The Royal College of Physicians and Oxford Brookes University
Medical Sciences Video Archive MSVA 126

Professor Richard Lovell in interview with Dr Bryan Gandevia
Australia, 28 March 1996

BG Well today it's my privilege to introduce Emeritus Professor Richard Lovell, who has not only got the distinction of being an emeritus professor, but he was in fact the first professor at the University of Melbourne Medical School, despite the fact that it had been in existence for nearly a century before he arrived. Welcome, Dick. You came, I think, from a long line of doctors that started, starting quite a way back?

RL That's right. I was third generation. My father and grandfather both did medicine at St Mary's in London, as I did. My grandfather practised here in Sydney for about ten years.

BG Did he?

RL 1880s/1890s.

BG We'll have to look him up!

RL Yes. He must have been quite, probably well-qualified, relatively well-qualified as doctors went in the colony of New South Wales in those days. He'd qualified with the MRCS LRCP [Member Royal College of Surgeons, Licentiate Royal College of Physicians], which wasn't the meanest of qualifications in those days, and he had a large practice. He was on the staff of the children's hospital and of the Sydney Hospital.

BG I hadn't realised that.

RL He married, he married the daughter of a wool merchant who had a warehouse in Sydney and I think operated from Bradford primarily, in England. The family came out to visit, the wool merchant's family came out to visit, and he married one of the daughters – my grandmother – and she said apparently when they got married that if she didn't like life in the colonies after five years he had to take her home at the end of five years. I think Grandad loved it, but she said 'I don't like it here. Haynes, take me home.'

BG That's where the Haynes comes from, because that runs through all your family.

RL That's right. So, I'm the sort of second Lovell to try and cross the world.

BG When you were, you were at Cheltenham at the school, did you play rugby?

RL Indifferently.

BG How did you get into Mary's then with Charles Watson in charge?

RL Charles Wilson.

BG Charles Wilson.

RL The… Well, I think that Charles Wilson, the dean of Mary's, had this great reputation for picking only rugger players, but in fact it doesn't do him justice. What he really was looking for were people with abilities beyond that of just swotting, and it didn't awfully matter what your ability was as long as you clearly had interests and abilities outside the strict curriculum. So you didn't, you didn't have to play rugger. I mean, one boy admitted I remember was … he picked up at a public school Greek play, this boy was doing an outstanding job, he saw him as an actor in a Greek play. So he went up to him and tapped him on the shoulder and said, you know, 'We give scholarships to chaps like you. Why don't you come and do medicine?'

BG We'll come back to Lord Moran. But you were at Mary's as a student, in the war years in London, obviously?

RL Mostly before the war. The war broke out [when] I was in my fifth year, so most of my undergraduate time at Mary's was pre-war.

BG It's always, it's always amazed me that there was a sufficient organisation in place to deal with casualties in London during the blitz. Did you have any experience of that or can you comment on it?

RL Well, only at a sort of junior operational end, because when war broke out on the 3rd of September, I was a member of a group of students designated to stay at Mary's and operate as stretcher bearers for what was expected to be an enormous blitz.

BG Yes, which didn't emerge.

RL Which didn't emerge, but the preparations were made. Partly involved was the dean at Mary's who was then Sir Charles Wilson, later Lord Moran. He was chairman of what was, the Home Office committee that was known as the Wilson Committee, and they planned eighteen months beforehand how London would cope with its casualties. And the plan was, that they came up with, was that the teaching hospitals – I think there were nine of them – should be casualty clearing stations, and they should each have a sector going out of London and that the casualties of the blitz would come to the teaching hospital where there was a skeleton staff, and then they would be evacuated in the following days by Green Line buses to the peripheral hospitals. And so, on the 3rd of September I was in a group, as I say, who took up residence at St Mary's. We lived in the private patients' wing, and had a core medical staff, one of whom interestingly enough was Weary Dunlop[1]. Weary was at the postgraduate school at Hammersmith at the time, and he was seconded to Mary's on the 3rd of

[1] Edward E Dunlop.

September to come as a, an assistant surgeon. Sharpey-Schafer[2] was another one. He was at Hammersmith. He used to shoot. In fact, I think they both used to climb over the roof of the hospital at night shooting pigeons with an airgun.

BG That would not be surprising with Weary! But then you joined the navy. I'm just interested whether they gave you any naval training. I guess my interest is because I got tossed into a war with, with no army experience and the problems, of course, were very different. How did you, were you in the reserve before the war?

RL No. No, and the training was minimal. I mean, it was pretty scandalous really because the only… I got a job as an unqualified house physician, because they ran out of house physicians during the first London blitz, for two months. And then I qualified, and I did six months as George Pickering's house physician, and then straight into the navy. I never did a surgical house job and never have done. So, I joined the navy. You know, a medical student graduating was meant to be totally potent in those days; you were expected to be able to cope with anything, and I suppose in a way one might have been able to cope. Perhaps one, it would have been better for people if one was there than not there, but when you joined the navy you, you were… I went down to Portsmouth, to Portsmouth Barracks and spent about two or three weeks there where one went to lectures on the customs of the service – what order to leave a ship, whether the captain always came down the gangway last but when you got back in the boat the captain went up the gangway first, those sort of...

BG Well, it's a very important...

RL ...civilised and very important ways of doing things! And then suddenly one day a signal came saying 'Surgeon Lieutenant Lovell's posted' and then you packed your bags and went where you were sent.

BG And what sort of postings did you have?

RL Well I was posted initially after, I think, two and a half weeks at Portsmouth to a ship called *The Emmerdale*(?). And all I knew was that I was told to go to Gourock on the tail of the bank of the Clyde, and report to the naval medical transport officer there. And so I did a sort of overnight trip to Gourock and arrived to join a ship called *The Emmerdale.* I didn't know what *The Emmerdale* was and no one at Portsmouth knew what it was. They thought it was a new destroyer, and... However, I was sworn to secrecy, and the moment I got off the train I was met by an RNVR surgeon lieutenant commander, who hustled me off to the slops, which was where you bought uniforms, and he, it had had to stay open especially for me to arrive. And I was issued with tropical kit, and then put in a drifter and sent down to Rothesay, having been told by this surgeon lieutenant commander that *The Emmerdale* was a very secret new sort of ship. I knew no more than that, and I was told to go to the pub at Rothesay, and that the ship would come in later in the night and I would join it. And the … I sat in the pub drinking beer in Rothesay, feeling very strange, and suddenly some young naval officer came in saying 'Surgeon Lieutenant Lovell,' he said, 'Oh well, we've got the boat alongside, come on.' So we loaded my baggage on board and went out to an

[2] Edward Peter Sharpey-Schafer.

oil tanker! Nothing like a destroyer. And this oil tanker was *The Emmerdale*...

BG What was the secret?

RL Well, it had enormous gantries on it, and on its flat-oiled decks it had landing craft. And I was really sort of full of beer and very sleepy by then and started going to sleep in the sick bay, and didn't know much more about that(?). And when I woke up we were at sea in the middle of a convoy in the Atlantic, and heading as it turned out to Freetown and … Freetown in West Africa. And it wasn't until after the war that I discovered what we were meant to do. We in fact went out, we had a group of death and glory boys from the 10th Hussars by way of soldiers to land from the landing craft and we had the landing craft crews. The ship flew under the blue ensign, which was the Royal Fleet Auxiliary, because it was an oil tanker. We got to Freetown where we spent six months lying in the harbour three miles off shore, three miles off shore, and then at the end of six months we upped the hook and sailed back to England again in another slow convoy. And it wasn't until years after the war that I discovered that, this would be 1941, that there was a risk that the Germans were going to take over some of the Atlantic islands, Cape Verde or the Canary Islands, and apparently we were to be there ready to either pre-empt an attack or to go and kick 'em out.

BG Well…

RL One of the most unpleasant periods of my life, you can imagine.

BG It doesn't sound very exciting.

RL Absolutely ghastly.

BG What were the subsequent postings?

