Extract from the interview – starting at approximately 30 minutes from beginning.

Muriel B Anyway, I had a married friend in Oxford, who said, ‘Why don’t you come back here? I’m sure you will, you know, find a job. And come and live with us.’ That was fine. So I went back to the Labour Exchange and said I was moving to Oxford. And they said, ‘That’s all right, as long as you report as soon as you get there,’ which I did. And, of course, that how my life changed. They sent me straight back to the Radcliffe Infirmary [Oxford] to Lady Florey.

MB To be interviewed by Lady Florey?

Muriel B That’s right.

MB This was in the Rotunda?

Muriel B Yes.

MB Which is now part of Green College [Oxford University].

Muriel B Yes. And she was... I hadn’t even heard of her! She was working on battle casualties, who would otherwise have lost their limbs because they were so badly smashed, and she was about eighteen months into her work.

MB A major project, testing the effectiveness of penicillin.

Muriel B Yes, for the Medical Research Council, which paid her and me.

MB Now, I’m just going to hold it at that interview. You didn’t actually make a big start with her, there wasn’t an instant attraction because she wasn’t that kind of a person.

Muriel B Well…

MB But she had no other option but…

Muriel B Absolutely.

MB …but you as her secretary.

Muriel B I hadn’t got an option either. Neither of us had got an option, so I suppose…

MB Your secretarial skills were rusty.

Muriel B Absolutely!

MB But you knew medical terms.

Muriel B Non-existent, practically, yes.

MB But you knew the medical terms.

Muriel B Yes. And… well, she… she just had to put up with me. And…
We're going to take this story in, when we've had a coffee. We're going to wind down for now and come back in ten minutes, and tell that story of Lady Florey and the penicillin research.

Right.

[BREAK IN RECORDING]

Muriel, coming now to Lady Florey, Lady Ethel Florey.

Yes.

What kind of a person did you find? I mean, you met at the interview, who?

Quiet, petite. She spoke quietly for somebody who was really very deaf, and she was deaf. She was quite attractive to look at and always dressed very neatly. Because she was deaf, she wore this contraption over her ears. If you can imagine the kind of woolly things people wear to go skiing – ear muffs – that was the idea of it. Instead of ear muffs, think of tortoiseshell fluted things...

What, flyaway kind of fluted thing?

Sitting over each ear, and the flute part here. Quite attractive, in a way. I never saw her without them on, so I don't exactly know whether... what was inside them, whether it was some kind of apparatus thing to help with the hearing, or not. But it was quite attractive, actually.

And you've never seen anything like it ever since?

No, no. Or before that.

Kind of designer... designer earphones!

I think they must have been. She never discussed it.

Hearing aid.

Yes, as here (?)

Yes. And so that was the woman you found.

Yes.

And as you began to work with her on the project, you found, I think you said to me, somebody who was fairly... well, a rare... a rare woman of intensity.

Yes, very. She was very, very... well, her work was her life, that's the impression I got when I first went there, and I still had it when I left.

And that was two years later on.

It came before everything else. Absolutely everything.

Before family?

Yes. Mmm.

And you were swept into this vortex of her work.
Muriel B I was, because she’d already been at it for eighteen months. And, in fact, what she’d been doing was, hoping to save very badly smashed limbs, which, in the normal course of events, would have been amputated. So, really, I think the worst cases were given to her, to see what penicillin could do.

MB Let’s just go through that process, Muriel. Battle casualties would arrive, well, in Abingdon.¹

Muriel B Yes. Yes. And at some point, the ones that were siphoned off to her... I don’t know where that was done, because don’t forget she had already been working for eighteen months when I joined her. So it was up and running.

MB But these casualties, principal casualties, major leg injuries…

Muriel B Yes.

MB … would come with their wounds…

Muriel B Yes.

MB …back from Europe or wherever... OK flown in.

Muriel B Yes.

MB …be delivered to Lady Florey’s Unit. And that was Hut C?

Muriel B Yes. She had part of Hut C, and the Accident Service had the other part.

MB So there was one half of the beds down one side... it was that kind of a...

Muriel B Yes. Yes. A Florence Nightingale ward.

MB And the other side was the accident and emergency centre led by...

Muriel B Yes, Max Page(?)... later Sir Max Page.

MB So they had that hut...

Muriel B Yes.

MB ...where you were to spend a lot of your time.

