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**Dame Rosemary Rue DBE in interview with Dr Max Blythe  
Oxford, 11 April 1995, Interview I**

**Part One**

MB Dame Rosemary you were born in Essex in 1928, can you begin by telling me about your parents, the home into which you were born?

RR Yes, my father was Harry Laurence and my mother before she married was Daisy Sully(?). And they had first a girl who was my elder sister, and then me, four years after that and a boy, my brother Harry two and a half years after that, so I was the middle one. Three children, we lived in Hutton, Essex, which was very rural in those days, now completely built up. My father commuted to the City every day on a steam railway train, later electrified. We had a happy childhood with parents who loved us very much and did everything they possibly could to look after us and do the best for us. They really devoted their lives to us. They had careers of course. My father was a chartered accountant and as I said was a City man, in the City eventually for fifty years before he finally retired. My mother had had a professional musical training, but with the onset of the '14-'18 war she couldn't find either soloists to accompany, which was what she liked to do on the piano, or people to take lessons which was the other way of making a living in those days. And so she rather gave up her music and after that it was a hobby when she had a family, and she returned in much later life to teaching little children.

MB Which she enjoyed a lot.

RR Oh yes, she loved her music. And she loved singing; she sang as a soloist and she also sang in the choir, conducted a choir. So we always sang at home, always sang together and she played the piano of course, so that was very much the background.

MB Do you still do that, do you still sing?

RR I sing in the bath, yes!

MB Father ... father was quite hard working in his early life and got a lot of responsibilities, and I think he educated himself in quite a hard way.

RR Yes, he was the eldest of a large family for whom he took financial responsibility, and became the father of the family when he was still in his teens really. And he educated himself by night school while working in the City during the day to get his professional qualifications. So he valued education very much, valued it for his younger brothers and sisters, for whom he insisted...

MB So this was a strong central theme in the home.

RR Yes, yes, very much so.

MB Now at sometime, when you were about five years of age, you got a chance or your parents decided to move to city life, or a much kind of more urban life.

RR Well we moved to Sydenham in south-east London, really for schools, in order to have access to several good schools in that part of the world, and of course it was also accessible to the City. People who commuted to the City in those days, it's not very different now, they needed to be on the eastish side of London. But Sydenham was leafy and quite rural with horses, a lot of horses both with carriages and carts, and a lot of the big houses had still got active stables. I can remember that quite well.

MB I've been there recently. I was thinking of it more recently, and it's much more urban now but it was still...

RR It's not like that now.

MB It wasn't a tremendous wrench from the kind of leafy Essex to leafy Sydenham really.

RR Not really. Although we lived in a town house then and began to behave like London children – that is not knowing one's neighbours and not speaking to people in the street and always going out accompanied, that sort of thing.

MB Yes. You said that, when we talked earlier, that you feel, you feel a Londoner in a way. You feel that you are a Londoner, that that was...

RR Yes, because ones' first conscious memory almost is of being in London, and I was based in London until I was married. So I am a Londoner, yes.

MB Right, almost as soon as you go to Sydenham, you to go to a rather curious dame's school. That was an immense experience.

RR Yes. At five I went to a little dame school where I had the major part of my pre-university education in about eighteen months between five and just less than seven. We learnt, well, reading of course and writing in three kinds of handwriting – copper plate and round hand and printing small with a mapping pen. And then we also did drawing and music and dancing and badminton, French and algebra and arithmetic of course, history, geography, scripture. You name it, we studied it!

MB In fact all the same...

RR Yes, there were about twenty children in the school and it was run by an elderly lady and her daughter. And it was called South Hill College(?), and we had a uniform consisting of black blazers with gold braid all over it, and I... After that, after being there, I don't think I needed to pay attention to any school lessons for the next about twelve years. That saw me through – that was quite alright.

MB A year and a half into that story, you took a scholarship examination to go to the High School.

RR I went to Sydenham High School, that's right.

MB That scholarship was quite remarkable, because you wrote the paper in three different ways, I think. Is that right?

RR Oh, that's right, yes. When I entered for the high school entrance exam I couldn't decide which of these three hands that I'd learnt to write the paper. So I did the papers three times in the three different handwritings, just so that I'd get it right.

MB And so, it must have been the perseverance of all that, you certainly get a scholarship and go to Sydenham High School, which is a very, very distinguished school.

RR Yes. I didn't in fact win an entrance scholarship, that was just an entrance place; it was a, one of the Girls' Public Day School Trust high schools. My sister Audrey was there already, and I followed. And then my brother went to Dulwich College, which was a nearby boys' school, and again it was completely independent at that time. There've been various changes in those schools since then.

MB So when you get to the high school you find it easy because of the dame school preparation.

RR That's right, the schoolwork seemed very easy. But we had very good teachers all the same and some I remember well, and we had good clubs and societies and hobbies. I used to walk to and from school, and come home to lunch, walk home to lunch everyday, daydreaming on the way! And one stayed at school – as you got older you stayed at school for lots of after-school activities. It was a very lively place, very good in those days.

MB Any teachers you particularly remember from that time Rosemary?

RR I remember Miss Jacob(?) and Miss Joseph(?), who curiously didn't come into school prayers in the mornings but took another little group of children for separate prayers for fairly obvious reasons in retrospect. And this little group by about 1938 had grown into quite a cluster of children who went to prayers with Miss Jacob and Miss Joseph and couldn't speak English, they could only speak German, and this was a very interesting little impact on a children's class in those days.

MB In those later thirties things began to brew up that were unpleasant, you began to feel that and especially being close to London, I mean...

RR That's right, the threat of war of course became very dominant, people talked about it, prepared for it. In the Munich crisis we were evacuated for the first time to Devon where our relatives lived, and when Mr Chamberlain<sup>1</sup> came back from Munich we went back to London and it seemed all over for a while, but of course it all happened again.

MB So for that time at least, going back, that happy family life that you'd known and rejoiced in for so long continued.

RR Up to the war, yes.

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<sup>1</sup> Neville Chamberlain.

MB Then there was more problems. You had to go down to, you went down to Devon again.

RR That's right. We went to Devon. My relatives lived in Totnes – that's on my mother's side – and we had cousins there, and other cousins from London, and we converged on this little town, in Totnes. And the family, although it was a family evacuation as it were the families themselves were rather split up to live appropriately with different households. And I was actually taken ill at the beginning of the war, and my mother and I lived together in digs for some time before we were reunited with the rest of the family.

MB Rosemary, just going off to Totnes and being split up, that was obviously quite a shock to the system. Did you get a chance to start at a new school in that area, before you became ill?

RR No, I was, I was taken ill the day war was declared, and I didn't in fact go to school then for eighteen months, although my brother and sister went to school. But I did afterwards go to Totnes High School(?) as it now is for about a year before we came back to London.

MB Can we just stay with that illness for a time? You had some tuberculous illness in that period that really laid you low.

RR Yes. I had a tuberculous peritonitis, which was an acute illness, on the day war was declared, and I was rescued by a surgeon in the little cottage hospital at Totnes which had been completely emptied because of the expectation of war wounded and so on. And I was really very lucky that he was available on that day and was able to operate and gave me my first insight into surgery and illness, and I think perhaps planted a seed of an idea that I'd like to do medicine later on. I think from then on I did begin to think about medicine; I had never really known anything about illness beforehand.

MB You survived that crisis, and then had a long, a long kind of rehabilitation phase. Was this in a sanatorium or was that...?

RR No, I just stayed in these digs with my mother. And I was really isolated from other children for about, well eighteen months at least, because people were uncertain about the infectivity of tuberculosis, although I wasn't in fact infectious and nobody else was affected – it's the kind of tuberculosis that you get from milk. But during that time, because I couldn't play with any other children, because I had to stay in bed, I read enormously, read everything.

MB Day in and day out, yes.

RR Yes, all, read the time.

MB All the great authors.

RR Read I think every book in Totnes, read the telephone directory eventually, because one was desperate to find more things to read.

MB Surely there was a loneliness, but a great, a great joy reading.

RR It was an important part of my education, I think. I wish I'd been just a year or two older, because I read everything without fully understanding it, I would say.

MB And so at the end of that period you then go to school in Totnes at the high school there. Was that, was that a useful year?

RR Yes. It was a very happy year and a very interesting year. The school was absolutely crammed with, not only the local children but lots and lots of evacuees of course. And we used to cycle to school every day, and we also belonged to the guides, which was a very active and important movement and allowed us to go out for hikes and expeditions. Not much camping because you weren't allowed to during the war, but afterwards we of course were able to go camping and use some of these skills, but lots of war work and...

