

The Royal College of Physicians and Oxford Brookes University
Medical Sciences Video Archive MSVA 022

Sir Richard Doll in interview with Max Blythe
Interview II
Oxford, 5 June 1987

MB Sir Richard, in our first talk, we explored many of the early areas of your research and brought you up, eventually, to 1969 when you came to Oxford. In this second talk, I thought we might talk first of all about the professorship you came to and the medical school you inherited, as it were, and then go on to some later developments when you became warden of a college. Can I start with the medical school you came to work in?

RD The Oxford Clinical School was a most interesting school. Oxford medicine, of course, had existed for many centuries, medicine had been taught in Oxford since the 13th century. During the 19th century, clinical medicine effectively faded out. Although the University gave medical degrees, there was really very little teaching in medicine going on. The main teaching centres in medicine had moved particularly to London with all the big teaching hospitals and also to the provinces. During the latter part of the 19th century and the early 20th, they built up a pre-clinical school with a definite policy of developing pre-clinical medicine but getting students to go to London, principally, for their clinical experience. When the war came, authorities obviously wanted to get students out of London if they could.

MB This is 1939?

RD This is 1939, yes. Oh, I'm not talking about the first war! In 1939 there was a desire, an obvious need to disperse the teaching of medicine and Oxford seemed an excellent place to send clinical students to because just two years previously they had established a small post-graduate school with money from Nuffield which was really intended to be for training in research. With money that Nuffield had given, they had established five Nuffield chairs. So you had this nidus there on which you could build a clinical school. So very quickly, within a matter of months, they started the clinical school and all through the war there was really a very effective clinical school and the question came whether it should be continued after the war. There was a rather narrow vote as to whether it should continue, quite a lot of people thought that we didn't need a clinical school in Oxford. But it was decided to continue and one had gone on, ever since then, but it had been very small to begin with. After the war, most of the Oxford pre-clinical students went back to London and the clinical school only really attracted sometimes as few as twenty students a year. Twenty to thirty was the usual number. It certainly wasn't making much mark in the medical scene in Britain. And then my predecessor, George Pickering¹, became Regius Professor in 1956 and he set about changing this. One of the difficulties was that the five Nuffield

¹ Sir George White Pickering (1904-1980) Regius Professor of Medicine, University of Oxford, 1956-68.

professors really still wanted to carry on with research and research training and were not terribly interested in training undergraduate clinical students. But Sir George Pickering wanted to turn it into a proper clinical school which would compete with the other clinical schools in the country. He was a Cambridge man himself and he went to Cambridge and encouraged the teachers there to send their pre-clinical students to Oxford for clinical training. Between '56 and '69, when I took over, George had really transformed the clinical school and there was an entry of fifty a year, very good standard students, largely from Cambridge, just a few coming on from Oxford. But it was still a small school and we were working in the Radcliffe Infirmary and we only had, let me think, about seven chairs - the five original Nuffield Professors of medicine, surgery, anaesthetics, orthopaedic surgery and obstetrics and gynaecology - and then George had taken funds to establish chairs in neurology and in psychiatry. But there were still obviously grave deficiencies there and so there was a need to transform the school and carry on the work that George had done to develop it into a full scale clinical school which would compete with all the others throughout the country.

MB So you thought there was momentum there and that you would take that on. The Regius professorship - can you tell me more about that? That wasn't just one of the clinical professorships, that's quite special.

RD It had quite a different function, yes. The Regius professorship, of course, had been established in 1546, I think it was, and it was the oldest scientific chair in England. I have to be careful to say England because there are some older ones in Scotland! I think that I was the 23rd Regius professor of medicine. He had very little role really until George took over. He was on many number of committees, he had responsibility in relation to the pre-clinical school. He didn't have, necessarily, a department, the various clinical professors had different specialities. One was a neurologist, George of course was interested in cardiovascular disease particularly, there was a bacteriologist earlier, and they tried to get surgeons at one time. So it was not out of keeping that they should have appointed an epidemiologist.

MB What I was trying to come to was that it was a co-ordinating central function.

