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Dr Christopher Wynn Parry in interview with Dr Michael Ashley-Miller
Oxford, 26 January 1998, Part Two

MAM Dr Wynn Parry, I think you said that you did four years at Midhurst as the sort of finish of your career, in the private sector, interestingly enough…

CWP Yes. Well of course it had to be because after 65 you were…

MAM Oh, that's right.

CWP …can't be employed by the Health Service, which is a shame.

MAM Now, I know you've had some interest after you retired from, if you like, whole-time productive employment. Could you tell us what you decided to do apart from cooking and learning to paint?

CWP Well, I've always been very involved with music all my life. I played the trombone at Eton and … had a small choir, joined a small choir with fellow pharmacologists at Oxford, and we used to sing all round the churches in, in Oxfordshire – sometimes masses, and sang madrigals and so on and sang in the Bach Choir. And I have continued that interest in music. And when I was at the CME, the Central Medical Establishment in the RAF, where we had a very active outpatient department for people serving in London who got aches and pains and rheumatological problems and backache and so on, and we provided the physiotherapy service there which I ran for many years… And my chief physiotherapist was the sister-in-law of Sir Charles Mackerras as he now is. And of course, he would come in for the odd bit of massage for a bad shoulder or neck after conducting, and he would bring some of his friends in. And those were the good old days where the old boy worked, the old boy network worked, and if you had a chum who needed some treatment 'Well, come along and we'll fit you in' sort of thing! Nothing like that now. And gradually I developed an interest in musicians' problems and got to know a bit about their lifestyle. And this continued at Stanmore. I used to do, see quite a lot of musicians in the outpatients as I got known as somebody with an interest and who had some understanding of what they tried to do. And latterly, a, the pharmacology senior lecturer at the Royal Free[1], Ian James, started an enterprise called the British Association for Performing Arts Medicine,[2] and he rallied me round early on, and we formed a corpus of people who were interested in performing artists' problems. And it's developed now into quite a big organisation, and basically there are three aspects. One, there is a help-line with people answering the telephone most hours of the day for any performing artist with a problem. And this may be medical, in which case we would advise where in the country he is who might help him, if he is in the London area he would come to one of our clinics. Or it might be social, it might be financial, it might be contractual. All sorts of problems. Then we have

[1] Royal Free Hospital, London.
[2] Founded in 1984.

regular clinics at which I see people with upper limb aches and pains and backache, my rheumatological interest, we have orthopaedic surgeons who will see people with obvious orthopaedic disorders, ENT surgeons who will advise singers on their problems… Justin Howse, an orthopaedic surgeon, looks after the dancers' injuries because he is adviser to the Junior Ballet Company. And we have arts psychologists who will advise on stage fright, performance anxiety and emotional upheavals that some of these people get. And, and then we have a range of therapists – excellent physiotherapists who will advise on posture and mobilising joints and so on, Alexander teachers, Feldenkreis teachers. A whole range of disciplines who will act as a network. And we have a database of people who are interested and skilful throughout the country so we can advise any patient with these problems where to go and how to get help quickly. And the whole thing is run as a charity, free, we all give our services free, and it's supported by the Musicians' Union and the Musicians' Benevolent Fund. We also have trained thirty-five general practitioners, with special aspects of music medicine as we might call it, who are attached to all the major orchestras and opera companies throughout the country. And they go to rehearsals and take an interest in their problems and try and act as a, as a link between … them and their management. They are responsible to the musicians, not to the management. The important thing is that nobody should know if a musician is in trouble because the word gets around, and then there are problems of getting more work because it's a cut-throat, highly competitive...

MAM I would have thought there is great pressure to hang on to your job.

