

The Royal College of Physicians and Oxford Brookes University
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**Sir Richard Bayliss KCVO in interview with Lord Walton of Detchant
Oxford, 26 June 1992**

JW Sir Richard, as you know, these videotaped interviews are being provided as a kind of historical archive for the Royal College of Physicians, and I am very grateful to you for agreeing to be interviewed. Now, we've known each other for a long time, so I'm going to call you Dick.

RB That would be better!

JW I hope that's all right! Dick, you were born in Tettenhall, where is that?

RB Tettenhall is a village on the borders of Staffordshire and Shropshire. It's not in the Black Country, it's on the green fringe, and it is really a dormitory town for the Black Country.

JW I see. Neither of your parents were doctors, so what was your family background?

RB Family background is iron and steel trade, and originally, the family came from near Ironbridge in Shropshire – and I imagine that Bayliss is a corruption of Bailiff – and they moved at the beginning of the industrial revolution to the Black Country to be, and went into the iron and steel business. And the company which came from that, called Bayliss, Jones and Bayliss, existed until about 1960, when it was taken over by one of the big iron and steel firms in the country.

JW Did you have any brothers and sisters?

RB Two sisters.

JW Two sisters. Either of them go into medicine?

RB No. No, no.

JW So you're the solitary doctor in the family, really.

RB Within the family, although Professor Sir William Bayliss, the physiologist, is a relative of my father's, and I suppose, therefore, of mine.

JW Yes, indeed. And what are your most abiding recollections of childhood? Would you say that your childhood was a happy one?

RB Oh, certainly. Very enjoyable. I remember, since, I suppose, it's relevant to the context today, having whooping cough at the age of five, and I remember our family doctor, the general practitioner, and, of course, general practitioners were different in those days. He was a surgeon, FRCS, on the local hospital in Wolverhampton, but also

was a general practitioner. And I remember him coming in to see me one day, and looked at me, and he said to my mother, 'The poor boy is going to whoop in a minute.' And I was trying to hold back the cough. And you can't, as you know, hold it back! And then I suddenly did this (*makes the noise of whooping cough*), like this, and it was then that ... I developed an interest in medicine. And it started when I was five or six, and this GP said to me, 'I think you should dissect a frog.' And when I was better from the whooping cough, he came, one day, with a little bottle of chloroform, and it was easy to get frogs from the garden, and we put a frog into an empty jam jar, and he chloroformed it, and we dissected it together. And that was when I was about six.

JW I see. So that was your introduction to biological science!

RB That's right.

JW You went to Rugby School. Did you go to a prep school beforehand?

RB Yes, I went to a prep school beforehand, yes, in the Malvern Hills. Then to Rugby, and in my view, a great school. The science there was simply superb. And I was lucky enough to have a biology teacher who was very gifted, and he produced a lot of doctors from that school. A marvellous man. And when he retired, funnily enough, we gave a dinner for him at the Royal College of Physicians, all the students from Rugby, who had gone into medicine and been taught by this man.

JW I seem to have a vague recollection there was quite a noted doctor who was the Medical Officer to Rugby School at one stage?

RB There were two, in fact. The one ... we were there with, was a man called R E Smith.

JW That's the one I'm talking about.

RB Who, I think, came originally from Guys, and was very up-to-date in immunisations and the control of infections in school. Yes, he was well known.

JW So you didn't encounter any of the episodes of the darker side of public school life, as in *Tom Brown's Schooldays*?

RB None at all.

JW None at all.

RB None at all.

JW You had a happy time?

RB A happy time.

JW Oh, good. Any particular cultural, sporting or other interests at school, that stand out?

RB No. Very fond of music, and was in the choir at school, the chapel choir, and played the piano at school. And then when I became, obviously, less good than I should have been, I read harmony and counterpoint, which, I think, was an experience which has made me appreciate certain aspects of music more than I would have done otherwise.

JW Now, that interest in biology and medicine, that was begun in your early childhood, was that nurtured? It was nurtured at Rugby, as you've said ...

RB Absolutely.

JW ... by the biology master.

RB Yeah.

JW So, at what stage did you decide, firmly, that medicine was for you, would you think?

RB Oh, I would think ... about twelve ... eleven or twelve, yes.

JW Yes. So you would take old school certificate, and then the highers and so on?

RB That's right. That's right.

JW And then went on to Clare College, Cambridge. Now, what was the reason you chose Clare, and Cambridge, in particular? Influence from school?

RB I don't know. It sounds absolutely crazy. Cambridge was winning the boat race in those days! And, I don't know, I think a lot of people at school were going to Cambridge, and so I just went to Cambridge. Why Clare? I have no idea.

JW No. But you enjoyed it.

RB Enjoyed it.

JW What would you think are the most prominent memories you have of your time in Cambridge, and of the College?

RB I think ... not working as hard as I thought I was going to work. I mean, I did quite well, in the sense that I never aimed to get a first. It wasn't on my slate at all. A 2:1 was what I was after, and that's what I got. And that gave me enough time to do lots of other things. And I think that is one of the important aspects of Cambridge, that you just don't only do medicine or biology, or anatomy or physiology, it was the whole growing up and learning about life that went on up there.

