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**Professor Guy Scadding in interview with Sir Gordon Wolstenholme
Oxford, 14 February 1989, Interview I**

GW Guy, it's almost exactly I imagine sixty years since you qualified in, as a doctor, 1929 I think you got your conjoint. Is that right?

GS That's right. I just got in under the old regulations which, by which you could qualify with, after about two and a half years of clinical work, and we managed to do that.

GW And all, nearly all this long career in medicine has been concerned with diseases of the chest. I'm going to come to you to talk about these incredible changes that have occurred in our knowledge of respiratory disorders and diseases, and their treatment, but first of all I'd like to hear something of your own personal background. And ... were you, at what stage were you intended for medicine?

GS Well, there was, there's no medical tradition in my family at all. My father was the headmaster of a London County Council elementary school, at which I started my education, Netley Street off the Hampstead Road, quite near the College [of Physicians].

GW Indeed, yes.

GS I think the reason why I personally decided I wanted to be a doctor quite early in my life was a quite irrational admiration for our family general practitioner who looked like a doctor, smelt like a doctor, treated my father with great confidence, and came in with a great air of confidence round the place. I subsequently discovered he just managed to qualify with an LMSSA [Licentiate in Medicine and Surgery Society of Apothecaries, London], but that's really, this irrational admiration for him was the reason why I took it up. Well, my career has been very different of course, nothing to do with that. I suppose I was fairly bright as a child and got various scholarships from my father's school, and ... my parents kept me going with considerable difficulty of course through my career so I..

GW Why did you go to the Middlesex?

GS Well, because it was, it was near and convenient, and a cousin of mine had been a nurse there. And that was about the only reason; there was no rationality about that either. So although I landed up in a profession which has always seemed to be quite right for me, the reasons I went to, into it were perfectly irrational.

GW Do you remember those early Middlesex days?

GS Of course I do, of course I do. I look back and compare the educational lot of the people who are coming into medicine now very favourably with my own

experience, because really it was ... basically education by apprenticeship. We had some very good people there of course at the time. Samson Wright was, he was the demonstrator in physiology. But he couldn't really raise the level of the department above that which was imposed by his chief, Swale Vincent, who shocked me enormously when I first arrived there at the age of eighteen at the Middlesex. The very first lecture I had was in his department. He stood there and started off by saying 'Gentlemen, the university requires me to give these lectures, the university requires you to listen to them, they are quite useless,' and ensured that they were so. And that was really the general level of education I suffered, but we won't go into that too much though.

GW But in the long run it obviously hasn't been a handicap to you, but even then when you went onto your clinical work, did you feel that you had a base from which to operate?

GS Well, you say it hasn't been a handicap to me, I think I might have done a good deal better if I'd been started off with, started off better. But that's another matter. Well, I mean, I think again this is a very general discussion, I think that in those days in general the amount of real education people got doing their house jobs was pretty limited. They picked it up on the way, and if they had a good chief they picked it up well. And that was it. And of course the structure of a, of a career and training were just not there, you just got, went for any job that came along that you fancied. There was no guidance unless you went deliberately to seek it, and most people didn't. Compared with that haphazard business the current structured training programmes are obviously advantageous. I think we mustn't let them get too rigid, it's very important they shouldn't. But the comparison there is beyond, well it only has to be mentioned to see how important it is.

GW If I remember rightly, your first job at the Middlesex after qualifying was in anaesthetics, so you were already on to respiratory problems.

GS Well ... you've been getting me being too revealing...

GW Oh, you can't be too revealing.

GS Well, alright. Well, you see, I went into that job because I was assured that if I did this – I'd had no clinical experience when I did this job – if I did this I should be, I should have a good chance of a better job. And so I did it for six months. I was the junior resident anaesthetist. The senior resident anaesthetist was Bernard Johnson, who later became anaesthetist at the place, but most of the time I was doing it he was, he was off with a peptic ulcer. So I was the only resident anaesthetist in the place, and I used to be up all night giving anaesthetics. And the amount of supervision I had was virtually nil. And it's one of the things I look back on sometimes with great distress because I know of at least two patients for whose death I think I was responsible.

GW This was in the days of...

GS Ether.

GW ...very primitive...

GS Pouring on ether.

GW Pouring on ether, yes.

GS Pouring on ether, yes, yes. But that is not part of my career with which I look back on with any pride or...

GW But did anything in doing that job turn you in the direction of respiratory problems?

GS No, no. Again, I got into respiratory medicine again by accident. I did, I didn't succeed in getting a house job at the Middlesex. I went off and did a house physician job out at the Connaught Hospital, Walthamstow, where there were some up-and-coming London consultants. Evan Bedford¹ was there, you see. So I worked for him there. And that's probably why I went. And Ernie Lloyd², who you'll remember from College, was out there. So I did a job there and was there for nine months. And while I was there I was wondering what I should do next. I had decided that I was interested in clinical medicine then, and that I must get the Membership, and I was looking around for another job to do to complete my training or to contribute to my training for Membership. And there was a job at the National [Hospital], Queen Square, and one at the Brompton turned up about then, and I applied for them. But the Brompton one came up first, and I was accepted for it, quite unexpectedly. You don't want to know the detail of that. It's a silly little anecdote.