Muriel B Yes. And that was in the Rotunda, of course.

MB Yes, of course. In the Rotunda where you had your interview.

Muriel B Yes. And where I mostly worked with her, yes.

MB So you had an office that was...

Muriel B Yes.

MB ...just a partitioned off area...

Muriel B Yes. And she was behind the partition. We had half of the top of the Rotunda, and in the other half were two medical artists, one working for the anaesthetist department, and

¹ RAF Abingdon, 5 miles from Oxford and 1 mile west of Abingdon town, opened in 1932 and was officially closed on 31 July 1992.
the other one working with neurological... and she used to go into the operating theatres

drawing brains.

MB With Hugh Cairns\(^2\), and people like that?

Muriel B That's right.

MB And the other one I presume was working with Macintosh\(^3\)?

Muriel B That's right, yes.

MB Right. So there were artists in there with you?

Muriel B Yes, yes.

MB Lady Florey, you and two artists?

Muriel B That's right. Yes.

MB That was the Rotunda life.

Muriel B Yes. Yes.

MB Okay. And in the Rotunda, you had some artwork; you had photographs, I

think, not artwork.

Muriel B We did. What she did, and I think this is very good, because she needed it to

explain her work when people used to come down from the Medical Research Council, to see

how... this experiment was going on. What happened, when they first came in, their wounds

were photographed in the raw state, whatever it was like, photographed then.

MB They were pretty bad, Muriel?

Muriel B Yes, smashed. They were smashed.

MB Big wounds?

Muriel B Yes. Oh yes.

MB With... with bits of bone and uniform.

Muriel B Yes, yes, all that. So round the wall of the Rotunda, every soldier had a space,

starting down this way, and then going right round the walls, starting with the moment they

came in, the first photograph would be their wound, as it was when they came in, and then over

the weeks and the months, they were photographed at every stage in the healing process, and

the surgery that they underwent.

MB That gives us a really good clue into going through that procedure. It was a

slow procedure.

Muriel B Very.

MB I gathered the impression, from what you were telling me before, the idea was
to stop the wounds becoming gangrenous...

Muriel B Yes.

\(^2\) Sir Hugh Cairns (1896-1952) first Nuffield Professor of Surgery, Oxford University.

\(^3\) Sir Robert Macintosh (1897-1989) first Nuffield Professor of Anaesthetics, Oxford University.
MB Really seriously infected, because time was not on the side of this kind of injury.

Muriel B No. No.

MB And she was delaying… and cleaning the wounds initially?

Muriel B Well, her theory was that you couldn’t expect a wound to heal unless it was a sterile surface. And, of course, depending on where they were when they were injured, they got all sorts of bugs in their wound. So one of the drills was that every… twice a week, every wound was swabbed, to see what bugs it contained. And there were things like *E. coli*, *staphylococcal*…

MB *Clostridium*?

Muriel B *Clostridium welchii*. And if these bugs were present, she wouldn’t operate, because what would be the good? And they wouldn’t heal. And so she would make sure that it was absolutely sterile before they even attempted any surgery.

MB So the penicillin provided the time…

Muriel B Yes.

MB …and the recovery procedure that hadn’t been present before.

Muriel B No.

MB And so amputation was the logical conclusion to get away with… to escape the problem before.

Muriel B Yes.

MB But she had this delay factor, she simply used penicillin, and keep the wound, with time, for a better resolution.

Muriel B Yes. Yes. And if you remember that penicillin, in its early stages, was not like it is today. It was in a suspension, an oil suspension, it looked like milky oil.

MB It was a bit fawny-coloured…

Muriel B Yes.

MB …that early penicillin.

Muriel B Milky. And they had to have it four-hourly, intra-muscularly. And it was extremely painful, as you can imagine. And they didn’t like it very much. And there were masses of poems on the wall in the hut. They’d been writing about these awful injections they’d had to have.

MB So that was one of the ways of relieving the terrors of it all…

Muriel B Yes. Yes.

MB …was to write, to write poetry about it.

Muriel B Yes, they did. Yes. And how terrible it was. And then once she’d got the wound sterile, then they would go in and often they had to take out bits of bone, smashed bone, and clean up the wound, so to speak, and…

MB And this would be done by Kilner?
Muriel B And her, because don’t forget he wasn’t doing any plastic work at that stage, not until the whole wound… he came in when the wound was ready.

