

The Royal College of Physicians and Oxford Brookes University
Medical Sciences Video Archive MSVA 020

**Dame Sheila Sherlock in interview with Sir Gordon Wolstenholme
Oxford, 19 March 1987**

GW Sheila, I think it would have to be a pretty obtuse member of our profession in our country if you were to go to him and say the word liver, if he didn't immediately associate it with the name Sherlock. And you have achieved, not only in this country but of course in many countries abroad, a really tremendous reputation, and you have honorary fellowships and memberships, degrees and so on in many countries. I am interested in the origins of all this, and you started by some strange chance in the same town I think as William Harvey. Whether that had anything to do with it, I doubt, but it's an interesting coincidence.

SS I was at school at the Folkestone County School for Girls, which was obviously in Folkestone where William Harvey was born, and a school for which I am very grateful. It's now lost its sixth form, alas, but it was an excellent school set in beautiful grounds, which gave facilities for everything. So it was a good school.

GW It must have been good. You went from there to Edinburgh?

SS I went from there to Edinburgh.

GW And I mean, you had already prepared to go into a medical school.

SS Yes.

GW And the school was good enough?

SS Ah not really. For instance it didn't provide zoology, it only provided botany. So that meant that I had A levels which didn't include biology, which when I went to Edinburgh meant that I had to repeat the first year. It was a bit of an advantage because I knew it all, I had done it all before. And it gave me a push. I was lucky. But as a school, it didn't provide a good science sixth form.

GW Still you feel grateful to it and it made a lot of difference.

SS Extremely, extremely grateful.

GW And then in Edinburgh you really must have been remarkably successful because you got various scholarships, the Ettles scholarship was it called? You qualified with the highest possible honours and then, if I remember rightly, your first job was with Sir James Learmonth.

SS It was with Sir James Learmonth, and the reason for that was that women couldn't become house officers in Edinburgh at that time, the explanation being that there was no proper live in quarters for them. So I was offered a job as an HP in a

peripheral hospital, and as I had been the Ettles scholar, Sir James Learmonth said to me, 'Sheila, you are not going out to that place.' He said, 'Your first job is going to be as an assistant lecturer in surgery.' So I started off really in what you might call an academic path right away. And if you look at my training it wouldn't pass anything today in that my junior house jobs, resident [jobs] consisted of one HP job at the Hammersmith, and perhaps a RMO at Hammersmith for about a year, that's it.

GW That house job was with John McMichael.

SS The house job was with John McMichael because Sir James Learmonth, who'd been very kind to me, came from the small town in Scotland where Sir John McMichael came from. One had been a schoolmaster's son and the other had been a bank manager's son, something like this. So they knew one another well. So Sir James Learmonth sold me to Sir John McMichael and said 'Give her a job as a house physician.'

GW I think it was '42 when you came to the Hammersmith and the following year you got your membership, so you were really making your mark already.

SS Yes. Well it was perhaps a bit easier to get it quickly then.

GW It used to be said so. Well, it was so in those days, I suppose, but never easy. In joining John McMichael and then staying in the Postgraduate [Medical School] – well, for a very very many years wasn't it? Well, certainly up to '59.

SS I had a break in that I went down to the Hammersmith as a house physician and started on liver biopsies, which Sir John McMichael had in fact pioneered and he sort of passed it over to me to do, and then I left at the end of six months and went back to Edinburgh as a registrar. That was quite a jump to a registrar with Ray Gilchrist and after I had been there five months as a registrar, Sir John McMichael had got a grant from the MRC to study hepatitis and he sent me a telegram and said, 'Come back to London.' So I came back immediately.

GW I didn't know that little sort of sideline.

SS And then I stayed in the Hammersmith, as you quite rightly say, for a number of years, with a break at Yale.

GW Yes, that's an interesting one. You worked then I think with Hugh Long, an old friend of mine.

SS C N H Long, a Manchester graduate.

GW Yes.

SS A wonderful man, yes.

GW Tremendously stimulating and lively. So it was really John McMichael who started you on the problems of the liver.

SS It's true.

GW And he had actually done some biopsies before you?

