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**Sir Douglas Miller in interview with Dr Max Blythe
Sydney, 9 September 1993**

MB Sir Douglas, you were born in Melbourne, in the first year of the century.

DM That's right.

MB To a medical family.

DM Medical father.

MB Yeah. Perhaps we'd start by talking about him?

DM Yes. Well... he had an Irish mother and a Scottish father.

MB It's a good start!

DM Yes, although I don't know what happened to the Scottish father, but I never heard much about him, but he disappeared very early, apparently. And he was brought up by his Irish mother. And he was sent to the Scottish School in Melbourne. His great friend there was a ...a fellow called Monash, John Monash, who later became a famous Australian General, and they were very great friends in the Scottish colony(?). And then my father¹ graduated in medicine in Melbourne, and had a general practice I'm glad to say on the Sydney Road.

MB Right.

DM And then he was starting to specialise in the specialty called 'Eye, Ear, Nose and Throat', a very wide specialty, which they did in those days. And then at the age of 37, he died. So, I really don't remember him at all.

MB You were two or three at the time?

DM I was two, so I don't remember him.

MB But he sounds a remarkable man.

DM The only thing in which he figures that I know of is a very good biography of John Monash, in which there's quite a lot about my father in the early days, in the days of his friendship with, with Monash.

MB Right. But you mother carried the story on.

¹ Joseph John Miller.

DM Yes.

MB She, she was the parent that gave you a lot of support, then?

DM Yes. She, she always assumed that I would follow in my father's footsteps, you see, and become a doctor. I never heard any other possibility discussed.

MB And that became, that became part of your own picture.

DM Yeah, it did, really. Yes.

MB And Mother remarried, and you then had the support of a stepfather, who was very influential?

DM Yes. Mother remarried a banker, and he was ... in one of the banks which had many branches, and he used to be moved about, so we moved from Melbourne to Ballarat, from Ballarat to Geelong and back to Melbourne. And it was a sort of moving household for a few years. Then the Commonwealth Bank of Australia was started in 1912, and my stepfather was the first general manager in Melbourne.

MB Right.

DM He was later moved to Sydney, and when he came to Sydney I moved with them. And we...

MB How did those...?

DM ... came to Sydney and...

MB Right. Which you've been all the time since?

DM Yes.

MB How did those moves in early life affect your education? You must have seen several schools.

DM Oh, I did. I went to many schools, which wasn't a bad idea. I don't think schooling is all that important.

MB And then went to, was it Xavier College?

DM Yes, I finished at Xavier College, which was a good...

MB That was a very good school?

DM A good, well-established, traditional sort of school.

MB Did you get anything from there that you remember particularly, like work ethic, or...

DM Ah yes! I got... I got an appreciation of classical things, and...

MB Any good science teaching?

DM No.

MB No?

DM No. And nothing much outside classical education, you know, football and cricket, and that was it.

MB Mm. But a good classical foundation.

DM Yeah, yeah. It gave me a ... I had a love of English and Latin and French, and history, and that sort of thing, which was good, and I still appreciate it. But I don't remember anything else from any of my schools, really.

MB Right. But you came to Sydney with that stepfather and mother.

DM Yes, and then started the medical course in Sydney.

MB And then went to Sydney, to medical school.

DM Mmm. And that was the 1919...

MB Intake.

DM ...the intake of returned soldiers.

MB Yeah. That was an unusual time.

DM Very.

MB Yeah. Quite a lot of more senior students being taken on.

DM Oh yes. Young men who had seen life in the raw. And it was wonderful how they disciplined, were disciplined at all really, but...

MB And you joined this crew!

DM Yes, yes.

MB And sailed this journey through this medical course.

DM That's right. Made friends with them.

MB You made many friends actually, I think, on that course.

DM Yes.

MB But the teaching staff were not all that impressive?

DM Er ... I don't remember any impressive person in those early years. They were dull. And ... no, I can't remember. There was only one exciting character, and that was John Hunter, who was a young man...

MB John Irvine Hunter isn't it?

DM Yes. Made professor of anatomy at the age of 24. They sort of created a Chair for him. And, shortly after that, he went off overseas, and died. But he gave a sort of... electric shock.

MB He'd been ... and taught with Harvey Cushing, I think...

DM He had, yeah. He visited Cushing.

MB Yeah. So that was, that was a little bit of electricity in an otherwise fairly barren environment.

DM Yes.

MB But I'm interested in what you say in your autobiography, which I read with great pleasure, about the meat fights...

DM Oh yes!

MB ... in the dissecting room, which sounded very Gothic!

DM Very Gothic.

MB Very Spartan.

DM The, the dissecting room was a Gothic room, with narrow windows, rows of tables with bodies on them. And when, I remember going into it first, I'd never, I don't think I'd ever seen a dead body! And that was a shock. And then when they started throwing bits of them around that was a bigger shock!

MB So the meat fights were very real.

DM They were very real. You see, so many of these fellows were returned soldiers, and they were used to bits of bodies floating around, and... However, that was a, it was a minor thing really.

MB And you got deeply into the books, because that was the way to learn, you felt?

DM Yes.