MB So Sir Pomfret Kilner, we should put on the record.

Muriel B Yes.

MB You might just introduce him, describe his work.

Muriel B Well, Sir Pomfret Kilner was a plastic surgeon. He worked closely with her for the whole of that experiment, actually. And he came in to do this marvellous skin grafting, which wasn’t just popping a bit of thin skin over. It was doing pedicle grafting.

MB He was good at it?

Muriel B Yes. And it took a long time because of the stages it had to go through.

MB We’re talking of months.

Muriel B Yes, yes. Anyway, once… and while she was sterilising the wound, she also had graph charts on the wall in the ward, and also up in the Rotunda. And every time the lab reports came back with what bugs they’d got in the wound, she had all different colours for the different bugs, and I would have to fill them in. Say Sergeant Smith might have staphylococcal, he might have *E. coli*, and something else. And then I would have to fill that square in with the correct colour, so that she could look at it, and say, ‘Oh yes, he’s got three bugs still in his wound.’ And she also thought the nursing staff on that ward could look at these charts and know. And, in fact, they were far too busy with, you know, the everyday nursing of all these patients, to have time to study these graph charts. But we also had them up on the walls of the Rotunda, so that she could study them. And then every time she had had a swab round and the results came back, one of my jobs was to fill in with the coloured pencil. And in the end what she hoped, there would be none. And then she would set in motion the wheels to operate.

MB These were kind of horizontal rows…

Muriel B Yes, graph charts.

MB …every swab taken, in series that the patient had, until the wound was clear.

Muriel B That’s right. That’s right, yes.

MB That’s what would happen?

Muriel B Yes. Yes.

MB And you were the lady with the pencil!

Muriel B That’s right, yes.

MB So you used to go down on the ward, twice a week…

Muriel B Do them there.

MB …and put the marks on.

Muriel B Yes, yes.

MB But the nurses didn’t…
No. And the same up in the Rotunda. I mean, she knew, and I knew, because I’d been doing them. And like the photographs were done, you see, they would be all done in the same order, in a graph chart, and then people coming from London could also see how... the way she worked. Anyway, when...

Can I just put two questions in, Muriel, at this stage? I think she tried to work on a basis, I think... I’m trying to come for the term now. She didn’t want contact with the wounds. A non-contact technique, did she...?

Yes. Yes, she used non-touch technique, which...

Just the swabs?

Yes. Yes, because they truly had to say what was in the wound. And the one most common on the outside surface of the skin, of course, is the staphylococcal.

But, second question: when they were just lying there, and about the ward, Hut C, when they were in there, what condition was the wound in? Never dressed, or dressed, or...?

Oh yes, they were dressed, yes. Yes.

These frightful wounds were dressed?

Yes, well, they had to be kept covered, in case other bugs and... I mean...

You didn’t just allow a kind of callus to form over them?

No. No. No, I mean, some were very very deep. I mean, you imagine this smashed knee... then, no.

Right. Right. I’m with you.

It was very tedious, and very painful.

That must have been quite painful, the covering of these wounds.

Yes. It was very painful for these soldiers. They were amazing, really, but what was the alternative? I mean, they were going to have a leg at the end of it, they hoped. They always hoped.

Let’s come to the... the wound becomes bacterium free, okay? So you’ve got a kind of wound on which a skin graft would take.

Yes.

So we’ve got to that stage.

Slowly. Slowly.

But the skin graft was going to come from abdominal tissue.

Yes. Now, the first stage of the skin graft was to make a pedicle, crossways, in their stomach. If you can imagine a sausage, across here, stitched underneath, and then...

To make a tube?

That’s right, with blood supply in it, so you took quite a bit. Not always easy, because some of those soldiers were quite thin of course. When she felt there was a good
blood supply in the pedicle, one end would be left, and the rest would be detached, with that end open.

MB So underneath this roll, the two halves had sealed up, and you got an extra... separate flap of skin.

Muriel B Yes. Imagine... imagine having a roll, like that, and then you dislodge this end, also cut under here and you just stitch that up...

MB So you've got a tube coming out.

Muriel B Yes.

MB But not a... I mean, just a skin...

Muriel B No. And it depended whether it was right or left leg, as to which end you detached, you see. Now, the next stage was not to go to the limb because you couldn't have... well, it wouldn't have worked. You couldn't have somebody right down...

MB The aim was to get that tissue on to that limb.

