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MM: William Alexander Copland is a Fellow of the Royal Faculty of Radiologists, he's a Fellow of the Royal College of Surgeons of Edinburgh, and before his retirement he was the consultant in charge of the Radiology Department of the Western General Hospital in Edinburgh.

MM: Dr Copland. You were born I think in 1924?

WC: That's correct, yes.

MM: And that was in Aberdeen?

WC: That's right.

MM: Could you tell us a little bit about your family background, because I don't think it was a medical family, was it?

WC: No. I think we'd followed a fairly typical pattern up there of families coming in from the country at the beginning of the twentieth century. In my father's case, he came in to school from the country, as a country boy and graduated MA [Master of Arts]. He was a Classics master. And in fact laterally he was Deputy Head at Robert Gordon's college. And in due course I followed at the same school. And again it was a similar pattern – arts graduates, the sons and daughters of arts graduates, tended to go for the medical profession. For I don't know what reason, I suppose it was regarded as perhaps one step up in the social scale.

MM: And which part of the country because Aberdeen is quite interesting because it attracted students from a very wide part of Scotland, didn't it.

WC: Yes. Mainly Buchan. Turriff. Old Meldrum. Huntly. My grandfather had been in the police force and had to move - as he was promoted, he was moved around.

MM: So, at school… had you decided on medicine quite early on at school?

WC: Oh, yes. I think at the age of five.

MM: [Laughs] Why was that?

WC: I don't know if it was instilled in to me or I wanted to do it. I had the idea of bandaging people up, would be a great way to spend one's life. My father oddly enough wanted me to be a doctor but only recently I've become aware of what he had in mind for me. He envisaged me living in Edinburgh, in Corstorphine which he must have admired as a very congenial suburb, playing cricket with the patients who were lunatics and only two weeks ago I realised what he was thinking of, the old hospital out on the way to the airport. What was it called; it's been closed now… It was the asylum at one time, the mental hospital.

MM: It wouldn't be Bangour?

WC: Ban - no, not Bangour.

MM: Gogarburn?

WC: Gogarburn. Yes. And what with naturally living in Corstorphine it's taken me about 60… 70 years to realise what he was getting on about.

MM: So he was thinking of that kind of medicine.

WC: That that would be a nice job for me to have someday. [Laughs]

MM: So it was do you think perhaps it came from your father? It wasn't that you didn't have any particular…

WC: Oh, I wanted to be a doctor right from the age of five going to school first. I don't think it was his idea, particularly.

MM: What was your school's attitude to this as a choice of career?

WC: I think we were programmed into going to university. If you showed any inclination for medicine then you were channelled in to the classics. Sadly, no longer possible. The classics were thought to be a good background, and science, and steered away from modern languages, apart from French.

MM: What would the school have as possible alternatives to medicine for sort of likely lads like yourself? Were there a scatter of things there?

WC: Could you repeat that?

MM: I was wondering if there were other careers apart from medicine. Was there a kind of hierarchy of things that the school regarded as…

WC: Oh, very much so. I suppose medicine… university careers in the arts, the humanities… engineering came very low down. Business, yes.

MM: And the law?

WC: Law, yes. Law, very much so. Yes. And there was quite a large number of boys went in to banking. They went in as apprentices, I suppose, in the bank. And quite a few went for the Foreign Office. Am I right? Quite a lot of them finished up in the Foreign Office or the civil service. I'm not sure why that should have been. It was never suggested to me, anyway.

MM: And then from your school to Aberdeen University was a fairly natural progress?

WC: It was a - well, I think ideally if it hadn't been for the outbreak of war I would've gone to get an arts degree somewhere, either at Aberdeen or further south, and then come back to do the medical curriculum in Aberdeen, Edinburgh. But I think the outbreak of World War Two changed things quite a lot and the plans of parents.

MM: In what way particularly? Because some people watching this interview will perhaps not understand what the issues were at the time.

WC: Well, I think I would've normally done an arts degree first and then gone on to do medicine but there was… a need to get in so much training before one was called up. I think I left school at 16 and started the following term in medicine and by the time my call up had come I'd been passed through the second MB [Bachelor of Medicine] and I think I'd got the third MB. One was expected to continue. Quite a few of the people in my year did drop out, particularly if they had come down in the second MB which was the big hurdle. The *pons asinorum* as it were in the medical curriculum.

MM: So that suggests that people were getting orientated towards war, as it were, before the actual outbreak of war then.

WC: My memory as a child was no, that the threat of war started to become apparent only two years before its outbreak, to people like myself. No doubt the politicians were more aware but it all seemed to happen very quickly. I don't think we were prepared for war.

MM: Right. So when you went therefore to Aberdeen, you were already by that time certainly conscious that war was coming.

WC: No, war had started by then.

MM: Looking back on your medical training and have experience of other places, you have a lot of experience of Edinburgh and Bristol, certainly and I'm sure other places – looking back, what thoughts have you had of your own medical training at Aberdeen?

WC: Well, I remember looking back and thinking when I qualified I was full of confidence, I could cope with anything. That was what I thought. I don't know how they managed to instil this in us. Now I realise of course that I was not at all well trained and had no experience. But we were told, taught in a rather pragmatic fashion what the treatment for this was and the treatment for that was and of course it's changed completely in some cases. I remember our senior cardiologist was highly respected. His teaching on what disease was… that you could smoke as much as you wanted, but you had to cut down on the spirits and the wine. Complete reversal on what we say nowadays.

