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**Dr Beryl Corner in interview with Sir Gordon Wolstenholme
Oxford, 27 January 1993**

GW Beryl it's a very great pleasure to have the opportunity to talk to you this morning. I think I would like to start, if you don't mind, with a little bit of your past family history. From my understanding, Corner is originally a North Yorkshire name, but it was your great grandfather I think who came down to Bristol and started a very long connection with that city. Now he was in the tea trade, wasn't he?

BC Yes, he was a tea merchant in Bristol with a ship on the docks, Bristol docks.

GW And was that kept in the family for some time?

BC No, not really. His only son, my grandfather, died of haemophilia at the age of thirty-four.

GW Yes. And he was a musician?

BC He was a musician, he was a natural musician. He played the organ, the piano, had a very good bass voice, and did a lot of local work in organising concerts and that sort of thing, church organist at Portishead where they lived.

GW I hope we will have time to come to a bit of music later on. But your father was not in that business at all.

BC No my father was...

GW A minister, wasn't he?

BC My father was at Blundell's School and really by the atmosphere of that school was encouraged to go into the Christian ministry, and went to New College, London, for two years. And there he met my mother, who lived in Hampstead.

GW And she was of Scottish...

BC She was of Scottish...

GW ...background?

BC Yes, yes.

GW And musical too, I think.

BC Yes, she was musical. And her uncle was a violinist in the army, a colonel in the army, and her aunt was a pianist.

GW And you were the oldest, the oldest child of this particular family?

BC Yes, yes, of my family.

GW You have a brother and a sister.

BC I've got a brother and a sister.

GW Now you, so your education was in Bristol, from the beginning, and you went to Redlands High School.

BC Yes, I was at Redlands High School for Girls from the age of six onwards.

GW And that was... Don't be modest, because I think that was a singularly brilliant start to your life.

BC Well, I won the form prize in every year at the school. And I took, against the headmistress' advice, a Bristol City scholarship exam when I was ten plus, and to everybody's astonishment won a scholarship, and then I went on through the school. And ... I was labelled as a scientist, in my first physics exam I got 94%, and so was destined for some kind of a scientific career but I didn't know what.

GW That was physics and chemistry...

BC Yes, yes.

GW ...and maths?

BC Maths, yes.

GW But you kept up some music, I mean you...

BC Oh yes, I played the piano, but I always wanted to play the violin from the time I was four onwards. I never had the opportunity until I was sixteen, when having passed the general certificate exam my aunt gave me a violin.

GW As a reward.

BC As a reward. My aunt was a headmistress at that time. She was a scientist; she was a chemist. And I played the violin for about a year then before I finally left school to do medicine.

GW Presumably there wasn't much of an opening in a career sense for a woman with physics and chemistry and maths at that time other than teaching?

BC I didn't really know anything about it, but teaching was the only thing offered, and I didn't really see myself as a schoolteacher. And so I didn't know...

GW Although you subsequently became a...

BC A university teacher.

GW ...rather a famous teacher.

BC Yes. But, so I didn't really know exactly what I was going to do except that I wanted to go to university to read science of some sort.

GW And what was it that ... turned the key?

BC Well I was having a violin lesson near the end of the summer term when the violin teacher said to me 'What are you going to do?' And I said 'Well, I don't really know, something scientific, research I think.' And he said 'Well, why don't you do bacteriology?' I said 'Whatever's that?' and went home, and my mother then saw the headmistress who said 'Well of course if she wants to do that she must do medicine.' My mother said 'That's impossible, she doesn't like anything to do with sick people. She'd never go near a hospital or see anyone who was ill.' And however the seed was sown. And a few weeks later I went on a schoolgirls' camp, in a boys' boarding school at Blashford(?), and one of my friends became ill. And there was a very charming woman doctor there who'd graduated from the London School of Medicine three years before, and I got talking with her, and by the time I left the camp I'd made up my mind that there was nothing else for me except medicine. I went home and told my parents who were quite astonished with this, but however they took me seriously and we started investigating. And when the autumn term was due to begin, my headmistress said she didn't really approve, I was only seventeen and I should stay at school another year, but if I was determined to do it she strongly advised that I went to London, get a London University degree. And the London School of Medicine was what she advised. So, five days before the autumn term was due to begin, my mother went up to interview the warden and secretary, Miss Brooks(?)¹, with her elder sister who had been a student with Miss Brooks at Bedford College and knew her. And Miss Brooks said 'Oh well, on her school record we'll take her. We start the term on Monday.' My grandmother who lived at Golders Green said 'Well she can live with us for a year anyway.' And that was settled. And the following Monday I found myself at the opening ceremony at the London School of Medicine for Women!

GW And then you continued to behave as you had done in school, I think, and you...

BC Well, more or less, yes. I think I was top of the class for a good few subjects.

GW And you qualified with the conjoint and the London degree in '34?

¹ Possibly Alice Dorothea Brooks.

BC Yes I ... that's right. I'd got, finished the conjoint in January so that I had a few months before I had to take the London degree.

GW And did you start a house job then immediately, as sometimes happened?