CWP Oh yes, absolutely. And so musicians don't come out with problems. Unlike sportsmen, who you see all over the back pages, don't you? 'I went to see my sports psychologist.' 'I'm having physiotherapy, hope to be playing' and so on – quite a different thing. And, of course, musicians are just as much in need of counselling, coaching and help, but they daren't ask for it, and often it's the last people they seek help from are doctors. They've gone to other people – osteopaths, not that they aren't very good, but there is often a need, well, there's always a need for an orthodox physician to sort out what is the problem. Is this dystonia? Is this arthritis? Is this … a performance-related disorder? Are they doing it wrong? Have they got an emotional problem? And then channelling them into the appropriate thing. And this I am now very involved with, and I do clinics there and teach a bit, and we've made videos on this. And we did a, we did a programme on 'Music Matters' a few Sundays ago, where the splendid BBC team have interviewed many of us, as I have spoken of, talking about the problems musicians face and how much [they] need, help they need, particularly as sponsorship is going and we are in a great crisis of the arts in this country. And Ian Winspur, a young hand surgeon I am privileged to work with, has done some brilliant surgery on musicians who, as you can imagine are very loathe to go and see a surgeon, they are terrified of the knife. But he's shown that by careful and skilful, well-judged operations can return them to work very quickly. And he and I have got a book coming out next year, later in this year called 'The Musician's Hand', in which we address these problems.[3] And we've got five of our professional musician friends to write about problems of … John Williams has written on the guitar and Carola Grindea on the piano, Simon Fischer of the Guildhall on the violin, Bernard Gregor-Smith of the Lindsay Quartet

[3] Ian Winspur, Christopher Wynn Parry, *The Musician's Hand: a Clinician's Guide*, London: Martin Dunitz, 1998.

talks about the cello. And we have a wonderful chapter by Hellmut Stern who is the leader of the Berlin Philharmonic about the ghastly life it can be in a crack orchestra, the competition and the worries. So, we hope to bring to the medical public at large, and to some extent to the musical public, the sort of problems we see, how we help, hope to help them, and the importance of them putting their trust in us and getting the help that they need early on. So, I'm very excited by that because...

MAM It seems to be rather more than a hobby – this is a major, you know, achievement.

CWP Yes. Well, it's nice because I'm a fanatic concert and opera goer, and I have a lot of friends in, in music, many of them now of course quite senior because of my age. And having grown up with them all, and learning about their lifestyle and being able to understand their problems, and hopefully pass it on to younger people who must understand that they are special people and they do have problems and they need to be listened to very carefully. So much is in the listening and you need time. And that's the great thing about semi-retirement – you can sit back for an hour and a half and really let a musician tell his story, and it will all come out. As you well know, it's all in the talking.

MAM Something I'm interested in is ballet.

CWP Yes.

MAM Again, tremendous competition.

CWP Oh, they say that all top ballet, all, you know, senior ballet dancers have at least two injuries a year. And Justin Howse when he was starting said that he asked a ballet dancer whether this injury she'd received was painful, and she said 'Don't be funny, all dancing is painful anyway,' because *au pointe* is an unnatural and painful thing. But, he says, he says his first slide in any lecture, he says all injuries of ballet are due to technical faults. And this is one of the things that we see in musicians, that only half of the people I see – and I've done a, an in-depth study of over six hundred musicians – and only forty per cent had what I call a structural problem, a carpal tunnel or a cervical spondylosis or an arthritic or a ganglion or something. Forty per cent were, were technical or postural problems – they were playing it wrong, they hadn't got...

MAM I can understand postural particularly.

CWP Yes, or they were playing wrong. Or their practise schedule was wrong – they were playing for four/five hours on end without a break, and of course you get muscle fatigue and spasm. And twenty per cent were emotionally or psychologically disturbed and were getting severe stage fright or having terrible worries at home or inter-orchestral tension – you know, some desk partners don't, haven't spoken to each other for twenty years. There are all sorts of problems, and it's important to understand these and be sympathetic and...

MAM One can understand this is a little village closed in, isn't it, with all the hates and loves that go with it?

CWP Yes, that's right, that's right.

MAM But, ballet strain is, is particularly interesting because they can be quite severe injuries that need time, apart from treatment, and yet the pressure is always to return early.

CWP Oh yes, oh yes.

MAM You can't take six months off and stay with the company.