MM: Who were the leading personalities in Aberdeen at that time? The sort of set…

WC: There was a man called A. G. Anderson, Greg Anderson, who was physician to the queen in Scotland, certainly at Balmoral. I don't know if he was at Holyrood too. But he was physician to the king, of course, in those days and diagnosed his carcinoma of the lung that had been missed in London. He was a great character. The surgeons… well, a lot of the surgeons were away in the war when I was in training but we had Bill Wilson from Edinburgh who had been in North Africa and did a lot of excellent work with burns using tannic acid. Well, again tannic acid is bad news now. But he'd been appointed professor. Our professor of natural philosophy or physics, I never met until the end of the war and that was R. V. Jones, who of course was conducting a secret war for Churchill at the time. We had Hartman, whom again I never met. Am I right in thinking… ? And Hans Kosterlitz of

course was the senior lecturer in physiology. The man who discovered and developed endorphins and got a Nobel prize for it. So there were some very distinguished characters there. The senior surgeon of course was here in Edinburgh in the military hospital during the war so again I didn't meet him until towards the end of the war.

MM: Was Dougal Baird there at that time?

WC: Oh yes, Dougal Baird, of course. Yes, yes. A great character. He taught us the politics of socialism, really. About social depravation. Quite a great character. I didn't learn much about obstetrics or gynaecology from him. I had to learn it all up in the last week more or less. But interestingly enough Dougal Baird in his nineties was a patient in the Western where I worked. And I thought as an old pupil, I must go up and say hello to him and see how he is, not thinking he'd know who I was. When I went up he remembered me, he remembered my sister, he remembered his house officers. He then proceeded to give me a lecture on the effects of social depravation on the note in the second generation of… his – of offspring. I thought that wasn't bad going. And quite a long lecture he gave me at the bedside, from the bed. It amused me greatly.

MM: Do you think Aberdeen was particularly conscious of all the sort of social implications of medicine and so on, and organising that way rather more than other places?

WC: I don't think so. It was, I think it was Dougal Baird who came as a missionary in fact. He'd seen it all in Glasgow, seen all the depravation there and he realised in Aberdeen I think he had a community that he could study, sufficiently small and sufficiently… unified for a study group and he certainly took advantage of it.

MM: I have some sort of idea that Aberdeen had gone some way in integrating the poor law services and the university and other things rather earlier than other places. Something similar to what you would know had happened to the Western General in Edinburgh, with the university integrating with the poor law and I think that had happened in Aberdeen too, had it not? To some extent.

WC: I think Aberdeen had the advantage in that there weren't those awful rivalries going on that one got in the bigger cities, in Glasgow and Edinburgh and therefore everyone tended to pull together more, particularly during the wartime years. I've no idea what has happened there since. But there was very much a sense of unity and purpose.

MM: So you then were qualified in quick time you know with all the pressure of the army and the war. And then your house jobs, did you do these –

WC: I did a house job in the surgery at Aberdeen Royal Infirmary. My hope was to do surgery initially. And that wasn't to be.

MM: But you had time to do two house jobs.

WC: No, I had the one house job.

MM: Just one. And then you were to go off… So, when you completed that house job and were going in to the forces you had a fairly clear idea that you were heading towards something surgical.

WC: Eventually, yes.

MM: So your father's idea of going in to psychiatry had either been abandoned or you still weren't conscious of it.

WC: No, it had been abandoned.

MM: And you… you were in the navy. Was that your choice?

WC: Well, I think this applied to a lot of my particular vintage. We felt a sense of – we saw the people who'd gone to the war and come back, and we felt pretty dreadful about ourselves. We'd missed it, missed the war. And we were asked where we would like to do our National Service and were offered a choice. I'd had a territorial army commission so I didn't want to go in to the army. The air force wasn't doing anything, so I said I'd like to go in to the navy. So, I think that's probably why I was accepted and put down a distinct preference for the navy.

MM: Because there was a certain sense of the navy being an elite body rather more difficult to get in to the navy at that time than the others…

WC: I knew nothing about the navy. I just knew I didn't want to go in to the army. And I… realised the air force had done its job and was just sitting on the ground. I think I was very lucky.

MM: And your experience of a commission in the home guard put you off?

WC: No. The war was over by then. There was no action going on anywhere. We had the army occupation in Germany. And I suppose the colonial outposts. They had their army garrisons. It didn't appeal to me.

MM: So tell me, was moving from Aberdeen to the navy anything of a culture shock?

WC: Oh, very much so! I'd been out in a boat or two, but it was a complete change of environment. I think it changed my life quite a bit. Changed my attitudes, certainly. I met Englishmen and found them very civilised people, indeed.

MM: Did you find that the people in the navy, particularly the career officers - what was the attitude to you coming in as a national serviceman?

WC: Oh anything but. I think that was one of the things that amazed me. Here I was serving with people who'd been torpedoed and been in action, and I was accepted by them and by the lower deck not for who I was but what I was doing. It was the rank, the job that was doing. You were accepted as the doctor without question.

MM: And how did you fit in to the social life of the navy?

WC: Well, I think I was quite lucky. When I joined I was asked what my preference would be and I think I was a bit flippant, I think I said I would like a short job in the West Indies, please. So within a week I'd been drafted to a frigate in the Persian Gulf. And people said, "What did you do wrong? That's a terrible place, you must've done something awful to get that." I think I brought it on myself. But there it was a combination of showing the flag which did involve a lot of socialising with the government house and the embassies, and a bit of government stuff. A very exciting exchange. So I thoroughly enjoyed it.

MM: And was all your service pretty well in the Middle East?

WC: I spend almost the entire time in the Far East, Middle East, the Persian Gulf, the Indian Ocean, at sea.

MM: And being in the navy, did that give you any experience of the Arab countries?