MB Just book learning.

DM Yes.

MB More than the lectures. That was, that was where it came from, the real stuff?

DM Oh yes. The lectures were extremely dull.

MB But, somewhere along the line in this course, the name MacCormick comes in.

DM Yes.

MB Now, I think that's an important name.

DM It's a name that I knew, and I remembered from my schooldays, hearing about this great surgeon in Sydney called Alexander MacCormick. And I'd always thought, when I was doing medicine, 'I'd like to see this wonderful MacCormick.' And then I found it was very difficult to find out where he was even. But eventually I caught up with him.

MB You did. In an unusual way!

DM Yes.

MB Can you tell me about that incident? It was...

DM Yes. I was ... I had a minor operation really, done by one of the younger surgeons whom I'd met in the dissecting room, they used to go up there as demonstrators.

MB This is over at St Vincent's was it? Was he over at...?

DM No, Sydney University.

MB Oh right.

DM And then I, I... he undertook to cure me of this little, this cyst thing I had in my back, and put me into a private hospital which belonged to MacCormick. And MacCormick was away. And so this, my surgeon was named Storey,² and he operated on me very successfully. And in the convalescent days, MacCormick came back from his holiday and I met him, and I asked if I could come into the theatre and watch him, and he said 'Yes.' And so that was my entry. And I went into the theatre, and then I went every day while I was in the hospital, and then I went every day after I'd left the hospital, and watched him. And then he said one day 'Would you like to assist?' And so I assisted. And that was the beginning of this relationship with a very remarkable surgeon.

MB He really had got some special qualities?

² John Storey

DM Oh yes, oh yes. I never saw better. I never saw better. A great master of anatomy, gentle technique, and very sound judgement. I think judgement is probably one of the most important qualities a surgeon can have.

MB Seems to have a great impact on you.

DM Mmm.

MB He set a seal on what you were looking to achieve.

DM Yes. Yes.

MB And he was, this, this surgery was at The Terraces? I'm trying to...

DM Yes.

MB That was at The Terraces, his private...

DM That was a big, old, private house converted into a hospital, which would've had a capacity for about 50 or 60 patients.

MB And this is MacCormick's place?

DM Yeah. This was his private, his own hospital.

MB He must have been very rich.

DM He was very rich. There was no income tax. And he had a very big practice, and he charged very big fees. And he owned a lot of property, and had a beautiful house on ... do you know Point Piper?

MB No.

DM His old mansion still stands there. And he had the best boat in the harbour, a keen sailor. And then when he was over 70 he built a boat, had a boat built on the Clyde, and with a small crew he sailed it back to Sydney. So he, he was a man of many parts.

MB Mm. And how did you find him? Was he a good, was he a good kind of person to make contact with? Was he friendly? Was he a good professional colleague?

DM Oh yes. Oh yes, very, very.

MB Was he modest?

DM A man of very few words. He was modest but he knew his own value.

MB So ... yes. Yes, he was

DM He was a very well known character in Sydney; people will still talk about what MacCormick did or said or something. He said very little, but he did ... his work was so good. And he was really world-famous in his day, without ever writing anything, or talking at meetings much. It's just he was...

MB Exciting...

DM ...so good that students used to come and watch him.

MB A great influence.

DM Mmm.

MB When you got through that medical course, you were resolved, by that time, to do surgery.

DM If possible, yes.

MB You still didn't have a focus that it would be brain surgery?

DM Oh no. Oh no. That would be the last thing.

MB So ... right.

DM The last thing.

MB Why would that be the last thing at that time?

DM Because nobody else did it. I'd never seen any.

MB It wasn't a...

DM And MacCormick used to say 'Keep out of the head.'

MB There's nothing ... nothing worth doing there?

DM Mmm.

MB An area of too much risk?

DM Yes, yes. Too much risk.

MB So when you finished that medical course. Sir Douglas, what actually happened then? You did some residents posts?

DM Yeah, we didn't do very long at that; we used to do about a year or so, as a resident, which I did at St Vincent's. And they were very good days. We had ... we were what we called resident medical officers, which meant we lived on the spot. Today they have resident medical officers who live 20 miles away. There isn't anyone who lives in the hospital.

MB And you were poor?

DM But we all lived in the hospital.

MB And you were poor?

DM We got £5 a month pay.

MB Meals found?

DM Mmm. And a limited amount of laundry!

MB And what kind of work, did you get into surgery at that stage?

DM Oh yes, yes; house surgeon, assistant to surgeons on the staff. MacCormick was on the staff but I was not his assistant, ever, because I think they thought I'd...

MB Seen enough.

DM ...seen enough of him and it was somebody else's turn. But any rate, I was around.

MB You saw Dew, Dew at, Harold Dew at that time as well, did you?

DM No, later. After I left St Vincent's, as a resident, MacCormick asked me would I like to be his junior assistant, and I would get £75 a year. And, of course I jumped at this.

MB A golden moment.

