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**Sir Brian Windeyer in interview with Sir Gordon Wolstenholme
Oxford, 17 March 1986**

GW Brian, I'd like to go back to the early days in Sydney, Australia, but particularly from the point of view of your medical education because, subsequently, you were to occupy extremely important positions in England, in medical education. Your father was a very distinguished lawyer, I think?

BW He was, yes. And they, none of the family had ever been in medicine, and I was reckoned to be, going to be a lawyer. And so I went to Sydney Church of England Grammar School, well known now as Shore, and I went there in 1914... that's right, that was during the war. And my mother had come over with my brother, to join the Navy. I went there as a boarder.

GW Your brother was quite a bit older then.

BW He's three years older than me. And I was the youngest of seven, you see, all together. And I went to this place, and I was going to be a lawyer. And so I was taught all sorts of things about the law; there was Latin, French, Greek, ancient history – never taught anything at all about physics or chemistry. And it wasn't until I left school – that would be about 1919, I think – that I decided that I didn't want to be a lawyer. And my mother, who had been taught physics at the University – and she was pretty good at it – she said, 'Why don't you do medicine?' And so I said, 'Righto, I'll do medicine.' And I, fortunately, got a scholarship to one of the University Colleges in Sydney, and that was fine. But when I went there, they grabbed me straightaway and put me in the University rugby team! And so I had to play rugby very hard. We went over to the other side of... to...

GW New Zealand?

BW New Zealand. And we had that. And when I came back, they made me go and row in the rowing team. So by the time that, towards the end of the year, when the exams came, I didn't know anything about anything. I'd never learnt anything about these things, and they said, 'Oh, you'd better come back... oh, you needn't have a whole year, but come back in March.' So then Mother got at me, and she taught me, and I managed to get through. And so I... that's how I did my medicine.

GW So you weren't, of course, unfortunately... what they have nowadays, a professional university sportsman, so to speak.

BW No.

GW You weren't paid on the strength of your rugby.

BW No, no, nothing funny like that, no! And also I never really learnt much about physics or chemistry, and I managed just to get through.

GW And qualified, I think...

BW And qualified.

GW ...in 1929.

BW Oh, before that. I qualified in '27.

GW '27 was it?

BW Mmm. And did a couple of years. And just at that time, there was a great friend of mine, who taught us rugby too, and who played for Australia, and he was a surgeon who'd been interested in radiation work, and he suggested I took it up, because a fellow came out to Australia to teach them something about radium. And he came from up north here, and then he went out, and someone had to take up the work. And then this fellow persuaded me to, and that's how I first of all got into work on radium, radium work.

GW But, in a way, your mother's physics were...

BW Yes. Better ...

GW ...quite essential to this.

BW Yes. So I did that for a while, but I was much more interested in playing rugby than anything else.

GW I want to come back to the radium side, of course, for the major part of this interview.

BW But, anyway, I hoped I was going to come over here for the... what is it? – the 28th time, when the New South Wales rugby team came over. But they... the chaps who were picking it, the fellow who was in charge, who was the captain, he was a great friend of mine, he said, 'Well, of course, I'll be captain of that, and you'll be in charge of the forwards and so on.' And when the thing came, they said, 'Oh, we don't want a fellow just qualified in medicine. No, we can't have him.' So I didn't get picked. It was terrible. So I thought I might as well come over here and see what the blooming place was like, and I did so. And having got over here, I had to have some sort of a job. I went down... round the place a bit, and I managed to get a job in the Fondation Curie in Paris, and that's where I learnt how to do my job.

GW I'd want to come back to that, but if we keep on the medical education side – it's even more fascinating than I thought – that in a way, I wouldn't say you cheated your way, but you played your way through your medical qualifying, more or less.

BW Well, it was a pretty good thing, in a way. All right, I didn't learn anything about physics and chemistry, and I had to learn that gradually, but I did learn Latin,

French and Greek, which most of the people doing medicine didn't know anything about, and I found this was quite interesting and valuable.

GW Would you still hold that view?

BW Oh yes, I would. I think... I think it was valuable.

GW When, eventually, you became, of course, dean at the Middlesex [Hospital School of Medicine] and dean, even, of the Medical Faculty in London University, did you have any chance to exercise your own views on the kind of person who should be taken into a medical career?