MB It must have been like breaking back into society after all the isolation.

RR Yes, it... I was very disturbed, I realise, at the time, but I soon got on with things again – started singing and playing and enjoying life.

MB And then you returned to Sydenham.

RR Well then, because the blitz was over in London, and by some amazing chance our houses seemed to be all right, various family houses in London, everyone thought the war was you know, going in the right direction at last, and my father missed us of course because he was in London all during the blitz... And together with a lot of other London families actually we came back to London. And just about as we decided to come back my grandparents' house was bombed in, at the tail end of the blitz and my grandfather was injured, and they were very shocked and, you know, shaken. They lived in north-east London at the time. And then when we wanted to go back to Sydenham, our own house had been commandeered for a bombed out family, so we rented another house in the same street which was also close to my other former grandparents' house where I still had some aunts living. And so we owned three houses fairly close together in one street in Sydenham, owned or lived in or rented or whatever. And unfortunately there was a most massive bomb one night which dropped just neatly between the three, and demolished all three houses and injured my aunt and some other members of the family were a bit sort of knocked about. And then we really lost almost everything then and we really became sort of gypsies going round for commandeered houses, kind of places that people squat in these days, you know.

MB Rosemary, that was a hard time.

RR Well, it was a bit tough yes, but all that time I was going to Sydenham High School and my brother was at Dulwich, my sister Audrey was by then away in Cambridge.

MB But your father went away in that second part of the war quite a lot, and mother was distracted by a lot in helping family business. You were a bit lonely, I suspect.

RR Yes, yes, my father ... one of the jobs that my father did through his firm – which was then called De Lloyd Prender Griffiths(?) – they had the responsibility for auditing NAAFI [Navy, Army and Air Force Institutes], which was the organisation that fed and gave comforts to the troops world wide, the famous organisation. And so he travelled to all wartime theatres of operations, usually flying and usually without disclosing exactly where he was going or for how long or when he'd come back, because there were problems with security of course. And so he was away, sort of missing quite a lot. Although we'd gone back really to be with him, he was not available a lot of the time, and my other grandparents were ill on the north side of London and my mother was much concerned with that. So I was rather left to look after my young brother during the time that the flying bombs and rockets started. And we had, you know, a fairly hectic war for relatively young children really, trying to keep things together in London at home while the parents were often away.

MB So you knew loneliness, you knew fear. You had quite a hard time in that period, quite a forging time.

RR Yes, yes. Yes, that's right.

MB But the schoolwork went on and there was a stronger and stronger view that medicine would be the future.

RR Well, the school more or less collapsed with the resurgence of the air raids and the bombing – a lot of children were taken away from school. And by then I'd done, I think the equivalent of GCSEs, what we used to call School Certificate, Matric or whatever, and I wanted to do medicine. And there were three of us in the sixth form – that's all the sixth form there was, just three girls, and one other girl.

MB So it was virtually a unique(?) establishment.

RR Oh yes, yes, we used to turn up at school. And there were three of us doing science, and there were some very good teachers who for various reasons had to be in London during the war, and we had more or less personal tuition. And by the time I was through the sixth form and taking entrance to medical school it was actually VE Day, and the very sort of day of the scholarship examinations, I remember. And so I was...

MB So you went for a scholarship examination on Victory in Europe day?

RR That's right, and...

MB That must have been an exceptional thing to do.

RR ...and did not complete the paper! I found myself the only person in London, as far as I could make out, trying to work on Victory Day. Well, it wasn't the named VE Day, but it was the end of the war day, it was May the 8th 1945. And I started looking at the paper and there was a very junior secretary invigilating me alone in the school, and I looked at her and she looked at me and I said 'Well we don't want to be doing this do we?' And I just said 'Pack it in, give it up, I'll do something else if I don't get into medical school', and went off to join the crowds and celebrations. I wasn't going to miss...

MB Shows a strong decision making commitment though at that age, doesn't it?

RR Silly maybe, but I don't regret it!

MB So you went out. Was that quite a memorable day? I mean...

RR Oh yes. That day was wonderful. The VE celebrations were actually one year later you see, but that day at the end of the war was a day for tearing down the black out and making bonfires in the streets and...

MB London came alive in a big way.

RR Oh yes. Well, there weren't many people there, but one went from street to street finding who was there and where there was a party going on. And my sister was twenty-one the next day. My father had just come back from Italy with some wine and some glasses to drink it out of – we had no glasses left, they'd all been smashed – and so we drank wine and we had a party, and went on for days I seem to remember.

MB So the terrors, the terrors had diminished and the family came back together for a while.

RR Great feeling that there might be a future, yes.

MB We were talking – I mustn't go on too fast – we were talking about that sixth form science, there must have been teachers. We talked about the teaching was good and people were there who were helpful. Anybody you want to put on the record Rosemary, before we leave the Sydenham High School years?

RR Yes, there was Mrs Duggan(?) who taught chemistry and was in London to be with her husband, although she was pregnant. I think the idea was that they wanted to be together for this first baby and therefore she tolerated the conditions. I mean, it, she it was who was sitting on the stool at the top of the chemistry lab which still had all the glass down the side of the windows when a V2 rocket just landed, obviously directed exactly for the school, but miraculously exploded overhead and descended all over us in small pieces. I mean pieces the size of say of piano or an armchair or something like that crashing through the roof and the windows and everything, and we covered under the benches. And that was a very narrow escape, and I think we were more worried about her, her baby and her prospects than anything else at the time. And then there was a person called Mrs Pollet – Myrtle Pollet(?) – who was a very good zoologist and had married a Free French Fighter, and she didn't at the time know exactly where he was, so she wanted to be in London in order to be accessible should he turn up. And she got fed up with the constant showering of bits of glasses and dust on the dissections we were doing, and she, we decided to go sit under the grand piano. She sat with her back to one leg of the grand piano, and I and the other girl doing zoology sat with our backs to the other two legs. And we had our dissections on the floor in front of us, and that protected them from the sort of constant stuff that was dropping down from the ceiling while we were trying to work. So she was quite a brick teaching us biology under the circumstances.

MB The other girl who was doing zoology as well was going to do medicine, so you did have support in those days?

RR That's right, yes, yes, there were two of us going to do medicine. And then the third teacher was a person called Phyllis White(?), and she did physics and maths, and she was intellectually very bright indeed. And so those three of course I do remember clearly.

MB So mentally you had some sparring with minds that were worth...

RR Yes, and for some of the time, until Phyllis White came, we had to go over to the old Norwood Technical School to do some physics. And we joined a class of RAF boys doing physics there, some preparation for some RAF exams and that was quite a bit of fun, we used to cycle over there and get back in the evenings.

MB So you get through this rather unusual sixth form period, and all its events.

RR Not a common experience, yes.

MB And then you decide on applications to medical schools. That wasn't easy for young women at that time, because a lot of people coming out of the forces...

RR That's right, there were very few places in that year for medicine. And I think there were only eight places in London, for women who were not out of the forces. There were more places for ex-service women of course of whom quite a lot did medicine and joined us. And what I actually did, by not having taken the proper entrance scholarships or being properly prepared, I went into the first year at the Royal Free Hospital School of Medicine.

MB So it was easier to get access into First MB courses...

RR Yes, yes, and that enabled me to get in.

MB ...yes, that wouldn't have caused a problem.

RR That's right.

MB Was that a good year? You didn't need to do anything, I guess.

RR I didn't need to do any work at all. What I did was play the violin in a small string orchestra, which we'd been supporting during the war years. And I spent more time playing the violin and playing in this strings group than doing any laboratory work I think, because I'd done it all, and I just had to rush through it rather quickly and that was alright. I got through that year quite well.

MB So violin playing saw you through a lot of that time?

RR Yes, yes.

MB And violin playing stayed with you for the rest of your life?



RR I kept it up for, I kept it up for a while, yes. But of course other things really put it out of my...

MB Rosemary, tell me about going up to the Royal Free, was that, was that a great experience?

RR It was awful, because when the war was just over – it was the autumn of 1945 – and just after we had booked in as it were to The Royal Free, which was then in Hunters Street, the medical school was in Hunters Street, one of the last rockets, the last V2s dropped on it and completely demolished it, so that going to medical school consisted of going to, as refugees, to various other medical schools round London.

MB So before you got there, it had gone.