DM Yeah, yeah, £75 a year! So, for that I used to roll up in the early mornings, always started at half past seven, and I lived at... across the other side of the harbour, so I had to leave home very early. And we'd work through, always had, every morning he'd have a list of operations. We'd work through those. And a drive from one private hospital to another. He had a chauffeur who used to carry the bags in, and the theatre sister always came, and his first assistant, who at that time was Benjamin Edye.³ And we all went in the car from one hospital to another, and jumped out, and the chauffeur ran in with the bag, and then the theatre sister would go in and set up everything, and then MacCormick and his team would come in, do the operations, clear out. And everything would be put back in the bag, and off we'd go to the next one! It's very hard to believe these days!

MB A very smart outfit he organised.

DM Mmm.

³ Later Sir Benjamin Edye, acted as Bosch professor of surgery at the University of Sydney 1928-1931 until Harold Dew took over the post full-time.

MB Yes. And the money was rolling in.

DM The money was rolling, oh yes, yes.

MB Did you continue doing that until you went to England in '27?

DM Yes. At the same time, I was demonstrating in the department of anatomy. So when I'd finished with the morning surgery I went up to the department of anatomy and demonstrated in the dissecting room.

MB Was that a satisfying experience? Was that...?

DM Yes.

MB ..good to go back and do it in a ... a more professional way?

DM Yes. I got to know a lot of young students. For years I knew every doctor in Sydney!

MB So that's a nice academic balance, surgical and academic balance.

DM Yes. Yeah, it was,

MB And then you decided England?

DM Yes.

MB And you went there in an interesting way that couldn't happen any more. You went by ship.

DM That's right. That's what we used to do. Get a job as a ship's doctor. And I had a job on a line of steamers known as the 'Commonwealth Bay Line'⁴ and they were built, mainly I think, to bring immigrants out here. They were fairly basic. But anyhow, I had a very good ... and I got a pound a day!

MB A fortune.

DM A pound a day! And when I arrived in England I had £100.

MB And as you say, as that journey took place, the kind of world unfolded.

DM The world unfolded, that's right. First, the East, Colombo, you know, driving, sailing into Colombo in the early morning and seeing the big ships gathered there from everywhere. And then the noise and the colour and the smells and everything; it was all wonderful.

⁴ In his autobiography Sir Douglas says he travelled on a 'Bay Liner', but also mentions a steamer company called the 'Australian Commonwealth Line'.

MB This was a great...

DM I never ... never regained that thrill of going into Colombo. And then we went from there to Port Said and we saw a little glimpse of the Arab world. And then on, the next stop was Hull. Hull.

MB That was a, that was a stark...

DM A shock!

MB ...stark experience!

DM A shock to the system!

MB And then you came to London, and you came to...

DM And then went back to Tilbury, yes.

MB Yeah. And then to hospital work in London?

DM Yes.

MB First in The Middlesex?

DM Er ... as a student. As a student, yes, as a student. And then through the good offices of a friend, I got relieving work at Hackney Infirmary.

MB Right. That was a, that was a rough place to be in.

DM That was very rough. Good pay. That was about £7 a week.

MB You saw some of the dregs of London life there, though, the tragedies.

DM Oh yes, it was terrible, terrible. And the awful poverty. One of the duties of one of the resident doctors was, every evening you'd go down to the reception room at the workhouse, and put through the people who had been received that day, you know. And the families were separated and so on, it was really ... a very harrowing experience really. At any rate I put in quite a lot of time at Hackney, one way and another, and it helped me, financially, greatly. And also helped me in getting technical experience, because there was no expert consulting staff. You know, patients were admitted under you, and you did what you could for them.

MB You carried out the surgical procedure.

DM Mmm. So I had a lot of experience that way.

MB And of course the goal was FRCS?

DM Yeah. Ultimate(?) goal, mmm.

MB Yeah. And you did a lot of work in preparing for that.

MD Well, first you've got to pass the Primary, in the basic sciences of anatomy and physiology.

MB And was it tough?

DM And that's very tough.

MB It's said to be tough.

DM Very tough, yes.

MB And the examiners were tough, anyway.

DM Yes.

MB They were mean.

DM They appeared to be!

MB Apparently they failed most people who came forward. They had some kind of a routine...

DM The Australians had a good reputation, and South Africans had a good reputation, because the people who did the exam had come a long way, and were serious about it. And a lot of the local English boys hadn't come a long way and were not very serious about it. So this explained in a way the very high mortality in that examination. But the mortality say amongst a group of colonials, so-called, was not so high.

MB So you prepared for that by working in, in Hackney.

DM Yes.

MB Which must have been very useful...

DM Yes.

MB ...because you saw a lot and got, got a chance to carry out surgical procedures. But also in the dissecting rooms in The Middlesex?

DM No.

MB No?

DM No, I didn't do any dissecting, but went to anatomy lectures.

MB Right. So it was by lectures and then...

DM Fascinating professor called Tim Yeates.

MB A remarkable man.

DM A wonderful character.

MB Yes, you refer to him beautifully in your book.

DM Yes.

MB And he made great impact on you?

DM Yeah, he did, mmm. Yes, a great teacher.

MB Perhaps we should put him on record now, and you'll say a little bit about him?