WC: Oh yes, very much so. The Gulf at that time was a fascinating place. I think it would've been back about four or five centuries behind, moving to some of the states and the garden of Oman was like going back in history to the sixteenth, seventeenth centuries. Quite remarkable. Slaves, people having their hands chopped off. People entombed in rock caverns for years on end. The empire – India had just got its independence and there was chaos going on there, and the Gulf, which had formerly come under the Viceroy of India, had its own establishment of a political residence and political agents all-round the various states. And looking back I think they did a marvellous job brining the states forward into the twentieth century.

MM: Was there a sort of centre of naval activity? I know in the West Indies for example…

WC: It was the naval base, the headquarters were in Bahrain.

MM: Bahrain. Which was…?

WC: That was the only naval base in fact in the Gulf.

MM: Was it even then a more relaxed place in relation to religion and social living?

WC: Did you say relaxed?

MM: Yeah.

WC: … I would say it was fairly relaxed, yes. We had to be very aware that we had the political resident, who was looking after British interests there, but there was also the Sheikh of Bahrain who was very much the ruler and he had his own political advisor. And one was aware one had to tread very carefully. It was quite different from being in a colony.

MM: Was there a fairly big naval establishment in Bahrain?

WC: No. No. It had run right down.

MM: There wasn't for example a local mess or anything…

WC: Not ashore, no. No, there was nothing ashore. There had been, but it had closed down. It was very little... There were a lot of pre-war stores with pith helmets and spinr pads for stopping heat stroke I wrote off with the help of another doctor and we had them destroyed, we thought we had no further use for them. I also remember there were no glasses for drinking beer, if there was beer. There was beer, it came out in powdered form, it was made… and the glasses were beer bottles that were filed, heated and stacked in the sand to sheer them off. I don't think that lasted very long.

MM: You were doing a bit of showing the flags. That would mean you would have to do your entertaining on the ship.

WC: Oh very much so, yes. It was quite a small ship so there was no dining room or anything.

MM: They were frigates, so…

WC: Lots of cocktail parties and being polite to people.

MM: What size of ship were you serving on, then?

WC: It was a frigate.

MM: A frigate.

WC: They were like small destroyers that had been introduced at the end of the war to cope with the submarines, which they did very effectively. And after the war they were sent out to the Far East mainly. And they took the place of the pre-war cruisers. There were two cruisers, I think, and two frigates and that was the entire strength east of the Suez as far as Singapore. That was the seagoing strength. We had very little left.

MM: What sort of - leaving the social side of the navy, and what about the medical side. Did you have real problems among the men?

WC: No. They were pretty fit, on the whole. When we went to the Seychelles, we had a pretty horrific outbreak of venereal disease. When I say horrific, I mean six or seven cases but to me that was horrific. Surprisingly… after that episode I can't remember any other cases of venereal disease. It seemed to have a sanitary effect on the ship's company, the fact that there were six or seven cases all at once.

MM: The ship's company – were they largely national servicemen like yourself or were they…?

WC: There were some national servicemen, not many. They were mainly regulars. Royal Navy people. They were a splendid bunch.

MM: So they must have been sort of long serving…

WC: Some of them were, yes. A lot of them served before the war. Some of the old POs. Great characters. But yes, I had a very nice time. I think there were six bachelors among them. One of them was – had been divorced but we enjoyed ourselves.

MM: That whole naval experience. Did that alter your career ideas and what you wanted to do? Did you change in any way?

WC: I think so. I must've done. Someone told me about the permanent reserve and I thought, well, I missed the war the least I could do was perhaps join the permanent reserve because people who had done their bit at that time really felt that they'd done their bit and they didn't want to do any more. So I was very lucky to get in to the permanent reserve. I think I joined it in 1951, and never regretted it. It became almost a second career.

MM: Right. So you kept that up for a long time.

WC: I kept it up for a long time, yes. About… over 30 years.

MM: And in what – how did that figure in your life? Was that then principally a social connection, do you think?

WC: Initially it was, but the attraction I think was to get back to sea for a couple of weeks every year and experience being at sea again. Initially it was difficult because there weren't any ships around but we had a small MFV [motorised fishing vessel] and at weekends we would exercise and go across the channel and come back which was very rewarding. It was also a source of income, a very small source of income, but as a postgraduate one didn't receive any monetary reward at all, one had to keep oneself going when one was doing a postgraduate degree. Certainly in England and I think in Scotland it was different. There were funded posts or training posts here before there were in England, if I remember correctly.

MM: So when you left the navy to go back to resume your civilian career, were you still thinking of surgery at that time?

WC: Oh yes, yes. I did my attachments again at the teaching hospital up there and then I started studying for the primary. But I went to London and got very good advice from the postgraduate director there about career prospects. That was a great service they provided. A similar service was provided in Scotland, I don't know why I went to London for it. But it was pointed out that the career prospects in surgery and medicine weren't too good, pure medicine. I wasn't interested in being a physician. But I was told that if I wanted to join the health – hospital service, and I'd no desire to become a GP having had a slight exposure to it before the health service began and also after the health service, I would have to go for anaesthetics or eyes or pathology or radiology. I eventually decided to go for radiology. I think the pass rate of a primary was 5%, the primary fellowship examination. The competition was very fierce. And there were no jobs either in junior medicine and surgery. Quite rightly they were filled by the people who had been demobbed after the war.

MM: A slight digression I know, but I'm interested in the fact that from Aberdeen you went to London because –

WC: No, I didn't go to London.

MM: But for the advice, I mean. You say the service – the career advice you got in London.