SS Oh yes of course. Sir John McMichael wrote his MD thesis on (?) syndrome, and he had done a lot of work on portal hypertension, excellent pioneer papers on portal hypertension, so he has always been interested in the liver. In fact, he was interested in the liver before he was interested in the heart, really.

GW I can remember going in as a patient into the Hammersmith around '52 perhaps and somebody saying to me, 'Don't let Sheila stick a needle into your liver.' That was with glandular fever, and you were trying some drug and you might well have sunk a needle in, but anyhow. This became obviously a matter in which you yourself were pioneering in a very big way.

SS I had a bit of luck.

GW Well, you make your luck I suppose. This was initially with infectious hepatitis.

SS You see at that time in the forties, in the war, hepatitis became a really big problem and now the tools were there really to study it, in that the epidemiologists were much better, the virologists were better, the liver biopsy had come along, so it became possible to study viral hepatitis, as it now is, in much more detail. And you had these huge epidemics. The yellow fever vaccine, a hundred thousand American soldiers received a vaccine made up in human plasma and they all went down. The big epidemics in the Middle East studied by J D S Cameron and others.

GW Yes.

SS The fact that all the soldiers with venereal disease were going to Harrow Road, the venereal disease centre, and they started having their injections of arsenic and then about the end of the first course – a four week course – at six weeks they all went down with hepatitis. And then that turned out to be the syringes being improperly sterilised. There was this huge epidemic. So we were able to study these various types. I think the first important paper that the biopsy in this country which was Dible, McMichael and Sherlock. Henry Dible, being a professor of pathology, described arsenotherapy and serum jaundice and infectious hepatitis as the titles, arsenotherapy jaundice, you see.

GW I know you worked on drug induced jaundice, this was essentially started with this kind of...

SS No, no. We soon knew that it wasn't anything to do with the drug.

GW No. That was a big problem in the Middle East of course with the blood transfusion work and so on, and we really became quite terrified.

SS I'm sure you did.

GW Omission of people who had declared that they had had the disease, were all excluded of course from giving blood, but it was still a great anxiety. And I can remember vaccinating countless soldiers for yellow fever, and looking back I must say I have no idea what happened to them. Perhaps it is better that I don't know. Well, from that work on the infectious hepatitis, what happened next?

SS Well, then I got interested in the fact that we had these small specimens of liver to study. I became interested in carbohydrate metabolism in the liver, and the liver in diabetes, and the liver in obesity, and that led to me going to C M H Long to get a bit of basic training, and I spent about a year at Yale. And again, I have the warmest regards for Yale. I have an honorary doctorate from Yale, actually. But it really was marvellous. It was just at the end of the war. They had so many things that we hadn't seen for years and years and years. The Americans were so warm and friendly that it has made me very pro-American. It was a Rockefeller fellowship; there aren't Rockefeller fellowships for young scientists anymore. But I always say that Rockefeller money spent on me was well spent for America.

GW Yes, I think that is still the case and interviewing other people in this series, the amount that America has influenced and in some cases really created their careers.

SS That's right.

GW It's rather depressing in a way that we can't get the same stimulation here, but you certainly have provided the stimulation to others. I mean from you, and then when you moved to the Royal Free and so on, it really never ceased to be a centre for gastroenterology in general but especially for liver studies of all kinds. What to you has been the most satisfying of all this research? I mean there have been all the ammonia studies and the encephalopathies and all that sort of thing.

SS Ah yes. That I did when I got back from the States, with the late Bill Summerskill and Laurie White. And of course that really was important in that it was a complete change from the work in the war of Himsworth and Glynn, that you ought to stuff patients with cirrhosis full of protein. And here we were, coming along and saying well the proteins all well and good, but if they they'd got really bad liver disease then the protein is going to poison their brains, and worked out the mechanism of portal systemic encephalopathy, which indeed was a title that we coined. I think that was very interesting. I think that every thing that I have done has been interesting. You know you mentioned the liver, almost every aspect I have had a dabble. And, I think, after the coma business when we went back to hepatitis again, to work out the mechanisms of chronicity in hepatitis B. And all this of course was started by Barry Bloomberg in '67, finding the Australia antigen, the surface antigen of hepatitis B. Once that broke this opened up a tremendous progress in the molecular biology of hepatitis B, and I think that has been fascinating. That's kept me interested.