CWP And of course, with the young people the eating disorders. They are all supposed to conform to a certain, you know, highly abnormal, unphysiological body configuration, and this can cause great trouble. Then…

MAM I remember Lord Butterfield saying he did some biochemical tests on ballerinas, and he'd never seen readings like this before!

CWP Yes, oh yes, terrifying. And then, of course, there's one thing that comes out very clearly when you see a lot of people in the performing arts, particularly among students, is the very … ambitious parents who didn't have the chance that their child is getting and desperate for them to succeed. The child works extra hard, practises far too long, gets tense and then starts coming out with aches and pains. And it may be that they don't actually want to do the music, maybe this is a, a respectable way of getting out of it, one has to unravel all the… And then there are hostile parents who are very angry that their children are going for music which they couldn't do, so they are desperate to succeed. So all sorts of tensions, and all this needs unravelling. And we're indebted to our counsellors and arts psychologists – Kathryn Butler(?) and Andy Evans – who have done some marvellous work explaining all this and showing how much can be done to help these people, if got early and if it all comes out into the open. So, it's a growing field and it's...

MAM Do you think we'll change the attitude of, of management to saying, you know, you've got to look after your...?

CWP Well, we've said that. I say in my talks there, there are three responsibilities. The responsibility of the musician to keep themselves fit and be sensible and have a proper lifestyle. The responsibility of the management to see that their lifestyle is as reasonable as possible. For example, some of these orchestras go over and do six weeks tour in America, a different city every night, you know, forty concerts in thirty-eight nights, they come back and the next day they are in the Festival Hall rehearsing and practising. I mean, this is crazy but that's the way it goes, that's the system. And then there's the responsibility of the teachers. And we are now trying to get our teachers in music schools and conservatories to say you must look at the patient's physique and ergonomics and posture and their practice style, and their whole general attitude and culture to their life. Some of them do nothing but music and they don't go to the National Gallery or they don't go and play tennis, you know, or they, they don't go to parties, you know, it's music, music, music, music. And that makes somebody … you may be able to play the violin, but you're never going to be a musician. And so, but all this needs time and support and now we hear that

music is likely to fall out of the teaching in primary schools, and it's a really, a really worrying time for the arts and beginning to be more worrying for the artists who do so much to make our life worthwhile, I think. Life without music is, or without painting is inconceivable, for you and I, and we must do all we can to help these people to get over these difficult times.

MAM I think that's a wonderful retirement achievement. I mean, you must be very pleased with that, of course.

CWP I love it, yes, I love it.

MAM You have people all over the country because obviously we can't all be based in London?

CWP No, no, no. We've got clinics in various parts developing. And of course they're such rewarding people. People say 'Oh, they're neurotic.' They're not! They give their, they present their whole person to the public. I mean, that's a major thing, isn't it? You and I give lectures now and then, well, we're not all the time, you know…

MAM Always in front of…

CWP …pushing ourselves, like teachers, they are all the time, all the time. And when you get to know them they work far too hard, they won't take advice, you know, until it's too late often, because they feel the public's got to, the show has to go on. They're marvellous people and they need all our help and understanding, and it's a privilege to do it.

MAM Well, that's a lovely end to a career that hasn't ended, if you know what I mean. I wondered, just going back over your career, everyone who has achieved as much as you have, and, you know, an international reputation, is always sought after to give, hopefully, free lectures but more than that, they've, they've helped to advise government and authorities on the development of services. Now, you must have had your fair share of what I call important committees and things. Could you pick out a few of those which you think have been most important, national and international?

CWP In the early days I was very privileged to be made secretary of the International Federation of Physical Medicine [and Rehabilitation], and I was very much in because, which was started in 1952, shortly after the war… And we had our first meeting in London, and a very exciting meeting it was. And, and then I got sort of involved in all the politics of rheumatology, physical medicine, rehabilitation – got to know all the international figures, and found it all terribly interesting. And [I] felt I was able to make a contribution on a national basis through my international network, and hearing what the great people on the Continent and America were saying and thinking.

MAM You were young, weren't you?

CWP Yes, yes. Well it, it was a young man's specialty. That was what was so

exciting, you know.

MAM Well, yes, yes.