DM He ... well he was Irish. He had a great sense of humour ... and a remarkable facility for imparting knowledge or giving you a new look at things, you know, a new approach to things. His lectures ... he was unpredictable, his lectures might have lasted ten minutes or they might have lasted two hours, you never knew. Tim went as long as or as short as he felt like, but...

MB And he was inspiring?

DM Yes.

MB And when you came back to lecturing, when you came back to Australia...

DM I tried to be Yeates.

MB And that was a good thing to try to be?

DM Yes, yes. The boys used to like that.

MB Yeah. When you got to the FRCS Primary that went through all right?

DM Oh no, I failed the first time.

MB So you were one of the casualties.

DM Yes, yes. Oh yes.

MB That must have been a terrible experience.

DM Well, it was a grave disappointment, yes. And I had to look back at the remains of that £100, you know, to see if I could carry on. However, I carried on, because I got help from Hackney Hospital for instance, you know. But any rate, after failing in the Primary a few of us - about four or five of us I think - we got together and we went for three weeks, a wonderful hike in the High Pyrenees. That was one of the experiences of my life.

MB A highlight. It sounds good.

DM Yes.

MB And so not all was gloom and doom.

DM Oh no! No.

MB And then you came back, and sorted it all out?

DM That's right. And ... got ... passed. You know, I did a lot more study and .work when I came back, and I came to the conclusion it was a good thing to have failed because I learnt more that I would not otherwise have learnt. And then got through.

MB Were there any other hospitals you had associations with at that time, in that first, first visit to England?

DM No, only Guy's. It's only. Guy's was the only great hospital.

MB Right. And how did you come to go there? You were invited to spend some time there?

DM I was advised to go there by a colleague who had been there before, a fellow called Le Souef⁵, from South ... Western Australia.

MB Who was very supporting.

DM Mmm.

MB And ... yes. In London you lived in Ladbroke Grove as well, I think, did you...?

DM I stayed there with an aunt, yes.

MB But it was a nice experience overall, and you came back armed with an FRCS.

DM Yes. That's right. The Final ... the FRCS is composed of the Primary, which is the anatomy and physiology, at which I had to have two goes. The Final is surgery. And so there were special preparatory classes for surgery, and these were particularly at The London Hospital and at Barts, so I got to know a bit about The London and Barts and their teachers. Wonderful teachers.

MB Right. That was, that was really special?

DM Mmm.

MB That's, that's a pretty nice recollection of them.

⁵ Les Le Souef.

DM And we didn't... you know, it was teaching I'd never experienced in Sydney.

MB Right. But you came back to Sydney then?

DM Yeah.

MB And went back to work in association with MacCormick?

DM Oh no, he'd retired.

MB Right. But came back to St Vincent's?

DM Yes. I came back to St Vincent's and led a very modest and ... lowly life, for a few years, because it was, the Depression years were on us, and work was...

MB Were you doing general surgery at that stage?

DM Oh yes, yes. Anything.

MB But the brain, had the brain begun to feature in your horizons?

DM Er ... I was first confronted by that in ... '33 I think it was, and that I was... Accidentally I got involved in brainwork, or what we would call today 'intra-cranial work.' That was in '33. And that's because I was conducting a clinic in the outpatients with the students all round, and an old man, a Russian called Emilian Sharapoff, I remember his name ... came in, and he had lost his sight. And I examined him and took x-rays and so on, and came to the conclusion that he had a tumour in the pituitary gland. It was quite obvious. But there was nobody in Sydney who could, or would, tackle it. So I thought 'I'd better tackle it myself.' And I went and consulted a newly appointed professor of surgery, called Dew, Harold Dew, who was very enthusiastic, very enthusiastic. And he, Dew and I got to work and we did this operation on the dead body in the dissecting room, and then in post-mortem mortuaries and so on. And we collected together an odd, an odd collection of instruments. And we had to use the only anaesthetic available at the time, which was I think what you'd call 'rag and bottle ether' - you know, ether poured into a rag and ... the patient sniffed it. At any rate, fate was kind I suppose to us, because it worked out quite well, and Emilian Sharapoff had his sight miraculously restored to him. And this, of course, this news got round, and then I began to be bombarded with ... neurosurgical problems we would call them today, about which I knew nothing. And nobody knew anything. And so Dew arranged for me to go to London and work with Hugh Cairns...

MB We're now in the mid-thirties?

DM We're up in '34.

MB '34, mm. So, London again.

DM Yes. I get to The London Hospital. Oh, I was delighted to get back to London. I loved it.

MB Did you go by boat again?

DM Yes. I went on a Norwegian ship as a ship's doctor.

MB Yes. And saved some more money!

DM Yes. I spent my last penny on this, literally. And ... we'd, we applied for a Rockefeller Fellowship, but it didn't, wasn't forthcoming, and so I had to spend my own money, and I spent every penny of it. And I was there for the best part of the year. And the aunts at this time had moved to St John's Wood, so I stayed with them a lot of the time. Other times I stayed in boarding houses and so on. And worked with Cairns, and that was a new ... a new life. These new techniques, new approaches to problems.

MB Was Cairns immediately impressive? I mean, as impressive as MacCormick had been?