Muriel B So what happened next was, it went on to there.

MB So you made a wound on the wrist area.

Muriel B That's right.

MB And allowed it to... to join in.

Muriel B Yes. Yes. And when the blood supply was there, you then cut the other one off here, and went from wrist to knee, or wrist to lower leg.

MB So the soldier then had an attachment...

Muriel B Yes.

MB Arm to leg.

Muriel B Yes.

MB And had to be in that position?

Muriel B Yes. Yes.

MB For weeks?

Muriel B Yes. But if they were like that, then they could go home on leave for a bit to give them a break.

MB Right. (?)With their pedicle?

Muriel B Yes. Yes. But you can see it took a long time, because (a) you've got to establish a good blood supply, and all the time you've got to keep the wound sterile, so that when it was ready to go down there, you've got the sterile surface. It all took quite a long time. So at each stage, they were photographed with their pedicles here, their wrists, their knees, their legs.

MB And all the time, she was keeping tight records and writing up for her scientific publications.
Yes, that's right. She was. And she didn't lose one leg in the process.

She didn't lose one leg?

No. No. She was busy writing up papers all the time and going off lecturing, and part of my job, a good deal of my job, was to go to the Radcliffe Library to check references, and then to go on to the [Sir William Dunn] School of Pathology, where her paper would be checked and re-checked by somebody working with Sir Howard Florey, and often it was the Honourable Margaret Jennings, who later became his second wife.

And who was at that time his lover.

Yes.

I mean, everybody knew that, although it was the best... it was the best kept non-secret of all time, wasn't it?

That's right.

I mean, for many years.

Yes. Yes, it was. And, of course, she never referred to it, ever.

So you were the go-between between wife and lover?

In a very polite way, over the papers, because she was the one strangely enough...

And Margaret Jennings was a rather steely old soul, was she?

She was. Oh, she was young, and very elegant... a tall, elegant lady, in those days. And she corrected the papers, if there were any corrections to be made, because there were lots of tables on these papers that she published, as you can imagine, and, of course, they all had to be corrected...

And they were checked by Margaret Jennings?

Yes, before they were published.

But you knew what was going on. That must have been a curious thing to face...

I think, probably...

...position to be in.

Yes. Yes. And I felt sorry for her, really. I felt she was doing a lot of hard work at the Radcliffe, and... not that companionship whilst doing it.

I mean, there was no story of marriage left really by then?

I think not.

I mean, the home was not a hub any more.

No. The children had come back from America, and she hadn't got a clue how to treat them. And she said to me one day, 'They seem to go to bed... they don't want any blankets on the bed, but they seem to go... they're wrapped in all their clothes,' which is what they did in America. And another time she said, 'Did your mother allow you to have a perm at
sixteen because Paquita wants to have her hair permed.’ She just… she just wasn’t on the same wavelength. Her mind was totally focused on work…

MB But, generally, I think, Muriel, those were the rare times when she spoke to you of something that was social and not on the research record.

Muriel B That’s right, yes.

MB Because you couldn’t make an association… or get close to Ethel Florey.

Muriel B No, because she… it was an obsession. Her work was her life.

MB I think you said that she even made you go down to the hairdressers to take notes while she was under under the drier.

Muriel B Oh yes, that’s right. She would ring me up, and she went a hairdressers on the High Street in those days. I would go down on my bicycle, and she would be under the hair-drier, and she’d either give me work to go back and do, or dictate something she wanted done. She lived, breathed… work.

MB There was nothing left for her probably.

Muriel B I think her housekeeper… there were a couple in the basement⁴, because, you know, they lived in the South Parks Road which…

MB Opposite the park.

Muriel B That’s right. And those houses are no longer in existence now, they’re part of the University buildings. They had a housekeeper and her husband, and I think the husband was a lab technician at the Sir William Dunn School of Pathology, and I think his wife ran the house, and did the cooking. I mean, certainly Lady Florey never did the cooking.

MB And looked after the children much of the time.

Muriel B Kept an eye on them, I suppose. Charles was still at the Dragon School. I can’t remember…

MB They didn’t stint on the children’s coaching and education when they came back from…

Muriel B No. Because, of course, when they came back from America, it was discovered that they were far behind their age group in England, and so they were both coached, in maths in particular, I remember, and, of course, they had to think about Charles going on to the next school. And certainly she made sure that they were coached, and that they were up to standard. But I don’t think I ever heard her say, ‘I’m taking them out,’ anywhere, or ‘We’ve done something together.’ And I don’t think they ever had a meal together.⁵.