BW Oh, I must have had, because, you see, I went to the Middlesex in 1930, and we built up a radiotherapy place there, just almost after I went there, and I was made in charge of it about '36 and then in '55 or something, I was made dean. Well, as the dean of the place, I had to have a good deal to do with who was coming. And at that time, we thought that the chap in charge of the thing ought to examine, ought to interview all the people who were coming. So I had to interview about a hundred or so each year. And so one got to know what they were like and so on and so forth, and you had to make your own decisions about them. There was one chap who – I won't say his name or anything else – but he was a... he's a great friend of mine, and he was at Cambridge, and he was a big... captain at cricket, and also played soccer and so on, and, of course, he had to work very hard at that, and he didn't do very well getting through the exams. And I thought he was, really, one I must have and, of course, he did terribly well. You've got to think of what they're like and so on.

GW So, on the whole, you're not very happy about the situation where you take people entirely on their 'A' level results.

BW No. I don't like that at all. I don't like that at all.

GW And you would always want to interview?

BW I would. And eventually, we got more and more; we had to have more and more people coming in, and there were other things I had to do. I had to form a little team of people who did the interviewing, and... well, I didn't do nearly so much of it, which I was sorry about, because I think it is important that... not everyone should do all the interviewing.

GW No, no, it should be shared.

BW Yes, one or two, you see.

GW But the team didn't operate as a team? Were they all individuals taking on a certain number of interviews?

BW Yes. Yes, that's right. Yes. Oh, people who had jobs in the School or something. Yes. And we had to be quite sure that they...

GW And I think I'm right, the Middlesex had always taken a few odd people – I don't mean your cricketing friend – but taking people with arts degrees...

BW Oh yes.

GW ...which did make it possible for other people to get into medicine.

BW I think so, yes. And I think it's a good thing.

GW And yet, on the whole, the trend has been against this, hasn't it? I mean, the pressures have been so great.

BW Oh yes, yes. Much so.

GW When you became dean... I'm never quite sure what the dean of the Medical Faculty in London University does, but you must have come in at a time when, already, there was great talk of mergers and changes in numbers and the schools, and so on. Was that so?

BW Not when I came in, because I came in, I think, it was about '55, something like that, and my predecessor, who... I can never remember names... who was a great friend of mine, and he had retired, and helped me a good deal. And the first thing we had to do, really, was build somewhere to have a decent place for the School to be in, because there wasn't anywhere much, and just alongside us, not very far away, was a place where there were some little houses and things, and we managed to do that. And we were terribly lucky with our chairman of the School, chairman of the... of the whole place – he was chairman of the School and chairman of the Hospital – and he gave us quite a bit of money, and we were able to go ahead and get this place and build it. And so that took quite a long time.

GW That was, of course, the feature, really, of your time as dean, wasn't it?

BW Well...

GW The rebuilding of the Medical School.

BW Yes, the whole time, yes.

GW Yes. Totally different from my day, when you'd finished!

BW That's right, yes. And it didn't have... no, he gave us quite a lot of money, but then we had to raise some money, and then we had to raise some more money! So we had three bits of it had to be made, and that took quite a lot of doing.

GW Well, there was a School and a hostel, and the research side as well.

BW Yes. Oh yes. Yes, yes. Now, what did you ask me then?

GW Well, I was wondering when you were dean of the Medical Faculty of the University, as a whole, how far there was talk of the changes?

BW Well, it wasn't until about 1966 that the University set up a committee to go into the whole point of what... medicine and what it was going to be like and so on, and we then decided that there were twelve University schools, and we decided they ought to be cut down to six, and so we made certain suggestions. We suggested that the London Hospital and Bart's should go together, and that we thought the Middlesex and University College ought to go together, and the Westminster and... across the water – St Georges?

GW It wasn't the Charing Cross, or was it?

BW No, no.

GW It was St George's, was it?

BW St Georges. No, not...

GW Westminster and Thomas'.

BW St Thomas', across the water and just beyond Parliament, yes, Westminster and Thomas'. Well... I forget what the others were, but those three I remember very well. And the lovely boys who were playing in the... part of the government, said, 'What the hell are you doing this for?' 'How can you possibly have... well, there's the river going along there, and how can you possibly have two places, one either side of the river, joining together? That's nonsense! And Middlesex and University College – good Lord! You've got a big road in between the two. How can you possibly... one's on the north and the other one's on the south... no, one's on the east and one's on the west, and you can't...'