GW No, please do.

GS Alright.

GW It's probably characteristic of the time.

GS Oh, absolutely. I was, at that time there was a Middlesex firm at the Brompton consisting of RA Young and Beaumont³. And if their position at the Middlesex wanted to go on, it was virtually automatic. I mean it wasn't officially so, but everybody knew this was the situation. Well, the, their house physician at the Middlesex was Hugh Ramsay, who was a nice chap who'd been at school with me, and he applied. So I knew I wasn't going to get that one, and the chance of getting any other with them taking two Middlesex men was virtually nil. Anyhow, I went up, and we sat there, the candidates waited, having been interviewed, and we waited half an hour before they came back and said, called the three in who were to get the jobs – there were three jobs. And Hugh Ramsay and I were both asked in. And Geoff Todd, who was then the resident medical officer, you remember, told me afterwards that what had happened was that the candidate who had been selected by ... by Burrell⁴, who was the physician for whom I subsequently worked, had not been approved of by

¹ Davis Evan Bedford.

² William Ernest Lloyd.

³ George Ernest Beaumont.

⁴ Lancelot Stephen Topham Burrell.

the then chairman of the medical committee, Bosanquet⁵, who said he wouldn't have that damn pansy on the house! And so they'd phoned round about the other candidate and actually rung Evan Bedford to get a further support for me. And so that's why I went into respiratory medicine.

GW Still a Middlesex mafia!

GS Well ... well I don't say that, but I emphasise that it's, the whole of my early career was a matter of accidental occurrences, and why it turned out reasonably well is perfectly not understandable.

GW You got your Membership in '32, I think?

GS '32, that's right.

GW And you got your MD with a, with the University Gold Medal?

GS Yes.

GW What was your thesis? What did you...?

GS Well, it wasn't. You see, at that time...

GW It was at that time not a thesis...?

GS That's another change, you see, another great change. At that time hardly anybody took the London MD by thesis in clinical medicine; it was, it was just another examination.

GW Yes, rather a tough one.

GS It was, and it was, really if you were going to do the Membership you might as well do the MD at the same time. And that's how it was. It was, it was a good examination really. It was, I thought it was ... as an examination it was a better examination than the Membership. There was a great, they had four papers and one of which was an essay which I think was a good thing, because if you're going to ... the, it's important I think that people going into the profession should show that they can express themselves clearly in English. And the clinical part of it was very well run. They had a separate long case which was, which you had plenty of time to see the patient, you were, had, you were able to ask for investigations if they had been done. And then you went off and wrote an essay on this case, an account, as if you were doing a consultation and trying to discuss the diagnosis and recommended treatment and all the rest of it. It took a long time because you had a separate thing of this. And then there were the short cases; it was rather like the whole of the Membership clinicals. And I thought that was a very good examination. I was most astonished when I walked round from the Brompton where I was then working to the, to the, outside examination hall in Exhibition Road and looked to see if I had passed the damn thing, and I saw a name with a star against it. And found, good God, the

⁵ William Cecil Bosanquet.

standard for this examination isn't as high as I thought it was!

GW You were at the Brompton as a sort of regiment, a resident medical officer?

GS Well, again my...

GW More than medical, I mean...

GS Well, my career at the Brompton is of some historic interest now. You see, in those days the real advances in ... in respiratory medicine, thoracic medicine, were really being made by the surgeons. They'd, thoracic surgery had just become a practicable proposition, and at the Brompton we had the two, the two principal thoracic surgeons in London, JEH Roberts from Barts and Tudor Edwards⁶ from Westminster. And the surgical side of the hospital was extremely active, partly in the treatment of pulmonary tuberculosis for which surgical proceedings, procedures of course were very widely used in those days. And also for the surgery of bronchiectasis, pulmonary suppuration generally. Chronic empyema was an extremely common problem. Lung abscess was a common problem. In the ward of the Brompton Hospital at that time we quite commonly had two or three cases of cerebral abscess secondary to pulmonary suppuration. It was, the picture of course was one of considerable surgical activity dealing with these, this wide range of things. In addition of course to the occasional remarkable procedure like removing of a, the removal of a mediastinal dermoid which was quite a thing in those days, and the occasional ... venture into things like oesophageal surgery and that sort of thing. So, the surgeons were the people who were making advances. But the interesting thing was that the training at the Brompton Hospital didn't train surgeons at all, as the surgical resident was called assistant resident medical officer, and was a trainee physician in as far as he was trainee for anything. And, so after I'd got my MD, Membership and the MD, I applied for this job because I thought it was an interesting one. So I spent a year as the sole resident at the hospital to Tudor Edwards and Roberts, joined later by the two assistant surgeons who came on, Clem Price Thomas and Tim Nelson⁷. And there I was doing, looking, doing all their preoperative work, and postoperative care, keeping the records and all the rest of it. There was no surgical registrar, and I did this for about thirty active surgical beds.

GW Unthinkable nowadays.