BC Well, between the conjoint and the London I was still supposed to be doing revision, and I did various things. I attended, I actually helped as a clinical assistant in the medical department of the Elizabeth Garrett Anderson Hospital once a week, and also one evening a week in the VD clinic under Dr Margaret Rocke(?) at the Royal Free, to get some hands-on experience. Then I took the London MB, which was the earliest time I could take it, in May, and graduated quite satisfactorily on that, and then took a house job with Dr Hare² and Dr Daniel Davies at the Royal Free.

GW You started at the Royal Free itself and then you went I think to the Brompton, was it?

BC Well, no, after six months I finished the job. I went home, had a holiday skiing in Switzerland, Austria. And then I went home and I'd only been home four days when I had a telephone call from one of the consultant surgeons at the Bristol Royal Infirmary who lived opposite me. And he said to me 'I don't, I have never met you but I've seen who I think you are walking along the road and I wonder if you're free.' I said 'Yes, I'm just looking for another job.' He said 'Well, could you come to the Bristol Royal Infirmary tomorrow morning at nine o'clock and come as my house surgeon? My present one has left suddenly and I'm without anybody. It's a six weeks' locum and after that you can have the six months' job if you would like it.' So off I went and reported at nine o'clock the next morning. I'd never been inside the Bristol Royal Infirmary before, but it was a new experience. And it was an extraordinarily good job in which all aspects of surgery were dealt with, and anaesthetics once a week, even the occasional delivering of the baby and ... casualty work. And I enjoyed it very much indeed. And it was very, I always consider that the experience that I learnt there helped me very much to get the MRCP!

GW Well I, it is rather remarkable that with all that clinical responsibility from a very early age, that you did get both your MD and your Member-, MRCP in '36.

BC That's right.

GW As early as you possibly could have, yes.

BC Yes, that's right, that was my target. I aimed to do that. When I graduated I had a kind of imaginary target that two years later I was going to get either the MD or MRCP, one or the other, but I didn't at that stage think both. But when I, when I was doing this house surgeon job at the Bristol Royal Infirmary, near the end of it the surgeon said to me 'What are you going to do with yourself?' So I said 'Well, I have been enquiring into the possibility of an assistantship in general practice with a woman doctor in Bristol.' He said 'Oh you can't do that.' He said 'We desperately

² Dorothy Christian Hare CBE.

need someone to specialise in children here in Bristol.’ He said ‘Why don’t you do children?’ He said ‘It’ll be very hard to begin with, but you’re bound to win in the end.’ So, I then went to the Bristol Children’s Hospital³ immediately on leaving the Infirmary, where I took a job for a year. There were only two residents there and a hundred and twenty beds, and we were all alternately technically on and off duty. So I had very good experience of both medical and surgical children’s cases.

GW Indeed.

BC In fact I took out three hundred and sixty five pairs of tonsils during the course of the year! And learnt a lot about children and saw some very interesting cases. The medical work was at a very low level there, mostly done by people who were not very interested in children, except for Professor Bruce Perry who had a ward with his cardiac cases there. Otherwise the medicine wasn’t a very high standard. And I was so interested in it that I really spent a lot of time looking at medical cases and, well, diagnosing a good many cases that the consultants hadn’t diagnosed, if I can say so!

GW We’re talking about the middle thirties aren’t we now?

BC Yes, that’s right.

GW So...

BC 1935 roughly.

GW So, sulphonamides were just coming in sight?

BC Well, that was an interesting thing. On a Saturday afternoon in I would have said it was about November 1935 a child of about sixteen months old came into the hospital that was easily diagnosable as a streptococcal septicaemia, with pus in several joints, and double empyema from which we could see haemolytic streptococci on a wet film of the pus. And I had a friend down from London for the weekend who was working with Colebrook⁴, on the puerperal sepsis unit at Queen Charlotte’s [Maternity Hospital]. And she said to me ‘Oh’ she said, ‘We’ve got a wonder drug. If Colebrook would let you have a little of it, I’m sure you could try it on this baby.’ So she got in touch with Colebrook, and he said ‘Yes.’

GW This was Prontosil or...?

BC Yes it was Prontosil, it was Prontosil from Bayers⁵. In ... it was by injection. And on Monday morning the Prontosil was put on the train from Paddington to Temple Meads, we collected it and we gave the baby this Prontosil and the child miraculously recovered. Fortunately, one of the nurses had taken a little photograph

³ Royal Hospital for Sick Children, Bristol.

⁴ Leonard Colebrook.

⁵ Prontosil was discovered by Gerhard Domagk at the Bayer Wuppertal-Elberfeld dye factory in 1935. Domagk was awarded the Nobel Prize in Physiology or Medicine in 1939 “for the discovery of the antibacterial effects of prontosil.”

of this baby and I still have this as a slide which I can use for lectures. But as far as I know that was the first child in this country who received Prontosil. All very exciting. And this I did as a house physician, without asking any chiefs or anything like that!

GW What was the pattern for somebody who wanted to do child, children's medicine at that time? Because paediatrics was really not...

BC Not then.

GW ...developed then of course, no.

BC It wasn't called paediatrics even.