WC: I think it may have been advice I'd given when I was demobbed. That this service was available in London. Yes, I'm sure that's the reason.

MM: Something I have observed for quite often is that people from Aberdeen quite often joined London colleges more than people –

WC: Oh yes, there was very much a feeling of Edinburgh really not being a part of Scotland. [Laughs] Scotland didn't really begin until you crossed the Forth. Which has a bit of historical basis to it, in fact. It was also, not a rivalry, an envy almost of the capital city. The same thing in England, the rivalry between Bristol or Birmingham or Liverpool and London. Not so much a rivalry, almost envy. They want to keep up or at least do as well as the big city.

MM: So you changed slightly in direction changing to radiology. What – could you tell us about the way in to radiology for somebody like yourself at that time?

WC: Yes. Let me think. When I decided to not go for the surgery I heard that they were running a course in Edinburgh. So I applied but I heard it was going to be at least a year until I would be accepted. But in the meantime I obtained a demonstrator's post in anatomy in Bristol University and I was able to switch that to be accepted for a postgraduate course there. So that's why I went to Bristol, to study radiology which turned out to be a good choice. There were good teachers there.

MM: Did you have your primary by this time?

WC: My family?

MM: Your primary. Your primary exam for the fellowship which you were studying for.

WC: No. No. I was going to do that from Bristol, doing the anatomy demonstrators course.

MM: So the switch to radiology was [inaudible]

WC: [inaudible] I had dry skin and I was getting rashes from… and I'd become engaged and needed to get some security and a job.

MM: Right.

WC: So I'd visited Bristol during the war, a student conference for the weekend and thought it was a lovely city. Didn't want to tackle London and have to support myself there. Bristol seemed a reasonable place. It was very pleasant; one could do locums at the weekend to subside ones income. And as you say I'd joined the permanent RNVR if one went off to sea at the weekend one got full pay and allowances for that, which wasn't much but it all helped.

MM: Now Bristol is a pretty major medical school now. What was it like at that time?

WC: Oh, very much a… growing. They had a 28 year old professor of medicine, Professor Perry, who was a ball of fire. And very active surgeons. They were very much into teaching, both undergraduates – I think they were a relatively new undergraduate school, but they were in to undergraduate teaching and postgraduate teaching, and very anxious to show how good they were at it. So one got good training in Bristol. Of course, I've no other postgraduate centre to compare it with. At that time, I had no other postgraduate centre. But looking back I should think I got a better training that I would have got in London. I don't know about Edinburgh.

MM: And comparing with Edinburgh?

WC: I think I probably – I shouldn't say this, maybe – but I think I probably got a better training in Bristol and subsequently in London than I would have got in Edinburgh.

MM: And can you venture any possible explain- why? Was it because it was younger and newer?

WC: I was very lucky in my chiefs. There was one Howard Middlemiss, who later became Sir Howard Middlemiss, who was in charge of training at Bristol and he was a very dynamic personality. Then I was fortunate enough that I was under Sir Harold Graham-Hodgson who was quite an exceedingly experienced radiologist in London who taught me a lot. I also learned a lot of medicine that I hadn't known before from the various postgraduate courses that were being run. And we didn't pay for these courses, they were voluntary. You could join in the pathology course… Yes, pathology in particular.

MM: And were these courses in Bristol?

WC: They were being run by registrars training junior registrars, senior registrars training junior registrars in pathology. They ran a series of lectures and one could go along at lunchtime and take part.

MM: Was there a particular direction of all this? Some particular person who was inspiring all this activity in Bristol or was it just a sort of communal feeling that…

WC: I think it was a common feeling. Especially as that developed, for example the urologists were starting weekly sessions where they met with radiologists. Even general practitioners came in and discussed cases. It was all over. There was a great enthusiasm and a great feeling that people wanted to learn. It may be that the people who trained before the war were trying to, or were catching up with the knowledge that they'd missed out on during the war. But everybody seemed to be anxious to learn more. This was even more apparent later on when I came up to Edinburgh. Quite honestly when I came up here I didn't have too much to do. But everybody was running what they called grad rounds and I found myself attending this grad round, that grad round on a regular basis. The paediatric one was on a Monday, I think there were neurosurgical, neurology ones on the Wednesday, gastrointestinal one on Thursday… urology ones. It was all go. In the evenings, you remember the journal clubs? You probably went to the paediatric journal club. I tried to go to the gastrointestinal, the paediatric, the rheumatic one… but everyone was keen to learn.

MM: Going back to your time to Bristol again. Bristol – what was the population like there? Was it a population that was comparable to Aberdeen, or was it like a major city like Glasgow or was it - did it have a character of its own, do you think, Bristol?

WC: I should think it's somewhere between Edinburgh and Aberdeen. Not nearly as big as Glasgow or Birmingham. And very much a sense of its own place in the history of England. It was a lovely place in the fifties. It's not such a pleasant place now. There was a great feeling that one - the medical school in Bristol had to do as well as, if not better than their rivals, their opposite numbers in London. Particularly perhaps in paediatrics where people like Beryl Corner and John Apley and [Albert Victor] Neale, the professor, were absolutely balls of fire. Teaching all the time. Teaching untiringly. I learned a lot from them. A lot of, not paediatrics, but a lot of medicine I didn't know about otherwise.

MM: What sort of posts did you have officially while you were in –

WC: Postgraduate student.

MM: Right.

WC: I'd got a grant to pay the fees but one subs – one paid one's own way.

MM: So how long were you a postgraduate student of that kind?

WC: I think… it would've been a year, eighteen months perhaps. One had to support oneself entirely in that way. Then I got a registrars post after I passed some diploma, a local diploma.