GS Well, it's just incredible. But the volume of experience that one got in that way, one's acquaintance with some by-ways of clinical medicine, could not be obtained any other way, you see. Then, having completed that job the – Geoff Todd was still the resident medical officer which was a post which, for which there's no parallel now, but I'll tell you more about that later – I thought it would be a good idea to go on in this field, because I'd got interested in it and there seemed [to be] openings there. So when he moved down to Midhurst as the medical superintendent there, I applied for the, for the resident medical officer job. Now, at that time the resident medical officer was of course the senior resident. The residents really were resident. We lived there; we were a family, there was a spirit that no longer exists. None of us could, were married of course. No idea of anybody being married if you were going

⁶ Arthur Tudor Edwards.

⁷ Henry Philbrick Nelson.

to work in a hospital, you were just, were interested in your profession. And so I did that – it was a three-year appointment that – I did that for only eighteen months. As I said there were no registrars at the ... well, there were two part-time registrars who had put in a very short time there, and so the resident medical officer was really the equivalent of a registrar or even a senior registrar. I mean, if the chiefs didn't turn up for the outpatients, you might be asked to go and conduct the outpatients. So one learnt a lot on the job there, you see. Then I, how was I going to escape from this? You see, the opening at that stage would be into, the only opening would be to go and be a medical suprendo(?) of a sanatorium or something, you see, which wasn't a very attractive prospect. And I was really rescued by the appearance of the Postgraduate Medical School.

GW And that was Francis Fraser?

GS Francis Fraser. You see, when ... when that started, it was officially opened of course by George V in May '35, and they were, Francis Fraser had moved from Barts and was the director of the department of medicine, the professor of medicine. He was making up his staff. Now the staff at that time consisted of really six senior people. There was the professor, Fraser. The reader, Robert Aitken, did that, you know, later became vice-chancellor at Birmingham. And I'm still in touch with him, he's... And then there would be four first assistants, who although they're called first assistants were in fact in full charge of beds and outpatients and all the rest of it. And Fraser sort of selected various people by various ways, got to know who was around, and got me to go across there. There were, the people who were there first of course were Paul Wood, and, as well as me, Stuart-Harris⁸ was there for a little while because he'd moved from Barts with Fraser, and Brock who was later in Cape Town was there at the time, and...

GW John Brock, yes.

GS John Brock, that's right. And, oh, Geoffrey Jennings, who led a move out into the district general hospital at Edgware. Brock went to Cape Town after about a year, and Sharpey-Schafer⁹ came in, so that was the...

GW Stimulating group.

GS Stimulating group. Well now... Exactly. Well now, that of course got me into the, into academic medicine really, where I managed to stay.

GW To an extent which wasn't otherwise possible.

GS That's right. You see, I often look at myself and think I got away with it by being a scientist at the Brompton and a clinician at The Hammersmith, and you can make what you like of that.

GW But in due course you ... well, did you ever break with Brompton, did you...?

GS No, no. Well, yes, you see, there was this time when I was, went to

⁸ Charles (Herbert) Stuart-Harris.

⁹ Edward Peter Sharpey-Schafer.

Hammersmith from 19 ... in the beginning of June '35. From that time until January '39 I had no official contact with Brompton, though I was in and out of the place and contacts all the time. And then in January '39 a consultant appointment came up at Brompton, two in fact, and I applied and was appointed.

GW Robert Arthur Young went off, I suppose?

GS Oh, he'd gone off before.

GW He'd gone off before had he?

GS Oh yes. RA had, RA must have retired about ... '36 I should think it would be. I'm not quite sure.

GW He retired from the Middlesex?

GS From the Middlesex, yes.

GW About thirty...

GS '36 I think it was.

GW '36 or '37. Yes, because I was a student then, and I remember going on his last round, and...

GS Oh well, if you're interested in RA I can tell you some quite, things that happened there. At Fraser had the, quite the idea that he would get people who'd just retired from teaching hospitals but were still intellectually active enough to make some contribution to come and do three months teaching. They'd take over officially, sort of take over in a ward, but really the first assistant who was running the show was running it, and the great man would come in and teach two or three times, twice a week actually. And RA did this, and I was looking after him and it was quite interesting. I remember after the... He came twice actually, and the second time he came up as I accompanied him out to his car, which you'd do in a ceremonial way in those days, he turned to me and said 'They seem a rather nicer, rather better lot this time, dear boy.' So, I said 'Well yes Sir, I think they are a bit brighter.' 'Yes,' he said 'I find they don't ask me so many questions I can't answer.' So I sort of said 'Come, come, Sir.' And he said 'Well,' he said 'You see, I think it's the fools who ask you the questions you can't answer.' And there's something in that, you know. There are those foolish questions that only an idiot would ask you, yes.

GW Yes. Of course we're coming up to the war and to, and you went in for, what, five or six years, didn't you?

GS That's right.

GW So ... so this was a really major break in what otherwise would have been by now an assured career?