GW Tottenham Court Road in between, yes.

BW Yes. 'You can't possibly do that!' And so, on the other hand, London and Bart's, they got on to get together. So we were told not to do that.

GW And this was opposition mainly by politicians?

BW Oh yes, yes. It was.

GW I thought a lot of opposition came from within the Schools, as being... the tradition...

BW Oh, well, they didn't have a chance of saying anything. The others got in first! And so then we said, 'Well, what about Middlesex and Mary's getting together?' And Mary's said, 'Not on your life,' and they wouldn't touch us. Anyway, so we played around a bit and looked round, and no one wanted to get the... what's the name of the place where the girls were...?

GW The Royal Free?

BW The Royal Free. And so they didn't push that one very hard. And that's where it went. And that's... so it went on for a long, long time, until just at present.

GW Yes, quite! I mean, it's taken twenty years to gestate.

BW That's right.

GW But it is what... you had it in mind that the... just take the example of Middlesex and University College, which, after all, you and I were mostly involved with. Is it working out as you had hoped that merger was going to work?

BW I don't know that I really knew or hoped what would be happening with the merger. It... obviously, there are people who are pushing very hard to have it done now, and the University itself is quite determined to reduce from twelve to six, and are doing so. But, as you know, Bart's is saying it won't really join up with the London any more. And our people, the Middlesex, have been very good, saying, 'Yes, yes, righto, we'll do it.' But there's been a lot of worry because all that part of medicine is run by a funny local...

GW A regional board?

BW ...regional thing, who, I think, are... well, they're the regional thing! And they have their own ideas about what should be done and so on and so forth, and we've got to see, because the ... what was going to be kept going at University College, and what was going to be kept going at Middlesex and so on, and certain things would obviously have to go over to University College because, if you're going to have two schools made into one school, it means that the students have got to be brought up in one place.

GW And they've got to have no duplication, of course.

BW And you can't have two lots of students... if they're going to give lectures and so and so, it's got to be for the whole group. So it did really mean the students have got to go and be lectured to and taught in University College. So what was going to happen to Middlesex? And I was out of it by then, and so I was... just having a look round. But it's quite tricky to know what would happen. But if Middlesex was taken over to University College, it would mean that a lot of the patients treated at Middlesex, who were patients who were treated and were good patients for teaching students with, wouldn't come into the Middlesex. So it was decided that the Middlesex should be used for taking on certain other types of patient who weren't there before. And so that there were two main groups – one dealing with the... what do you call it? The things that trouble your legs and things.

GW Paraplegics, you don't mean?

BW No.

GW No? You mean more the...you don't mean orthopaedics?

BW Orthopaedics.

GW Orthopaedics? Oh.

BW Orthopaedics. And they went to... you see, there was an Orthopaedic Hospital not very far up from the Middlesex. Well, that's been...

GW That's been closed, yes.

BW Got rid of, and the Middlesex... they came down to the Middlesex. That's one group. And then there's one other group, anyway, who...

GW Geriatrics, was it?

BW Yes.

GW What were they taking on there?

BW Well, geriatrics... no one knows too much about geriatrics, and so... yes, they had taken a bit of that on, quite definitely.

GW But it changes the character of the Middlesex.

BW Oh, terrifically.

GW Tremendously.

BW But, what we don't know is what's going to happen to what was the Medical School. And I think that, probably, the University College people will agree that a lot of the postgraduate work and so on should be done at the...

GW Back at the Middlesex.

BW At the Middlesex, yes.

GW Yes, that would make sense, it seems.

BW Yes. And I'm hoping that that's what will be done. But there's a lot of... it's quite a place, you see, the Middlesex.

GW Oh, they've got five buildings, of course, now.

BW Yes, and there's a place for students and others to live, and there's... I don't know, altogether there's a lot... and, of course, there's a very good lecture theatre place, which is very popular, and quite a nice place to go and have meals and things. In fact, one of the great excitements as far as I'm concerned, because having been in London since '29, I've been involved with the old boys from my school in Sydney, from Shore, you see. And so every year, we have a luncheon party, and we decided to have it at the Middlesex, because we give it nicely and not too expensively and so on.

GW These are medical friends from Sydney?

BW Yes. No, they're anything.

GW Oh, anybody from the city, university?