DM Oh, totally different, totally different. He was not ... there was no brilliance about him, but he was very painstaking, very grim, very determined, tireless. Never praised anybody. But his results were wonderful, the results were wonderful. And I worked hard with him, and he expected ... you know. So then I came back, and ... the table was more or less set for me, you know, there was all sorts of work waiting. And I had good and bad results.

MB And you were able to begin to ... place some of your methods into, into practice.

DM I was very lucky in some ways.

MB Change theatre practice...

DM Yes.

MB ...develop real neurosurgery, the beginnings of it, in...

DM That's right.

MB ... in this part of the world.

DM Oh yes. And that was, you know, that was totally new.

MB I looked in your autobiography at the kind of operating theatres you'd first seen - gas lighting, and very Spartan. Odd bits of iron...

DM One of the first theatres I remember, they used to do mostly by daylight. And do you remember photographers' studios, who had blue blinds you pulled up and

white blinds you pulled down? That sort of lighting. And if you couldn't do it in daylight, you couldn't do it.

MB And, of course also in your early days, you had a lot of operations ... well, in London you'd seen operations done in the home.

DM Oh yes. Oh yes.

MB People like...

DM With electric light, just ordinary electric light, mm.

MB But things began to change.

DM Yes.

MB And so, in those later thirties...

DM Oh, very quickly. Very quickly. We got good lighting and...

MB And you began to put a team together?

DM Yes.

MB That was satisfying?

DM That was very good. That team that I put together in those days, they're now all retired.

MB Do you still keep in contact?

DM Oh yes. Oh yes, I spent the day yesterday with one of them at his beach home. He retired in much better circumstances than I did.

MB And that was the thirties, that sees us through the thirties, this...

DM Well the thirties...

MB ... developing neurosurgery...

DM .. .were very very hard years.

MB Not much money around in the first part.

DM No, no. No. Very very little.

MB And just as you got going in the later thirties, there's a war.

DM Then comes the War, mm.

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MB And you've got to go off.

DM Yeah.

MB And have a soldier's pay(?).

DM Yes.

MB It sounds harsh.

DM And my wife had to live on it, mm.

MB Perhaps we could at this stage, Sir Douglas, talk about your wife, because you got married in the later thirties?

DM In '39, in England. She is an Australian.

MB And you had a remarkable wedding, at which, a rather impressive tenor sang - Dino Borgioli.

DM Oh, Dino Borgioli; he was married to my wife's aunt.

MB He was a wonderful tenor.

DM Oh, great tenor, yes.

MB And he sang at your wedding.

DM Mm.

MB That must have been a great occasion.

DM Oh, a great occasion!

MB I mean a great occasion to be a wedding, but a great occasion to have this kind of presence as well.

DM Yes. And we didn't know anything about it.

MB It just happened.

DM It just... the voice broke in over the ceremony, in the church. Oh yes, it was very good. That was down at a place called Frensham in Surrey...

MB Very nice place for...

DM .. a lovely old house in the country there. Yes.

MB Which belonged to your wife's parents?

I Cousins.

j But Frensham is very nice.

I Yes. Yes.

} I've sailed on the lake there, so I quite like Frensham.

I Oh, have you? Frensham Pond!

} Frensham Pond! And then you went on a European journey that took you as the Brenner Pass, and you were asked not to go any further because of Hitler's...

DM We were told 'No further', and so we had to turn round and go back, and then come up the **Stolvio** Pass(?) into Switzerland, and race across France to get out of the place and then scrambled to get a ship in England to come back. And the War was on, you know. And I remember we painted the ship, the passengers painted the ship grey as we crossed the Atlantic.

MB Amazing. But you got back surely enough?

DM And we got back.

MB And then there was war service?

DM Oh, I went back into practice for about a year, a very busy year, and established a home and so on. And then I went away in the Army, went to Egypt.

MB Where you were in charge of a...

DM **Er ...** first of all, up in the Western Desert I was just in charge of a general surgical ... casualty clearing place. And then I was, then we went up to an Australian hospital in Nazareth where I was in charge of the surgery. And while I was there, a British consultant came up, a neurological consultant came up, and we took him round the wards. And every now and again he would say 'I think this case could go up to Cairo for further investigation at the British Centre', and I would say 'Well, we've done that. We've done that, Sir.' 'Oh, you've done that?' 'Yes, sir!' And so very shortly after this, I got an order to go to Cairo because the chap they had in charge of their Centre for Head Injuries there mysteriously disappeared, and I was left in charge of that. That was very good experience.

MB Indeed.

DM That was very good.

MB That was a big unit?

DM A big unit. The 15th Scottish Hospital it was called.

MB How did you like Cairo and Egypt at that time? DM

Oh, I liked it very much. MB Amazing experience.