RL Then I went up to Inveraray in Scotland to a combined ops place, which was great fun for twelve months, where I met Diana who became my wife after the war – she was a cipher officer there. And that was an absolutely glorious year. The Duke of Argyll's gamekeepers had been called up except for one who had chronic congestive heart failure, and I looked after him and I knew just how fast he could run, so I had the run of the salmon and the sea trout in his Grace the Duke of Argyll's waters! Glorious months, and...

BG I gather fishing has remained with you?

RL Yes, yes, it's a genetically determined trait in the Lovell family. And then after Inveraray, I joined a light cruiser called *The Royalist* and I went all over the place. We were based initially up in Scapa Flow and did the run off(?), of the north coast of Norway covering...

BG That must have been a rather unpleasant trip?

RL Yes. Well, we were never closely in the convoy, we were… In fact it was very comfortable and very safe because we ended up conducting a group of Walrus

aircraft carriers – those very small flat tops – and we were a very distant escort from the convoy, trying to protect it from German aircraft or submarines. It really, I didn't have any adventures up there, the biggest thing we did was to … aircraft, accompany aircraft who tried to sink the *Tirpitz* in Faettenfjord.

BG Oh yeah.

RL And I used to be the cipher officer. The young doctor on a ship during the war was the cipher officer because it was thought that the Geneva Convention allowed the young doctor to, to decipher and encipher things. So the young doc was usually given the middle watch, which was from midnight until 4 am. And I remember the Faettenfjord exploit because of the excitement of the signals… Just before I went off watch – they were going to take off at first light – the signal came through and I decoded, immediate, 'By hand of officer at the bridge.' And it was addressed to our admiral, Admiral Bishop(?), saying 'Pilots are to be advised that [the] *Tirpitz* will be getting underway.' And that was fine; that seemed fine. And after the operation was over, we were sailing back doing something else and another top secret, for the admiral, 'Hand of officer at the bridge' signal came through that I deciphered. And it said 'Admiral Bishop to be advised that his fishing rods will be awaiting him in Scapa Flow on your return.'

BG Very British!

RL Gave a sense of proportion of the importance of things.

BG Well, you must have been involved in some remarkable activities to be mentioned in Despatches?

RL Oh well, that was much later. We went … went from the Atlantic out to the Mediterranean; we were involved in the relief of Greece, and we had a lovely time sailing in the Aegean, in Greece, and the south of France invasion. And then we did a re-fit in Alexandria and went out to the Far East, to involve ourselves in the Japanese war, but… And I left… I didn't get a mention in Dispatches actually till the war had ended, and I've never been absolutely certain <u>why</u> I was, but there are two versions of it in my mind. The … I left (?) on VE Day and went down with the naval relief party to Singapore, where Norrie Robson, who was professor of medicine at Adelaide and became a very close friend...

BG So, you were in Singapore just after its...

RL Just after its surrender…

BG Right.

BG …a few months after its surrender. And Norrie Robson joined the Navy, I think, a week after I did, so I was his senior officer. We, but we ran the naval medical transport in the harbour, and the … the American boat(?) *Klinko*(?) was coming in to accept the surrender or to pay some sort of visit. And the … the, a few days before they came in, we'd had a series of deaths in Singapore that turned out to be due to

methylated spirits. They'd run out of, the local purveyors had run out of alcohol, and the local populous had filled up bottles labelled whisky with methyl. There was a sudden outbreak one night in the hospital, the army hospital – naval ratings and army personnel in a coma and when they woke up they were blind – and it took a little while to sort out. And with the American fleet coming in there was a great fear that they would be decimated. So, I … of course as the naval medical transport officer got the chief of staff to agree to put huge notices up on the pier, the … saying 'Death in Singapore Liquor,' and I've often wondered if my saving the American lives had something to do with being mentioned in Despatches. The alternative version was that when the American fleet arrived… Our sick bay was in … Union Building I think it's called, just opposite Clifford Pier, and it was on the first floor of this spacious building where Naval Headquarters was too. And the first American liberty men had only been ashore forty minutes when an American naval rating came to the sick bay asking for a 'cock wash' … a 'cock wash'. We understood what he was, you know, saying, and we said 'Well, why should we be involved?' And he said 'Well, if I go back and develop gonorrhoea or venereal disease without a certificate saying that I'd taken some prophylactic action, I shall be charged, and the war's just going to end but I shall be incarcerated. So, doc, please, please...' you see. So, I looked at the alternatives either of signing a chit saying… So I decided that the ethical thing to do was to fill up the canister that was part of our naval store, the douche can, and fill it up with some potassium permanganate and take it up to the only lavatory on the floor which was the chief of staff's lavatory. And the chief of staff wanted to go and relieve himself, of course, and discovered all that was going on, and I think in the end probably I got more credit for that. I've always thought that that was the real reason!

BG …(?) Well, then after the war you, you were back … you're at The Brompton, I think, then, and at St Mary's?

RL Yes, yes, that's right.

BG Your association at St Mary's – you were working with, you were the senior lecturer…

RL Yes, I…

BG …eventually?

RL Yes.

BG And you worked with George Pickering?

RL That's right. I went back… I'd become very fond of George and admired him greatly, when I was at the highest position before I joined up. He'd just come to Mary's in 1939 as the new face of medicine – he'd have been in his late thirties then, he was appointed quite young – and he had been a breath of fresh air to me because he was the first among my teachers who really made me think. The rest were a fairly traditional, old-fashioned approach to medicine where you learnt the facts and, and nothing was ever in doubt, you know.

BG I remember that.

RL Whereas George arrived and almost everything was … was conducted on the basis of well, the evidence for, bearing on this is thus and thus, and this is the big unknown and, you know, there's the challenge in this field. And I found that tremendously stimulating, and when I came back from the war I decided really that I'd like to have a career not in Harley Street. Harley Street was sort of beckoning me. There was one staff vacancy going to happen, there was a position at Mary's, the last one for what would be 15 years, and I was asked if – I'd just got my membership and I hadn't even done a medical registrar's job, I'd only done six months as a house physician and then as a part-time post-, ex-service registrar – and I was asked if I would like to go for this. And, and that was the moment of truth when I decided no, you know, there was only a slight risk that I would get it, but it was a risk and I just decided that life in Harley Street wasn't what I wanted. And so I went on to the medical unit as it then was, and mixed teaching and patient care and research under George Pickering.

BG Now, what research was going on there at the time? … I was just wondering if that was the beginning of your interest in hypertension?

RL No, it wasn't. No, George's interest was hypertension, but I came in on the crest of the discovery of cortisone, which was really one of the most exciting things I suppose of our medical lifetime. It's difficult for people who haven't lived through a discovery like that or equivalent to it to realise the excitement of it because here was this drug that seemed, that did such dramatic things. It was very hard to get hold of, but you'd remember that you gave a patient three days of 2-300 mgs of cortisone a day, a patient with rheumatoid arthritis, and they literally got up and, from their bed and walked, and glands that were enlarged suddenly went down and all sorts of things happened. And George said 'Look, if you want to go into research,' George Pickering said 'If you want to go into research I think one of the most challenging questions right on the board now is how cortisone modifies an inflammatory reaction, because that's clearly one of its major manifestations.' And so, I set out to do that in a paper that ended up in *Clinical Science*. We, we induced a standard inflammatory reaction that we could measure in the skin in patients to whom we were going to administer cortisone, and we did tuberculin tests and histamine pricks and various other things, measured the lesions, then when the patient started on cortisone we went on measuring them to see if they changed. It was quite an interesting approach. The, its results I think weren't by any means earth shattering. What seemed to come out of it, to us, was the obvious thing that if you measured it carefully, the tuberculin type response was modified by large doses of cortisone, whereas most other inflammatory reactions weren't. We thought that lymphocytes, perhaps, had something to do with this, the effect on lymphocytes. I think the interesting thing then was the, in a sense, the international side of the exercise, because George Pickering had been out in Australia – this was one of the early [Sir Arthur] Sims Travelling Professors – and he was inundated with applications from young Australians to work with him. And the one who was, had arrived just as I was starting this was Brian Hudson, who later became professor of medicine at Monash. And so on that first paper in *Clinical Science*, it's partly my name and it's Brian Hudson's name, and an American called … Goodman, no, yes, that's right, that's right, Goodman, who was another one wanting

to come and work with George, and then George's name.[3] It was a, it's quite interesting to look at what happened to the people whose names were on the paper later. We were all very young.