JW Are there any people with whom you became friendly at Clare, with whom you have maintained a friendship?

RB Oh, indeed. Many life-long friends. But sadly, as one gets older, some of them have died. But many very close friends. I think more friends from Clare than from any

other single time in one's life. I mean, more than at school, and, indeed, often more than in clinical medical school.

JW And not just in medicine, in other fields as well?

RB In other fields as well, absolutely.

JW Have any of them, and I don't wish to suggest ... have any of them reached the same kind of eminence in their respective professions, as you have done in yours?

RB Oh, indeed. Even in our profession, David Pyke was a year behind me at Clare, I think. And a man called Billy Fraser, who became Chairman of BP, and became Lord Strathalmond in due course, and was a very great ... sort of politician, without being a professional politician. When they had trouble on the Clydeside dockyards, Billy was put in charge of that, and became very friendly with some of the more rabid communist workers there. He had this gift of being able to talk to all types of people.

JW Did you have any consciousness, while in Cambridge, of the people who subsequently became so prominent, because of their communist affiliations?

RB Absolutely not. I think we missed this. You see, I went up in ... I don't know, '35 or '36, and the Burgesses and Maclean's and the Blunts had either gone, moved on ... I had no knowledge, or no ... I didn't even know that that inner group/club, whose name I can't remember, existed. You know what I'm talking about.

JW Yes, I do. Yes, I do.

RB And they were all members of that particular club.

JW The reason that I asked you that was because, interestingly, our mutual friend, now very much a right-winger, David Pyke, was president of the British Medical Students' Association when I was treasurer, and he was a communist at that time.

RB Really?

JW But only very briefly! Yes. Which is surprising!

RB That I didn't know.

JW Yes, quite! And then changed. Now, you went on to St Thomas'. Again, a deliberate choice for any particular reason?

RB No, I don't think so. It was ... the Medical Schools in London were carefully known about by the medical undergraduates at Cambridge, and the fashionable ones were Thomas', to some extent the Middlesex, the London, now the Royal London, and ... I think Thomas' had a very high reputation at that time, and a lot of us went from Clare, three or four or five of us went from Clare, in fact, to St Thomas'.

JW It's interesting, nowadays, that in Oxford, that quite a number of Clare students come in College to do their ... having got a BA. in Cambridge, then come to Oxford to do their clinical training.

RB To the clinical training, yeah.

JW What about your teaching at St Thomas', are there any teachers whom you remember, particularly, as having inspired you in any particular direction?

RB Oh yes. I suppose we all feel this, that the staff in those days were people of eccentricity and character. They all seem rather bland nowadays. But in those days, they were people of great character. Sir Maurice Cassidy, who I was houseman to, and later registrar to, was a great gentleman, and a very good teacher, and a superb doctor. A great man. The wildest and most unusual teacher I had there was a Welshman called Evan Jones, and he was eccentric ... unusual. When he came as a student, it was generally said that he could hardly speak any English, he could only speak Welsh. But the most talented, gifted physician and diagnostician I've ever met, and had this way of just inspiring the students, and those who worked for him. And we thought he was marvellous. And he was marvellous. Quite unique. As a diagnostician, I've never seen anything like it.

JW From the fact that you've mentioned two physicians, it's clear that, pretty early in your clinical career, you're determined on going into medicine rather than surgery, or any other speciality?

RB Yes. Yes. Yes. Never quite took to surgery!

JW No. No. Despite the Lancelot Spratt image of some ...

RB Indeed! Indeed! Indeed!

JW Now, after graduating in 1941, you became casualty officer, HP, registrar and resident assistant physician at St Thomas'.

RB Yes. Yes. I just went up the sort of ladder, like an escalator!

JW What was the resident assistant physician's job, in particular?

RB Well, it was an interesting job. I suppose it would be the equivalent now of a senior registrar. But, in fact, you were in charge of all medical patients in the hospital, it was you who decided who was to be admitted, and who would not be admitted. And even if the senior physician wanted to get a patient in, he had to send the notes to me, as resident assistant physician, and say, 'Yes, I will take that patient in', or sometimes I'd have to go to him, and say, 'I'm sorry, but we're very short of beds, and can it wait a day or two?' Or whatever.

JW Even in those days?

RB Even in those days.

JW Bed shortage.

RB Yeah.

JW So some other hospitals might have called this the RMO?

RB That's right.

JW It's the same kind of thing.

RB The same sort of thing.

JW A good experience?

RB Oh, marvellous! Marvellous! I mean, the responsibility you had at that age. I mean, I remember, on one day, I saw one hundred and eleven new patients, in one day. I'm not recommending this, but it's a volume of experience which you only get by being at the coal-face.

JW And so you, in fact, went into the Army pretty well at the end of the war? Almost at the end of the war.

RB At the end of the war, yes. Yes.

JW And, presumably, went in as a ...

RB As a specialist.

JW Medical specialist?

RB Yes.

JW And became officer in charge of the medical division of a general hospital in India?

RB That's right.

JW Which general hospital was it?