BW Not... no. From Sydney Church of England Grammar School.

GW Oh, from the School.

BW From the School, you see, not from the University. And so we haven't got quite as many people coming over now as we were, and so we have our wives go with us, and so it's quite fun.

GW But the change in the Middlesex reflects on the teaching, of course, and on... well, the facilities for teaching not only of medical students, but also nurses. And I suppose the nurses...

BW We're awfully worried about that.

GWgoes on, does it? It still goes on as a nurses' school?

BW Well, no, because, you see, if you're cutting down the numbers of patients, you're going to have to cut down the numbers of nurses straightaway. And we have a big nurses' home, and a smaller nurses' home further out, on the south of (?), and I don't know what's happened there. I think they've got rid of... I think they've got rid of... I'm not sure. And it's very difficult to know how to run this thing.

GW But the whole purpose of the merger was to save money.

BW Oh, absolutely yes.

GW In a way, whatever the cost to standards of medical education.

BW I think the whole reason for the merger is, as you say, to save money for hospitals. If you... when we started there, there were a very great number of people who lived not very far from our hospital, and all around there. And then, gradually, that number has got smaller and smaller and smaller, and people are going to live further and further out of London. And, therefore, you don't need so many hospitals round the centre, and you do need more hospitals round the outside. And so they've been building up new hospitals there, and people going there, and they don't want to send them in to these hospitals.

GW No. That makes sense, I must say. But from the educational point of view, it makes life very difficult.

BW Very difficult, you see, because Middlesex and all those places were all fairly close to... they're big places where they have kept all the information about medicine and so on, and they're close and easy to get to, and I don't know what's going to go on on this. Obviously, the... well, say Middlesex and University College will treat the number of students who previously went to...

GW To both of them, together.

BW Together.

GW Which means a large intake, which is in itself undesirable.

BW Yes. Well, it is. It's going to be a very big intake. And it's quite interesting to see how it's going to go...

GW You go back to Sydney sometimes. The Medical School there has also changed tremendously, since your day?

BW I suppose it has. It's... you see, when I was there, there was just one Medical School of the University... of the University of Sydney. And now there is a Medical School from the University up on the north shoreline, there's a Medical School down the south-west... south-east, rather, and nothing to do with...

GW No. Quite separate institutions.

BW Quite separate. And then there's another Medical School at a hundred miles up at Newcastle, and so on.

GW But we tend to get the impression of Australians still coming to this country, that the medical education they get is very, very sound and practical. And, I mean, they produce people who know what they're doing.

BW I do think they're having a lot of worry and troubles.

GW Now?

BW Yes. There's a great deal of worry and troubles from the point of view of the parliamentarians out there, running and so on, and medicine... New South Wales has had terrible fights.

GW Yes, on the professional side and the...

BW Yes. Yes.

GW ...terms of service and so on.

BW Yes. That's... they've had a very big fight. But they are keeping themselves going with their own medical people. I don't think there are so many people, medical people, going out to Australia, having trained elsewhere, as there used to be.

GW Now, it's now homegrown.

BW Mainly. I think so.

GW Well, could we now turn to, really, your main career? You already mentioned that this person coming out from England said that somebody would have to take charge of the use of radium, at the [Royal] Prince Alfred [Hospital, Sydney], I suppose?

BW Yes, that's right.

GW And you'd done your house jobs.

BW I'd done my house jobs.

GW And you became a sort of radium officer, or whatever.

BW They gave me a (?) and I did that for a year.

GW How would it be used in those days, in those very early days?

BW Oh, they didn't have any X-ray therapy. I don't think they had any, as far as I remember. They had X-rays for taking pictures and so on and so forth.

GW Yes, in diagnosis.

BW In diagnosis. And then they started this thing up, and we had a certain amount of radium and we began to try and use it.

GW On what kind of conditions did you use it earlier? I mean, were these local tumours, or...

BW Yes, local tumours, yes. And they'd stick in radium needles into things, and we could put some radium needles on the outside to...

GW To focus on an underlying tumour?

BW Yes. They seemed to have... in those days, we seemed to have a very great deal of cancerous conditions on the hands and...

GW Oh, really? You had a great deal of the... sort of melanosis? Was that common, then?

BW Well, I thought it was.

GW Well, it still is, nowadays. I mean, the sun in Australia.

BW Yes, yes.