GW Well, there have always continued to be problems.

SS Yes, but again it's turning to a much more basic level. I mean I am interested in the drug reactions in the liver, and I have gone back to thinking what the bile ducts are doing. I think the work I did with Deborah Doniach and Geoff Walker on the mitochondrial antibody for PBC, that was Deborah's idea, but it was certainly a major breakthrough for diagnosis, and that opened up all the various autoantibody tests and that was very interesting.

GW In doing all this, you were editor, rather author of your book on diseases of the liver and biliary system¹ and so on. It's gone to seven editions now – that must have been a task in itself.

SS I'm preparing an eighth, you know.

GW You never stop I suppose.

SS No. I think it is another thing that keeps one abreast. It is a single author book so you are responsible for it totally, and that means you can get it out much quicker than if you are waiting for somebody to send the last chapter in of a multi-author book. And it is sufficiently small and up to date that it is popular.

GW You're still finding it necessary and pleasant to radically re-write it.

SS Rather. Great fun and the other big books really don't compete. But if you see a case in the ward or if you are going up for your board exams and you want to look up something new and recent you go to me probably. Then if you want more depth then you might well go to a bigger tome. So they all fit together.

GW There were two other writing ventures of yours which interest me. One which I hadn't remembered is that you had joined with Rodney Smith in doing a book on the surgery of the gall bladder in the biliary system.

GW Now, that went to three editions, two or three editions and that was quite fun.

GW I can imagine that was very stimulating and exciting, but rather unusual for such a co-operation, especially these days.

SS No, no we worked quite well together, very well together in fact.

GW And then you were editor of GUT, for a good many years.

SS Did five years on GUT and I am now editor of another one.

GW What is that?

¹ Sherlock, S *Diseases of the Liver and Biliary System*, 1955, 8th edition 1989.

SS That's the Journal of Hepatology, which is the mouthpiece of the European Association for the Study of the Liver. This is really doing very well. We have been running that from the Royal Free, the editorial offices and I am the chief editor, that's great fun too. Getting a lot of good papers, I am very pleased.

GW That's an interesting point there. This work which you did in this country and so on. You have already mentioned your American influences, but a notable characteristic really of your work, I think, has been its international contacts. You have been very much a leader in starting international contact. Did you not start the International Society for the Study of the Liver?

SS We did. Oh yes. In 1950 or something like that. Hans Popper, the great Hans Popper, and (?) and I were on a bus at a conference in Padua and we said, 'There is no society for the liver.' There wasn't, so we said, 'Let's found an international association for the study of the liver', which we did and which was inaugurated in Washington, in 1958 I think it was inaugurated. I was the first president and the story is always told that I was first president because I was the only one who had two livers: I was expecting a baby at the time. Anyway that society has done very well. Of course, since it was founded there have been societies for the liver in almost every country: the American founded, the European, the Asian Pacific, the British, now the Association for the Study of the Liver. So there is not so much need for the international as there used to be, but my goodness it was a pioneer when it started and it brought everybody together who were interested in the liver.

GW And it really does raise to a common level, a higher level, doesn't it, the work that is done. I mean I have been very impressed in Europe where a society of your kind has been developed, that the weaker brethren – I don't mean weaker in intellect or anything but with inadequate background, infrastructure and so on – very quickly learn how to catch up.

SS This was particularly so with the European, I may say, the European Association for the Study of the Liver. And there were various rules for that, which were very helpful. Number one was that nobody on the governing board should be over the age of forty. They soon made it forty five, but never mind, and they change every two or three years, so that kept out all the Herr Professors of Europe. The second rule they made was, this is a European society, you can present your paper in any language you please (European), but it won't be translated. So, rapidly everybody gave their papers in English and within two or three years there wasn't a paper in any other language. So that was a good beginning and the other thing was, of course, the standard of the slides. To start with they were absolutely frightful and soon everybody learnt how to make simple effective slides.

GW Yes. I think this is a very great service for people who are fortunate to have good infrastructure and so on, to spread the word and of course the quality of presentation, I mean the style of presentation, very rapidly comes to some common higher level doesn't it. Of all the work that you have done and so on, has the teaching been always of very great importance to you?