RB Mmm! It was the 121 or the 122. And I remember landing in a ship with several colleagues. Wallace Brigden, who was a Fellow of the College. Sundry others. Max Rosenheim was the senior officer of the group of us going out in this troop ship, and we arrived in Bombay, and I was told I was to go to this general hospital, 122 or 121. And I said, 'Well, where is it?' And they said, 'Well, that's a very good question. We don't know where it is. Perhaps you'd better go to Delhi and find out.' So, up to Delhi I had to go, and when I got to GHQ at Delhi, I said, 'I believe I've been posted to 122 or 121. Where is it?' They said, 'We don't know. We'll have to find out.' And I spent several days in Delhi, until they found out where this general hospital was. And I then went and joined it.

JW And where was it?

RB It was in a place called Chhindwara (?), where they were training to go to join the 14th Army to go into Burma, and so we were there, in a jungle training centre.

JW And in that military experience, again, are there any other colleagues, in the Army, whom you remember particularly?

RB Bill Trethowan who is now a professor, or was professor of psychiatry at Birmingham, you know. He was a specialist psychiatrist. We'd been at Cambridge together, at Clare together, and so he was in this group. Herman Lehmann, who was the professor of biochemistry, or haematology, at Cambridge University, a famous man, he was our pathologist later on. There were a lot of people who subsequently rose above the ordinary level, to become great figures in the profession.

JW What was your feeling towards India, from your experience there? Did you spend the whole three years in ...

RB Yes, I was there four years.

JW Four years?

RB Yes. Because when I was due to come out, they said, 'No, no, no, you have to read the small print at the bottom. And that is, if we require you, you've got to stay. And we do require you', because at this point, Auchinleck was leaving, Mountbatten was coming out, and then partition, and then he was going to be the first high commissioner. And so I stayed and looked after Mountbatten when he came, and all that ... and saw all the ... ghastly war of partition that occurred at that time, and after that, came home.

JW People have often criticised the Attenborough film, *Gandhi*, as saying that it gave an inaccurate picture. What did you feel about it?

RB I thought it wasn't at all bad.

JW No, I thought so, too.

RB I think if you had made it totally realistic, it would have been unacceptable to the public. I mean, I saw trains with just bodies hanging ... hacked bits from this roof, from the windows and the carriages. Oh ... awful.

JW And yet all of that violence was inter-racial, in a sense.

RB Absolutely.

JW None of it was directed against the British.

RB None at all.

JW The extraordinary thing about India now, surely, is that they still have the most enormous affection for the days of the British Raj, or, at least, the majority do.

RB I think so.

JW What did you feel, yourself, about India? Was it something that affected you deeply, your experience in that country?

RB Yes, I think it did. I was, perhaps, one of the few ... no, I'm not really one of the few, I'm one of the people who think that we did a very good job for India. I think we gave them a transport system, we gave them a legal system. We ... the medicine, really, was given by us, or we taught it to them. I think ... I'm sure we could be criticised. But, on the other hand, I think, as a ... part of an empire, we gave them quite a lot.

JW Now, when you came out, you became senior registrar and tutor at Hammersmith.

RB Right.

JW Did you go there almost immediately?

RB Yes, straightaway.

JW Straightaway? Oh, so ...

RB As soon as I got back, I went and saw John McMichael, and said, 'This is the place I want to come. Will you take me?' I didn't want to go back to Thomas', because I didn't think I was going to learn very much there that I didn't know already. And, you know, when you've been a half colonel, and looked after two hundred and fifty beds, or three hundred beds, you're pretty experienced. And I suppose I must have been twenty-seven or twenty-eight by this time. And so to Hammersmith I went, to learn the new medicine. And it was new medicine. Totally new medicine.

JW You would have a pretty fair experience of tropical medicine, of course, in India.

RB Yes.

JW Did you actually, yourself, suffer any of the Indian ills that a number of people ...

RB No. No.

JW ... so you were quite fortunate in not picking anything up.

RB No. It's touching wood! I think a bit of diarrhoea for three days, but that was it, the only thing. Mark you, I vaccinated myself about once a month, because I saw a smallpox about once a month, and I'm a great believer in ...

JW Now, tell me about Hammersmith, and the time you spent there.

RB Absolutely eye-opening. I mean, another world. This was a new medicine. New approach, new thinking. Questioning, almost accepting nothing. And McMichael is one of the greats. Sharpy Schaeffer was one of the greats. There was Guy Scadding, Paul Wood ... a remarkable team. And running in parallel, people like Sheila Sherlock. Really quite remarkable lot of people.

JW And so you, again, moved up the ladder, having quickly acquired the MRCP [Membership of the Royal College of Physicians], of course, in 1942, just a year after you qualified.

RB Yes. Yes.

JW And, interestingly, you got your MD at Cambridge in '46, which must have been when you were in the Army.

RB I wrote it while I was in India, and the finished thesis was bound in Assam, in a town called Guwahati (?), where we'd taken over a school as a hospital for people coming back from Burma, and I went into the bazaar, and I found a leather maker, and I said, 'I want you to bind this book', and he bound it with leather, in Assam, and that was the top copy that went to Cambridge.

JW Did you have to come home for a *viva*, or anything?

RB No. No, no, no.

JW No, you didn't. It was ...it was given without ...