RD Yes. I was told when I came that it was certainly not a position that was above the other professors but it was said to be *primus inter pares*, was the actual term and that was a very fair description of it. The Regius professor was always on the principal committees but he quite definitely was not the chairman of them, but he was the person that people turned to if they had a particularly difficult problem that they needed a small *ad hoc* committee to deal with, the Regius professor always got asked to do that. I suppose, really, his principal function was as liaison between the medical school as a whole and the University. He was seen as the representative of the medical school to the council of the University and would be consulted by the University over policies of development. Indeed, one of the first things I did when I came to take up the post was to set up a committee for the development of the clinical school because we could see that with the new hospital that was being built, there was capacity for increasing the size of it and, indeed, an intake of fifty students a year was really below the ideal for providing enough stimulus between the students. We wanted to increase the size of it, we needed these extra chairs, pathology, paediatrics -

those were outstanding ones - biochemistry, social medicine. These chairs were all needed. So we set up a committee for the development of the clinical school which met on Saturday mornings, and after about eighteen months we put up a plan to the University for expanding the school. We wanted to expand it to an intake of seventy students a year, unfortunately the University told us that they thought the UGC would not provide any more money for that expansion, we would need to go to one hundred. And really against the desire of many of the teachers, we did plan to increase it to a hundred a year.

MB Which is a large intake.

RD A substantial intake and, I think, probably it is a good number although many people would have been happy to have settled for a few less, perhaps seventy five or eighty. But there were also other problems that had to be dealt with. The relationship between the clinical school, which had largely been run with Lord Nuffield's money by a separate committee, the Nuffield Benefaction Committee, and the pre-clinical school was an uneasy one. For academic purposes, the two were combined in something that was called the Medicine Board and there was an uneasy relationship between the highly developed pre-clinical school, the physiology, anatomy, pharmacology and biochemistry, and the upstart newcomer, the clinical school which was trying to expand and seek more money the whole time. So, after we had produced this policy for expanding the clinical school and sought money for more professorships, which one way or another we succeeded in getting, either from private benefactions or from the UGC, we then had to go on and try to get the administrative arrangements between the clinical school and the pre-clinical school, get them more comfortable and easier. It turned out that the best way to do that was to have a separate clinical medicine board, a physiological sciences board, and we did in fact separate the two so that they ran as quite separate academic faculties.

MB When was that bifurcation achieved?

RD In the middle '70s, just as we began increasing the numbers. I think that this has worked very well. The clinical faculty, when it had its separate board, gained greater recognition within the University. Up until then, clinical medicine had, understandably because it was quite a newcomer, had not really been taken terribly seriously by the University as a whole, I think. It is always, also, rather a cuckoo in the nest, a new clinical school, because inevitably it's such a big thing, there are so many teachers in comparison to other faculties that this new and burgeoning clinical school really had quite an uneasy relationship with the University as a whole. But when it had its separate clinical faculty and got accepted as an ordinary branch of the University education, then I think it was a lot easier and certainly its relations with the pre-clinical school became much easier when they weren't having to meet together and jostle for money, one against the other, in a common medicine board.

MB When you were in this process of changing the organisation, making things easier in terms of administration, I don't think you were forgetting the kind of student that Oxford was going to produce. You had strong views about the training of medical students. Perhaps you would like to talk about that side of the work?

RD Well, when it was agreed, after the war, to continue the clinical school, there was a very definite movement for having as an objective the education of students to become academics and research workers. This really fitted in with the philosophy of the establishment of the graduate school that had been established just before the war that was to concentrate on research. Certainly this was the desire of the five senior Nuffield professors. As time passed, this was become looked on as an elitist concept, which became an unpopular word in the 1960s. It really didn't appeal to the new generation of teachers and clinicians. We changed that objective. We thought, also, that it wasn't the right role for the school in the country as a whole and so we changed that objective. We said that we want to educate clinical students to take part in all branches of medicine, to contribute to every field in medicine including general practice, but with the special idea that when they went into that subject, whatever it was, that they would seek to improve it, they would seek to do research in it, they would seek to improve the service. So the emphasis was, yes, educate students to do anything in medicine, and everything, but educate them to go into it with an enquiring mind, seeking the whole time how to improve what they were doing. I'm sure that is a common view in other schools, but we wanted that as the primary concept. How successful we have been I don't know, but I think that we have been fairly successful in that.

MB I think recent judgement suggests that it is a University of very high reputation in terms of the students and the research ambition and achievements.

RD I think that is so, certainly.

MB I am not saying that just because you are here now! I think that has recently been adjudged to be the case by several boards.