MB She was a very clinical mother?

Muriel B Yes. She was. Yes.

MB When… you did tell me, I think… it would be nice to put it on record. She had an operation at the end of ‘45, for the hearing problem.

⁴ James Kent and his wife.

⁵ This statement is not in accord with what Charles Florey says in his interview (see p4), or what Paquita McMichael says (see p11).
Muriel B. She did. She had otosclerosis of both ears, and at that time, there was only one surgeon, in Edinburgh, who did it, and she decided to take a chance and have it done. It was by no means certain that it would work.

MB. It was a big risk job.

Muriel B. And, in fact, it didn't really work. But she decided to go at Christmas.

MB. Over Christmas Day and everything?

Muriel B. That's right.

MB. The first time a chance to see her children.

Muriel B. I was amazed by this and I thought then, 'Goodness me! What about your poor children?' And I couldn't imagine why she had chosen then, and then, of course, I realised, she was going to send home as many of the hospital 'blues' as we called them, as possible, to spend Christmas at home. And therefore, it suited her…

MB. The only chance to take a break from the research.

Muriel B. That's right. And the work. And that's when she chose.

MB. So the patients and the research came first. The research first, the patients second.

Muriel B. Yes.

MB. Probably family third, somewhere down the line.

Muriel B. Children last, yes. I don't know why.

MB. So she went off, and was away?

Muriel B. Yes. She was supposed to be away, I think, about three weeks or so. But, of course, it didn't go very well, and she was away longer, and when she came back she suffered very much from vertigo, to the extent I used to have to go and collect her from home, and walk with her to the Rotunda to do her work.

MB. So collect her from South Parks Road and go up Keble Road and…

Muriel B. Yes. Yes. Through St Giles.

MB. She was giddy?

Muriel B. Yes.

MB. For quite a long period?

Muriel B. Well, of course, because she'd had both ears done, and it takes time to settle down anyway, doesn't it. And so, really, one admired her for getting back to work as soon as she did. But it wasn't desperately successful. I don't think her hearing improved.

MB. Did the hearing aid come off for a period of time, though?

Muriel B. No, I don't remember that it did. No.

MB. Right. So it wasn't… it wasn't a great success.

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6 Presumably injured service personnel.
No. No. Not really. But she knew, before she went...

The risks.

Yes. She was taking a chance.

In... in '45, there's the big family story of Howard Florey getting a Nobel Prize. She must have... I think she had, despite the tensions, she went...

Oh, she did.

...family fashion and (?) going to Sweden.

Well, of course, yes. And actually, in remembering, it was 1945, she brought me back a pair of nylons, which quite touched me really because I didn’t think she thought about things like that. But, of course, it’s nylons in their infancy, and they were thick, they never needed repairing, she never got any holes or ladders in them. Very different from what people wear today.

(?) pair of nylons.

Absolutely! And I found that quite touching, that she could think enough to do that.

Was that the most human thing she did?

Yes. Yes, because I don’t think I ever had a Christmas card or anything from her. Yes, it was.

You would have wished to meet a human there, but didn’t?

No, I didn’t. But even then, I think I realised the importance of her work.

Yes. So that carried you along as well?

Yes. And I realised that, after all, penicillin was something so new - I mean, everybody was talking about it - that I think even then I realised I was part of something quite exciting that was happening, that might revolutionise treatments, because before that there was only the M&B drugs\(^7\), which... which some were very impure anyway, and caused terrific reactions. I mean... well, it was something very new, wasn’t it? I didn’t appreciate at the time all the work that was going on at the Dunn School of Pathology, and how difficult it was to manufacture enough, you know, to keep her going.

It may be a difficult question to answer but it’s something we’ll put on the table anyway: I just wonder whether you felt that she felt at that time that she was part of the Florey team, that she was part of the penicillin story, and not an outpost, despite her kind of distance from Florey?

Well, I think it was her research on how penicillin worked on a person that completed the story, surely. I mean, okay, they were round in the School of Pathology and producing it.

Do you feel that she was part of that central team working at the Dunn School, or do you feel she felt part of that Florey story?