GW And I hadn't, of course, appreciated it would be so then.

BW No, no, I think there was quite a bit, you see. And you can see it must be so, because you can see the amount that there is up in Queensland, where the sun's bad and so on and so forth. And Queensland is much worse, really, than New South Wales. New South Wales is worse than Melbourne and Victoria, and so on.

GW So you could influence these (?) with the radium needles?

BW No one knew too much about it, and they didn't think too much of whether it was any good or not.

GW But surgery was not successful, or, at least, not that often, was it?

BW No. And we began to use some radium to put into the uterus, also began that.

GW That was with the tumours of the uterus itself, not the cervix?

BW No, well, the cervix.

GW The cervix?

BW Yes. And so we put radium needles in there. And some of those were done in my time, and I had to be a bit involved in them and so on. And so I was involved with that for about... oh, about a year.

GW But this was very pioneering, in those days.

BW Oh, it was, yes.

GW I mean, you were really... it was experimental. I mean you were...

BW Yes, yes. And then, later on, of course, quite a number of chaps came into it – Dan Melvin(?)... and there were one or two people who had done this sort of work. The fellow who pushed me into it, who was my friend who had been captain of the rugby at one time, he... most of his work was in using radium of various types. And he was a surgeon.

GW So your early work was largely influenced by this one individual?

BW Very much so. I used to go out and see him, the cases he was doing, and this sort of thing, from time to time, and we had quite a bit to deal with. But, you see, we started this business, and we had the radium there, and we had patients, some patients sent in, and we had some... the ones we had to take into hospital, who had uterine troubles. And the people in charge of them, one or two had been over to Europe, and knew a little bit, but most of the others didn't know too much about it, you see, and they were interested, or not interested, and that's how it went. And it gradually grew up. When I say gradually, I think fairly quickly.

GW But your friend was primarily a surgeon, so he was looking for alternatives where his surgery, in his view, couldn't do all that he wanted.

BW That's right, yes, yes. And there were other surgeons came in in the same way, you see.

GW When you got the job at the Fondation Curie, was that also with patients?

BW Oh yes.

GW I mean, it wasn't theoretical?

BW Oh no. No, no, no. That was entirely... you were one of the clinical boys. And I forget... there were about four of us, four or five of us who had this job, and we used to be in the Fondation Curie, and patients would come in, and they'd have things in their hands, or their legs, or their... so on and so forth. And we would be taught by the boss, how to treat them, what to do, what to put on them, and when and how. And you can see that if a patient had to have some big thing on his head or neck, that would be made and put on, and then we, as the boys, would have to look after it. That sort of thing, you see. That... and then, at a certain time, take it off. That's the way it went, very largely.

GW This is about the time when I became a medical student at the Middlesex, and that was about what you were, I think, doing.

BW Yes. Well, that's how it went.

GW And you had successes?

BW Oh, we did, yes. And then, while I was there, at the Fondation Curie, one of the chap... well, they followed on what had been done up in Sweden, where they had made some machines with radium, and which would put the...

GW Focus it.

BW ...focus it down, you see. And he, our chap, he made one, and we started to use this, and that was quite exciting.

GW This was for deeper tumours?

BW Yes. Yes. And we had one out in another hospital, where we used to go out and treat them. And it was quite...

GW It must have been exciting.

BW It was very exciting, really.

GW I mean, you've never regretted, I'm sure, that you made a speciality of this.

BW Oh no, never. And, of course, I was terribly fortunate, because the man in charge, called [Claudius] Regaud, was really a terribly nice chap. And all sorts of people were coming in to the Fondation Curie. It was... a lot from America, and some...

GW It was an international centre.

BW International, and were coming in like that. And they'd ring up and say, 'We're coming along,' and he'd say, 'Yes, yes. Come and have lunch.' And as I could speak English and a lot of the others couldn't, I used to be asked to go to lunch. And so I met an awful lot of these. I used to go about once a week.

GW So, from an early stage, you were really in with the pioneers of radiotherapy.

BW Oh yes, I met them. And it was a great deal of fun. The other ... of course, at the Fondation Curie, that's what they call it, but it started off with a ... against the road, on the top, in a thing which was the Pavillon Curie,¹ and she worked up there, and the road, of course, was called the... what's his name?

GW Joliot Curie.