CWP That was, that was the thing. And then I helped with Sidney Licht to found the International Rehabilitation Medicine Association. We felt it all very well having physical medicine and rehabilitation. What we really wanted was to get the message across to all physicians and surgeons, so that neurologists would take an interest in the management of stroke, the management of head injury and multiple sclerosis and so on, the cardiologists would take an interest in rehabilitation after coronaries, and so on. And so we formed this organisation in the late fifties called IRMA, International Rehabilitation Medicine [Association]. The idea was to get physicians together, all with an interest in one problem. So for example we'd have a symposium on head injury, and we'd get neurologists, neurosurgeons, psychologists, physical medicine people, teachers all together in one group to talk about it. And if we were talking about MS or spasticity we would get urologists, and neurologists, and physical medicine and orthopaedic surgeons, you know, if there was any surgery, all these people together to discuss a common problem. So that the idea was that everybody had a responsibility to rehabilitate their patients, so let us all get together and exchange ideas so that we wouldn't just be, what the Americans used unkindly to call the early physical medicine people in their country, 'modality men'. That was just purveying a treatment rather than being physicians who would carry through a patient. And then as you know, I was, after my great friend and hero Philip Nichols died, I was, succeeded him as adviser to the chief medical officer in rehab, and also took on the chair of the rehabilitation, called the disability committee at the College [Royal College of Physicians][4], which I, I had for ten years.

MAM What … adviser to the CMO actually can be a very influential post or it can be a sideline post?

CWP Well, as Verna Wright and I used to say… Because he was adviser in rheumatology, and we used to go there and sit quietly whilst we were told by the chief medical officer what was going on. And there was very little dialogue, although from time to time one might be rung up by the officer to say 'What do you think of this?' But, on the whole, it was merely learning what the party line was and… But we were there, and just now and then we felt we could actually, but I think any influence one had really was at College level, at the academic institutes or who had political representation, I think that's where, and of course there were several committees...

MAM It's what the Americans call 'the centre of leverage'?

CWP Yes. But there were, there were some committees which some of the standing, you know, the medical officers in the Ministry would take part in, and then one could reflect views through them. There's a very good man called Munday[5] who has been very interested in rehabilitation and comes to all the clinical meetings, and I am sure is putting ideas, you know, through to the top. And I think that's probably

[4] The Royal College of Physicians' rehabilitation committee was established in 1979, and renamed the disability committee in 1983.
[5] Stewart Anthony Munday.

the level where things get done, or in my experience it was, by people meeting and exchanging ideas from all the different aspects of where things get done. But I think the College committees were the most important of all.

MAM I was going to say, tell me about the, were there committees or one particular committee, or…

CWP Well there was the College committee on disability, which I was involved with for ten years, with Dick Langton Hewer as the secretary. And, I mean, he did all the work, Dick was a wonderful man, you know.

MAM Secretaries do!

CWP Well, but of course, he's, I mean, you know, he should be immortalised somewhere or other because Dick was the first neurologist really to say 'Now look here, we must look after patients properly, we've got to do something,' and made it happen. And [he] published and spoke and was very unpopular, I know, at the ABM(?) meetings when he pointed out, '*Mea culpa*, and it's your *culpa*, you chaps, you must do something about this.' And so his input into this report was absolutely vital because...

MAM When was the committee set up, because it's a long time, it's almost a standing committee in the College, isn't it?

CWP Yes, I think it goes, went back to the seventies.

MAM Really?

CWP Yes.

MAM That's very foresighted of them, isn't it?

CWP Yes. Oh, but the College of Physicians have been splendid throughout all this. And of course Bill Hoffenberg[6] was tremendous, and then Margaret Turner[7], Roy Glover(?) – they all saw the need for this and helped to, to push it forward. And I remember when I had to go as chairman and answer questions before the report came out, when all these...

MAM This was what?

CWP At the College.

MAM A report of the committee?

CWP Yes. You remember there was the 19-, the 1986 report, which was 'Physical Disability in 1986 and Beyond',[8] a report of the College committee on disability.