RB Without being interviewed.

JW ... without being interviewed.

RB But it was written, nothing to do with the Army, I'd begun to do this while I was at St Thomas', purely because we were seeing so many patients with cardiac problems, which turned out to be due to metastasis, disease from a carcinoma of the lung.

JW Oh, this was the topic, was it?

RB And this was the subject. The title of it was, 'Cardiac Dysrhythmias Consequent on Carcinoma of the Lungs'.

JW Now, you then, of course, moved up the ladder in Hammersmith. You became lecturer in medicine, an academic post, and an honorary consultant. So it was a university appointment. Presumably, that was the time that you did a lot of teaching, although you'd done it at Thomas', of course, beforehand.

RB Yes.

JW What was your view about clinical teaching, and about the best way to tackle it?

RB I still think the ... small group, an element of the apprentice in it, supervised hands-on, is still the best way to learn. I think it's ... let the students, I'm talking particularly of post-graduate students, of course, at Hammersmith, come on a ward round, but then let us go to a room and talk about the cases, and let our minds and ideas go off at tangents, which may be irrelevant to the particular patient, but it's all part of the educational scene.

JW Indeed. When you moved from Hammersmith to Westminster, to become physician there in '54, what was the reason? Was that a deliberate career choice, or was it some new exciting opportunity that arose?

RB That was a deliberate career choice, which was dictated by John McMichael. And it was always his principle that you could become a lecturer, and you could stay on as a lecturer until the cows came home. But he wanted people to go out into the world as his disciples. And if they could go out as professors, fine. If they went out as consultant physicians, fine. But you were encouraged to leave after a period of time. And Sheila Sherlock is a typical example, she went as professor of medicine to the Royal Free. Just when I'd accepted this post at Westminster, I was offered the chair in Edinburgh, when Stanley Davidson retired. And by this time I'd accepted the Westminster, and I really didn't think I wanted to up sticks and go all the way to Edinburgh, although Derek Dunlop was very persuasive, as you might imagine!

JW Yes, I can remember him well. So was it then that you began, for the first time, to do private practice, in '54?

RB That's right, yes. Well, I had seen one or two private patients when I'd been in the Army.

JW Of course. Of course.

RB And usually, on leave up in Kashmir, and I can well remember ... you know you have your houseboat, and you have the little boat which is the tender, and somebody came and said would I go and see his master, because his master had got great pain. And I went to see this merchant from Calcutta, who was the most beautiful case of gout you ever saw! And so I said, 'Well, I think I can help you', assuming, of course, that up in Srinagar (?) they'd got some ... [inaudible] ..., which, happily, they did, and I remember treating him. And he asked for his bill. And I had no idea, at all, what to charge him, in rupees. None at all. And I've forgotten what the exchange rate is now. Anyhow, I sent a bill, and almost by return of the boat, it came back, 'This is ridiculous! I have added another O', which was rather nice!

JW Yes! Well, a lesson! Now, in fact, you have been, if I may say so, the archetypal general physician. You've made a name for yourself in cardiology and endocrinology, we shall come back to that, but nevertheless, you have done, throughout your professional career, general medicine. Now, do you think it is still possible for people to contribute across the field of general medicine and to be effective contributors to teaching and research?

RB No.

JW You don't.

RB I'm afraid not.

JW No.

RB I just don't think it's possible.

JW And what about the interrelationship between academic medicine, on the one hand, and private practice? Do you feel, from your experience, that private practice is something that everyone should do? Even the academics?

RB I don't know that anybody should have to do it.

JW No.

RB I think one of the things that the academics tend to lose is the direct, immediate contact between them and the patient, because by the time they are readers or professors, there's always an intermediate. They never take a history themselves. And I still think that that is ... I mean, to me, if I was, perhaps, born with a small silver spoon in my mouth, I was born with a much bigger question mark. And this is the thing that really fascinates me about medicine, is why? And the greatest pleasure I would get is in making a diagnosis, even if it's ... sometimes doing that difficult thing of proving a negative. But making a diagnosis, or understanding why something happens, or why things work, and I suppose ... what research work I've done has always been to clarify the workings of something. It's ... the question mark is there. And I think that, for me, that is the most exciting thing.

JW It's the personal and individual contact of private practice which often nurtures the remainder of your teaching and academic experience, in some respects.

RB That's right. That's right.

JW Yes. Now, you became dean at the Westminster for five years, from '60 to '65. What are your most interesting memories of that particular period? Was it a period of particular challenge?

RB Oh! It was a very difficult time, because ... some pretty adverse comments had been made by the University Grants Committee, as it was in those days, and by various other inspecting bodies. I don't know that the GMC [General Medical Council], particularly, were critical. But quite a lot of the people were critical. And we must have been the only medical school in the country, which didn't have a professor of medicine and a professor of surgery. And so I, really, was ... cajoled into taking this job, and bringing Westminster Medical School into the ... line with the rest of England. And so those five years were spent in setting up an academic unit in medicine, an academic unit in surgery, midwifery, and so on. It was nice. It was interesting. Very interesting.

JW Have you enjoyed your contact with medical students and post-graduates?