GW No, not at all.

BC No, well ... actually my aim when I finished my year at the Children's Hospital... I got the membership and the MD on the same day in June of that year. That was a great day for me! Astonished all the people in Bristol, including Professor Bruce Perry, who said to me 'Oh you didn't tell me you were taking the exam!' I said 'No, of course not.' Anyway, the pattern was then to try and get a registrarship, of which there were very few indeed. And all the advertised jobs said 'Men only.' Well, in fact there was one job which didn't say 'Men only' which was a part-time registrarship in diseases of children, at a London teaching hospital. Should I tell you which one?

GW Yes.

BC It was the Westminster.

GW Really, yes.

BC And so I thought well I'll apply for this. So I put in an application, and in due course I visited all the consultants up and down Harley Street, and hoped that I might be considered for the job. Well Dr Donald Paterson was the consultant in charge. I'd met him because as a student I was fortunate enough to do two months at Great Ormond Street, and this had really fired my interest in children's diseases, and so I knew him a little. Well, sadly for me, I got a letter shortly afterwards from Donald Paterson personally telling me I was much the best candidate for the job, but the board would not consider appointing a woman registrar.

GW Even though the advertisement had not...

BC They'd not said so, no.

GW ...limited ... no.

BC But there was I... Well, I was disappointed and a little annoyed, but I was used to the idea that women couldn't get the jobs they wanted at that time. And as Wilfrid

Adams the surgeon had said to me 'It's going to be a hard struggle.' I thought this is the beginning. However, I thought well I'll just go for any job that's going. And so house physician jobs at the Brompton were advertised shortly afterwards, I thought well I don't know, I don't particularly want to do chest medicine, but it will add to my experience and there might be some children to treat as well. So I applied, and rather to my surprise after my previous disappointment I got an interview. And there were twenty-seven people being interviewed for three jobs, and I went in and I was asked if I'd ever done an artificial pneumothorax refill. Well, I was lucky enough to have done some at the Royal Free actually. I'd done blood transfusions and drips, in London and in Bristol. I was the only resident who did them in Bristol because I was the only one who'd learnt how to do them in London. And ... well, when we came out and waited I was the first person called in and offered a job at the Brompton. Of course I was the only one of the people who'd actually got an MD and MRCP.

GW Exactly.

BC So I could have expected.... Anyway I had a wonderful six months at the Brompton.

GW Who was that mainly with?

BC Dr Fenton⁶ and Dr FH Young.

GW Oh yes, I remember.

BC FH Young who was also on the staff of Barts running a tuberculosis clinic there. And they were both tremendously supportive to me. And when I was getting to the end of that job, I was telephoned from Bristol by friends of mine to say that an honorary physician for the outpatient department had resigned at Bristol Children's Hospital and that they thought that I must apply for this job otherwise there might not be a chance for years of getting a vacancy. I didn't really feel prepared in a way to take such a senior appointment. I was barely twenty-six, just after my birthday. And, however, I thought well I must have a go at it. And so I applied for it and rather to my surprise, against local competition of people who were Bristol graduates who'd been there much longer than I had and knew people in Bristol, much to my surprise I was offered the job. And I learnt afterwards that that was largely due to the surgeons who had supported me very strongly, including the professor of surgery who'd known me at the BRI. And they said 'Well, you know, we must have this girl.' And that was just like that. So this was 1937. I started as honorary physician to outpatients. Well the outpatients were mostly non-referral; as long as they arrived by 11 o'clock in the morning they could be seen. And of course it was an amazing collection of children. Poor children from the slums of Bristol came pouring in, walking up the hill, no taxis or cars for any of them in those days. And a wonderful experience.

GW Did the ... tuberculosis was still of course a very major issue then.

⁶ WJ Fenton.

BC Oh very, yes ... TB and meningitis, enormous amounts of it.

GW Which of course you had experience of in the Brompton and so on.

BC Oh yes, and at the Children's Hospital as a houseman.

GW Not quite understanding this role of this physician to outpatients, what happened? You admitted appropriate children to the wards, and whose care did they then come under?

BC Well, technically speaking I was allowed two beds by courtesy. Well, gradually as I began to get known among the GPs and began to get referral cases I'm afraid the two beds spread to two beds in every ward! But then you see of course in 1939, two and half years later, began the war. And of course this began to make a difference, because many people were called up into the army immediately, or the services.

GW Yes. There was an Emergency Medical Service...

BC There was an Emergency Medical Service set up...

GW ...in Bristol?

BC ...for the South West Region.

GW Oh yes.

BC And in December 1940, the Children's Hospital was the only hospital in Bristol to have suffered real bombing, and we had three bombs and the hospital itself was put out of action for a year. So the Emergency Medical Service had to take over to provide beds, which they did at Weston-super-Mare. And I then got very busy. By this time I was getting known as a consultant.

GW Surely.

BC I'd been to a lot of meetings and made myself known by speaking and talking and lecturing and that sort of thing. And I was already university registered, a recognised teacher in diseases of children, and was quite popular I think as a lecturer and teacher. So I was getting known. So by 1940 I was already building up quite a good private practice, and then I had the emergency medical service and I went all over the region. I was the only paediatrician in the whole South West Region, so I had consultations down to Devon, Dartmoor, Torquay, Exeter. All over the place.