[6] Sir Raymond (Bill) Hoffenberg.
[7] Margaret Turner-Warwick.
[8] Royal College of Physicians, London, 'Physical disability services in 1986 and beyond', *Journal of the Royal College of Physicians, London*, 1986, 20: 160-194.

MAM Yes. That was really a major, well a major outcome of the committee, wasn't it?

CWP Yes. I think, you see, there'd been reports like the Tomlinson(?), the Tunbridge Report[9] and the Meier Report(?) and all these things, but nothing really came of it. I think the time was right that, that physical medicine was becoming, rheumatology and rehabilitation was, you know, there was a lot, a tremendous amount of discussion and activity and people really got excited about this and had very strong views. And there were clashes, of course, and it's all now settled down and there is a specialty of rehabilitation medicine, and the Heberden and the British Association of Physical Medicine and Rheumatology have now fused to form the British Society for Rheumatology. And there's the Society for Research in Rehabilitation, which went back to '79. And people like Anne Chamberlain, professor at Leeds, has done an enormous amount to, to make it respectable and academic, as indeed Lindsay McClellan, who is a neurologist in Southampton, and Cairns Aitken in Scotland who is a psychiatrist. I mean, it's very good with all these disciplines coming in. But, the College committee I think came at the time when people realised there was a problem, and I think the public realised that they, that they expected something more to be done for them. They were becoming rather well educated by the press. You know, people read the press and there's always a column, it seems to be every day, you know, somebody's writing about medicine in *The Times*. Stuttaford[10] has done a marvellous column in really teaching people how to look after themselves and so on. I think there was a, it was, the time was right and the people at the helm, the Hoffenbergs and the Turner-Warwicks and so on and the CMO were really, saw that something had to be done, and it all came right. And of course you, come on, you played a tremendous part in this when you followed it up with your Nuffield Trust...

MAM This is about your interview.

CWP No, but I mean you're a, one of our heroes, because without you we wouldn't have taken it to the districts and made the, made the report … recommendations possible. Because it was your group that said 'Right, we will find out from the districts whether they are complying with the recommendations that we made about generic services for wheelchairs, pressure sores, head injuries, incontinence and so on. Are they doing it?' And it was [on] your initiative that we appointed Felicity Edwards to go round and see that they did fill the, the questionnaire in and helped them to do it. So we got this magnificent amount of material and were able to see what wasn't being done rather than what was being done, and there were, there was no district, I think, who said, well there was no district that covered everything that they should do.

MAM No district had the, all services...

CWP The full house, no.

MAM Yes, the full house.

[9] Department of Health and Social Services, *'Tunbridge Report'. Rehabilitation*, London: HMSO, 1972.
[10] Thomas Stuttaford.

CWP And many of them had practically none, and clearly it was...

MAM One of the, I had as you know a very wise set of trustees – I shouldn't be talking, it's you talking really, but we did some of this together – and one of their points was that they didn't really think much of surveys because they tended to be point prevalence. But they said very wisely that they thought such a survey would make the authorities when they examined their own data appreciate what they had to do. And they were absolutely right, that the survey probably stimulated the development of services in various health authorities.

CWP Yes. Well, I mean, it must be said because one, now you pick up the *BMJ* and almost every week there is a post in rehabilitation medicine being advertised, and I mean this, I mean this is amazing. Twenty years ago, you know, all the jobs were physical medicine with an interest in rheumatology, occasional ones with a bit of rehabilitation. Somebody would be appointed and would say 'Oh no, I'm only interested in hot joints or immuno-methodology,' as I call it and would, the rehabilitation would be left to the physios and the OTs. And they did very well, but that wasn't the point. You can't get district services going without a leader who will, you know, get it all, all to grips. And I believe there was a follow-up, wasn't there, to your survey. The idea was that we'd have a five-year follow-up and see if they'd put their house in order.

MAM No, I don't think there was, no, it…

CWP Not happen?

MAM …didn't come to pass actually.

CWP But, it's always possible and no doubt districts know that...