RB Oh yes. And, of course, choosing students is ... selecting students, I think, is fascinating. But, of course, you've got to be around long enough to see what the final product is. You can't judge, just because they pass their exams. That is no criterion. You want to see them ten years on, to see how they've really turned out.

JW You became physician to the Queen, from 1970 to 82, and you were head of the medical household from '73 to '82. Did that come as a surprise, or were you forewarned?

RB Er ... well, it's a funny business. It's done, as you probably know, through the old boy net, and I remember being asked by a well-known radiologist – it was Peter Curley – to go round and have drinks with him one night. And I went round to have drinks with him, and there was Lord Evans, Horace Evans, who was the Queen's physician, and sundry other ... Bodley Scott was there as his number two, and so on. And we had drinks. And at the end of it all, Horace Evans said, 'I would like you to be a physician to the people on the household', in other words, this is people on the other side of the baize door, which is really everybody from the Queen's secretary down to the ostlers and the grooms, and ... one's not a GP to them, there is a GP in place, but one sees them if they have any medical problems requiring specialist opinion. So it wasn't ... that wasn't ... it was, in a sense, a surprise that I was invited to this cocktail party and, as it were, offered this on a plate.

JW It must have been an enjoyable experience.

RB It was.

JW Obviously, we're not going to ask you to betray any confidences, which would be totally inappropriate, but how much time did it take, being physician to the household?

RB Oh, quite a lot.

JW It did?

RB Quite a lot. I mean, you see, you do ... we try and have seven years between each person. There was seven years between Horace Evans and Bodley Scott, and so on, so that you're going to do in seven years, I did seven years on that side of the baize door, and then when you go up to be physician to the Queen, then you don't do any more for people in the lower echelons. But when you're physician to the Queen, you've got her and her family, and all her immediate relatives. So it's quite a large ... tribe of them.

JW There have been problems, of course, in the past, over the interrelationship between the physician to the household, on the one hand, and the homeopathic physicians on the other. But did you ever find that a matter of concern?

RB No. I was very fortunate in that the homeopath I dealt with was called Marjorie Black, a lady who was a very very smart doctor. She was no fool, I can tell you! And

she might go and see the Queen first. And I don't think it's a secret that she, by various means, nearly always got there first, because she was told first, by one of the pages! But she went to see the Queen, and rang me up and said, 'I've just seen the Queen. She's got chickenpox. And I know that you're going to get a call from the apothecary to go and see her shortly. And', she said, 'I've given her some medicine to bring the spots out'. And so I said, 'Good'. And so a couple of hours later, I went to see her, and there she was, scratching away! And I said, 'I gather Dr. Black has given you some homeopathic medicine to bring the spots out. I'll give you some medicine to stop them from itching'. So I gave her an antihistamine, and the combination worked very well.

JW Good. Good. Good, good. And you carried on till 1982, presumably ... that was John Batten who followed you, isn't that right?

RB That's right.

JW Yes, afterwards, at the end of your term. Now, you were also physician at Midhurst, to the Edward VII Hospital for a time. And how did a former half colonel become the civil consultant to the Royal Navy?

RB That is ... it's quite unusual, is it not!

JW It is! Very much so!

RB Purely, I think, because I got friendly with James Watt, who was the head of the Naval medical services, and he asked me to look after some of the civilian problems in the Navy, and particularly the endocrine ones, which they hadn't got anybody particularly specialist in that, and so I did that for a number of years.

JW Now, you've been a life-long supporter, if I may put it that way, or a very dedicated Fellow of the Royal College of Physicians; Croonian Lecturer in 1974; Harveian (INAUDIBLE Lecturer/Orator?) '83. Two rather tough assignments. What did you feel about them?

RB I think the most difficult tasks ever. As you know, lecturing to one's peers is taxing.

JW Very.

RB And the Harveian, I think is perhaps the most difficult, because you are talking to three or four hundred people, and it's an essential requirement, I think, to keep them ... entertained is, perhaps, not the right word ... interested. And they have very different interests from you. So that it's extremely difficult, I think. And nothing I found more taxing, ever, than giving the Harveian, and preparing for it.

JW I can ... I can only agree with you entirely about this one, yes! Now, you were a vice-president of the College, and I well remember approaching you, you may not remember this, years ago, to ask whether you would consider allowing your name to go forward for the presidency, but you declined. But, nevertheless, the College must have

meant a great deal to you. And afterwards, you became assistant director of the research unit, for a time.

RB Lovely.

JW You enjoyed that?

RB Very much. But working with Cyril, who is just like champagne! I mean, like the bubbles, so his ideas come bubbling out. Sure, some of them are not all that good, but the majority of them are all worth a good look. He is a great man. Really great.

JW I agree entirely.

RB Really great man.

JW Indeed. Your involvement with the Society for Endocrinology, and, of course, you were chairman of the Royal College of Physicians standing committee on endocrinology. But, in addition, of course, you were a member of the Cardiac Society. So that you've been involved in endocrinology and in cardiology. But of those, would you say that your predominant interest was endocrinological?