BG Was Brian as wild then as he used to be when I knew him as a student?

RL I don't think Brian was at all wild in London. I think he … he had his ups and downs. I remember he had awful trouble with his landlady. He'd, his wife had awful trouble arguing and there was some legal matter with his landlady, but no, he was fairly subdued.

BG You're aware of the story of the, of the sheep going up the aisle...

RL Yes, I know it well.

BG ...of the Wilson...

RL No, no, there was nothing like that.

BG Anyway, it was from there, and I think George Pickering had something to do with it, that you were appointed to the chair in Melbourne?

RL That's right. I've never seen the paperwork, but my understanding as I perceived it was that when George was out as Sims Professor the university had decided that they were going to appoint clinical professors, the professor of medicine and the professor of surgery, and they liked George very much, and he...

BG He was very popular out here. I can remember that as a youngster.

RL I'm not surprised. He was, had tremendous enthusiasm. He loved the sunshine, loved the country, loved the people. And he and Carola actually, while in Melbourne, met several of the headmasters and decided if they did come what school they'd send their children to and so on. He'd gone into it as deeply as that, and...

BG What, he thought of migrating himself, did he?

RL Yes, yes.

BG Did he?

RL I think … yes, yes. And you remember… Well, put it this way, the University of Melbourne I think sought to entice him…

BG Right.

[3] RRH Lovell, HC Goodman, B Hudson, P Armitage, G Pickering, 'The effects of cortisone and adrenocorticotrophic hormone on experimental inflamations in the human skin', *Clinical Science*, 12 (1953), 41-55.

RL …and he was serious, looked at it seriously enough to get as far as actually looking at schools, and… Mark you, George over his career was tempted by all sorts of people and invited and turned them down, and he really had quite a reputation of sending his off-siders to all these places and not actually going himself!

BG Getting, getting rid of them, disposing of them?

RL That's right, disposing of them. So when the job was advertised, the pre-advertisement thing was sent to George and he drew my attention to it and said 'Look, I think you ought to think about this,' he said. 'Given the openings that are coming in the UK and the places that are coming, I am sure this is much more exciting than any that are coming in sight here, and this...'

BG That was an interesting thing for him to say, because there was no clinical research background to medicine much in Melbourne at that time?

RL No, I think this was his point. I think he said this is a … a pioneering job.

BG So, it's the potential?

RL It's the potential, that's right, it's … he said 'They are an awfully nice lot of chaps, you'll enjoy your colleagues and so on and it's a very vibrant medical school, it has excellent students, and it's all exciting. The one thing it lacks is the research approach. And it's a much more exciting job than anything that's likely to turn up in one of the London schools or one of the provincial schools.' In his view. And we obviously pondered over it a long time. I was very young for it. I was, I would have been both rather young for any job in the UK as they were given at that time, and there was also rather a backlog of people who were a few years older than me, held up by the war. So we took the plunge and came.

BG Right. The culture shock?

RL Not really great. I mean, if you'd had Brian Hudson and fellow … fellow Australians in the medical unit at St Mary's, Australia wasn't entirely strange. Nor was it strange for me of course for family reasons, because while I knew little about it – I mean I had to look up on the map to see where Melbourne was in Australia – nevertheless...

BG This tape(?) is not going to Melbourne!

RL …nevertheless, I'd grown up with family ties, you see. My grandfather, the story of him being here and my grandmother having met him here, and the family business, her family business was still went on in Melbourne all through my boyhood. So I kept hearing about Australia as part of growing up.

BG Right. Well then, you must have had your work cut out when you landed in Melbourne. You had to establish a unit?

RL Yes.

BG What did you find when you came and how did you finish up at The Melbourne?

RL Well, I found … great kindness, you know, looking back was the overwhelming impression, how extraordinarily well we were treated. And why it was a bit extraordinary was that I was well aware of the difficulties that the first professors of medicine had in the London teaching hospitals.

BG Oh yeah.

RL They'd been, virtually all of them had had a very rough passage – they were regarded with grave suspicion by their staff, an element of jealousy in it, and the general feeling of you're not one of the team, you're special and, you know, you must be treated specially. And I think George Pickering told me or someone told me that when he was appointed in 1939, just as war was breaking out, in fact he wasn't allowed to attend the … the medical staff meetings until, for some years until after the war when all his colleagues were back and agreed that the professor of medicine should attend. But I think they'd all, nearly all, had difficulties and what, the thing about Melbourne was that, that stuck in my mind, was how kind and welcoming everyone was.

BG Well, when you say kind, I mean are you talking socially or are you...?

RL Socially…

BG …professionally?

RL …socially and professionally. A willingness to make room for me and try and help me make a go of things was, was the dominating thought.

BG So the people were really… I mean, I'm thinking of the honorary staff, which was a very conservative set-up in those days at The Melbourne; they welcomed you, as it were?

RL Yes, they welcomed me. I must say they welcomed me up to a point. There was, there was obviously … it's a curious feeling, there was… You were very welcome as long as you stuck closely to your remit, but they weren't quite sure what your remit was. No one, no one except me was absolutely certain what I was to do and, but they had the idea that I was to… There were four teaching hospitals in Melbourne, there was only one medical school, Monash was some years down the track. And there were the four teaching hospitals – The Melbourne[4], St Vincent's, The Alfred and Prince Henry's – and their idea was that I would look after, in some way, all of them.

BG Oh, no problem.

[4] Royal Melbourne Hospital.

RL No, no problem at all. You remember Maurice Ewing came out as professor of surgery with me, and we were a new professor of medicine and professor of surgery. And Maurice and I played this pretty closely together, and I said fairly early on that I just wasn't interested in looking after four institutions. I would pick one and if they thought that in the light of their experience with me a professor of medicine was a good thing, they'd have to appoint more professors of medicine to look after the other ones. And so I was given three months to come back and advise the university council on where I should set up shop. And after about a month the vice-chancellor invited me over for a cup of tea one morning and said had I made up my mind and how was I getting on. And I said 'Well, yes I have.' I said 'I'm going to set up shop in the Melbourne Club because I'm taken there to dine by some interested party almost every night, representing some interest in some institution!' However, that was all very nice. I enjoyed that.

BG What criteria did you adopt in… I gather you'd obviously settled on The Melbourne, the Royal Melbourne Hospital?

RL Yes.

BG What criteria did you adopt or what were the problems you faced in making a selection?

RL Just looking back, the … I think it was the, they had accommodation earmarked quite clearly and it looked reasonable accommodation for a start. It was physically adjacent to the university and the pre-clinical departments, and I was very impressed with what I discerned as the sort of *esprit de corps* around the place and in the staff. And I … I think those were the determinants.

BG Just as a matter of interest, did Maurice have the same difficulty, was it deliberate that you went, that he went to one of the other hospitals?

RL Yes, it was agreed. Sid Sunderland[5], Sunderland, who was the dean really masterminded this whole operation of Maurice's and my, my arrival. And when it was clear we weren't going to look after four hospitals, it was agreed that one should set up a main headquarters in one and that the other must go to another one. And it was agreed, because in the history of medicine physicians are senior to surgeons, that I should have the first choice...

BG That's very Melbourne, very Melbourne.

RL ...and Maurice should have the second one! And in the end what happened was I set up at The Melbourne, and said I'd run half a unit at The Alfred for up to five years, I think, and then retreat wholly to The Melbourne, and Maurice would set up a unit at The Alfred with half a unit at The Melbourne and then he would concentrate on The Alfred.

BG All right. Well now, you came from a research point of view and from the

[5] Sir Sydney Sunderland.

point of view of the department to nothing, I guess. Tell me how you went about it. What did you want to do, how did you do it?