DR Well, I think that is so, if you judge it by the amount of research money it attracts. I think that it probably does attract more than anywhere else, and certainly in the recent UGC rating of the excellence, or otherwise, of the faculties, the Oxford Clinical School was the only one that had a mark for distinction.

MB Following on our last talk, when we talked of your epidemiological work, how did that fit into the Oxford context, because you didn't let go. That continued, despite all the work of the Regius professorship.

RD Yes it did, but it wasn't so foreign to Oxford's clinical school as you might think because, actually, the first chair in social medicine as it was called in the 1930s had been set up in Oxford with Nuffield Provincial Hospital Trust money when Ryle moved from the Regius professor of physics to be the first professor of social medicine in Oxford. Ryle was a very great man and he stimulated a lot of young people in the late 1930s, and he really established social medicine as a respectable academic subject. As you know, now there are chairs in the subject, they are given different names now, often they are called 'community medicine' or sometimes 'epidemiology and community medicine', but it is all the same subject really. Public Health in the old days, and I wouldn't mind them being called Public Health now, as a matter of fact. There are now chairs in every school. Ryle's chair hadn't, actually, been terribly successful in Oxford, although it has set a standard for the country as a

whole, and after he died, the University had only continued it as a readership. There was a small group here, under Alice Stewart and so there was really something for me to build on. I had good relations with Dr. Stewart and I tried to develop them also with the medical officer of health, Dr Warin, and I did make it a special concern to try to improve the status of teaching of this subject in the medical school. And, of course, I continued doing research in that field myself. It wasn't long before, after Dr. Stewart retired, we then got funding from the Nuffield Provincial Hospital Trust to turn it into a chair of community medicine, as we called it. I continued doing research in that field, in association with the professor of community medicine who had, in fact, been one of the members of the unit that I was director of in London, the Statistical Research Unit, Professor Vessey. But there was a great deal of administration to do in the clinical school and I had to give up something and I gave up the clinical medicine, which I had done previously from the end of the war right up until 1969. I used to do one or two days a week at the Central Middlesex Hospital. But something had to go and I wanted to continue the research and so the clinical medicine went.

MB Looking back, you were Regius professor for ten years, moving on to wardenship of a college in '79. Looking at those ten years, what were the developments that stand out most? Some of them you've outlined in general, but what particular developments give you most satisfaction?

RD Well, I think the increasing status of the Oxford Clinical School. There was excellent material to work on in the sense of some very fine professors and an increasing reputation that Pickering had built up so that we were attracting good students. But over the next ten years a number of chairs became vacant and, I think, the really exciting thing was the outstanding people we got as professors in the clinical school. There were established another five chairs and, I think I can say without any fear of contradiction, that by 1979 we had an outstanding professorial body in every subject. I would hesitate to say *the* best in the country, but not far off it in each case.

MB It was close.

RD Yes, absolutely first class people. This was a real delight to see, the coming together of such first class people, and of course, they set the standard for the appointment of the junior people and the research groups that got associated with them. So that by 1979, it was, as you kindly intimated a moment or two ago, in a leading position, I think, in the clinical schools in the country.

MB Those appointments must have done a lot to help the position of medicine to sit more easily in Oxford where it had been in a curious position before.

RD Well, I'm sure it succeeded greatly in improving the relationship with the pre-clinical school because, although we'd had the Nuffield professors who were all first class, the pre-clinical professors had thought of clinical medicine really more as a vocation. In fact, a number of them had thought that the clinical school really ought to be established at the Oxford Polytechnic and not in the University, to which there was some argument but it wasn't what we thought was suitable. In Oxford we needed to have this academic and research enthusiasm in the school and with the passage of time and the appointment of such outstanding people, the recognition of the clinical school

as a centre of academic excellence became easy and, I think, the relations with the pre-clinical school by 1979 were really first class.

MB Let's leave the clinical school, the medical school, there. Some while before you retired from the professorship, you had thoughts of a collegiate structure for medicine?