BW Joliot Curie Road, and it is now called the Joliot and Marie Curie Road,² but it was just the Joliot then. And then there was a bit of... a nice little bit of place you could walk about, down... and the next one was the Fondation ... oh, blast, what's the name? Anyway, some people who gave a lot of money for it, and they're very well known. I'll think of their names in a second.

GW But also for that kind of work?

BW Well, she did her work up on hers. And the other one was Claude Regaud's who was in charge of...

GW Yes, of the therapy.

BW ...of the therapy and so on. And he had a chap there who was a physicist and who discovered this machine, and had made, and we used to go in there and read books and things and so on. And, further down, in the same place, there were two places built up in 1921, and one was a fairly long two-storey building, where patients used to come in, and we used to treat them with radiation. And the other one, a bit further down, alongside us, about the same size, they started X-ray therapy. And so that was there. And then Claude ...

GW So the X-ray therapy came in about the time ...

BW It came in in 1920.

GW Yes. Before you got to...

BW Yes, yes. And this chap ... he, afterwards, left, and went out to America. And a fellow who was a great friend of mine, became the boss there, and I saw a great deal of him – John Trump(?).

¹ In 1909 the *Université de Paris* and the *Institut Pasteur* created the *Institut du radium*, comprising the *Pavillon Curie*, directed by Marie Curie, and the *Pavillon Pasteur*, directed by Claudius Regaud. In 1920 the *Institut Pasteur* and the *Institut du radium* created *la Fondation Curie*, centre of radiotherapy, with a donation from Baron Henri du Rothschild.

² Sir Gordon Wolstenholme and Sir Brian Windeyer must be referring to the rue Pierre et Marie Curie.

GW So, during your time at the Fondation, you had experience both of radium and of the X-rays.

BW I didn't have any real experience at all of the X-rays. We were kept over the other side.

GW And did you meet Marie herself?

BW Oh yes, yes. And I met her... because she used to come wandering across the road, across the place between the two, and she had a room in her place, and she used to come in and so on, and we saw quite a lot of her. And she was interested in what I was doing, because, after all, it was she who started it all off, and she got Claude Regaud into it, and so on. And so it was very interesting to see.

GW She had a big part to play in the proposal that radium should be used for therapy?

BW Oh, absolutely, yes, very much so. And then, of course, she continued to work there. She had a daughter,³ and the daughter... by the time the war came in 1914, was just about the time when she'd got money ready and so they were going to start and have a proper place to do all the treatment, and then the war came. And so she dropped it all, and she went to help the government, the army, and to bring in X-rays to help them if they were sick, and so on. And her daughter was then about sixteen, I think, and she'd learnt very quickly to do the radium, X-ray work. And Marie Curie, herself, she used to drive a truck round from one place to another, taking stuff out to various hospitals, and built these up.

GW For the use of radium?

BW For X-ray... no, not for...

GW All for X-ray?

BW X-ray. Her radium was got rid of, and stuck way down the country, so that it wouldn't be pinched. And then, towards the end of the war, she used the place, which had been started up for getting young women in, and teaching them to do...

GW To be radiographers.

BW Yes. And that was quite exciting. And then, after the war, she started it all up. And Claude Regaud, he came there, and came into it, so they built this new second place, and he brought various people to work with him, including the chap who was in charge of the X-rays, and he was the boss. And they built, then, these two places I've talked to you about, and in 1920, I suppose, or thereabout, they started the thing, and they had to call it something, so they called it the Fondation Curie, and that was down below. And that was there when I went there in 1929, and it was very exciting.

GW So when you came back to England and to the Middlesex, you really had had a wealth of experience, judged by the... I mean, what was available at that time.

³ Irène Curie (1897-1956) Daughter of Pierre and Marie Curie.

BW Yes. Well, you see, we used to work there, in the Fondation Curie, but every... I think, every day, I had to go out to another hospital, a bit further out, which is the same name as the people I'm trying to think of... to the Fondation ...

GW Yes, on the same site.

BW Yes.

GW I'm sorry, I can't help you at the moment.

BW I'll think of it in a minute. And we had the radium machine there, and that was ... and all the patients who had to come into hospital were sent out there. Well, since then, and, of course, I hadn't got much to do with it, because... oh, there were one or two meetings – a big radiation affair, in which Marie Curie was the top person, and I came over to that. I didn't have much opportunity after that, because I got put in charge of the new place at the Middlesex, in... about '35, '36. And then, after that, the war came, and I was put in charge of the Middlesex after the first year.

