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Dr Aileen Adams CBE in interview with Dr Max Blythe
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MB Aileen, we've just managed to take a lunch in this quite busy day and now we are into a very interesting postscript period, because we've got about half an hour and we can have a talk about that return from the Massachusetts General Hospital, coming back to England – not with a job in sight at that time – and I think taking about two or three months to re-establish in England, going home to Sheffield.

AA Yes. I mean obviously I was based on home at that time.

MB Where had the family all got to by then? We've not had them in our sights for a while.

AA Well, my parents, of course… they had moved house to the other end of Sheffield.

MB Was your father still doctoring?

AA Yes, he was still doctoring at that stage.

MB They'd moved to Fulwood, I think.

AA That's right, Fulwood. My brother by that time, having served in the army in India for a few years, had decided he liked India so he had emigrated to be a tea planter in India and subsequently, after Indian independence when it looked as if the tea industry might be a little bit ropey, at least for young people, he moved on to Australia and was living in Queensland, having married and got either one or two sons by that time.

MB But you weren't particularly close? He'd moved away I think?

AA Well, we a little bit lost touch with him for a while. I made touch with him again later on, but you know what it's like when there's the sort of feeling that he wasn't sure whether father had really approved of his moves, so there had been a little bit of drifting apart.

MB But he'd had quite an interesting life in the army?

AA Yes. I mean, he was a paratrooper and so forth, so he did have quite an interesting… He had a very interesting time as a tea planter and we've still got all his letters from that time.

MB That's exciting. But I think there's a feeling that he fell short of his potential?

AA I think that is perhaps what he felt. Then my sister, of course, by that time, being ten years younger, she had gone off to Edinburgh University. I think she'd just about finished by then.

MB She's a linguist.

AA She did French and Spanish as her languages and then she started travelling the world. She went out to Venezuela and met her husband-to-be out there and they later moved to Zambia.

MB Which is a link with the later part of your story that we'll take up in due course.

AA Well, an interest in Africa, that's right.

MB Aileen, so that's the family. I think you got brought back into the fold of anaesthetics though through an incredible meeting with a new guru. That's right, isn't it?

AA Well, yes. I mean everybody knew Professor Macintosh of course, the professor in this part… I mean, really, the first professor [of anaesthetics] in the world, because the only one in the States was just before him.

MB How did you come across Robert Macintosh?

AA Well, I keeping in touch when I came back, I went to an Association of Anaesthetists meeting.

MB In London?

AA In London. There I met one of the consultants from Cambridge, Windsor Lewis, who was perhaps rather better known as a rugger player than as an anaesthetist. And because Mac of course was terribly keen on rugger and boxing he knew Windsor and Windsor introduced me to Mac, who said to me in his very courteous polite way, 'What have you been doing?' And I told him. 'Do you know anything about cardiac anaesthesia?' 'Have you had some experience?' Well, of course, at that stage you didn't admit you had not had much experience in anything. You always exaggerated a bit and I said, 'Oh yes, I've done a certain amount in the States,' which was true, but not all that much. And he said, 'Well, we have a little problem in Oxford. We have a new professor of surgery who has quarrelled with all the anaesthetists and I'm looking for someone to take him on. Would you care to come on a monthly basis?' So I went on a monthly basis and stayed nearly two years!

MB This was to overcome a problem that had been created by Philip Allison?

AA Well, as with Ronald Belsey, it was in both our interests to get on well together.

MB He couldn't afford to lose another anaesthetist.

AA That's right, and equally I did need more cardiac experience and it was the time when cardiac surgery was starting in this country. America was a bit ahead of us.

MB You came to the Radcliffe [Infirmary, Oxford]?

AA So I came to the Radcliffe, that's right.

MB And that I believe was the first week in January 1958?

AA '58, that's right, yes.

MB Because you'd come back in September 1957 and had those three or four months just to stabilise, just getting back. Macintosh, can we just keep with Macintosh a moment? What was Macintosh actually like? I mean this great figure. He was really a principal figure in British anaesthetics. Was that reasonably so?

AA Yes. You see he was appointed to… You know the story of the Nuffield chair?

MB Well, I could hear it again.

AA Well, Lord Nuffield had in the 1930s agreed to endow three clinical chairs in Oxford: medicine, surgery and obstetrics. And round about that time, he'd had an anaesthetic from Macintosh which was the first anaesthetic he'd ever had which didn't make him jolly ill. So he asked Mac about was there a chair in anaesthetics, and Mac said no, it wasn't really the sort of subject, it hadn't got that far. So he said, 'Well, you need a chair, don't you? I will endow a chair of anaesthetics at Oxford.' And of course, the university took the same view as Macintosh: firstly that it wasn't a suitable subject, and secondly, there wasn't anybody suitably academic to hold it. So Lord Nuffield made a very perceptive remark apparently. He said, 'Well, I'm not too interested in the first person who holds the chair, it's the subsequent ones that are going to be really important. The first one will just get it off the ground.' So in the end the university was told, 'You have four chairs or no chairs,' and that was how the Nuffield chair was endowed.