GS Yes. Well, it was, it was, my career wasn't really all that assured, you see,

because I was spending most of my time at Hammersmith, some at Brompton. And of course in those days in order to keep yourself going you had to start off in practice, so I had part-time use of a room in Harley Street which I didn't enjoy a bit. And then the war came along, and I got involved first in the Emergency Medical Service as most of us did then, you know. We were thinking that there were going to be three hundred thousand casualties within the first fortnight in London and all the rest of it; we thought that was what we ought to do. And I was posted, actually posted in the Emergency Medical Service, to the Brompton Hospital, which of course had been completely evacuated. All our patients had been sent off, we'd sent the ones who couldn't be sent home down to the sanatorium at Frimley, and the hospital was empty, and we were sitting there doing nothing. And nothing happened, so...

GW What did you actually want to do?

GS Then I, well then I thought... Well, I was a bachelor then, I hadn't met my wife at that time, and I thought well, better do something. So I went to the BMA House and said 'Look, I ought to be doing something more.' And they said to me 'Oh, well, we'll put you on the reserve list of medical specialists for the RAMC.' I said 'Well, alright, what does that mean? When do you want me?' 'Next spring.' So I hung on through the whole of that winter at Brompton, where of course we actually opened up and I did a, quite a lot, I mean I...

GW Certainly normal work was resumed?

GS Well, it wasn't so normal for Brompton. In the early days there we, of course we had all the artificial pneumothoraxes that were there; one Saturday afternoon we refilled one hundred artificial pneumothoraxes. So we weren't idle in our own field. But the outpatient facilities generally were pretty poor during the first, during September/October/November. And so I started seeing outpatients, and I was seeing sort of rather general outpatients at the Brompton Hospital for a time. So I wasn't idle. Anyhow, then they called me up for the RAMC in ... in May, well I actually joined at the beginning of June...

GW Of 1940.

GS ...1940, and I got whistled straight down to Tidworth for duty as a medical specialist. I was never trained to be a soldier, which was, and I got away with...

GW Most of us weren't!

GS Well, you had, you had a fortnight at Crookham, didn't you?

GW Well, I didn't have Crookham, I went to Leeds.

GS Well, somewhere like that (?) ... and being taught how to behave as a soldier, how to salute and all the rest of it. Well, I wasn't. I just got away with it. How I did I'm not sure.

GW You became officer in charge of a medical division, which was probably...

GS I was...

GW ...rather appropriate.

GS ...yes, well, I was...

GW Did it allow you to continue your interests in any way?

GS Oh well, that's another story. You'll have me talking all day.

GW (?)

GS Mm?

GW Go ahead.

GS Alright. What happened to me in that respect was this. I went down to Tidworth for duty as medical specialist. Now Tidworth Military Hospital has 200 beds, established from one medical specialist – it wasn't a division there, so one major medical specialist – and he was the only medical specialist on Salisbury Plain. So I spent the whole of my time seeing endless streams of men referred from the training units that were all around, who'd been shovelled in by the civilian medical boards, insufficiently worked out and trying to sort them out, claiming the...

GW Because vast numbers of people had gone into the Army at the beginning out of patriotism...

GS ...you know, with peptic ulcers...

GW ...and then in June they were disillusioned.

GS Sure, sure. And of course we had a lot of other interesting things going on there. We had outbreaks of infectious disease. There was that tremendous outbreak of meningococcal, meningococcal meningitis, you know...

GW On Salisbury Plain, yes.

GS ...which produced a lot of problems. They had, one of the problems of course was that people didn't know how to give intramuscular injections of sulphapyridine, so we got problems with injuries of sciatic nerves, and silly things like that turned up. And the other great epidemic was of mumps among Australians coming over from, on the Queen Mary where a great outbreak of mumps occurred. And we had the command gymnasium there, and it was full of mumpy Australians, some with orchitis and all the rest of it. It was quite a spectacle. So, I mean one had a lot of knockabout medical experience there.

GW When did you go abroad?

GS And then they ... posted me abroad in early '41. Now, there was a chapter of sort of ... mishaps or misunderstandings. When I was posted away from Tidworth I

went to Glasgow to mobilise with the 3rd General Hospital. I discovered that in the same hospital there was Frank Nicholson¹⁰, who was a thoracic surgeon from Manchester, and James Rink(?) who was an anaesthetist at Guy's and Brompton. And we thought this is funny, we must be intended to be doing something in our field. We made enquiries and found 'Oh yes, when you get where you're going' – of course they never told you where you were going – 'you're going to be a surgical team for chest surgery.' So, I thought, fine. So all unsuspecting off we went to the Middle East and arrived there, and when we arrived there nobody had heard about us at all. And so I had about eighteen months of frustration with, while people decided whether we really were what we were, thought we were or not. In the meantime, number one surgical team for chest surgery had turned up in the Middle East; that consisted of Andrew Logan and Howard Nicholson and Ronnie Beaver(?). And, so we thought well, this is it. But after about eighteen months during which a lot of quite interesting things happened, the other two – that's Frank Nicholson and James Rink – together with a graded, with a graded physician, were posted as number two surgical team chest surgery. And I ... what the hell are they going to do with me? And then, by the next day or two, orders came to me to go and take charge of the medical division of the 19th General [Hospital], which was of course on the shores of Great Bitter Lake. Now that was a tremendous posting, really. It gave the most wonderful experience of what I call good old knockabout general and tropical medicine. Where we were, we were sitting there on the shores of Great Bitter Lake with 1800 British and allied beds, and a thousand prisoner-of-war beds which soon got filled with Germans we'd captured at Alamein. We were right away from all the big centres, Cairo and Alexandria. We were operating as a sort of garrison hospital. And we had coming in, there were training units, holding units all around, coming in from all over the world, troops...