RR It had gone, yes. I went and had a look at it and staked my claim and everything, and by the time the war was over ... it was just a matter of a few weeks, because the rockets went on right up to the end of the war, you see. And we were, our group were the first group of women ever to cross the threshold of St Mary's Medical School. And we were taken in kindly enough by the senior staff, but very, very unkindly by the medical students, who resented women as medical students anyway with a hostility which you can't sort of realise these days. And we just found that we were so unwelcome and it was very, very unpleasant and that luckily I mean one didn't have to do much work. So it's partly why I didn't pay much attention to that first year and went off and played the violin instead.

MB So that wasn't a, that wasn't a pleasant excursion to St Mary's particularly.

RR No, no. But then after a year the medical school was rebuilt and we all came back and started doing the second year in the rebuilt medical school. And in those days it was anatomy and physiology and pharmacology for the Second MB. And then really the fun began, I think. The war had been cleared up a bit by then; the men had come back. Victory Day was celebrated in the summer. I celebrated VE Day proper in summer '46 on the terraces of St Thomas'. Backed by the bombed ruins of course of St Thomas' Hospital, but the fireworks and so on were all in front of the Houses of Parliament and that provided a wonderful illuminated backdrop, and St Thomas' had quite a lot of food and drink going I seem to remember. I can't remember how it was provided and we stayed out all night that night, and London began to be swinging again.

MB And you were swinging, you were feeling heady. A young woman in London at a great time.

RR I was swinging; I enjoyed dancing. There were endless dances – I seem to remember dancing most nights. And lots of music, the theatre opening up again, all kinds of companies, ballet and opera beginning, things that one hadn't been able to do, really, ever.

MB Did you fall in love in that period?

RR Shortly afterwards, yes! By about, by the time I'd started my clinical work. Well, I mean one had a few boyfriends of course, but I was seriously in love by the time I started my clinical work, and met my future husband at that time.

MB And that we'll come to in a moment, but I'll not let you race through the Second MB years too fast, because there was some good teaching there.

RR Very good teaching, yes. The anatomy department was Professor Lucas Keene<sup>2</sup>, and an assistant in the anatomy department – I think she was probably at that stage either a demonstrator or a full lecturer, I can't remember – was Ruth Bowden, afterwards Professor Ruth Bowden, who became well known in anatomical circles in London. And so the anatomy was first class, and we had a lot of very good demonstrators and plenty of scope. It was not by modern standards crowded at all, and we were able to get very good experience and good teaching. And it was as a result, partly of the anatomy but also the physiology I suppose which was also well taught, that I got the Jubilee Scholarship, the Quinquennial Royal Free Hospital School of Medicine Jubilee Scholarship as a result of the first term's work.

MB So that's about 1947 we're talking about?

RR Yes, well perhaps it was '46. Yes, '45-'46, I think.

MB Right. So we'll just pinpoint that. But that was quite an important award, and was going to have important repercussions. But not yet, we'll just continue, and talk some more about the teaching of physiology and anatomy, that great period. You must have felt that you were getting to know clinical issues at a human body level quite well. That must have been quite a, quite an engaging period.

RR There was as far as I remember very little relationship identified, emphasised or taught between anatomy, physiology and biochemistry, which were the main subjects, and the clinical work we were going to do. It was rather introduced as an afterthought. There was a rather severe separation. By the time we got on to doing pharmacology and clinical biochemistry and the beginnings of pathology – that's before we went into the wards – then the connection was made. But just for a year or two one didn't make much connection with this...

MB So integration was not a, not a great thing.

RR It was very much taught as a science, yes.

MB Right. Any particular teachers that we've not mentioned who should come into that period, the Second MB period?

RR Now let me think. There was Peggy, I think she was Peggy Sanderson<sup>3</sup>, who taught organic chemistry and biochemistry later, and she was a very lively person, a very thorough, a very good teacher. I think she's the most vivid person I remember at that time.

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<sup>2</sup> Professor Mary Lucas Keene.

<sup>3</sup> Phyllis Sanderson.

MB Right. The teachers were essentially women teachers at the, at the Royal Free?

RR Yes, there were, there were some men teachers, but at that stage for those subjects they were mainly women, and of course provided a very good academic opportunity for women in that aspect of medical schools at the time.

MB So you go through the Second MB, that's not a problem. You do quite well in that and get through to clinical studies, which came as, came as a bit of a shock, I think.

RR Went to, first of all to the Royal Free Hospital in the Gravesend Road, and found it extremely difficult really to get access to the patients, in that [the] teaching was very well planned, it was very thorough in some ways, but there were too many of us, or so it seemed to me. Enormous rounds with enormous protocol and order of priority as to who got close to the patient. And one could spend hours and hours on rounds or in the operating theatre and never really get within even a visual experience of the patient, let alone any clinical feeling. I was really extremely disappointed at that stage, having looked forward to it. And the other thing was that some of the departments of the hospital were still evacuated, and so we did have to go to some rather strange places for aspects of the clinical experience. For example, although we did some of our maternity work in the Royal Free Hospital, we did half of our midwifery out at Brocket Hall of all places.

MB Where was that?

RR Brocket Hall, Hertfordshire. I mean, it's a stately home, Lord Brocket's home, where the City of London Maternity Hospital was still evacuated. And there was 'clinical materials', one might call it, available there which was not available in London, the maternity beds were there.

MB So, that wartime distribution of patients...

RR Continued.

MB ...continued afterwards, yes, leaving you rather short on patients in the centre.

RR Yes, and of course there was a thought that people would all be flocking back, but they never did. I mean, our domiciliary midwifery, one had to learn to do home deliveries of course on a bicycle and so on in the area around Gravesend Road, which had been very much bombed. And really the families weren't there in the great crowds having the numbers of babies that had been there before the war.

MB What of the, what of the clinical teaching? Obviously you went on ward rounds that you say were incredibly busy, and kind of left you standing at the back of great crowds on occasion, what sounds like crowds – fifty or sixty people in the gallery.

RR Yes, yes. One got closer, you know, in some departments and in some specialities.

MB I suppose when you had cases, did you have cases that you were allowed as students to take a special look at and talk about?

RR Yes, you had student cases for clerking, they were clerked also by the junior medical staff and so on. But there was a lot of jealousy by the nursing sisters who didn't on the whole, it seemed to me, approve of having women medical students, although they were at a school at the time where all the medical students were women so they should have expected it. But they seemed to do their best to keep the students away from the patients. It was very difficult to get on the ward sometimes and see the cases. And the teaching, a lot of the teaching was teaching by humiliation, you know, 'Well you don't seem to have seen this patient', and no excuses really.

MB But sometimes you weren't able to get near the patients...

RR But sometimes you were not allowed on by the...

MB ...because the nursing staff would keep you away.

RR ...by the sisters, who would close the ward to the students and make sure you didn't see the patients before the round. There was a lot of bitchcraft going on in, between the nursing staff and the...

MB Rosemary, these rounds interest me a great deal. How did they start, I mean did you meet up with a consultant, was it on a very special occasion?

RR It was a very formal occasion that started with the Rolls Royce, or Bentley or whatever, arriving in the front quad of the hospital and gliding to its allotted parking place. And I seem to remember that one of the consultants had a pair of little black dogs that had to be minded by one of the junior doctors on the firm while the round went on. And then two or three more would carry the handbag, the papers and escort the consultant at various levels up to the ward, where on each level either a more senior or more junior group, according to ritual, would assemble, so that finally by the time you went into the ward there'd be about fifty or sixty people in a great sort of procession. And the bed would be reached and the case would be beginning to be described before perhaps the last one had got through the ward door. And we would stand for hours in the background trying to get an opportunity to get near enough to the bed. And most of us being young women and the rationing being very severe at the time, usually at every round several of us would faint and have to be carried or crawl out of the door, because it was just so very, very trying. And it seemed to me that it was not, it was not using our time and our money and our energies well at all and some of us got extremely resentful about it, we didn't like it and we criticised it.

MB And you were hungry you were saying.

RR Oh, extremely hungry, yes. The rationing got worse and worse right up to about 1948, or '49 I think, and the last ration books were actually '52 weren't they? So by about 1950 there was almost no food to be had, no food for students. If you were a bit late you couldn't get anything to eat at all. And we lived on some ghastly ice-cream made out of, we said it was wallpaper paste and vanilla essence and water, and it carried some lethal bugs, so if you ate it you got extremely ill and if you didn't eat it you got extremely hungry. So it was a very strange sort of way of life. And

there was a wonderful place in Marchmont Street where if you got there by ten o'clock in the morning they had crusty rolls and cheese off the ration and you could get a roll and cheese.

MB Pure heaven.

RR And that was absolutely wonderful, but you could only get one of course, there was a ration of one, so...