GW Tremendous responsibility...

BC Yes, in 194-

GW ...at a, still a very young age.

BC Yes. In 1942 I was invited to go to Swindon once a fortnight to do an outpatient clinic. And then the physicians at the Royal Victoria Hospital⁷ invited me to go and see cases there, and of course everywhere in Bristol there were children by this time. Neonatology...

GW Yes, I was just going to say, you gave an impression of these children walking up to the outpatients and so on, but babies must have always been a predominant interest?

BC Yes, there were always a great many babies. And at a very early stage in this work I realised that large numbers of very young babies were coming, babies between three and six weeks old, many of whom had been born in hospital and stayed there for two weeks. But they came up with, failure to thrive was the outside diagnosis, and all sorts of septic conditions and a few congenital malformations, all of which had not been diagnosed or treated or prevented, previously. And so I felt that the vital thing for a paediatrician to do was to get into the maternity units and to start teaching the midwives and the students and the obstetricians how to look after the newborn babies.

GW When I went into the Army at the beginning of the war, of course paediatricians didn't come into the maternity wards at all. When I came back they were doing so. So I presume this was largely due to your own pioneering.

BC Well, it was I think. Dr RH Parry⁸, who was a very forward looking medical officer of health for Bristol, in 1942 asked me if I would be willing to take over the care of all newborn babies in Bristol City's hospitals where they were born. Now in 1939, one of the largest maternity units in the country was opened at Southmead Hospital, a hundred and twenty beds, and all the university teaching was transferred there and the obstetric units were closed in the other hospitals in Bristol. So there was a collection of then about two thousand five hundred births a year, and Dr Parry asked me if I would take it all on, the whole thing, particularly to develop a service for premature and sick newborn infants. I said this was far too big a task for me at that stage with everything else I had to do. But I said I would study the position for two years or so until I felt able to know what was really necessary. And he advised me to go and talk to Dr Mary Crosse in Birmingham, and I did. I went to see her, and we then became life long friends. We travelled the world together; we went to conferences, and together we then worked on a lot of the problems of the newborn. And so, I started that in '42. In '44 I decided that the first thing we must do was to get proper records of the newborn babies. So I devised a record chart and I persuaded the staff that this was a good idea. In the meantime the senior obstetrician, who was acting professor of obstetrics, realised that I was there and so he involved me in his team. And we had team meetings once a month to discuss cases, and this gave me the opportunity to shall I say to enlighten the obstetricians on a few things. And I remember in 1944 he said to me 'What's all this rhesus business about?' Well, I had treated the first case in 1942.

⁷ Dr Corner is presumably referring to the Victoria Hospital, Swindon.

⁸ Robert Hughes Parry.

GW Yes, tell me a little about that.

BC Well, in 1942 the matron of Bristol Maternity Hospital, which was opposite the Children's Hospital – a hospital of fifty beds for normal cases and essentially for training midwives – she was a very inspired person who subsequently became president of the Royal College of Midwives. She was interested to hear there was a paediatrician almost on her doorstep, and so she started inviting me over to her hospital to look at babies. And in 1942 I was invited to see a baby of three hours old, who looked extremely pale, with little petechial spots and bruises. I realised it was a very sick child, so I immediately phoned blood transfusion service, Colonel Lionel Whitby⁹, whom I'd got to know as soon as he came to Bristol, and he'd encouraged me to refer anything interesting to him. So I phoned him and said 'Could I have help with this case?' And Dr Geoffrey Tovey, lieutenant, came over, took blood and phoned me back to say 'This is a case of rhesus incompatibility, we must treat it with Group O rhesus negative blood.' Well, we had no equipment that could possibly get into a vein of a very sick tiny baby, and so we got some blood and I injected it into the bone marrow, the tibial bone marrow, and miraculously the baby survived. His name was Geoffrey Fox(?), and we followed him up for quite a long time. On his eighteenth birthday, big strapping lad, he volunteered to be a blood donor.

GW Splendid, a wonderful story.

BC It was, wasn't it?

GW And that was then the beginning of course of a revolution in infant care.

BC Yes, yes.

GW Hmm. By now were you attached to the university in any way?

BC Yes, in 1937 when I started they made me a recognised teacher in children's diseases, straight away. And then in 1942 we had a series of twenty lectures on diseases of children, which were called the Shaw(?) Lectures after the donor, and I was invited to give these lectures. And so I gave twenty lectures to medical students every year. And of course I did clinical teaching. When the hospital was evacuated to Weston-super-Mare during 1940, I went once a week to Weston and taught the students, took the students down with me, spent the day there teaching the students and the junior houseman and generally looking after things. And interestingly enough in 1942 Ronald Belsey came to Bristol to set up thoracic surgery, and he was given a unit in a convalescent home near Weston-super-Mare, and because of my experience at the Brompton I was also invited to act as thoracic physician to his unit. So I did that as well when I went to Weston.

GW It's getting difficult to know what you didn't do!