GW Yes, I came in myself for a few days!

GS Yes. And so we saw, we saw every acute infectious disease there is, I think, except yellow fever and cholera. They didn't happen. But we had smallpox, plague, typhus, typhoid...

GW And hepatitis?

GS ...relapsing fever ... oh, hepatitis, that was...

GW That was a tremendous problem there.

GS Oh yes, yes. I mean it was the, one of the commonest diseases we had. But fortunately it wasn't ... well, we can't say which sort it was, I guessed which sort it was, but it was one of the, mainly one of the less noxious forms because most people got over it perfectly well. It was a, just a nuisance really.

GW Well, we perhaps should cut short your, this military side. But it was, but it was not wholly a loss period, was it?

GS Oh no, no. I wouldn't say it was a loss period at all.

¹⁰ William Francis Nicholson.

GW You gained a great deal of experience?

GS Yes, I look on the first part of my time in the Middle East as a bit of a lost experience, but once I'd settled down at ... at Fayid the, I was, it was, I felt I was doing something useful and I enjoyed doing it. I must have had about the longest posting in the British Army because I held that...

GW Stayed put, yes.

GS ...I stayed put for three, nearly three years. I owed that to Evan Bedford as a matter of fact, because he was consultant physician in the Middle East. And I remember when I'd been there about eighteen months, he came round and said to me, you know, 'It's about time you moved, Scadding.' I said 'Well,' I said, 'where can you move me to? Can I go to Italy or India or somewhere different?' 'Oh no, I can only move you in the Middle East.' I said 'Well,' I said 'if you want to, if I can only move within the Middle East, I'd rather stay here, thank you.' And bless him, he left me there, which was...

GW You were demobilised I think in '46...

GS Well, I...

GW ...or you took up work again in '46?

GS In '45.

GW Did you?

GS End of '45.

GW End of '45.

GS Yes, I had a, oh well, there are an awful lot of things about my release but I won't bore everyone with that. I got, I actually went back to work at Hammersmith and Brompton really before my...

GW Yes, I think we all did.

GS ...demob leave was over.

GW Yes, I think we all started a bit...

GS So I went back in October '45.

GW Yes, we had a leave at the start.

GS That's right, that's right, went back in October '45. Well then, what happened to me then was that I found my, the, things in a bit of a flux at Hammersmith. I mean I'd become, instead of being a first assistant I was now a senior lecturer, which was

the, it was just a name, change of name rather than activity. And at, and at Brompton I found that the, my colleagues, my consultant colleagues there had been, wanted to take note of the recommendations of the Goodenough Report¹¹, which as you know had recommended in relation to postgraduate education in London that the facilities of the specialist hospitals should be brought into use to compliment those at Hammersmith as a general centre...

GW Under the university?

GS Under the university. And the recommendation in general was that the university should ... should encourage financially the development of postgraduate institutes at the principal specialist hospitals and, with a view to incorporating them into the British Postgraduate Medical Federation when they reached the required standard. And it was obvious that someone had to take charge of the development at Brompton if that was to be done. And so I found that while I was away my colleagues had been considering this and they, a lot of them felt that they wanted me to undertake the deanship. And it is of some historic interest perhaps that to make this financially possible they themselves made financial contributions to a salary for me.

GW Really?

GS Yes, to keep me.

GW They sacrificed a certain amount of salary?

GS Yes. Well yes, it was largely I think some fees that had accrued during the, during the war from various things they had done, you know, that they got this sum available to get, to get something going.

GW Were you also di-, was that job combined with director of studies?

GS Oh, that's only later.

GW Oh, it came later.

GS What happened then, what happened ... well, the story of the development of Brompton is very tortuous. We got the, we got something going first with practically no accommodation. We had, we were using a disused ward...

GW As a postgraduate centre?

GS As a teaching, as...

GW As an educational centre.

GS As for lecture theatre and so on, I had an office. We had no laboratories and all the rest of it, so we had to get laboratories. And we, the university agreed to pay for some buildings there and they put up a building, one storey you may remember,

¹¹ *Report of the Inter-departmental Committee on Medical Schools*, London: Ministry of Health, 1944.

along the west side, of the north side of Brompton where there'd been... The, you'll remember the Brompton used to be in very pleasant grounds, park-like air with trees and lawns and all the rest of it.

GW Yes, all this was sacrificed to this...

GS They had to chop down the trees and put the, this long, rather ugly, single storey building on it. The older inhabitants didn't all approve of it. They looked at this development and I heard some of them referring to it as 'Scaddingrad.' But anyhow it developed there. And we were ready to be inspected by the senate of the university with a view of getting incorporated into the Federation in May 194... 1950, May 1950, when there was a fire at the Brompton...

GW Some people were killed.