RD Yes I had. There were a number of reasons for that. I have said, earlier, that clinical medicine had not really been accepted in the University as an important academic unit and this was reflected in a number of ways. One was that most of the clinical teachers did not have college attachments. All the professors had college attachments, but that was about all. Even the readers, we had a large number of clinical readers, they didn't have college attachments, leave alone the clinical lecturers, and practically none of the teachers, the NHS teachers. The result of this was that when you had visitors from abroad, nine times out of ten there was nowhere to take them, there was no academic centre of the clinical school, there were no, sort of, club facilities. They all anticipated that they would go to a college, but in fact very few of them ever did! The other problem was that the clinical students had a very successful small social club, in Osler House club, that was associated with the Radcliffe Infirmary, but it was very difficult to get money for that because in the system in Oxford, the University thought the colleges ought to look after the students, their social welfare. They were not interested in providing facilities for the clinical students. They had set up some facilities during the war, when the place first opened they had to provide some, but they weren't interested in the social welfare of the clinical students which they thought should be left to the colleges in the Oxford tradition. This really wasn't appropriate for clinical medicine because when students come to do their clinical work, they have so much in interest, they are thrown together so much, they have an *esprit de corps* as clinical students, and they really needed as, in all other Universities, a social centre for clinical students. So there were these two problems that there were no collegiate attachments for the great majority of the teachers, the University was not interested in providing social facilities for students and I could see that when we increased the number, and when the new hospital opened, there would be quite inadequate facilities for them in the accommodation that they already had at the Radcliffe Infirmary. Then there was the third problem of the lack of an academic centre to take visitors to and a number of us, one of the principal movers being Paul Beeson (?), the American who was here as a Nuffield professor of medicine, who really was more responsible, I suppose, than anybody else in building up the academic status of the clinical school, he felt this lack of a collegiate base for the clinical school. He and I thought that perhaps the easiest way to solve this problem would be if we could have a new graduate college, because of course in Oxford all the clinical students are graduates, if we could have a new graduate college with a special interest in clinical medicine that would try to provide social facilities for the clinical students and provide a home for the foreign visitors that we hoped, increasingly, to attract. So we were toying with this idea, but I don't think it would ever have been carried very far if there hadn't been the most wonderful possibility for a base for such a college, and that was the Radcliffe Observatory. Now the Radcliffe Observatory was a splendid 18th century building that was just next to the Radcliffe Infirmary and had been built with the money that Radcliffe had left to the University for charitable and educational purposes. Of course, it had long ceased to be any use as

an observatory and all the astronomy that the Radcliffe trustees, who incidentally still exist, they supported was down in South Africa. The Radcliffe trustees had, in the 1930s, sold the building and what was about ten acres of ground to Lord Nuffield. There is a long story as to why the trustees still owned it and the University didn't, but I won't go into that now. They sold this observatory to Nuffield with ten acres of parkland around it. The seven acres of parkland on the south side, Nuffield gave to the Radcliffe Infirmary for expansion, which was greatly needed, and the observatory itself and three acres of ground he gave to the University to turn into an institute for medical research. So this beautiful old building in the late '30s was converted into research laboratories for which it was physically utterly unsuitable. When the new hospital was built, there was still, extraordinarily enough, some Nuffield money left in the hands of the clinical school, and they decided to build a purpose built research laboratory with the new hospital at Headington. When the Nuffield Institute of Medical Research moved up into this new building, this lovely old observatory became vacant and it was used in the first few years for overflow from the medical departments but it was obviously wrong that this lovely building should just be divided up with mezzanine floors put in and divisions to turn the big rooms into offices. The beauty of it was just not available to anyone. It was obviously desirable that it should be used for one purpose and it was just crying out to be made into a college. So what with, really, the need for a college with a medical interest and this quite outstanding building with three acres of ground round it possibly available, it seemed worth pursuing the idea. We did, for several years, try to raise money to establish such a college.

MB So the observatory, really, was the great stimulus, following those ideas of Beeson and yourself and discussion.

RD Well I think that it is right to say that one would never have thought of it if there hadn't been an actual need. There was an academic need. But academic needs have a habit of not getting met, I'm afraid! In this case, there was something that would meet the need if only one could get enough money to restore it and to have a little bit of endowment money to run the building.

MB Yes, establishing an Oxford college is a very expensive exercise. Can I ask you to take me through the next phase which is actually finding the money to achieve that foundation?