⁹ Colonel (later Sir) Lionel Ernest Howard Whitby.

BC Well, I know, it was at that time. I did lots of ARP [air raid precautions] too, (?) Bristol Aeroplane Company, I slept once every nine days to do ARP duties, various other things for the war effort.

GW And did you teach nurses at any stage?

BC Yes, oh yes. I started teaching nurses, really as a houseman they got me in to start giving nurses lectures, and I gave regular nurses' lectures. And in fact after I retired from the National Health Service I gave consultant lectures to all categories of nurses at Bristol Royal Infirmary and the teaching hospital. And the midwives of course, I was an official lecturer and examiner in the diploma in midwifery teaching for the CMB [Central Midwives Board].

GW Yes, and of course eventually you became an examiner at the...

BC Oh, the College¹⁰, yes.

GW ...at the Royal College of...

BC Yes, first of all for the diploma in child health and then for the Membership.

GW A terrific record I may say.

BC And, and...

GW Well, I was just going to ask about the opposition to women, which you had had evidence of very clearly at the beginning of your career, though in fact it may not have turned out badly.

BC No, no, it probably didn't.

GW But ... do you think it was maintained for long after they, after you had got established?

BC Well, it was certainly difficult in my early years as a consultant. I know Professor Bruce Perry said to me on day in about 1940/'41, he said 'I don't know what you think you're doing, doing paediatrics as a speciality. How do you think you're going to earn your living when Sir Leonard Parsons in Birmingham can't earn his living on paediatrics?' I said 'Oh well, I shall peg away.' And I got there, and then another physician said to me 'Well nobody will listen to you until you've got grey hairs.' Well, I didn't get grey hair until I retired and so I would have to have waited a long time! But however, I did get tremendous support from the general practitioners who didn't seem to mind at all that I was a woman. And all over the region I got GPs asking me out on consultations.

¹⁰ Dr Corner is presumably referring to the Royal College of Midwives here.

GW Did you find a demand from women patients particularly? Or ... some women patients of course don't, actually prefer to have men but...

BC Well, I really didn't notice very much. And of course at the stage when I was doing a bit of chest medicine I got quite a few men actually as patients, because they didn't seem to mind. The patients never seemed to mind at all. It was mostly my colleagues, and it was mostly the physicians I regret to say who were opposed to paediatrics. I think there were three things. They were opposed to paediatrics as a speciality, they thought it was quite unnecessary. They thought I might be taking patients from them. They were opposed to women; I think without any doubt they thought this wasn't quite the thing. And of course I was very young still. And that was a factor against me in those days really. I think they thought I ought to have been a bit older and perhaps... But I had to make my own experience, which I did. I went to the Royal Society of Medicine, I went to a lot of paediatric section... I took patients up from Bristol in the war to show in clinical section and published reports on them, and I did a bit of research in 1944 on infection in maternity units which I reported at the RSM. And of course when I set the premature baby unit up at Southmead, which was '46, we immediately began to set it up as a training place for nurses and doctors. And by 1950, although our accommodation was poor, we really had made a great name for ourselves as a training place. And of course in 1948, we came to fame because the Good quadruplets were looked after by me in our unit, and I am still following them up forty-six years later. And this brought us into fame, because we had a primitive unit, but we had good staff and I looked after the babies and...

GW Were there complications and difficulties with the four, were they all in intensive care for...?

BC Well, they were born by caesarean section, and I believe they were the first quadruplets in the world born by caesarean section to survive.

GW Really? Mm.

BC And I was present at the birth. The fourth one was difficult to resuscitate, and we only had very primitive resuscitation then, but after seven minutes the baby breathed and she's been perfectly alive and well and healthy ever since. And, so that was a landmark really, and this helped to put us on the map and I think made our unit quite well known. The other thing was that I thought that from the very beginning that it wasn't enough just to have a unit in the hospital, that one had to have a total comprehensive service for the premature babies; in the home for those who stayed at home, an emergency flying squad to bring them in, and above all a follow-up service. And we started appointing our own health visitors, trained in the unit, and then going out to follow the babies up in their homes afterwards.

GW Of course at that time very many births were still in the home.

BC Yes they were. And I started a follow-up clinic for the babies. And altogether we were the only place in the whole country that had a completely comprehensive

service, and we published this in 1950 when we'd been running it for two years ... and...

GW You'd mentioned the RSM and you eventually went on to be president of the section of paediatrics, I think an honorary member?

BC Yes.

GW But ... the British Paediatric Association, when did you join that?

BC Ah, now they were absolutely opposed to woman. This was another opposition. And in fact a few people like Donald Paterson, and Leonard Parsons in Birmingham, and Spence¹¹ in Newcastle thought that they should have women, and so in 1944 they resolved that they would have their first women members. And I was very thrilled to be one of the first four, along with Helen Mackay and Hazel Chodak Gregory who'd been at the Royal Free. So they made four ordinary members and one honorary member who was Catherine Chisholm of Manchester. And I was very thrilled, and I still have the letter which invited me to become a member, because I was much younger of course than the others. I was only thirty-three then, and the others were well into their fifties I think! So that was a great thrill for me.