MB Coming back from that heaven back to clinical teaching, were the lectures good?

RR Yes, the lectures were good. The preparation by the academic staff and the quality of teaching, the notes that were given, the demonstrations... I mean, remember it was all blackboard stuff in those days, blackboard and this awful jellied duplicated, you remember, that used to come out in splodgy purple ink for anything you wanted duplicated. So that was the state of the art in terms of...

MB But you were taught by some good teachers.

RR Yes, but the, but the content was extremely good, so that... The practical side was very patchy. It was good in one or two departments. The paediatric department was marvellous, the obstetric department was good although scattered – obstetrics and gynae – and some of the medical firms were good, some of the surgical firms were good. But I was, I was not very happy on one or two of the firms that I was on, and where particularly they went in for these grand rounds and a lot of formality and... Oh, and one or two special subjects like, for example, ophthalmology was said to be a very good department, but I think in the whole of my time there I got a look at one patient's eyes, you know, actually got my hands on one patient. So it was a great waste of, a great waste of time, that is the main impression.

MB I think when we talked on some earlier occasion you were saying that there was no central theme about medical ethics and the care of the patient that ever came, ever came across.

RR No, no, one was really not taught the thoughtfulness or the ethics as formally as medical students nowadays are taught to include in their medical education. Occasionally, you would see a good clinician who would have some feeling for the patient's attitude, but very often one would be extremely dismayed at the way the patients were treated within the teaching hospital. They were a cheery lot, I mean they were mostly central Londoners who were very, very resilient and very grateful for the care that they were getting. And as medical students we would very often take the patients from the examination room or see them after the round had swept by or something and say 'Well, you know, he may have been awful or she may have been awful to you, but he's a very good doctor or she is a very good surgeon.' And we would encourage the patients to, you know, to appreciate the standard of care they were actually getting.

MB Rosemary, because you were very interested for a long time in medical education and training, were you thinking about the limitations of that course in those years?

RR Yes, yes. I was gradually developing a feeling that either I had got the wrong career in mind altogether and made a mistake, or that something really should be done about it, and I think the latter feeling was perhaps predominant. I felt very strongly that things could have been organised so much better for the patients and for the students and for the general ethos of the medical school, and for the advancement of medicine. I couldn't see that people in the future – that I and my contemporaries and our children if you like – were going to have or accept that sought of medical care. It didn't seem to me to be forward-looking. It seemed wrong.

MB So strong socio-political views were in gestation then.

RR Yes, must have been.

MB Because it was a time when the health service was coming in.

RR Yes, I remember the first day of the health service, the...

MB Day one.

RR Day one, yes. 1948, April. Or was June? No, I think it was April...

MB I think it was April, but I could be wrong.

RR ...April the first or April the fifth or something, yes, '48 anyway. And we had a neurological out-patients in the morning, and the consultant said something along the lines of 'Ladies, you will observe that there are some new forms on the edge of the desk.' And sure enough a little stand had been put on the desk with the six, or it seemed about six, NHS forms, which were thought were going to be all that was, were required to run the NHS, these precious six forms. And there was a little stand with a slot for each form and they were put in there. And he said 'It is going to make no difference to my practice. I intend to disregard the advent of this National Health Service of which I strongly disapprove. But you medical students on my firm had better get to know what those papers are all about. I do not intend to read them or look at them. You must study them and use them for me as required.'

MB Was that typical of the members of the establishment?

RR Well that's all I ever heard mentioned about the NHS in the rest of my time at the, at the Royal Free.

MB What did, what did young people, what did your colleagues feel about the advent of the NHS.

RR We wanted to discuss it, we wanted to know about it, we were interested in it. I had read the Beveridge Report<sup>4</sup> during the war. It was published some years before the NHS came into being and before the end of the war, and it was very much available. It was a popular, popular reading matter in London at the time. I would think every household had got a copy of the Beveridge Report on the hall table, and it was on every bookstall, and it was in everyone's hands together with the daily newspapers. And the ordinary people in London were talking about it a great deal

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<sup>4</sup> *Report on Social Insurance and Allied Services* (Beveridge Report), London: HMSO, 1942.

with hope and enthusiasm, and of course when the men came back from the war they were full of it. I mean, they had had the benefit of the wartime educational programme, which had made the armed forces socially conscious, and quite dim young men coming back from the forces seemed to have some ideas and were able to talk about these concepts for the future. But at, when I got to medical school the discussion was very much oriented on the profession, on the effect it would have on the medical profession. And although there was quite a strong division in fact within the medical profession, I think most of the London teaching hospitals, most of the senior staff and their immediate juniors who tended to take their lead from the seniors, I think they were on the whole opposed to it. I can never remember hearing anyone speaking for it, or even offering a medical school debate on the subject. It was quite interesting how it could be so ignored.

MB But an amazing time to witness what was happening, especially at the centre in London, and sure enough you were going to follow the development of the National Health Service in a really big way.

RR Well, eventually it became extremely interesting, yes!

MB Rosemary, just before we leave those clinical years, what was in gestation as far as your career interests? Had you begun to form an opinion of where you might be – paediatrics or surgery or...

RR Yes, I had begun to think that I might like to do general practice, I might like to do paediatrics. And I was also very aware that I would like to have learnt some more psychiatry, which was very much a developing subject at that time. And the psychiatry that we received was standard, but it was mental illness ... London peripheral large mental institutions, not very thoughtful psychiatry in terms of concept and not very well put together.

MB Did you get a chance to see psychiatric cases?

RR Oh yes, yes, we did. And it, still some confusion in those days between mental illness and mental subnormality as it became clarified a little later, so that one was, one was very shocked by what one saw, it can't have been... The impression can't have been all that different, going to those old mental institutions, from the impression of Londoners, you know, nearly a couple of centuries before going to look at Bedlam, I could imagine. It was very, it was very shocking, and again it was something that one felt something needed to be done about it, that one needed to know more about it before you could understand it. So I suppose I was interested in paediatrics, psychiatry, general practice – those were the three main strands. Maybe child psychiatry... But there was no such separate speciality, I think, in those days.

MB Right. I just want to put on the record at this stage that your thinking always was quite broad. I think there were always ways you might have gone anyway, even other than the ones we've mentioned.

RR Yes, oh absolutely. And like all medical students, every firm I went on, I thought well maybe I could make a career of this. I have to say that I did decide that I didn't think I would be a very good surgeon. And it wasn't that I wasn't interested in the cases or good at the diagnosis and so on, but I somehow couldn't see myself doing

that work forever. I seemed to want to do something a bit more on the medical side. I didn't mind the, I didn't mind the scientific side of research but I think I didn't want to do that, that enormously higher proportion of practical work, I think I wanted to do something a bit more academic perhaps.

MB And in your early baptism into surgery, I think you saw only tapes on the backs of coats as it were, is that right? You didn't have much of a view initially.

RR Oh yes, that's right. There was a surgeon called Rodney Maingot who invented the, well invented some types of gastrectomy, and they used to take anything from four hours which was quick to about six hours which was about the record. And if you were the unfortunate medical student who was handed the end of the retractor you stood with your scrubbed hand between two people, whose backs were towards you, you see, so all you could see was the tapes of their gowns. And you hung on to the end of this retractor for four, five or six hours until Rodney Maingot had finished operating. And from time to time there'd be a great shout, sort of 'Pull harder' or 'Are you asleep?' or 'Pull this way, or a bit that way', but you never saw what was going on or what was on the end of the retractor. It was the most extraordinarily uninspiring introduction to surgery!

MB Rosemary, turning from an uninspiring introduction to surgery to an inspiring time when you planned to get married and had problems with your, with your kind of scholarship award...

RR Yes. Very, very strange. Having already perhaps become known to the dean, who was Katharine Lloyd-Williams, as someone who was inclined to be critical of the medical school teaching – because I, I had made my views known a little already – so perhaps I was not entirely popular, I went to her one day and said that I thought she would, you know, need to know and it was polite to tell her that I was going to be married. I don't quite know why I went. I thought it was a normal courtesy; that maybe if I was going to get married and perhaps change my name, perhaps the dean should know... And her response was 'Well, you can't do that, can't do it,' which really amazed me, and I hardly knew how to answer at the time. But she went on to say 'You can't do that because you have a scholarship, and you have to stay single and stay with us and devote your life to a medical career.' So I said 'Well, I was not thinking of stopping medicine. I was going to go on.' 'Well you can't do that if you're married, we don't, we can't have married people as students, that can't happen.' I think I really was the first person, you see, who'd ever tried it on, because I didn't realise that. And when I reported this to my future husband, who was older than me and had been right through the war as an RAF pilot and come out the other end, he wasn't going to be told what he could or couldn't do, you can imagine. He just thought this was extraordinary, and I was twenty-one by then and so on. And so we laid different plans, and I started enquiring how else I could finish medicine, although married. And the people who were most welcoming to the idea were Oxford, where the medical school which had been rather developed during the war because of, again, sort of refugee medical students from elsewhere – I can't remember exactly what happened there – they had shrunk to a very small numbers and were anxious to attract a few more medical students, because they had hopes of building up the medical school in the near future. So I braved once more the dean's office and said well 'You know, I'm sorry to cause a *contretemps* of these dimensions but I can't not be married in the circumstances and I'm going to leave.' And that put the cat



among the pigeons, and of course I gave up the rest of my scholarship, and I think I got out as quickly as I could, almost within the week, and decamped.