DM I liked it very much. When I came back here after the War, I had so fallen for Cairo that I really thought it would be a nice place to live. And a very well known British surgeon came out here to examine in the Fellowship examination here, and he'd just been in Cairo. And I said 'You know, I'd like to live there. It would be a good place to bring up the children, and ... I'd like to live there.' And on his way back he was invited there to help them plan a new medical school in Alexandria, and he told them that he knew someone in Sydney **who'd** make a good professor of surgery. So correspondence was opened up, and I was getting very interested in being professor of surgery in Alexandria ... very romantic! And, of course Alexandria was one of the birthplaces of medicine. And then we were visited out here by a very famous British surgeon called **Gordon-Taylor**, Sir Gordon **Gordon-Taylor**, and I went down to meet him when he got off the flying boat in the harbour. He came rushing up to me, and he'd just been in Cairo, and he said to me 'Have you gone quite mad?' 'Have you fallen out with your wife or something?' And he, he gave me the most damning picture of, of life in Cairo, as a surgeon, you know, as a surgeon or as a teacher. He said 'They'll kill you. They'll kill you.' So I dropped the idea of living in Egypt.

MB He saved you from that fate.

DM Yes. Yes, it would have been an awful fate. It would have been an awful fate. You see, when I knew it, it was a sort of British colony...

MB Yeah, different. DM ... full of Army, and under

Army discipline.

MB The War, the War offered opportunities, but it wasn't the best part of your life, I gained the impression.

DM No, no. I hated it. I didn't like it.

MB You saw a lot of tragic cases?

DM Yes.

MB Wasn't your scene. So we can write that off as not a, not a major period of...

DM People say it must have been a great experience. It wasn't a great experience. It was a great personal experience...

MB But it didn't... it didn't do anything for... DM

Not for surgeons.

MB .. .for the neurosurgeon that was to be.

DM That's right. No, I think it was, you know, it would be bad experience for a learner, because they get used to disaster and tragedy and death and...

MB When you came back after the War, you were obviously a much, much more qualified person from that experience, and all that surgery.

DM Yes.

MB But you went right back to St Vincent's.

DM Yes.

MB And took off, took over where you'd left off, in a way.

DM Yes. Yes, yes, I was...

MB So your unit went on. Your team, some of your team came back?

DM Yes, yes. Yes, just before the end, the British, the Australian authorities told me I could make my own unit, neurosurgical unit, after the style of Cairns in England, and I could pick my own team and so on. And I'd just done that when the War ended. So that never came into existence.

MB Mm, but you went ahead, developing neurosurgery in Sydney?

DM Yes.

MB With great success.

DM Oh well, success and failure. But at any rate it, it took off.

MB And neuro-, neurosurgery was totally it at that stage?

DM Yes, yes.

MB And you had a passion for, for that work.

DM Oh well I gave up all other work, yes.

MB But I've got a feeling from what you wrote and what you've said about it that the brain and that area, that domain, and that surgical intervention that you carried out, was rather special.

DM Oh, it was, yes. Yes, it was. MB What did it feel like to be a ... a

very successful brain surgeon?

DM I don't know that I ever had the feeling that I was very successful. No, it was just a day's work.

MB But you must have known that you achieved some good results.

DM Oh yes.

MB That must have been very satisfying.

DM Oh yes, yes. True.

MB In your book you talk about 'surgical courage', that's an impressive feel to it. Tell me a little bit about that, because we took, because I think it's an important credential.

DM Yes, well, I think, I think I suggested the courage is very often on the side, on the part of the patient. But what is usually meant is the courage to do something which may very likely have a bad result, you know. You do it in the hope of getting a good result, and the hope of getting an alleviation which otherwise couldn't be got. And so you risk, in a way, your peace of mind and your reputation in order to do that. I think that's surgical courage.

MB A lot of brain surgery takes a long time.

DM Yes.

MB Requiring a lot of focused application. It's ... few men can have that.

DM In the early days it used to take more time than it does today, because anaesthesia was primitive, and the conditions of operating were poor, lighting was poor, and so on. Whereas today anaesthesia is almost perfect, lighting is almost perfect.

MB So these were great revolutions.

DM Oh, there were great difficulties.

MB And anaesthesia developments and lighting, they were revolutions?

DM Oh yes. Oh yes.

MB (?)

DM And the instrumentation, the making of the beautiful instruments that they have today.

MB Do you go and see any surgery now? DM

Oh yes, I do! Occasionally.

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MB That must be impressive, because the operating microscope...

DM Yeah, the microscope; great advance.

MB And people can manage in such a small space.

DM Yes, with fibre optic illumination and...

MB But you used to have to do massive removal of skull and things.

DM Oh yes, oh yes. Now they make a little hole and can get down and (?)...

MB Fibre optics...

DM .. instruments, and it's quite different.

MB The revolution in anaesthetics we could perhaps just talk about briefly, because that, that must have been a commanding development.

DM Yes. MB That must have taken place in ... just

post-war?

DM Yes, yes. The development of intravenous anaesthesia of various sorts, and the gradual disappearance of the old ether and chloroform and the...

MB Also the anaesthetists became specialists in their own right.

DM Oh yes, they had to be.

MB And that changed your work.

DM Changed the nature of work. Made it much easier. Very much easier ... because when you had to struggle with someone with a big mask over his face, and the clouds of ether vapour everywhere and ... it was...

MB You were actually inhaling the ether vapour yourself for a lot of the time, were you?