RD As a matter of fact, the idea of establishing a college with a special interest in clinical medicine, not a unique one but a special interest in clinical medicine, arose within a couple of years of my coming to Oxford when we completed this report on the development of the clinical school, which I referred to earlier, because of the needs for improved facilities and greater facilities for the clinical students and it was hinted at in that initial report. Between '71 and '75, I think, we did make efforts to find money. Paul Beeson was very active and we hoped to get money from several sources but they all failed and so the idea was, really, put into cold store for the time being. Then, about '75, Sir Edward Abraham came to the rescue and Ted Abraham had, of course, these large sums of money at his disposal from cephalosporin, the profits of which he had handed over largely to the country and the University, but he was one of the trustees of the fund that came from cephalosporin. He gave us seed

money, promised us £100,000 from his educational trust, if we could get more funds. Well, in one way or another, we attracted promises of another £150,000, the Radcliffe trustees, the Rhodes Trust, various other people promised us small sums, Blackwells were in very early. When we had got promises of about £220,000, we felt that this was enough to go to the University with a proposal because it would enable us to have restored the observatory and to have made a little residential accommodation for students, so the clinical medicine board put up a proposal to the University that we should establish a college. The University wanted a committee to consider the viability of it and, anyway, they recommended that it was a good idea and the other colleges agreed to it. I have often been surprised by the readiness with which the other colleges agreed to the establishment of a new college with a special interest in clinical medicine. I was asked by the University council to go and talk to, what is called, the Conference of Colleges in Oxford, all the colleges are represented, and sell them the idea of a new college and I have often thought that I did sell them the idea by a slip of the tongue that I made because there was a building just next to the Radcliffe Observatory which was used for animal experiments, it was a 1930s building built with the Nuffield money and this building, which was no longer needed for animal experiments as we were going to have a new department up at the new hospital, I said to the conference of colleges that I thought the animal house could be converted into living accommodation for clinical students. This brought the house down! I realised that I had given them a very convincing reason so I thought that I had better not say anything more, sat down straight away, they had a vote and they approved it by about 21 votes to 5!

MB That was a very important moment?

RD It was an important moment, yes, because the other colleges could easily have said they didn't think it was necessary because, inevitably, it would mean that they would lose students to the new college. But they did say that if we were to have a new college it was one which, by statute from the beginning, would not be entitled to call on other colleges to help it financially, we had to stand absolutely on our own feet financially. That was fair enough, so we accepted that challenge.

MB And needed a lot more money, and getting that money took you into a wider search?

RD Yes. Then, come '75 as I have told you, we had promises of this small sum which enabled us to go ahead and get the University approval for the idea. They then passed a statute saying they would establish a college from a date to be agreed by council, meaning when we had enough money to actually start it. Then Paul Beeson, again, had a brilliant idea, he attended the opening of a new radiology department in a hospital in the States which Dr. Cecil Green had funded. Cecil Green was born in England and was taken to North America, by his father, when he was two and, to cut a long story short, he made a fortune there through being one of the five founders of Texas Instruments. He had been a great benefactor to science generally, education generally and medicine in particular in the United States. Historically, one of the great benefactors. But he had never given any money in England and, apparently, he had always had in mind that he would like to do something in the country of his birth. Paul Beeson wrote to me one day and said that he thought that Dr. Green might be

worth approaching and, with the assistance of Dr. Bill Gibson who was an Oxford DPhil who had originated in the University of British Columbia and who was a close friend of Dr. Green, we interested Dr. Green in the idea. He and his wife, who worked very closely together, came over in April '77 just after the University had agreed to establish the college at a date to be determined. We took him round and showed him the site, the facilities and Oxford generally.

MB And he liked it?

RD He certainly like it, yes. My colleagues in various departments were extremely good in selling the University to him. He was shown the results of early experiments with penicillin in the pathology laboratory, Bodley's librarian took him round the library there, and he was given meals in one or two colleges and after three days he called me aside and said, 'Perhaps we could have coffee tomorrow morning, I have got a proposal to make.' The next morning he had a bit of paper with him and he said, 'Well, here's a contract, I like the idea of setting up a college and I will give you the money on condition that you let the contract for building is ready by the end of the year, 31st of December.' Well, that was utterly impossible because all the buildings were not going to be vacated by then, some of them were going to be, but with the move to the new hospital being done in stages, couldn't be done all at once like that. So he said, 'What can you do?' I said, 'Well, I think that we can do it in three stages, we could let the contract for the first part by the end of this year and then another part the end of '78 and the last bit '79.' So he said all right and rewrote it to say that he would give the money in three stages, if you let the contract in three stages. That was how we got started.

