the credit and you shouldn't get the credit because you haven't done anything either. That's exactly what the row was about. It didn't make the slightest difference to him, we all continued to be quite friendly and he continued to do nothing.

AS: Well I remember him as a teacher as a silvery haired very distinguished looking man.

SD: Very distinguished.

AS: And he was a very good lecturer and then he became an admiral in the navy.

SD: [laughs]

AS: Yes, very famous and I'm sure it was a great privilege to know him.

SD: Oh well he used to always come to see Dunlop and me in his admirals uniform and never came in anything else and told us the most ridiculous things about himself, he had no sense of humour that was the trouble. I mean fancy telling a person like me that when he comes on board "they pipe me on and when they want a doctor they ask for Dr. McNee not admiral McNee" and fancy telling a story like that to a [inaudible] you know. He had no sense of humour but you know don't think that I don't think he wasn't a nice chap, he was a very kindly man and as you say a very nice looking man. Distinguished looking man, but he lacked any sense of humour, the things he said to Dunlop and me we couldn't believe that anybody could say them, he didn't see anything funny in them at all.

AS: Well he must have caused the pair of you a great deal of amusement, I think.

SD: Well it didn't really worry us because when we knew he wasn't going to do anything we just did it. He didn't mind not doing it you know.

AS: It was a successful book and... Just leaving aside the question of books, you met a number of noble Lords and important people in medicine, Lord [Hawdor], Lord Morin and Lord Dawson.

SD: It may be difficult for you to understand how I was personal friends with people who were 25 years older than myself, it really was rather like these whizz kids you talk about. The whole of the people in London, I was a fellow of the college, were all talking about Aberdeen with its new medical school which was the envy of every university in Britain and it had also the amount of good research that was coming out was terrific and so that they were always writing me to come down and go around these full time medical units that were run by the MRC [Medical Research Council] to do ward rounds and give clinics. I was in London every fortnight because I was the chairman of the Empire Rheumatism Research Council and so every fortnight I went to one or other of the teaching hospitals and gave a ward round or a clinic or a lecture and I got to know all these people in the college because they used to come up and have a look and talk to "who's this young man who's doing all this?" you see and the Lord Dawson was particularly kind to me. He was president of the college in those days, about 40 years ago, and all I need to say about him he was like the old chap at Cambridge, he was the perfect gentleman, never lost his temper, suave as anything, honest to the

last word you could trust him with anything you like he was so good, and the fellows trusted him so that he was president for about seven years running you know and he was excellent with the Royal Family, they had awful troubles after he died but during his period as physician he was completely trusted by the Royal Family and he always brought the right type in to see them when there was anything specialist to be done. Everybody adored him and I couldn't say enough for him. Now his great rival who spent his whole life trying to become president of the College of Physicians of London and failed always was [Hawdor]. Now [Hawdor] was entirely different, I knew [Hawdor] much better still he stayed with me at least a dozen times up both in Edinburgh and in Aberdeen as my guest when he came up examining or lecturing and he was the president and I was the chairman who did the damn work of the Empire Rheumatism Council, raised the money and ran all the research and the distribution of money, [Hawdor] used to like getting the limelight for doing it. But my principle objection to [Hawdor] was first he was totally untrustworthy and he was the meanest man in Britain, when I tell you that he stayed with us dozens of times but whenever I went to London and that was once a fortnight and I had to see him on business about the Empire Rheumatism Council when we had to have a meal I always had to pay for the dinner or the lunch and the drinks in London, can you believe that? I don't know if anybody will believe it but he was one of these chaps who never paid for a thing, he was amusing but he never expected to pay, never did pay and I never got a meal out of him in 10 years, but worst still, he was an awful twister. Now I must tell you the most extraordinary story, which I wouldn't tell you if it wasn't me, it's private, I've been a lifelong member, I am a lifelong member, of the Moray Golf Club in Lossiemouth and when Ramsay MacDonald, who was the illegitimate son of a lady in Lossiemouth, was Prime Minister some of my county friends blackballed him for the club for which he was put up, for the Moray Golf Club. Really the most shameful thing I ever heard of in my life, to blackball a Prime Minister because he was a Labour man. I was so enraged that I immediately took a car and went down to the fishing village where he had a house and called on him and said "I must apologise for this scandalous behaviour and all I can do is offer to drive you to Spay Bay and play golf with you there myself" and that's how I got to know him and I used to take him regularly, he couldn't play golf he was suffering from advanced glaucoma, he couldn't get his golf club within that of the ball but he told me the most remarkable stories about things that I've ever heard. He was a very good looking man, he was a very well dressed man, he was the vainest man I ever met. Loved duchesses and titled people, he was the best read man I ever met. He loved good books, classical Scot and he couldn't help buying them, he didn't get them from libraries. Sir Alexander Grant who was the baker who started McVitie and Prices gave him two thousand a year allowance while he was Prime Minister and he spent it all on cigars as long as that and books. An extraordinary mixture man. However he asked me if I knew [Hawdor], I said yes I know him very well, I didn't say more than that because by this time I was getting very fed up with [Hawdor] never giving me a drink and he said "well you know [Hawdor] comes to my house every Friday morning for breakfast" and I said "What's he do that for?" "Well" he said, "I've got glaucoma, and the excuse is he wants to see how my sight is getting on, as if he could do anything about glaucoma" and then Ramsay went on and said "that's what he says but I see through him, what he's trying to get out of me every day, every Friday month after month is to make him a peer and I resisted it for months. Every day starts off "don't you think you should put me up for a peerage" and Ramsay said "I kept putting it off I saw him through and finally he wore me down and in order to get rid off him I got him a peerage and after that I knew he'd never bother me again and he never came back."