MM: Was that – that was a local diploma?

WC: That was a local diploma. There was also an examination in London.

MM: Right.

WC: But I remember during the summer I had a very pleasant three months. I joined the merchant navy and did some studying. I had a great trip down the south coast – the coast of South America. I think my predecessor was Richard Wroughton, you know the...

MM: Yes, I do.

WC: Similar sort of experiences.

MM: Right. And were you married by this time?

WC: No, no.

MM: Not yet. So then you became a registrar in Bristol.

WC: In Bristol, yes.

MM: And how long did you stay in Bristol?

WC: I stayed… I think… just over another year, eighteen months. Not very long. I applied for a senior registrar post in London.

MM: In London. So where did you go in London?

WC: I was at the Middlesex hospital.

MM: Middlesex.

WC: That was a splendid hospital. Great family atmosphere. Charming people. And again very keen to teach.

MM: Right.

WC: And it was quite a change coming from – London in the fifties was a wonderful place. The South Bank had opened up, Elizabeth was on the throne. It was quite a shock coming from that hospital up to the old poor house here in the Western. For a time I'd wondered what I'd done. [Laughs] In London, things were very relaxed. I remember we would break off about midday. The consultants came in from Harley Street at about half past ten, eleven. And they'd break off about 12 so we'd knock off shortly afterwards. We'd go to the mess for lunch. There was very much a mess atmosphere. And the governors laid on beer for anyone who wanted it, or lager. I think in the board room the consultants had wine all provided by the Board of Governors. I think Lord Aston found – provided the money for it. Then we could watch the – television had just come on the scene, there was a television in the mess, we would call it the mess. We could watch the test match. Then invariably everyone was back by two p.m. But quite different from what happens nowadays. But then coming up to Edinburgh where the wards were very much still the poor house. I remember looking at the cracked lino and you remember the lower corridor in the old Western. The cracking, worn lino. The wind blowing through the corridors.

MM: What about the contrast between Aberdeen and Dougal Baird and the social consciousness there, and the atmosphere in London? Was there – did that strike you at all as being remarkable? I mean, you did have a – at the Middlesex there was quite a strong Harley Street influence, was there not?

WC: Very much so. Yes. I don't think I thought about it, quite honestly. I wasn't aware of seeing – I wasn't working in a deprived community in the West End of London. I think if I'd gone, as my sister did, to work down in the East End, in Shadwell, I'd have seen depravation there. But I wasn't aware of any poverty in London at all.

MM: But in Aberdeen there would not be this body of consultants comparable to the Harley Street…

WC: No.

MM: Because the measure of success in the Middlesex possibly, I'd imagine, might have been success in private practice.

WC: I don't think so.

MM: No?

WC: I think it was the other way round. You made your reputation and then on the strength of your reputation you saw private patients and admitted them to the private wing. No, I don't think it was Harley Street that made the consultants. It was the other way round.

MM: So how long were you in London, then?

WC: … three or four years?

MM: Right.

WC: Yes. No, barely three years. And then I… I decided I would like to go back to Bristol or possibly Edinburgh, because my parents lived up in the north east of Scotland and by then I was married and my wife's parents lived in Newcastle. And a post came up here which I applied for and, slightly to my surprise, I got it. I couldn't understand why none of the locals had applied for the post at the time. I was suspicious about it.

MM: So, it was quite a short postgraduate period before you became established.

WC: Yes, very much so.

MM: Looking back on your London experience then, do you see that as having a particular contribution to your training and… what did you get from London, do you think?

WC: I think in London I learned how to, for the first time, how to study and how to learn about medicine rather than learning from the books. We had a group of senior registrars who met every Wednesday in a pub, the origins of a visiting club. But we'd all bring along interesting cases and discuss it, and discuss the cases, no holds barred. It's a very good way of learning a speciality, especially a developing, growing specialty. Interventional – not interventional, but invasive radiology was just beginning.

MM: That was what I was going to ask you about. What was happening to imaging, as it were, during your training period?

WC: We were, literally, we were still in the dark. Everything was done in the dark or blind. The first angiograms were being done with a direct puncture of the aorta through the back with needles about [gestures] this length. Great big things. Very risky procedures. But the Seldinger technique had just been published in Scandinavia and I knew about it. I hadn't seen – I think I had seen one procedure carried out, this was the retrograde catheterisation of arteries, when I left London and came up here.

MM: Radiology was quite an expensive field to equip, wasn't it? I mean did you have the feeling at that time in the early days of the health service in London that that there were any constraints on what you could do because of finance?

WC: Well, certainly this was true in England. But in Scotland the Department of Health had an allocation specifically for radiology and as a result the hospitals in Scotland were better equipped than the English hospitals. Certainly the teaching hospitals.

MM: Even the Middlesex?

WC: Oh, yes. The Middlesex had been well equipped before the war, largely by private donations. But no, I think there were other – there were too many other competing interests and no specific fund was set aside for radiological equipment, so it was all pretty old fashioned stuff. And of course there was - I remember being amazed at the standard of the radiography when I came up here to the Western because I'd never seen such crisp, clear x-rays in my life. Looking back, I realise this was entirely due to – do you remember [David] Hunter Cummack? He could run an x-ray department in the desert and he knew how important it was to have the chemicals clean. And Hunter would come in every Saturday morning about eight and roll his sleeves up and change all the chemicals in the x-ray department which impressed me tremendously. He was very keen on this but goodness, it showed. Beautiful quality x-rays. You may not remember that. Maybe you do. They were good quality compared with let's say other hospitals in the Lothian region. And this was entirely Hunter's

doing. He was very much a [inaudible] man and he left the other new developments to me which I appreciated.