RL Well, the first thing was to build a … two things. One to get the right space and secondly to build a team. The space, as I say, wasn't a problem. They'd earmarked the old floor of the out-patients' wing at the Royal Melbourne that had been the radiotherapy department, and I was able to plan with an architect the laboratory set-up that I wanted there, and the…

BG And the ward was adjacent really.

RL And the ward was four rooms on the same floor, four rooms, and I was given the splendid Sister Rankin(?) to...

BG Oh yes, I remember.

RL ...Joyce Rankin(?), who was marvellous, and one, what now would seem, be seen as a very old school, ward sisters who did all the things that ward sisters used to do...

BG I shall refrain from any comment!

RL ...accompanying the physician on his rounds. And I was given absolutely first-class resident staff. My first house physician was David Nurse and I think my second one was David Danks[6], and so that was all looked after and the next thing was to… Oh, I was given out-patients and I was … my main difficulty looking back over those early years was to keep my beds full. There were thirty beds, and not having grown up in the place one didn't have an automatic pool of doctors referring cases to you, and people were pretty parochial about their referrals, understandably. Here was this new … chap from outside with no gimmicks particularly.

BG That was what I was going to say. In those days, you weren't brought up to have a gimmick really.

RL No, no, one wasn't. One wasn't, one had to compete in the general field as it were. And this was my one criticism and source of unhappiness at The Melbourne really. The only one over the early years was the fact that they were very unwilling to put my, give … develop a system where some priority of casualty admissions came to me to ensure my beds were full so that I always had teaching material.

BG Oh, they were very jealous of beds, the ordinary staff, weren't they?

RL Very, very, and I think also at the back of it there was also very much the very Australian and perfectly understandable feeling that this chap's got to show his colours before we're prepared to go all the way with him. I think there was that sort of feeling. He's got to show his capacity in clinical medicine before we're going to weigh in and do much to help. But time solved that. But the other critical thing was

[6] Later Professor David Danks at the Royal Children's Hospital, Victoria.

staff, because...

BG What staff did they, or what staffing did they allow you?

RL Well the original, my appointment carried with it the promise of a first assistant, second assistant and one or two laboratory technicians. And the, but it definitely, it did partly stem from the fact that the average young Australian had no idea what working for a professor of medicine involved. They didn't, they weren't quite sure whether it was respectable or not to be associated with this enterprise!

BG Well, one might wonder about their future careers.

RL That's right, that's right.

BG They weren't following, or they wouldn't be following the traditional path.

RL That's right, and the traditional path in Melbourne was terribly important. You had to work for the right people at the right time. And so I advertised and the … for a first assistant and, actually it was a third assistant, I think… And the first appointment I made was, I think Roger Melick, who at the time was working for Fuller Albright in Boston. He was a Sydney graduate, disenchanted with the pattern of medicine in Sydney, very much wanting to have a (?) from his Boston experience, go on with that type of experience. So he applied with an absolutely glowing recommendation from Albright, who was the father of endocrinology of that time, greatly respected. And I pitted in a third assistant; a chap called Baird(?), who was local and primarily interested in biochemistry. But the first assistant was the key appointment because one's reputation running a department is very much in the hands of your senior staff, because what they do or don't do reflects on you. And after, as a preliminary trial I appointed a very distinguished Melbourne physician who was older than me, Eric Clarke[7], who was...

BG Oh yes?

RL And Eric wanted to be my first assistant and would have liked to have taken it on and, you know, as a, as a continuing part of his career, rather surprisingly.

BG I'm not aware of Eric having been involved in research before that?

RL He had no involvement at all. He was very interested and wanted to try and come in. He was fond of teaching and he had a first-class clinical reputation and wanted, felt he could get into research. So I was really rather flattered that Eric should want to, be prepared to come and join me.

BG He would have been on the staff of The Alfred at that time?

RL Yes, he was, he took leave from the staff of The Alfred and we gave him a temporary appointment. And he was marvellous. He was very loyal and because he

[7] James Eric Clarke.

knew everyone in Melbourne he was a great help to me in helping to steer me. He was a wise and good friend, but meanwhile I wanted someone who had a reputation and had shown that they could be a goer in producing results in research, and...

BG Did you have in mind laboratory research?

RL Yes, to include laboratory research, or basic laboratory research related to clinical medicine. And the outstanding person I and the selection committee thought on paper was Austin Doyle, who was a fellow at the, at Hammersmith. He had been out and worked with Horace Smirk in New Zealand for a year...

BG Oh yes?

RL …and tremendously enjoyed it, had got … or it might have been a couple of years, and he'd got deeply involved in hypertension and was obviously being very productive in it. So Austin applied and we appointed him. And I never had any regrets. I think Austin was … we picked a winner. He was a very awkward and difficult person in many ways. I always reflect that he, in, the advertisement was meant, the application was meant to be accompanied by a photograph and Austin never sent his photograph! And Austin really was one of the ugliest people, and I think that was probably why. And he had a lot of awkward mannerisms and attributes. And I remember when the question came of his being an applicant for the chair of medicine at The Austin some years later, by which time he had been rude to almost everyone of any significance in the medical fraternity in Melbourne, they were most restrained!

BG He had a, he had a caustic tongue.

RL A most caustic tongue and he never knew when to hold it!

BG He was also actually, as I have reason to know, a very kind man.

RL Very, very, and this was totally hidden by this ghastly...

BG Oh absolutely. He would hate, he'd probably hate to hear that said now.

RL Yes, yes. Terribly kind-hearted…

BG But (?)

RL …but he had quickly developed this awful reputation of being brash and rude. And I remember when he came to apply for the Austin job, George Pickering in fact, who was close to his work in hypertension and knew all about it was, I think, certainly consulted if he wasn't one of his referees. I remember George always saying that it was very difficult to judge that … no, that very ugly people often had such an off-putting manner, that they didn't get credit for what they really were.

BG Well, that was true…

RL Which was quite a perceptive remark. But I had quite a job getting Austin lodged eventually into the chair at The Austin because, as I say, it was so difficult to find … everyone would say yes, he's marvellous, he's productive, he's got everything on paper, but…! And then, of course, he, he built one of the outstanding medical schools in Australia, clinical schools.

BG He was a very competent fellow. I, I remember a dinner party at which I had a physicist and his, and the wives, and Austin, and plates were nearly broken over what made a cricket ball swerve.

RL Yes, yes.

BG It was serious. Anyway, I'm sure Austin … I mean, having worked in the department with him myself I can vouch for the fact that Austin did a lot to help it.

RL Oh, he did a lot to help me including… He went on when he became independent himself, he had the same capacity for attracting good young people, which I think is absolutely critical in, in the time of academic medicine that I was in and then Austin came into. The whole thing really would founder if one hadn't got the capacity for picking winners, and I think by and large we, we did.

BG Oh, I think you did. You've had, we haven't got time to go through them all, but you've had a lot of people through there who finished up in fields of distinction all over Australia.

RL Yes, it was, it was great fun and as time went by the relationship with the staff I think became happier and happier. And the, one of the figures in the early years that was important on the staff side of it in Melbourne was Clive Fitts. Clive was a chest physician, and he was, got to the sort of stature, I guess had got to it almost by the time I arrived, where it seemed to me that no one of any importance in Melbourne was allowed to die until Clive had laid hands on them and said it was alright! And Clive had been on the university council, and in fact he was the first person from Melbourne to interview me in London, because he happened to be over there when the applications closed and he was asked to look at the people who'd put their names in. So I met Clive early on and we happened to share a number of interests. I was a keen rock-climber as a student and Clive used to enjoy mountaineering...

BG Fishing.

RL ....and fishing very much and painting, and so we related easily. And when I arrived in Melbourne, Clive's wife Ursula became very friendly with Diana and was, remained until she died three years ago and was one of Diana's closest friends. So there was this link. And Clive was very kind and also had been a big sponsor; he was desperately keen that I should go to The Melbourne, terrified that I'd go anywhere else and, because it would be good for The Melbourne. They didn't know what, as I say they didn't know what I was going to do, but they thought a professor would be good for The Melbourne. The, but there came a point, it was really apropos getting a flow of patients, when I was aware that Clive like nearly all the senior honoraries was willing to support me so far, but then there was the question of a pause. And I think it

was – you had insight into this obviously but from a different view because you'd have been an assistant physician at this time – but as, but as I saw it, it was a mixture of a feeling of an unresolved sort of threat. And I think the threat was that, that some of the best young chaps would come and want to do my job rather than theirs.