AS: [laughs]

SD: Now that's a true story, isn't that a terrible story. The other man that I wanted to tell you, an even more extraordinary story was Lord Moran, he's now 90 something. He was the President of the College for years and [Hawdor] had battled with him for years to try and put him out to become President, they wouldn't have him, too many people in the College knew what I'm telling you about [Hawdor] but he didn't like Moran, Moran was called Sir Charles Wilson, he was known as Corkscrew Charlie and his claim to fame was by a most wonderful piece of bribery. He was in St Mary's Hospital which was absolutely unknown to anybody in those days when Corkscrew Charlie became the Dean. What he did was, he went up to Oxford and Cambridge and apparently openly gave scholarships to anybody who was a blue who would come to St Mary's and from being completely unknown within about three years St Mary's beat everybody at rugby, at cricket at everything and Corkscrew Charlie was right on the map. Well then he did jolly well with Winston Churchill, he didn't really treat Winston – he was too wise, he wasn't much of a doctor but he knew enough to get in and he was very good, he travelled with Winston all round the world when he was not a fit man and I think he thoroughly deserved being made a peer by Winston for his years of services, but I had a frightful row with him too which lasted only one day. The government sent Lord Moran and me to France in the closing weeks of the war to address medical officers in France, Holland, Belgium and Germany what we were going to rehabilitate them with postgraduate education. Now the difference between Moran and me is that I had spent my life in education and in postgraduate education and I had taken endless trouble before we went to France to make visits to these different cities and in Edinburgh to start the postgraduate medical school, to be ready for them, Moran had done nothing, except speak, so when we went there he opened the meeting, they'd brought in hundreds of these doctors in lorries and buses and we all sat down and then he got up and made an excellent speech about nothing because he couldn't report about anything because he hadn't – nothing had been arranged and then he sat down and that was the end of the meeting. So when we went home to the hotel I said "I want to have a private talk to you Lord Moran" and I said "you know I've not been invited to go to France by you I've been invited to go to France by the government to represent Scottish medical interest with such a large number of doctors are trained in Scotland and I've arranged a great deal for them to come back to and you haven't and I've got to tell them what I've done, that's what I've come for, so I want you to get up as soon as you've finished and say that Sir Stanley Davidson is now going to tell you what's going to be done in Scotland" "Oh" he said "I'm going to do nothing of the kind" "Well" I said, "I can just tell you what's going to happen if you don't do it, I'll just get up on my own and tell them I'm now going to tell you what we're going to do in Scotland so you either ask me to or I do it without being asked," oh he was furious. Well the next day he came back and he said "well I've thought it all over and I think it's quite reasonable" and I said "I should think it is reasonable because I've got something to say about what we've done and you've got nothing to tell them." So after that was settled we went on touring throughout these countries together and got great friends and he's still alive, he's 95 or something but he's still alive and I liked him very much in the end.

AS: Well thank you very much Sir Stanley

SD: Well there you are.

AS: And there we are.