SS Oh yes.

GW I mean, I have always imagined this. There have been rumours and stories of your arrival at the Royal Free and straightening things up pretty thoroughly.

SS Well, the Royal Free needed to be shaken at that time. Of course, it is a particular pleasure to me to see how the Royal Free has come on, and I think that the best thing that happened in the Royal Free was we were actually in the finals of the Hospitals Rugby Cup. Now you would never believe that you see, would you, when I went there? And from changing from being almost a cottage hospital to what it is now, I think this is most remarkable and the quality of the students and type of students and everything else. Yes, I like teaching and I like all types of teaching, whether it's lecturing, or bedside teaching or whatever, or seminars and so on.

GW I seem to remember a story about your insistence on attendance at post mortems.

SS Yes, well that I inherited from John McMichael. That was the Edinburgh tradition that you should always go everyday to the autopsy room. Of course, now there aren't that number of autopsies, which is a pity, because it means that clinicians can get away with an awful lot. They say my tests show that it was definitely so and so, so we don't need an autopsy. Well they might have a big shock if they had one.

GW It was a wonderful feedback system wasn't it? It is much less attended.

SS Much less

GW Do students actually have to attend a number?

SS Oh yes, and they often find it difficult finding enough.

GW The Royal Free, of course, by the time you went in '59 had already ceased to be a ladies place. There was period when they had about dozen males, I think.

SS But by the time I got there they were up to about thirty per cent male and now they have fifty per cent or over male. So we are really much the same as most medical schools now in this country.

GW Yes.

SS In terms of the sex ratio.

GW I imagine that your sex has never been a handicap to you in your medical career, has it?

SS Not really. Feminists would like to say it has, you know, but I really don't think so. I can think of a few things that I would like to have been but wasn't, I think because of my sex. But I think its been in some ways an advantage, you know. You say, if you are going to give somebody an honorary degree, you say well you have got to have a bishop, a Jew, a lady, a black man.

GW And a disabled.

SS That's right, and there are not that number of women perhaps to choose. So you know...

GW A little advantage.

SS A little advantage.

GW Still it is true that in some walks of life, especially in the government of medicine and medical politics and so on, women have not yet played their full role. Not I hope an indelicate remark, but you ran for presidency of the college and you came close to election. Do you think that was in any sense still a discrimination?

SS Probably.

GW I think there is still a slight...

SS I am not worried that I didn't get it because I think that I had more interesting things to do. I think that it is a disgrace that a club like the Athenaeum doesn't let women in. My husband is a member of the Athenaeum. He attended the meeting when they thought of ladies being admitted, and you should have seen the old fuddy duddies getting up, including members of our profession. This sort of thing is ridiculous. I think a lot of the trouble with women is that they really don't give their mind to it as much as they should, and they perhaps don't have such a good husband as I have. You have got to have a support you see.

GW It is astonishing. I mean there are very few other examples of husband and wife, both fellows of the College [the Royal College of Physicians]. I think that Stokes was one and (?). Very, very rare.

SS Sure, not many

GW Very, very few. And that really must have been a remarkable team effort, so to speak, to have somebody always at your elbow and who was totally understanding of your problems. And then of course he himself has done distinguished work. This is unusual. You have done a great deal for the College. You may have been disappointed in that particular election but I mean you have been vice-president and censor and examiner, I think, and you have given at least three or four of the main lectures, including the Harveian Oration. So in many ways this is a quite outstanding record for anybody.

SS I think the College has done a lot for me. I mean I was interested in the College from when I got the fellowship, when we used to have a young fellows' ginger group. I suppose that has all been forgotten but there used to be a young fellows' ginger group. We used to have dinners and things, and I was in on that and always joined in the social activities of the College and their lectures. I think that it did a lot for me the College and I have enjoyed it, both scientifically and socially.

GW It would be interesting if you would just say a little about the way that medicine has developed during your time. I mean, the NHS came in, of course, just about the time that you were really settling in Hammersmith. What is your own view of the way that this has developed? I imagine that you welcomed it, did you not?

SS What the NHS?

GW Yes.