GW So you've been a ... over fifty years a member.

BC Yes, yes I, in fact I think now I am the oldest in age, oldest in length...

GW In length of the ... yes.

BC ...of time member of the British Paediatric Association, and I was made an honorary member when I retired in 1976.

GW What view did you take when there was a discussion on a faculty of paediatrics and ... or the continuation of the association?

BC I feel...

GW Or both?

BC I feel very strongly that paediatricians should remain with the Royal College of Physicians. I don't agree with a separate college, for several reasons. One is that all babies and children have parents, and parents can be sick as well as their offspring, and therefore I think that paediatricians need to keep tabs on adult medicine to some extent. Secondly, most of the conditions which paediatricians are dealing with now, particularly in the outpatient department and special departments, are long-term chronic diseases such as cystic fibrosis, such as muscular dystrophies, cerebral palsy. Many of these metabolic diseases, many of these are going on now to adult life, and the break at sixteen to eighteen is very critical for these patients. Therefore we need to

¹¹ Sir James Spence.

work with the adult physicians and we need to work together on various solutions and the research that goes on. And so, and the third thing is that of course the Royal College of Physicians is prestigious throughout the world. And I feel that paediatricians will lose something if they lose their ties with that, internationally rather than nationally, and so I am very much against it. I do feel that the Royal College of Physicians has done a good deal to encompass paediatrics in recent years.

GW Oh indeed.

BC And I don't want to see...

GW I think that pressure was good though, that...

BC I don't want to see, I very, I feel very strongly that I don't want to see a break. I think it would be... The other thing is I don't agree with some of the political pressures that some paediatricians are bringing in. I mean national politics; I don't mean medical politics at all. But some paediatricians want to have a college which will fight for the rights of children and the economic situation to do with children, and will encompass people in many other paramedical and other disciplines concerned with children, perhaps make them members of the college ... of child health. And I don't really agree with that, because I think it will lower the status, in every way, of consultant paediatricians.

GW And this fragmentation anyway, I mean obviously the geriatricians would be the next group to splint off and so on.

BC Well, absolutely. And I'm all against it. I think we need to come together rather than separate.

GW Indeed. Then there are others, of course exciting developments, clinically. I mean we talked about the ... well, we talked about the rhesus factor which was so spectacularly your concern, and you talked about this early case of streptococcal septicaemia. When penicillin came in where were you?

BC Well, I was working still in Bristol. But I first met penicillin when in 1944, when the D-day landings took place, I was summoned in an emergency to go to St Margaret's Hospital Swindon¹², in the first batch of three people sent from Bristol to deal with the casualties which were being flown off the Normandy beaches into Wroughton and then to Swindon. So I was in this first batch. And to my great surprise I arrived there in the afternoon, and the Army officers on duty didn't know why I had come. They said 'What on earth are you doing here?' The matron said 'I have no sleeping accommodation for a woman doctor, you'll have to sleep in the maid's quarters.' And there it was. Well, 8 o'clock that evening we got a telephone call to say that a hundred and eighty casualties were coming in. And there was just me on duty, with a surgeon and his wife who'd gone, who went off to bed straight away – they said 'Well, we're going to have a rest' – and an anaesthetist who'd just arrived.

¹² Dr Corner is presumably referring to the Princess Margaret Hospital, Swindon.

And there was just me on duty and two medical students and a sister to cope with a hundred and eighty casualties coming in. And the gist of it was that a lot of them had little yellow labels with the letters 'PEN' attached to them, which was penicillin, and the sister said 'Well, yes, I've got some penicillin.' So this was when we started injecting all those with penicillin.

GW This was June of '44?

BC June '44, yes.

GW So the American supplies of penicillin had become available?

BC To the Army, to the services...

GW To the Army, yes.

BC ...but not to civilians then. No, it was later.

GW No that was a, I had the responsibility in the Mediterranean for that and it was...

BC Then in 1947 I was in charge of the South West Region for streptomycin and TB meningitis. I was responsible for all those cases. And we had an adult physician who looked after any adults that there were, and a bacteriologist, Professor William Gillespie, who went ... at the Bristol Royal Infirmary, who went to great lengths to perfect the examination of the CSFs(?), the diagnosis.

GW Did you have many bad side effects at that time, deafness and so on?

BC Well, to begin with, no. But after a little while they changed the composition of the streptomycin and we then began to get deafness in the other type of streptomycin. But we got very good results. We had very little information as to how to treat the cases, but Professor Gillespie and I and the adult physician, we got together and we decided on a regime which was a fairly exhausting regime for the patient. They had sixty days of intrathecal streptomycin, and intramuscular streptomycin every day for about a hundred days. But we were very successful, and with only streptomycin we got over 60% recovery rate, which was pretty good...

GW Fantastic, mm.

BC ...at that time. And of course when we submitted all our results to the Ministry of Health we came out as one of the top ones for this. And interestingly enough I'm still in touch with some of those patients whom we treated.

GW What would you say had been your other main excitements?

BC Well, World Health Organisation, and this was.... Everything that happened to me in my career happened by chance, I would say.