GS Indeed, indeed. There was a fire in the south block of the Brompton which destroyed the old pathology building of the Brompton which was an inadequate, very small thing at the back there. And the smoke all went up the stairways and killed a nurse in the operating theatre on the top floor from the fumes and so on, and a surgical registrar was killed in the, in the path labs. A keen chap, he was Brock's registrar, and he was there on a Saturday afternoon looking at one of Brock's failures, a heart that had gone wrong, and...

GW So you had to adapt to fill this gap, I suppose?

GS And then, what happened then was that we had, we had labs which we weren't fully using and so we had to give them to the hospital. So we were held up for five years because it took the hospital, the, then National Health Service, five years to get accommodation for the hospital labs. Anyhow, we did get it going now, then...

GW Let's just carry this rather quickly to a conclusion on the development of the Institute of, Institute of Chest Diseases, and then eventually the cardiac input.

GS Yes, yes. Well of course, as you know, there was, the specialist institutes were developed at other hospitals. And the Institute of Cardiology ... now, we had a good link there because Paul Wood of course became the director of the Institute of Cardiology. And when the, it became clear that our surgeons in the late forties were going to be doing a lot of cardiac surgery, Brompton decided we would upgrade the cardiac department. It had been just a reference department within the hospital. Old Hope Gosse¹² ran it. And you could see the sort of cardiology that was going on there, it was just a nice place to give us some sort of cardiology for the hospital, but no ... no possibility at that level of its being much help to the surgeons. So when we were making a new appointment it seemed very important we should get someone who would, who would encourage that side of investigative cardiology. And there was a little opposition to this idea, but we managed to get it through, and got Sir Paul Wood appointed. So, from then of course the cardiac side at Brompton went on, but we were very careful, this was diseases of the chest, to, not to encroach upon the, too much upon the preserves of the Institute of Cardiology. In other words we, in our

¹² Alfred Hope Gosse.

formal teaching programmes and so on we concentrated on those aspects of cardiology which are of importance to the respiratory physician and upon investigative cardiology for the surgeon for, in preparation for surgery, rather than on cardiology in general. So, we managed to keep that going, and reached a reasonable *modus vivendi* with the Institute of Cardiology.

GW But the marriage of the two was really inevitable?

GS The marriage of the two actually occurred coinciding with my retirement in 19-, September '72.

GW You saw it to fruition and then went...

GS That's right. And again there was some opposition to them getting together. On both sides. I rather suspect rather more in Westmoreland Street than at, than at Brompton, but I won't go into that. But anyhow it, the marriage occurred, and of course is now very obvious. And the two are actually physically together, the institutes are physically together because it was only, when was it, just before Christmas I went to the opening of the new National Heart and Lung Institute at Dovehouse Street.

GW The Princess Royal, wasn't it?

GS The Princess Royal did it very nicely, and it was... Well, I looked at that with great interest because I thought what a change this is from when I went to the Brompton and it was full of patients with tuberculosis, lung abscesses, chronic empyemas, cerebral abscesses ... you know...

GW Now heart/lung transplants.

GS And now... Yes, well, I don't feel so keenly about the heart/lung transplants. I think, I'd be quite happy if they went on going, being done at Harefield [Hospital], as long as we had something to do with the scientific background of them. I think we don't want...

GW Let's go back to those early days. I mean the sulphonamides came in, what, '36 or '37?

GS Yes, they ... yes, there's sulphanilamide(?), Prontosil rubrum, Prontosil album came in then. And of course it was only useful against the haemolytic streps; it really had an enormous effect in obstetrics by dealing with puerperal fever, but in general...

GW Yes, but pneumococcus...

GS ...medicine it didn't make much... Pneumococcus, now, the, in the case of pneumococcus of course the, it was sulphapyridine that made the difference, and what a difference that made. I mean, I was at that time, about 1936/'7 Francis Fraser said 'Look, we ought to look into the pneumococcal serum, for pneumococcal pneumonia.'

GW Yes, we had the anti-serum for a time.

GS Yes. Well, at that time of course they'd just started with the rabbit sera which were less apt to give rise to nasty reactions than the horse sera that had been used beforehand. And, was it Lederle(?)...? One of the big firms was producing them. And, so I ... I was left to run this there to see, to look into the, to try to investigate in some scientific way the value of these things. I used to be available to go over any old time to see a patient with, who'd been admitted with an acute pneumonia, do an immediate neuffell quellen(?) reaction on the sputum – you know, to see if the pneumococci swelled in the serum – and if you could type the thing, give the, give the specific serum intravenously. Well, this was very, a very time consuming thing. I never came to any conclusion about how much good it did, but then I... Looking back, I think both I and the patients were rescued by the appearance of sulphapyridine...

GW Sulphapyridine, yes.

GS ...because within six months of that appearing it was perfectly obvious that for pneumococcal pneumonia it made all the difference in the world.

GW There was no crisis in most cases.

GS No, they just started improving as soon as you gave it. And so, in spite of the fact that it was ghastly stuff to take – it made people blue with the sulphur, you know, and gave [haemolytic] anaemia, and made them feel sick and so on – the benefits of it were so enormous that any question of pneumococcal serum went out as I say within six months I would say of the appearance of sulphapyridine.