MM: Right, so after that time you came to the Western General so we get back in to talking about culture shocks again. Coming back into the Western. That must have been a bit of a shock. I think you've already indicated it was.

WC: Yes. [Laughs] It was. The climate was not the climate that we have now. There were bleak, cold – it was a very bleak, cold winter. I think the houseman had just set fire to the residency, isn't that right?

MM: Oh, yes.

WC: And the superintendent moved out of his house to – so that it would become available for the residents. And there was a boy scouts' hut, a wooden hut which served meals and if I remember rightly we had to buy tickets and a bowl of soup cost thruppence or fourpence. It was based on the old British restaurants I realise.

MM: I've forgotten the name of that medical superintendent.

WC: The medical…?

MM: Superintendent. What was his name?

WC: Sandy Donald. Oh, what a great character he was.

MM: I knew he was – I remembered he was something of a character, personality at that time.

WC: Well you see, the Western was full of dynamic people. Dynamic surgeons, dynamic physicians. Most of them had come up from - the physicians certainly had been imported by Professor Davidson. Stanley Davidson. They had all served in the army and they brooked no interference from people who tried to interfere with what they wanted to do, they knew what they wanted to achieve. And they set about it. People like John Forfar. And the surgeons, again led by people like John Bruce who had been brigadiers during the war, again they knew exactly what they wanted and I didn't realise it at the time but just about the week before I arrived they'd apparently declared a unilateral declaration of independence from the professorial department of surgery at the university and the royal. So things were moving very much.

To go back to Sandy Donald, what a wonderful character he was. He'd also been in a senior post in the army during the war and he knew exactly how to deal with medical officers or doctors or surgeons who wanted this and wanted that. He could read between the lines, as it were. And he was very fortunate in having a superb matron, Estelle Adamson. And literally Sandy Donald and the matron and the treasurer, secretary treasurer, ran the hospital and the other old municipal hospitals very efficiently indeed. Very effectively.

MM: Estelle Anderson. She came from the south too, didn't she?

WC: She was brought up from St Thomas'. She brought with her some excellent staff nurses who became her sisters. So it was almost a colonial – not quite. A colonial implant in fact in Edinburgh. It was one of those rare times where Edinburgh opened its medical… establishment to the outside. Am I right in saying that?

MM: Yes. [Laughs] I think so.

WC: And I think Edinburg benefitted from this influx, this new blood that came up.

MM: Do you remember… I'd love to know what was said to you about the Western to you in your interview when they were telling you about this post. I mean, did they sketch out for you any sort of concept of what the future of the Western was to be?

WC: Yes. Could I start please within a month, because the hospital was to be rebuilt and completed within two years and the medical superintendent were off to Scandinavia to see the latest hospital designs so that they could be applied to the Western. And in fact I did manage to come up within the month to start and they did go across to Scandinavia but it didn't happen of course. It took more like 16 years for the first phase of the new hospital to be built. Great excitement though at the time.

MM: What year would it be when you came?

WC: 1956.

MM: 1956. Right.

WC: And of course at that time, as you know you were the expert on this, there was no set method of establishing a consultant post. I think I merely got this job because Professor [Robert] McWhirter had moved a whole unit across to the Western from the Royal Infirmary and he was entitled to the establishment of so many nurses and so many registrars and a pathologist, or the services of a pathologist and a radiologist, and that's how I managed to get a job up here. I think the Knox report which laid the basis for consultant establishments didn't come out for another couple of years. Am I right?

MM: Yeah, it wasn't out in the fifties, no.

WC: There was no means of – there was no set method of setting up a medical establishment in a hospital at that time.

MM: Slightly later, certainly at the Western, the idea was floating around that the Western would develop in another different way from the Royal Infirmary. Having specialists, things like the transplant unit and radiotherapy and so on. Was that idea floated to you at the beginning?

WC: Very much so. The Western was going to be the Hammersmith of Scotland. And the Royal Infirmary was going to be the undergraduate teaching hospital. But it didn't quite happen. I think gastroenterology was one of the first postgraduate courses that was developed at the Royal Infirmary and then cardiology of course. I'm perhaps not in a very good position to speak about that. I don't know enough about it but that's certainly what was the intention. The Western would be the postgraduate centre.

MM: I find that whole concept really quite fascinating because I knew of it too and I knew that it faded and just disappeared.

WC: It disappeared. Yes.

MM: But I was never aware of why it was disappearing.

WC: Well, I think there as a lot of apprehension on the other side of Princes Street about what was happening and the reputation of the Royal had to be upheld. And then I think gradually the consultants of the Royal Infirmary, as elsewhere, changed from being general physicians to specialist physicians. Am I right?

MM: Yes, I think so. Could we stop? Let's stop for tea.

[Interview recommences]

MM: Could we go back now to the time when you arrived at the Western... How did you find the tasks that you had to take on at that time? What was facing you as a new consultant joining this hospital?