SS Oh yes, rather. I was right in on the beginning of the NHS, obviously. In fact, I was a consultant in Hammersmith in '48 when the NHS came in, that was my first consultant job. I am a bit sad about the NHS. I believe firmly in geographic full-time medicine. I think it is terrible that we are going back to the stage where consultants in teaching hospitals go to private hospitals, to do private practice. I am in favour of private practice, but I think that it really should be under a teaching banner. I can understand the problem with the NHS. It really is a matter of cost, isn't it really? You can't afford to give everybody their new hips and their new eyes and whatever in this country.

GW Has your own research in any way been hampered by lack of funds or have you been fortunate?

SS I wouldn't say it had, really. I think I am not perhaps the greatest fund-raiser the world has ever seen. I tended to raise funds when I saw a need for a particular project; I wanted the boys to be supported. For instance, we raised a lot of money for Howard Thomas, who is now going to St Mary's as professor. A big success. But the fact that we had a new hospital with a lot of space really made all the difference. But I think now they are running into trouble.

GW Oh yes.

SS Terrible. I mean the trouble is that there just aren't the academic posts and the awful thing is that there aren't going to be the people to fill what there are within the next five years. It is very, very disappointing.

GW Neither of your daughters has gone into medicine. If they had, what would you hope for them, and anyone going in at this time?

SS Oh, I wish they had gone into medicine. I think that if you have got a bit of drive and if you work hard you are going to do well. What you have got to do is just look and see what and where the need is. I remember when I started, I thought to myself if you are going to be interested in research, and I thought of the kidneys and the liver and the gastroenterology because there wasn't much going on in any of those things. Now if you were looking I suppose you'd look for molecular biology, obviously. You would probably shy away from immunology, probably been overdone. You know you would have to look and see. You might look for the applications of magnetic resonance at a quantitative level for tissue analysis. You know that would be a good one to get a move on with.

GW But you feel that the doors are open to almost all possibilities still? They really are aren't they?

SS Yes, but I think that our standards have got to keep up, and I mentioned to you earlier I firmly believe in reassessment for doctors. I think in this country I have seen it so often, young men that I have trained, or women that I've trained that have got consultant jobs and they just sit back and they say, 'Isn't it lovely, I've got a boat,' or, 'Isn't it lovely, I have got a house in the country, and skiing is marvellous.' And they really don't think, look I've got to do retraining and keep at it. They don't open a journal.

GW What form do you think this might take? I know that in the States they have of course experimented quite a bit, attendance at courses and so on, but then that apparently was abused or was even being corrupted.

SS Well, is it abused you see? No, it's not abused even if you say, 'Look this chap is going to do a week's course, in Orlando near Disney World.' He has got to work every morning between eight in the morning and one. They are usually there. Well, that's five hours a day for five days; that's twenty five hours intensive training. You're going to the American College of Physicians, you're going to see two thousand-odd physicians listening intently to the most abstruse subjects. Now they are not doing it altogether because they are that interested in medicine, but if they don't keep abreast somebody else will.

GW It's highly competitive.

SS And I think it should happen here. I think a young man getting a consultant job at thirty five and going to a delectable small town in England where he is going to buy a Georgian house and send his two children to a public school and have two cars and two good holidays a year, is not enough for medicine.

GW I agree entirely, but you don't feel that this should be by any form of examination, unless I imagine they don't observe the conditions of attendance of courses and so on. It always seemed to me that you might give them a five year period in which they have to achieve a target of attendance at courses and then give them perhaps another three years in which they can still make good, but after that they can perhaps start again...not quite.

SS I think that they have got to have some incentive too, probably

GW Yes.

SS And as long as the incentive for merit awards, if you don't mind me saying, is really not merit but that the fact that you have been chairman of the hospital board, that doesn't do much for medicine either.

GW Do you think that that could be altered to provide the necessary...?

SS I have no idea. I mean I have sat on merit award committees and if you don't get a C award by the time your fifty five, you must be alcoholic or mentally defective pretty well, because you are going to get it and somebody gets up and says, 'Oh he is such a good chap and he is such a tower of strength for the nurses,' or whatever. Now admittedly when you move higher up to the As, merit comes in, but the Cs and Bs, there should be much more emphasis on what the chaps do with the postgraduate training and lecturing and writing and whatever. You won't agree with me, you know, but it's my feeling.