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\(^7\) This probably refers to the drug company May and Baker. M&B 693 was the drug sulphapyridine, which was used to treat some infections.
Muriel B I think she did, yes. Because that was almost the end result, wasn’t it, and the beginning of using penicillin for all sorts of other things.

MB Do you think she got enough credit for that?

Muriel B No.

MB It seems to have been swept aside, a lot of that material. You know, people aren’t quite aware that it took place in the way it did.

Muriel B No.

MB And yet she saved the limbs of dozens…

Muriel B Yes.

MB …of service personnel…

Muriel B Yes.

MB …who’d had the most horrendous wounding.

Muriel B Yes.

MB With a great deal of caring.

Muriel B Yes. Who were guinea pigs in a way. And, I mean, when you think how refined penicillin is now, and it’s nothing to go and have a jab today and to get pretty good results, (?)actually. But they did endure an awful lot.

MB You said she was a woman of great method, that when she was going off to give a lecture, through your screen that separated your office…

Muriel B The (?)thin door, the thin wall, I could hear her walking up and down, delivering her lecture in her room, yes.

MB You mean the rehearsal, and the time, and the… the really concerned individual.

Muriel B Absolutely, yes.

MB So she was very thorough, as you said at one time, probably obsessive.

Muriel B Yes. Yes. Which I think anybody doing research would have to be, wouldn’t they?

MB And at times, the MRC officers…

Muriel B Came down. Oh, they came down.

MB …would come down to see what was happening.

Muriel B Oh yes. Yes.

MB And she was totally funded by MRC?

Muriel B Yes, she was. Yes. And the Radcliffe allowed her those beds.

MB When your time came to an end, this was 1946, late in 1946.
Muriel B Yes.

MB What would actually happen? You decided not to go with her to another project?

Muriel B She was... she was going on to Stoke Mandeville, to do work on (?)penicillin (?). And she asked me to go with her, but I didn’t want to go with her because I realised I didn’t, anyway, know Aylesbury and I didn’t want to move from Oxford. I’d got friends here. And also, I was beginning to feel I wanted a life myself, outside of work.

MB She’d taken it over.

Muriel B Yes. And she really expected one... she was fanatical about her work, I think it's true to say, and she expected all those round her – not just me, but her housemen - to work to the same extent.

MB She was pretty tough on her housemen.

Muriel B Absolutely, yes.

MB But you, also, had times when you couldn’t get home at night because she’d just assume that all the hours in the day were hers?

Muriel B Well, I remember going to Cirencester one Easter, and I had hoped to catch a train round about five, and she had been somewhere and came back about half past four and wanted a whole lot of work done, so in fact it was about 10 o’clock before I left Oxford, on the last train to Kemble, which was the junction at that time, miles from Cirencester. And I was wondering how on earth I was going to get the extra five miles, probably have to walk. And luckily, somebody I knew was also travelling and was going to be picked up. But I think that decided me, and it certainly made my parents think it was time that I had a change.

MB They thought you were being exploited?

Muriel B I think they did. And also, I thought that was a bit much, to come home at that time of night...

MB But just an interesting comment on the relationship between you and her, you didn’t feel that you could approach her and say how late it was getting, because that wouldn’t have been appropriate.

Muriel B I wouldn’t have dreamt of saying, ‘I’m sorry, but I’m not doing it.’ No, I wouldn’t.

MB So you… when she called, you did what was required.

Muriel B Yes. Yes.

MB And she assumed that, anyway.

Muriel B Yes. Yes. And she would assume her housemen would do the same. One was... it was the times we lived in, I suppose, one just didn’t...

MB Yes. But that was a difficult time for you because you were a social person, and I suppose, over the whole of that two years, you expected that sooner or later, the kind of ice... the research ice-maiden would thaw a little and you’d have some social exchanges?

Muriel B No.

MB It wasn’t going to happen?
Muriel B No. My social exchanges were with the artists next door.

MB Who were fun.

Muriel B Yes. They were, yes.

MB So they were your distraction and…

Muriel B Yes.

MB …they helped you survive?

Muriel B Yes. Yes, because it was quite lonely. I was the only one working for her, and, after all, I was young, twenty-one… and… yes, it was rather nice to have them next door.

MB Muriel, we’ve got about ten minutes in today's discussion. I just want to take you through what happened subsequently. We can’t do justice to that time, and I’m not trying to be offensive about that. I’m just trying to get a profile of what happened to your career after that. First of all, I think you…