RB Yeah. But, you see, this was a progression, because when I was with John McMichael at Hammersmith, it was all cardiology, and I was all set to be a cardiologist. I was a member of the Junior Cardiac Club and the British Cardiac Society, and all that. And it wasn't until 1949 that I said, 'Why is it, people with heart failure retain salt water? Why do they get oedematous?' And nobody knew. And you will remember, this is the time when cortisone was coming on the scene, and to cut a long story short, I went off to America on a Rockefeller fellowship, with the firm intention of finding out what the hormone was that caused salt and water retention in heart failure. And that's what I did in New York, for nearly two years. And so steeped in endocrinology and biochemistry had I become during those two years, that I never really went back to cardiology. I kept an interest in it, but this was the opening to endocrinology.

JW I was going to ask you about your BTA, which you acquired fairly early on, you'd been to America, the qualification of going to Columbia. That would be, what, at the Presbyterian Hospital, was it?

RB That's right. That's right. I was there. And Robert Lerner (?), who was the professor of medicine, was a great salt and water man, and he'd been one of the early writers on Addison's disease, and people with Addison's disease never got oedematous, and never got hypertensive.

JW And then you were a travelling professor, of course, abroad in Canada, one of the McLaughlin Travelling Fellows, in '67. What did that involve?

RB That was set up by a man who, at that time, was ninety-nine, called McLaughlin, who had been the father of the Buick car in Canada, and was operated on, I think, for a hernia, by a Mr Gallie, who was Gallie's operation for a hernia at Montreal, and he set up this fellowship, this travelling professorship. And you started it

in Quebec, and you spent a week in Quebec, a week in Montreal, on to Ottawa ... Kingston, Ottawa, Calgary, over the Rockies, down to Vancouver. And in the middle of this, old Mr McLaughlin, aged ninety-nine, gave a dinner, near Ottawa. And all the professors to whom one was answerable in the various teaching centres, were flown in, I was flown in, and we had a dinner, which was a very memorable occasion. This marvellous old man. And for the first time in my life, and the last time, the first course on the menu was fiddlesticks. Now, do you know what fiddlesticks are?

JW No! No idea!

RB Well, they are the topmost leaves of bracken, and they are cooked and eaten just like asparagus. They are boiled, and a little melted butter, and these are known as fiddlesticks.

JW That's interesting. I'd never come across that. It reminds me so much, and forgive the personal interjection that, about four weeks ago, I was in Canada with Betty, my wife, and they put on as first course, something which I'd told her when we were first married, she must never give me, because I didn't like the look of it ... tripe and onions! And they put it on quite deliberately, just because of having heard that story! But it was quite nice.

RB And you enjoyed it?

JW I quite liked it. You were knighted, of course, KCVO, in 1978. What is, of course, naturally, the Victorian Order is for personal services to the sovereign. What is the significant difference about the membership of that order, compared with other orders of knighthood? The insignia must surely be different.

RB Oh yes. And I think the order of precedence, John, is slightly different! But I don't know whether I'm above you or below you!

JW Well, I wouldn't know that either!

RB But if we were sitting formally at a dinner ... I don't know.

JW Do you go to the, an ordinary investiture to receive that, or is it a personal audience with the Queen?

RB Ordinarily you go to an investiture.

JW To an investiture. Now, among your other honours, too, of course, you were president of the Association of Physicians in 1980, for a year. Exciting?

RB Great! Absolutely great! I mean, the College, and the Association of Physicians, are the two bodies which I enjoy most. Unhappily, the College, inevitably, has become more involved in what I'm going to call politics. But in the days when Robert Platt said, 'We must get into education', and the very first, I think he called them 'Advanced Conferences', they're still held in February, the very first one that was ever held under Robert Platt, I was the organiser of that. And we discussed whether we should publish it. Pitmans did publish it. And he, as president, and Max Rosenheim,

and Douglas, those were in the educational important days of the College. I'm not saying it's not important now, but it's now so much involved with politics. The Association of Physicians, unfortunately, of course, one understands less and less of the molecular biology, but it's lovely seeing old friends there, and it's a great group.

JW It is. A great group. Great. Very enjoyable. Now, apart from these other professional attainments, you've had a lot of commitments in what one might call the interface between medicine and the commercial world. For example, you've been a consultant to Merck, Sharp and Dohme and were, I think, chairman of their medical advisory council for a time?

RB Right.

JW Yes. What did that involve?

RB It evolved, it came about because when I was looking for what we now called aldosterone in New York, I ran into difficulties, and it was my professor, Robert Loeb, who said, 'Go out to Mercks and see if they can give you some help'. And I went out there, and they did give me some help. And a few years later, I was asked to become a consultant to the British subsidiary. And then I went on to the board of the institute. And the board of the Merck Institute, I was the first and only Englishman on it at that time, and almost everybody else on the board were Nobel Prizewinners! There was Dickinson Richards, and there was old Dr Richards, the renal man, and they were a pretty powerful lot, and I felt about knee high to a grasshopper in this group. But we discussed what the company should be doing in ways of research, what areas required new drugs, and there was a possibility of advancing medicine. Very interesting. And in those days, before the thalidomide disaster, of course, one could go over there and say, 'What's this?' And they'd say, 'This is called chlorothiazide. This is a very potent oral diuretic'. And I remember coming back with two kilos of this in my bag, and going into the hospital, and saying to the team, 'We've been using Salagan and Mersalyl by injection, we're now going to try this'. And the first person in England, who ever had chlorothiazide was the Duke of Westminster's butler, who was in the ward, who ... I think he passed something like five or six litres in one night, after having a tablet of chlorothiazide. Very dramatic diuresis!