BG I never thought of that.

RL I was very aware of that coming into it.

BG Hmm. I'm sorry, that never dawned on me, no. But, looking back, I can see that there could have been some truth in that.

RL And, you may have perceived other reasons, but that was, that was the reason I think for the awkwardness. And it ended up, I think Clive, to his dying day, Clive was always unwilling to concede that members of the university department could be really good doctors.

BG Ah yes, I can imagine that. I can imagine that. But he also wasn't, although he was by no means a scientist – the reverse, he did more in the arts! – he did support, in fact probably founded, the department of cardiology, and equally in respiratory physiology he got the cash.

RL He had the right ideas, Clive, he had absolutely the right ideas. He was not, never knew quite precisely how to bring them to fruition, so he made a very comfortable link with the department. And that's why, after all, the first full-time cardiology appointment, O'Brien(?), worked in my department measuring, transaminase had just come in and he was working on that. And then he was followed by Alan Goble, and you came in in respiratory disease. And nearly all the Melbourne hospitals' specialities, apart from haematology, if you look back, all started with young chaps in this my new department of medicine, who from then moved on to other specialities.

BG Well, I have to say it was a credit to you. Oh, and round about this time weren't you also, as a sideline, concerned with the Papuan Medical College?

RL Yes, yes, that was…

BG I know nothing about that.

RL Yes, that was, that was through Ian Maddocks, really. I think the preface of that, of that really was my research interest, I think the...

BG Oh, I see.

RL …the… I remember George Pickering gave me two bits of advice only, ever I think, when I was appointed, and one was never appoint anyone to your established staff that you're not prepared to grow old with. And the other was never get into a position where there isn't a research programme that you yourself are conducting and when people want to hear about it there's no one else to invite to talk about it except

you. And I think those were very, very important remarks, and particularly the latter, but, well no they were both important. But the latter has been terribly important because over the years one's become so familiar with the frustrated academic. And they nearly always become frustrated when they've got to a stage where they've allowed committee work and administration to take over their lives, and they haven't got a bit of personal research that only they can talk about. And I've managed to sustain that right until I retired and it, I'm sure, is a vital contribution to happiness in the sort of life I've led. And anyhow, I said I started research in cortisone, coming on that inflammatory reaction. But when I arrived in Melbourne I, of course I found I was a few yards away from Mac, from Mac Burnet[8], who was just moving from viruses into immunology and was, was clearly going to have a whole institute[9] dealing with the sort of field in general that I had been interested in in particular. And I decided this was no good, I thought it was, it was just, it would get nowhere. So, I'd always had an interest in epidemiology, peripherally; I'd never done anything in it. And I had long, living in the world of hypertension at St Mary's, been interested in this question whether the much vaunted 'Western curve' of blood pressure – where blood pressure goes up with age more steeply as you get older – which was regarded, because it was in Western man and was therefore by definition normal, whether that really was normal. And I was aware from casual reading of hints that in more primitive societies the blood pressure didn't follow that pattern. So when I was waiting to have my laboratories actually built and usable at Melbourne, I went off to Fiji to have a look at the possibility of studying the two races in Fiji – the Fijians and the…

BG Indians.

RL …Indians – and measuring their blood pressure and seeing what their curves were with age, whether their blood pressures went up, or not. And I got that going and I got Ian Maddocks, who graduated the year I arrived, was interested in doing some research, and so I got him to go to Fiji. He was also interested, had a rather missionary approach to life and might well I think have become a medical missionary. And I said, I said 'Look, before you take the plunge and go after 'missionising' the islands, why not go and have some experience there and see if you like it?' So he took this bait and went off to Fiji and measured the blood pressures there. And that was the beginning of the story, that I became convinced that if you looked at these really carefully, there'd be compelling evidence that the Western curve couldn't be called normal, that the lower curve of blood pressure that we established in the island, many of the island peoples wasn't to be labelled abnormal and say they were deprived or ill-fed or something like that as the cause of their blood pressure. And we never looked back from that. But this led to me, this led to an association with Ian Maddocks, and when he became dean of the Papuan Medical College he invited me to go up on a three year stint for some weeks each year as a consultant, and that's how I came to...

BG Ah, you weren't involved in organising and...

[8] Sir Frank MacFarlane Burnet.
[9] The Walter and Eliza Hall Institute.

RL No, I wasn't, I wasn't actually doing research there; I used to go up as a consultant. It led to one exciting aftermath because there, there was an outbreak of 'flu in New Guinea a few years after I'd done this stint. I don't know if you remember but there were headlines, they were all said to be dying of pneumonia that was unresponsive to penicillin, and I was rung up by the Department of Health in Canberra who were saying that they were really bothered about this. I think what they were bothered about was that, what was an epidemic of 'flu would be going through that might be a new virus, and it would be very bad for Australia's reputation to have a new virus go through and not recognise it. So they said would I go up and try and assess the situation. I was going to America a week later and I said 'Yes, I'd go up for three days.' And Ian was on leave, so he wasn't involved in this. And I ended up going up there and decided the only way to find the edge of a 'flu epidemic in, in New Guinea was to get to the edge of it. Because if you'd been around, and during this consultancy they'd made sure I'd seen a bit of village life and activities, and everyone in villages had runny noses and runny ears, and so anyone who didn't understand that would think that they had 'flu. So I was given an Iroquois helicopter for three days with an RAAF [Royal Australian Air Force] crew, and varying district officers, to fly to the edge of where the 'flu was said to be. And eventually we got to a … and undoubtedly everyone had, and we got some, and Gajdusek[10] was in the vicinity on some totally other business and he...

BG On the kuru[11]?

RL Yes, that's right and he got some throat washings for me that I was able to bring back from Melbourne where they isolated, it was the virus that was around, it wasn't a new one.

BG Well, you developed your blood pressure work; have you any further comment to make about how it developed?

RL Well, yes, I think the… I think once one had got the concept and had persuaded other people and – which one did through meetings and so on, particularly in America – that this was the likely picture, the question then became if what we at that time regarded as, what we regarded as moderately raised blood pressure. Was there any benefit from bringing it down to what would have been regarded as, in earlier times, a quite unusually low level? And that led obviously to the, well the only way to answer that was to do a controlled trial in moderate hypertension, and so...

BG What drugs were you using then?

RL Methyldopa was the key and chlorothiazide had come in. In fact, it first became possible to do when chlorothiazide came in because before that the only

[10] Dr D Carleton Gajdusek won the 1976 Nobel Prize for Medicine and Physiology with Baruch S Blumberg 'for their discoveries concerning new mechanisms for the origin and dissemination of infectious diseases.'

[11] "Trembling disease", only affects members of the Fore tribe of New Guinea. This condition involves a progressive degeneration of the nerve cells of the central nervous system, particularly in the region of the brain that controls movement, which leads to defective muscular control and shiver-like tremors in the trunk, limbs and head. It is thought to be caused by a prion.

effective anti-hypertensives had to be injected.

BG That's right.

RL So the arrival of chlorothiazide really made possible the, the answering of this question and we moved on from there. And I've always thought, while I had a lot to do with stimulating it and participating in it, I think Ralph Reader – who was the then head of the National Heart Foundation – deserves tremendous credit for what was an absolutely superb study, the Australian National Blood Pressure Study, and its outcome. You see, I think it's been so terribly important because it really demonstrated, which was what was at the back of my mind with this whether that sort of blood pressure was really normal, was that if you could bring it down could you prevent strokes, which I'd always thought were some of the nastiest things to have. And of course, as it turned out, you could use them tremendously. And then it followed on, the era – I left it then, I retired soon after the National Blood Pressure Study, and I decided to get right out of hypertension, right away from it, and… But I was very, then very excited for a while because the obvious question was well if drugs can do this it would be much better to do it without drugs. And this raised the question whether carefully controlled trials of salt restriction and exercise and so on would do it instead of drugs.