GW We'll get on to the tuberculosis story in a moment, but what would you feel was the reason for the lessening of the incidence of bronchiectasis?

GS Well, that I think is very mysterious. I simply do not know. I mean, it's nice to think that the possibility of prompt treatment of bacterial infections, and the fact that they are very promptly treated, in fact probably treated rather too prematurely sometimes. But still, even the fact that these, that haemolytic streptococcal infection and pneumococcal infections can be dealt with so rapidly and adequately by this treatment available in general practice has, is responsible. But I can't think that is the whole explanation.

GW We had so much of it, didn't we, before the war?

GS We did indeed, we did indeed. Oh, the appearance of the, the disappearance of the putrid lung abscess we used to see is very striking, and I can't see that you can attribute that to rapid antibiotic treatment.

GW Yes. Then there came of course two enormous revolutions. When did penicillin hit you personally? I mean, when did you first get supplies in?

GS Oh well, I was in the Middle East then.

GW And at the 19th General?

GS Yes. The first time I ever had, was ever, had any temptation to use penicillin was in Carthage when I was up there in December '43 seeing Churchill in one of his...

GW You were one of the people called in?

GS Oh, that was, that's an extraordinary story. They whistled me up from...

GW With Buttle¹³ was it, or not?

GS Buttle was there, but I was whistled up from Fayid, mysteriously...

GW Was this Evan Bedford again?

GS Well no, it was Moran¹⁴ who was responsible for it really. What happened was that, as far as I was concerned I was doing my ordinary duties without thinking ... when I was told that I was to get ready to move by air in half an hour and take my equipment. And I couldn't find out what I was supposed to do so I just threw some things in a bag and a stethoscope and waited to see what happened. Two cars came along to convey me to Cairo across the desert road, and I reported to Air Headquarters and they said 'Oh yes, there's an aircraft standing by at Heliopolis to take you to Tunis.' So I said 'Do you know what it's for?' 'No.' So I just went and had dinner and joined the aircraft and flew up all night, arrived in Tunis, didn't know what I'd come for. There I was out of my own command without a movement order, not knowing what I'd come for. And I found an RAF officer who seemed to know something about it, at the airport and I asked him, so he said he'd go and find out, came back and said 'Oh, the C-in-C's car's coming for you.' So I said 'Oh, I see.' And indeed the car came along and whizzed me off seven miles to Carthage to the White House; you know, Eisenhower's villa. And it was only when I got inside there that I ran into Bedford who told me that, what I'd come for, and so then... But penicillin you mentioned, you see, at that time they were arguing about whether they should give some of this new-fangled penicillin to Churchill, you see, and...

GW This was '43, wasn't it?

GS Yes, yes, yes, December '43. And he was already on M & B¹⁵, he was ... and he seemed to be improving, and I remember saying 'You can't make therapeutic experiments...

GW This was...?

GS ...on the prime minister, he's doing quite well, let's, don't give him...'

GW This was, M & B was Moran and Bedford?

¹³ Gladwin Albert Hurst Buttle.

¹⁴ Lord Moran. Charles Wilson, formerly dean of St Mary's medical school and doctor of Winston Churchill.

¹⁵ M & B 693 (sulphadiazine 693, later called sulphapiridine) was developed by a British team led by AJ Ewins of May and Baker in 1938.

GS Yes, that's right, that's right, that's right. That was my very first sort of possible contact. And then later of course we did get some at Fayid, and I remember the very first case that I personally used it for was an RAF officer who had a ghastly staphylococcal osteomyelitis of the spine and, you know, he was in a desperate state. And we had a little bit of penicillin and gave him, nasty yellow toxic looking stuff, and gave him what would be I suppose now considered homeopathic doses. And he recovered, and I thought, well then, perhaps this is...

GW About 100,000 units?

GS That's right, that's right, a big dose.

GW Yes, yes. I was in charge of the distribution, so I was very cautious with the... Let's go back to this tuberculosis story, because of course this is really one of the major medical revolutions of all time. When you left England, we had tuberculosis cases in any general ward, and ... a major problem. Sanatoria were still being built. And then within ... a couple of years almost...

GS Well, it was longer than that, you see. I mean, streptomycin came in to practical use really about '48/'49, I mean as a, on a scale on which it might affect epidemiology, I mean with the investigation being done beforehand. And it, the effects on the requirement for residential accommodation of various sorts, sanatoria and so on for the treatment of tuberculosis, really didn't become evident till the early fifties. I mean it was then that they began to disappear. And of course that is, looking back you can see an example of resistance to change, it was quite unjustified. People couldn't believe that you could treat this terrible disease which we'd, which we'd required to send, take people to, put people in institutions for a year and so on, without admitting them at all.

GW Exactly, yes.