MB Pretty persuasive, really, isn't it.

AA Yes. But, you know, every time it's fallen vacant ever since, the university has tried to get rid of it, but so far they haven't done.

MB I think they tried to make it a readership at first?

AA Well, that's right. They're now on the fourth professor, having tried each time to suppress it.

MB It's worked remarkably well though, hasn't it?

AA Oh yes it has. It's made an enormous contribution. And Mac started it. I mean, the way he started it in the 1930s was he said, 'What we don't too much want is research. We can't have research until we've got good anaesthetists.' So he concentrated on teaching. He built it up into a very strong teaching department.

MB That was his forte. He was a good teacher?

AA That was his forte. Yes, he was a good teacher, but again like Beecher, he surrounded himself with good people. He was very good at selecting people. I mean, [H G] Epstein as the physicist, he brought Eppie in, which was a link. I mean physics and anaesthesia are important and he realised that, so he got Eppie in and then he got other people who were good teachers. There was Roger Bryce-Smith, [Alex] Crampton Smith and various others, so he built up a strong department, which he led very well, and then it was only much later that he developed the research side.

MB Initially I think you came for two months or something like that to hold the fort?

AA Yes, he said, 'Come for a month or two and see how you get on.' Well, I mean nobody turned down the chance of working in the Nuffield Department. You stuck to it if you could because it was the… you know, outside London it was <u>the</u> major department. It was the only professorial department.

MB What was the state of cardiothoracic surgery at the time you arrived?

AA It was just beginning to change from closed cardiac surgery to open cardiac surgery, by which one means the ability to stop the heart, open it up and work inside the heart.

MB Heart-lung machine jobs.

AA Which meant that the heart-lung machine jobs were coming in. But the alternative approach, of course, was hypothermia, because if you cool the body down sufficiently you can stop the circulation for varying periods of time. I mean, at normal temperature you can stop it for 3 minutes. If you cool them down to 28 [degrees], which you can do with surface cooling, you can stop it for 10-12 minutes. Once you got a heart-lung machine going, you could cool them right down to about 10 degrees and then you could stop it for half to three quarters of an hour. So that was all coming in. I don't know whether we were the first people to use profound hypothermia outside the Westminster. I think we may have been, because when I looked up recently when the papers were published from the Westminster, we did our first case before they actually published their paper. So we learnt it by word of mouth, obviously.

MB What was Allison like as a surgeon?

AA Allison came from Leeds where he had built up a very strong reputation and I think the sad thing for Oxford was that, quite honestly, he was past his best when he came here. It was rather a shame because he just was a little bit over the top.

MB And he felt that?

AA I think perhaps he himself was aware of it. He was very fortunate in having Alf Gunning, who was a very keen first assistant and had got a tremendous drive and so forth, and together they ran that department very well.

MB What of the anaesthesia development at that time? We've seen tremendous revolutions taking place in the forties. What about that kind of time, the late fifties? Were there still advances with that cardiac…?

AA Yes. I mean, I think that the real time when research in anaesthesia was going like mad was the fifties and sixties; I mean new fields. I've said towards the end of 1940s, lots of new things coming in, lots of good people coming in, built up the academic background, and we were on the steep part of the learning curve. A tremendous amount of research by people like John Nunn, Keith Sykes, the people in Liverpool, you know, and quite a variety of people were all doing a lot of excellent work, [John] Clutton-Brock in Bristol and so forth, and so we were in the midst of making big strides. Ether at last, I think, had gone out, partly because diathermy was everywhere and surgeons reckoned they couldn't work without it.

MB But even the curare technology was improving. That was moving ahead?

AA Yes, the other thing which I'm sure you would hear about, other places as well, was taking the knowledge of pulmonary ventilation outside the theatre into the post-operative period in the intensive care unit. I mean, those were all happening round about that time. ITUs [intensive therapy units] were being built up and so forth and anaesthetists were moving out of the theatre as well as working in theatre.

MB That was a major step?

AA So that was a major step, yes, and tremendously important for the specialty, of course, because it was part of the respect that you were earning in the medical field.

MB There is one thing that we hadn't mentioned earlier that I'm reminded of when you say anaesthetists were moving out of the theatre into new grounds. I'm reminded of something you said to me a long while ago, that you said that in the forties, sometime with intubation, all of a sudden anaesthetists took it on and ENT [ear, nose and throat] people had had that before?