MB The doors at Oxford opened and marriage beckoned. At that particular point, as the reel needs to be changed in a moment, we'll take a break and then return to these themes in Part Two

RR Okay. Right, so we've got somewhere.

MB We have.

## Part Two

MB Rosemary, you came down to Oxford in about 1949, with your new husband?

RR January 1950, I seem to remember.

MB January 1950.

RR Yes, here we are, 1950.

MB You'd been married by then?

RR We got married in Balliol chapel, where my husband was doing his degree as an ex-serviceman. And we lived for a while in Museum Road. The building where we lived, the house that we lived in is no longer there because it's been replaced, knocked down and replaced by some Keble accommodation I think. But I had a happy time. Very little flat in the top of this house, and very little income and very little food because there was still this problem of rationing, and my husband...

MB You were still hungry!

RR Yes, my husband Roger had been a pilot, and was used to having Air Force rations. And most of his friends seemed to be hungry ex-servicemen who'd eaten well during the war, and they didn't understand that when they came to supper on Friday night, and they got a good meal with me, that that was our rations for the week, and we had to go to the British restaurant<sup>5</sup> for the rest of the week in order to live. So we ate, I bought and ate all our rations on Friday night, and that was our weekly ration, that was my first efforts at housekeeping. And I was able then to go to the medical school, which was at Osler House in the grounds of the Radcliffe Infirmary, and I was terribly apprehensive about joining this very high-powered medical school with some very famous names. And the person that I knew of perhaps the most was Professor Witts, Leslie Witts, and I found that I had been put onto his firm, and I went on the very first day – I had been told there would be a round in the morning – and I went to the ward in the Radcliffe Infirmary. And the geography of course wasn't a bit like the Royal Free, so I stood at the entrance to the ward and to my horror I saw the nurses still seemed to be making the beds, there was a lot of activity going on in the ward. So I stepped over the threshold and asked someone, I said 'Is Professor Witts doing a round in this ward?' at 10 o'clock or whatever it was. 'Oh yes he's coming' says the nurse, and continued heaping up wash bowls and bedpans and blankets and things. And I thought well, this can't be right. So I stood outside in the corridor for a little while, there wasn't anybody about, and after a while someone came rather slowly along towards the ward and looked at his watch and stood outside the ward, and looked across at me but didn't say anything. And so I said to him 'Have you turned up for the Witts round?' I said 'Is this the right place, the right day and the right time?' And he said 'Yes, yes that's right.' And another minute or two went by, nobody else appeared, and then he said 'Well I think it's just going to be you and me.'

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<sup>5</sup> The Local Authorities (Community Kitchens) and Sale of Food in Public Air Raid Shelters Order of January 1941 made local authorities responsible for setting up community feeding centres, which became known as British restaurants. These served cheap hot meals for people wanting to save on domestic rations, and also freed up time so women could take on paid work.

I'm Witts, and let's go in.' And the difference between the beginning of a round in Oxford and the beginning of a round in London really shook me! And on that very first morning we went in not only could I of course look at the patient with Professor Witts, but we actually sat down and talked about the patient afterwards. I had never seen a medical student sitting in a ward before in my previous several years, and so at last I felt I'm going to get some proper clinical teaching here. I knew all the theory, I could answer all the questions, but actually the approach to the patient was something completely new, so I enjoyed it very much. And the firms did build up. I mean it just happened I was the only person on that day, but there were eight of us, I think later nine, or even ten, in the year that I was with. And the year actually was a year behind me because I graduated a year ahead of them, but I joined a year which graduated in 19 ... 53, whereas I graduated in '52. And I did some medicine, some surgery and some revision of various kinds, and then I took a London degree externally.

MB Just staying with Leslie Witts in our sights, was he an inspiring teacher?

RR Very. Yes, very.

MB What kind of person was Witts? Was he small, large? Was he dynamic?

RR He... Quiet would be the word that would best describe him. Quiet, calm, not a, not a very tall person, and not a flamboyant person at all. As far as I remember quietly dressed, gentle expression, fairly softly spoken and very, very knowledgeable the minute you started talking to him. And very enthusiastic as well, but not in a bouncy, exuberant sort of way, in an intellectual way.

MB And were your paths going to cross to some degree later on as well?

RR Not greatly after that, no, no. No, I saw him mainly when I was a medical student.

MB Right. So that was the good fortune of those years. George Pickering was also in Oxford at that time. Was that the time you met Pickering?

RR No, he didn't in fact come until later. I'm not quite sure of the dates, but I think he didn't come until nearly 1960, I think it was the late 1950s or ... by which time I had moved on as it were. And I, and I did see George Pickering quite a bit when I came back to Oxford later.

MB Right. So that link was to be a later one.

RR Yes, yes.

MB Any other teachers who were inspiring in those years.

RR Yes. On the, also on the Witts firm was Sheila Callender, who was a very good teacher, and I remember working with her. And there was ... I'll have to, whose name's gone for the moment ... there was another physician with whom I had some contact – I'll think of his name in a minute. Among the surgeons there was Tim Till<sup>6</sup>

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<sup>6</sup> Anthony Till.

who was very active and interesting and inspiring, and a surgeon called Corry<sup>7</sup>, I think there is still a ward named after him in the Radcliffe Infirmary, I think that's right. Let me think, who else did I meet? Oh, I met some of the orthopaedic surgeons up at the, what was then the Wingfield Hospital, later the Nuffield Orthopaedic Centre, and there were... And, oh, the anaesthetists of course were very famous in Oxford. There was, Professor Macintosh<sup>8</sup> was the professor of anaesthetics, and I did some anaesthetics revision and was introduced to the particular Oxford method of delivering anaesthetics which was quite inspiring. No, it was a different kind of teaching. One had a tutor, usually a junior member of the firm or registrar, some such person, and one had much more, much more thoughtful and intellectual discussion round and about each case and much less didactic teaching. My contemporaries were terribly surprised that I knew the answers to all the questions, because the questions that were actually asked as questions tended to be the kind of things which were in the textbooks which we had learnt in London. But in terms of contributing to the discussion we were of course much more equal, because most of those people had been at Oxford or Cambridge and were used to that style of teaching, which I enjoyed very much.

MB Rosemary, the Oxford that you came to, you didn't have a college place so it wasn't quite a euphoric beginning with a nice collegiate association.

RR No, no.

MB But you did get to like Oxford and form strong associations with it.

RR Yes, because I was a clinical medical student and taking a London degree externally, that was the mechanism which I found...

MB Yes, right, not an easy one.

RR ...I didn't have a college association. But my husband was at Balliol so we did quite a lot of Balliol things together, although of course women were not, they were not undergraduates in Balliol in those days and were only allowed in at certain times. And my husband was only allowed out at certain times of course, and this was a cause of much merriment among him and his ex-service contemporaries. But, anyway, we had quite a nice time and made a lot [of] friends.

MB Did the music go on? Did all the personal interest go on, did you get a chance to...?

RR No. I didn't, I didn't play when I came to Oxford, no.

MB Right. So it was hard work. But getting the London examination, getting a London MB was quite difficult, because Oxford probably didn't have the same teaching arrangements.

RR No, it was difficult. And I took, I took bits of MB and bits of conjoint, the bits that I could fit in that I thought I could pass. And it did take me ... it took me three or four sessions to collect together enough to be qualified. I'd got, I'd got bits of

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<sup>7</sup> Daryll Cedric Corry.

<sup>8</sup> Sir Robert Macintosh.

conjoint and bits of MB which didn't quite match together, but finally in November '51 I learnt that I'd got enough to qualify. And that's when I actually qualified and registered – November '51.

MB You were about a year late I work out, you would have been finished about a year earlier if you had stayed in London.