MAM Oh yes, I mean all the structures and the methodologies are there if we wanted to accept. Of course, a lot of the health authorities have changed boundaries and things so it may be rather difficult to do, but one could do a survey and see what's on the ground now, whatever the structure of the NHS is. But, that report much more, I mean the Nuffield Trust, if you like, fed off that in doing the survey, but that report was a highly significant one and I hate to think how many reprints, issues it spoke on. I mean, it really was the first time, and it seems to me that although there were always criticisms that it was much too medical coming from the College, it was in fact the marker, wasn't it, that we can do disability service...

CWP Well, we said quite clearly in public and in print, this is to tell doctors to get their act together. Until the medical profession have done it it's no good calling on the ancillary professions to, to join in because it's up to us.

MAM Yes.

CWP And I was criticised very heavily, I remember, at a therapy meeting down at the Westminster [Hospital], where Derrick Brewerton was in the chair, to talk on this report, and very angry OTs and physios were saying 'We do all this, what are you...?'

And I said 'Look, you know, without us you won't actually get any patients, and you should be pleased that we've agreed that we are wrong, and we are now going to put it right.' And we say in the report that we owe a great deal to the expertise of the physios and OTs, that's accepted, that there's no need to get worried about it, you know, but we must do it first. The patients expect us to be in charge.' And it's still so.

MAM And I think coming from the College, although that put the stamp of medical on it, it also put a stamp of real authority to say 'Come on, we've got the, we know what should be done to...'

CWP Well, particularly as the people on the committee were representatives of all the specialties. And we had top professors of general medicine, top professors of geriatrics, top professors of cardiology that were sitting around the table. I mean it was a heavyweight performance, and, and there couldn't be any argument, and the fact that they all agreed… And when I had to go and present the report to the steering committee of the College, which was a very frightening performance – all these great men sitting there, you know, who all seemed to have pince-nez and always looked over the top of them, you know, and looked me up and down and I felt I was unclothed and unclean and young and hopeless! But I mean, in fact, and I put a passionate plea and all the rest, but there was, there was a complete agreement. 'Of course, you're right, we must.' And practically nobody disagreed. So, as I have said, the time was ripe and...

MAM Well that again was a nice thing to have on your career because you say the secretary did all the work, but that's not quite true. I think chairmen put a stamp of a committee's work, if you like.

CWP I remember in my last, my last committee meeting when I finally handed the chair over, I think to Dick,[11] who took over after ten years, I … dissolved the meeting, but somebody at the door and said 'No, not quite.' And Dick had disappeared and he reappeared a few moments later wheeling a trolley in which there were four bottles of champagne and some glasses, and he said 'This has got to be celebrated.' So, I do hope the College will have made a precedent so when chairmen who've served long enough, that they will be seen off in that way! I thought it was a lovely touch, yes.

MAM Very nice. Just some final questions because I think we've taken your career… When we come to the development of rehabilitation as a medical specialty, it seems to me there are two problems. One, I'd like to know, you, since you have lived through all this, that when a new discipline arises out of something as mundane as physical medicine which as students, you know, despite having Cooksey[12] in our hospital, was pretty third rate stuff…

CWP That's right.

MAM …I don't think any of us thought we would be interested in that. And then suddenly you start, it seems to me, getting into other disciplines' fields – getting into neurology, into orthopaedics, into rheumatology, all well-established, very powerful

[11] Richard Langton Hewer.
[12] Frank Cooksey.

disciplines. There's no point in beating about the bush – the medical professional can be as closed shop as anyone else. There must, must there not, have been friction between the chaps who were saying 'I'm really interested in rehabilitation, and I can do things for patients from several disciplines,' and those disciplines saying 'Physical medicine was all right because actually it was physiotherapy. But now you've got doctors muddying the field, that's a different kettle of fish.' Am I wrong or was there in fact quite considerable resistance?

CWP Oh, a lot, oh, a lot.

MAM There was?