WC: Well… the first thing I'd like to say is that the welcome I was given by the staff there was remarkable. I had come from a hospital where there was very much a family atmosphere. You sort of belonged to the hospital. And exactly the same thing was the case at the Western. You felt you'd joined a group of people who were all working together and they were, they were all of the same aim of mind as to bring the hospital – to drag the hospital up by its boots. I suppose that's what was happening. With regard to what I had to do, I think I explained how the post came around and there really wasn't too much for me to do at the Western. There were only two x-ray rooms and Professor McWhirter had one x-ray room down in radiotherapy, but the radiotherapists didn't want a diagnostic radiologist. I was quite superfluous so I had quite a lot of spare time and as I say, I used to attend the various grad rounds. Across at the Northern ,where I worked also, was quite a different set-up and looking back now it's extraordinary to think that there was one radiographer and one x-ray room and she serviced, if I could use the word, three? Four university academic units. There was the neurology unit, Professor Crofton's chest unit which was – ran enormous clinics, the rheumatic unit and there was another unit… I think there was an orthopaedic unit as well. She did a tremendous job there when one thinks about it. Tremendously cost effective, isn't it? But there was a lot going on there and I was able to get started with invasive radiology, carotid angiography and [inaudible] in that room when it was available. Most of the good work incidentally was done on a Saturday morning. Not just at the Northern General Hospital but also at the Western. Special cases you know, difficult ones, would brought in on a Saturday to be examined. And of course any friends might – friends of the consultants who wanted to be x-rayed would have their examinations. Saturday mornings were a very busy time in the hospital. I don't know about paediatrics but Saturday morning would start off with, not every week, but with the audit meeting of the surgeons at the Royal Infirmary which started at eight if I remember rightly and finished at ten on the dot. Very efficient. And then the various consultants dispersed to wards. There were no patients around, no clinics being held on Saturday mornings so it was a time to catch up with work. I don't think anyone works on a Saturday now, do they? Just some of the senior staff? Well as I say I didn't have too much to do to begin with at the Western and the hospital wasn't rebuilt in two years but we got an extension of the rooms to four rooms and then we got one new department and a prefabricated building in about the sixties I think and started doing angiocardiography, aortography. All sorts of new techniques were coming in. Every few months something new was being devised and being written up and being practiced. I don't think we'd be able to do things like that nowadays, some of these invasive procedures.

MM: Why?

WC: Well, no patient consent form. High risk in some procedures. They must have been very unpleasant because there weren't general – there weren't any sufficient anaesthetists to provide general anaesthesia but they were carried out, nevertheless. There wasn't the proper equipment to carry it out, either. The equipment was homemade, made up in the garage at home, modified by the medical physics workshop.

MM: When you were building all these things did you have the opportunity to go elsewhere and see what was happening, say in Denmark or Sweden…

WC: Oh yes. Yes… Oddly enough, I went to Sweden twice and spent a fair bit of time in the hospitals but by courtesy of the navy. I'd join a NATO exercise and we'd finish up somewhere like Stockholm. It was an opportunity to visit the Sahlgrenska Hospital and see how things were done there. But I did go across to Sweden once on leave from the hospital and I think yes, the local x-ray firms were very good at financing this sort of thing. They wanted to sell the equipment, of course. Specialist equipment. I didn't go to the States.

MM: Did you feel that we were keeping up in radiography – in your field – with the best places in Europe, do you think?

WC: Oh, yes. At that time, yes. No doubt about that. Perhaps Sweden was ahead of us. But that was the only country. And that was in neuroradiology, they were ahead of us. And then I think America got ahead in cardiology, didn't they? I remember the first paediatric angiograms we did and I don't think we were too popular for carrying them out were we? What was it, the chap who went to Newcastle? I can't remember.

MM: [inaudible]

WC: But it was pretty risky stuff we were doing, I think and… not many of the angiograms were very… conclusive, let's put it that way. The obvious things were – things like that could've been diagnosed clinically, anyway. But I suppose those things had to be done otherwise medicine wouldn't have gone forwards, or certainly radiography wouldn't have moved forwards.

MM: But the types of equipment and so on have certainly blossomed since then.

WC: Well… as I say, there was no money for equipment. For specialised equipment. You had to justify – you had to justify a request for specialised equipment and in order to justify it you had to perform a certain number of the examinations per month. If you didn't have the equipment, how could you do it? So you, as I say, you went to the garage and made the equipment at home. Angiograms were carried out with gadgets made with hardboard and bed springs and you pushed the cassettes up in to place manually and very soon they'd be replaced by something more sophisticated from the hospital workshop, who were very helpful. And then when sufficient cases were being done, the health service would supply the correct equipment. I think we were creating a demand for it. I think we were all busy building up our own specialities.

MM: Right. And then when the divisions came up, there was always that divisional carve-up of…

WC: Oh, yes. [inaudible] At the Western, we always lost out to Princes Street, to the Royal Infirmary which was a much bigger department anyway. But of course when phase one was built we found ourselves equipped with a department almost too large, in fact. I think it had 21 rooms but we only equipped eight or nine of them to begin with. But even so, it was a big step forward.

MM: You were establishing the Western but you then also established a connection with the College of Surgeons, didn't you? Somehow. You became a fellow of the College.

WC: Oh yes. I think Professor Bruce Dick of Glasgow wanted to set up a collection of x-ray material for surgeons in training and I was asked if I could help with this. I did that and after a year or two work at this I was quite honoured to be made a fellow. And in fact the material was being used widely, it was being used in textbooks and atlases and I thought it had all become old hat but I heard

the other day it's being resuscitated and put on the internet as a basis of a source of material to be used on the internet by surgeons in training round the world. That's good news, I'm glad it's being continued and will be added to.

MM: You had – did you have a more general interest in the museum, the Surgeons' Hall?

WC: Yes, I suppose I did. That's where the interest started. It's a fascinating place. It compares… well, I mustn't make comparisons between the two colleges. I certainly enjoyed my association with the College of Surgeons.

MM: Looking back on the – again, going back to the Western… I'm just about to ask you a little bit more about this idea of the postgraduate centre fading away. Do you think that was to be regretted or do you think what's happened was the inevitable?