MB Was that the time that it was decided that it would be Green College?

RD Yes. Up till then, we had naturally thought of calling it Radcliffe College, which would have been a very suitable name for Oxford. In many ways it is a pity that we weren't able to call it that, but when somebody gives you so much money to enable a thing to be put into effect, his initial gift was £1 million and he has given us a good deal since, of course in '77, £1 million was worth a good deal more than it is now. It was enough to enable us to do all the conversion, build new buildings, build a residential block for students and really get the thing off to a good start. As soon as we were able to report that offer to the University, they then said all right, we'll go ahead and establish the college and they asked me to be the warden-elect of it, we appointed a governing body-elect and we got going.

MB A marvellous moment.

RD It was exciting.

MB And so the college actually opened, the first stage of the college, in '79?

RD '79, yes. It was remarkably quick. When Dr. Green gave me this contract, because he was an elderly man then, born in 1900 so he was 77 then, he said, 'I would like to see this completed, but the reason that I am doing this is because it will help you. You will find that if you have got to keep to a timetable in order to get the

money, you will find it much easier to get the building done!’ He was absolutely right. A nice thing was that after we had got going, he wrote to the Registrar of the University and said that his dealings with the University had been the most efficient of any University he had ever dealt with, which is nice to record because sometimes the civil servants for a University are regarded as being rather bureaucratic, but they certainly weren’t in Oxford. We had to do all sort of things that perhaps we wouldn’t have done if we weren’t working in such a hurry. We had to get the plans approved by the City Council, which meant working pretty quickly, we had eight months to do it, and the only possible way was to use the University surveyor as an architect. There could have been no question of going out for a national competition, as people might have liked otherwise. But the choice of the University surveyor as an architect, Mr. Lancaster, was actually a very fortunate choice because he was extremely good at fitting buildings into their surroundings, and with this beautiful observatory we didn’t want to have something that was going to compete with it, we wanted something that would lead up to it. We had this nice garden around the observatory and we wanted to make use of the surroundings and Lancaster’s designs have been, generally, approved, and they have fitted in very well.

MB That beautiful quadrangle and entrance that he produced there, that is an absolutely beautiful entrance. He has taken the college through its building development, has he?

RD Oh, he is entirely responsible for it, yes.

MB Perhaps you could talk a little bit about the way in which the college developed architecturally. Would you take us through, very briefly, the stages of that?

RD Well, in the first stage, we didn’t have all the buildings available to work with. The old animal house, which I have told you about, that was still being used as an animal house and so we couldn’t pull that down and build a new residential block. We didn’t have to convert it, we were going to build a new one! We couldn’t start doing that until 1980, so in the first stage there was just a forecourt where there had been an old wooden hut which had been the medical school offices and we were able to build the administrative block and one or two other buildings there as the first stage. We moved into there in September ’79, which was just two years and five months after Green had offered the money. In that first year, we were then converting the observatory and we moved into there in second year, 1980, and during that time, we were building the main residential block on the other side of the observatory gardens and that was complete by June ’81. That was the third phase and we had our formal opening ceremony, which Macmillan performed in his superb way in June ’81. That really completed it. In addition to those conversions, we had been very fortunate in being able to buy the only large house which joined on to the site for the warden’s residence, and the University had let us some other accommodation that we could put extra students in. One other bit of accommodation we had was 13 Norham Gardens, Osler’s old house, which I had lived in as Regius professor. When I retired from the chair, my successor, Henry Harris had his own house in Oxford, he was an Oxford man, and he didn’t want to move into Norham Gardens, which was vast great house. So it had become vacant. Norham Gardens had been bought by Osler, it was him and his wife, one child, it wasn’t big enough so then he added on to it. He had twelve staff

which, I suppose, is one reason why he needed a bigger house and he had a very large number of visitors. So we had this house which, I think, at one time had seventeen bedrooms, but before I lived there, the University had divided quite a number of them off into three flats which were let to postgraduates. But, even so, it was a vast house, and for two years, the University tried one plan after another to make use of it but the City Council wouldn't allow it to be used for anything other than residential purposes. Finally, Green College offered to take it over from the University on condition that part of it was kept available for a future Regius professor if he wanted to live there and we made some more student accommodation, so that there were now four flats for students, a couple of rooms we could continue to use as offices, and this large apartment which is now used for a research fellow and will, I hope, be used for visiting professors. So we have this responsibility of maintaining this house in memory of Osler and we've collected in it a number of his belongings, his gown for example is hanging up in the entrance and it's rather nice that Osler's house should be associated with a college that has a special interest in clinical medicine.