GW Yes, under the Emergency Medical Service.

BW Yes. And I didn't get another chance of going back to France at all for a long while.

GW When you took over at Middlesex – and Mount Vernon as well, I suppose, was part of it - ...

BW Yes, yes.

GW ...had Middlesex got established in radiotherapy?

BW Oh yes. Well, I went there in '29/'30. '30, was it? Yes, started at the beginning of '30, and the chap in charge, the physicist, who had been a very big boy, and done an awful lot of work on physics and radiation and so on and so forth, and he had, in fact, been the first person, I think, possibly in the world, to have put a big amount of radium into a thing, and treated patients with it. But it didn't last because someone wanted to use the radium always on something else, so it had to be taken out. And then they used the radium for treating patients with – some of it was with needles, and some that was (?). And so this became... was used more and more, and it was decided... one of the chaps who gave the Middlesex a lot of money.

GW Meyerstein.

BW Meyerstein, that they would build a place which would be used for radiation work.

GW Yes, yes. It was a complete wing.

BW For the X-rays and radium work. And this was in '35/'36, and I had been working in the laboratory, the physics laboratory, but was called a radium...

GW Yes, officer.

BW ...and used to go into the hospital, and we had... oh, we had started off with a machine, similar to the one they'd been developing over in Sweden, and so on, which had a certain amount of radium in it, and we'd sit patients down here, and the thing would be put round them and so on, and we'd started that sort of thing. And they used this money that they'd been given to build... well, it wasn't building a new place, it was altering...

GW Converting.

BW ...converting some old places, and it was decided to have some X-ray treatment. And we got some machinery from up in... oh, what the hell's the name of the place there? Big place, up north, there. Oh, the biggest place up north. No, not in Scotland, no. Northern England... on the west side.⁴ Anyway, that's where we got our radium machines. And then we had another part up top, where we used the radium for treating patients and so on. And we were given some places to put them into, and keep them in.

GW Keep the patients in, yes.

BW Yes. And I was made... well, the man who was on the staff, and he was the official boss, but he didn't do a terrible lot of it, and I was made the chap to do so. And then a couple of years later, he went before the war came, about then; he got pushed off and I was put in charge of it.

GW And became professor of radiology.

BW Then I became professor in... when was it? In 19... when the war started.

GW That was '39. I think it was '41 or so, when...⁵

BW Yes. Yes, I think so.

GW I think so.

BW Yes, about then, yes.

GW Yes. So you were then in charge of the whole Radiotherapy Department at the Middlesex, the Meyerstein Department.

BW That's right, yes.

GW Now, was your job mainly to devise new methodology for application of radiotherapy, or was it more a question of when supplies were available that you could sort of amplify the number of patients you could deal with?

⁴ Sir Brian Windeyer is probably referring to Manchester.

⁵ Sir Brian Windeyer was professor of radiology (therapeutic) at Middlesex Hospital Medical School from 1942-69.

BW Well, one had to try and see that it was properly done, and there was quite a lot of getting hold of people who would come and work. Oh, it was... there was a lot to do, all round.

GW And you were training other people too.

BW Yes. And you had to train the nursing staff, and God knows what, and how to do it. And it worked all right.

GW One aspect of all this is, of course, the protection of yourself and your own staff.

BW Yes.

GW Was it appreciated very early on that...

BW Not very early on, no. No, I don't think...

GW Well, you seem to have survived very well!

BW I think that... I think we were a bit lucky quite frankly, in that we didn't get as much damage as we might have, because, see, I used to treat patients with cancer, the women with cancer...

GW Yes, cervical cancer.

BW Cervical cancer. And if one treated them with radium in those days, you took them up to the theatre, you put the radium in, and because it was all fixed, and you had to hold the radium and put it in and so on, and then... you did that on Monday, and on Tuesday, Wednesday, Thursday, Friday, you had to take them up again, and take it out and put it in again. So there was an awful lot of playing about. And there were quite a number of... I don't know how many we were treating, but we'd treat...

GW Did any of your staff suffer from this?

BW I don't think they have, you know.

GW I don't remember anybody...

BW I don't. I don't remember any of them really suffering from it. And, all right, we tried to keep them in order. But it was quite interesting.