BG Right. Well, I, you finished your academic term in 1983, I think. You haven't been altogether inactive since then. You became involved with the Brewers' Association, and that would be politically incorrect these days, nobody would speak to you, but...

RL Yes, it probably was then, but I wasn't bothered about...

BG I remember Ralph Blackett saying it was one of the most productive committees he was ever on. Can you tell us about it?

RL Well, what had happened, this was before I retired actually…

BG Yes, it was.

RL …and the, what had happened was that in Quebec there was suddenly an outbreak – this would have been in the late 1960s/early 1970s – an outbreak of deaths from gross congestive heart failure in heavy beer drinkers. And it was obviously an epidemic, it suddenly happened, and the … the North American brewers found themselves extremely vulnerable because they had no one to turn to to try and sort this out for them. And they got on to Tommy Turner[12], who was just retiring as dean of medicine at Johns Hopkins, and asked him to form an expert committee to try and get to the bottom of this problem. And Tommy Turner put together a group of top American academics from various relevant fields, and Bert Mudge was the pharmacologist – Bert Mudge from Dartmouth – who played a major part in it. And the story turned out to be that they'd almost certainly, the brewers had added cobalt to the beer as an anti-foaming agent and that some people, given the dose of cobalt

[12] Thomas Bourne Turner.

given, it affected their hearts. That seemed to be the compelling answer. But, that was dealt with, and by the way they stopped putting cobalt in beer, but the North American brewers realised that they were vulnerable for all sorts of things and so they kept this as a standing medical advisory committee and independent committee. Soon afterwards the UK Brewers Society found themselves needing advice, and on talking to the Americans, the Americans said 'Why don't you set up a, a committee?' Which they did. They invited Max Rosenheim to chair, he died before it got going, and he was president of the [Royal] College of Physicians at the time. And so they asked Hedley Atkins who was president of the [Royal] College of Surgeons to chair it, and he put together a group of half a dozen top British academics. And then the two groups approached the Australian brewers and said 'Look you chaps drink an awful lot of beer and you'll get into trouble soon, why don't you put together a group of thinkers and then we can all meet together and share our problems and our medical skills?' And I think it was one of the American group, Richard Ross, who succeeded Tommy Turner as dean at Hopkins, who knew me and my epidemiological interests, and said 'Why don't you ask Dick Lovell to put your group together?' And the brewers approached me and I did. I put together a group and we had a very interesting time. The *quid pro quo* as far as I was concerned was that I'd only do it if they'd put funds towards medical research. I had a lot of reservations about this, I may say. When I was first rung up and approached I went and called on the vice-chancellor, David Jerome(?) the vice-chancellor, and said what did he think about it. And he said 'Oh well' he said, 'why not go to a meeting of the international group and case the joint, just see, see what it's like.' And of course when I went to the group meeting in Washington before agreeing to sign up, I found a lot of my old friends there. The UK group, they were, the UK group were nearly all knights of course!

BG Very…

RL They were something(?) very British!

BG Ralph – Ralph was, Ralph was wise(?), Ralph had a very good club.

RL Ralph … I immediately invited Ralph Blackett to join me, and Graeme Schofield and Derek Denton, and Wallace Ironside – I think that was the original team – and we were, and of course...

BG What did you <u>do</u> actually, Dick?

RL Well, the brewers had their agenda of questions and we had our agenda too, which was perhaps a slightly concealed agenda, but they… We used to listen to them expressing their problems and one of their… There were all sorts of problems arose over the years. There was the nitrosomine scare, the carcinogen in the beer, there was the foetal alcohol syndrome and how important was it, all these sorts of things hit them, hypertension caused by alcohol which obviously raised questions for the industry. But I think the, the most interesting one… Well one, we used to act as a sort of, I used to act as a sort of psychotherapist for the industry, putting things into proportion for them and giving them the truth, and saying 'Well it's up to you chaps to handle it but these are the facts in our view.' But early on we were very concerned with the road accident problem, and they were too. And it struck us when we got

them to teach us about beer that the peculiar thing about Australian beer was that it was all of one strength, it was all virtually 5%, 4.9%, and no one could quench their thirst and drive a car. If you looked at European beers and beers in other countries, there was a much greater range of alcohol content. So, we sort of put it to the industry in a very low key, but gently and persistently, that there might be a case for looking at lower alcohol beers. The institute was very conservative in those days. A lot of the firms, some of the firms were family firms, they were very proud of their product – it was pure, it was high quality, it was highly predictable and a very good drink – and they weren't awfully interested in changing it. But the message must have got through because it quietly, Carlton United went off and suddenly produced the first low alcohol beer – the Carlton Light, and then shortly afterwards Swan went for broke as it were and produced one special type that was .9%. And from then on every brewer went into the lower alcohol market. And if you believe that these things on a population scale have an effect, it may well be that this persuasion of the brewers to introduce alcohol, low alcohol beer has had a considerable impact on the health and injury rate in Australia.

BG Yes. It always seemed to me a pity that there was never any study to land in advance to look into that?

RL Yes, very difficult. It would be difficult to see how it could be done because it took a long time to catch on…

BG Yes, I was going to say that.

RL …it took a long time before it was a significant part of the market. And I think it was handled very badly politically from the point of view of excise; I think there should have been a marked price differential early on.

BG Alright, well we'd better move on from that. One of your other major activities of course has been with the Ethics Committee of the National Health & Medical Research Council, which I think began in 1982.

RL Yes. Well that was, that was a lot of fun over, over a number of years. I think the position in 1982 was that the NHMRC, I was on the Medical Research Advisory Committee at the time, and the National Health and Medical Research Council had had a lot of letters raising questions of ethics, particularly in relation to reproductive technology. And there was also a lot of pressure from the medical research community itself to have some ethical guidelines, guidelines on ethics in relation to research promulgating … because I think people were feeling a bit insecure. But it was interesting that the pressure, while there was some in that particular field of reproductive technology, the main pressure came from the chaps themselves, the researchers themselves, saying we want some guidelines. So, a committee was put together and I was asked to chair it to look at this question. And we became one of the most active committees the NHMRC ever had because over two years we met, I think, once every two months. And they'd never had a committee that met every two months, you know; it was once every six if that, preferably only once a year. However we really bit the bullet here, and with a very nice broadly based committee – part medicine and part non-medical, it ended up with more non-medical people than

medical people on it – we set up the scheme that now exists in Australia which really said that every institution that, in which research is done must have an ethics committee that must be constituted in a certain way which emphasised the part that non-medical people must play in it, and that all research projects must, before they are approved, come before an ethics committee. And there was a good deal of argument about it. But as you know, it's become the pattern for Australia now. It's established something like a hundred and thirty ethics committees I'm told around the place now, and by and large they've caused relatively little complaint. They had a capacity to cause an immense amount of complaint and criticism.

BG Yes, my son chairs one actually in the University of New South Wales, and he gets interest out of the fact that there is the medical component and more or less obligatory representatives of all sorts of other interests. And I think your, you set the pattern for that sort of thing.

RL I'm glad to hear he does. I think a lot of people do. And there was the great argument as to whether you should have just very few ethics committees to get uniformity of decisions. And I think we were very persuaded by a point that I recollect was put by Davis McCaughey[13] that the important thing about ethical questions is that people who make ethical decisions should be the people who have to live with the consequences of those decisions, and that when you come down to detail that becomes very relevant. And it makes a very strong case for institutions where work is going on, where the patients are, where the researchers are, who have to live with what they decide to do, and while you can have headline guidelines the actual implementation must be locally. And of course it also spreads an awareness of medical ethics and medical research very broadly in the community, because if you have…

BG Yes it does.

RL …at least five lay people on a hundred and thirty ethics committees around the country, you've got a lot of lay people re really knowledgeable.