RR Yes, some of my contemporaries in London finished I think the previous spring.

MB Right. Rosemary, you were about to become a mum, soon after this.

RR Well, that was one reason for pressing on with the getting qualified, because in the way of things in those days if you were married you tended to get, have a first pregnancy pretty soon afterwards. And in spite of jokes about, you know 'Don't they teach you girls anything at the Royal Free?' kind of thing, any of the Royal Free girls who did get married around that time shortly after me had babies the next year. And by 1952 I'd got my first son, Randall; that was in February 1952. Now, I hadn't, I hadn't then done any medical work. I'd qualified, and was rather pregnant; I hadn't done any medical work. And you didn't have to do a house job in those days, but of course one wanted to do a house job. And I arranged to have quite a lot of my relatives and a nanny living in a household, we'd then set up a home in the Iffley Road and we got quite a big house, and I'd laid on quite a lot of help. And it seemed to me that I was going to have to do a medical house job of some kind.

MB That meant resident.

RR It would have meant resident in those days. But of course although it was resident and there wasn't really any time off, that is away from the job, the jobs themselves were in fact very much less demanding than they are today in that you tended to finish in the afternoon sometime and you could have time for some study or some private time, and then you did an evening round and you might or might not get called up at night, but most nights you wouldn't be. So it seemed to me that I'd got to cope with this somehow, and I applied for one or two jobs when the house jobs were coming up in the early summer of 1952. And everyone knew of course in Oxford, in the Radcliffe at any rate, that I had had a baby. And I was again rather surprised because I thought Oxford was rather sophisticated and so on, that they said 'Well that is absolutely impossible, we can't take a mother of a young baby in a house job, we can't do it, we can't have you, you see.' So I asked some of my friends well what did they think I should do. And somebody said well, Lionel Cosin was trying to invent a new speciality which is mainly medicine called geriatrics at the Cowley Road Hospital, and was desperate to get some medical help because there were rather few medical students qualifying and they were all wanting the more famous jobs in the Radcliffe. And so I got on my bicycle and went straight down to the Cowley Road Hospital within the hour and signed up there and then for a house job in geriatrics. I think it was called medicine and geriatrics or something, I can't just remember.

MB It was that easy.

RR Oh yes.

MB Because Cowley Road wasn't really a prestigious place in the, for a hospital.

RR Well, you could say, and also they didn't seem to have heard that I'd got a baby you see, so there was no objection. I didn't mention it; it seemed unnecessary. So I had then got a job and I'd got a household with a baby just on, really very close to the Cowley Road Hospital. It was terribly convenient.

MB Walking distance.

RR And it was in fact a very interesting time. There was a Dr Bedford(?) there who was a very good physician, who was the number two to Lionel Cosin, who was the inspiration and very involved internationally about setting up geriatrics and...

MB Was, was he really a forefront figure.

RR Lionel Cosin was, oh yes, very much so.

MB Impressive person?

RR Persistent person, a real ferret, you know, he really worried at people to get money and get things done.

MB Did he, he had deep caring about the elderly?

RR He had an attitude to the elderly, not so much as individuals but sort of collectively, that they deserved better than that they should be left to rot in endless back wards with no proper medical diagnosis or systematic nursing care and so on.

MB Rosemary, perhaps we should put on record for people who haven't had the pleasure of knowing the Cowley Road, this was the former workhouse.

RR Yes, the former workhouse and part three accommodation(?) from the time of the NHS Acts and the Social Security Acts. But before the NHS, people who were indigent and sick and for some reason were not interesting enough or acceptable in some way to the voluntary hospitals such as the Radcliffe Infirmary, particularly the chronically sick or the very elderly, they tended to end up in such places, which were very, very sad places indeed. Horrendous places, wards full of people of all ages, not just the elderly, covered with bedsores and completely confined to bed and very smelly and a very nasty atmosphere. And people who'd got almost no medical notes and no relatives and no means of support. It was a very, very sad human situation. And Lionel Cosin really looked at this human problem *en masse* and did demographic calculations and said, you know 'These people can and should be diagnosed, treated, rehabilitated, cared for.' And whereas he was quite sort of rough and tough and not a very tender physician to each individual patient, he worked wonders in developing care for the elderly by his inspiration. And he was backed up by the good medical knowledge of Dr Bedford.

MB Who was his first assistant.

RR Yes, that's right.

MB And you settled in there well. Despite the smelliness and despite all the problems, it was a way forward for you.

RR Well I was, as a matter of fact I was extremely interested in what he was doing. I got enough, I mean plenty of clinical experience, plenty, quite good teaching from Dr Bedford, and I made a start, you see, in a way which I would not have been able to. Now just before I fixed up this Cowley Road Hospital job, while I was pregnant and while the baby was small, I had appreciated that there was a big deficiency in postgraduate education for doctors, that once one had qualified you were really entitled to practice anywhere, virtually, in the world at anything you liked. And I felt rather inadequate, especially when I contemplated the gaps in teaching in London and the gaps in teaching in Oxford, and had I been educated in either place I would not have been the whole physician. And I thought there must be gaps elsewhere that I don't know about, and the world is moving on and I don't feel adequate to practice. So I had looked around for what was going on in the very early stages postgraduate education, and the most interesting thing to me was of a course of psychiatry at the Warneford Hospital, being run by a Dr McInnes<sup>9</sup>, who was a famous name in Oxford psychiatry then and thereafter. And I went fairly regularly to those courses and began to learn some psychiatry, which I had been wanting to for some time. Now... [Dame Rosemary coughs] Sorry.

MB Have a drink Rosemary. Rosemary, I was going to ask at this stage about the nocturnal baby you developed in that period!

RR Yes, in order to do the work at the Cowley Road Hospital, what I decided what I would do is teach the baby to feed and play during the night and sleep during the day, and so that I could work during the day and play with the baby and feed him during the night. And this worked well for a little while until my co-resident, who was a very nice Ceylonese doctor, an older man who was very wise in the ways of the world, challenged me one day and said 'I think you have got baby somewhere,' because he had seen signs of my coping with this baby as well as the job. And so I admitted it and thereafter we came to some agreement that when I was called he would call me from my own house across the road. And this worked fairly well for a while, but it was then discovered and thought to be not what should have been happening, by the board of governors or their representatives. And I was sacked, told to stop and I think he nearly was, but not quite. Anyway, by then I had some house officers' experience.

MB How long were you at Cowley Road?

RR I suppose altogether it was about three months. I mean it should have been six months but...

MB But keeping a baby quiet in that period, it's quite a skilled enterprise managing both fronts.

RR That's right, yes. So...

MB And you went home.

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<sup>9</sup> Dr Robert Gow McInnes.

RR ...then I was at a bit of a loss. I didn't seem to have a medical future. And one of the general practitioners who had met me on the psychiatric course at the Warneford rang me up and said 'I hear that you are free and I very much want a woman assistant in my general practice in Cowley.' And we had in fact corresponded with patients from his practice in relation to my job at the Cowley Road Hospital, and he knew who I was. And so I went and joined Dr Firth<sup>10</sup> at Temple Cowley, and someone was leaving this assistantship – a young man whose name I forget but who was in a great hurry to go to some other job that he had. And Dr Firth said that he would hand over to me. Indeed he did; in the back of a car, for about half an hour, he taught me all I needed to know about general practice, which of course I'd never...

MB That was your introduction to general practice.

RR That was my introduction to general practice. And he gave me a list of the patients who needed visiting that afternoon and their addresses, suggested I bought a map so that I had some idea where the roads and houses and farms and things were from around Cowley. And I started that evening, and worked then extremely hard for my first stint in general practice.

MB Rosemary, just put us on the map, for that practice... How many patients, how many partners?

RR There were about eleven thousand patients. There was Dr Firth, Dr Richard Ewing(?) – they were the two partners – and then they normally had an assistant. So there were...

MB Three of you.

RR ...three people.

MB You worked hard.

RR Eleven thousand, yes, it was very, very busy. We saw... We did surgeries morning and evening. Not everybody did morning and evening, but there were surgeries every morning and every evening including Saturdays morning and evening. And there were arrangements made for being on emergency call; you did twenty-four hours on emergency call and took in everything that was not a doctor's specifically by name.

MB Could you divide the work into thirds, the three of you? Is that how it worked?