GW But this, of course, led into work which you did on radioactive substances, on the Advisory Committee, and the radiological protection.

BW Oh yes. That's right. We had to. Yes. We had more and more and more. Yes.

GW When did this really become an acute issue? I mean, because it became... I mean, the press and everybody got more and more...

BW Yes. Well, they obviously, all the time, knew that there was some trouble. And when the war came they had to decide what to do. And they got very worried as to... well, for a start, if the Germans got in here and pinched the stuff and so on, that would be terrible. And also, how it's going to properly be looked after. And so they decided... oh, early on in the war, that they would have certain places where they had big holes dug down, to put all the stuff down. And we could pull it out if we wanted to use some of it, and so on. And, you know, they first of all decided that the Middlesex was going to have one, put it down just near where our place was. And then it was decided that the Middlesex shouldn't do this work, it should be done at Mount Vernon. And Mount Vernon had a place, and...

GW But it wasn't public knowledge that the radium was being stored, was it?

BW I don't think so. I'm not sure.

GW I mean, it's equivalent to plutonium and so on nowadays, isn't it?

BW Yes, yes.

GW As a problem.

BW Yes. And so that's how it went on.

GW Did you get involved in the... you were chairman, I think, of the National Radiological Protection Board, were you not – or certainly a member of it?

BW Yes.

GW Did you get involved in the International Radiological Protection?

BW Oh yes, very much.

GW Very much?

BW Oh yes, yes. And I was on the International Radiological Protection Board.

GW Yes, I thought you were.

BW And... oh, for a few years and that was quite fun.

GW Well, this was a period when there were great arguments as to whether there was some minimal dosage of exposure and so on.

BW That's right, yes. Yes.

GW What was your own view about this?

BW Well, what? Whether patients could get too much?

GW No, I was thinking more of the background radiation, and how the public see their risks in terms of extra exposure from nuclear plants and so on.

BW Well, it wasn't anything like... thought to be nearly as bad as people think it is now. I think, personally, they've gone too far over the other way.

GW That they are too nervous, you mean?

BW Yes, too nervous.

GW About the level of exposure.

BW Yes, yes. But, they weren't, obviously, nervous enough, in those days.

GW It wasn't recognised as being cumulative, was it, the exposure? Or was it?

BW As being?

GW Cumulative.

BW No, I don't think it was. No, no, it wasn't, no. And so it was it was quite a thing.

GW In terms of the benefit to patients, looking back over these fifty years – and you really were in almost at the beginning of radiotherapy, and now there are big arguments as to what role surgery still plays and what role radiotherapy, and so on – but, looking back, you would feel that this was one of the really great medical advances in therapy?

BW Well, I think so, yes. I really do.

GW It transformed the treatment of some cancers.

BW Yes. Yes. It was very interesting. You see, we were doing a good deal there at the Middlesex, and there were some over at the other place then... on the south part of ... what's the name of it? It's the steel one, the big radiation place.

GW The Marsden, do you mean? The Southern, do you mean?

BW Yes. And there was a little bit done at Bart's, and so on and so forth. But a great number of people came, particularly, from America, over to have a look and see and so forth. I had one chap in New York, who had been one of the originals. He did a great deal to start it off. But, generally, it wasn't taken on very much in America. And a great number came over to see us, and see what we were doing and so on. So there was always a lot of that sort of stuff. When I was at the Middlesex and I was a pretty young one there, and one of the chief surgeons, what was his name?

GW Webb-Johnson?

BW No, not Webb-Johnson. The other fellow.

GW [Gordon] Gordon-Taylor?

BW Gordon-Taylor. And he was, you know, he was very busy and so on, and he had vast numbers of people coming over to see him, and he used to invite me in to...

GW Yes, this, I think, is where I first met you.

BW Yes. And it was terrific. And...

GW Well, we're coming to the end, I'm afraid, Brian, on this, but I'm most grateful to you. And it's been most fascinating.

BW Not at all! I haven't been very good, I'm afraid.

GW I'm very grateful. I think that... you know, you don't understand, perhaps don't appreciate how, personally, you have lived through so very great a development.

BW Well, it's been rather fun and so on, but if there's anything that I can do; I've got a whole lot of stuff there that's been written...

GW Yes, more supporting material to be put on file.

BW If you want to have some...

GW I'm grateful to you for this interview.