CWP Well, there was, of course there was friction between the physical medicine doctors who wanted to be physicians looking after people with rheumatic diseases, and the so-called pure rheumatologists who had an academic background, basis, and immunology and all that. And then there were the physical medicine people who also wanted to do rehabilitation. And many of the jobs as you know were R and R – rheumatology and rehabilitation – and people were appointed to districts to run both services. And then if these people would take the job, but not necessarily, their heart might not be in rehabilitation and they may just set up and, you know, do a rather obscure part of rheumatology, and leave the rest to the, to the ancillary professions, which they often did very well. But you're not going to get advances unless you've got, I think, clear direction and an academic, and an academic background. And that's what I think has really made this discipline possible, because a group of rehabilitationists said 'Look, this is an intellectual challenge, this is a true discipline – the solution of disability.' Which is really what we are talking about, isn't it? It requires a really good intellectual background and an academic … position. 'We need people who can do research and will hold their head up with other people in the field, but we are not getting anywhere with R and R, rheumatology and rehabilitation. We're never going to get anywhere until we do this, so the sooner the split comes the better.' And that's when there was the split, and it was a very amicable one, because people had realised the time had come. And so you got a number of people who'd already had some sort of academic backing by joining the Society for Research in Rehabilitation, which of course was multi-disciplinary. You had psychologists and physiotherapists and all these people, and marvellous it was. And then there was the Medical Disability Society, which was an offshoot of the BARR [British Association of Rheumatology and Rehabilitation], and that then became the British Society of Rehabilitation Medicine, which it now is. And I think the key to all this, as I'm sure you would agree Michael, is the academic backing. Once you say this is a discipline that is intellectually challenging, that it requires top calibre people to do research, but it's going to have an infrastructure of research with chairs and readers and so on and commitment to do good quality research, then the thing takes off. And that's when the medical students will take an interest. And I remember Anne Chamberlain … I was very thrilled to be able to play a part in her chair, because I was a trustee of the Charterhouse Rheumatism Committee(?). And this was when I joined up with Mary Corbett, we, as the medical … we were amazed at the amount of money there was there and how, what was happening to it. Small amounts were going to Dr Barnados and small amounts to the Arthritis and Rheumatism Council when we had a million, a million or two there. And I said 'Look, let's do one big thing instead of giving dribs... Let's create a chair of rheumatological rehabilitation. And the place to put it

is Leeds because there's Anne Chamberlain, who's got a very good academic background. And we make that a firm discipline so that, you know, it's respectable to look after people with rheumatic diseases and solve their problems with disability and getting around the house and transport and all that, that that is just as much challenging academically as, you know, T-cells and all the rest of it.' In fact, more so, it's more difficult, it actually is more difficult. And Anne told me... I said 'What difference has being a professor made?' She said 'Unbelievable, it's changed the whole thing. I'm now looked on as a, as a respectable person and the students are interested.' She said 'It's absolutely changed everything.' And people who get this sort of academic background will say straightaway that their students will take an interest. And what you've got to do is to make it difficult, tell the students 'Listen, you're, you're probably not good enough, this is very challenging. Oh, you know, are you up to it? It's very difficult, you see.' And they get excited. And then you say, I mean, Verna Wright was professor of rheumatology, who was absolutely marvellous about this sort of thing as you well know. His medical students on his firm, when they join him in Leeds, have to spend a whole day in the city in a wheelchair. They all have to get around and they have to show that they've been to a cinema, a public lavatory, a theatre, a restaurant and have this signed at the end of the day. And then they learn what it's like to be in a wheelchair – how to get up and down kerbs, what traffic does to you, and then they understand what disability is about. And this sort of approach… And in time you'll get the medical students clamouring to do this because it's exciting. We must have an academic backing. You quite rightly say that 'Are there enough people? Have we got enough people to lead a consultant-led…?' Well, they're coming along, but there are still not enough, and it may be that there will have to be recruits from other disciplines, but that's fine. Neurologists have every right to look after, if they will look after, their own patients, but they must get some training. There is now a training structure in rehabilitation medicine. You can as a senior registrar go and learn how to assess disability, how to order a wheelchair, which is absolutely essential, and what the artificial limb service provides, and what housing is required and how to get all these things done. I mean, this is the challenge and I'm, I'm sure it will come but it will take time.