AA Going back to the time when I was a student and just starting anaesthetics, ENT surgeons used laryngoscopes to look at the larynx. Therefore, when you wanted a tube putting through the larynx the obvious person to get was an ENT surgeon, but I mean we picked [up] that technique from them very quickly, of course. Yes, it's quite true, at one time they were having to teach us how to use a laryngoscope, but that's going back quite a way.

MB It just came to mind that you'd told me that sometime and I just wanted to go back. But we'll stay with the Radcliffe Infirmary because that was going to be more

than two months, that was going to be quite a while?

AA Well, I stayed in the end for what was it, a year and a half, I think, something like that.

MB What actually was happening? Apart from Philip Allison, I don't think you ever in any job just allowed it to go down one particular speciality; you've fanned out your range of interests in all these early jobs?

AA Yes. I learnt quite a lot about local anaesthetics, particularly from Roger Bryce-Smith who was doing a lot, and of course neurosurgery was very strong in Oxford at that time.

MB This was post Cairns[1]?

AA It was Cairns and [Joseph] Pennybacker, and Olive Jones, who was a wonderful person who anaesthetised with great devotion for them. I mean, she devoted her whole life to neuroanaesthesia and never quite got the credit that she should have had. I mean, amongst neuroanaesthetists, Olive was enormously respected but she didn't quite get the credit she should have had outside that small field.

MB I was going to ask you if you got to know her well.

AA I got to know her fairly well.

MB But she was someone of real stature?

AA She was in her way a real pioneer.

MB What of the other kind of surgery areas? Did you see an amount of neurosurgery in Oxford?

AA Not a lot, no.

MB But you kept it in your sights?

AA I used to go along from time to time to see what Olive was doing.

MB And I think Crampton Smith was doing interesting things in Oxford?

AA Crampton Smith was running what became the intensive care unit. I mean, they were ventilating patients with polio and so forth and he and [J M K] Spalding were doing a lot of work at that time.

MB So there was a lot of work going on that would be exciting about the paralysed patient, the ventilation of the paralysed patient. That was a classical time for that.

[1] Sir Hugh Cairns (1896-1952). First Nuffield Professor of Surgery, University of Oxford.

AA Yes. Well, it was the time when paralytic polio was affecting adults and for some reasons adults who get polio get respiratory paralysis. Children seem to get it affecting legs and arms much more. In fact, I didn't mention that, that when I was in Boston I arrived in Boston just at the time when they had an epidemic of paralytic polio in adults and we got involved as anaesthetists in looking after those patients. And we had nothing then, we had no machines at all to ventilate with. I mean, we just had people sitting bag-squeezing all the time.

MB Over long periods of time?

AA Literally. I mean the Danes had started it. The Danes were the very first people for this epidemic to hit in the early 1950s and they had relays of medical students going round ventilating patients. Boston picked up the same idea and then gradually one got ventilators coming in and, of course, Oxford had the famous Radcliffe ventilator made from a bicycle chain and a cam operating a bellows - a very simple ventilator, worked extremely well.

MB What a fascinating place to arrive in in the late fifties.

AA So, as you say, things were moving on really quite fast.

MB You were beginning to be very senior as an anaesthetist by this stage.

AA Well, a senior junior.

MB You were a consultant locum?

AA That's right, yes. I was consultant status then.

MB I mean, you were really a senior person in this field, but not with a long-term job. You never had that?

AA Well, you see I was unattached and I liked travelling around and I was in no great hurry to settle down, until my elders and betters said, 'Well, you know, you can wait too long. People will wonder why you've got to the age of…' whatever it was, 35 '…without getting a consultant job.'

MB Who said that? Who powered in with that observation?

AA Well, I think Cecil Gray was the first one to say, 'Don't hang around too long.' Because one of the things I did in that little gap after I came back from America was I took the opportunity, having travelled around overseas, I travelled around in my own country and I went up to Liverpool to see what Cecil was doing and what Jack [Gordon Jackson] Rees was doing.

MB Was that impressive? Were you impressed by the Liverpool…?

AA Yes.

MB I mean instantly, because obviously they were names?

AA Oh yes. I mean, outside London, they were a tremendous department. They made enormous contributions. They were the first people to set up really good training programmes and they very much developed the curare side and of course Jack was a pioneer in paediatric anaesthesia. So it was a tremendous unit, and they had a chair at an early stage - an enlightened university. They were not the first or the second, but they were fairly early on.

MB Coming back to another enlightened university and bringing you back to just wind up the Oxford years, is there anything else we should say about those Oxford years? I mean, obviously a time of rich experience?

AA Yes. I mean, it was all contributing.

MB Towards the end of that time though, you did begin to seek...

AA Well, I did realise that you couldn't go on just going from nice job to nice job on a temporary basis, you know, I really had to settle down.