WC: I think it was inevitable. Specialisation was – occurred in medicine and in surgery all over the country, all over the world, in fact. In fact, there are very few generalists now in the cities, where there are teaching hospitals. And my own speciality, likewise the generalists disappeared just about the time I was retiring. Everyone seems to be a specialist nowadays.

MM: Even within radiology?

WC: In radiology, yes.

MM: What were the divisions within radiology?

WC: Well… first of all, nuclear medicine came along. Do you remember the radioisotope scanning? And people specialised in that. In fact, physicians came in to radiology and developed this speciality within radiology. And then ultrasound came along. And then there was interventional radiology where we were not only displaying organs but perhaps treating the… the lesion. Started off treating carcinoma of the kidney and since then it's gone – treating bleeding ulcers with alcohol. Then of course since my time it's gone on to ablation of tumours in the liver. Ultrasound of course was another great breakthrough where biopsies – not biopsies, what were they called… aspiration cytology studies could be carried out by removing a sample under ultrasound control. That was another big step forward. So in fact there was an explosion of new diagnostic techniques in the late sixties, early seventies and I'm not surprised that people had to specialise and become expert. It was better for the patient that they are dealt with by people who really know what they're doing.

MM: It's difficult to see how that's compatible though without having a general service across the country in all the hospitals.

WC: Yes, I quite agree. But isn't this happening in all the specialities? It's difficult to get someone with sufficient knowledge and experience to cover the whole range of their own speciality. I know the surgeons are in trouble with this, aren't they? For providing an emergency service.

MM: Perhaps to a lesser extent the physicians but then again it becomes very difficult for a smaller hospital like say one in Dunfermline or -

WC: Extremely.

MM: Or Perth or any of the kind… You can't staff every hospital with an expert in every field.

WC: And of course the nursing facility isn't what it was, is it?

MM: Well, what do you have in mind about that?

WC: Well, the nurses I remember – I have to be very careful about what I'm saying, this is being recorded, but we don't have the same sort of nurses that we had when the health service began, the people who devoted their careers to it. It's no reflection on present day nurses, it's just that the times have changed, society's changed. We're living in a different world now from the world we lived in when the health service began.

MM: Do you think the health service is… to put it basically do you think it's got a future in its present form? What do you think's going to happen to it?

WC: I don't know. The primary care service is very good indeed now, better than it was. I'm speaking as an old age pensioner I suppose. We get excellent care from our primary care service, from our GP. I don't know… We've certainly had good service from the surgical side but touch wood we haven't experienced any medical emergencies in the family. But I think the health service is in pretty good shape. We get bad press, don't we? Very bad press. My own experience is that we've had good treatment from the hospital service.

MM: Looking back on your career, the whole thing… do you think it was a good choice at the beginning for you? Medicine?

WC: Oh, without a doubt. Yes. I thoroughly enjoyed being a doctor.

MM: What of these things – which would be the highlight, do you think, of your career and the thing that…

WC: … There's one particular moment I remember which was the first time we ever saw a pancreas. This was when ultrasound came on the scene and we'd heard that people could demonstrate and see the pancreas. We could never find it, week after week and couldn't understand why. I remember going to London to Lowood – Northwood Park?

MM: Northwood Park.

WC: To see the radiologist there who published papers on demonstrating the pancreas. And I realised he was dealing with terribly skinny Asians who – immigrants in the country, the community he was dealing with and we were dealing with fat, round people here. Not much wonder one could never see the pancreas. So when we became selective, we were able to display the pancreas and I've never forgotten the first day we managed to show an image of a pancreas. Quite unlike what we had learned about in anatomy books and to my astonishment it didn't look like an elongated newt, it looked more like a horseshoe. But then subsequently we were able to display and demonstrate disease.

Radiology seemed to change from about the seventies from a method of diagnosis to a method of display and demonstration. Perhaps I'm wrong in this but it's certainly my impression. When I started in radiology I think about 80 per cent of the cases that we x-rayed had pathology. I'm talking more about gastrointestinal examinations. By the time I'd left I would think about 96 per cent of what we were showing was normality and displaying it beautifully. Have you had the same observation, too?

MM: Yeah. I hadn't quite sort of crystallised the thought like that but yes, I think that is true.

WC: It's a tremendous emphasis now on displaying and demonstration. And a lot of money is being spent on it, too.

MM: Just summing up the thing, are you – you obviously have found that having an interest, in your case the naval reserve, outside your profession was a good thing?

WC: Oh yes.

MM: You were very glad that you had joined the navy?

WC: Oh, very much so. Yes. I wouldn't have missed that for anything. Perhaps I might have published more and written more if I hadn't had these other… activities.

MM: There's another part of medical life now that is quite new since the National Health Service, that is that we tend to retire which people didn't do before 1948 when they often stayed on until they died. What have you done in your retirement? Have you turned your back on medicine or did you – have you maintained an interest?

WC: No, no. When I retired having suffered myself from recurrent backache I spent quite a lot of time helping the local back pain association. This is a self-help group of people who not only are looking to help themselves and help their own condition but to educate industry and the government about the causes of backache, how it can be avoided and so on and I must say I learned more about painful backs after I retired than I ever knew when I was carrying out rounds and x-raying people front, backwards, sideways, bending over. I had quite a revelation to how much I learned from people in that society that includes chiropractitioners and osteopaths and people who promote yoga, Alexander technique. Yes, I helped with that and learned a lot from it, too. Other medical things… No, I think I still enjoy looking up PubMed on the internet but no, I've enjoyed my retirement. I retired early but I'm not sorry.

MM: Dr Copland, thank you very much.