BG Mmm. Well, I'm going to leave that and I'm going to ask you about the Anti-Cancer Council, which you, has interested you since you retired, before we get to what I regard as your *magnum opus*, on which we will finalise the interview. But briefly can you give us some idea of the interest you obtained with the Victoria Anti-Cancer Council?

RL Yes, well that was fun. Nigel Gray, who I think ran a very distinguished operation at the Anti-Cancer Council in Victoria, booked me before I retired, he … to come down and advise and help. And I said 'Well, I know nothing more about cancer than the average general physician,' my speciality as he knew was in cardiovascular disease. And he said he wanted someone, he was surrounded by people who knew all about cancer and he wanted someone to come who could look over everybody's shoulder and comment and so on. And I became the sort of organiser of the thing called the Victorian Co-operative Oncology Group which is really a sort of parliament

[13] Rev John Davis McCaughey. Deputy chancellor of the University of Melbourne 1978-81, 1982-85.

of everyone in Victoria with, at the top of the field of interest in cancer, and we grew to make it inclusive rather than exclusive. We got, made sure that the senior oncologists from all the main institutions were in it, that different specialities for nursing the side of oncology, social work side, educational side and so on were all represented round this table, and we had to develop specialist sub-committees in areas of breast and gastrointestinal cancer, urological cancer and so on, so that there was one focal point in Victoria where all the people could sit round and talk together. And I, this struck me as awfully important because as you know hospitals tend to, there tend to be great inter-hospital jealousies in special fields. And while people might be disinclined to go and talk at the meetings at which a hospital would host, there was no inhibition I discovered about coming to the neutral territory of the Anti-Cancer Council. And I think, I think it's been a remarkable thing. I think it's, apart from its consultative activity and ones advice to government that it's led me to be involved in in various ways, has been that, firstly, the emphasis put on controlled trials and sponsoring them, and sponsoring them really in a highly practical way by providing data managers for people contributing to patients, to controlled trials and cancer treatment… And the other, I think, very important thing we've got going – again you can only do co-operatively light(?) trials – was to be able to describe from time to time exactly how certain cancers are being treated in Victoria. So that you can see the spread of practice that can lead… Because the chaps doing the treatment contribute to this information base, they can then come together and discuss it and they can see where an individual is aberrant, or a group of people aberrant in this way or that way. You can discern what appears to be the best practice – it may not necessarily be, but you can certainly discern what appears to be the commonest practice – and if there are obvious outlyers they can be led to think about whether they should conform. Now, one of the, I'm sure one of the consequences of this sort of approach has been the reduction in the number of surgeons over the years in Victoria who are doing, operating on breast cancer. It used to be immensely widespread. I think this has helped surgeons to perceive that the management of breast cancer is not just surgery now, it needs a collaborative sort of approach. And the chap doing one or two operations a year really isn't in a position to be in this, so it's sort of modifying practice in that way. I think it's very important for communities. I think this is actually a proper function of academic departments, to be able to describe in their community how major diseases are being treated.

BG Hmm, that's an interesting concept because I was wondering what, what the function of such a committee would be, because I can see that it serves as an information centre and a dissemination…

RL A disseminator and a stimulator of work. And you've got to enthuse people. You see, it's no good a body like the Anti-Cancer Council saying there ought to be a controlled trial of this, you've got to get a situation where you've got the chaps in that field steamed up saying 'We want to do a controlled trial.' You can't lead it from the outside. What you can do is to stimulate ideas and then facilitate.

BG Mmm. And there would be an ethical aspect to that committee's work too, I imagine?

RL Yes, the Anti-Cancer Council's got its own ethics committee. I was not on it.

BG Alright. Well now, one of your major achievements, I think, is a remarkably fine biography of Churchill's[14] doctor, Lord Moran, who was of course Sir Charles Wilson whom we mentioned earlier at Mary's.[15] I think it's one of the best of the modern biographies, Dick, if I may say so. I won't say why. It's up to people to read it. But you might like to tell us about that and, of course, about, a little bit about Moran himself whom I think was not a loveable man.

RL No, well I think…

BG Some people I think would put it a bit more bluntly! But you've done it so delightfully. You don't stand in judgement in the book, anyway.

RL Yes, it's an interesting point and we might come back to that, whether the writer of a biography should stand in judgement. I've had a lot of interesting talk about that. But the, well the background…

BG Tell me about Moran.

RL …the background to this, about Moran, was that he kept … coming into my career, not often personally though sometimes, but in fields in which he was interested. And when I came to retire – because my wife Diana was ill, she was developing Parkinson's disease and we didn't know how quickly she was going to progress – we decided that it would be an excellent idea if I had an occupation that would keep me at home for an hour or two every morning or longer, so that as time went by I could have intellectual rewards for being at home, if on her behalf I had to be. And I'd always been fond of writing, and I'd always enjoyed words and I like a nice pen full of ink that you can draw all over a page with – a very old-fashioned approach. And when I came to think what I'd like to write I picked on Moran, because he kept cropping up. He, I knew him as the dean of my medical school – he interviewed me when I went to Mary's and discovered that I didn't play rugger. He'd been a contemporary of my father's at Mary's, my father died just after the First World War but he like Moran had been out in the, he was one of the Old Contemptibles, he'd been out in France for four years. And then as a student I remembered him as a marvellous teacher, he was the most wonderful teacher; he always used to leave one with the importance of the picture of the whole patient rather than just an interesting case.

BG He was, he was really a humanist, was he?

RL Oh, absolutely.

BG He doesn't really emerge, if I may say so, from the book as a humanist.

RL I think in the short bit…

[14] Winston Churchill.
[15] Richard Lovell, *Churchill's doctor: a biography of Lord Moran*, London: Royal Society of Medicine Services, c.1992.

BG No, don't worry about that.

RL …where I mentioned his clinical abilities, I think I mentioned this. I don't stress his clinical work a lot because it in fact wasn't a large part of his life that emerged. He could have been a doctor with an enormous practice and a good one of his time, but he elected not to. He, he was awfully good with the patients.

BG He was, was he?

RL Oh, awfully good with them, but unless they were important people and likely to give money to St Mary's and, or be politically useful he, I think he found patients too easy in a sense. They weren't challenging; they didn't become challenging enough. Anyhow, he was a marvellous teacher and the, I think he was a good average physician. He wasn't outstanding, but he was a good average physician in his time. And then, during the war, I was very taken with his little book *The Anatomy of Courage*, which...[16]

BG This one?

RL …you've got the later edition of it there...

BG Not this, this is a modern edition.

RL …the modern edition…

BG Elegant one.

RL ...which I thought was beautifully written. I thought it was a period piece and I thought it was very interesting because he'd done something that very few other people have ever done. He's, during his time in the trenches he used to keep, he became fascinated with what determined whether a chap would stay with it or break down with shell-shock and go to the base and be lost, and I found this very interesting, so that… And I used to give it, when it was published in the last year of the war I used to give it or lend my copy to my commanding officers, because I thought they ought to know about that sort of thing, and it was obviously very interesting to know the military people. Then after the war, he was just retiring from the honorary staff of Mary's when I was a registrar and I used to look after a few of his private patients for him. And I became very interested then in his ideas of the pattern of the health service because he'd played a very large part in, a significant part in shaping the final form of the British National Health Service. So, for all these reasons...

BG He had a lot of influence with Beaverbrook, didn't he?

RL Yes.

BG And, and…

[16] Charles Moran, *The anatomy of courage*, London: Constable, 1945.

RL And Bevan.

BG Bevan.

RL And I thought for all these reasons that here was a chap who really was an important figure in medicine, not even uniquely British medicine, because his concepts of leadership and health services had implications far beyond Britain. And I thought he was very ripe for a biography and I discovered that no one was writing one. The, Gwyn Macfarlane, who had just written Florey[17] and then Fleming[18], it turned out after I'd told, I'd told the Royal College of Physicians in London that I was beginning this Gwyn Macfarlane made inquiries about it because he, incidentally, had discerned him as the next chap who was really due for a biography. And so I got going and I used to write... I took the only sabbatical leave of any significance I've ever taken a couple of years before I retired, and made contact with the family and got to work on the enormous archive that was stored in their cellars and cupboards under the stairs. And then over ten years I just wrote for a few hours every day. The brewers used to send me round to their conference, you see, once or twice a year, very comfortably first-class, so I always used to add a few days on for updating archival work.