MAM Yes.

CWP But I think we've got to be strong about it and say 'This is now an intellectually challenging discipline, and it must, we must recruit the best people, and they must be properly trained.'

MAM I would say(?), I agree with you that the academic and intellectual side is a vital part of any developing discipline. It did strike me though that the, the day that the College said – the College of Physicians – we recognise rehabilitation medicine as a separate discipline was also absolutely vital. Because straightaway you start saying right, there has to be proper training courses and people start saying if it's a, a properly structured separate discipline, I can now not do it part-time, I can do it whole-time. So that, that was a crucial step as I saw it in establishing it, going hand in hand with the setting up of chairs like Anne Chamberlain's.

CWP That's right. But of course, in the, in the report it set out the problems as we see it – what are the problems? In a, in a district of two hundred and fifty thousand there will be twenty-five thousand disabled, six thousand two hundred and fifty

severely disabled. These, what problems do they have, these are them, this is what needs dealing with. But from that, the research needed is to see how you get these people, no matter what you do, so this, it goes together, doesn't it?

MAM Yes.

CWP Yes, and there are some very good young people coming on, no question about that.

MAM Yes, the people talk about them, but there aren't that many, that's the one thing that worries me.

CWP No, more than, I mean I, I've asked around and there are more than you'd think actually. There are a dozen names straightaway came as people who are doing outstanding work. And of course, there are psychologists, and speech therapists who have chairs, who are developing their skills and their academic infrastructure. And of course they all meet regularly in these societies, so there's much more cross-fertilisation and, and much more appreciation. I mean now, as you've said, it's now respectable, and now I think your, you know, your medical student days, I think now it's changing and people, the young medical students, are much more alert to problems in the community, aren't they? They're much more understanding, I think, and they know that, you know, these are problems...

MAM And they are fascinated it seems to me with multiple problems, that, you know, the left tonsil is out… And they're much more interested in quality of life with someone who is handicapped.

CWP Yes, that's right. Yes, yes.

MAM That is a genuine interest. But in the sense of having a consultant-led service, we are not really going to have that for probably a decade, are we, in the way training is going at the moment?

CWP So, there may be still scope for our recommendations of people with designated sessions or entries so that it, people are properly served.

MAM Yes. We will have to fill in. But I'm, in many ways the, I don't know whether you'd agree, but it always worried me that the neurologist with two sessions for disability medicine was, unless he was outstanding, actually a very depressing way of running a service. Because we know where his interests were...

CWP Yes.

MAM And they often had no training.

CWP No, and might not even know where the physiotherapy department was. I mean, there was an occasion, not a neurologist, but somebody who was supposed to be in charge of this found difficulty in...

MAM But, you must have reasonable hopes, if you like. I mean you, you've seen a

service start in 1940, but a service under, unfortunately I've used the wrong word, but in HM fighting services, which is a funny place for a discipline to start, cross-fertilising into the Health Service, and slowly developing and then being made into a fully-fledged medical discipline. It seems to me you must be immensely pleased, I'll leave pride out of it, but as probably now … if you like the elder statesman of medical rehabilitation, you must, albeit it's been a long haul if you like, you must be very pleased to see… I mean it's there and established, that's, it must be a very satisfactory feeling to feel that you know you've won the battle, it's a, it's a matter of time.

CWP Yes, oh wonderful. Well, it's marvellous to see all these, the present leaders who are all so much better qualified and educated than I ever was, who understand statistics and computers and epidemiology and research methods. We sort of grew up and learnt it as we went along, but these people are wonderfully qualified and very dedicated. I think it's going to be very exciting. I'm sure rehabilitation medicine is going to be a marvellous specialty to adopt and I hope wherever we go next I'll have a chance to look down and say 'It looks pretty good.'

MAM You're doing all right! Thank you very much indeed. It's been fascinating talking to you about your career, but also about a field which we are both interested in, and we're very grateful for you coming to us. Thank you very much indeed.

CWP Thank you very much. There's nobody I'd rather talk to than you, who've done so much.

MAM Oh, I don't know about that!