GW I agree with you, but everyone always reduces this to how many papers has he published and so on and that then tends to be abused.

SS Well it is better than not publishing...

GW Better than nothing at all, yes, exactly. You often hear that criticism, that they shouldn't be measuring these things strictly by that criteria.

SS I don't think they ought to measure them by whether they are good chaps in a board meeting.

GW No because we have suffered tremendously because that of course tends to inbreed doesn't it? I mean good chaps elect good chaps and they in turn. So, that is perhaps a problem, I don't know whether you'd agree, in England, this immobility. In the United States, it is really almost a disgrace to stay put in any one institution for very long, whereas in this country, two moves and there is already something very suspect about you, you are either incompatible or you are awkward or something. We have this terrible conservatism, don't we, about tenure and posts and so on?

SS Well, there is good and bad over this. I think, of course, one of the advantages of being stuck is the continuity of observation of patient groups is much better in this country. Clinical trials and natural histories of disease and all this sort of thing is much better done here than in the States because by the time somebody's got interested in some disease or another and making observations on it, he suddenly sees a better job and he has gone and starts all over again, and then the patient group is seen by another physician. But the fact that people do move around in the States does make for them to have more receptive minds, I think.

GW Of course, it is a continent and. it is well known in any one major centre in the States, anyway, isn't it, which other major centres are active in any particular line? We don't have that in Europe.

SS We don't have that number really.

GW No, but Europe would be the comparable unit and we really are remarkably unaware. I mean, your European society must do a great deal to make it possible for you to send a registrar or something over to somebody else's department for a time, but we are very slow to do this or to fund it.

SS Again, it is a question of money really, you know. If one had sufficient money to give a realistic good salary for a young registrar to spend six months somewhere else, with the knowledge that he could have his job when he got back, they would go like anything. But they are not going to make sacrifices really nowadays. They are going to have to be very adequately remunerated.

GW I'm sure yes, yes. Has to be maintained. We, of course, are talking about, just at the moment, about Europe, but it is really still a very bad mark to go further afield even if you get great experience in the tropics or third world.

SS I'm not so sure. One of my best people, Alison Ross, went and did three years in Nigeria, in Northern Nigeria, as a physician. She hadn't come back but six months and she got a very nice consultant job in North Wales, right away.

GW I'm relieved to hear it.

SS And I have known one or two others that have been in this position.

GW There may be a better understanding now.

SS I think so, I think it depends entirely on their motives for going. If their motive to going is because they can't get a job here, they won't get one when they come back.

GW No.

SS But if they are already well on the ladder here before they go, I don't think they will fall off, you know.

GW Well, there is great experience to be gained in these countries because you see such gross exaggerations of conditions that never get very far in this country. Have you yourself worked abroad, other than America? Have you actually stayed for any long period of time?

SS I visited almost everywhere you can name really, yes. I have examined in different places. No, I have been too busy frankly. I think if you are a visiting professor for six months somewhere... I always said, 'Look, Sheila, the Royal Free is paying your salary, you might go for a week somewhere, but you can't really run off for six months and desert you unit.'

GW No, but you have done a great deal of shorter courses, haven't you, an enormous number?

SS Oh yes, if you come back in a couple of weeks they can't forget you.

GW But you and Gerry have been unusual, of course, in that both of you can join in doing this frequently.

SS Yes. I think long term away, you can run into trouble if you are the head of the department.

GW There has been an enormous joke about absentee heads.

SS That's right.

GW What do you think of the present level of medical undergraduate education? In the Royal Free I know you are mainly on the clinical side of course, but the students who are coming up for clinical training and so on, are they coming up in the way that you as a professor would wish them to do?