DM Yes. That made it very wearisome. And the heat ... you see, we didn't have air conditioning.

MB So conditions weren't good.

DM No, they weren't good, no.

MB But in the book, one of the things I was interested to talk with you, in the book you talked about the conditions for patients and on the wards in the 1920s and 1930s, and, clearly, patients had a lot to suffer.

DM They did. They did, yes. MB I mean some of the dressings and the procedures were, were quite...

DM You would never see today. You would never see. But, you know, a great deal of the pain and suffering of those years has gone, due to modern ... not necessarily anaesthesia, modern pharmaceuticals, modern development of instrumentation. We used to have great trouble very often getting a needle into a vein because the needles were so roughly made, the inside of the needles were... Today, they can get a little needle into the smallest vein ... and all the instrumentation is tremendously improved. Oh, I think a great deal of the advances in surgery today are due to anaesthesia and the improved instrumentation and lighting and so on, rather than to technical facility on the part of the surgeon.

MB A different world. DM

Mm.

MB Looking to the, the period in which you worked at St Vincent's, which was 20, 25, 30 years...

DM Fifty years.

MB Fifty years. Oh, right from beginning to end, taking the post-student years. But when you were building the neurosurgery, what were the great steps for you? You did a lot of teaching of students?

DM Yes.

MB And you still remembered Yeates?

DM Yes!

MB You still remembered the Yeates techniques?

DM Ah yes, I remembered Yeates, and the teaching at Barts and so on - that's for the teaching of the general principles of surgery. And Hugh Cairns for ... surgery. And then of course, neurosurgeons sprang up in the various capital cities here, and we got, we formed a neurosurgeons association⁶, and we used to meet and discuss our mutual problems.

MB So there was an important developmental aspect of this. DM

Yeah.

MB And you became a leading figure in the Royal Australasian College of Surgeons, and became president ultimately.

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' Society of Australasian Neurological Surgeons.

DM Yes, that's right.

MB That must have given you great satisfaction.

DM That was good. Yes, I liked that.

MB What... what did you like most about that?

DM Oh ... seeing the organisation develop. It was a time of development which required a good deal of guidance ... to make it the suitable and influential and powerful body it is today. At that time, there were some people who seemed to think it should be just a branch of the Melbourne Club, you know, and should be confined to Melbourne, a sort of club, and not become a big national body. And I think it gave me great satisfaction to oppose that view.

MB What year was this? It's a two-year appointment, is it? DM

Yes. That was '57 to '59 ... I was the president. MB Quite busy

years for you... DM Hmm?

MB ...busy years for you, because you had a lot of surgery as well as being president.

DM Oh yes, they were very busy years, but then I was young and active.

MB And you had a family and home life as well.

DM Yes.

MB Did you have children?

DM Oh yes, five. And we lived a good way out of Sydney. We lived out in what is now a densely populated area but at that time was a farming community, and I thought that was good for the children to grow up in that sort of atmosphere. And so I had a lot of driving to do.

MB Yeah. That was a busy life. But that was, that was the late fifties. And that was a time when obviously, as a president, you were becoming a diplomat in medical circles, of an important kind. And that diplomacy I think went on didn't it? You did a lot of representational work for...

DM Yes.

MB ... for a whole range of medical reasons.

DM I did.



MB Could we just talk about that briefly, because you had a profound effect on... DM In South-East Asia, you mean? MB Yeah.

DM Well I was sent up, or asked to go up there by the government, in ... and they acted in response to requests from, say, Singapore, Kuala Lumpur and so on, and it was called the Colombo Plan. And the foreign minister, or we called him then the minister for external affairs, Richard Casey, he asked me would I go to Singapore, and work for a month, because they didn't know anything about neurosurgery. And that was ... that was in ... '56. And I went up there for a month and I took an assistant, and that was very exciting because they had a very good hospital - British, all British staff. They had good physicians, good surgeons, but nobody knew anything about the surgery of the head. And so I was able to come in and demonstrate this, and it created a big impression up there. And I was often invited to go back.

MB You went many times?

DM Yes, yes. And then we went to ... I took the same assistant to Bangkok for a month, later on, and then to India.

MB Was the problem the same in India?

DM The same sort of problem, yes, in India, but of course much worse in India, The most satisfying was Singapore, because it was just the time of the end of the British Raj and the beginning of the, of the local regime, and it was very interesting. And then at the end of all this, I was invited to go to Japan, as the guest of the ... Japanese government. A lot of Australians have been guests of the Japanese government. Mine was a better deal. I went up there and had a very interesting time and made several very good Japanese friends. So I think that was the sort of ambassadorial...

MB Amazing. What a great opportunity though to change things across Asia.

DM It was, yes. Yes, it was.

MB Because that's had wide repercussions.

DM Mmm.

MB So that gives you great satisfaction.

DM Yes.

MB And you've travelled wider, internationally, as well. You went to America, I believe?

DM Oh yes. We used to ... my wife and I, we used to go away pretty well every year, to Europe somewhere.

MB And your family now, they've grown up.

DM Oh yes.

MB Any, any medical...

DM There's one; he's a country practitioner. He didn't want to have anything to do with me! No!