GW Well, a very rapid chance, yes!

BC Nothing was planned.

GW No.

BC I mean things where just presented to me as a challenge and I always accepted the challenge. I didn't stop to think whether this was going to be helpful to me or not. I just thought well this is a challenge, this is fine, I'll go for it. Well in about 1961 they were having a conference in Copenhagen with some money that had been donated by America for research into after-effects of perinatal happenings in newborn, in babies, in the foetus and babies. And a team, from five centres, was invited to go to Copenhagen to discuss this piece of research. World Health Organisation at Copenhagen gave it house room, but didn't really enter into it. Well, we sat for three days trying to get some form, a proforma of investigation for the research, and there were lots of differences of opinion and in fact in the end we never succeeded in doing it. But during this time we had two observers from WHO sitting in on us, and one was the head of maternity, child health, Dr George Mettrop(?). And on the last evening we were having a dinner party, and Professor Polani¹³ who was with us came up to me and said that 'George Mettrop wants to speak to you.' And he introduced me, and George Mettrop said 'We would like you to do something for WHO. We're having an symposium in Bern in a fortnight's time, will you come as one of our advisers on neonatology to this symposium?' Well I didn't know what this meant. I was an examiner at that time in Bristol for the MB, and I said 'Well, I'll come just for three or four days then I must go back and do the exam.' So I went to Bern and found myself in a very interesting situation with Professor Leshinsky(?), obstetrician from Warsaw, and we had to plan the first two days of this symposium about neonatal care, which I did with them, and wrote up the report subsequently. And the result of that was that the next year Mettrop got with me, in touch with me again and said 'We now want to run a symposium for European obstetricians on their part in perinatal care. Will you come and be one of the advisers?' So I went to Copenhagen, and that year I went five times, because having appointed me as an adviser I was upgraded to being the consultant for the symposium. And we ran it and it was very successful, we had twenty obstetricians, and I learnt how World Health Organisation worked. I had to translate things into French, and various, I had to write letters to Ministers of Health in Russia and Bulgaria and Romania and these various places, and I learnt how to write a diplomatic letter in French and in English. And this was a very successful symposium. I wrote up the reports in the end and it was published. And then three years later I was invited to go to South-East Asia, actually in 19-...

GW By WHO?

BC Yes. By WHO, to their South-East Asian region, in 1967, where I had a very big assignment, which was to assess the practice of teaching of neonatology throughout medical colleges in South-East Asia, and the implementation of the

¹³ Professor Paul Polani.

practice of teaching by obstetricians, paediatricians, nurses and public health personnel. And this involved me in working out there from 1967 to 1980. I went ten times for them in that time; running symposia, really single-handed with a local...

GW In different places in South-East Asia...

BC Different places. We ran...

GW ...based on Manila or...?

BC No, Delhi, New Delhi...

GW Oh on Delhi, yes.

BC ...which was the South-East Asian... The South-East Asian region had the biggest budget of any region. It covered the biggest population at that time, and had the biggest problems I think I should say. Well as a result of that I ran symposia for them. Each of the symposia was residential for two weeks, and I had about two weeks to prepare, but I was out there altogether for about three months each time. And we ran them in Chandigarh, Pondicherry, Madras, Bombay and New Delhi in India. We ran two in Nepal; a sort of summary one and an initial one. We ran one in Chiang Mai in Thailand. And the most exciting one was in Rangoon of course. I was the first person to go into Rangoon from outside to run anything for WHO, in 1971, when they had invited WHO back again after their ban.

GW The fact that you are a woman, you know, made, probably made it easier for them to invite you.

BC May have done, may have done.

GW Because they've, nurses...

BC I don't know.

GW ...have gone in from time to time, but hardly anyone else.

BC No, and that was very exciting. And as a result of that in 1974 they invited me to do a tour of all the places from which the delegates had come for these symposia. So I went all round India, I went to Indonesia, all round Java, and of course to Thailand again and to Rangoon again. And from Rangoon I went out, I went up to Mandalay and Toungoo and Mumeng(?) and Bagoé. All these places I went to, which was very exciting, meeting all the doctors that I had taught. And my class was professors and senior lecturers. One of my objects was to enrol the obstetricians, and so I invited them to give a top lecture in the series and to be a participant in a, in a sort of quiz thing. Well only one obstetrician refused me, and that was in Thailand, and it was at Chiang Mai, and I did my best to persuade him how important this was. But he said 'No' but he let a senior lecturer come. And I think the problem was language,

because nearly all the other places I went to most of the people were good English speaking, because they'd been in the English culture.

GW But this wasn't any longer [an] objection to neonatology being a separate...

BC No, no, I think it was he personally didn't feel able to do it. I think that was the thing. But I got very good support. The nurses were very much in favour because the nurses were rather a downtrodden community in the East. They weren't ... they didn't work with doctors, you know, the doctors were the bosses always and a nurse would never advise a doctor in any way out there.

GW A very, a very topical subject.

BC Yes.