MB Sir Richard, looking over the development of the college, obviously it was a fairly unique experience to be able to go into a college and stamp ones own interests on it from very early on, and to draw together a company of fellows and a common room and to be associated with the first student body. This was shared by Lady Doll, this interest, I know that you both made a home and a life in that college that was of great interest to you and to all your colleagues.

RD Oh it would have been impossible to have done it without Joan's help. She has a gift for interior decoration and she took over - we had a committee first of all to decide on furniture and decoration and it moved very slowly - gradually we succeeded in persuading the committee to delegate the responsibility to Joan. We kept the committee, but she just told the committee what she proposed doing and I think that her design has been very successful. Without her input, it would have been very difficult to have got it started. I told you that one of the central purposes of the college was to provide more social facilities for an increased number of clinical students. As it's turned out, the way that we have been able to do that was not by associating all the clinical students with Green College. I think that it would have been unfortunate if we had done so, there is a lot to be said for the old Oxford tradition of mixing students up in their colleges with people studying other subjects. We have tried to make the actual members of Green College substantially clinical students, but we have tried to bring in other faculties, other subjects, which bear on clinical medicine. We made a special effort, for example, to bring in graduates that are studying applied social sciences who are going to become social workers, in the hope that perhaps by mixing the students, young doctors and young social workers may become less suspicious of each other later on and this is working extremely well. We have got people taking DPhils in a whole range of subjects that are related to clinical medicine in one way or another, sometimes quite a distance away, but we have been able to look after clinical students as a whole in a way that the University would not have been able to do by raising money to provide them with physical facilities near the new hospital, the John Radcliffe. We succeeded in persuading the hospital to sell a small house that was on the grounds of the hospital, we bought that, converted that into a clubhouse for the students and then we got some more money and extended it. Now the clinical students have quite an acceptable, nice clubhouse up in the hospital and we put in

money to look after and maintain it for them. So we are able to help the students in that way, apart from providing a home for a proportion of them. The sporting facilities we run jointly for our own clinical students and for all the clinical students of the University in Osler House club. So that is working very well.

MB So Green College is a fulcrum in fact, drawing students in from other colleges as well who are in the clinical faculty.

RD Yes, we have the functions in common of Green College and Osler House club which serves all clinical students in the University. But I suppose, perhaps, the most successful aspect of it has been providing a nidus for clinical medicine to which foreigners can come. Apart from the large number of symposia which are held in the college, we have anything up to twelve visiting scholars from abroad who can have attachment to the college and use it for their social facilities. This has proved immensely helpful. The fellowships themselves are from about two thirds clinical medicine and one third other subjects that marry in well with it.

MB Sir Richard, this is a fair distance from the London Socialist Medical Society in the thirties and work with Avery Jones in the forties, that work that was to go on, a long career. Before we close our talk today, I just wanted to remind you that all the way through this development, your epidemiological work has continued - I didn't want to lose sight of that.

RD Yes it has! I was fortunate enough to have support from the Imperial Cancer Research Fund for maintaining a cancer epidemiology unit and that has continued the whole time. Since I have retired, I have been given an office in that department and a secretary.

MB It's rumoured that you have never been so busy.

RD I start later in the day but my wife says that I stop later too, to make up for it! It's been very nice to get back to some extent to the epidemiological research bench which I find very enjoyable.

MB Looking over these recent years, is there anything that we have missed about the superb development of Green College, which was so much to you and so important a part of your career interest?

RD Well, it did take up a lot of my energy, that is perfectly true but there were an awful lot of people in the medical school who were interested in it. It was a group effort and I would particularly like to stress the enormous contribution that Paul Beeson made in the first place, both for selling the idea to colleagues and for putting us in touch with Dr. Green. But there have been many other people who have worked very hard to get the college established, I won't mention names because it would be invidious to do so but the early body of fellows were a very energetic and able lot and it was due to their activities that it so rapidly became an accepted part of the Oxford scene.

MB Sir Richard, it has been a delight to talk about it, thank you very much.