JW I'm sure he thanked you for that!

RB Yes! Yes! Indeed!

JW And, of course, you've also been involved with Biotechnology Investments, which is Lord Rothschild's Company for, as it were, developing on biotechnological inventions. Interesting?

RB Again, very interesting, because you're looking at start-up companies, or even before they become a company, ideas which have got commercial possibilities. And I mainly deal with, of course, the more clinical medical aspects. There are other consultants who deal with some of the more technical things. But extremely interesting, and ... on the whole, touching wood, we haven't made too many mistakes. Most of the companies we've put money into, have done well.

JW And you've been a director of Jean Shanks Pathology. Are you still in that?

RB No. That I gave up some time back. But that was very interesting. I've always been interested in clinical pathology, and helping her was very interesting. And really seeing that people got a good service. It was not only the quality of the service which we were emphatic about, and, of course, were in the quality control schedules, and we were nearly always in the top two or three for the whole of Great Britain, in terms of quality control. But there's no point in having a result if you're sitting on it, and the doctor hasn't got it. And so I was very keen, particularly with fax machines, and answer phones, you can nearly always get the answer to the doctor before he's even known that it's been ... the work's been done.

JW And this company, of course, provides pathological and clinical biochemical services for private hospitals, and for doctors in private practice.

RB That's right.

JW Yes. In fact, my brother runs a company which is a competitor – Teeside ...

RB Oh, really?

JW Yes, indeed. Which is interesting. And, of course, in Private Patients' Plan, you've been chairman of the board.

RB Yeah. Vice-chairman of the board.

JW Vice-chairman of the board? I see. And that, of course, is one of the two largest insurers for private medical care in the UK. Growing still, isn't it, I believe?

RB Still growing. That, I found absolutely fascinating, because it was the first commercial organisation I got involved with, and it was the first time I was at a commercial committee meeting. Heretofore, it had always been medical school or University ...

RB ...Committee meetings, and minutes of things. And, here I was, with this company. The company secretary was ex-Shell, and for the first time, I saw what minutes could be like, and agendas could be like. And how a really efficient chairman could run a morning-long board meeting. Educationally, very interesting and rewarding.

JW Good. And, of course, the contribution that you've made to that organisation, has been acknowledged by the establishment of an annual Bayliss lecture, which I'm sure is something that gave you great pleasure.

RB I'd forgotten about that. Yes. Very great pleasure. I was very flattered when they did that.

JW And you were the first Bayliss lecturer.

RB And I gave the first one, yes.

JW Now, the other thing which is interesting too, and it may be that you're still doing it. You're the chairman of, have been the chairman of the medical advisory panel for the Independent Television Commission.

RB I am still chairman of that.

JW Curiously, I sat next, at a dinner, of an organisation called 'The Thirty Club', to George Russell, who's now the Chairman of the ITC, and I saw he was just knighted in the birthday honours List. Somebody you probably know very well?

RB Well, no, not very well, because I've known his predecessors.

JW Ah yes, of course. Yes, of course. Now, what does that involve? How do you give advice to them?

RB It is enacted that any ... medical advertisement, which is ... or an advertisement relating to a medical product, or a medical service, which is shown on television, or broadcast on commercial radio, has to be passed by a committee at ITA, and ... or ITC as it now is, and most of those people are lay people, a committee of lay people, skilled, experienced, but they will send the ... script, with the sound written down, and the video written down, and you have to say Yea or Nay. And quite a number, it's not so much the companies, it's quite often the advertising agency, make exorbitant, unsubstantiated claims, and you have to get them to modify this.

JW Your family life, you ... I think your first marriage failed. You had one son and one daughter, and then two daughters subsequently?

RB Right.

JW Have any of them gone into medicine?

RB Yes. My son is a radiologist, and he went to Rugby, he went to Clare. He did not go to St Thomas'. He thought that was going a bit far! He went to the Middlesex and got into, eventually, interventional radiology. He was at Hammersmith. And now he is at the Royal Devon and Exeter, and ... it's great having a ... son or a child in the profession. When we go skiing, I can get, from five to six, an update on radiology, and from six to seven, I give him an update on medicine! And it's very agreeable!

JW And, of course, I've met on two occasions, your dear wife, Marina, through our mutual involvement with the MSD Foundation. Not a commercial organisation.

RB No.

JW Were you involved in establishing the MSD Foundation?

RB Yes. I was right in at the beginning, when Douglas Black was your predecessor as chairman of the board of governors.

JW And I think, myself, do you feel that it's made an important contribution to education?

RB I think it has. Surprisingly, though, although it's made this important contribution, it hasn't reached as many people as I would have hoped.

JW No.

RB Why this should be, I don't know. Whether it needed more promotion to get our products to people, I don't know. But what went out was good.

JW And the symposia have always been extremely well-attended by people from a wide range of society.