GS As late as 19 ... 60 we had, the old British Tuberculosis Association had – at a time when I was its president – had a joint, a joint meeting with its, the Dutch Society¹⁶, in Holland. And we were aware that the Dutch were even slower than we were to stop keeping people in hospital for long periods. And so we had a joint discussion, case discussion. We arranged it so that a Dutch physician and then an English physician would present a case and then we'd have a panel, a joint panel, to discuss what they would, how they would manage that particular case. It was quite extraordinary. By that time in this country of course the, we were recognising that lots of patients with tuberculosis could be treated without being admitted at all. Possibly for a preliminary investigation, possibly for the, if they have difficulty with the establishment of chemotherapy, but otherwise you could treat them at home without any problems at all. At that time there were some cases we were going to treat that way, and the Dutch ... [took another] 12, 14 months, you know. So it took a long time for the idea that you could treat this which had been such a dangerous disease in such a simple way as we now treat it.

¹⁶ Professor Scadding is probably referring to the Royal Dutch Tuberculosis Association.

GW Was bovine tuberculosis kept entirely separate from people like yourself who were very much on the pulmonary side?

GS No, no, no. Oh no, it turned up. I mean the ... the epidemiology was not worked out on a nationwide basis. I mean we just had general indications of the epidemiology. But the general impression was that pulmonary tuberculosis almost exclusively was a human strain and the bovines were mainly the so-called surgical and other tuberculoses. But, you know, it had a big impact on preventive medicine, but from the point of view of clinical medicine it didn't make much odds which you had.

GW Do you feel that we've got too complacent about our attitude to tuberculosis?

GS No, I don't think so, because I think on the whole we're very ... as the general public is now very much aware of preventive medicine, especially in relation to infections. I mean, you've got to see, currently the so-called salmonella scare and all this thing; I mean as you've mentioned that with umpteen infectious diseases the general public's ready to do anything. And you now, still see the occasional civil outbreak of tuberculosis. A teacher happens to have a positive sputum and a few pupils get a positive reaction, it gets into the papers. Well I mean that used to be so commonplace that nobody took any notice of it, we took no action on it. So, I don't think we've become too complacent as a, you know, in... I think, I think we've got to be very careful, you know, that someone remains aware of tuberculosis because...

GW This is really what I was...

GS That's the real problem. Or someone remains aware of how to deal with it, because...

GW Let's turn to lung cancer. Because of course the incidence of that, what, has gone up twenty-fold I suppose in the period you've been talking about. When did you, when were bronchoscopies becoming a common part of your...?

GS Oh, they were, they were from the very word go, I mean from when I went to the Brompton in '31 I mean it was the standard method of investigation. It would have been established for a long time then. Of course it was the rigid instrument now until fairly recently that, and the flexible fiberoptic thing has made it a much more widely applicable technique. The big difference there of course is that back in the thirties bronchoscopy was done by surgeons; ENT surgeons or thoracic surgeons. Very few physicians did it. There was a couple that did it down at the London Chest [Hospital], you know, Morlock¹⁷ and Scott Pinchin¹⁸ were doing their bronchoscopies as physicians, but it was regarded as a bit eccentric for a physician to do a bronchoscopy. And now of course the fiberoptic bronchoscope is part of the *armant armamentarium*¹⁹ of any respiratory physician. He has to know how to use it. And ... so that's a big change.

GW The underlying physiology of the, of respiration, this of course, this again has

¹⁷ Herbert Victor Morlock.

¹⁸ Arthur John Scott Pinchin.

¹⁹ Techniques available to medical practice.

been so...

GS You keep on raising...

GW ...is unrecognisable...

GS ...topics, raising topics that I could talk about for hours, you know. But that is, you, that has made an enormous change. You see, when I first went to the Brompton, what respiratory function tests did we have?

GW I suppose you blew into a spirometer.

GS You had a spirometer, an ordinary spirometer, and this was regarded as interesting but not really of much practical importance. And there were one or two other tests. There was one ridiculous test with, you'd do to, of blowing, holding up a mercury column as a test of respiratory efficiency, you see. But as for the careful quantitative analysis of different aspects of function – of ventilatory function, gas exchange function, mixing function and so on – which have become part of the commonplace of respiratory medicine now, nobody knew anything about it at all. And that's been an enormous change. And looking back again I'm horrified really to think how we did all this major thoracic surgery, operating on people with tubercu-, with pulmonary tuberculosis, destroying their chest walls with thoracoplasties and so on, with virtually no assessment of their respiratory function apart from seeing if they could walk upstairs and making them blow into a spirometer. And that was about all there was to it.

GW Last question, do you feel that because respiratory diseases unless they're very gross are essentially invisible, that the chest patient tends to get a raw deal?

GS Well, I think so in a way, and in, I think in fund-raising of course we suffer. You see, the heart now; it has a lovely logo, a thing everybody recognises, you see. And everybody says 'But what about the lungs?' They just, you think of old men's coughing and something filthy, and there's no appeal.

GW It's not appealing, is it?

GS But I hope the British Lung Foundation, which has now started, will be able to change that image.

GW Well Guy, I've enjoyed talking to you, I'm most grateful to you. As you've said we could have gone off in a thousand different directions...

GS There was a lot I should like to say.

GW ...and every one of them would have been interesting.

GS Yes, that's right.

GW But I hope this would, anyone listening to this will be inspired to go and see really what did become of many of the things you've touched on this morning. I'm

very grateful to you. Thank you.

GS Well, I've enjoyed talking to you, once I got used to these damn things!