GW But the ... you almost were too successful in the sense that ... going into, recently into Salt Lake City into the intensive paediatric care unit, they were more or less saying that any infant that's born alive can be kept alive. And this means of course that very, very handicapped children are kept going, aren't they? Do you think it has gone too far in this direction?

BC Well, we had...

GW I don't know what you do about it, but...

BC No. Well we had a good example of course in what happened with spina bifidas, because in 1960 or so we had a pink directive from the Ministry of Health that they'd all got to be treated initially by sewing up the back, initially they'd all got to be treated. Well in the late 1960s we got landed with vast numbers of very handicapped children. And that policy gradually became reversed of course ... when it was decided that really the right policy was to thoroughly discuss the future of the child with the parents and all the people who might be concerned, like the neurosurgeon, right at the very beginning. And then to make a decision in the first day or so of life whether the child should be allowed to die naturally as it would do, or whether it should have surgery. And the result is that the numbers of those cases have enormously diminished as a result of that consultation progress.

GW Yes, yes. There were a few centres which were very ... aggressive.

BC Very ... very aggressive.

GW Sheffield I think was one.

BC Sheffield was the one, yes. But, my problem now is that of course now the mortality for premature babies has declined enormously. So now any baby born at thirty-two weeks or later has a very good, well over 90, about 95%, chance of survival, and being reasonably healthy as a result of all the modern techniques. But the problem really lies in the babies born very prematurely from twenty-three to

twenty-eight weeks. About a third of those have some severe handicap. Either cerebral palsy, blindness, which is probably due to immaturity of the retinal vessel plus the use of oxygen, we're not sure about that yet. But that is still a big problem. And my worry is that enormous resources are being concentrated on these small babies, and that neonatology now for many people means a concentrated effort, on all your staff and money and everything, on these very tiny babies. And my fear is that the more mature babies perhaps are not getting quite the care that they did when I was working, because I emphasised that they were quite as important. And although it was very interesting and obviously required a lot of intense work on the part of junior staff to look after the premature babies, it was very important that they didn't neglect the babies who had a better chance of healthy survival.

GW Indeed, yes.

BC And my fear now is particularly with early discharge from maternity hospitals, which is now the norm and which is liked by mothers, that finding congenital malformations, and problems with feeding and that kind of thing, may not be so well detected or detected as early as they were when the staff concentrated on those babies rather than keeping twenty-three weeks babies alive. I don't know but that's, I have an inkling... I do go once a month to our Perinatal Club meetings that we have in Bristol, which is combined obstetrics and paediatrics, where we have a lecture every time, and one does get the impression that there is enormous concentration on these little foetuses.

GW Yes. And I have met nurses and talked to nurses who feel very upset about this development, that they are obliged to give so much time and care to barely alive infants whereas they have so many other responsibilities which they would like to take on.

BC Yes, and the cost is very high too. Surfactant, which they're using now, is very expensive. And I'm told that because the babies tend to stay in rather a long time they do get chronic lung disease and they do get infection and they do require a lot of antibiotics as well, and usually two of three antibiotics, not just one. So there is a down side to it. But I suppose as time goes they will discover the reason why, particularly with brain scanning. The MIR scanning and all this kind of thing does detect the early lesions in the brain which may cause the morbidity.

GW There is another aspect of this, and that is that those who feel that bonding, early bonding with the mother and the parents, is extremely important, that when these very small infants are in incubators for prolonged periods before they survive that they are lacking that contact, physical contact.

BC Well we've gone a long way on this, because now mothers, fathers and other children are all allowed into the intensive care rooms...

GW Yes. This wasn't so in my time!

BC No, they are now, and the mothers are encouraged to put their hands through the sleeves of the incubator and touch the babies. And as early as possible the baby is taken out for the mother to nurse, and the mothers are encouraged to do things like pouring the milk down tube feeds, and all this kind of thing, which does help quite a lot. And it's very interesting how in the last few years parents have been enormously grateful for the care the babies have received, and now great, large amounts of money are given by these parents to buy equipment of all sorts for the units, which... We never saw that attitude when we were excluding them from the units, and I think involving them has made them so grateful that we can get what we want now.

GW Wonderful.

BC Yes.

GW Well, we have a few minutes left and I would like to turn to rather a different subject, because the organisation of Women in Medicine and particularly international, the international federation(?), I think you've been very active on those lines. Would you like to say just a few words about how you feel that this has created a sense of *esprit de corps* or whatever amongst women doctors, and is it still as necessary as it was at one time?

BC If I can take the international side first, internationally I think there's no doubt at all that in many of the developing countries of Africa for instance and Asia the international association has helped a great deal. They are forming associations in all the African countries, and women are emerging who are really taking up the cause of women in general in their own countries; the education of women, things like family planning, all these kind of things that are so necessary in these countries. And in the communist, ex-communist countries of Eastern Europe, we are getting great enthusiasm for women now to join us. Now...

GW I'm afraid I am going to have to cut it off there more or less, but it's been an intense pleasure to listen to you this morning. I wish we could go on for very much longer, but I am most grateful to you for submitting to this ordeal. Thank you.

BC Well, thank you very much indeed. I've enjoyed talking about my experiences in life and...

GW Really wonderful experiences, thank you.