SS Well, you see as you get older you find that you are less able to appreciate the young I think probably. I don't think they work as hard as they should and I don't particularly like the London scheme of medical education. I prefer the Scottish, more regimented system. I think young students, unless they are absolutely brilliant, have got to be set out exactly what they ought to be doing. Now, there may be two or three in a year that are so brilliant that they don't need to be told, but I think that the majority do. And I think London has been a bit bad like this. There has been the so called apprenticeship system, where the student is attached to a firm and is given a little perfunctory teaching by the registrar and the consultant when he turns up, is not my idea really of a proper medical education, and I think the students don't really work as hard as they should. I'll tell you this, yesterday I was on grand rounds and one of the registrars showed a reference of a leader in the BMJ on hyperinsulinism which was a couple of weeks ago. In the afternoon I was on another round and I turned to the students and I said, 'Look, I saw that reference go up. I couldn't see a single one of you taking a note of it, not one.' I said, 'Well that's fine, but in ten years time, most of you will be out of work and the one that took the note will have the job.' But that is just to me. They sit there mopping this up and they can't be bothered to look at something as simple as a BMJ leader. They are too busy running away to watch the television or whatever.

GW You mean a television for amusement or for learning...

SS For amusement. Compared with the Edinburgh system, for instance, where like as or not they would have a question on hyperinsulinism in an end of term exam, so they would be motivated to do it.

GW Do you think you are comparing the present state in London with an Edinburgh...?

SS Of many years ago, and that is why I really don't think it is quite fair because I haven't seen what Edinburgh is like today, so I don't think it's quite fair. But I do think the students are just like the consultant they are just so interested in medicine.

GW But don't you think that this is a vicious circle as so many things are. But in our day, when we were students, we were really given remarkable responsibility, under supervision, but we did a lot of things didn't we before we qualified?

SS Yes.

GW And nowadays it seems, they don't even have a relationship with particular patients in many hospitals, teaching hospitals, and that to me was the most stimulating thing of all.

SS I think you can get plenty of relationships with patients for the whole of the rest of your life. I think you ought to be encouraged to learn to read about something that you have seen in the ward. And a chat to the Mrs Brown is lovely but there is no great challenge to it. I think a nurse can do that most of the time.

GW It wasn't so much meaning to imply that, as the fact that if they have got a case of something in the ward that is something which should stimulate you to go and read and so on, and it is this what one remembers. I still remember as a student some of my cases with abortus fever and that sort of thing and the excitement.

SS It isn't so much of an excitement nowadays, I don't think. Well, perhaps I am wrong.

GW But it is because they are not given the same kind of responsibility almost. I mean I am rather outside the system.

SS I don't know.

GW We have talked a little earlier, about the contrast between the American scene, a very highly competitive one at all levels, student and onwards. I am involved in a school where the difficulties, in the early days anyway, the physical difficulties, the lack of a decent library and so on, actually stimulated the students so much to overcome these that I wanted to come back to London and actually put obstacles in the way of our students, to challenge them to overcome them. It seemed to me they were having so much spoon-feeding that they are not anymore virile and active to go at it themselves.

SS Well, you see they do know in London that if they get through the first two years that they will almost for sure are going to qualify in the approved time. And at the Royal Free we were really excellent in our counselling and marking in course assessment and all the rest of it, we are really very good. So anybody that we have let in by accident who is a lame duck gets tremendous counselling and extra teaching and help. So they know once they are in they are going to get through. So there is no real need to read the BMJ, unless you are really interested in medicine.

GW It's interesting that the BMJ would now be regarded as a journal, a scientific journal, and very well worth reading, I mean personally.

SS I would regard it as so, but I mean that happened to be the reference that came on the grand rounds and therefore that's an easy one for them all to find.

GW But I can just... an irrelevance really, but I remember Hugh Clegg being severely criticised for getting more of scientific articles into the BMJ, by the BMA, people who wanted only the sort of records of what was happening around the place. So the Royal Free in its new building – as a patient there at one time I was aware of some of the stresses and strains. Have these been overcome? There was a great, almost demarcation, when you first moved into Hampstead, at least in my experience.

SS Between?

GW Between the different people: the doctors, the nurses, the porters, the people who took you down to the X-ray department and radiographers, and so on. I found that there was a lack common purpose about it.

SS Well, I think that's the trouble firstly, of a new hospital and, secondly, of a tower block type hospital because if you are on one or two storeys you are always bumping into people, and you don't bump into them nearly as much, you jump into the lift and you go to the tenth floor where the medical unit is and you don't see anything en route, and surgery is one below. So you hardly see them unless you go down. And I think that sort of community which we had in the old hospital was lost. I think it's come back.