RB That's right.

JW But its contribution to training in general practice, I think, is one which will be lasting.

RB Yes.

JW I would hope, certainly.

RB Yes. It's lasting. I would like it to spread a bit wider.

JW Exactly. Exactly. Now, you mentioned skiing a few moments ago. When did you take this up as one of your major sports?

RB Oh, at school.

JW At school?

RB At school. When I was sixteen, a group of boys from Rugby and Harrow, with masters, went skiing. And that was the beginning.

JW So is this an annual, or biannual, or ...

RB Well, if possible, twice in a season, ideally. Of course, the war interrupted it.

JW Of course.

RB And the skiing technique changed after the war, so one had to get back in, because this man, Schneider, changed the technique. Much better. And so I had to go back after the war, to learn this new technique.

JW Now, that's interesting. In what respect did it change? How?

RB Well, a question of weight, and if that's the ... the valley and slope, you now face down the valley, and, in fact, although it's against one's instincts to do it, you find you're much more stable, much safer, much more accurate.

JW Really?

RB It was a total revolution on Hans Schneider, to think of this. And in a way, against one's natural instincts.

JW Well, now, what was the previous habit, then? Because I have only skied for a few seasons, and then largely in Norway, doing cross-country skiing. What was the previous habit, or process?

RB Well, I think the ... the old technique was, you sort of led with your shoulder, like this, and it was the natural thing to do. And I'll tell you that every now and then, nowadays, if I get into really serious trouble, atavistically, you go back to that, and you're nearly always lost! You're on your back! If you can only keep the shoulder back, and face into the valley, and get your weight like that, you'll be much steadier.

JW I see. Have you ever had any significant injuries in the skiing ... in the course of skiing?

RB No, no. Not at all! Touch wood!

JW Yes! And still going on?

RB Oh, indeed.

JW Right. Good. So that's something you hope to ...

RB I think if you keep going, it's all right. I mean, I skied last year, with a lady of eighty-six. And I've skied, I met her at the same place, the two previous years, and she skis quite beautifully at eighty-six.

JW You list your hobbies, skiing is one, as music. And do you still play the piano?

RB A little bit. Little bit.

JW Little bit.

RB Little bit. But it's ... you know ... it very quickly goes if you don't practice, and one doesn't practice!

JW And how about reading and writing, which you also enjoy?

RB Lot of reading.

JW And the writing?

RB Yes.

JW Medical or non-medical?

RB A bit of both. A bit of both. Drawers full of ... looking for publishers, really.

JW What, novels, or essays, or biographies?

RB Essays is the main thing. I have got a novel there. It's far too long, needs ... it's been to some literary agents who say, 'Cut it into a third'. 'You've got three novels in one', they say. This is an early attempt, and I think it's better left in the drawer!

JW Have you considered writing your autobiography? Or have you written any ...

RB Asked to do that, thought about it, and decided, quite impossible. One could not maintain professional confidences and write an autobiography that would be of any interest, I don't think.

JW And you also list, as one of your major interests, other peoples' gardens.

RB Very good on that.

JW Yes. Do you mean you like to go and see gardens?

RB I like to go and see them and tell them what to do!

JW I see! And do they listen?

RB It depends. Some of the more ignorant listen. And, of course, the clued up ones, I keep pretty quiet.

JW Have you got a garden of your own?

RB I did have. Did have, you see.

JW But not now?

RB Not now.

JW I see that the only club you list is the Garrick.

RB Yes.

JW A fascinating experience, being a member of that Club? It's ...

RB Good. Good.

JW Interesting?

RB As ... you know, I mean ... yes, very interesting.

JW And any day now, the vote is coming, of course, on whether ...

RB Whether we're going to have ladies.

JW Going to have women, yes.

RB I don't think we will.

JW No, I don't think you will, either! I'm not going to ask you which way you'll vote! Dick, it's been fascinating talking to you. I'd like just to ask a couple of things at the end. First, do you think you have any unfulfilled ambitions?

RB Huh! (*long silence*) Yes, I think I perhaps do. I think the book I'm working on now, which is really, in a way, an account of medical authors who have written novels, with a largely medical content. And this can be people like ... Balzac and Bulgakov, and, well, of course, modern times, Cronin, Chekov. And this has been occupying my time, because it means you have to read them, and then you have to look at medicine as it was. I mean, their ideas of goitre, in France, in 1820, is fascinating.

JW Right. Well, it's unfulfilled at the moment. Let's hope it will be fulfilled.

RB It could be fulfilled.

JW And then the last point I'd really like to raise is, if you had to start again, is there anything, at any stage in your life, you would have changed? Or have you enjoyed it all?

RB Enjoyed it all. No, I don't think I would want to change.

JW No particular point where a slight emphasis or change of direction would have made a difference?

RB Don't think so. I mean, one still wonders what it would have been like to have gone to Edinburgh in the chair there. I don't know. I think that is, perhaps, still a slightly needling thought.

JW Quite. Quite. Well, nevertheless, it's been an extremely fruitful life, and it's been a very great pleasure to have had the opportunity of talking to you. Thank you for agreeing to do so.

RB Thank you, John.