BG Well, it's a very thorough piece of work.

RL I had tremendous difficulty getting it published.

BG Did you?

RL Yes, immense difficulty.

BG Well, I suppose he wasn't an attractive character.

RL Well, I'm told it wasn't that. I'm told it was that they don't sell. Biographies of doctors don't sell. In fact three of the publishers, the main British publishers, returned the book to my agent saying 'We are not reading this. As a matter of policy we do not publish books, biographies of doctors.' And so, you know, you may be surprised, but that was the fact of the matter. It was, it took two years to find a publisher, and... But as you say he wasn't, he wasn't everyone's cup of tea, he had many more enemies than friends. And I knew, of course, I was aware of this when I started and I had … before deciding to take the plunge I had to decide whether there was a significant risk of my becoming disillusioned with him halfway through the writing.

BG An interesting thought. But, the biographer never does.

RL Yes, they do. Yes, they do. I made a number of inquiries about this from

[17] Gwyn Macfarlane, *Howard Florey: the making of a great scientist*, Oxford; New York: Oxford University Press, 1979.
[18] Gwyn Macfarlane, *Alexander Fleming, the man and the myth*, London: Chatto & Windus, Hogarth Press, 1984.

publishers and other writers, and they said it has happened not infrequently that someone has invested an immense time in a biography and got halfway through and got, discovered they so disliked their subject that they throw the lot away. And the contemporary one I, the most recent one I can think of where this looms through was Philip Ziegler's biography of Lord Louis Mountbatten,[19] who had many of the traits(?) that Moran had interestingly enough. And while Moran was called 'Corkscrew Charlie' the, I think it was someone at dinner once leant across to Lord Louis and said 'You know, you're the sort of chap that if you swallowed a nail you would pass a corkscrew!' But, Philip Ziegler, if you read his biography of Mountbatten it's quite clear that about two-thirds of the way through he's got totally disillusioned with him, and the writing of the last bit has been a struggle.

BG Yeah. Of course the opposite's happened too. You become obsessed with your biography and you gild the lily.

RL Yes, yes, that's right. He was so complicated, I… Coming back to your point, to finish him off, perhaps the, why I never wrote a personal summary appraisal on him … I found it, one would almost need to write another book. And the other reason I didn't… You know, it would have been a, really a long chapter – you couldn't do it worthwhile, worthwhile very briefly. And the other reason was that I didn't want the book to, reviewers and people reading it to be taken up entirely with the ethics of his writing about Churchill.

BG Well, I think I'd bear you out in that fact(?)

RL There was much more, much more in his life than that, and if I'd put a summary any reviewer wouldn't have bothered to read the book, they'd have looked at the summary and simply rehashed the old debate about that.

BG Well, I do think the publication of his intimate association with, medically and otherwise, with Churchill through the war years … I myself felt it was wrong that he should have done that within a year or two of Churchill's death. Certainly, by all means the material he collected should be preserved… But obviously you have views on that, I don't think you stand in judgement in that in your book. You give the full facts, the full account and you leave it to the reader to a certain extent. But what is your view? I don't mean narrow view...!

RL I think the fact I didn't present a view, you're quite right, I believe it is such a complex problem that the honest thing to do is to present the pros and cons and let the reader decide. I think I've come to look at this in various ways. One way is to take the conventional sort of ethical approach, to say that your duty to a patient is to try to do good, to do no harm, to preserve the patient's autonomy and to act justly. And if you take those, I think if one analyses it in that slightly artificial way, one would say that there's no question that Moran sought to do good for his patients because he believed profoundly that Churchill's stature would be enlarged by making him human. And many of the people who supported his case picked that as a very important pro. Anyhow, that is the way the argument would run, that he sought not to do harm, that

[19] Philip Ziegler, *Mountbatten: the official biography*, London: Collins, 1985.

he believed that nothing he put in the book would detract from Churchill's memory. And my judgement is that he was right about that. So far as autonomy is concerned one comes down to consent – the question of did Churchill consent, or if he did consent who is in a position to consent once someone is dead? Now that's a very complicated and to me very interesting issue, but for the purposes of this discussion I would say that Moran was satisfied that he had Churchill's consent. Now, our thoughts about it in a sense have altered a lot in recent times and I'm sure if someone was doing this today that no one would publish it without a written, signed form. But you've got to take your mind back forty years. And the … the way that Moran would have done it, and did it so far as I can make out, would be to say to Churchill… They all knew he'd write it. That's because it was all out in the open. They used to laugh and say 'I wonder what dirt he's putting down about us today!' But I've no doubt that Churchill, that Moran said to Churchill, you know, you're in this book and Churchill said … 'I'm sure I'll like anything that you write about me, don't be too hard on my strategy.' So, I think he had consent, and...

BG Did he have consent to publish the medical details?

RL Well, that I don't know.

BG Nobody knows.

RL No one knows and no one ever will know.

BG That's all one queries.

RL But it's very difficult to believe that Churchill said, given that context, didn't say 'Well you can talk about me, but please remember you're a doctor, you must keep that subject...'

BG I accept that.

RL There's a, there's a, and I think he acted justly, but there's a slant on the consent business… And Sir John Richardson – who is now Lord Richardson – who became, helped Moran with Churchill in his later years when Moran was a very old man and was a fellow physician, he had, Richardson was also Harold Macmillan's doctor and got to know Harold Macmillan quite well. And at the time of the controversy over Moran's book on Churchill Harold Macmillan said to Richardson, he said 'I expect he told Churchill he was writing, I've no doubt he did.' He said 'And I'm sure Churchill would have said 'Well if you're going to do such a disgraceful thing, I hope you make a lot of money out of it!''

BG Yes. Look, it may be shamefully cynical, but that is an impression that one might derive in relation to Moran's motivation.

RL I think with reason, and it wasn't absent in his calculations in the equation. He, but never made money; he had a curiously unworldly disinterest in money, and yet bellyached about the fact that he had none! And he was a difficult man, and he made some money out of it which really, rather to the benefit of his children rather than

himself, although it gave him peace of mind. But it wasn't absent. I think I'd put it this way; my reading of it was that once he decided that he would write and publish then he said 'Well, having decided that, I'm going to do as well out of it as I can.' I think that's probably the fair way to put it.

BG That would be fair. Alright. His *Anatomy of Courage*, Moran, is a remarkable book. I think you said that. I found it very, well, irritating and very British – the officer class and so on – in the beginning, and then he spent four terrible years in the trenches and, as it were, it seems to me that he mellows and becomes more human. Is that consistent with your own view?

RL Yes, I don't think your explanation of it is … he was two and a half years in the trenches but…

BG Yeah, I…

RL …and the book in a sense is pretty artificial because it wasn't finally, written finally until, published until 1945, twenty years after he started it. The, but no, I think, I know just why you're irritated and many people are. I think, I've always thought as a work of literature it was marvellous, I think his use of English is superb and the … and I think it's got a proper place for that reason alone as a bit of English literature. But I think it is very much a period, British period piece. I think…

BG It is very British, yes.

RL Yes. Irritating, very, to the Australian or New Zealander. And my recollection is, I think it's in that book if not in his Churchill book, he acknowledges that the hierarchical structure and the outlook of an Australian or New Zealand battalion was totally different to the British, that they couldn't be led in the same way with the sort of discipline which was employed for the British. He wrote, and it's a period piece of the time when there was almost still feudal life in Britain, there was a gentleman who took their yokels off to the war, and they were expected to father them, to lead them, to die with them and expect unquestioning obedience from them, and yet mother them at the same time. And that wasn't at all the picture that I got of Australian troops in the First World War.

BG Or in later wars.

RL Or in later wars. Much more…

BG But, on that note Dick I think we ought to think of our health, and perhaps a small lunch with a touch of alcohol.

RL I think that's a good idea.

BG Rather better than beer, I'd say.