GW It has.

SS Oh yes, I think as time has passed, it's come back.

GW Good. Do you lunch together still?

SS Now, that of course is very interesting. We used to have when I first went to the Royal Free – it was fantastic. We used to have a staff dining room, very elegantly served and everything, and actually we were still at the stage when I went there that they used to have a medical committee meeting, once a month in the evening, and the chaps wore dinner jackets. Amazing, you wouldn't believe it. Now in the new hospital we had no room, they took away our consultants' lounge right away and then we had another one and they took that away because they couldn't have waitress service. But the medical school is now with us and we have a senior common room now which serves snacks, and that is very popular. So we are meeting again and it is particularly good because we are meeting our pre-clinical colleagues. So the senior common room has been a big advantage.

GW It's astonishing that the value of that has been so overlooked in many cases.

SS Oh yes.

GW It's absolutely essential. So much hospital work gets done in that meeting room.

SS It's still not as good as what we used to have, I don't think.

GW But I think one of the problems too, and this may be that it isn't any longer true in the Royal Free. To whom are you really loyal? I mean at the moment you are loyal to the name the Royal Free, really, as a medical school. There aren't people at the top, so to speak, on the whole, whom you regard as being personifications of the school or the hospital.

SS You mean the house governor?

GW I mean, the house governor used to be a person of considerable command of respect and so on. You see, you knew that Lord Astor, or whoever it was, some distinguished figure, would be sort of presiding and if you got a prize or anything, I mean you got presented by somebody of importance and so on. And you had an idea that your loyalty was in a sense personified at one level and we seem to have lost that very largely.

SS We have a prize giving once a year in the Royal Free. We have a private graduation prize giving, which is very good. We have all the mums and dads and grannies come with the students and we duly distribute certificates once a year, which is quite good, and they have a dance in the evening. Now, I think that's good, that makes people realise that they are all part of the Royal Free. We usually have somebody distinguished then to give prizes.

GW Yes and it is still a major thing to win one of these prizes. I mean for your future career it makes a very great difference.

SS Yes.

GW This isn't regarded as elitism?

SS Not now. No.

GW The competition is helped by this sort of thing?

SS Yes, oh yes.

GW Do you think there should be more of that, generally?

SS I think there is going to be because I think, what I have already said, there is going to be a good deal of competition for places. I think there is going to be competition for registrars and whatever. And that little thing like a prize may just tip it over. I can remember when there were prizes that nobody bothered to go in for.

GW Oh yes I can too.

SS It's not true now.

GW And the numbers in the medical profession, of course, this is a very great bone of contention, isn't it, as to what is the appropriate number to enter training and it is

such a slow period between the sort of acceptance and the finished product. I mean it is difficult to put the breaks on or to accelerate.

SS I mean we have seen a few hiccups, haven't we.

GW Indeed. Do you not, in this merging of the London hospitals and so on, don't you feel that the number of students that actually are thrust into any one medical school is rather high. Or do you not find this anymore?

SS Well at the Royal Free, we have ninety.

GW That's not too bad is it.

SS You see, ninety to hundred is all we take.

GW That was the sort of thing that happened in our day.

SS Well that's right and I don't think that is too bad.

GW No.

SS Well Edinburgh used to be awful, it used to be hundred and eighty or something, when I qualified, but I think about hundred is about a reasonable figure. Somewhere between eighty and hundred is a reasonable medical school.

GW Splendid and it gives them a prospect and a possibility of getting their first jobs within their own system at least within the area.

SS Oh yes, we always get the first jobs in our own...

GW Is there anything else you would like to talk about from your very unusual distinguished career?

SS I think I have been very lucky really in medicine.

GW You have made your luck as I said earlier.

SS No, I have been very lucky. You know I think there is going to be a change in the next five years in that academic medicine is going to be appreciated again and I think that the competition is, I hope, going to make both student and doctors work a little harder at their medicine.

GW Well, on this hopeful note perhaps we will conclude this interview. I would like to thank you most warmly. It was very very good of you to spare time. I know how busy you still are.

SS A pleasure.

GW And it will be a very important for the College that we have this record, one more of your contributions to the College. Thank you very much.

SS Thank you for asking me.