MB And you applied to four or five universities?

AA Well, I decided… you see, I was in a temporary job and after a while, Mac quite reasonably said, 'Look, we can't keep you in a temporary job and we've got to fill this post anyway. We've got to have a cardiac anaesthetist.' So he said, 'We will be advertising for it and you can put in for it.' And he said, 'If you do put in for it obviously you would be a very strong candidate.' But I was now seeing more clearly what really interested me and it wasn't cardiac. Cardiac surgery I could see was going to get very technical and also I didn't want to work indefinitely with Allison. As I said, we had established a good relationship. We got on fine, but I didn't want to go on with it. So I didn't apply for the job. I applied for a variety of other jobs.

MB You said that obviously the cardiothoracic field wasn't for you and that you started to shape into areas that you did want to be associated with. What were those areas of anaesthetics that you wanted?

AA Well, I still was hankering after neuro, which I'd started the interest in Boston, a little bit maintained it in Oxford, but not as much as I would have liked. And you see the big chance came when the Oxford Department set up the Cambridge Department because Walpole Lewin, who was Pennybacker's number two at Oxford, was appointed to start a neuro unit in Cambridge. So that did interest me, although it wasn't the only job that I put in for at the time. It was the one that I did actually get.

MB I think you did Leeds and Bristol and…

AA I put in for several, yes.

MB And Liverpool?

AA Yes, I think so.

MB There were quite a few applications, Aileen. You were a very serious contender for some important jobs.

AA I put in about half a dozen applications and there was no doubt that the Cambridge one was the right one for me because they knew me there, I'd worked there, I'd been happy there, the neuro was building up and there we were.

MB And the news of that, getting that job, came while you were in Denmark? We've mentioned Denmark.

AA Yes, I went off to Denmark to get out of the way from Oxford and because it was easier to come back from for interviews and things, so that was quite a fun little episode.

MB Because you came across a course in Denmark that we ought to put on the record.

AA Well, I knew about it from the people I knew in Bristol. Ronnie Woolmer who'd been the professor in Bristol, he was the one who set up the course in Denmark.[2]

MB So that's where you went. It was recommended.

AA That's right. He suggested it. He said, 'Well, if you'd like to come out just for a short time, we're always looking for people to do a bit of teaching.'

MB Was this for Europeans, or was it a very international course?

AA It was a WHO [World Health Organisation] course set up for international… Because Denmark was regarded as politically neutral, the Eastern European people were keen to come. We had Russians and Czechs and Poles as well as people from Africa and South America and India and so forth, and they could all come on this course, they all got fellowships financed by WHO.

MB That was at the time of the Cold War when you needed to have that kind of place for an international course?

AA Yes, and so that was interesting.

MB Did you teach on that course?

AA Yes.

[2] The Anaesthesiology Centre Copenhagen was founded by the World Health Organisation in 1950, and continued until 1976. Ronald Woolmer was at the Centre for a year (1951-52).

MB And that was at fundamental level, getting people into anaesthetics?

AA It was lecturing and clinical supervision.

MB So you had six months in Denmark, Copenhagen?

AA Yes.

MB And you came back for the sixties, to open the sixties in Cambridge?

AA Yes, with a consultancy at Cambridge.

MB At Addenbrooke's [Hospital] again. Had Addenbrooke's changed very much?

AA It was changing. In the sixties it hadn't changed too much, it was developing because it was starting a neuro unit. It knew it was going to have a clinical school.

MB It did by then know did it, that that was going to happen?

AA It had been decided by then as a matter of principle, although the university put up one hell of a fight to stop it, right up until about 1970.

MB It didn't happen until about 1973?

AA Well, that's right. It's not true to say it had no clinical school. If somebody opted to do clinical training in Cambridge it was organised, but almost all the people who did that were people, for example, disabled people or people who for some reason couldn't leave Cambridge. But the idea of starting a full clinical school with fifty students a year, which was what they started on, was a new policy and it opened in I think it was '74, eventually.

MB Well, we've brought you back to Cambridge. What job did you have there? This was a full consultancy?

AA I was appointed a normal consultant anaesthetist.

MB But moving principally into neuro…

AA Walpole Lewin at that time was coming over one day a week to get the thing started and he was doing a bit of operating.

MB So that unit was just coming on stream.

AA Of course, I was actually the only anaesthetist there who'd had any experience of neuro. None of the others had.

MB So you and he started to move that unit forward?

AA That's right.

MB And at that point and with that Cambridge career, which turned out to be quite a long Cambridge career, in prospect, we'll wind down for today and take up that story next time we meet. Aileen, thank you very much.

AA Thank you, Max, it's been fun talking to you.

MB I enjoyed it.