RR It didn't quite work like that. Dr Firth was a very, very good general practitioner of the old style. He was a founder member of the [Royal] College of General Practitioners, and was very interested in trying to set up the College of General Practitioners at the time, in order to get some postgraduate teaching in general practice, because he must have been only too aware that people like me sort of jumping into his practice at half an hour's notice was hardly the way, you know, to offer the best care. So he was thoughtful... He had just lost a son in the Korean War, which was another shock, of course, which we all went through at that time. And so

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<sup>10</sup> Edward Kingsley Anson Firth.



he was rather a sad man, rather quiet and I would say rather past his energetic best, but devoting his energies and his intellect towards the College of GPs. And then Richard Ewing was a nice enough chap, very friendly and so on and quite energetic, but he believed in getting through the work as quickly as possible. And so, as so often happens when there's one young willing woman in a practice I've discovered since, the patients tended to go for the middle road and ask for me, and I certainly had more than a third of the work to do. I'm well aware that I did, I did all the Saturday evening surgeries, for example. They had alternate Saturdays off completely, and I did those.

MB You had a considerable range of patients; you had all the workers in the Cowley area, but you also had outlying areas like Garsington and so on.

RR That's right. We went up to the villages of Garsington and Horspath and Cuddesdon out in that direction, and in between we had gypsies and quite a lot of caravan dwellers, and people who were living rough in the countryside in a way that they don't I think these days. I mean you don't nowadays see a field with an old bus in the corner with a family living in it. I don't think anyone lives like that now, but they did. And there were also all these workers from the Cowley works, which was then a very, very active motor works. And a high proportion of those were former Welsh miners who had come from Wales, walked to Cowley for the work in the 1930s, and were still there and were suffering ... to my great surprise and alarm really, when I started diagnosing anthracosis and silicosis. I couldn't quite think that this is what I was seeing, but my friends at the Radcliffe Infirmary, who supported me a lot in my first year in general practice told me yes, that was true and it was their coal mining origins, even all those years before, which had caused these lungs.

MB You were meeting an imported contingent of mining disease.

RR Yes, and a lot of industrial disease associated with the old paint shops and the spray processes, and indeed some of the industrial processes. I didn't know that the dipping and the spraying and the scraping and the general atmosphere and the lack of dust control and so on that there was in the works in those days. There was a very good, what they called the works medical service. It was an occupational health service, and there was a Dr White<sup>11</sup> who ran that for many, many years, and he had a very high standard in terms of occupational health, but of course the back-up was always through the general practitioners and so one saw all this.

MB If not quite a culture shock, quite a shock to the system.

RR Something completely different, yes.

MB And children's ailments, which you took quite an interest in, must have been quite fascinating at that time. Quite a range of ailments we don't see today, quite severe illness.

RR We had whooping cough, which killed children of course, killed babies, and measles which killed, scarlet fever and rheumatic fever which left little children with damaged hearts for evermore, bad bronchitis and infections and accidents and wounds

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<sup>11</sup> Dr William Gordon White.

which didn't heal. We were just beginning to get penicillin through the practices. We had, we had a sort of ration of penicillin and we had a system for giving it, only by injection of course, but of making this up from the crystals and the liquid and injecting it to the cases that really wanted it. By the time I left it was in fairly good supply and you could use it for ... well, freely, as wished.

MB Was general practice a satisfying existence for you? I know you were busy; you had a baby, you had a married life.

RR Yes, I ... in many ways I liked it. What I did find was that I needed more postgraduate education. I realised that I was hopelessly on my own and the patients were hopelessly on their own with me, when one hesitated just out of good manners and sort of professional pride to refer patients all the time to the Radcliffe Infirmary. But at least the patients were willing to go there. They were very happy to be referred, they had a happy association with the Radcliffe Infirmary, they believed they got good medicine there, good care. You didn't have to persuade them to go to the hospital, whereas in London one had had to persuade people to be admitted and so on, it was very difficult. But the general practice was fine if only I had known better how to do it - that my pervading feeling - and if only one had had colleagues to discuss cases with. You just worked on your own and one was out and one was in of the partnership and you didn't really see each other. And there were no practice meetings in those days, no discussions, very little going on even in Oxford in the way of postgraduate education that you could go to.

MB So there was a great thirst in you for postgraduate medical education.

RR I certainly saw the need for it. And the other thing, which of course was essential, was to be very, very good at managing a car. We had two terrible winters the winters I was there, with thick ice and snow everywhere. And so often the doctor was the only person on the road in the car, trying to get the car through or walking through the snow, just trying to reach the rural places. I hadn't realised how important just driving a car was to general practice.

MB Rosemary, how difficult was it in that very busy practice to be a mum?

RR Pretty difficult. I had a lot of energy at the time. I used to take Randall out on the rounds with me, in the afternoons, and I found that general practice suited a toddler rather well. I would have him minded - well, in the mornings - to go home at lunchtime, often rather late. But then in the afternoon when little tots like to be taken out with their mums anyway I could go out in the rural practices. And the patients were extremely nice and they minded him or talked to him or some member of the family would talk to him or show him the farm or something while I saw the patient. And we had rather enjoyable afternoons. Then it was always a bit of a scramble to get him bathed and ready for bed, or mainly ready for his cot before the evening surgery. And that was a bad time to go out in the evenings. But my mother-in-law was in my house, living with me at the time, and she loved him dearly. And of course if someone loves a baby, they look after that baby much better than any kind of care you can buy, and so I felt quite confident. And if I went out at night, well there was someone in the house, so that was alright.

MB Rosemary, disasters had struck you before, you'd had crises to cope with before, but you're going to have a bad time at the end of this period of general practice, it's going to be ended by a bad time.

RR Yes, it finished when I got polio, in the New Year early 1954, I suppose, in the spring. And I was the last, the last paralytic case I think that was thought to have derived from Oxford. The, there were one or two more cases that were treated in Oxford, but I think they weren't thought to have caught polio in Oxford after me. So that was really bad luck to have got it at that time.

MB Was this from a patient?

RR The previous paralytic case or known case in Oxford had been a patient of mine, but some months before and a rather isolated case. And when you work out the immunology of the situation I couldn't have got it directly from that person whom I had looked after, but it must have been in the practice and going around. And in a ... one day I just realised that I was falling about the place doing the rounds, and that had happened to me. And I couldn't immediately get hold of any help and I was in charge of the practice on that day.

MB I think you were on a round, weren't you? You fell down by your car, you said.

RR I fell down outside the car for the first time and immediately diagnosed what had happened to me. And the day wore on and I still couldn't get help from my partners. One was away and one had, was not accessible, because I was doing twenty-four hours on, so I kept going longer than I should've done from the point of view of preventing the paralysis.

MB You staggering around patients.

RR Trying to, trying to clear up emergencies. Yes, doing the rounds and getting less and less able to walk or drive and so on. And eventually, in the evening, I got home and just more or less threw my baby into the cot – I was terrified I had given it to him already and just perceived that he hadn't got it that day – and just sort of fled the house and went down to the Radcliffe in my car, and was admitted of course that night. And that was the end of that particular spell in practice and quite a lot of other things.

MB There can't have been many worse days than that in your lifetime, Rosemary.

RR Well that's right, one remembers it vividly, but...

MB You were diagnosed immediately. I mean, well, you'd already diagnosed it, but at the Radcliffe you got help immediately

RR I knew what the problem was, yes, and it was naughty of me in a way to go into the Radcliffe. But I did stand at the door and ask the nurse to get a doctor and sort of said to him 'Hi, I think I've got polio.' Because of course it was terribly infectious and people were terrified of it, and so I was bundled into isolation

immediately, and luckily didn't become much more paralysed in a life-threatening way. But of course it was a very long illness and...

MB What kind of treatment did you get?

RR Well, of course there isn't really any treatment and still isn't any treatment for polio, you have... You just have bed rest, I mean you rest the muscles while they're paralysing, and then when you're over the first week or so you can have this Sister Kenny treatment from Australia<sup>12</sup>, with the hot packs and so on and some treatment for the pain. Of course I didn't need to go onto a respirator – there was a respirator standing by in case the breathing or swallowing can't be done, and that would still be the case today. But, I mean, it is absolutely wonderful that this very year the WHO [World Health Organisation] is planning to rid the world of polio by the year 2000, due to the immunisation efforts which have since become possible. But I went from the Radcliffe, where they waited until they were sure I didn't need respiratory support, I went up to the old infectious disease hospital which was The Slade, which until quite recently took infectious cases up there, and stayed there for a month or so. Inquiring, of course, anxiously about my little boy as to, and my husband and my family as to whether they had got it, because it tended in those days to affect two or three people in a family. And they would bring the little boy up and let him run about outside on the grass so that I could see with my own eyes that he was unaffected, but of course he wasn't allowed in, because it was an infectious diseases hospital. And nobody else was affected, nobody got it directly from me or thereafter apparently in Oxford, which was wonderful. And by the time I was convalescing the Salk vaccine was being discovered.