MB He sorted it his own way?

DM Yes, yes.

MB So those have been satisfying years?

DM Yes.

MB What I'd like to, to do, in winding up our interview, Sir Douglas... It's a long story, and we've condensed it into about an hour, it's pretty unfair, but are there any personalities, influences that we've missed out? Any occasions that we've missed out, in what is a long story?

DM I don't think, nothing comes to my mind at the moment that we might have talked about. ... I don't know. We used to do, here, in Australia, you know ... you used to have to do a lot of internal travelling. It would be very common to be sent for to go to a country town some hundreds of miles away, and very difficult to get there. And there was a time, say, I remember MacCormick having a special train put on, you know, a special train to take him out somewhere or other. And I never had a special train. But... we used to, we had some pretty rough drives! Some pretty rough drives at night, over the country roads, which were very bad. So I always had a rather big powerful car, to take us in. And then ... the aeroplane came in, and you could lease a plane to take you somewhere, you know. And that was a disheartening experience sometimes. The first flight I ever made was to a country town about... three or four hundred miles away, on New Year's Day, and I couldn't help thinking the pilot had probably seen the New Year in, you know! A little plane, a little plane. I sat here, and he sat there, and bumped along.

MB Would that be in the 1950s? Would that be in the 1950s?

DM Oh no, this was ... this was in the .. still in the thirties.

MB Oh, that was, that was the thirties! That was way back, yes, that that came in.

DM Yes.

MB And you used planes from then?

DM Yes. And they ... the pilot sometimes would dive down, and follow a railway line, and dive down and look at the name of the station, you know, to see where he was!

MB And you used to be called out to do important surgical cases that required your attention in that way?

DM I don't know whether they were important, but they were all a bit serious. Yes, so we had quite a lot of funny experiences of that sort. I had a very interesting ... which I had forgotten, and it was a very important thing in my life. And that was in '57, I went ... '57, went with a special group invited to China - this was very shortly after the Communist Revolution - and 20 Australian specialists were invited for a month. And we went up to China, and handed in our passports of course, some of the, some of the chaps got very nervous after this! But they, they looked after us like royalty. It was wonderful, really. Wonderful.

MB You were able to give advice there?

DM Yes, yes. Oh yes. And a lot of strange things happened. I remember there was a **neurosurgeon** in ... Peking it was then called, and he seemed to be the only **neurosurgeon** in Peking for ... God knows how many million people! And I said to him 'I'm very interested in what you do about head injuries.' 'Oh' he said, 'We don't have them.' I said 'How do you mean you don't have head injuries?' He said 'Chairman Mao says we are not to have head injuries.' Finish conversation!

MB Yeah. Finally, just taking a thought about head injuries and the tens of thousands of cases that you've attended to, it was a field, Sir Douglas, that had its many tragedies. You've seen many young people, and many tragedies that you couldn't... many people you couldn't save. How did you live with that? Because I would, I would find that very difficult as a ... and I know you're a warm and caring human being. That must be quite difficult, sometimes, to cope. with.

DM Yes, yes. Yes, sometimes. The most difficult situations were when you were confronted with the results of an accident which you knew were irrecoverable, you know, somebody's just going to live on ... and when you don't treat, or when you stop treatment, those were the harrowing decisions which people still have to make. I think that was the worst feature of that.

MB Not easy. But you had a mind that could cope with that. You had a...

DM Well, you have to. You can't ... let sentiment run away with you, in doing that sort of work.

MB Sir Douglas I've enjoyed talking with you a great deal, about, about your career.

DM I didn't know I could talk so much about myself. MB I find it

remarkable, and I've enjoyed it very much. Thank you.

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DM Well, thank you. I enjoyed this ... I think you call it 'overview'.

Vs';^

MB But the teaching staff were not all that impressive?

DM Er ... I don't remember any impressive person in those early years. They were dull. And ... no, I can't remember. There was only one exciting character, and that was John Hunter, who was a young man...

MB John Irvine Hunter isn't it?

DM Yes. Made professor of anatomy at the age of 24. They sort of created a Chair for him. And, shortly after that, he went off overseas, and died. But he gave a sort of... electric shock.

MB He'd been ... and taught with Harvey Cushing, I think... DM

He had, yeah. He visited Cushing.

MB Yeah. So that was, that was a little bit of electricity in an otherwise fairly barren environment.

DM Yes.

MB But I'm interested in what you say in your autobiography, which I read with great pleasure, about the meat fights...

DM Oh yes!

MB .. .in the dissecting room, which sounded very Gothic!

DM Very Gothic.

MB Very Spartan.

DM The, the dissecting room was a Gothic room, with narrow windows, rows of tables with bodies on them. And when, I remember going into it first, I'd never, I don't think I'd ever seen a dead body! And that was a shock. And then when they started throwing bits of them around that was a bigger shock!

MB So the meat fights were very real.

DM They were very real. You see, so many of these fellows were returned soldiers, and they were used to bits of bodies floating around, and... However, that was a, it was a minor thing really.

MB And you got deeply into the books, because that was the way to learn, you felt?

DM Yes. MB Just book

learning.