MB Did you go home to do the final convalescing stage?

RR Well I went up to the Nuffield Orthopaedic Centre, the Wingfield, for the sort of physiotherapy which is needed really before you begin convalescence. And then I went home and lived [with] my parents in, and my little boy in Chorleywood, Hertfordshire, where they had just moved from London. They'd been given a permit to build a house because we'd lost so much property in London during the war, and they built a new house out of a ration of glass and timber and goodness knows what and it was just ready by 1954. And I moved in with them in fact, and got myself recovered as much as possible with their help and their help looking after Randall.

MB How long did that terribly difficult period of learning to walk and substantially get about, how long did that take? That must have taken months and months.

RR Yes, it was complicated by the fact that when I got back there I realised, well, if I hadn't suspected it already, that I, there was another baby on the way. And so if you're actually tottering about on crutches and things, if you're also changing shape and other things sort of happening to you physiologically, it's not terribly easy to know what progress you're making. But I was, I was able to, before I had my second baby I could actually walk about on crutches; this is by 1955. I could walk on crutches and with various callipers and supports and aids and so on for walking. I could walk a little way; that is that I could walk in the house. If I was taken to

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<sup>12</sup> Sister Kenny was an Australian nurse who believed that polio patients should not be treated with braces, but that the diseased muscles should be 'relaxed' with hot packs and then stretched and exercised. The Sister Kenny Institute was established in Minneapolis.

someone's house I could walk about perhaps in a strange house or I could walk a little bit into somewhere flat or level. But I couldn't go into a shop or on to a bus or a train or anything like that. And I, until I learnt to drive, which was the first thing I could do by way of independence – I found driving easier than walking for a bit – I couldn't really do anything very much on my own. And of course when the baby was born, and the second baby was born, first of all there was a great anxiety as to whether he had got polio. And possibly he had some signs of antenatal polio but on the whole he escaped, and...

MB Another son?

RR Another son, named Rolf, yes, who is forty now, so that was 1955 to 1995, that's right. And then soon after he arrived I was able to walk a bit and drive a bit, and so I was managing in a way, coming back to...

MB You were coming on extremely well, Rosemary. But life wasn't all improvement, because I think your marriage that hadn't been all that successful came to an end.

RR That's right the, as very often happens when people have a disaster in the family, an accident or disability or something like that, the marriage did not survive that. So I realised then I was on my own and I'd got two little boys and not much capability in a physical sense, although of course I'd still got my medical profession and a modicum of experience.

MB And you were still only in your twenties.

RR Yes, yes. '55 ... I was 27 then, I suppose, 27. So what happened next, I struggled walking about and thought well I'm... No one was going to do anything about it at all; it was just up to me to see what I could do with exercise and so on. There wasn't really anything more anyone was proposing at that time. So I thought I must try and get back into general practice, because I thought that I could do that although disabled, if I could drive; I could get to a surgery, I could sit in the surgery and so on. I made one or two enquiries and false starts. I went to one or two places and found I couldn't sort of get up the stairs into the consulting room or whatever was required, so I backed off those. And then quite by chance in Hertfordshire I met a GP, well-established GP, who had got a single-handed practice, quite an extensive and interesting single-handed practice based on Sarratt and Rickmansworth and Croxley Green – that's just on the edge of Watford and out into the Hertfordshire countryside. And he had been doing this single-handed and he had had a problem and had had to have his leg amputated, so he'd got one leg and a single-handed practice and needed some help. So I'd got one leg and some general practice experience. So with one leg each, we joined forces and ran a general practice, very happily together!

MB That was an amazing, amazing project, wasn't it?

RR It was extraordinary, and the....

MB The patients used to help, I think?

RR The patients collaborated. If they lived up awful farm tracks or it was muddy or cars or feet were not able to get there they would send a tractor and a trailer down and pick up whichever doctor was, turned up on the day. And we had really a great time together. It was a bit of a slap-happy practice compared with the orderly one in Cowley, but of course by then I was experienced and could cope with it.

MB Tell me a bit about your partner, put him on the map.

RR He was a chap called Martin Doyle, who was, had some Irish and some Spanish blood, so that he was... He looked like a pirate, he was a big dark haired fellow, who stomped around on a... He insisted on having a pillar – that's a wooden leg, a Long John Silver sort of thing – which he found much easier to manage than the sort of contraptions that looked more elegant. And he drank and he swore and the patients were very fond of him. And if they really couldn't get hold of either of us they went to 'The Boot', which was the pub on the green at Sarratt, and routed him out from his favourite corner and got hold of a doctor. And he didn't have a filing system. I was very puzzled by the way this practice ran. I referred patients to hospital, which was mainly the Watford General Hospital in those days, and I thought well, this is a very funny hospital, they never ever reply or send me any results. I never get any path[ology] results back, I never get any x-ray reports, it's really very peculiar. And I began to think that perhaps teaching hospitals were different from the other hospitals, you see, and that this was the way all local hospitals behaved. So I went on guessing the patients' diagnoses for some time, and then one morning I was in the house quite early and I saw Martin's wife, who was a lovely lady, propping a large wastepaper basket under the letterbox. She said 'I have to get that there before the postman comes, otherwise I have to pick it all up.' And the post went straight from the letterbox into the wastepaper basket and straight into the dustbin, and that was the filing system organised by the GP's wife. So the standards you can see were not modern general practice, but...

MB It was a good partnership.

RR ...it was great fun. And eventually I, you know, I did work out ways round these peculiarities, and so... We also did, we were civilian medical officers to RAF Bovington, which was a flying station with some, mainly Americans, and a bit of a showing of RAF there. And we used to do sick parades there quite regularly, so I got a bit of service medicine experience, backed up very much by the rich American medical presence on the other side of the airfield. Then, ah... I, oh I know, the next thing happened, I got, I got some help from the Nuffield Orthopaedic Centre. I had some time off and I had an operation which enabled me to walk very, very much better. It took a long time, it took about six to nine months in plaster and so on, but I did, when I finally got back I could walk much better and I felt much stronger, and I felt that I ought to do a bit more about my career.

MB Rosemary, this was surgery with Trueta was it?

RR Yes this was Professor Trueta<sup>13</sup>, who was by then Nuffield Professor of Orthopaedics at the Nuffield Orthopaedic Centre.

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<sup>13</sup> Professor Joseph Trueta.

MB I just wanted to put him on the map, because I think that was quite important bit of surgery.

RR Yes, he was a well-known personality in Oxford. But he was well-known internationally because he was the person who had gained his experience during the Spanish Civil War and then walked across the Pyrenees from Barcelona, and come to Lord Nuffield who had set him up with money to demonstrate in a hospital in England how to treat war casualties. And of course the methods that he used were adopted by the British armed forces and their medical services throughout the Second World War, and were probably very important in saving lives, the method of immobilising injuries. That combined with penicillin of course which was the great saviour.

MB So you come to, to the practice.

RR So then I went back to Sarratt, which was not going to give me a professional career, and I... And also then I began to participate in some postgraduate medical education which was developing all over England at the time, and based on what was then the Watford Peace Memorial Hospital, I used to go to various things and meet people and get a bit more of a developing interest. And I was just thinking what I could do when Martin became extremely ill again and he... Whereas I was getting better and better, fitter and fitter and thinking of the future, he had a fatal complication of his disease. And it was quite apparent that when he died I was not going to be able to, or indeed would want to take on that practice as it was single-handed, with my other commitments and so on. So the practice was handed over to a young son of one of Martin's friends, and this doctor was called Michael Scorer, who took it on as a single-handed practice and made a big success of it, up to very nearly to this day. And Martin died and I looked after Martin until he died, and then of course I was once more really without a job and still a bit handicapped. I knew that I had a programme of more surgery ahead of me and I'd got these little boys and no husband and so on, and so I applied to join the public health department of Hertfordshire County Council as an assistant in public health, with a view particularly to doing what used then to be called infant and child welfare, maternity and child welfare or something – mothers and children really, families. Martin had been a trained psychiatrist and had done some child psychiatric clinics. So I had kept an interest going in child psychiatry, interestingly through Martin, and I was taken on by Hertfordshire as an assistant county medical officer, and started a new phase of my career then.

MB So your career in medical administration is launched.

RR Yes, that was the beginning of it.

MB Dame Rosemary, at that point we are going to close our conversation for today. I've enjoyed it very much.

RR Thank you very much for talking to me.